

**GUIDELINES TOWARDS AN ECOSYSTEMIC
SUPPORT PROGRAMME FOR HIV AND AIDS
ORPHANS IN THE FEZILE DABI REGION**

MOOKHO EMILY DHLAMINI

(PTD, ACE, B.Ed Hons., M.Ed)

**A thesis submitted in fulfilment of the requirements for the
degree**

PHILOSOPHIAE DOCTOR

in

Student Support

Faculty of Humanities

North-West University

(Vaal Triangle Campus)

Vanderbijlpark

Promoter: Prof MM Grösser

Vanderbijlpark

2011

DECLARATION

I, MOOKHO EMILY DHLAMINI, solemnly declare that this work is original and the result of my own labour. It has not on any previous occasion, been presented in part or whole to any institution or Board for the award of any Degree.

I further declare that all information used and quoted has been duly acknowledged by complete reference.

Student:

Signature
Mookho Emily Dhlamini

Date

Promoter:

Signature
Prof M M Grösser

Date

TO WHOM IT MAY CONCERN

This is to certify that the undersigned has done the language editing for the
following candidate:

SURNAME and INITIALS: M. E. DHLAMINI

Guidelines towards an eco-systemic support
programme for HIV and AIDS orphans in the
Fezile Dabi region.

DEGREE: Med-dissertation / PhD thesis

D Kocks

Date: 3 May 2011

Denise Kocks

Residential address: 29 Broom Street

Arcon Park

Postal address: P.O. BOX 155

Vereeniging 1930

Tel: 016 428 4358

DEDICATION

This work is dedicated to my late brother, Matela Joseph Radebe, and my late husband, Mbalekeloa Johannes Dhlamini. Through Mbalekeloa's encouragement I managed to register for the PhD-Degree.

This work is also dedicated to my mother, Bella Rakholile, my father, Samuel Rakholile, and my brother, Thabo Rakholile, who bought me a laptop to complete my thesis. Thanks bro.

ACKNOWLEDGEMENTS

Thanks to the Lord for uplifting me after a long illness and guiding me through this study

I would also like to thank my supervisor, Prof. M.M. Grosser, for being a supervisor with a difference; she was so patient and understanding. Even at a time of partially losing my eyesight, she believed in me and encouraged me to continue.

I wish to dedicate special thanks to the Rakholile family, especially to my mother who took care of my children during the study and my son, Mongezi Dhlamini, for giving me support and for being understanding.

Thanks to each and every one who supported me during this study by doing typing for me when I had a vision problem. If it were not for your help, it would not have been possible to complete the study.

Thanks to the orphans who took part in the study and the Department of Education for giving me consent to conduct the study.

ABSTRACT

In the absence of support programmes for HIV and Aids orphans in the Fezile Dabi Region this research set out to design guidelines towards an ecosystemic support programme to support HIV and Aids orphans in the Fezile Dabi Region.

The literature review revealed that HIV and Aids orphans experience a wide range of support needs. Their psychosocial needs impair normal development due to unhappiness, stress, stigma, discrimination and a lack of care, love and support. In addition to this, emotional needs, which emanate from a lack of security and safety manifest in sadness, disruptive behaviour, poor relationships, poor self-image and isolation. Socio-economic needs expose them to poverty and being vulnerable to child labour with little reward, and deprive them of opportunities to obtain a proper education. All the above-mentioned problems lead to educational needs that manifest in poor school attendance, poor concentration, learning breakdown and dropping out of school. In addition to this, physical needs that stem from malnutrition caused by poverty and a low standard of living have an impact on the physical growth and health of the HIV and Aids orphans.

In order to find out whether the abovementioned discussion holds true for HIV and Aids orphans in the Fezile Dabi Region, qualitative, phenomenological research by means of structured individual interviews was conducted with a convenient and purposive sample of 43 Black HIV and Aids orphans in the Fezile Dabi Region. The focus of the interviews was to gain a better understanding of the support needs that these learners experience due to HIV and Aids, and to explore how they are supported in dealing with these needs.

The empirical research revealed that the HIV and Aids orphans in the Fezile Dabi Region who took part in my study experience psychosocial, emotional, socio-economic, educational and physical needs. Many of the needs, in the absence of strong community-based support in the region, are not supported adequately. Despite the identified needs, the data revealed strong tenets of

resilience among the participants who took part in the study. In contrast to the literature, the findings of my study revealed that a number of the HIV and Aids orphans in the Fezile Dabi Region apparently manage to establish good social relationships that help them cope with their problems. Furthermore, they aspire to obtain a good quality education and have ambitions and goals in terms of their future careers that they would like to achieve.

Based on the literature review and the interview data, guidelines towards an ecosystemic support programme for the HIV and Aids orphaned learners in the Fezile Dabi Region were designed.

Key words and phrases: *HIV and Aids orphans, ecosystemic approach, support needs of HIV and Aids orphans, challenges faced by HIV and Aids orphans, psychosocial needs of HIV and Aids orphans, emotional needs of HIV and Aids orphans, educational needs of HIV and Aids orphans, physical needs of HIV and Aids orphans, socio-economic needs, support programmes for HIV and Aids orphans, interventions for HIV and Aids orphans.*

TABLE OF CONTENTS

DECLARATION.....	ii
DEDICATION.....	i
ACKNOWLEDGEMENTS	ii
ABSTRACT	iii
TABLE OF CONTENTS	v
LIST OF TABLES.....	xv
LIST OF FIGURES	xvii
CHAPTER ONE.....	1
ORIENTATION AND STATEMENT OF THE PROBLEM.....	1
1.1 INTRODUCTION	1
1.2 STATEMENT OF THE PROBLEM.....	6
1.3 THEORETICAL FRAMEWORK.....	7
1.4 AIM AND OBJECTIVES OF THE STUDY	8
1.5 EMPIRICAL RESEARCH.....	8
1.5.1 Research paradigm.....	9
1.5.2 Literature review	9
1.5.3 Empirical research.....	14
1.5.3.1 Research design	14
1.5.3.2 Research strategy	14
1.5.3.3 Method of data collection	15
1.5.3.4 Research participants.....	15

1.5.3.5	Pilot study.....	16
1.5.3.6	Data analysis.....	16
1.5.3.7	Trustworthiness of the data analysis	16
1.5.3.8	Ethical aspects	17
1.6	GUIDELINES TOWARDS AN ECOSYSTEMIC SUPPORT PROGRAMME	17
1.7	FEASIBILITY OF THE STUDY	17
1.8	CONCEPTS CENTRAL TO THE STUDY	17
1.8.1	HIV and Aids orphans.....	18
1.8.2	Support needs of HIV and Aids orphans	18
1.8.3	Support programmes for HIV and Aids orphans.....	19
1.9	CONTRIBUTION OF THE STUDY.....	19
1.10	CHAPTER DIVISION	19
1.11	CHAPTER SUMMARY.....	20
	CHAPTER TWO	21
	HIV AND AIDS ORPHANS: CHALLENGES AND INTERVENTIONS	21
2.1	INTRODUCTION	21
2.2	THE DEVASTATING IMPACT OF HIV AND AIDS IN SOUTH AFRICA.....	21
2.3	HIV AND AIDS ORPHANS: A CONCEPT CLARIFICATION	23
2.4	CHALLENGES FACED BY HIV AND AIDS ORPHANS	25
2.4.1	Introduction	25

2.4.2	Challenges related to a lack of basic needs	25
2.4.3	Behavioural and psychological challenges	27
2.4.4	Emotional challenges	27
2.4.5	Education challenges	28
2.4.6	Challenges related to discrimination and stigmatization	29
2.4.7	Challenges related to additional responsibilities.....	29
2.4.8	Challenges related to abuse, exploitation and child labour	30
2.4.9	Safety and security challenges.....	30
2.4.10	Health care challenges	31
2.4.11	Family and community challenges.....	31
2.5	RESPONSES AND INTERVENTIONS TO HIV AND AIDS ORPHANS.....	34
2.5.1	Introduction	34
2.5.2	Formal government intervention	34
2.5.2.1	Social grants.....	35
2.5.2.2	The Department of Education.....	36
2.5.2.3	The Department of Social Development.....	36
2.5.2.4	The Department of Justice	37
2.5.2.5	The Department of Health	37
2.5.2.6	The Department of Home Affairs.....	37
2.5.2.7	The Department of Agriculture	38

2.5.2.8	The Department of Housing	38
2.5.2.9	The Department of Provincial and Local Government	38
2.5.2.10	The Department of Trade and Industry	38
2.5.2.11	The Department of Labour	38
2.5.2.12	The Presidency: Office of the rights of the child	38
2.5.3	Informal community intervention	39
2.5.3.1	Introduction	39
2.5.3.2	Models for community-based care	40
2.5.3.2.1	Living in extended families	40
2.5.3.2.2	Child-headed households	40
2.5.3.2.3	Grandparent care	41
2.5.3.2.4	Community and foster care	42
2.5.4	International interventions to address the needs of HIV and Aids orphans.....	42
2.5.5	Interventions to address the needs of HIV and Aids orphans in South Africa	43
2.5.5.1	Interventions to address the needs of HIV and Aids orphans in different provinces in South Africa	44
2.6	CHAPTER SUMMARY	47
	CHAPTER THREE	48
	THE SUPPORT NEEDS OF HIV AND AIDS ORPHANS	48
3.1	INTRODUCTION	48
3.2	PSYCHOSOCIAL NEEDS	49

3.3	EMOTIONAL NEEDS.....	53
3.4	SOCIO-ECONOMIC NEEDS.....	57
3.5	EDUCATIONAL NEEDS	58
3.6	PHYSICAL NEEDS	60
3.7	THE IMPORTANCE OF ADDRESSING THE SUPPORT NEEDS OF HIV AND AIDS ORPHANS	61
3.8	CHAPTER SUMMARY.....	64
	CHAPTER FOUR	66
	EMPIRICAL RESEARCH DESIGN	66
4.1	INTRODUCTION	66
4.2	AIM AND OBJECTIVES OF THE STUDY	67
4.3	RESEARCH METHODOLOGY	67
4.3.1	Literature review	67
4.3.2	Research paradigm.....	68
4.3.3	Research design	69
4.3.3.1	Qualitative research	69
4.3.4	Research strategy	70
4.3.5	Method of data collection.....	71
4.3.5.1	Collecting data through interviews.....	71
4.3.5.2	Types of interviews.....	71
4.3.5.3	Keys to successful interviews.....	73
4.3.5.4	Strengths and weaknesses of one-to-one interviews	75

4.3.5.5	The interview protocol	76
4.3.5.6	Conducting the semi-structured interview	76
4.3.5.7	Field notes on the interview.....	76
4.3.6	Research participants.....	77
4.3.7	Pilot study.....	78
4.4	DATA ANALYSIS	78
4.4.1	Approaches to and principles of data analysis for a phenomenological study.....	79
4.5	TRUSTWORTHINESS OF THE STUDY	82
4.5.1	Credibility	82
4.5.2	Transferability	83
4.5.3	Confirmability.....	83
4.5.4	Dependability	83
4.6	THE RESEARCHER AS AN INSTRUMENT IN QUALITATIVE DATA COLLECTION	84
4.7	COMPLYING WITH ETHICAL PRINCIPLES.....	85
4.8	CHAPTER SUMMARY.....	87
	CHAPTER FIVE.....	89
	DATA ANALYSIS AND INTERPRETATION.....	89
5.1	INTRODUCTION	89
5.2	PRESENTATION OF FINDINGS	90
5.2.1	Section A: Biographic information.....	90

5.2.2	Psychosocial and emotional needs	98
5.2.3	Socio-economical and physical needs	110
5.2.4	Educational needs	114
5.2.5	Support structures.....	128
5.3	CHAPTER SUMMARY.....	140
CHAPTER SIX.....		141
GUIDELINES TOWARDS AN ECOSYSTEMIC SUPPORT PROGRAMME FOR HIV AND AIDS ORPHANS IN THE FEZILE DABI REGION.....		141
6.1	INTRODUCTION	141
6.2	BRONFENBRENNER'S ECOLOGICAL SYSTEMS THEORY	142
6.3	THE IMPACT OF ECOLOGY ON HUMAN DEVELOPMENT	147
6.3.1	The impact of ecology on development.....	147
6.3.2	The impact of family on human development	148
6.3.3	The impact of the community on human development	148
6.3.4	The impact of relationships on human development	150
6.4	APPLICATION OF THE ECOSYSTEMIC PERSPECTIVE IN THE CONTEXT OF HIV AND AIDS ORPHANS IN THE FEZILE DABI REGION	151
6.5	GUIDELINES TOWARDS AN ECOSYSTEMIC SUPPORT PROGRAMME FOR HIV AND AIDS ORPHANS IN THE FEZILE DABI REGION	151
6.5.1	Introduction	151
6.5.2	Criteria for designing a support programme.....	151

6.5.2.1	Understanding the terrain	152
6.5.2.2	Checking the availability of services and resources	153
6.6	GUIDELINES TOWARDS AN ECOSYSTEMIC SUPPORT PROGRAMME	154
6.6.1	Addressing the psychosocial and emotional needs of the HIV and Aids orphans.....	154
6.6.2	Addressing the socio-economic and physical needs of the HIV and Aids orphans	160
6.6.3	Addressing the educational needs of the HIV and Aids orphans.....	166
6.6.4	Addressing the HIV and Aids orphans' needs for the support structures	172
6.7	RECOMMENDATIONS FOR PRACTICE: THE WAY FORWARD.....	177
6.8	CHAPTER SUMMARY.....	183
	CHAPTER SEVEN	185
	SUMMARY, FINDINGS AND RECOMMENDATIONS	185
7.1	INTRODUCTION	185
7.2	OVERVIEW OF THE STUDY	185
7.2.1	Chapter One	186
7.2.2	Chapter Two	186
7.2.3	Chapter Three.....	187
7.2.4	Chapter Four	187
7.2.5	Chapter Five	188

7.2.6	Chapter Six	188
7.3	FINDINGS FROM THE LITERATURE REVIEW	189
7.4	FINDINGS FROM THE EMPIRICAL RESEARCH	190
7.5	FINDINGS FROM THE LITERATURE AND EMPIRICAL RESEARCH	192
7.6	FINDINGS IN RELATION TO THE AIM AND OBJECTIVES OF THE STUDY	194
7.7	LIMITATIONS OF THE STUDY	197
7.8	RECOMMENDATIONS	198
7.9	SUGGESTIONS FOR FURTHER RESEARCH.....	199
7.10	CONTRIBUTIONS OF THE STUDY	200
7.11	CONCLUSION	204
	BIBLIOGRAPHY	205
	APPENDIX A	226
	PERMISSION TO CONDUCT RESEARCH: DEPARTMENT OF EDUCATION.....	226
	CONSENT LETTERS TO PARTICIPANTS.....	228
	APPENDIX C	235
	ETHICAL CLEARANCE	235
	APPENDIX D	237
	VERBATIM TRANSCRIPTS AND PRELIMINARY CODING	237
	APPENDIX E	381
	GROUPING PRELIMINARY CODES AS MAJOR, IMPORTANT AND LEFTOVERS AND IDENTIFYING AXIAL CODES.....	381

APPENDIX F	429
INTERVIEW PROTOCOL.....	429

LIST OF TABLES

Table1.1:	Themes identified from the literature review	10
Table 1.2:	Specific support needs of HIV and Aids orphans (Tsheko <i>et al.</i> , 2007:4).....	18
Table 2.1:	Available support programmes for HIV and Aids orphans	45
Table 5.1:	Gender of the participants	90
Table 5.2:	Age of the participants	91
Table 5.3:	Grade of the participants	91
Table 5.4:	Number of participants who repeat their school grade	91
Table 5.5:	Place of residence	92
Table 5.6:	Satisfaction with living conditions	92
Table 5.7:	Access to electricity, water and sanitation	93
Table 5.8:	Guardians of the participants.....	94
Table 5.9:	Number of participants having contact with siblings	94
Table 5.10:	Psychosocial and emotional needs	109
Table 5.11:	Socio-economic and physical needs	113
Table 5.12:	Educational needs	127
Table 5.13:	Support structures	134
Table 6.1:	Tenets of the ecological model	143
Table 6.2:	Environments in a learner and family's ecology (Kirkman, 1997:380)	147

Table 6.3:	Support needs and protective factors/resources related to psychosocial and emotional needs.....	156
Table 6.4:	Support needs and protective factors/resources related to socio- economical and physical needs	161
Table 6.5:	Support needs and protective factors/resources related to educational needs	168
Table 6.6:	Support needs and protective factors/resources related to support structures.....	173

LIST OF FIGURES

Figure 3.1:	Basic and growth needs of individuals (Ryan & Deci, 2000:71)	62
Figure 5.1:	The support needs of HIV and Aids orphans in the Fezile Dabi Region	136
Figure 6.1:	The ecological model of Bronfenbrenner (Paquette & Ryan, 2001)	144
Figure 6.2:	An ecosystemic approach to address the psychosocial and emotional needs of HIV and Aids orphans	160
Figure 6.3:	Experiential learning cycle model	164
Figure 6.4:	An ecosystemic approach for addressing socio-economic and physical needs of HIV and Aids orphans	166
Figure 6.5:	An ecosystemic approach to address the educational needs of HIV and Aids orphans.....	171
Figure 6.6:	An ecosystemic approach for addressing the support structure needs of HIV and Aids orphans	176

CHAPTER ONE

ORIENTATION AND STATEMENT OF THE PROBLEM

1.1 INTRODUCTION

Orphanhood is a complex phenomenon and varies according to differing cultural, geographic, economic and social settings (UNAIDS, 1998:180). The disruption of families and the death of parents and close relatives due to HIV and Aids have created an unprecedented number of destitute and abandoned South African children. According to calculations, current mortality trends point towards orphans comprising 9-12% of South Africa's total population in 2015 (Giese, Meintjies, & Chamberlain, 2002:25; Skinner, Tsheko, Mtero-Munyati, Segwabe, Chibatamoto, Mfecane, Chandiwana, Nkomo, Tlou & Chitiyo, 2004:2). According to Hepburn (2002:94), some orphans may live in child-headed households with other siblings looking after younger ones, thus assuming parenting roles that they are ill prepared for. Some of the orphans are taken care of by communities; or placed in institutions, while many lose all contact with family and friends and become street children. In such circumstances, children run a high risk of becoming infected by HIV and Aids themselves through abuse or prostitution (Hepburn, 2001:94).

HIV and Aids constitute a chronic stressor in the lives of many South African children. Literature reveals that the overall percentage of maternal orphans (mother passed away, but father is alive), paternal orphans (father passed away but mother is alive) and double orphans (both parents have passed away) due to HIV and Aids has increased over the past ten years. According to the latest statistics that I¹ could obtain, maternal orphans increased from 2,5% in 1995 to 5% in 2005, paternal orphans increased from 12,5% in 1995 to 13,5% in 2005 and double orphans increased from 1,4% in 1995 to 2,7% in 2005. A research report published by the South African Institute for Race Relations indicates that only 40% of South African children live with a mother, 3% live with a father only and 23% of the children in South Africa do not have a mother or a father (Pienaar, 2011:4). In support of this research report, the Department of Basic

¹ In the context of a qualitative study the use of the personal pronoun is preferred throughout to indicate my personal involvement during the research

Education in South Africa revealed in an annual survey report on a survey done in public schools during 2009, that one million learners were growing up without a father, and 623 764 without a mother (Rademeyer, 2011:2).

The percentage of children with at least one deceased parent increased from 14% in 1995 to 16% in 2005 (Statistics South Africa, 2006:4). South Africa has approximately 1,2 million children who have lost one or both parents to Aids, and it is estimated that by 2020 one in five children could be orphans if parental deaths continue at the same rate as seen over the past ten years (Alcon, 2007). Specifically in the Free State Province, the province where the research was conducted, an alarming increase in the number of HIV and Aids orphans is evident. The Department of Social Development in the Free State recently reported that there are 1836 orphans in the Kroonstad, Viljoenskroon, Koppies, Steynsrus and Edenville area, and that approximately 20 children are placed in foster care per month (Department of Social Development, 2011). In 1991, only 11 HIV and Aids orphans were identified. This number increased to 57,927 in 2007 and it is estimated that by 2010 there will be 89,649 orphans in the Free State Province (Dorrington, Bradshaw & Budlender, 2002:7).

The increase in the numbers of orphans due to HIV and Aids is disturbing, as children are not meant to live on their own. They must be dependent on adults, particularly their biological parents (Atobra, 2004:32). Some children have no family or close friends who look after them if their parents die (Freeman & Nkomo, 2006:309). Under such circumstances, orphans depend on the ability of the community to create a nurturing environment for their growth and development (Foster, 2000:61). In addition to this, HIV and Aids orphans require protective intervention on the part of the state (Voysey, 2002:108) and they need a sense of belonging to their communities, neighbours, family and friends who comprise a network of care, protection and identity in their lives (Thurman, Snider, Boris, Kalisa, Mugarira, Ntaganira & Brown, 2006:227).

In the eyes of the law, children without a legal guardian are regarded as vulnerable children or as orphans (Department of Welfare, 1998:36). The death of parents puts most children at risk of being confronted by powerful cumulative and often negative social changes in their lives over which they have no personal control (Sengendo & Nambi in De Witt & Lessing, 2005:13). Giese, Meintjies, Croke and Chamberlain (2003:30) refer to orphans as a category of children whose care is compromised because of the illness or death of adults who contribute to their care. Orphans no

longer have the security of loving parents, and in some cases they have to fulfil the role of the parents for the young ones in the home (UNAIDS, 2004:107).

HIV and Aids orphans need people to care for them, to support them and guide them through life until they are old enough to take care of themselves. To ensure that the orphan gets the necessities of life such as food, shelter and clothing, orphans are in need of caregivers. Such persons may be relatives or non-relatives of the orphan (De Witt & Lessing, 2005:15) or caregivers who serve as surrogate parents to the child at the death of his/her parents (UNICEF, 2000:6).

All parties involved, namely policy makers, grant-allocators, Non-Governmental Organizations (NGOs), families and communities need to join their strengths in order to support the needs of HIV and Aids orphans so that these children can continue to develop, despite circumstances that force them to assume adult responsibilities prematurely (UNAIDS, 1998:128). Extended families and community structures or individual community members can play a particular role in the provision of care and support for orphans. Activities can be developed in collaboration with assistance from outside organizations to reduce the impact of HIV and Aids (Voysey, 2002:103-110; De Witt & Lessing, 2005:164). Outside organizations play a major role in helping communities to respond to the impact of HIV and Aids by helping them to meet, discuss and plan together, and by funding them (Foster, 2000:56). Government needs to show visible support in providing care and adopting policies and legislation to protect the rights of all children, including orphans. Schools and teachers should be trained to be able to identify the needs of HIV and Aids orphans and to provide support (Richter, Manegold & Pather, 2004:92).

It is unlikely that any single intervention or support structure will provide an adequate solution to all the problems of orphans. According to Bradshaw, Johnson, Schneider, Bourne and Dorrington (2002:63) it is therefore necessary that a range of both institutional (government provisions for orphans) and community-based (customs and attitudes in the community for dealing with the needs of orphans) responses to the needs of orphans be developed. The latter will involve support from families, schools, peers, the community and the society. In response to the problems related to orphanhood, institutional as well as community-based support is necessary, as the following basic rights of children become violated due to orphanhood, namely the right

to food, health, shelter, protection, love, care, nurture, play, recreation, protection from abuse and protection from child labour (Skweyiya, 2002).

Orphans require the intervention of a child protection system in order to secure adult care (Werner & Smith, 1997:62; Rothman, 1999:55). Many orphans are satisfactorily cared for and have their basic needs met by their extended family, sometimes in circumstances of extreme deprivation (Foster & Makufa, 1997:123).

Orphans who are not cared for need various types of support ranging from those things necessary for survival, such as food and health care, to those interventions that will provide a better quality of life in the future such as education, psychosocial support and economic self-sufficiency (Marshall & Keough, 2004:86).

Orphans without adequate care are unable to grow in a healthy climate within the family and to develop holistically, as their physical, emotional and intellectual needs which are interrelated and interdependent (UNICEF, 2000:26) are not met (*cf.* 3.2-3.6). Orphan children suffer anxiety and fear during the years of parental illness, as well as grief and trauma following the death of their parents, which reduce their ability to cope with growing pressures (Foster & Makufa, 1997:107).

In assessing the capacity of the current system in South Africa to deal with the expected rise in orphan numbers, both the formal and informal structures in the system should be considered. The formal structure incorporates the legislation regarding orphaned children and the government provisions for orphans and caregivers. According to Bradshaw *et al.* (2002:21), the formal structure comprises the following elements:

- The Child Care Act No. 74 of 1983 that specifies that orphaned children may be placed in foster care.
- Foster care grants are payable to a foster parent.
- Institutional care for which South Africa has a framework. However, the costs of maintaining these institutions are significant and many provinces are therefore currently exploring alternative models of community care.

The informal structure is made up of attitudes and customs determining the ways in which communities and extended families respond to orphaned children (Bradshaw *et al.*, 2002:134). The formal structure is limited in terms of placement options, which are

also hampered by lengthy procedures, as well as by a lack of awareness among those in need of support from the various placement options. The capacity of the informal structure to deal with the rise in orphan numbers is also problematic. It is a concern that the households in some communities are, for the most part, very poor and already have large numbers of dependants. They are therefore the households that are materially least able to provide care for children of the deceased (Bradshaw *et al.*, 2002:85). According to Van den Heever (cited by Bradshaw *et al.*, 2002:128); four main models of community-based care have been identified in South Africa:

- Placing orphan children with a member of the extended family
- Allowing the formation of child-headed households where the oldest sibling is 15 years or older and social services provide regular support to the household which should not be encouraged, except as a temporary measure for children awaiting placement
- Placing adults, usually older women, in the homes of orphaned children
- Cluster foster care, which involves identifying surrogate mothers and hiring them to look after a number of orphans in the community.

The literature revealed that there are different community-based interventions in place in four provinces in South Africa to address the needs of HIV and Aids orphans (Dlamini, 2004:38; Richter *et al.*, 2004:37; Setswe & Skinner, 2008:7-10; Thebe, 2007:35). However, no evidence of community-based interventions in the Fezile Dabi Region could be found.

In the context of this study, the focus was on increasing the capacity of the informal support structure in the community to assist HIV and Aids orphans in the Fezile Dabi Region. Thorne (cited by Johnson & Dorrington, 2001:146) indicates that it needs to be recognized that children are in need of support well before their parents die. In this regard, literature argues that an ecosystemic approach (schools, friends, families, businesses, community and society as a whole) can play a major role in supporting the needs of orphans (Foster, 2000:61; Bradshaw *et al.*, 2002:63; Thurman *et al.*, 2006:227).

1.2 STATEMENT OF THE PROBLEM

My study was motivated by the growing numbers of HIV and Aids orphans and the negative impact that orphanhood has on the socio-economic and emotional well-being of the orphan child. In addition to this, I could not find any evidence in the literature of coordinated informal community-based support structures for HIV and Aids orphans in the Fezile Dabi Region. My study wishes to contribute to support the orphans in the mentioned region by developing ecosystemic guidelines towards a support programme to address the needs of HIV and Aids orphans. This region was specifically chosen as fellow colleagues and I who are teachers in the region experience on a daily basis how various needs affect the lives of Black HIV and Aids orphans.

In the context of the study, the focus was on providing guidelines to improve the ways in which the informal support structure in addition to the formal governmental structure could enhance and strengthen support to HIV and Aids orphans in the Fezile Dabi Region.

The central question that steered the study was:

What are the support needs of Black HIV and Aids orphans in the Fezile Dabi Region and which components and processes could be included in the development of guidelines towards an ecosystemic support programme to support the needs of the HIV and Aids orphans in the Fezile Dabi Region?

Within the central question, a number of sub-questions arose:

- What are the support needs that HIV and Aids orphans in general can experience?
- Which support structures are available for supporting HIV and Aids orphans in general?
- What are the benefits of an ecosystemic approach in addressing the support needs of HIV and Aids orphans?
- What are the support needs of Black HIV and Aids orphans in the Fezile Dabi Region?
- What is available to support the needs of Black HIV and Aids orphans in the Fezile Dabi Region?

- Which components and processes could be included in the development of guidelines towards an ecosystemic support programme to support the needs of Black HIV and Aids orphans in the Fezile Dabi Region?

1.3 THEORETICAL FRAMEWORK

In order to provide a suitable theoretical framework to support my argument for a community-based support programme in the Fezile Dabi Region, I chose an ecosystemic approach, that emphasizes the importance of collaboration between the different levels of the entire societal context in solving a problem (Gerhardt, Pillay, Preethall & Van Rensburg, 2006:14). From a biological viewpoint, an ecosystemic perspective's central argument is that individual people and groups at various levels of the social context are linked in a dynamic, interdependent and interacting relationship (Gerhardt *et al*, 2006:14). This includes collaboration between the exo-level (the larger social system in which an individual does not function directly), the macro-level (society), the meso-level (school, local community) and the micro-level (family, teachers, peers) (Bronfenbrenner & Morris, 1998:67; Donald, Lazarus & Lolwana, 2002:45). The ecosystemic theory is explained in detail in Chapter Six (*cf.* 6.2).

The micro-level includes systems in which one is closely involved, such as family and relationships. Secondly, the meso-level refers to a set of micro systems that continuously interact with one another. They also refer to the local community in which we live. Lastly, the macro-level indicates the wider community and whole society in which dominant social and economic structures, as well as cultural values and beliefs can influence the social system (Donald, Lazarus & Lolwana, 2006:41-42). This exo-level defines the larger social system in which the orphan does not function directly. Bronfenbrenner describes the exo-layer as being made up of social settings that do not contain the developing person, but nevertheless affect experiences in their immediate settings (in Berk, 2007:25).

In the context of the study, I argue that all the above levels can play a role in effectively supporting the needs of orphans. In practical terms, in the absence of parents from the lives of orphans, the micro-level will refer to support linked to relationships established with other people such as peers, relatives, friends and teachers. The meso-level will refer to the role of the local community in educational and support matters related to orphanhood, and lastly the macro-level will highlight the roles of the Department of

Education, Non-Governmental Organisations (NGOs) and Non-Profit Organisations (NPOs) in dealing with the provision of support to orphans. As part of my research, I developed guidelines towards an ecosystemic support programme in which the distinct support roles of the various parties in the macro-level, meso-level and micro-level in the environment are outlined and explored in-depth in Chapter Six.

1.4 AIM AND OBJECTIVES OF THE STUDY

The overall aim of this study was to gain a deeper understanding of the support needs of HIV and Aids orphans in the Fezile Dabi Region and to identify components and processes that could be included in the development of guidelines towards an ecosystemic support programme for the orphans. The overall aim was operationalized as follows:

- by gaining clarity on the support needs that HIV and Aids orphans can experience in general, by means of a literature review;
- by exploring the availability of support structures for HIV and Aids orphans in general, by means of a literature review;
- by exploring the benefits of an ecosystemic approach in addressing the support needs of HIV and Aids orphans, by means of a literature review;
- by obtaining an in-depth understanding of the support needs of Black HIV and Aids orphans in the Fezile Dabi Region, by means of one-on-one interviews;
- by exploring the perceptions of Black HIV and Aids orphans in the Fezile Dabi Region on what is available to support their needs, by means of one-on-one interviews; and
- by identifying components and processes to be included in the development of guidelines towards an ecosystemic support programme for Black HIV and Aids orphans in the Fezile Dabi Region, based on the literature review and data obtained by the one-on-one interviews.

1.5 EMPIRICAL RESEARCH

In this section, I provide a brief overview of the research design that I used to execute the study. Each of the sections is discussed in detail in Chapter Four.

Before I conducted the study, I had to determine a suitable research paradigm that would guide the choice of an appropriate research design, research method and data collection strategy that would assist me in achieving the aim and objectives of the study.

1.5.1 Research paradigm

In this study, an interpretivist paradigm was followed (Niewenhuis, 2007c:99). Interpretivism strives to comprehend how individuals in everyday settings construct meaning and explain the events of their worlds (Niewenhuis, 2007c:99). An in-depth understanding of the support needs of HIV and Aids orphans and an exploration of the orphans' perceptions on what is available to support their needs would not have been achieved without the use of the interpretivist paradigm.

The execution of the research comprised two phases, namely a literature review and empirical research.

1.5.2 Literature review

The library of the North-West University, Vaal Triangle Campus, was approached to assist in conducting the literature research. I used the following key words and phrases to conduct a NEXUS search as well as an EBSCOhost search: *child-headed households, HIV and Aids orphans, support programmes for HIV and Aids orphans, interventions for HIV and Aids orphans, challenges faced by HIV and Aids orphans, support needs of HIV and Aids orphans in South Africa, socio-economic needs of HIV and Aids orphans, emotional needs of HIV and Aids orphans, psychosocial needs of HIV and Aids orphans, educational needs of HIV and Aids orphans and physical needs of HIV and Aids orphans.*

Based on the literature review, the following central themes indicated in Table 1.1 were identified and guided the structuring of the literature review in Chapters Two and Three, and informed the structuring of the interview protocol (*cf.* Appendix F)

Table1.1: Themes identified from the literature review

Theme identified	Resource
HIV and Aids have a devastating impact in South Africa	Mandela Childrens Fund 2007 Phaswana-Mafuya & Peltzer, 2006 Delva <i>et al.</i> , 2005 Pharoah, 2005 Atobra, 2004 Sloth-Nielsen, 2004 UNAIDS, 2004 Yamba, 2003 Smart, 2003 Strode, 2003
HIV and Aids orphans: a concept clarification	University of Cape Town, 2006 Gerntholtz, 2005 Gerntholtz & Richter, 2004 Smart, 2003 Barnett & Whiteside, 2002 Le Roux, 2002 Dorrington <i>et al.</i> , 2002
HIV and Aids orphans are faced with numerous challenges	Cameron, 2010 Theron & Theron, 2010 Tsheko <i>et al.</i> , 2007 Davids <i>et al.</i> , 2006 German, 2006 Jooste <i>et al.</i> , 2006 Munyati <i>et al.</i> , 2006 Ungar, 2006 De Witt & Lessing, 2005 Donald & Clacherty, 2005 Foster & Levine, 2005 Gerntholtz, 2005 Foster, 2005 Atobra, 2004 Freeman, 2004 James <i>et al.</i> , 2004 Richter <i>et al.</i> , 2004 Ungar, 2004 Bellamy, 2003 Schoon & Bynner, 2003 Yamba, 2003

	Carr-Hill <i>et al.</i>, 2002 Giese <i>et al.</i>, 2002 Levin <i>et al.</i>, 2002 Le Roux, 2002 Makame <i>et al.</i>, 2002 Phiri & Webb, 2002 Rau, 2002 Sahara, 2002 Shisana & Simbayi, 2002 Guest, 2001 Loening-Voysey & Wilson, 2001 Masten, 2001 Paquette & Ryan, 2001 Phiri <i>et al.</i>, 2001 Luthar, 2000 UNAIDS, 2000 Rothman, 1999 Foster & Makufa 1997 Segendo & Nambi, 1997 Werner & Smith, 1997 Foster & Makufa, 1995 WHO, 1995 Dane & Levine, 1994 Leary, 1988
There is a number of formal and informal responses and interventions to HIV and Aids orphans. Formal responses relate to government intervention	Wood, 2007 Children's Bill of Rights, 2005 Meintjies, 2005 Department of Social Development, 2004 Sloth-Nielsen, 2004 South African Law Reform Commission, 2003 Gow & Desmond, 2002 Voysey, 2002 Johnson & Dorrington, 2001 Russel & Schneider, 2000 Danziger, 1994
Informal community intervention links to: Living in extended families Child-headed Households Grandparent care in houses of orphaned children Community and foster care	Mandela Childrens' Fund, 2007 Maqoko & Dreyer, 2007 Foster, 2005 Richter <i>et al.</i>, 2004 Atobra, 2004 Skinner <i>et al.</i>, 2004

	UNAIDS, 2004 Boler & Carroll, 2003 UNICEF, 2003 USAID, 2003 Gow & Desmond, 2002 Johnson & Dorrington, 2001 Hepburn, 2001 Whiteside, 2000
Interventions (international and national) to address the needs of HIV and Aids orphans	Setswe & Skinner, 2008 Thebe, 2007 Dlamini, 2004 Richter <i>et al.</i>, 2004
The support needs of HIV and Aids orphans Psychosocial needs	De Witt & Lessing, 2005 Foster & Levine, 2005 Granot, 2005 Psychology Today, 2005 Atobra, 2004 Richter <i>et al.</i>, 2004 Boler & Carroll, 2003 Bhargava & Bigombe, 2002 Deininger <i>et al.</i>, 2002 Gibson <i>et al.</i>, 2002 Makame <i>et al.</i>, 2002 Matshalaga & Powell, 2002 Rau, 2002 Sahara, 2002 Hepburn, 2001 Levine, 2001 Lynas, 2001 Whiteside, 2000 Payne <i>et al.</i>, 1999 UNAIDS, 1998 Winkley, 1996 Bauman & Werner, 1994 Gotlieb & Hammen, 1992
Emotional needs	De Witt & Lessing, 2005 Granot, 2005 Kartell, 2005 Atobra, 2004

	Bray, 2003 Khoza & Xhakaza, 2003 Strode, 2003 Bhargava & Bigombe, 2002 Desmond & Gow, 2002 Le Roux, 2002 Matshalaga & Powell, 2002 Phiri & Webb, 2002 World Health Organisation, 2002 Lynas, 2001 Levine, 2001 Smart, 2000 Widdison, 1998 Winkley, 1996 Mwamwenda, 1995 Chazan <i>et al.</i>, 1994 Scarth, 1993 Harrington, 1992 Topping, 1990
Socio-economic needs	Donald & Clacherty, 2005 World Health Organisation, 2004 Bellamy, 2003 Nyambedha <i>et al.</i>, 2003 Yamba, 2003 Hunter & Williamson, 2000 Mukwaya, 1999 Henslin, 1996
Educational needs	Agnes & Serumaga, 2006 Guernina, 2004 UNICEF, 2004 Bellamy, 2003 Boler & Carroll, 2003 Khoza & Xhakaza, 2003 Nyambedha <i>et al.</i>, 2003 Bennell <i>et al.</i>, 2002 Carr-Hill <i>et al.</i>, 2002 Rau, 2002 Sahara, 2002 Hepburn, 2001 Coombe, 2000 Hunter & Williamson, 2000

	Foster & Makufa, 1997 Foster & Makufa, 1995 Mwamwenda, 1995 Robins, 1991
Physical needs	Tolfree, 2005 UNICEF, 2004 Bellamy, 2003 Matshalaga & Powell, 2002 Thom <i>et al.</i> , 2001 Coombe, 2000 Mwamwenda, 1995 Tolfree, 1995
The importance of addressing the needs of HIV and Aids orphans	Shisana & Louw, 2006 Ajdukovic & Sladovic, 2005 De Witt & Lessing, 2005 Mwamwenda, 2004 Atobra, 2004 Barnett & Whiteside, 2002 Ryan & Deci, 2000 UNICEF, 2000 Lowery, 1998 Tolfree, 1995

1.5.3 Empirical research

1.5.3.1 Research design

In line with the interpretivist paradigm, I chose a qualitative research design to execute my study. A qualitative design was chosen for this research because in this design I focused on individuals' viewpoints, thoughts and perceptions and was concerned with understanding the research problem from the participants' perspective as they experience the problem (orphanhood) and how it is related to their reality and lives (McMillan & Schumacher, 2000:26; Leedy & Ormrod, 2005:94).

1.5.3.2 Research strategy

As part of the qualitative research, a phenomenological strategy was utilized. McMillan and Schumacher, 2000:26) and Leedy and Ormrod (2005:139) define a phenomenological study as a study that attempts to understand peoples' perceptions,

perspectives and understandings of a particular situation by means of interviews. In the context of the study, I intended to capture the participants' experiences related to their support needs as HIV and Aids orphans by talking to them.

1.5.3.3 Method of data collection

A phenomenological study should include the perspectives and voices of the people studied (Leedy & Ormrod, 2005:140). Depending on the nature of the problem investigated and intentions of individual researchers, some utilize open-ended interviews, while other researchers prefer closed or even semi-structured interviews (McMillan & Schumacher, 2000:89). Orphanhood is a sensitive issue, and therefore I conducted semi-structured one-on-one interviews with the learner participants. The interviews were scheduled at places and times that were convenient for the learners. The duration of the interviews did not exceed one hour per participant, and they were conducted in the Home Language of the participant to secure proper understanding and to enhance the trustworthiness of the responses. With the permission of the participants, the interviews were tape-recorded to capture the exact words of the participants. The focus of these interviews was to determine what the support needs of the participants are, and their perceptions on available support to assisted in coping with these needs.

1.5.3.4 Research participants

The study population, from which the research participants were selected, was learners orphaned by HIV and Aids in the Fezile Dabi Region. As I work in the Fezile Dabi Region and am familiar with the schools in the region, it enabled me to obtain easy access to the schools. I focused on the four zones in the region, namely Metsimaholo, Ngwathe, Moghaka and Mafube and initially selected 15 participants to take part in the study by means of convenient, purposive criterion sampling. I made use of a purposive, convenient sampling in the study and selected participants who were willing and available who yielded the most information about the topic under investigation (Leedy & Ormrod, 2005:145, McMillan & Schumacher, 2006:319, Cohen, Manion & Morrison, 2007:115). Participants had to comply with the following criteria namely; they had to be Black HIV and Aids school-going orphans in Grades 4- 12, and had to live in the Fezile Dabi Region. Learners in the lower grades were not included, as I was of the opinion

that communicating and expressing feelings about orphanhood might be easier for older learners.

Life Orientation teachers and school principals from the various schools in the Fezile Dabi Region acted as gatekeepers, and assist me with the recruiting of the research participants. I did not obtain data saturation with the initial number of 15 participants who were sampled for the research, and I recruited additional participants. In total, I interviewed 43 participants to make sure that I obtained data saturation (*cf.* 4.3.6).

1.5.3.5 Pilot study

In order to check whether the interview questions were understandable, a group of HIV and Aids orphaned learners (n=10) from the population who were not part of the selected participants were approached to check the questions for clarity and understanding. As the participants understood the questions, and no problems were detected, I decided to continue with the research using the questions as set out in the interview protocol.

1.5.3.6 Data analysis

I made use of deductive as well as inductive data analysis in this study. Based on the literature review I identified preset categories according to which I structured my interview protocol that provided the direction for what I looked for in the data (Nieuwenhuis, 2007c:109). In addition to this, I wanted to let the words of the participants speak for themselves without my reading meaning into the words of the participants. With inductive analysis, I also let categories and patterns emerge from the data itself (McMillan & Schumacher, 2006:364). A detailed explanation of how I conducted the data analysis is provided in Chapter Four (*cf.* 4.4).

1.5.3.7 Trustworthiness of the data analysis

In order to guarantee the trustworthiness of my data analysis, I adhered to the following criteria: dependability, confirmability, transferability and credibility (Lincoln & Guba 1985:301-327). How I addressed each aspect in the study is explained in detail in Chapter Four (*cf.* 4.5) as well as how I considered my role as researcher in the collection of qualitative data (*cf.* 4.7).

1.5.3.8 Ethical aspects

I complied with ethical requirements according to the guidelines set out by Creswell (2009:880-90), and paid attention to ethical issues in my research problem, in the purpose and question, data collection, data analysis and interpretation and disseminating the research results. How I dealt with each of these aspects in practical terms is explained in Chapter Four (*cf.* 4.7).

1.6 GUIDELINES TOWARDS AN ECOSYSTEMIC SUPPORT PROGRAMME

The guidelines that were developed were linked to the macro-level, meso-level and micro-level in the ecosystem of the HIV and Aids orphans (Bronfenbrenner, 1979:46), and involved the following in the context of the study:

- the relatives/guardians, schools, teachers, friends and peers of the orphans (micro-level);
- members of the community and community-based care (meso-level); and
- including institutions in the society such as the Department of Education, Social Development and Health Centres as well as NGOs and NPOs (macro-level).

The rationale for suggesting an ecosystemic approach is based on my belief that people function in more than one ecosystem simultaneously and that solving a problem is linked to an interactive approach, which involves all the ecosystems in a person's ecology (*cf.* Chapter Six).

1.7 FEASIBILITY OF THE STUDY

The study was feasible because there were sufficient literature sources available on the topic. The research was conducted in the Fezile Dabi Region where I am involved as teacher at one of the schools and have contact with school principals and other teachers in the region, thus allowing easy access to the research participants.

1.8 CONCEPTS CENTRAL TO THE STUDY

The study was conceptualized in terms of and based on the following conceptual frameworks that I explore in Chapters Two and Three:

- HIV and Aids orphans

- Support needs of HIV and Aids orphans.
- Support programmes for HIV and Aids orphans

To provide the reader with a succinct definition of the concepts and to place the study in context, the following brief descriptions of how I conceptualized the central concepts in the study are provided:

1.8.1 HIV and Aids orphans

In the context of this study, the definition provided for HIV and Aids orphans refers to those children under the age of 18 years whose mother, father, or both biological parents have passed away due to HIV and Aids (University of Cape Town, 2006:59).

1.8.2 Support needs of HIV and Aids orphans

The support needs of HIV and Aids orphans include socio-economic, psychosocial, emotional, educational and physical needs (Sahara, 2002:95, 105; Boler & Carroll, 2003; Bellamy, 2003:79; Kartell, 2005:228; German, 2006:154) and are also referred to in the literature as material, non-material and overlapping needs (Tsheko, Bainame, Odirile and Segwabe (2007:4). In my study, the material needs referred to the socio-economic needs, the overlapping needs referred to the physical and educational needs and the non-material needs referred to the psychosocial, emotional and behavioural needs as indicated in Table 1.2 below.

Table 1.2: Specific support needs of HIV and Aids orphans (Tsheko *et al.*, 2007:4)

MATERIAL NEEDS	OVERLAPPING NEEDS	NON-MATERIAL NEEDS
(Socio-economic needs) Clothing Support Books Legal advice Shelter Food	(Physical and educational needs) Health Support Leisure Education Protection Entertainment	(Psychosocial, emotional and behavioural needs) Spiritual guidance Identity Sense of belonging Life skills Acceptance Freedom of expression Play Love Support

		Counselling Interaction Parental love Survival skills

1.8.3 Support programmes for HIV and Aids orphans

Support generally refers to the furnishing of that which is needed or lacking, providing for well-being or improvement (Reber & Reber, 2001:726). Depending on the type of support needed, support can range from physical, social, material, spiritual, material to practical support (Uys & Cameron, 2003:101). A programme is defined as a plan or system under which action may be taken toward a goal. According to my opinion, I regard a support programme as a coping resource for HIV and Aids orphans that rely on the employment of human capacity and resources to provide assistance and support to counteract the negative influence of HIV and Aids in the lives of the orphans.

1.9 CONTRIBUTION OF THE STUDY

I designed guidelines towards an ecosystemic support programme that could assist the society, community, family, teachers and peers on how to provide purposeful and coordinated support to HIV and Aids orphans in the Fezile Dabi Region. As there is no support programme available in this region at present, this study makes a distinct contribution to the lives of orphans in this area.

1.10 CHAPTER DIVISION

The study unfolds according to the following structure:

- Chapter One provides the orientation and statement of the problem.
- Chapter Two presents the challenges of and interventions to support HIV and Aids orphans.
- Chapter Three examines the support needs of HIV and Aids orphans.
- Chapter Four presents the empirical research design.
- Chapter Five presents the data analysis and interpretation.

- Chapter Six presents guidelines towards an ecosystemic support programme for HIV and Aids orphans in the Fezile Dabi Region.
- Chapter Seven presents the summary, findings, conclusions and recommendations for the study.

1.11 CHAPTER SUMMARY

Chapter One presented an orientation to the study with the aim of preparing the reader for the subsequent chapters. In order to determine the support needs of the HIV and Aids orphans in the Fezile Dabi Region, I utilized a qualitative research design (*cf.* 1.5.3.1) and a phenomenological research strategy (*cf.* 1.5.3.2). I collected data by means of one-on-one semi-structured interviews (*cf.* 1.5.3.3) from 43 conveniently and purposively selected Black school-going HIV and Aids orphans in the Fezile Dabi Region (*cf.* 1.5.3.4) to gain a deeper understanding of the support needs that they experience and explore how their needs are presently supported.

The next chapter, Chapter Two, presents a concept clarification of HIV and Aids orphans as well as the challenges and needs faced by HIV and Aids orphans and available interventions to support the needs.

CHAPTER TWO

HIV AND AIDS ORPHANS: CHALLENGES AND INTERVENTIONS

2.1 INTRODUCTION

There are more than 15 million children orphaned by HIV and Aids worldwide. More than 12 million of these children live in Sub-Saharan Africa, and more than 9% of all children have lost at least one or both parents to HIV and Aids (UNICEF, 2004:31). UNICEF (2004:31) predicted that there would be around 15, 7 million Aids orphans in Sub-Saharan Africa, by 2010. It is also expected that by 2010, millions of children would be orphans due to HIV and Aids worldwide. The World Health Organisation (WHO) (2003:3) disclosed that in 2002 approximately 40 million people worldwide were living with HIV and 2,5 million were children under the age of 15. Globally, 15 million children have been orphaned by the pandemic (World Health Organisation, 2003:3). A great number of these children become the heads of households and are forced to look after themselves. They often drop out of school, become vulnerable to many forms of abuse such as using drugs, or becoming prostitutes and have to look for work in order to care for their siblings (World Health Organisation, 2003:3; UNAIDS, 2003:8).

In this chapter, I provide an in-depth exploration of the challenges that HIV and Aids orphans are faced with, as well as the interventions that are available to support them under the following structure:

- The devastating impact of HIV and Aids in South Africa
- Challenges faced by HIV and Aids orphans
- Responses and interventions to HIV and Aids orphans

2.2 THE DEVASTATING IMPACT OF HIV AND AIDS IN SOUTH AFRICA

UNAIDS (2004:7) indicates that HIV and Aids is the primary factor which contributes to the increasing number of orphans in Sub-Saharan Africa. In 2003, there were approximately 43 million orphans in Sub-Saharan Africa (UNAIDS, 2004:7). According to Sloth-Nielsen (2004:1), approximately 840 000 children in South Africa have lost their mothers, mostly because of HIV and Aids. By the year 2015, this number is expected to have increased to 3 million.

According to Atobra (2004:49), South Africa has been identified as the country with the greatest number of HIV and Aids-infected people, and children who have been orphaned by the epidemic (Gerntholtz, 2005:30). The consequences of this pandemic are the large number of children who are left orphaned, some of them being HIV-positive themselves.

Phaswana-Mafuya and Peltzer (2006:403) assert that South Africa has the fastest growing HIV and Aids pandemic that is spreading very quickly and not only takes lives of people, but also deprives them of having a decent life as there is no cure for the disease. The medication used to reduce the virus is expensive, and people cannot afford it.

HIV and Aids-related illnesses directly influence productivity in the workplace and the competitiveness of South Africa's economy. HIV and Aids also affect businesses in costly ways because their productivity is reduced by increasing absenteeism and staff turnover, loss of skilled people, declining morale, increasing cost including training and recruitment, insurance cover, retirement funds and funeral costs. It also reduces profitability of business by increasing the cost of production and decreasing the productivity of workers (Strode, 2003:74). The supply of education through a reduced number of skilled teachers, administrators, and other education sector personnel is seriously affected (Phaswana -Mafuya & Peltzer, 2006:404). In addition to this, HIV and Aids affect both the income and the expenditure of government as the Department of Social Development should get ready now to support families in dealing with huge difficulties, which lie ahead (Smart, 2003:164).

One of the most severe and distressing aspects of the HIV and Aids problem is its impact on children (Yamba, 2003:77). Some become infected with the disease through HIV-positive mothers, while many others are orphaned due to the death of parents. The disintegration of families following the death of parents has serious implications in the lives of the children who are left behind since they live in extreme poverty, face problems to attend school and suffer because of a lack of basic life essentials (Yamba, 2003:77). The stigma attached to HIV and Aids often leads to severe discrimination at schools and the children are forced to leave school without an education, and with little or no chance of ever escaping destitution (Yamba, 2003:77). Delva, Vercoutere, Dehaene, Willems, Temerman and Annemans (2005:3) mention that growing up without parental care and love leaves many orphans in a social and pedagogical vacuum.

The future generation of children will not be vulnerable only to HIV and Aids; they will also be at risk of suffering from unemployment, gender discrimination and exploitation (Delva *et al.*, 2005:3). According to the Mandela Childrens' Fund (2007:3), many things change in a family when one or both parents have HIV and Aids. There is less money for food, clothes and school fees because parents have to spend money on medication. Some children growing up in families affected by HIV and Aids have to leave school to earn money when their parents are too ill to work. All these changes affect the child and the family very negatively (Delva *et al.*, 2005:3).

If both parents die due to HIV and Aids, the children become orphans and sometimes they are left alone with nobody who can look after them. These children sometimes live in different places with different people looking after them, which could be relatives, grandparents or care-centres. Some grow up under conditions of extreme poverty and become heads of households, looking after their younger siblings in the family after their parents' death, which places them at a high risk of developing anti-social tendencies (Pharoah, 2005:7).

In the next section, I provide a clarification of the concept central to the study, namely HIV and Aids orphans.

2.3 HIV AND AIDS ORPHANS: A CONCEPT CLARIFICATION

Dorrington *et al.* (2002:92) argue that the increase of Aids mortality rates, the impact of HIV and Aids on families and the rise in the number of orphans in South Africa have created a situation in which a growing number of children are cared for informally by grandparents, aunts, uncles, siblings or sympathetic members of the community. According to Dorrington *et al.* (2002:92), the HIV and Aids epidemic can affect children in many ways:

- They are orphaned by the epidemic.
- They live with HIV and Aids, and experience stigma and discrimination (whether or not they are HIV positive).
- They live in households that are poorer than the households that are not affected.
- They are more vulnerable to abuse and exploitation.

The HIV and Aids pandemic is eroding many of the gains made for children in South Africa since 1994 and is undermining their rights to, among other things, equality, education, social security, nutrition and, particularly, health care (Gerntholtz & Richter, 2004:910-912).

Barnett and Whiteside (2002:217) and Smart (2003:62) assert that the Aids pandemic leaves one or more generations of children to be raised by their grandparents, to live in households with very high dependency ratios or in child-headed households. Aids have both direct and indirect effects on children. The direct effects result from infection and illness of either or both the child and his or her caregivers. Children suffer indirectly because of the HIV and Aids pandemic. These children are referred to as vulnerable children, or as children in difficult circumstances (Barnett & Whiteside, 2002:3).

Barnett and Whiteside (2002:211) predict consequences based on a profound demographic shift brought about by Aids-related mortality, namely that it would lead to a similarly profound socio-economic and even cultural change. These consequences refer to the following:

- High Aids mortality rates will produce large numbers of orphans.
- These orphans will become children who do not live in appropriate social environments to equip them for adult citizenship.
- Poor socialization will mean that children orphaned by Aids will not live within society's moral codes (becoming street children or juvenile delinquents).
- Orphanhood because of Aids has a qualitatively different impact on children and households to orphanhood through other causes.
- AIDS orphans will become a threat to society owing to the absence of positive role models.

According to Le Roux (2002:10), HIV and Aids have led to a breakdown of families and functioning households. The stable household and extended family structure do not exist to the same extent as before the impact of HIV and Aids became evident. Children orphaned by Aids are often sent to live with elderly relatives, who support them on meagre pensions, or they are left to fend for themselves. As well as having direct

economic and social consequences, the changes at household level are enormous (Le Roux, 2002:10).

Different definitions are attached to HIV and Aids orphans, namely:

- A maternal orphan is a child whose mother has died, but whose father is living.
- A paternal orphan is a child whose father has died, but whose mother is living.
- A double orphan is a child whose mother and father have both died (University of Cape Town, 2006: 26).

In the context of this study, an orphan will be defined as a child of 18 years and younger whose mother, father or both parents have passed away due to HIV and Aids.

In line with what the study set out to achieve, I now explore the challenges faced by orphans as highlighted by the literature.

2.4 CHALLENGES FACED BY HIV AND AIDS ORPHANS

2.4.1 Introduction

Orphan statistics vary, partly because definitions of orphans differ and partly because records of parental death are inadequately kept (UNAIDS, 2000:105). Orphanhood has historically been caused by relatively short term or sporadic incidents such as trauma, war, famine or disease (UNAIDS, 2000:106). Conditions associated with HIV and Aids orphaning are more chronic and arduous, because the death of a parent is preceded by gradual physical decline and the increasing inability to perform the role of a protector, breadwinner, guide and caregiver associated with parenting (Phiri & Webb, 2002:48).

Although there are traditional provisions for orphan care, most orphans by virtue of their parenthood do not qualify for the traditional orphan support (Yamba, 2003:59). The extended family in South Africa continues its traditional care-giving role, especially in rural areas. However, it must be recognized that these families are often under increased stress due to poverty (German, 2006:150).

2.4.2 Challenges related to a lack of basic needs

According to a survey conducted in Botswana by Carr-Hill, Kataboro, Katahoire and Dulai (2002:85) and Tsheko *et al.* (2007:9), the problems faced by orphans include

nutrition, lack of school uniforms and clothing in general. Illness, living in rented accommodation and children aged between six and seven who do not attend school due to financial constraints contribute to the challenges the HIV and Aids orphans face. Similar results in another study conducted in Zimbabwe by Munyati, Rusakaniko, Mupambiyeri, Mahati, Chibatamoto and Chandiwana (2006:18), were obtained. The authors indicated that shortage of food and lack of adequate clothing seemed to be the major problems facing orphans. At all the sites that were investigated, high levels of poverty were evidenced.

Jooste, Managa and Simbayi (2006:65) conducted two studies in two districts, one in the Free State and another in the North-West province. The findings of these studies indicated that there are many orphaned children living mostly under difficult social circumstances in the two provinces. Food intake by most households was a major problem and many orphans were living in abject poverty and disability. The illness of household members added to the bleak prospects of many households (Jooste *et al.*, 2006:65).

Davids, Letlape, Magome, Makgoba, Mandivenyi, Mdwaba, Ned, Nkomo, Mfecane and Skinner (2006:42) conducted studies in four districts in South Africa. The districts included Welkom and Virginia in the Lejweleputswa district, Kopanong municipality, Kanana and Umzimuhle townships in the North-West province and Rustenburg's local municipality. Common issues and problems extracted from each municipality emphasized that there is a desperate need for the provision of shelter, food, clothing, educational attire and consistent care.

Tsheko *et al.* (2007:23) conducted a psychosocial survey to gather baseline data on Orphan Vulnerable Children (OVC) to facilitate the introduction and evaluation of the effectiveness of orphan care intervention programmes for strengthening community participation and empowering OVC in Botswana. The results of the study indicated that most households were headed by females and were in poverty and high levels of illiteracy, with only a few of the participants reaching tertiary level and caregivers of the orphans were not always able to provide for the basic needs that are needed for survival (Tsheko *et al.*, 2007:7).

HIV and Aids orphans are more likely to be malnourished or to fall ill (De Witt & Lessing, 2005:20). They are also less likely to receive the medical attention and healthcare they

need. Poverty is the root cause of this vulnerability, but often neglect and discrimination by adults in whose care they have been left, are also contributing factors (Shisana & Simbayi, 2002:64).

2.4.3 Behavioural and psychological challenges

HIV and Aids orphans may also lack the ability to explore or make choices. They show signs of aggression, helpless and negative self-concepts, and sometimes disciplinary or behavioural problems (Dane & Levine, 1994:127). Orphans affected by HIV and Aids become helpless victims (German, 2006:154). Some of the orphans whose parents died due to HIV and Aids manifest severe behavioural and psychological problems such as destructive acts, suicidal ideation, uncontrolled defiance, running away and aggressive or depressive behaviour (Freeman, 2004:72). They are also vulnerable and subjected to serious physical and psychological risks, which may escalate due to the death of their parents (Freeman, 2004:72).

Children from HIV-affected families are very often exposed to major psychological stressors, including poverty, greater responsibility, stigma and secrecy, death of parents, orphanhood and foster home placement (Dane & Levine, 1994:129). Many of them engage in some form of trading or hawking to supplement their household income. Such orphans have caretakers who provide them with a sense of well being, love and supervision. There are, however, also indications of isolated cases of orphans caring for themselves (Atobra, 2004:77).

2.4.4 Emotional challenges

Makame, Ani and Grantham-McGregor (2002:463) indicate that HIV and Aids orphans are concerned about the death of their parents and they are capable of distinguishing between their quality of life when their parents were alive and well, when they became sick, and when they eventually died. Most children lose hope when it becomes clear that their parents are ill and will die. Many feel sad and helpless and after the death of their parents, some feel angry and depressed. In some cases, they remain alone in their homes and need adults in their lives to live with them. Some often go to live with their grandmothers or adults from the community (Atobra, 2004:67). HIV and Aids orphans often live without adult care and the majority of orphaned children live in poverty, which affects their development. HIV and Aids orphans require the intervention of a child

protection system in order to secure adult care (Werner & Smith, 1997:61; Rothman, 1999:55).

Orphans carry specific histories, connectivities and pre-existing social relations that brought them into being and within which they still exist. The most obvious characteristic of orphans is isolation (James, Landsverk & Slymen, 2004:185), and they are often left to fend for themselves (James *et al.*, 2004:185).

When the orphans' parents die, they may not always feel the full impact of the loss because they may not immediately understand the finality of death. This prevents them from going through the grieving process necessary to recover from the loss (Segendo & Nambi, 1997:125) and leaves them with emotional problems (Makame *et al.*, 2002:462).

When a parent becomes increasingly frail, it may be important for children to spend time at home and to be involved with preparation for parental death. Children need other continuities, such as school, to bolster their psychological health during the severe illness or death of a parent. Orphaned children who have replaced schooling with work are likely to find it difficult to re-integrate into the educational system for both economic and social reasons (Rau, 2002:10).

2.4.5 Education challenges

According to Leary (1988:223) and Guest (2001:80), an orphan characterized by low self-esteem and heart-rending helplessness. They drift out into the world for which they are ill prepared. They take menial jobs; they do not aspire to higher education and make unrewarding marriages (Bellamy, 2003:50). Aids orphans are therefore less likely to attend school than those who have not lost their parents. Those who do attend find it difficult to pay attention to their teachers (Bellamy, 2003:50). Many also complain that they are avoided and discriminated against and are deprived of the support of their teachers and peers (Bellamy, 2003:50). In the South African context, the social lives of orphans of Aids are more negatively affected by the fact that the extended family system and caregivers are also sometimes totally overcome by unemployment and poverty, leaving them unable to assist orphans with their school needs (Bellamy, 2003:50). Many of the affected orphans are left in destitute and in abject poverty. These problems invariably have a negative effect on physical development, leading to stunted physical growth and the inability of the body to fight different diseases. In addition to the aforementioned, emotional development is also affected, leading to

feelings of helplessness and hopelessness. Finally, the problematic social development that manifests in the inability to have healthy relationships and cognitive development that is characterized by poor thinking and poor concentration, leading to an inability to progress well at school and eventually dropping out of school, are also evident among HIV and Aids orphans (Phiri & Webb, 2002:61).

2.4.6 Challenges related to discrimination and stigmatization

Loening-Voysey and Wilson (2001:106), report that children are often driven out of the community when it is discovered that their parents have died due to an HIV and Aids-related illness. Children are not being cared for simply because there is no willing and available adult caregiver, and a safety net has not been tight enough to pick up the orphaned children (Loening-Voysey & Wilson, 2001:106).

2.4.7 Challenges related to additional responsibilities

Many children who are orphaned by HIV and Aids find that they have to take charge of a household; they are compelled to take on adult roles and positions of caregivers and breadwinners (Giese *et al.*, 2002:1). They are forced to fend for themselves, abandon their studies and they are most vulnerable to stigma and discrimination, abuse, malnutrition and illness and these affect them socially and educationally in their development (Sahara, 2002:4). HIV and Aids orphans are often denied their childhood, as they are required to take responsibility in the household of an infected person. Children are expected to perform household chores, attend to the personal care of an ill person, nurse wounds and often become victims of blame for the pain experienced by the sick (Loening-Voysey & Wilson, 2001:105).

Many HIV and Aids orphans however manage to make their child-headed household a good-enough place of care by creating, through effective social networking among siblings, neighbours and peers, an atmosphere of support, affection, acceptance and solidarity (World Health Organisation, 1995:2). They apply a wide range of coping strategies and show a high degree of adaptability and flexibility that influence neighbourhood and community care and support (World Health Organisation, 1995:2). Nevertheless, such remarkable application of coping strategies and the resilience shown by many orphans that are heads of child-headed households should never be an excuse for failing to provide such vulnerable children with the best that society can offer

them. It is important to acknowledge existing community support for vulnerable children (World Health Organisation, 1995:2).

2.4.8 Challenges related to abuse, exploitation and child labour

HIV and Aids orphans suffer multiple losses. Not only are they likely to lose both parents because the disease is sexually transmitted, but siblings also die (Loening-Voysey & Wilson, 2001:105). Being part of an economically strained and socially fragmented society has placed many HIV and Aids orphans at risk of being abused and exploited domestically and for trade purposes.

According to Foster and Makufa (1995:82), many HIV and Aids orphans are always busy and work at odd hours, as they are required to work in order to produce an income for their households. Sometimes they do work which is not in accordance with their age or they do a lot of hired labour leaving them with little time to attend to their own interests. Other people take them as their labourers with little reward (Foster & Makufa, 1995:28).

There are many HIV and Aids orphans, who never had their birth registered as they were born in rural areas or because they had lost their birth certificates. Many HIV and Aids orphans are therefore unable to apply for grants, which make it problematic for Social Departments to assist them to obtain grants (Donald & Clacherty, 2005:25).

2.4.9 Safety and security challenges

According to Phiri, Foster and Nzima (2001:16), HIV and Aids orphans report that they lack a safety network with little opportunity to express their concerns. The authors highlight the reality that some HIV and Aids-orphaned children have particular problems that require monitoring and support if their needs and rights are to be met adequately (Phiri *et al.*, 2001:16).

HIV and Aids orphans are vulnerable because they have lost their main breadwinner, because their mother is sick and unable to care for them, or because their family has taken in the children of relatives who are sick or who have died because of HIV and Aids. Under such circumstances, the financial resources have to be shared among many more people (Richter *et al.*, 2004:56).

Service providers and caregivers report that the child protection system is critically under-resourced and is failing to cope with large numbers of orphaned and abandoned children. Many children, after the death of a parent or after being abandoned, do not find themselves in formal care-settings. Instead, they live in informal kinship care-arrangements, in unregistered children's homes, on the streets and as members of child-headed households (CHH) (Gertholtz, 2005:30).

Le Roux (2002:9) indicates that the majority of orphans are sheltered by households that are headed by persons who are widowed or that are divorced or separated and they usually grow up in an environment where resources have to be shared among more persons which will adversely affect their future (Le Roux, 2002:9).

2.4.10 Health care challenges

Many orphans suffer from malnutrition due to poverty, which affects their physical and mental health negatively (Coombe, 2000:154). Coombe (2000:154) also report serious psychiatric disturbances related to the traumatic experience of losing parents. HIV and Aids orphans are exposed to health and safety risks such as malnutrition and infections due to poverty (Donald, Lazarus & Lolwana, 2004: 205). These health risks result in physical, intellectual, sensory and neurological problems leading to learning barriers (Donald *et al.*, 2004:205).

Mokoena (2007:51) highlights the fact that in most areas where children are affected by HIV and Aids, access to health services is limited. In the case of child-headed households, both poor nutrition and unfavourable health conditions could have a negative impact on the academic performance of learners as they might be consistently absent from school for a long period due to ill-health since they struggle to access health services (Mokoena, 2007:51). It is possible that these learners will be retained in grades and end up dropping out of school due to poverty (Woolfolk, 2004: 158).

2.4.11 Family and community challenges

Communities are affected by the decline in skilled and professional service as the HIV and Aids pandemic progresses, as well as by the strain on service delivery, particularly in health and education. Stress increases as familiar people become ill and die, and morale declines. Next of kin and neighbours take on the support of affected families, thus stretching the resources of everyone (Richter *et al.*, 2004:13).

Phiri *et al.* (2001:17) argue that families increasingly feel the strain when taking in more children if they themselves are affected by pervasive poverty and live in extremely difficult circumstances. Foster (2005:17) asserts that members of the extended family usually assume responsibility for orphaned children when both parents have died or when the surviving parent is unable to look after the children without assistance. Guardians of orphans argue frequently that orphaned children are not disadvantaged. They feel that the children are ungrateful, considering the difficulties of adding their care to the family's other responsibilities, and they often express frustration at the orphaned child's disobedience and lack of respect, which, in their view, reflects a previous lack of parental guidance. The difficulties experienced by guardians in responding appropriately to children's emotional needs are reflected in their frustration at the children's attitudes and behaviour, resulting in an increasing tension and lack of communication within the family (Foster, 2005:18).

Apart from the extended family, orphans may also be taken care of by primary caregivers (Foster & Levine, 2005:103). According to Gertholtz (2005:911), a primary caregiver is defined as:

- a person who has the parental responsibility or right in caring for the child and who exercises that responsibility and right;
- a person who cares for a child with the implied or express consent of a foster parent; and
- a person who cares for a child while the child is in temporary safe care (Gertholtz, 2005:911).

In dealing with the numerous challenges discussed in the aforementioned sections, literature also reports that many orphans are remarkably resilient and adolescents, in particular, learn responsibility and skills of how to cope with their situation (Foster & Makufa, 1997:145).

Schoon and Bynner (2003:26-27), argue that deficits of a vulnerable population or individual are sometimes emphasized so much that one does not reckon with the strengths/assets within that population or individual which can contribute to the resilience of that population or individual. Resilience was first conceptualized as an individual trait and individuals identified as resilient were considered extraordinary

(Ungar, 2006:53), but unfortunately this conceptualization of resilience gave rise to a mental idea of those individuals not considered resilient as being weak and at fault. The phenomenon of resilience was then conceptualized by focusing on protective factors (Masten, 2001:227-238) and positive adaptation (Luthar, 2000:543-562; Schoon & Bynner, 2003:21-31). More research was done and the focus shifted towards health-promoting resources and assets (Ungar, 2004:23-41). The most recent research conceptualizes resilience as a bi-directional or transactional process (Cameron, 2010; Theron & Theron, 2010:1-8). The individual negotiates with the ecology for support and the ecology reciprocates the efforts of the individual, which places the phenomenon of resilience clearly within Bronfenbrenner's ecological systemic theory (Paquette & Ryan, 2001) which formed the framework for the design of the guidelines towards a support programme for HIV and Aids orphans.

In summary, the challenges related to being HIV and Aids orphans as derived from the literature review, could *inter alia* comprise the following:

- a lack of basic needs such as money, food, shelter, clothing and proper health care (*cf.* 2.4.2, 2.4.11);
- psychosocial challenges related to disciplinary problems, aggressive and depressive behaviour stemming from a lack of care, love, supervision, safety and security (*cf.* 2.4.3, 2.4.9);
- emotional challenges that manifest in sadness, helplessness, isolation and living with discrimination and stigma (*cf.* 2.4.4, 2.4.6);
- education challenges that are in part created by emotional challenges and a lack of material needs which leave the HIV and Aids orphans faced with worries of how to address these, instead of aspiring toward an education qualification (*cf.* 2.4.5); and
- additional responsibilities if they are left to act as heads of households for which they have to take on the role of an adult and caregiver to provide in the needs of siblings (*cf.* 2.4.7). This often leads to their having to take additional jobs, which leaves very little time for study and their being abused and exploited for meagre salaries (*cf.* 2.4.8).

A positive aspect derived from the literature is the fact that many HIV and Aids orphans appear to be extremely resilient despite their adverse circumstances (cf. 2.4.11) that could *inter alia* be linked to protective and supportive factors in the environment of the orphan.

Having highlighted some of the challenges HIV and Aids orphans could be faced with, it is also important to investigate the nature and extent of support structures available to assist HIV and Aids orphans in overcoming the challenges they are faced with. The next section explores some responses and interventions in the plight of HIV and Aids orphans.

2.5 RESPONSES AND INTERVENTIONS TO HIV AND AIDS ORPHANS

2.5.1 Introduction

To deal with the expected rise in orphan numbers, both the formal and informal support structures should be considered (Johnson & Dorrington, 2001:80).

In the subsequent sections, the formal as well as informal intervention structures are explored.

2.5.2 Formal government intervention

The formal structure incorporates the legislation regarding orphaned children and the government provisions for orphans and caregivers (Johnson & Dorrington, 2001:83).

According to Johnson and Dorrington (2001:83), the formal structure comprises the following elements:

- The childcare Act No. 74 of 1983 that specifies that orphaned children may be placed in foster care.
- Foster care grants payable to a foster parent.
- South Africa has a framework for providing institutional care. However, the costs of maintaining these institutions are significant and many provinces are therefore currently exploring alternative models of community care.

The allocation of social grants plays an important role in formal government intervention.

2.5.2.1 Social grants

HIV and Aids orphans require protective intervention on the part of the state (Voysey, 2002:105). As a way of alleviating poverty among orphans, child-headed households, and other children who qualify in terms of certain criteria, the government has allocated social assistance in the form of money. This money is given to caregivers who look after the children. Social grants have three categories related to children: **Child Support Grant (CSG)**; **Foster Grant (FG)**; and **Care Dependency Grant (CDG)**. Poverty, exacerbated by HIV and Aids, is causing a growing number of children to be eligible for grants. Child Support Grants and Foster Care Grants should assist such households in meeting basic food, clothing and educational costs (Danziger, 1994:912).

The Child Support Grant is paid to the persons responsible for the child's primary care. It is meant for children living in poverty in South Africa (Sloth-Nielsen, 2004:3). The persons who receive the money may be the parent, a relative or an unrelated member of the community. Presently the child support grant is R200.00 and is available to children younger than 14 years. Some of the difficulties faced by orphans in child-headed households and other vulnerable children are getting access to the grants since there is no responsible adult to pick up the money (Sloth-Nielsen, 2004:30-31).

The Foster Care Grant is to benefit children who have been formally placed in the care of foster parents by the children's court (Meintjies, 2005:264). In the case of orphans in child-headed households, community-based caregivers are granted permission by the court to care for these children, but only if a report from a social worker accompanies the application. The amount payable is R620.00, which may not cover all the orphan's costs, but could at least enable them to buy some food and clothes. The Foster Care Grant helps somewhat to alleviate poverty among orphans in child-headed households (Meintjies, 2005:264).

The Care Dependency Grant is meant for children up to 18 years old with severe disabilities who require permanent home-based care. It pays R870 per month. (Gow & Desmond 2002:89; Sloth-Nielsen 2004:29). This grant is means-tested, which implies that the combined annual family income must not exceed R48 000 per annum after deductions. Children at terminal stages of AIDS are eligible for this grant, though there is no formal policy to guide practitioners as to whether and when HIV-positive children may be awarded this grant (Gow & Desmond, 2002:89).

Different government departments as indicated below also support orphans. A brief discussion of the support provided by each department respectively follows.

2.5.2.2 The Department of Education

According to Wood (2007:59), The Department of Education provides assistance to orphans in the following areas:

- Educating learners about HIV and Aids to reduce stigma and discrimination.
- Developing mechanisms for school-based support systems.
- Providing academic support for orphans and other children made vulnerable by HIV and Aids.
- Developing capacity-building programmes for teachers to enable them to respond holistically to the needs of orphans and other children made vulnerable HIV and Aids.
- Providing and coordinating mechanisms for protecting orphans while promoting opportunities for those children.
- Developing and ensuring that referral systems and other service-providers e.g. social workers and nurses are in place to assist HIV and Aids orphans.
- Developing and implementing appropriate life skills programmes for orphans.
- Providing Primary School nutrition programmes and food fortification to orphans.
- Developing and implementing early childhood development programmes for orphans and other children made vulnerable by HIV and Aids.

2.5.2.3 The Department of Social Development

The Department of Social Development provides the following support to orphans (Department of Social Development, 2004:12), namely service delivery for fulfilment of the rights of orphans and other children made vulnerable by HIV and Aids is coordinated; psychosocial support to vulnerable children and their families is provided; vehicles are provided to the communities to be able to protect, care and support orphaned children; support and poverty alleviation programmes are designed; home

community-based care and support programmes are designed and sustained; partnerships with key stakeholders, and NPOs are established and maintained; legislation, policies and programmes for the protection of HIV and Aids orphans are developed; early childhood development programmes that cater for the needs of HIV and Aids orphans and other children made vulnerable by HIV and Aids are strengthened; and a policy framework for the prevention and management of child abuse, neglect and exploitation is put into practice.

2.5.2.4 The Department of Justice

The Department of Justice assists orphans in the following ways (South African Law Reform Commission, 2003:23:45): they guarantee that the rights of orphans and other children made vulnerable by HIV and Aids are protected; that uniform interpretation and implementation of the Child Care Act (SA, 1983) based on the child's rights and the best interest of the child are ensured; that training on an integrated approach to effectively addressing the plight of orphans and other children made vulnerable by HIV and Aids, is provided; and that the inheritance right of orphans and other children made vulnerable by HIV and Aids is secured.

2.5.2.5 The Department of Health

The assistance provided by the department of health entails the following (Wood, 2007:64): providing treatment, care and support programmes and care service packages for the management of HIV and Aids; the implementation of an Integrated Management of Childhood Illness (IMCI) protocol; a Protein Energy Malnutrition Programme (PEM), which provides food supplements to children who are malnourished; expanded programmes for immunization, which provide routine administration of vaccines against measles, tuberculosis, diphtheria and influenza; and the coordination and facilitation of access to health services.

2.5.2.6 The Department of Home Affairs

The support of the Department of Home Affairs relates to the following (Meintjies, 2005:244): to ensure that orphans have birth certificates or identity documents; and to provide mobile units in communities for birth registration purposes.

2.5.2.7 The Department of Agriculture

The Department of Agriculture assists with the provision of grants for farming to the poor communities; training for HIV and Aids orphans and community members on food production; and ensuring sustainability through strengthening community co-operatives (Russel & Schneider, 2000:32).

2.5.2.8 The Department of Housing

With regard to support provided to HIV and Aids orphans the Department of Housing provides the following: they ensure that the housing needs of households affected by HIV and Aids are addressed through either low-cost housing schemes or free housing and they provide support initiatives to other government departments ((Wood, 2007:67).

2.5.2.9 The Department of Provincial and Local Government

According to Russel and Schneider (2000:32), the support provided by the department of provincial and local government entails the following: the provision of infrastructures such as early childhood development centres for young orphans who are not attending Pre- School; the provision of land for gardening and food production; the establishment of sport and recreation facilities for orphans; and the provision of free basic services to the poorest households.

2.5.2.10 The Department of Trade and Industry

Wood (2007:57) indicates that The Department of Trade and Industry mainly assists by developing entrepreneurial skills among children who head households.

2.5.2.11 The Department of Labour

The Department of Labour assists by protecting the rights of orphans and other children made vulnerable by HIV and Aids through the enforcement of legislation related to children such as child labour and the skills development of the youth (Wood, 2007:62).

2.5.2.12 The Presidency: Office of the rights of the child

According to the Children's Bill of Rights (2005), this office develops a national framework for the advancement and coordination of children's rights and delivery. This

office *inter alia*, mainstreams the planning and funding of a child-centred approach to the education policy; facilitates mainstream capacity building for children's rights as a focal point in government; advocates for children's rights delivery in government; monitors and evaluates children's rights delivery in government; and coordinates the integrated children's rights policy implementation in government (Children's Bill of Rights, 2005).

2.5.3 Informal community intervention

2.5.3.1 Introduction

As previously stated the informal support structure for HIV and Aids orphans is made up of the ways in which communities and extended families respond to orphaned children (Johnson & Dorrington, 2001:146) (*cf.* 1.1). The capacity of the informal structure to deal with the rise in orphan numbers is also problematic. It is a concern that the households in some communities are for the most part very poor and already have large numbers of dependants. They are therefore the households that are materially least able to provide care for children of the deceased (Johnson & Dorrington, 2001:132).

According to Van der Heever (cited by Johnson & Dorrington, 2001:107), four main models of community-based care have been identified in South Africa:

- Placing orphan children with a member of the extended family.
- Allowing the formation of child-headed households where the oldest siblings are 15 years or older, and where social services can provide regular support to the household. This should not be encouraged except as a temporary measure for children awaiting foster care placement.
- Placing adults, usually older women, in the homes of orphaned children.
- Cluster foster care. This involves identifying surrogate mothers and hiring them to look after a number of orphans in the community.

Thorne (cited by Johnson & Dorrington, 2001:164) indicates that it needs to be recognized that children are in need of support well before their parents die; interventions should therefore also be directed to households where children are having to care for sick parents and are in need of emotional and material support. According to

Boler and Carroll (2003), the following aspects should be addressed when dealing with informal provision of support to orphans:

- School-home liaison should be increased.
- Orphans should be supported on how to take care of the sick and younger siblings.
- After-school homework clubs should be established.
- Mentor schemes should be established to provide emotional and intellectual support to orphans.
- Flexible and sensitive educational options that are regulated and certified should be considered, for example open and distance learning.

Johnson and Dorrington (2001:98) distinguish four models for community-based informal care, which are explained below.

2.5.3.2 Models for community-based care

2.5.3.2.1 Living in extended families

The increase in orphans has been dramatic and it has overwhelmed the extended family system (Foster, 2005:56). According to tradition, the duty and responsibility of extended families towards other members have no limit. Even when the family does not have sufficient resources, orphans are taken in (Foster, 2005:56). The extended family gives security and support and they share many assets with members of the family, including orphans. Extended families are social security systems towards their members and they are responsible for the protection, care for the poor and sick, as well as the transmission of traditional social values and education for orphans (Richter *et al.*, 2004:35).

2.5.3.2.2 Child-headed households

Child-headed households represent children who do not receive traditional extended family care. Children living in child-headed households are normally between the age of 12 and 18, and most of them are supported through home-based care (Mandela Childrens' Fund, 2007:2). Children living in child-headed households often grow up lacking family norms and role models (Skinner *et al.*, 2004:9).

Situations do exist where older siblings care for households. Children who sometimes have the support of an older person from the neighbourhood head some households. There are also children who care for sick parents and who do not receive any adult support (Gow & Desmond, 2002:83).

Children in child-headed households are forced to look after themselves and their siblings; they drop out of school, are vulnerable to many forms of abuse and have to find work to take care of themselves and their siblings. According to Maqoko and Dreyer (2007:63), communities are able to fill the gap left by the lack of “*Ubuntu*” and can play a major role in nurturing HIV and Aids orphans who function as heads of households. Churches can also build a supportive environment where HIV and Aids orphans can feel accepted (Maqoko & Dreyer, 2007:63).

HIV and Aids orphans in child-headed households in the South African context are likely to be poorer and less healthy than children who are not orphans. UNICEF (2003:26) states that Aids-orphans who head households are likely to suffer damage to their cognitive and emotional development, have less access to education and are subjected to the worst forms of child labour. Some orphans may live in child-headed households with other siblings looking after younger ones, thus assuming parenting roles they are ill prepared for (Hepburn, 2001:94). Some of the orphans are taken care of by communities or placed in institutions, while others lose all contact and become street children. In such circumstances, children run a high risk of becoming infected by HIV and Aids themselves through abuse or prostitution (Hepburn, 2001:94).

2.5.3.2.3 Grandparent care

Most of the HIV and Aids orphans live with their maternal relatives, especially with their grandmothers, who are the ones who often take on the responsibility for the care of their orphaned grandchildren (Atobra, 2004:70). Even when the grandmothers lack the energy to work long and hard enough for the upkeep of their orphaned grandchildren, they carry the bulk of the burden of orphan care without much support from other members of the family, society or community (Atobra, 2004:68). Although grandparents are unable to provide much financial assistance to their grandchildren, they can provide orphans with continuous emotional support and a secure environment (Atobra, 2004:66). HIV and Aids orphans, like other children, want to build an identity and strengthen their emotional capacity to understand the past and be less afraid of the

future. HIV and Aids orphans can benefit a lot from the motherly experience, love, care and affirmation from their grandmothers who act as caregivers (Atobra, 2004:70).

2.5.3.2.4 Community and foster care

There are communities that offer group-based user-friendly models of counselling and psychosocial support to HIV and Aids orphans because, due to their context of poverty, individual counselling is too expensive. According to (UNAIDS, 2004:36), extended families with the support of the surrounding community are the best people to take care of orphans and probably the only viable and sustainable solution (Atobra, 2004:66). While the child is waiting for a child support grant from the government, to prevent them to be vulnerable to child trafficking and being involved in criminal behaviour, Whiteside (2000:14-15) suggests that the community do the following:

- distribute food and visit orphans regularly;
- provide home-based care to child-headed families; and
- raise awareness of HIV and Aids.

Most of the HIV and Aids orphans need people who can take care, support and guide them through life until they are old enough to take care of themselves (Atobra, 2004:67). Such people can be foster parents who are able to provide them with love, care and support by ensuring that they get necessities of life such as food, shelter and clothing. The foster parents serve as substitute parents to the child after the death of their parents (Whiteside, 2000:14-15).

2.5.4 International interventions to address the needs of HIV and Aids orphans

The United Nations, regarding the rights of children, recommended the inclusion of orphans in broader programmes that address the needs of orphans in communities. These programmes endeavour to achieve the following:

- support the families and households coping with an increased burden of orphans;
- assist in building capacity in community-based systems focusing on health, nutrition and psychosocial care;

- strengthen community projects for empowerment of orphans; to sustain care and support for a long term;
- monitor and evaluate home-based centre health development, education and the intervention directed to the building the support capacity of communities;
- to give a long term support to orphans' support programmes; and
- provide an operational frame-work to implement and build HIV and Aids awareness and a policy to benefit orphans (USAID, 2003:5)

There is comprehensive care and support that include policies and law, to ensure care and protection of orphans. The policies include a clause that prohibits discrimination in access to medical service, education, employment and housing. In some countries there are orphan programmes that focus on ensuring that material needs of orphans in the form of food and clothing are supplied (Richter *et al.*, 2004:36). There are also programmes that foster community mobilization and try to identify street children and place them into programmes, to ensure that these children go to school daily and are involved in skills training programmes. These programmes are also responsible for food and shelter (Richter *et al.*, 2004:37).

2.5.5 Interventions to address the needs of HIV and Aids orphans in South Africa

In South Africa, religion bodies such as Faith Based Organizations (FBO) are an integral part of community infrastructure (Thebe, 2007:35). They provide consistent social networking and commit their time, skills and resources to ensure the well-being of orphans. These organisations refer children to other services, assist in the distribution of emergency relief for orphans, and offer support in the form of counselling, guidance and advice (Dlamini, 2004:38).

According to Setswe and Skinner (2008:7-10), interventions that are available include HIV and Aids as well as OVC-programmes. The goals of the OVC-programmes are to improve the quality of life of the OVC, ensure access to essential services, strengthen families and households, support and strengthen community-based systems and support, and strengthen HIV and Aids care and prevention programmes through child care forums, while raising awareness of problems of OVC in local communities (Dlamini, 2004:5, 18).

2.5.5.1 Interventions to address the needs of HIV and Aids orphans in different provinces in South Africa

I briefly elaborate on some of the interventions implemented in different provinces, according to Setswe and Skinner (2008:7-10), below:

- In the North West Province, the Tapologo programme involves community health work focusing on OVC to improve their quality of life, providing food parcels and support income-generating activities in community centres such as sewing, gardening and fence making. Furthermore, this programme educates the community on how to take care of orphans and provides knowledge to foster parents and community members (Setswe & Skinner, 2008:38).
- In the Free State Province in the Lejweleputswa District, there are organizations that provide information and awareness regarding health and welfare, and are involved in home-based care for people living with HIV and Aids. They also assist with child welfare (Setswe & Skinner, 2008:62).
- In Ekurhuleni in the Gauteng Province, there are community projects that are involved in numerous community development programmes including home-based care, food gardening, bread-making, candle-making and sustainable ways to feed people (Setswe & Skinner, 2008:58).

Table 2.1 summarises the information, which I found regarding available support programmes for HIV AND AIDS orphans as highlighted in the literature sources.

Table 2.1: Available support programmes for HIV and Aids orphans

Name of programme	Type of support	Region targeted
Views of a rural community on the impact of HIV and Aids on the children of infected parents: intervention guidelines (Thebe, 2007)	Provides guidelines based on the views of the community to address the problems	Potchefstroom in North-West province in South Africa
Interventions for orphans and vulnerable children at four project sites in South Africa (Setswe & Skinner, 2008)	Improves social conditions, health development and quality of life Supports families and households coping with increased burden of care for affected and vulnerable children Strengthens community-based support system Builds capacity in community-based systems for sustaining care and support to vulnerable children and orphans	Rustenburg in North-West province in South Africa
Family and community interventions for children affected by Aids (Richter <i>et al.</i> , 2004)	Improves financial situation for families fostering OVC Helps families to meet the needs of OVC	Botswana, South Africa and Zimbabwe

Name of programme	Type of support	Region targeted
A description of selected interventions for the care of orphans and vulnerable children (Dlamini, 2004)	Develops and evaluates existing and new OVC intervention programmes Improves conditions, health, development and the quality of life of OVC Strengthens community support system	Zimbabwe

These programmes appear to be based mainly on only providing community and family support to HIV and Aids orphans (Setswe & Skinner, 2008:38-58), which according to my view mainly involve the meso-level and micro-level in the environment of the orphans.

The goals of the programmes are the following: to improve the quality of life of the HIV and Aids orphans and OVC; ensure access to essential services, strengthen families and households, support and strengthen community-based systems, support and strengthen HIV and Aids care and prevention through a child care forum and raise funds and create awareness about and address the needs of HIV and Aids orphans and OVC. Furthermore, the programmes educate the community on how to support orphans and provide knowledge and information to foster parents and community members to take care of orphan children (Setswe & Skinner, 2008:38-58). In addition to this, I am of the opinion that the above programmes do not specifically attend to the educational and social needs of the orphans but mainly address physical needs where orphans are provided with food, as well as with psychosocial and emotional care through counselling, guidance and advice. The important role of the school, teachers and peers in supporting HIV and Aids orphans appear to be underemphasized in the abovementioned interventions. Furthermore, my belief in the merits of an ecosystemic approach to address the problem of HIV and Aids orphans appears not to be reflected in the above programmes.

2.6 CHAPTER SUMMARY

As the magnitude of HIV and Aids increases, so does the number of orphans each year. This chapter highlighted the numerous challenges that HIV and Aids orphans face. These include, *inter alia*, the following: the lack of a stable household (*cf.* 2.3), a lack of basic needs, poverty, stigma, a lack of love and supervision, psychosocial, emotional, behavioural and educational challenges, additional responsibilities if parents pass away, neglect and discrimination and abuse, health care challenges and family and community challenges (*cf.* 2.4). I furthermore investigated the responses and interventions to assist HIV and Aids orphans in dealing with the challenges they face. Assistance to HIV and Aids orphans comprises formal government-based support, as well as informal community-based support (*cf.* 2.5). Various government departments show support in providing care to HIV and Aids orphans (*cf.* 2.5.2.1). In support of the argument of Bradshaw *et al.*, (2002:63) (*cf.* 1.1); I am also of the opinion that a joint coordinated effort between government and the community would provide a stronger support-base to alleviate the plight of HIV and Aids orphans (*cf.* 6.1). Community-based support will imply a stronger effort from families, schools, teachers, peers and the community and society in response to the problems related to orphanhood due to HIV and Aids (*cf.* 2.5). It is on this argument that the design of ecosystemic guidelines to support HIV and Aids orphans in the Fezile Dabi Region was based.

The next chapter, Chapter Three, investigates the support needs of the growing number of HIV and Aids orphans that emanate from the challenges that were highlighted in this chapter.

CHAPTER THREE

THE SUPPORT NEEDS OF HIV AND AIDS ORPHANS

3.1 INTRODUCTION

In Chapter Two, the challenges that HIV and Aids orphans are faced with were explored. This chapter will focus on how these challenges are linked to the support needs that the orphans experience.

Orphans need various types of support, ranging from those things necessary for survival, such as money, food and health care, and support to attain a better quality of life in the future in terms of education, psychosocial support and economic self-sufficiency (Carr-Hill *et al.*, 2002:85; Staff Reporter, 2003:13; Stover, Bollinger, Walker & Monasch, 2005:412).

Carr-Hill *et al.* (2002:85) are of the opinion that orphans are more disadvantaged than other children are. They are financially vulnerable and will be the first to be denied schooling when they become a strain on the family who has taken them in. They are left behind in a vacuum deprived of parental guidance, disadvantaged, vulnerable, under-educated, victims of malnutrition and risk, becoming street children without hope or opportunity (Staff Reporter, 2003:13).

Linked to the challenges identified in the previous chapter (*cf.* 2.4), I identified various support needs that HIV and Aids orphans could experience, and explain them according to the following structure:

- Psychosocial needs
- Socio-economic needs
- Educational needs
- Physical needs

This chapter also explores the importance of addressing the needs of HIV and Aids orphans.

3.2 PSYCHOSOCIAL NEEDS

The term psychosocial is used broadly to refer to behavioural, psychological and emotional problems that limit normal functioning or cause unhappiness (Sahara, 2002:95). According to De Witt and Lessing (2005:21), lack of security emerged as the most important factor affecting the psychosocial behaviour of orphans. Most orphans have psychological needs related to stress caused by the death of their parents, which often leaves them withdrawn, and lonely (De Witt & Lessing, 2005:16). In addition to this, the majority of orphans live in deprived conditions; some of them face emotional problems such as a lack of caring, support, space to grieve and containment of emotions, health problems, educational and other problems including access to money, food, clothing and shelter (Atobra, 2004:73). If their living conditions are not improved, they may devise negative survival strategies related to crime, which may worsen their condition of life in the future (Atobra, 2004:73; UNAIDS, 1998:163).

Some orphans grieve when their parents die, others do not stop grieving and if they are not helped to overcome the situation, it will contribute to their becoming psychologically disabled and they are unlikely to become fully functioning members of society (Boler & Carrol, 2003). Psychological support is essential to learn and develop life skills, (Matshalaga & Powell, 2002:185), and to assist HIV and Aids orphans who show mental and emotional problems such as depression and low self-esteem. The need for support programmes to provide psychosocial support is thus of crucial importance (Richter *et al.*, 2004:33).

Due to their emotional problems, HIV and Aids orphans do not interact with others in a positive way (Rau, 2002:108). Social interaction is important for an individual's development and emotional well-being. According to Gotlieb and Hammen (1992:218) and Rau (2002:108), joining cooperative activities, sharing responsibility, having fun with others and being able to ask for help when required enable individuals to be positive rather than negative and make them feel comfortable in group settings. When learners pull back from all this when in contact with others, thus failing to take full advantage of learning and social opportunities available, they are considered having psychological problems (Deininger, Garcia & Subbarao, 2002:97; Gotlieb & Hammen, 1992:218).

HIV and Aids orphans need to be allowed to test themselves within the safety of a social framework where a trusted person is available to step in and help in everyday situations and to provide many opportunities for growth to be able to cope with separations and to interact with other children (Bhargava & Bigombe, 2002:63). Most orphans with serious psychological symptoms go unidentified and untreated because it is difficult to recognize the symptoms (Makame *et al.*, 2002:461). Orphans do not like to talk about their feelings under stress, and this sometimes manifests in their behaviour (Bhargava & Bigombe, 2002:68). These changes in behaviour occur because of poor motivation and lack of self-esteem, which result from a feeling of powerlessness (Bhargava & Bigombe, 2002:68). Lack of security emerges as the most important factor affecting the psychological behaviour of the HIV and Aids orphans (De Witt & Lessing, 2005:37).

The majority of HIV and Aids orphans live in deprived conditions. Some of them face emotional problems, due to lack of caring, love, support, space to grieve and containment of emotions. These problems are compounded by health, educational and other problems, including access to money, food, clothing and shelter (Atobra, 2004:4; UNAIDS, 1998:44).

According to Foster and Levine (2005:53), when losing a parent orphans undergo a lot of trauma to cope with their lives and emotional loss. Orphans experience the following psychosocial problems:

- They worry about their future, usually in silence.
- They forfeit opportunities, such as of an education.
- They experience the pain of watching parents suffer and die.
- They change homes, sometimes more than once.
- They lack adult love, guidance and protection.
- They incur teasing, isolation, gossip and even neglect and abuse.

HIV and Aids orphans experience poverty and malnutrition (Whiteside, 2000:14-15). They are more likely to lack shelter and education and to experience ill health. In the face of such economic and physical vulnerability, the psychological burdens of the HIV and Aids pandemic may seem less important, but not to the HIV and Aids orphans

themselves. In their world, the emotional demands of HIV and Aids are heartbreaking. Foster and Levine (2005:62) assert that anxiety, fear, mistrust, depression, anger, guilt and the impact of stigmatizing pervade the lives of HIV and Aids orphans. Psychological problems that have been caused or exacerbated by HIV and Aids include emotional problems, depression, anxiety and posttraumatic stress that limit the child's normal development (Bauman & Werner, 1994:69; Lynas, 2001:59).

A psychosocial need that HIV and Aids orphans have to cope with is loss, death and bereavement (Payne, Horn & Relf, 1999:25; Deininger *et al.*, 2002:114). The loss of parents and other important people in the lives of HIV and Aids orphans leaves a void in their lives, which also affects their relationships with friends, family and/or the community. Stigma and discrimination can create a wall that separates the HIV and Aids infected and affected orphans as heads of households from social support (Deininger *et al.*, 2002:110). Traumatic loss raptures the ordinary sequence of generations and defies ordinary social conventions of bereavement. Bereaved people may experience disturbances in concentration and lack of motivation, which makes it difficult to understand new information or engage in complete cognitive activities (Deininger *et al.*, 2002:110).

According to Hepburn (2001:63), bereaved people often feel jumpy, anxious and even fearful. After all, their whole world has been overturned and all stability and certainty have gone with the only one they loved. This feeling is common in as much as one may feel that he/she is literally going mad with grief, or one may feel the dead person's presence, spot them in the street or hear them in the other room. Hepburn (2001:61) asserts that some individuals find it so painful that they wish they could join the departed. These phenomena are a natural part of coming to terms with death. HIV and Aids orphans are obviously also emotionally affected by the loss of parents due to HIV and Aids-associated diseases and will experience similar feelings. There are different ways of responding to the loss of a loved one (Payne *et al.*, 1999:28; Levine, 2001:28). Orphans can respond to loss and bereavement in their own individual way, and there are no rights or wrong responses. It depends on the age and understanding of the child as to how he/she faces the loss (Winkley, 1996:54; Hepburn, 2001:238). Bearing in mind that not all people go through the same stages of coping with loss, Kübler-Ross (in Gibson, Swart & Sandenberg (2002:114-115) identified certain stages

or kinds of feelings that HIV and Aids orphans might go through when they are facing grief.

The first is **denial and isolation** where the person finds it hard to accept the loss. He/she may act as if nothing has happened and keep saying that he/she do not believe that the loss has occurred.

The second response is **anger**. He/she may feel angry with the dead person or with him/herself or with God and with others. In other circumstances, anger is morally justifiable, such as in situations where a survivor of sexual assault toward her assailant (Kübler-Ross in Gibson *et al.*, 2002:115) feels anger, for instance.

The third stage is **bargaining**. According to Kübler-Ross (in Gibson *et al.*, 2002:115), during this stage the person tries hard to soften the blow by fantasizing that things could be different if he/she had done something. For example, people may find themselves praying, trying to strike a bargain with God to bring the dead back.

The fourth stage is **depression**. Now the person realizes that the loved-one is indeed gone and becomes very sad, sometimes withdrawing from others. This emotional state is common to people dealing with difficult life circumstances. Depression is more likely when the circumstances involve significant loss (Kübler-Ross in Gibson *et al.*, 2002:115).

The last stage is **acceptance**. The person has now come to terms with the loss and life returns to normal to some degree. Kübler-Ross (in Gibson *et al.*, 2002:115) indicates that the above-mentioned emotional effects have an impact on an individual's behaviour. Often the pain of loss never really goes away, but people tend to be able to deal with it over time. Mourning is the only way to give due honour to loss (Gibson *et al.*, 2002:115). Psychology Today (2005:285) describes mourning as "*the process by which people adapt to a loss.*" Factors such as cultural customs, rituals and society's rules for coping with loss influence the process of mourning.

Due to coming to terms with the loss of parents, HIV and Aids orphans may experience disturbances in their concentration and lack of motivation, which makes it difficult to absorb new knowledge. Bereavement, according to Granot (2005:110), is the first step towards the acceptance of the new reality. According to Psychology Today (2005:289), bereavement is a type of depression related to grief. It is the period after a loss, during

which grief is experienced and mourning occurs. Bereavement occurs in four basic phases. Not all the phases may occur with every individual. These phases are the following:

- Numbness or shock is a response to hearing the news of death. It lasts for a brief period and helps mourners to function through the funeral preparations and service.
- A feeling of separation comes when the sense of loss or missing the loved ones becomes a reality.
- Disorganization is the period when the bereaved is distracted, has difficulty in concentrating and may feel restless.
- Reorganization takes place when it is accepted that the loved one is gone and will not come back. Now is the time to adjust to life without the loved one. He/she has to reorganize and focus on his/her future.

In the next section, I explore the emotional needs that HIV and Aids orphans can experience.

3.3 EMOTIONAL NEEDS

In extreme cases, HIV and Aids orphans might convert to taking drugs in order to lift themselves out of the state of depression or boredom or a deadening routine. The hoped-for effect is to blank out suffering and to create a sense of excitement and well-being. HIV and Aids orphans can become addicted to drugs in order to block out past deprivations and a bleak present reality (Scarth, 1993:44; Bray, 2003:54). Drug taking, however, can cause serious problems such as withdrawal from family members, friends and the community or falling off in school or work performance, a lack of interest and enjoyment in life, poor physical health and an increased risk of criminal behaviour (Scarth, 1993:46; Levine, 2001:85).

HIV and Aids Orphans who are school-aged suffer from mental health problems behavioural and emotional problems (De Witt & Lessing, 2005:13). Behavioural and emotional problems in orphans tend to lead to increasingly poor outcomes in relation to the time they stay untreated (World Health Organisation, 2002:42). Social environmental demographic backgrounds related to gender, age, socio-economic status

or marital status of parents could be predictors for behavioural and emotional problems (Atobra, 2004:4).

The majority of orphans live in deprived conditions. Some of them face emotional problems due to lack of caring, love, support, space to grieve and containment of emotions. This is compounded by health, educational and other problems, including access to money, food, clothing and shelter. HIV and Aids orphans with emotional problems feel shy in social situations (Desmond & Gow, 2002:182). They feel that there is a discrepancy between their current behaviour and desired behaviour. Their self-esteem is likely to be low, and they lack self-confidence. Their participation in activities is pervasive and they may fail to respond appropriately as individuals and as members of groups (Chazan, Laing & Davies, 1994:172-173; Desmond & Gow, 2002:182). They are often withdrawn and highly anxious, and when they are faced with unfamiliar situations, they feel afraid. Their level of cognitive development may enable them to realize that there is potential danger in a new situation while at the same time they may feel that they are unlikely to be able to control that situation (Chazan *et al.*, 1994:173; Lynas, 2001:163).

Winkley (1996:165) explains that emotional disorders in HIV and Aids orphans can be divided into two broad groups known as emotional and behavioural disorders. Emotional problems imply a more general disorder, with a variety of characteristics such as feelings of inferiority, performing poorly at school, fear of going to school, having a poor self-image, shyness, self-consciousness, social withdrawal, anxiety, hypersensitivity, crying, chronic sadness and depression. Emotional problems also include conditions such as anxiety, depressive disorders, obsessive-compulsive conditions, and phobias (Winkley, 1996:165). Behavioural disorders also manifest in different ways. Some demonstrate their feelings openly by being disobedient, aggressive or destructive, or display a persistent pattern of behaviour, which interferes with their daily functioning or by displaying unmanageable behaviour (Bhargava & Bigombe, 2002:160).

Family characteristics and recent life events are more strongly associated with HIV and Aids orphan's behavioural and emotional problems (Phiri & Webb, 2002:76). Risks are somewhat higher for HIV and Aids orphans who experience parental unemployment and death in the family, as compared to those who experienced these events in the more distant past. Atobra (2004:84) concludes that HIV and Aids orphans with recent

experience of parental unemployment or parental death are at a relatively high risk of displaying behavioural and emotional problems.

Orphans seem to display a low self-esteem and lack the love, care support, encouragement and shelter that constitute a proper environment in which to develop a positive self-esteem (Mwamwenda; 1995:306; Khoza & Xhakaza, 2003:33-34). Two other factors related to the emotional needs of HIV and Aids orphans according to Bhargava and Bigombe (2002:183), are depression and suicide. Depression occurs as a reaction to very stressful circumstances, and it is often found in HIV and Aids orphans from unhappy or disturbed families, as well as in those who are facing emotional deprivation or rejection (Bhargava & Bigombe, 2002:183). Chazan *et al.* (1994:176) indicate that depression appears to affect some orphans prior to adolescence, at which time the incidence of depression increases sharply, especially in girls. Currently there seem to be more young men showing depressive symptoms than previously. Childhood depression may not be directly expressed in frequent weepiness, but may be revealed in a depressed mood that reduces pleasure from activities, weight and sleep disturbances, psychomotor retardation and fatigue, feelings of worthlessness or guilt-impaired thoughts relating to death. Depressive symptoms can also be linked to lower social status on the part of the family or neglect and rejection within the family (Granot, 2005:89).

According to Levine (2001:75) and Harrington (1992:1289), depressed moods and moods of sadness are reasonably common in HIV and Aids orphans with conduct disorders and in those with emotional disorders. Feelings of unhappiness, difficulties at school such as learning difficulties, experiences of loss and misery all give rise to depression.

Because of the stress that HIV and Aids orphans experience due to the death of the parents, unemployment, homelessness and emotional abuse, suicide can become an option (Bhargava & Bigombe, 2002:191). Many consider suicide because of broken or disturbed home backgrounds due to the death of one or both parents (Bhargava & Bigombe, 2002:191), or because of the constant and increased levels of stress linked to taking care of themselves and their siblings and the difficulty to survive in the absence of socio-economic resources (Desmond & Gow, 2002:191).

Most HIV and Aids orphans also develop fear at some stage during their development, which can interrupt the capacity to adapt easily and successfully to the usual stresses of life (Harrington, 1992:1301). The main cause of disorders caused by abnormal levels of anxiety and stress may be expressed directly after the death of one or both parents (Bhargava & Bigombe, 2002:165). The absence of supporters, in particular a mother, may cause fear in young HIV and Aids orphans as they need the presence of their mother in order to feel secure (Bhargava & Bigombe, 2002:165). Anxiety can lead to poor school achievement and to physical symptoms, which may be the cause of frequent absences (Harrington, 1992:1301; Matshalaga & Powell, 2002:185).

According to Bhargava and Bigombe (2002:95), symptoms related directly to the anxiety itself include feelings of alarm, awe and fear, physiological disturbances such as the frequent need to pass urine, and sleep disorder. Anxiety may be shown through clinging behaviour caused by a regression to more babyish behaviour or may sometimes be accompanied by a more angry reaction leading to attacks on the family, blaming the family members when things go wrong (Bhargava & Bigombe, 2002:95).

Disruptive behaviour manifests in disobedience, impertinence, verbal abuse and physical aggression directed towards the self or others (Chazan *et al.*, 1994:137; Smart, 2000:327). Disruptive behaviour is diagnosed in connection with a wide range of forms of misbehaviour. To call a child disruptive implies that the child interferes with either his/her own life or that of others. Le Roux (2002:42) defines disruptive behaviour as any behaviour, which appears problematic, aggressive, inappropriate and disturbing to others. An outflow of this can be excessive irritability and uncooperativeness, as well as developmental delays. Disruptive HIV and Aids orphans might tend to work less than others, misbehaving for a large portion of their time, being fidgety, having a short attention span and fond of switching activities frequently, being very restless, ignoring serious issues to a great extent and being comparatively uninfluenced by what others do (Topping, 1990:138; Chazan *et al.*, 1994:19; Kartell, 2005:154). The authors also assert that disruptive behaviour can also manifest in abusive language, physical attacks on others, shouting and making unusual noises. Widdison (1998:23) and Strode (2003:84) point out a strong correlation between the increasing numbers of orphans growing up without parents and rising levels of violence and crime in the country.

3.4 SOCIO-ECONOMIC NEEDS

The extreme poverty and the inadequate health care system that HIV and Aids orphans face make their standard of living very low (World Health Organisation, 2004:47). Orphans experience persistent poverty because most of the elderly and impoverished families who are willing to adopt them are without employment or property (Mukwaya, 1999:61; Yamba, 2003:75). These families may be overwhelmed by the additional care-giving responsibility at a time when they too are distressed by the multiple deaths in their own families. Their ability to support HIV and Aids orphans may be limited further by the number of family dependants, lack of assistance from relatives who are equally affected, and losses of income and personal freedom following the deaths of their own family members affected by HIV and Aids (Hunter & Williamson, 2000:83; Nyambedha, Wandibba & Aagaard-Hansen, 2003:42).

HIV and Aids orphans understand fully their poverty-stricken circumstances that might impose limitations upon their future aspirations (Bellamy, 2003:220). The deaths of their parents occur at a phase in their lives when they are unable to cope with the pressure of new responsibilities without the assistance of some adult. Neighbours, as well as relatives of orphans, are unable to afford them the comfort and support they require to fulfil their socio-educational aspirations (Bellamy, 2003:220).

Millions of HIV and Aids orphans live in poverty, which lies at the root of many of the other problems faced by orphans. Poverty refers to a lack of income and resources to live adequately by community standards (Henslin, 1996:229). In general, many of the poor cannot buy shelter and clothes, and cannot afford the medical care that they need. Neediness causes malnutrition, hopelessness and loss of dignity and self-respect (Bellamy, 2003:224). In some cases, the poverty-stricken become angry at the society and this can turn to violence (Bellamy, 2003:224; Donald & Clacherty, 2005:28). Henslin (1996:231) and Donald and Clacherty (2005:28) indicate the following degrees of poverty that HIV and Aids orphans might face:

- Biological poverty refers to starvation and malnutrition. It also refers to housing and clothing being so inadequate that people are harmed by exposure to the elements.
- Relative poverty refers to people living below their society or group. Orphans have very little income (if any). Relative poverty applies to people who are not living

comfortable lives. Most of their families live in a couple of rooms; and cannot afford food.

- Official poverty refers to the income level that makes people eligible for welfare benefits.

3.5 EDUCATIONAL NEEDS

HIV and Aids orphans also experience educational needs (Boler & Carroll, 2003). If parents die, the amount of resources for education decreases. As a result, orphans are more likely to drop out of school, as fees become unaffordable (Boler & Carroll, 2003). They often drop out of school or miss classes to take care of the sick at home or to look after the other siblings. Some even have to work to earn an income for their households. These responsibilities leave them with very little time for their schoolwork (Foster & Makufa, 1997:57). Sometimes they do work which is not in accordance with their age or they do a lot of hired labour leaving them with little time to attend to their own responsibilities and interests. Some people take them as their labourers with little reward (Foster & Makufa, 1997:57).

Reduced access to social services puts orphans at risk of being less healthy, not receiving adequate education, which compromises their development (Andrews, Skinner & Zuma, 2006:274). Orphans are forced to fend for themselves, they are less likely to attend school than those who have not lost their parents, abandon their studies due to taking care of other children in the family or go to work, and they are most vulnerable to stigma and discrimination, abuse, malnutrition, illness and child labour (Sahara, 2002:93).

Carr-Hill *et al.* (2002:85) are of the opinion that orphans are more disadvantaged than other children are. They are financially vulnerable and will be the first to be denied schooling when they become a strain on the family who has taken them in. They are left behind in a vacuum, deprived of parental guidance, disadvantaged, vulnerable, undereducated, victims of malnutrition and risk, becoming street children without hope and opportunity (Guernina, 2004:100).

Orphanhood may also affect academic performance negatively due to lowered concentration levels because of trauma and added responsibilities at home, as well as the negative reactions from neighbours, friends and teachers (Coombe, 2000:36;

Bellamy, 2003:19). Ambitions and cognitive development might be restricted by the dearth of monetary benefaction, proper adult guidance and support, as well as unfamiliar adult responsibilities (Bellamy, 2003:220).

According to Khoza and Xhakaza (2003:33-34) and Mwamwenda (1995:98), being an orphan inhibits academic self-actualization to realize maximum potential. Unexpected deaths of parents appear to be holding learners back from optimally realizing personal success. HIV and Aids orphans seem to display a low self-esteem and lack the love, care-support, encouragement and shelter, which constitute a proper environment to develop a positive self-esteem (Bellamy, 2003:220).

The academic performance of HIV and Aids orphans is expected to deteriorate markedly with the higher repetition and dropout rates and generally poorer learning outcomes (Hunter & Williamson, 2000:84). This happens because there are orphans who are living with relatives who do not care for them, who make them complete regular chores, leave them to go without medication when they need it, and provide limited or no access to books for them to be able to study (Nyambedha *et al.*, 2003:39).

HIV and Aids orphans who are poor are frequently ill, which seriously affects their education (Bennell, Hyde & Swainson, 2002:43). Much higher levels of illness-related absenteeism among orphans indicate that they are not being well looked after. Lack of appropriate clothing and money to buy detergents for washing clothes, as well as food and other basic needs, are the main reasons why they miss school (Bennell *et al.*, 2002:43)

The stress and emotional problems resulting from orphanhood make it difficult for orphans to cope with their academic studies. In many cases, learning breakdown occurs in the lives of orphans. They manifest difficulty in grasping what is taught and their assimilation of study material or learning content is poor. They have trouble in making deductions and reproducing facts and they find it difficult to apply knowledge in given situations (Robins, 1991:234; Rau, 2002:69).

HIV and Aids orphans experience normal stress, avoidance, discrimination and fatalism, are often stigmatized and show signs of lack of self-confidence and low self-esteem (Agnes & Serumaga, 2006:146). Orphans often show feelings of helplessness and suffer the strain of marginalization and stigmatization by society, all of which makes it difficult for them to cope with their schoolwork (Agnes & Serumaga, 2006:153). They

progress relatively slowly and often display poor verbal expression and exhibit poor academic performance (Coombe, 2000:66).

If parents die, the amount of resources for education decreases and, as a result, orphans are more likely to drop out of school, as fees become unaffordable (Boler & Carroll, 2003). Some even have to work to earn an income for their households. These responsibilities leave them with very little time for their schoolwork (Hepburn, 2001:237). According to UNICEF (2004:18) orphans are less likely to be at school and more likely to fall behind or drop out, compromising their abilities and prospects. Poverty is a chief determinant of an orphan's school attendance. Abuse of drugs and child labour keep HIV and Aids orphans away from school (UNICEF, 2004:26). Formal education of many orphans is lower in many instances as they are denied chances to register for school due to lack of school fees. Many teachers at school are not trained to provide psychosocial support to orphans, leaving them with cognitive problems and language problems, which affect academic performance (UNICEF, 2004:26).

3.6 PHYSICAL NEEDS

Poor socio-economic conditions affect orphans negatively, leading them to broken lives, diseases and death (Tolfree, 2005:49). Economically disadvantaged communities are prone to misery and poverty, suffering a lack of resources like proper sanitation, water, electricity and food (Matshalaga & Powell, 2002:185; Tolfree, 2005:49). In most cases, HIV and Aids orphans who live in a financially deprived family, lack food and shelter and are exposed to various kinds of abuse. Some HIV and Aids orphans run away from home and turn to the streets to fend for themselves (UNICEF, 2004:25).

Orphans lack adequate financial and other resources, which result in a lack of proper nutrition. Since the body requires necessary nutrients for proper development, the physical growth of orphans is stunted (Mwamwenda, 1995:48; Bellamy, 2003:79). Lack of proper nutrition or its scarcity further affects orphans' physical functioning. Most orphans lose weight due to lack of proper food, which cause other illnesses that hamper physical growth such as digestive problems, respiratory problems and cardiac problems. The chances for orphans who are not HIV and Aids positive to contract Aids due to the unfavourable circumstances they live under, increase (Tolfree, 1995:104).

Many orphans suffer from malnutrition due to poverty, which affects their mental health negatively. Abuse of orphans, the trauma of losing their parents, and the challenge to

fend for themselves mount into serious psychiatric disturbances (Coombe, 2000:154). Due to lack of proper nutrition or having no food at all, may cause hallucinations and behavioural disorders. When the brain is undernourished, as could be the case with HIV and Aids orphans, neurological malfunction can occur, which poses a psychiatric problem (Coombe, 2000:154). Female orphans appear to find some difficulty adjusting to their physical maturation without the assistance of their parents and they often become victims of sexual abuse (Thom, Louw, Van Ede & Ferns, and 2001:397).

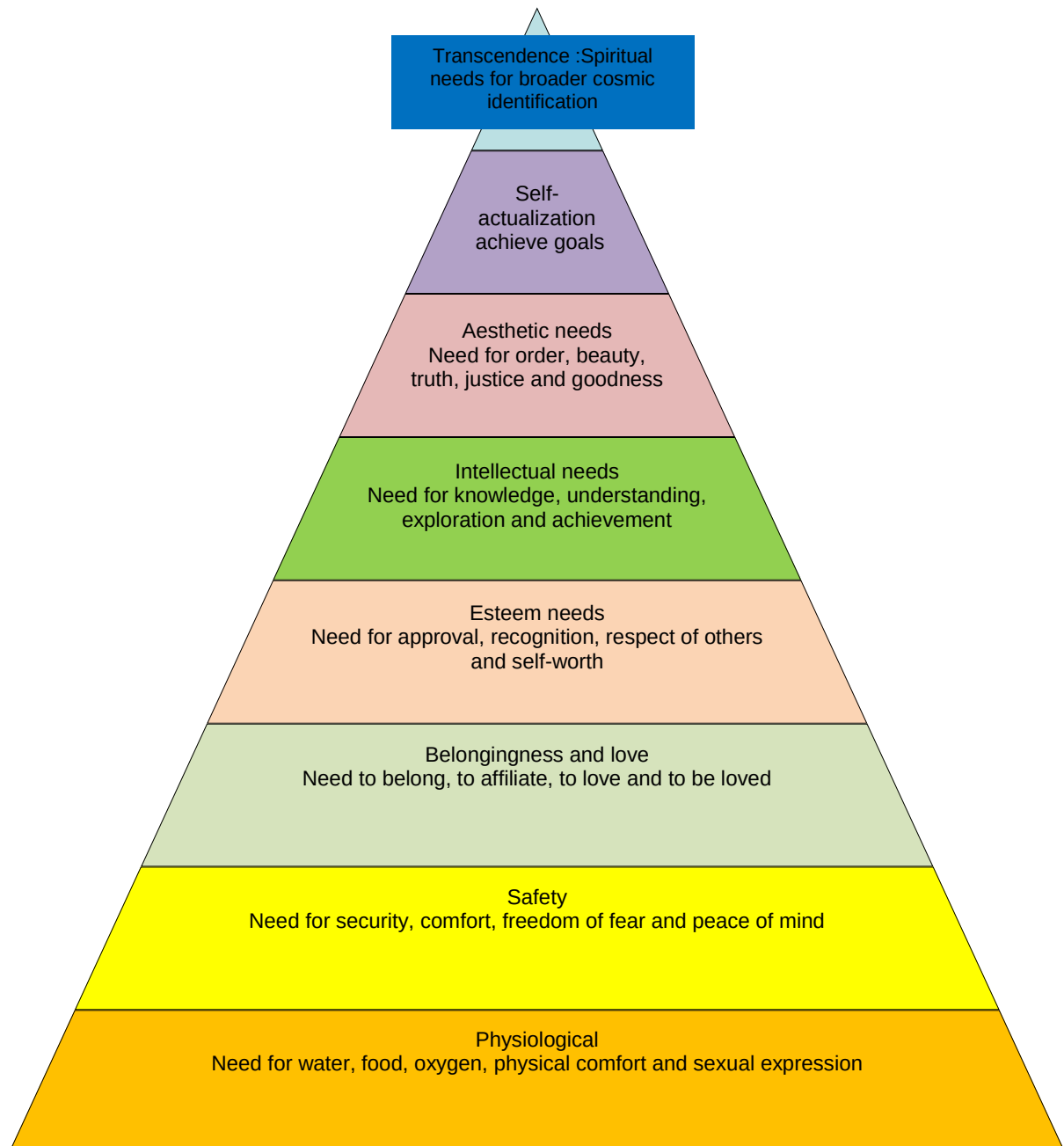
The preceding discussion clearly highlights the devastating effects that the numerous challenges that HIV and Aids orphans are faced with can have on their psychosocial, emotional, behavioural and physical development and their educational progress. The following section therefore explores the importance of addressing the needs of HIV and Aids orphans.

3.7 THE IMPORTANCE OF ADDRESSING THE SUPPORT NEEDS OF HIV AND AIDS ORPHANS

People are motivated to respond to the tension created by needs. The tension encourages them to move towards achieving goals that will satisfy those needs (De Witt & Lessing, 2005:15). Failure to meet these needs might lead at a later stage, to a child developing a personality disorder that can become a danger to a society and cause unhappiness to the child (De Witt & Lessing, 2005:58). Maslow (in Lowery, 1998:63, 253) and Tolfree (1995:94) suggest that people are motivated by a hierarchy of needs ranging from lower, basic needs that must be met before the higher, growth needs can be achieved. A lack of one or more of the basic needs (physiological, safety, belonging/love and esteem) prevents one from fulfilling the higher; growth needs (intellectual, aesthetic, self-actualization and transcendence).

Figure 2.1 provides some detail in regarding the different needs that have to be fulfilled in order for individuals to attain self-actualization and realise their full potential.

Figure 3.1: Basic and growth needs of individuals (Ryan & Deci, 2000:71)



An analysis of Figure 3.1 indicates that children require basic needs such as food,

clothes, water and shelter that can assist them to survive and to accomplish the need of achievement to improve their lives (Shisana & Louw, 2006:450). Furthermore, the basic needs are necessary to engage in thinking, reasoning, interpretation, understanding, knowledge, acquisition, remembering, analysis and problem-solving (Mwamwenda, 2004:84). It is clear from the previous discussion (*cf.* 3.4) that HIV and Aids orphans lack basic needs such as food, a proper secure shelter and money (*cf.* 3.3). Due to the absence of parents, they experience a need to be cared for and loved (*cf.* 3.2). The death of their parents due to HIV and Aids often leads them to be isolated and stigmatized, which could directly lead to the need for respect, self-worth and approval being unfulfilled (*cf.* 3.2). The absence of these basic needs could impact directly on HIV and Aids orphans' being motivated in setting goals to gain knowledge and achieve and to reach their full potential ultimately.

According to De Witt and Lessing (2005:15), orphans' need for security, peace of mind, love and care will directly affect their ability to explore. Absence of these basic needs could lead to a lack of motivation and ambition, learning breakdown, poor academic performance and ultimately dropping out of school (*cf.* 3.5). I argue that HIV and Aids orphans require security, comfort and peace of mind in order to have an interest in the future. If where they live is a fearful place deprived of resources, they might not know where they stand and become more concerned with security and less with learning. In order for children to be able to develop their potential fully, they have to grow up in a family that has happiness, love and an understanding atmosphere (UNICEF, 2000:36). If the child does not grow up in this type of environment, other people and a lack of friends, which ultimately lead to unhappiness and poor social development (Ajdukovic & Sladovic, 2005:163), may expose him/her to bullying, violence and sexual abuse.

No child can grow up with chronic self-esteem problems or constant feelings of guilt or experiencing hostility (Atobra, 2004:73). The majority of HIV and Aids orphans who experience the mentioned problems live in need of approval, recognition and respect. If these conditions are not improved, their lives in the near future may be threatened and their self-actualization hampered (Atobra, 2004:73). Oppression and exploitation towards HIV and Aids orphans may lead orphans to resentment and resistance by other people. This may not be shown at home only but also to the society and their social institution such as schools (Tolfree, 1995:143).

According to Barnett and Whiteside (2002:88, for proper personality development, any child needs to grow up in a good family environment characterized by an atmosphere of happiness and love, knowing and understanding one another in order to achieve proper personality development. If this is absent in the life of the child, problems with cognitive development, emotional development, psychomotor development, improper behaviour and problems in establishing emotional and social relations might occur (Barnett & Whiteside, 2002:88).

3.8 CHAPTER SUMMARY

In this chapter, Chapter Three, I categorized the needs of HIV and Aids orphans based on the discussion in Chapter Two. Based on the challenges identified in Chapter Two, the needs of HIV and Aids orphans were categorized as follows:

- Psychosocial needs comprise a lack of life skills, depression, stress, isolation, neglect, low self-esteem, worrying about the future, lack of guidance and protection, poor motivation and a lack of positive social interaction with others (*cf.* 3.2).
- Emotional needs arise from the fact that coping with the loss and death of their parents leave orphans anxious, sad and filled with fear for what the future will bring (*cf.* 3.3). The emotional needs lead to the creation of behavioural problems such as misbehaving, physical attacks; abusive language and devoting less time to school work (*cf.* 3.3).
- Socio-economic needs refer to a lack of money that impacts directly on health, malnutrition, lack of resources, taking up more responsibilities at home, lack of money for education and opting for child labour with little reward (*cf.* 3.4).
- The psychosocial, emotional and socio-economic needs culminate in educational needs, which *inter alia* refer to lower concentration, restricted ambition, poor cognitive development, learning breakdown, poor verbal expression, poor academic performance and ultimately dropping out of school (*cf.* 3.5).
- The psychosocial, emotional and socio-economic needs also contribute to physical needs such as stunted growth, illness, health problems and under-nourishment (*cf.* 3.6).

As argued by Maslow (in Lowery, 1998:63 (*cf.* 3.7), the negative impact that a lack of basic, growth needs can have on the fulfilment of the higher growth needs such as striving for achievement, knowledge, order, goodness and reaching the own potential fully, clearly manifest in the lives of HIV and Aids orphans, according to the literature review. I argue that in order to fulfil the basic needs of orphans such as physical comfort, security, love, belonging and self-worth, the purposeful and coordinated involvement of human beings should be evident in the lives of HIV and Aids orphans.

The next chapter, Chapter Four, elaborates on the research design that was utilized to achieve the aim and objectives of the study.

CHAPTER FOUR

EMPIRICAL RESEARCH DESIGN

4.1 INTRODUCTION

The literature review highlighted a number of support needs experienced by HIV and Aids orphans (*cf.* 3.2-3.6). The absence of formal support programmes to learners orphaned by HIV and Aids in the Fezile Dabi Region, prompted me to obtain a deeper understanding of the specific needs of these learners with the aim to develop guidelines towards a support programme for these learners.

This chapter explains the empirical research design that I employed to obtain data regarding the support needs of HIV and Aids orphans in the Fezile Dabi Region. The data collected assisted me in designing the support programme that is presented in Chapter Six.

I provide a comprehensive explanation of the following aspects in this chapter:

- Aim and objectives of the study
- Research methodology
- Research paradigm
- Research design
- Research strategy
- Method of data collection
- Research participants
- Pilot testing of the interview protocol
- Data analysis
- Trustworthiness of the study
- The researcher as an instrument in data collection

- Complying with ethical principles

4.2 AIM AND OBJECTIVES OF THE STUDY

The overall aim of this study was to gain a deeper understanding of the support needs of HIV and Aids orphans in the Fezile Dabi Region and to identify components and processes that could be included in the development of guidelines towards a support programme for HIV and Aids orphans. The overall aim was operationalized as follows:

- by gaining clarity on the support needs that HIV and Aids orphans can experience in general by means of a literature review;
- by exploring the availability of support for HIV and Aids orphans in general by means of a literature review;
- by exploring the benefits of an ecosystemic approach in addressing the support needs of HIV and Aids orphans by means of a literature review;
- by obtaining an in-depth understanding of the support needs of Black HIV and Aids orphans in the Fezile Dabi Region by means of one-on-one interviews;
- by exploring the perceptions of Black HIV and Aids orphans in the Fezile Dabi Region on what is available to support their needs by means of one-on-one interviews; and
- by identifying components and processes for the development of guidelines towards an ecosystemic support programme for Black HIV and Aids orphans in the Fezile Dabi Region based on the literature review and the data obtained by the one-on-one interviews.

4.3 RESEARCH METHODOLOGY

My research comprised two phases, namely a literature review and empirical research. I elucidate each of the phases below.

4.3.1 Literature review

The first phase of my research comprised of a thorough literature review in order to conceptualize the concepts central to the study, namely HIV and Aids orphans and the

support needs of HIV and Aids orphans. The literature review enabled me to identify themes according to which the structure of Chapters Two and Three unfolded. By means of a deductive approach, I utilized the challenges and support needs, which I identified from the literature review to guide me in the setting of questions for my interview protocol as well as for identifying themes in the responses of the participants during the data analysis (*cf.* 3.1).

The second phase of my study comprised the execution of empirical research. Before I conducted the research, I had to select a suitable research paradigm that would guide the execution of my research and enable me to achieve the aim and objectives set out in 4.2.

4.3.2 Research paradigm

According to Cohen *et al.* (in Maree & Van der Westhuizen, 2007:31), research is about understanding the world, and your understanding is informed by how you see the world, what you view understanding to be and what you see as the purpose of understanding. According to Maree and Van der Westhuizen (2007:31), this implies that a researcher should:

- determine whether reality will be understood from an external, objective (realist) view, or through the words created by individuals (nominalist view). A researcher should also establish whether the knowledge/information that will be collected during research should be viewed as objective (positivist stance) or interpretive (anti-positivist stance);
- adopt a stance regarding human nature, that is: whether humans respond mechanically to their environment, whether they initiate their own actions or whether they fall somewhere between the two mentioned extremes; and
- decide on what would be the best way to gather information to address the research problem: quantitative data or subjective verbal data.

The decisions a researcher makes regarding the above, impact on the choice of the research design, research strategy, data collection methods and participant selection. I opted for a nominalist viewpoint, as I believed that the best way to address a research problem related to orphanhood would be to talk to the participants to hear what they

have to say about the needs they experience. My study was therefore framed within an interpretivistic research paradigm. It was my intention to work with the research participants to gain insight into the phenomenon of HIV and Aids orphans and their support needs, through the actual words of the participants (Maree & Van der Westhuizen, 2007:33). My stance regarding the research for this particular study, in which the voices and words of the participants were regarded as crucial for gaining an in-depth understanding, directed the study towards an interpretivistic research paradigm. An interpretivistic paradigm strives to comprehend how individuals construct meaning of the events in their world, as was the case in this study (Hinckley in Maree, 2007:289). These meanings are varied and multiple, leading the researcher to look for the complexity of views rather than narrowing meanings into a few categories or ideas (Creswell, 2009:8). The main aim of interpretivistic research is to rely as much as possible on the participants' views of the situation being studied (Creswell, 2009:8). I believe that social life is distinctly a human product (Nieuwenhuis, 2007a:59) and that I would understand the phenomenon HIV and Aids orphans and their support needs better by obtaining the perceptions of the participants about their own circumstances.

4.3.3 Research design

The research paradigm guided the choice of the research design, which I employed in the study. As my role involved personal interaction with the participants, a qualitative research design was chosen (Leedy & Ormrod, 2005:95). According to Creswell (2009:9), the process of qualitative research is largely inductive, with the researcher generating meaning from the data collected in the field.

4.3.3.1 Qualitative research

McMillan and Schumacher (2006:326-327) distinguish between interactive and non-interactive qualitative research. Interactive research prefers the use of face-to-face strategies to gather data. Non-interactive research investigates concepts and events through an analysis of documents or words of people (McMillan & Schumacher (2006:326-327). As interviews were utilized in this study, an interactive, qualitative approach was therefore chosen.

In qualitative research, the researcher is able to collect descriptive data through contact with people in settings where they spend their time (McMillan & Schumacher, 2006:203). In qualitative research, data is always collected in the form of words and is

more concerned with understanding the social phenomenon from the participant's perspectives (Leedy & Ormrod, 2005:92).

Qualitative research was chosen because it enabled me to collect and interpret data in relation to the phenomenon of HIV and Aids orphans and their support needs in terms of the meanings attached to it by the research participants (Nieuwenhuis, 2007a:58-59). In my study, I sought for primary data from people who were directly involved with the phenomenon under investigation. I regarded qualitative research suitable for the purpose of the study as it is based on natural inquiry that enables one to describe and understand participants' real life experiences, beliefs, thoughts and perceptions (Leedy & Ormrod, 2005:92). A qualitative approach supported my intention of seeking a better understanding of a complex situation, namely, the needs of HIV and Aids orphans in the Fezile Dabi Region.

All research requires the use of a specific way in which the data will be collected to answer the research question. The next section explains my choice of an appropriate research strategy to collect data.

4.3.4 Research strategy

The purpose of a research strategy is to specify a plan for generating empirical evidence that will be utilized to answer the research questions (McMillan & Schumacher, 2006:206). As it was my intention to gain a deeper understanding of a specific situation related to a certain group of participants, a phenomenological research strategy was chosen (Cohen, Manion & Morrison, 2000:491). A phenomenological study is a study that attempts to understand people's perceptions and perspectives of a particular situation (Fouché, 2005:264). I utilized this approach to reduce the experiences of the research participants to a central meaning, and the product of the research became a description of the essence of the experiences of the participants, which I studied (Fouché, 2005:270). Data are systematically collected and meanings, themes and general descriptions of the experience are analysed within a specific context (Fouché, 2005:270).

Data collection in a phenomenological study is mainly done by means of naturalistic methods, analysing the conversations and interactions that researchers have with their participants, and mainly utilise observations or interviews (Fouché, 2005:270). In my study, I decided on collecting data by means of interviews.

4.3.5 Method of data collection

I used interviewing as a method of data collection because I was interested in the experiences that the participants had regarding the needs they experience, as HIV and Aids orphans and I wanted to talk to them about their experiences (Greeff, 2005:287).

4.3.5.1 Collecting data through interviews

An interview is a two-way communication in which the interviewer asks the participant questions to collect data and to learn about the ideas, beliefs, views and opinions of the participant. The aim is to see the world through the eyes of the participant (Nieuwenhuis, 2007b:87). An interview has a good advantage: it namely helps to build a positive and open relationship between the interviewer and the participants that aids the collection of rich and reliable data (McMillan & Schumacher, 2006:203). Interviews help a researcher to do a follow-up or go deeper into the motivations of participants and their reasons for responding as they do (UNISA, 1999:28).

The aim of the interviews used in the study was to obtain primary information from the participants in order to determine the needs that they, as HIV and Aids orphans, experience and the type of support they receive to help them cope with their needs.

After I decided to use the interview as method for data collection, I had to consider the type of interview that I would use. I explain how I decided on which type of interview to choose, in the section below.

4.3.5.2 Types of interviews

Literature indicates that interviews can be conducted one-to-one, structured, unstructured or in focus groups (Greeff, 2005:292-298). As the information, which I wanted to obtain from the participants, was personal and sensitive in nature, I decided to utilize the one-to-one interview. I then had to decide whether I would conduct a structured, semi-structured or unstructured (open-ended) interview (Nieuwenhuis, 2007b:87).

- In the **structured interview**, questions are detailed and developed in advance. A structured interview, which is, also known as a standardized interview ensures that each interview is presented with exactly the same questions in the same order. This ensures that answers can be reliably aggregated and that comparisons can be made

with confidence between sample subgroups or between different survey periods (Merriam, 2009:89).

- **Semi-structured interviews** are defined as those organized around an area of particular interest, while still allowing considerable flexibility in scope and depth (Nieuwenhuis, 2007b:87). Semi-structured interviews give researchers and participants much more flexibility. The researcher is able to follow up particular interesting avenues that emerge in the interview and the participant is able to give a fuller picture (Greeff, 2005:292,296). This follow-up according to Nieuwenhuis, (2007b:87), is done by means of probing and clarification of answers.
- **Open-ended/unstructured interviews**, according to Greeff (2005:292-293), are also known as in-depth interviews. Collins, as cited by Greeff (2005:292-293), states that the dichotomy between the structured and unstructured interview is misleading, as unstructured interviews are structured in a number of ways. The unstructured interview is referred to as a conversation with a purpose. The purpose is not to get answers to questions nor to test hypotheses or in the usual sense of the term. At the root of unstructured interviewing is an interest in understanding the experience of other people and the meaning they make of that experience. Thus, according to Nieuwenhuis (2007b:87), the intention is for the researcher to explore, with the participant her or his views, ideas, beliefs and attitudes about certain events or phenomena.
- **Focus group interviews** are interviews where people who have common characteristics and interests are grouped together to create meaning and understanding and share experiences (Babbie & Mouton, 2001:291).

In this research, I made use of semi-structured interviews as data-gathering tool. The semi-structured interviews enabled me to conduct the interview with a number of pre-set questions on which I needed responses. Furthermore, the semi-structured nature allowed me to probe for additional information if necessary and gave participants a chance to clarify their answers. In order to pose probing questions, I had to be attentive to the participants' responses to follow up on emerging data.

As a novice interviewer, I had to become acquainted with the skills required to become a good interviewer. I wanted to obtain useful data and therefore had to make sure that poor interviewing skills, poor phrasing of questions or inadequate knowledge of the

participants' culture or frame of reference did not obstruct me during the data collection (cf. 4.10). I therefore carefully considered keys to successful interviews.

4.3.5.3 Keys to successful interviews

In order to conduct successful interviews I adhered to the following principles for successful interviewing as identified by Cohen *et al.* (2007:362-364), Nieuwenhuis (2007b:87) and Greeff (2005:288-290):

- The participants who could provide the most data that would contribute to achieving the aim and objectives of the study were selected to take part in the interviews.
- The participants were the ones who did the talking while I listened and avoided interrupting them.
- I verified if participants were willing to take part in the interviews, and the aims of the interview were explained to the participants to ensure that rich, meaningful and trustworthy data was collected.
- During the interview, I asked clarifying questions if I did not understand the participants' answers. I made sure not to ask any leading questions that could lead the participants in answering the questions.
- I made sure that I was well prepared before conducting the interviews, and checked that the tape recorder that was used to capture the words of the participants was in working order.
- Sensitive questions that would make the participants feel uneasy were avoided.
- I made use of probing and clarification to make sure that the participants understood my questions correctly. Probing enabled me to deepen the response to a question and to increase the richness of the data.
- Before I expected the participants to answer, they were given time to think. I also avoided answering the questions for the participants or providing them with cues as to what I expected them to answer.
- I avoided giving signs of approval or disapproval to the responses received, and prepared myself mentally and emotionally for hearing unpleasant information.

- I practised to ask the questions aloud before the actual interview in order not to stumble and to phrase the questions in a natural and unforced manner.
- I made sure that no interruptions occurred during the interviews and avoided asking questions in an illogical order, to avoid deviations from the topic and to keep the line of thinking flowing.
- I tried not asking questions that were not relevant to the study.
- I also gave attention to non-verbal cues, and tried to get to know the participants. This involved reading between the lines of what the participants said and noticing how the participant talks, the tone of voice, as well as gestures and behaviours during the interview. These observations were jotted down as part of my field notes (*cf.* 4.3.5.7).
- By means of reflective summaries, I summarized the participants' ideas and thoughts, and verified with them whether I clearly understood what they were saying immediately after each interview.
- I conducted the interviews in the Home Language of the participants, and allowed them to answer in their Home Language, which allowed the participant to express himself freely and avoid misunderstandings. Some of the participants preferred doing the interview in English.
- At the end of the interview sessions, I summarized prominent points that emerged from the discussion, thanked the participants and expressed gratitude for their participation.

The interviews were conducted at the schools of the participants, after school hours in a classroom that was allocated to me by the school principal. I welcomed the participants, informed them about the purpose of the interviews, and asked for their permission to record their responses with a tape recorder. The interviews lasted approximately one hour per participant. During the interview, I remained relaxed, in control, friendly and got the participants to talk about their lives to be able to obtain relevant information (Greeff, 2005:289).

Scheduled questions were used as primary questions and follow up questions were only formulated to gain clarity and more understanding, depending on the answers of the participants (Greeff, 2005:289, 290).

I also had to consider the strengths and weaknesses of my method of data collection in order to identify the limitations that it could hold for the study.

4.3.5.4 Strengths and weaknesses of one-to-one interviews

The strength of a one-to-one interview is that it is a flexible and adaptable method of data collection that enabled me to get a large amount of data quickly (Greeff, 2005:299) and allowed probing and clarification of answers to obtain-depth in data (McMillan & Schumacher, 2006:211). The participants answered the same questions and this enabled me to compare different responses. The one-to-one interview enabled me to review the answers of the participants and ask additional questions (McMillan & Schumacher, 1997:211). After the interview, it was also possible to do follow-up interviews if more information was required, and I could include non-verbal behaviour (Cohen *et al.*, 2007:353) in the interpretation of interview data as well. Furthermore, interviews guarantee a high response rate (McMillan & Schumacher, 2006:211).

One of the weaknesses of one-to-one interviews is that the participants are not anonymous and may be unwilling to share information and find the interviewing process emotionally troubling (Greeff, 2005:299; McMillan & Schumacher, 2006:211). The responses could therefore be misconstrued or untruthful (Greeff, 2005:299). I tried to eliminate this by ensuring the participants that their responses would be kept confidential, and that they would not be identified. Furthermore, I had no personal connection to any of the participants, which could have influenced them to provide information that was untruthful to impress me.

Interviews can be costly if the researcher has to travel to different participants and the asking of leading questions can limit natural answers (McMillan & Schumacher, 1997:211; McMillan & Schumacher, 2006:211). I avoided asking participants leading questions, and to minimize the cost factor, I chose to conduct the interviews at the respective schools of the participants to avoid travelling to the places where the participants' stayed.

4.3.5.5 The interview protocol

The interview protocol provided me with a set of predetermined questions that I used as an appropriate instrument to engage the participants. Having an interview schedule forces the researcher to think of difficulties that might be encountered in terms of questions and wording (Greeff, 2005:296). I also had to think about the themes or question areas to be covered in the interview. All my questions cover the research topic (*cf.* Appendix F).

The following types of questions suggested by Merriam (2009:96) were included in the interview protocol: feeling and experience questions (*cf.* Sections B, C, D, E), background and demographic questions (*cf.* Section A).

4.3.5.6 Conducting the semi-structured interview

Although Greeff (2005:297) states that semi-structured interviews generally last for a considerable amount of time and can be intense and involved, I tried to create a relaxed, comfortable and non-threatening atmosphere for the participants. The aforementioned was achieved by first speaking to them informally about their day and experiences at school before starting with the interview. I studied the interview schedule in advance, and knew what I wanted to ask the participants, to enable me to concentrate during the interview only on what the participants were saying.

4.3.5.7 Field notes on the interview

I jotted down what I heard, saw, experienced and thought of during the interviews. The field notes included non-verbal behaviour such as eye contact, tone of voice, gestures, postures and striking themes that emerged during the interviews (Fields & Morse in Greeff, 2005:298), as well as my emotions, expectations, preconceptions and prejudices that would be developed in the final product (Greeff, 2005:298). The field notes assisted me in remembering and exploring the process of the interview and provided an opportunity to reflect on emerging interpretations (Greeff, 2005:298). During the interview sessions, all the participants were willing to talk openly about their situation. I did not detect any hesitance or unwillingness to respond to certain questions.

4.3.6 Research participants

Sampling is defined as taking a portion of a population or universe and considering it as representative of the population or universe (Nieuwenhuis, 2007b:79). The universe refers to all potential subjects who possess the attributes in which the researcher is interested. Population refers to individuals in the universe who possess specific characteristics of interest to the researcher (Strydom & Venter, 2002:209). The targeted population for this study was all school-going HIV and Aids orphans in South Africa. As it was not possible to include all of them in the study, a sample was selected from a study population, which comprised all school-going Black HIV and Aids orphans in Grades 4 to 12 in the Fezile Dabi Region.

Qualitative research is generally based on non-probability and purposive sampling for obtaining the richest possible source of information to answer the research questions (Nieuwenhuis, 2007b:79). Sampling in a qualitative study is flexible and is used to select a portion of the population for the study. Participants are selected because they are holding the data needed for the study and will enable the researcher to obtain and draw meaningful conclusions (Nieuwenhuis, 2007b:79).

Although I conducted the research conveniently in the Fezile Dabi Region where I work, the participants were purposively selected from primary and secondary schools in the Fezile Dabi Region with the assistance of 15 Life Orientation teachers who were known to me and were aware of Black HIV and Aids orphans in their respective schools. As I did not obtain data saturation with the initial 15 participants, I had to extend the number of participants and decided to involve a participant from each of the 23 Secondary and 20 Primary schools ($n = 43$) in the region. The fact that only Black HIV and Aids orphans were used as participants in the study implied that I also made use of criterion sampling. The participants had to comply with certain criteria to be included in the sample, namely that they had to be Black, HIV and Aids orphans irrespective of gender, who were still at school (Grades 4 to 12), 18 years of age or younger, and residing in the Fezile Dabi Region (Nieuwenhuis, 2007b:80). Only two of the orphan participants were older than 18 years (*cf.* Table 5.2). Learners in the Foundation Phase were not included as research participants, as I regarded them being too young to communicate effectively about a problematic issue such as orphanhood.

Before the interviews, I met with each identified participant individually to explain the purpose of the research and to obtain his/her assent to take part. The reasons for including them in the research were explained to them, as well as the potential benefits that they might gain from taking part. Participants were identified by means of numbers in order to protect their privacy. The biographic information of the participants is reported in Chapter Five (*cf.* 5.2.1).

Although Leedy and Ormrod (2005:139) suggested that the use of between 5 to 25 participants is sufficient for a phenomenological study, I included 43 participants to make sure that I obtained data saturation and to provide a detailed and thick description of the support needs of the HIV and Aids orphans in the Fezile Dabi Region.

4.3.7 Pilot study

In qualitative research, the pilot study is usually informal and a few participants possessing the same characteristics as those of the main investigation can be involved merely to ascertain certain trends and to make modifications to the interview protocol. It also assists in estimating the time that may be involved in completing the interview, and pre-empting problems that may arise in the actual interview (Strydom, 2005:205-216). In the context of the study, the interview questions were given to HIV and Aids orphans ($n = 10$) who were not part of the actual sample to review them for clarity. My promoter also checked the questions for clarity and applicability before the interviews were administered.

4.4 DATA ANALYSIS

I transcribed the interviews, which were conducted in English immediately after I conducted them to avoid my forgetting the details of the session (Greeff, 2005:299). The interviews that were conducted in the Home Language of the participants were first translated into English, and then the verbatim transcripts were compiled. In order to verify that my translations corresponded with the interview responses of the participants and that I captured the exact meanings of what the participants said in their Home Language, I made use of an independent translator who was conversant in the Home Language of the participants and in English. In addition to this, and in order to raise the credibility of my research, I met with each of the participants to give them a summary of their interview for approval before making conclusions (Greeff, 2005:299).

The process of inductive content analysis that was used in addition to a deductive content analysis in the study involved a systematic process of coding, categorizing and interpreting data (De Vos, 2005:333-349; McMillan & Schumacher, 2006:34). According to Nieuwenhuis (2007c:101), a content analysis is a systematic approach to qualitative data analysis that identifies and summarizes message content. It is an inductive and iterative process where we look for similarities and differences in text that would corroborate or disconfirm theory (Nieuwenhuis, 2007c:101).

4.4.1 Approaches to and principles of data analysis for a phenomenological study

A qualitative study involves an inseparable relationship between data collection and data analysis (De Vos, 2005:335), and data analysis frequently necessitates revisions in data collection procedures that lead to new data collection that are then subjected to new data analysis (De Vos, 2005:335). I adhered to these principles by not conducting all the interviews at once, but adopted a two-folded approach, namely data analysis at the interview site, and data analysis away from the interview site (De Vos, 2005:335). This implied that data analysis took place between site visits prior to, as well as after completion of the data collection. I conducted the first two interviews and analysed the data to determine whether new dimensions emerged from the data that necessitated adaptations to my interview questions, before I interviewed the rest of the participants. This process characterizes the emergent nature of a qualitative inquiry (De Vos, 2005:335). As my first two interviews did not reveal new dimensions in the data, I retained my original interview protocol (McMillan & Schumacher, 2006:366) and adopted the two-folded approach as explained above throughout the data collection process. I constantly compared new analyses to previous analyses to enable me to track changes, develop new understandings, and modify my initial concepts and to determine evolving ideas (De Vos, 2005:335). This approach links with the view of Nieuwenhuis (2007c:100) and Creswell (2009:185) that the process of qualitative data analysis is represented by a spiral image in which the researcher moves in analytic circles which involve multiple levels of analysis rather than using a fixed linear approach.

As mentioned earlier, I utilized a deductive and an inductive approach to data analysis (*cf.* 1.5.2.6). This implied that my data analysis was guided by preset categories identified from the literature review and reflected in the interview questions. The

literature review provided the direction for what I looked for in the data (Nieuwenhuis, 2007c:109). In addition to this, I also wanted to let the words of the participants speak for themselves without my reading meaning into the words of the participants, and therefore employed an inductive approach to the data analysis. The general process for inductive data analysis as indicated by McMillan and Schumacher (2006:365), Nieuwenhuis (2007c:99-115) and Creswell (2009:185-193), was followed for this research, and comprised the following interrelated steps after the verbatim transcripts of the interviews were typed.

- **Organizing and preparing the data for analysis**

I organized my interview data and field notes into separate files and marked them carefully to indicate the participant codes and when and where they were collected data (Nieuwenhuis, 2007c:104).

- **Reading through the data**

After my data was sorted and typed, I had to get to know everything inside out. I read and reread carefully through the data to understand the message conveyed by the words of the participants (Nieuwenhuis, 2007c:104). I highlighted the sections in the words of the participants that answered my questions.

- **Developing a coding system from the data**

I then started open coding the data by reading carefully through the transcribed information, line by line, and dividing it into meaningful units with an appropriate code (Nieuwenhuis, 2007c:105). Codes are labels that act as markers or pointers that assisted me in rationalizing what the words of the participants meant. The coding process enabled me to group data associated with some thematic idea (Nieuwenhuis, 2007c:105) (*cf.* Appendix F). As I made use of inductive analysis, I let codes emerge from the data. However, based on the literature review that I conducted at the onset of the study, I was also aware of existing codes or *a priori* codes in relation to the support needs of HIV and Aids orphans and therefore had to make sure that these codes did not influence or cloud my interpretation completely (Nieuwenhuis, 2007c:107). This enabled me not to overlook new codes that emerged from the real data. I continued with the process until I segmented all the data and looked for commonalities that later formed categories or themes. I established a provisional organizing system by classifying the

codes as major, important and leftovers according the extent to which they enabled me to answer my interview questions (*cf.* Appendix E). I also tried to identify codes that were surprising and that were not anticipated at the beginning of the study, as well as codes that were unusual (Creswell, 2009:187) (*cf.* Appendix E).

- **Forming themes/categories**

I then made interconnections among data categories (axial coding). Data was put back together in new ways after open coding, by making connections between categories and their sub-categories. I did this by using different colours to identify codes that were similar in meaning (*cf.* Appendix F). I read my transcripts once more to check that I captured all the insights that emerged from the data (McMillan & Schumacher, 2001:375).

- **Discovering patterns**

Then I refined my coding system by grouping and combining related codes into themes or categories, as reported in Chapter Five. The interrelationships of the themes/categories were combined to form a story that described the phenomenon under investigation (Leedy & Ormrod, 2005:141).

- **Making meaning of the data**

The final step in the data analysis process involved contriving interpretations (Creswell, 2009:189) and providing a description of the support needs of the HIV and Aids orphans in the Fezile Dabi Region. In my study, it involved making a comparison of the findings with information gleaned from the literature to determine whether the findings from my research confirmed past information or diverged from it (Creswell, 2009:189).

- **Visual representation**

I provided a visual representation of the major trends that emerged from the data (McMillan & Schumacher, 2006:365) in Figure 5.1.

In order to ensure that the data collection and analysis process complied with the criteria for trustworthiness, I had to pay special attention to adhering to certain guidelines that guarantee the trustworthiness of qualitative research.

4.5 TRUSTWORTHINESS OF THE STUDY

I adhered to the strategies indicated by Lincoln and Guba (1985:301-331), Leedy and Ormrod (2005:100), McMillan and Schumacher (2006:324) and Nieuwenhuis (2007c:113-115) in order to enhance the credibility, transferability, conformability and dependability of the study.

4.5.1 Credibility

Credibility refers to the congruency of research findings with reality (Merriam, 2009:213). I adhered to the following procedures suggested by Lincoln and Guba (1985:301-316) in order to enhance the credibility of my research.

- I remained in the field until data saturation occurred by doing prolonged and persistent fieldwork and interim data analyses to ensure a match between findings and participant reality.
- Data was mechanically recorded (tape-recorded) to make sure that the correct words of participants were captured, and to avoid my reading incorrect meaning into the words of the participants.
- I made use of member checking, by sharing my understanding of the responses of the participants with the participants I checked for accuracy and avoided biased interpretations. Furthermore, I also shared my understanding of the responses with a knowledgeable colleague outside the context of the study who had a good understanding of the nature of the study in order to ensure that my interpretations were reasonable.
- An independent coder assisted with the coding of the data to avoid that my bias or prejudices clouded the interpretation. The opinion and feedback from my promoter and the knowledgeable colleague in the field were sought to verify my interpretations and conclusions made.
- I included my verbatim transcripts, coding and categorization procedure as part of the Appendix of the thesis, so that it will be possible to verify the interpretations that I made (*cf.* Appendix D, E)

4.5.2 Transferability

Transferability implies the extent to which the findings can be applied in other contexts with other participants (Babbie & Mouton, 2001:277). In this study, it was not my intention to generalize findings, as the research related to a specific group of participants in a particular region. I could therefore not make claims that the insights that I gained, would be relevant to other contexts (Babbie & Mouton, 2001:277). I enhanced the transferability of this study by describing the research context in some detail and using purposive sampling in order to obtain specific information related to a specific group of participants (Babbie & Mouton, 2001:277), which might allow for some degree of transferability to other HIV and Aids orphans in other contexts.

4.5.3 Confirmability

According to Babbie and Mouton (2001:278), confirmability is the degree to which the findings are the product of the focus of inquiry and not the biases of the researcher.

I adhered to the following processes indicated by Lincoln and Guba (1985:318-327): I included an audit trail (*cf.* Appendix D & E) in the thesis, to provide evidence and support for the conclusions, interpretations and recommendations that I formulated, and to confirm that my interpretations were based on the interview data and not on my personal opinions. My study leader reviewed my raw data, my field notes, summaries, themes that were developed, as well as my conclusions to ensure that I focused on the words of the participants and not on my own interpretations. I also returned to my participants to verify my understandings of the information that they had revealed during the interviews.

4.5.4 Dependability

Babbie and Mouton (2001:278) argue that since there can be no validity without credibility, there can be no credibility without dependability. The demonstration of the former is therefore sufficient to establish the existence of the latter. The techniques outlined earlier in relation to credibility were to ensure that the study has quality.

In the context of dependability, Nieuwenhuis (2007b:81) refers to the concept crystallization. This implies the search for an infinite and variety of dimensions to gain a complex and deeper understanding of the phenomenon. In the context of the study I considered multiple and conflicting opinions and viewpoints from 43 participants in order

to provide a thick description (Leedy & Ormrod, 2005:100) and to obtain a complete and comprehensive understanding of the phenomenon under investigation (Maree & Van der Westhuizen, 2007:40). Enough detailed investigation was presented for readers to draw their own conclusion from the data.

Qualitative researchers collect data themselves and are therefore key instruments in data collection, which can compromise the collection of data (Creswell, 2009:175). In order to avoid this happening, I had to consider my position as researcher in relation to my research participants carefully in order to avoid that my situatedness compromise the collection of data.

4.6 THE RESEARCHER AS AN INSTRUMENT IN QUALITATIVE DATA COLLECTION

Creswell (2009:177) introduces a range of ethical and personal issues, which a qualitative researcher has to state up front and clarify before data collection commences. This implied that I had to identify explicitly and state my biases, values, personal background, gender, history, culture and socio-economic status up front, as these factors could shape my interpretations formed during the study, or compromise data collection.

In order to gain entry to the research setting and to secure permission to study the participants' situation I had to seek approval from the Department of Education and from the guardians of orphans. The school principals and Life Orientation teachers acted as gatekeepers to the various school sites and the HIV and Aids orphans in the Fezile Dabi Region.

Based on the literature review and my own experience with HIV and Aids orphans I expected and assumed to find that the participants' circumstances would reveal that they were struggling to cope, will not aspire to Higher Education and would be more concerned with fulfilling their basic needs than with learning. I therefore had to be alert and open for perceptions that might highlight the opposite.

Coming from a socio-economic background where I have not had any direct experience with the hardships associated with being an HIV and Aids orphan, I had to become acquainted with information regarding the lives and experiences of these children from

the literature in order to be sensitive to their circumstances when conducting the interviews.

My historic and cultural background was similar to the background of the participants, which enabled me to understand the barriers that could affect their development. I had no connection to any of the research participants, which minimized the threat of compromise to disclose information.

My position as a teacher, which I disclosed to the participants as part of the honesty principle in conducting research, might have been perceived as threatening by some of the participants. However, I strove to remain informal during my meetings with the participants to avoid creating an authoritative teacher-learner situation.

Researchers also have to anticipate ethical issues that may arise during their research, as research involves collecting data from people about people (Creswell, 2009:87). How I complied with the principles for ethical research, is explained in the following section.

4.7 COMPLYING WITH ETHICAL PRINCIPLES

Ethical issues mainly arise in specifying the research problem, identifying a purpose statement and research questions, collecting analysing and writing up the results (Creswell, 2009:88). How I dealt with ethical issues pertaining to each of the mentioned aspects is now explained.

- **Ethical issues in the research problem**

During the identification of the research problem, it was important to identify a problem to solve that would be meaningful for others besides me. Creswell (2009:88) indicates that a core idea of research is that the researcher will not marginalize or disempower study participants further. My study investigated a worthy and relevant problem that did not marginalize the participants. The guidelines that were developed could assist the participants in coping better with the needs they experience.

- **Ethical issues in the purpose and questions**

In the development of the purpose statement and research questions, I conveyed the purpose of the study to the participants (*cf.* 1.2). Creswell (2009:89) states that

deception occurs when participants understand one purpose, but the researcher has a different purpose in mind. I therefore guarded against this by executing the study as intended by only answering the main question that steered the research (*cf.* 1.2).

- **Ethical issues in data collection**

I guarded against ethical issues arising during the stage of data collection by not putting participants at risk and respecting them and the research sites. This was done by obtaining permission to conduct the research at the different school sites and making use of gatekeepers to enter them. I had to submit a detailed ethics application form to the North-West University ethics committee, which approved my research. I received a clearance number to conduct the research, NWU-0042-08-A2 (*cf.* Appendix C). I also developed an informed consent form for all participants to sign before they engaged in the research (*cf.* Appendix B)

Permission was granted by the Free State Department of Education to conduct research in the Fezile Dabi Region (*cf.* Appendix A). I met with the school principal and Life Orientation teachers at the identified school to obtain permission for conducting the research at their school and to gain access to HIV and Aids orphans at their schools. After the participants in the various schools were identified, I met with each participant individually after school to explain the purpose of the research and to obtain their assent to take part in the study. Participants were given a choice as to whether they would like to participate or not. Participants were assured that their identification as HIV and Aids orphans would remain confidential between me, the school principal and teacher who identified them, and that they would be identified by means of a number. Participants were guaranteed that the results of the research would be confidential and that the findings of the study will be made known to them on completion of the study.

All the interviews were conducted after school hours in a private venue arranged by the school so that learners did not miss any teaching and learning time. Interviews were conducted on a one-on-one basis to guarantee the privacy of each of the participants, and not to expose them further to emotional stress. The topic orphanhood remains a sensitive one, and debriefing sessions with a registered educational psychologist were arranged for participants who felt emotional after the interviews to help them to work through their experiences and their aftermath. I approached the School (Institutional)-

Based Support Team of the schools, which the learners attended for assistance in identifying a registered educational psychologist for this purpose.

I identified myself to the participants and explained to them how and why they were selected, what their involvement would entail, and what the benefits of participation would be. The participants' consent was obtained to tape-record the interviews and they were assured that their participation was voluntary and that they could withdraw at any time. The interviews took place in a private and selected venue at each of the respective schools and did not exceed one hour. I indicated to the participants that if the information that they disclose to me indicated that they were hurt or harmed in any way, I would have to report the information to relevant authorities in order to protect them from further harm.

- **Ethical issues in data analysis and interpretation**

I ensured the anonymity of the participants by disassociating names from responses during the coding and recording process. I provided an accurate account of the information obtained from the interviews, and measures were put in place to verify my interpretations (*cf.* 4.5.1).

- **Ethical issues in writing and disseminating the research**

I obtained the participants' consent to use the findings of the research for publication purposes. In writing up my findings, I avoided using the language or words that were biased against participants regarding gender, sexual orientation, racial or ethnic group, disability or age.

I have already provided the various research sites with a preliminary copy of my findings and intend to share my finding and guidelines towards an ecosystemic support programme with the Department of Education on completion of the examination of my thesis.

4.8 CHAPTER SUMMARY

The chapter explained the empirical research design utilized in the study. Framed within an interpretivistic paradigm (*cf.* 4.3.2), I conducted a qualitative phenomenological study (*cf.* 4.3.3, 4.3.4) by means of semi-structured one-on-one interviews (*cf.* 4.3.5.2) with 43 conveniently and purposively selected Black school-

going HIV and Aids orphans from schools in the Fezile Dabi Region (*cf.* 4.3.6). The main aim of the interviews was to determine what the support needs of the HIV and Aids orphans are and how these needs are accommodated. The next chapter focuses on the analysis of the interview data and highlights the themes that emerged from the responses of the participants.

CHAPTER FIVE

DATA ANALYSIS AND INTERPRETATION

5.1 INTRODUCTION

This chapter presents the data obtained from the interviews that were conducted with Black school-going HIV and Aids orphans in the Fezile Dabi Region. The perceptions and views expressed by these participants during the interviews in relation to the support needs that they as HIV and Aids orphans experience, are presented.

The chapter unfolds according to the following structure:

- Biographic information of the participants
- Presentation of the findings related to the psychosocial and emotional needs
- Presentation of the findings related to socio-economical and physical needs
- Presentation of the findings related to educational needs
- Presentation of findings related to support structures

The findings from the interviews are presented as follows:

In the discussion of the responses, participants are identified by means of a number (1-43). The discussion refers to the various questions linked to the relevant sections in the interview protocol (A-E) in conjunction with the number of a particular participant to substantiate the findings reported (eg. A:2; C:5) (*cf.* Appendix D). I acknowledge that the themes I extracted from the response might be tentative, as it was not possible to do interviews with all the HIV and Aids orphans in the Fezile Dabi Region due to financial and logistical constraints.

The following key guided the interpretation of the responses:

- All the participants means that all 43 participants had the same opinion or perception
- Many of the participants means responses were obtained from 42-30 of the participants
- Some of the participants means responses were obtained from 29-17 of the participants
- A few of the participants means that responses were obtained from 16-0 of the participants.

The following section presents the findings in relation to each of the sections in the interview protocol.

5.2 PRESENTATION OF FINDINGS

5.2.1 Section A: Biographic information

The following responses were received regarding the biographic information of the participants.

Table 5.1 reflects the gender of the participants who took part in the study

Table 5.1: Gender of the participants

Male	Female	Total
23	20	43

More or less an equal number of boys and girls took part in the research.

Table 5.2 provides information regarding the age of the participants who took part in the research.

Table 5.2: Age of the participants

11-12	13-14	15-16	17-18	19-20	Total
4	14	14	9	2	43

From the data obtained (*cf.* Appendix D), the majority of the participants who took part in the research were aged between 13 and 16 years of age (*cf.* Appendix D).

Table 5.3 indicates the school grade in which the participants are presently.

Table 5.3: Grade of the participants

Grades 4-7	Grades 8-9	Grades 10-12	Total
15	11	17	43

The responses to the question indicated that the majority of the participants are in Grade 10-12 (*cf.* Appendix D).

Table 5.4 reflects the number of learners who took part in the study and are presently repeating their school grade.

Table 5.4: Number of participants who repeat their school grade

First time	Second time	Total
34	9	43

The majority of the participants are doing the school grade in which they are for the first time. A few participants are repeating a school grade due to various reasons such as: *“I become depressed when I have to adapt with new life, new place and new school”* (*cf.* A:12), *“not treated well they (the guardians) were abusing me”* (*cf.* A:14), *“I don’t get enough time to study I had to go to work and I come back late”, “I don’t have enough time to study”* (*cf.* A:6, A:15, A:22), *“not receiving support and good care from my guardians”* (*cf.* A:16), *“because of the language used at school”* (*cf.* A:9), *“uncle chased me away and it was in the middle of the year”* (*cf.* A:38) or *“locked up waiting for trials during exams”* for *“stealing”* (*cf.* A:26) (*cf.* Appendix D).

The reasons mentioned by the participants for repeating their school grades align well with the literature where reasons such as depression, lack of support, abuse, little time for studies due to many responsibilities at home and language problems are indicated as challenges that HIV and Aids orphans face, which could impact negatively on their academic performance (Coombe, 2000:36; Giese *et al.*, 2002:1; Atobra, 2004:4; Granot, 2005:89; De Witt & Lessing, 2005:37) (*cf.* 2.4.7; 3.2; 3.3; 3.5).

Table 5.5 provides information regarding the participant's place of residence.

Table 5.5: Place of residence

Deneysville Refengkhoto	Tweeling	Frankfort	Kroonstad	Sasolburg	Total
11	9	6	8	9	43

The participants reside in different towns in the Fezile Dabi Region.

Table 5.6 reveals the participants' satisfaction with their living conditions.

Table 5.6: Satisfaction with living conditions

Satisfied	Not satisfied	Total
24	19	43

According to the responses, the participants have positive and negative feelings regarding living conditions. The participants who are happy and satisfied with their living conditions (*cf.* A:1, A:3, A:4, A:5, A:7, A:8, A:9, A:12, A:13, A:14, A:17, A:20, A:21, A:25, A:28, A:30, A:32, A:36, A:39, A:41, A:42, A:43, A:17, A:28, A:32) attributed their satisfaction to the following: *"because everything I'm asking I find it"* (*cf.* A:1) and *"I don't experience problems"* (*cf.* A:3, A:5, A:7, A:8, A:11, A:13, A:30, A:34, A:36, A:37).

A few of the negative responses show that some of the participants are not happy with their living conditions, as highlighted by the following responses: *"I am also a breadwinner at the house I'm the one who is taking care"* (*cf.* A:6), *"guardians doesn't give me enough support to my studies"* (*cf.* A:40), *"I struggle to get what I asked for"* (*cf.* A:15), *"we had to borrow money to buy food if we don't get the money we sometimes*

sleep with empty stomach” (cf. A:18), “I sometimes sleep without food” (A:29), “I sometimes sleep with an empty stomach” (A:35), “we don’t have enough money to support us, we live in a three room shack of eight people in it we are struggling to sleep at night” (cf. A:31), “I can’t get things I need such as school uniform”(A:38), and “my guardians doesn’t give me enough support to my studies” (A:10).

It is clear from the responses that the living conditions of many of the participants are not optimal. Literature reveals similar negative living conditions related to the lives of HIV and Aids orphans in general, namely limited time for study, becoming breadwinners, lack of support and lack of resources, such as food (Giese *et al.*, 2002:1; Sahara, 2002:95; UNICEF, 2004:25; Atobra, 2004:4; Foster & Levine, 2005:53; De Witt & Lessing, 2005:37; Munyati *et al.*, 2006:18; Donald & Clacherty, 2005:26; Tsheko *et al.*, 2007:23) (cf. 2.4.2; 2.4.7; 3.2; 3.6).

In Table 5.7, it is revealed whether the participants have access to basic services such as electricity, water and sanitation.

Table 5.7: Access to electricity, water and sanitation

	Electricity	Water	Sanitation
Have access	34	38	37
Do not have access	9	5	6
Total	43	43	43

From the data obtained (cf. Appendix D), the majority of learners have access to electricity, water and sanitation where they live, although the literature indicates that a lack of access to basic services such as electricity often characterizes the living conditions of HIV and Aids orphans. Disadvantaged communities are prone to misery and poverty, and a lack of resources like proper sanitation, water, electricity (Atobra, 2004:4; UNICEF, 2004:25; Munyati *et al.*, 2006:18) (cf. 2.4.2; 3.2; 3.4; 3.6).

According to the responses obtained for question 5, all the participants are taken care of by guardians who are mainly family members as revealed in Table 5.8.

Table 5.8: Guardians of the participants

Grandparents	Uncle	Aunt	Brother	Sister	No guardian	Total
22	6	4	2	8	3	43

Three learners indicated that they are staying alone without any guardian (*cf.* A:11, A:24, A:25). The fact that mainly family members (uncles, aunts, grandparents, brothers and sisters) act as guardians and take care of the orphans supports what the literature reveals, namely that even when family members do not have sufficient resources, they take orphans into the family (Foster, 2005:56) (*cf.* 2.5.3.1; 2.5.3.2; 2.5.3.3). In line with the literature, the participants primarily stay with family members (Johnson & Dorrington, 2001:98; Atobra, 2004:70) (*cf.* 2.5.3.2).

According to the responses obtained, all participants indicated that they have been staying with their guardians for more than a year. Only three of the participants do not know when they started living with their guardians, which could be an indication that they have been staying with their guardians for quite a while (A:17, A:35, A:41).

In response to whether the participants still have other siblings with which they have contact, the following responses, as revealed in Table 5.9, were reported.

Table 5.9: Number of participants having contact with siblings

Contact with siblings	No contact with siblings	No siblings	Total
16	5	22	43

The responses to this question show that 16 of the participants have other brothers or sisters with whom they still have contact (*cf.* A:3, A:5, A:9, A:10, A:12, A:15, A:17, A:20, A:25, A:27, A:32, A:35, A:36, A:39, A:40, A:41). Fifteen of the participants do not stay with their brothers and sisters (*cf.* A:2, A:5, A:9, A:15, A:17, A:20, A:21, A:23, A:24, A:25, A:27, A:35, A:36, A:40, A:38). The participants who have contact with their siblings indicated that they meet with their siblings during school holidays (*cf.* A:2, A:5, A:17, A:27, A:40), ritual celebrations (*cf.* A:15, A: 27, A:32), they call one another (*cf.* A:20, A:15, A: 32), meet on weekends (A:35), or see each other at funerals (A:32) and family gatherings (A:2) (*cf.* Appendix D).

Although a few of the participants indicated that they have contact with or are living with their brothers and sisters, most of them do not have to take care of their brothers or sisters. Only two learners, in response to question 7, reported that they also have to take care of their brothers and sisters (cf. A:6, A:23). One of the participants indicated that he does not receive help from anyone in this regard and that he “.....*have to work to be able to support my brother and sister*” (A: 6). The other participant reported help from other people in taking care of the siblings: “*I borrow money from the people I know*” (A:23) (cf. Appendix D). The situation of these two learners links with what Maqoko and Dreyer (2007:63) (cf. 2.5.3.2) indicate about HIV and Aids orphans, namely that they are often forced to look after themselves and their siblings (Atobra, 2004:77, Maqoko & Dreyer, 2007:63) (cf. 2.4.3, 2.5.3.2.2)

In response to question 8 as to whether the participants know when their parents passed away and what feelings accompanied their loss, the following responses were obtained.

The participants pointed out that it was “*painful*” to them when their parents died (cf. A:6, A:8, A:11, A:13, A:16, A:40, A:42, A:43). Some of the feelings that accompanied the loss of their parents were that the participants felt “*depressed*” (cf. A:3, A:31), “*hurt*” (A:4, A:19, A:20, A:26, A:36), “*angry*” (A:9, A:12, A:15, A:23, A:27, A:28, A:32, A:35), “*worried about my new home*” (A:10), “*not happy*” (A:5, A:18, A:19), “*sad*” (A:14, A:37), “*confused*” (A:30), and as if it “*is the end of the world*” (cf. A:28, A:29) (cf. Appendix FD). The majority of them were also aware of exactly when their parents passed away (cf. Appendix E). The responses clearly highlight the fact that the parents of the participants played an important role in their lives, and that the loss affected them psychologically and emotionally.

The following responses highlight the trauma that the participants were faced with when their parents passed away: “*cried a lot to relieve the pain*” (cf. A:16). “*parent will not be able to see me succeeding in life*” (cf. A:1), “*life is unfair to me*” (cf. A:3), “*it is painful and hurting to lose parents*” (cf. A:5), the death of the parents felt like “*a storm coming into my life*” (cf. A:10), “*I need them to encourage me when I find it difficult to study*” (cf. A:12), “*thinking that it is the end of the world*” (cf. A:28) and “*I feel as if it was the end of the world*” (cf. A:29).

A few of the participants indicated that they were too young and did not feel any pain when their parents passed away: *"I was young when my parents died I didn't understand or feel pain"* (cf. A:1), *"I don't know how I felt at that time I was young"* (cf. A:17), and *"I don't know because I was young when they died"* (cf. A:24).

In particular the loss of the mother (cf. 5.2.2) appears to be more traumatic to the participants as indicated in the following responses: *"I miss my mother's protection"* (cf. B:5), *"I miss my mother's cooking and my mother's care"* (cf. B:7), *"I miss my mother's care, love, support and protection"* (cf. B:10, B:14), *"I miss the guidance of my mother"* (cf. B:23). *"she makes sure that we have warm clothes and she was cooking soup for us"* (cf. B:12), *"I was crying a lot when my mother died because I need her"* (cf. B:39), and *"I was little bit confused when my mother died because she was the only parent left hoping that she will raise us up until we are educated"* (cf. B:30). The strong supportive role of the parent in terms of socio-economic, emotional and educational support to a child becomes clear from the quoted responses obtained from the participants. In this regard Harrington (1992:1301) and Matshalaga and Powell (2002:185) specifically highlight the important role of a mother to create feelings of security among HIV and Aids orphans (cf. 3.3).

The death of their parents had some of the participants questioning the fact that they had to lose their parents. For example, one participant wondered, *"why God had to take (his) parents"* (cf. A:31) and another participant asked, *"how I'm going to survive"* (cf. A:29). One of the responses was very noteworthy, and indicated that the death of the participant's parents actually encouraged the participant to be strong: *"the situation makes me strong, to be able to face the challenges that comes into our lives"* (cf. A:6). These reactions are in line with ways of coping with grief according to Gibson *et al.* (2002:114-115) (cf. 3.2).

The participants were also asked whether they were aware of the fact that their parents passed away due to HIV and Aids and how that made them feel. Being aware of the fact that they were orphaned due to HIV and Aids, all the participants indicated in response to question 9, that they were also aware of the fact that HIV and Aids caused the death of their parents. A few indicated that they were *"not happy"* to hear about the cause of their parent's death (cf. A:2, A:3, A:5, A:6, A:11, A:13, A:15, A:29, A:39).

The death of their parents left the orphans with unresolved questions and an urgency that something should be done to address the HIV and Aids issue. They reported that they asked themselves how it happened that their parents became affected with the disease and that they were afraid that they might also be infected. Furthermore, the responses revealed the following: *"I have asked myself how did my parents get the virus"* (cf. A:1); *"I'm always asking myself how does these disease infected my parents"* cf. A:3); *"I asked myself that when people will take HIV and Aids serious"* (cf. A:5); *"I feel that more awareness should be done that is talking about HIV and Aids"* (cf. A:8); *"I don't know how does my parents get infected"* (cf. A:9); *"I don't know how they were infected"* (cf. A:19); *"I've asked myself why this disease should be in our family"* (cf. A:23); and *"I was angry and asked God for a cure"* (cf. A:25).

The situation made them *"angry"* (cf. A:7, A:8, A:16, A:25, A:28, A:33) and *"depressed"* (cf. A:3). A few participants indicated fear to talk about the parents' death because of being *"discriminated against"*, *"stigmatized"* and *"teased"* by other children or other members of the community (cf. A:11, A:20, A:21). A few of the participants indicated that they *"felt bad"* (cf. A:4, A:9, A:12, A:43) about the death of their parents, that they experience it as *"painful"* (cf. A:1, A:21, A:22, A:26, A:27, A:35, A:38), and that they feel *"ashamed"* (A:10), *"disappointed"* (cf. A:14, A:15), *"miserable"* (cf. A:18) and *"hurt"* (cf. A:7, A:41). Literature particularly highlights similar psychosocial and emotional effects after losing parents due to HIV and Aids. Some of these effects reported in the literature relate to denial, anger, stigma, discrimination, sadness and depression (Lynas, 2001:163; Loening-Voysey & Wilson, 2001:105; Deininger *et al.*, 2002:110; Desmond & Gow, 2002:82; Gibson *et al.*, 2002:114-115; Bellamy, 2003:50; De Witt & Lessing, 2005:82; Foster & Levine, 2005:53 (cf. 2.4.5; 2.4.6; 2.4.7; 3.2; 3.3). The responses also bear evidence of the fact that the participants move through the different stages of loss as identified by Kübler-Ross (in Gibson *et al.*, 2002:114-115) (cf. 3.2). In particular, **anger** and **depression** were cited by the participants.

In summary, the central issues emanating from the biographic information of the participants who took part in the study emphasizes their lack of basic needs as well as a lack of love and security, which leaves them with a number of unresolved feelings of unhappiness. In particular, the loss of a mother appears to be very traumatic. It also appears that participants are not knowledgeable on how infection with the disease happens.

In the next section, the responses obtained to the questions related to psychosocial and emotional needs are reported, and possible themes are identified according to which responses could be clustered.

5.2.2 Psychosocial and emotional needs

The responses obtained to each of the questions in this section of the interview protocol are dealt with individually.

Question 1

How does it feel not to have parents anymore?

A major theme that emerged from the responses of the participants to questions 1 and 2 in this section, are the following:

Theme 1 : Unhappiness due to the absence of parents

Eight of the participants indicated that they are *“not happy”* (cf. B:1, B:10, B:20, B:30, B:40, B:41, B:42), and six participants feel that it is *“painful”* and *“hurting”* (cf. B:5, B:6, B:12, B:13, B:25, B:43). The following participants reported that they are not happy, *“because my parents will not be able to see me when succeeding in life”* (cf. B:1), and *“when I see other children with their parents I feel unhappy”* (cf. B:41). Participants also reported that the death of their parents was painful, and mention the following reasons: *“because I had to take responsibility to take care to my brother and sister”* (cf. B:6), *“because whatever I need I can’t get it immediately as they were alive”* (cf. B:25), *“there are lots of things my mother were doing and no one will be able to fill that space”* (cf. A:43), and worrying about *“how I’m going to live without them”* (cf. B:12).

A few of the participants indicated that it is *“not good”* and a *“bad”* thing to lose parents (cf. B:2, B:4, B:8, B:11, B:15, B:17, B:18, B:19, B:26), because of the following reasons: *“there are things that needed your parents’ support”* (cf. B:2), *“.....require parents’ support and encouragement”* (cf. B:4), *“I feel that I’m lonely without them”* (cf. B:11), *“when I was staying with them I was always happy”* (cf. B:15), *“if they were around they could have done everything for me”* (cf. B:17), *“there are things that needed to be discussed with a father but my father is not here to listen”* (cf. B:18) and *“we were not different to other children”* (cf. B:26).

The lack of parents also contributed to the feelings of jealousy and envy that were reported by participants 22, 34 and 41 in the following words: I *“feel different to other children (cf. B:22), “I became jealous when I see other children moving with their parents having a shoulder to cry on” (cf. B:34), or “I feel lonely and hurt especially when I see other children happy with their parents getting whatever they want” (cf. B:22)*

A few of the participants reported that the death of their parents left them feeling *“lonely”, “abandoned” and “not protected” (cf. B:7, B:11, B:14, B:16, B:22).*

A number of the individual responses that referred to life being unfair (cf. B:3), being miserable (cf. B:9), a change in life conditions (cf. B:9) and no one to help with schoolwork (cf. B:17) also contribute to the unhappiness that the absence of parents cause.

Many of the participants’ reactions to the death of their parents support the view of Gibson et al. (2002:115) (cf. 3.2) who indicate that feelings of sadness accompany the loss of parents.

A following theme that could be identified from the responses was:

Theme 2 : The importance of having parents

The importance of having parents was described by some of the participants as follows: *“I need my parents to be the one taking care of me” (cf. B:3), “I feel that I’m not protected without them” (cf. B:14), “It is not good because when I was staying with them I was always happy” (cf. B:15), “I feel lonely and abandoned” (cf. B:16), “they could have helped me with my school work” (cf. B:17), “there are things that needed to be discussed with a father but my father is not here to listen” (cf. B:18), “I see myself different to other children, and “I see myself as nobody who going to be able to achieve what I want to achieve in life” (cf. B:23).*

Furthermore, the participants reported fears related to success, achievement and survival, for example: *“I see myself as nobody who going to be able to achieve what I want to achieve in life” (cf. B:23), “I’m (we are) struggling to survive” (cf. B:24, B:31), and “(I) don’t have money to pay for my fees any more” (cf. B:9).*

In summary, a lack of security, someone to depend and rely on, and feelings of abandonment and isolation are prominent emotional needs that these HIV and Aids

orphans' experience, which are supported by the literature (Phiri *et al.*, 2001:16; Gibson *et al.*, 2002:114-115; James *et al.*, 2004:105; De Witt & Lessing, 2005:16; Foster & Levine, 2005:53; Gerntholtz, 2005:30) (cf. 2.4.9; 2.4.10; 3.2). These responses also link well with the responses to question 8, where the participants' traumatic experience of losing parents was emphasized. As indicated by Makame *et al.* (2002:463) (cf. 2.4.4), the participants appear to be capable of distinguishing between the quality of life they had when their parents were alive and well, and what they have now.

Question 2

What do you miss the most through not having parents anymore?

A first theme that emanated from the responses to this question was:

Theme 1 : A lack of safety and security needs

According to the responses of the learners, they miss their parents' *"love"* (cf. B:3, B:6, B:10, B:16, B:17, B:20, B:21, B:27, B:30, B:33, B:37, B:40, B:42), *"care"* (cf. B:2, B:6, B:7, B:8, B:9, B:10, B:12, B:14, B:18, B:22, B:26, B:27, B:30, B:33, B:39, B:40, B:43), *"protection"* (cf. B:5, B:10, B:14), *"support"* (cf. B:10, B:14, B:26, B:27, B:29, B:33, AB:36, B:43) and their *"guidance"* (cf. B:4, B:23, B:25, B:29). A few participants indicated that they would miss their parents' *"encouragement"* (cf. B:15, B:43) and *"kindness"* (cf. B:21).

The lack of love due to the loss of parents, is evident in the words of the participants when they say the following: *"they used to buy me presents on my birthday, assist me with my studies"* (cf. B:3), *"I miss my parents' kindness, respect and love they were giving me"* (cf. B:21), *"I remember them with the love, care and support they were giving me"* (cf. B:27), *"I miss the love and caring of my parent"* (cf. B:30) and *"I miss their guidance, support they were always giving to me"* (cf. B:29).

These responses correspond with the literature where it is indicated that HIV and Aids orphans live in deprived conditions due to lack of support, care and love (Sahara, 2002:95; Atobra, 2004:4) (cf. 3.2), and experience safety and security challenges due to the loss of their parents, which leaves them vulnerable (Richter *et al.*, 2004:56) (cf. 2.4.9).

In addition to the aforementioned responses, the participants emphasized the fact that they miss their mothers. In this regard, a second important theme was identified from the responses of the participants.

Theme 2 : Important role of a mother figure

Responses such as: *“my mother before she die, she was working and we were able to survive, she was cooking for me, helping me with homework, I really miss my mother”* (cf. B:2), *“I miss my mother’s protection because she was always protective, and she was helping me with my school work”* (cf. B:5), *“I miss my mother’s cooking and my mother’s care when I’m not feeling well”* (cf. B:7), *“I miss my mother’s care, love, support and protection that she was giving, when I was not feeling well she was making sure that I’m receiving medication needed for my illness”* (cf. B:10), *“when it is cold like these it is when I remember my mother because she makes sure that we have warm clothes, and she was cooking soup for us”* (cf. B:12). In support of the viewpoint of Bhargava and Bigombe (2002:165) (cf. 3.3), it is clear from the responses that the mother figure plays an important role in providing physical and emotional support to children.

The responses obtained from the participants for questions 1 and 2 revealed that the HIV and Aids orphans who took part in the study have psychosocial and emotional needs. These orphans are not happy, because they have lost their parents who will not be there to see their successes. In particular, the loss of the mother appears to have a devastating effect on the lives of the HIV and Aids orphans. The loss of their parents makes them feel **lonely, stressed, angry, depressed, not secure, unable to trust others, worried about the future and afraid of discrimination.**

Question 3

Do you receive enough love, care and support from your guardians? Give some examples.

The first theme that could be identified from the responses was:

Theme 1: Family members act as guardians and as support and protective structures

The responses of the participants show that a many of the participants receive enough love, care and support from the guardians/relatives whom they live with (cf. B:1-18, B:23, B:26, B:28, B:29, B:30-43). It appears that the sisters, aunts and the grandmothers of the participants play a central role in the provision of support and care, which is evident *inter alia* in the following responses: *“they do everything I’m asking for”* (cf. B:1, B:3), *“they do support me like pay for me when there is an educational tour”* (cf. B:4), *“yes, my grandparents are taking good care of me”* (cf. B:7), *“yes, my sister is like my mother to me”* (cf. B:8), *“they discipline me when I do wrong”* (cf. B:12), *“my grandmother cook for me do washing and help me with my school work”* (cf. B:13), *“yes, my grandparents are taking good care of me”* (cf. B:14), *“yes my sister is trying to treat us well like her own children”* (cf. B:23), *“my grandmother were giving me a good care”* (cf. B:24), *“I receive love from my sister”* (cf. B:25), *“my sister is taking good care of me”* (cf. B:26), *“yes, whatever I do or need my aunt support me”* (cf. B:32), *“I do receive love, care and support from my grandmother”* (cf. B:37) and *“yes, my aunt take a good care of us”* (cf. B:38).

Atobra (2004:66) and Richter *et al.* (2004:35) (cf. 2.5.3.2, 2.5.3.2.3) assert that extended families give security and support and share their assets with the orphans. The family members who act as guardians are therefore like security systems that protect the orphans from negative effects such as abuse and prostitution (Hepburn, 2001:94) (cf. 2.5). I could not find any evidence in the responses of the participants that indicated that they had to assume parenting roles for which they were ill prepared (Hepburn, 2001:94) (cf. 2.5.3.2.2).

Although the orphans appear to receive enough love, care and support from their guardians, it appears from the responses obtained for the previous question that nothing can really replace the love, care and support given by a parent, especially the

love, care and support of a mother. One participant indicated that his brother and sister give him support if his spirit is low: *“if my spirit is low they will makes jokes to uplift my spirit”* (cf. B:6).

A second theme that emerged from the responses was:

Theme 2: Lack of basic needs and school needs

The responses indicated that the guardians/relatives are not in a position to provide for all the needs of the orphans: *“they don’t give me enough money because they don’t have money”* (cf. B:2), *“they don’t give me pocket money”* (cf. B:19), *“I don’t get enough support when coming to school needs”* (cf. B:5), *“if there is a parents’ meeting no one is attending for me”* (cf. B:5), *“they don’t buy me all I ask for”* (cf. B:17) and *“my grandmother don’t have enough money to take care of me”* (cf. B:29). These response support the evidence in the literature where it is indicated that the caregivers of HIV and Aids orphans are under increased financial stress due to poverty, and have to support family members on meagre pensions (Le Roux, 2002:10; German, 2006:150) (cf. 2.4.1). The responses obtained are supported by similar responses that were obtained for question 1 in section 5.2.3.

The following theme that was identified can only be related to two of the participants.

Theme 3: Fulfilling additional responsibilities

Only participants 10 and 22 indicated that they have to fulfil additional responsibilities, namely *“I had to do cooking, do washing and cleaning a house”* (cf. B:10), and *“I do washing and cook for my family even if I had to do school work”* (cf. B:22). It is a positive sign that not many of the HIV and Aids orphans who took part in the study have to take on additional responsibilities, roles and positions as caregivers and breadwinners (Giese *et al.*, 2002:1) (cf. 2.4.7).

Although only indicated by two of the participants, follow-up research might be necessary to explore this dimension that is highlighted by the literature as a negative effect related to orphanhood due to HIV and Aids, in more depth.

Question 4

Whom do you speak to if you have problems? Do they help you to solve the problems?

An important theme that was derived from the responses to this question, relate to opportunities for communication.

Theme 1: Open communication channels for discussing problems

Many of the learners indicated that when they have problems they have someone they can talk to, and rely on for support. Some of the people whom the participants singled out as being the ones they talk to are: *“uncle’s wife”* (cf. B:1; B:21), *“aunt’s daughter”* (cf. B:3), *“cousin”* (cf. B:4, B:11, B:12, B:33, B: 37), *“brother and sister”* (cf. B:6, B:8, B:19, B:26, B:30, B:34, B:36, B:42, B:43), *“grandparents”* (cf. B:7, B:9, B:13, B:14, B:15, B:17, B:18, B:20, B:24, B:29, B:40, B:41, *“aunt”* (cf. B:32, B:39), *“friends”* (cf. B:16, B:35), and *“teachers”* (cf. B: 22, B:23 B:27, B:28) who *“show direction during difficult time”* (cf. B:23).

The responses were encouraging as they point to the fact that the HIV and Aids orphans do socially interact with people, mainly relatives, to ask for help, and talk about their problems (Bhargava & Bigombe, 2002:68), which minimizes the risk of having numerous psychosocial and emotional problems as pointed out by Deininger *et al.* (2002:97) and Rau (2002:108) (cf. 3.2). Only one participant said, *“I keep my problems to myself or I pray”* (cf. B:5). In contrast to the view of Foster (2005:18) (cf. 2.4.1.1) who argues that the strain and burden that orphans bring to a family can result in tension and a lack of communication within the family. A lack of communication does not appear to hold true for the orphans who took part in the study.

Question 5

Do you have friends? Do you often speak to them about your problems? Does it help?

A disconcerting theme that emanated from the responses to this question, was the feeling of mistrust that the participants had in friends.

Theme 1: Mistrust in friends

Many of the participants indicated that they have friends, but they do not trust them enough to tell them about their problems (cf. B:2, B:3, B:5, B:, B:7, B:9, B:13, B:17-22, B:24, B:29, B:33, B:34, B:38, B:40, B:42, B:43). To support the aforementioned the following responses were received: *“I don’t tell them my problem I don’t trust them”* (cf. B:1, B:20), *“I don’t trust them to tell them my problems”* (cf. B:40), *“they will laugh at me”* (cf. B:2), *“they will laugh at me or gossip about it”* (cf. B:3) and *“I’m afraid they will give me wrong advices”* (cf. B:21, B:22). In the literature, mistrust is reported as a psychosocial challenge with which HIV and Aids orphans are faced (Foster & Levine, 2005:62; Granot, 2005:89) (cf. 3.2; 3.3).

A second, contrasting theme pointed to the supportive and protective role of friends.

Theme 2: Supportive role of friends

A few of the participants, however, reported that they share their problems with their friends and that the friends help them to solve the problems (cf. B:4, B:6, B:8, B:12, B:15, B:23, B:25, B:32, B:35, B:36, B:37, B:39, B:41). In order to support the theme that was identified, the following evidence from the words of the participants is provided: *“they help me with my problems”* (cf. B:4), *“they help me to overcome my problems”* (cf. B:6), *“I tell them my problems or my feelings and they help me”* (cf. B:12), *“my friends helped me a lot because they give me food, money and helped me with my school needs”* (cf. B:25), *“I tell them my problems and they help”* (cf. B:37), *“they helped me to overcome the problems”* (cf. B:40), and *“they help me on how to solve the problem”* (cf. B:41).

The literature indicates that HIV and Aids orphans often have problems in establishing good social relationships (Winkley, 1996:165) (cf. 3.3), and do not talk about their problems (Bhargava & Bigombe, 2002:95). The latter responses however indicate that

a number of the HIV and Aids orphans in the Fezile Dabi Region apparently manage to establish good social relationships that help them cope with their problems.

In summary, the responses to questions 3, 4 and 5 indicated that the majority of the orphans stay with family members where they receive enough love, care and support. The family members who act as guardians try their level best to provide food and clothes to them even if they themselves do not have enough money. Furthermore, the guardians and teachers do their best to help to assist them in finding solutions to their problems.

Most of the orphans indicated that when they have problems, they talk to someone. The fact that many of the orphans have somebody to talk to about their problems signals a positive sign that the orphans are not socially withdrawn which could be caused if they do not talk about their problems (Winkley,1996:165) (cf. 3.3). Furthermore, it indicates a sense of belonging to the community as indicated by Carr-Hill *et al.* (2002:85) and Staff Reporter (2003:13) (cf. 3.1).

The support structures of the HIV and Aids orphans, namely family/guardians, teachers and friends could provide them with protective resources to combat the risks imposed by their negative emotions, the lack of parental care and love, and their fear about the future (Masten, 2001:227-238) (cf. 2.4.12). One participant indicated in response to question 6, that singing and playing music relieves feelings of anger and depression. In addition to this, praying also appears to be a protective resource to the participants. Only one participant indicated that he deals with problems in his own way: *“I keep everything into myself. If it is a serious problem I cry a lot to release my stress”* (cf. B:31).

Question 6

Are you sometimes scared, angry and depressed? Why? What do you do when you feel scared, angry or depressed?

The first theme that was identified from the responses is:

Theme 1: The manifestation of fear, anger and depression linked to a lack of parental care, love and support

The responses of the participants revealed that many of them are sometimes scared, angry or depressed about different problems, such as being afraid of what will happen *“when their guardians die”*, they do not know *“who will support”* them (cf. B:1, B:12, B:14, B:17, B:18, B:25, B:33, B:41), that they will *“not be successful in life”* (cf. B:3), and when they *“don’t have enough money to cover their needs or get what they want”*, so they *“struggle to survive”* (cf. B:24, B:6, B:7, B:9, B:13, B:22, B:27, B:31, B:42).

The responses are in line with the literature that reports fear, anxiety, anger, worrying about the future and depression as psychosocial and emotional needs that HIV and Aids orphans are confronted with (Hepburn, 2001:63; Lynas, 2001:59; Gibson *et al.*, 2002:114-115; Delva *et al.*, 2005:3; Foster & Levine, 2005:53) (cf. 2.2, 3.2).

The manifestation of fear, anger and depression is also linked to survival, the living conditions of the participants and their goal achievement. They *inter alia* referred to the following: *“I’m scared that I won’t be successful in life”* (cf. B:3), *“I can’t get what I’m asking for”* (cf. B:7), *“if people who are helping me stop to help how will I survive”* (cf. B:11), *“Grandmother don’t give me what I’m asking for”* (cf. B:13), *“what will happen to me if my grandparents die”* (cf. B:14, B:17), *“brother come home late and make noise, disturbing us to sleep”* (cf. B:15), *“(I am) angry to the situation that I’m living in”* (cf. B:2), *“when my brother leave me alone without food”* (cf. B:19), *“I become depressed when we don’t have food and I don’t get what I want”* (cf. B:22), *“we struggle on surviving”* (cf. B:9), *“I become angry when struggling to survive”* (cf. B:24), *“I become depressed, angry and scared when I don’t get what is needed at school”* (cf. B:27) and *“(I am) scared to sleep alone”* (cf. B:24), *“if I don’t find a job after completing Grade 12 as I don’t have money to go to tertiary”* (cf. B:25), *“I’m scared that if I don’t pass Grade 12 other children will laugh at me and that will makes me to be a drop out”* (cf. B:26), *“I’m scared that will I be able to achieve my goal in life”* (cf. B:28), *“my friends will leave*

me if they can know that my parents died due to HIV and Aids and that will make them think that we are also infected” (cf. B:34), “my brother is also infected and that is not good news to hear and I become angry when my brother is ill, I think he will also die” (cf. B:40), and “I became scared that if my grandmother dies who will take care of us” (cf. B:41).

A second theme relates to the identification of protective resources in dealing with fear, anger and depression.

Theme 2: Protective resources in dealing with fear, anger and depression

One participant indicated that when she experiences these emotions, she “*sing (s)*” or “*listen(s) to music*” (cf. B:2), another indicated: “*(I) pray and asked God to give me strength*” (cf. B:28) or “*when I’m angry I go to dance club*” (cf. B:39) and “*I try to forget these by playing netball*” (cf. B:35). In line with this response, one participant in Section D indicated that he relieves his worries by “*reading Bible and praying*” (cf. D:5). These participants have apparently managed to establish protective resources to help them cope with their problematic situations. One participant indicated that he asks himself “*why God chooses me to struggle in life*” (cf. B:24).

In summary, what emerged from the responses to question 6 is a lack of parental care and support appears to be the major factor attributing to the unhappiness of the participants. The orphans admitted that they miss the parental care, love and support which they used to get from their parents, as well as support with their schoolwork. Furthermore, the missing of parental care, love and support could contribute to them worrying about their futures, as indicated in their fear concerning survival.

A number of the orphans are scared that if their guardians die before they achieve their goals, they do not know how they will survive. They are also worried that if they do not pass Grade 12, they will not be able to survive or be independent in life.

Table 5.10 compares the main psychosocial and emotional needs as derived from the interview responses with the psychosocial and emotional needs as highlighted by the literature review.

Table 5.10: Psychosocial and emotional needs

Interview responses	Literature review
Unhappiness	Sadness
Painfulness	Anger and isolation
Stress	Grief
Anger	Depression, fear, mistrust
Depression	Lack of love, care and support
Missing parental care, love, guidance, encouragement and support	Isolation
Lack of safety and security	Fear of going to school
Discrimination: feeling different	Coping with death and loss
Loneliness	Disruptive behaviour
Fear for survival, success and achievement	Fear of unfamiliar situation
Worry about the future	Sleeping disorders
	Bereavement
	Lack of positive social interaction
	Anxiety
	Worry about the future

It is clear from the responses of the participants that the psychosocial and emotional needs of the HIV and Aids orphans in the Fezile Dabi Region show a strong correspondence with the psychosocial and emotional needs experienced by HIV and Aids orphans in general (Hepburn, 2001:63; Phiri *et al.*, 2001:16; Gibson *et al.*, 2002:114-115, Makame *et al.*, 2002:80 Sahara, 2002:95, Foster & Levine, 2005:53, 62) (*cf.* 3.2, 3.3). Although the orphans in the Fezile Dabi Region face emotional problems due to a lack of parental care, love and support (Atobra, 2004:4 (*cf.* 3.3), they do not appear to be isolated as indicated in the literature review (Staff Reporter, 2003:13) (*cf.* 3.1). Their social interaction with family members and friends support a number of them in talking about their problems (Deininger *et al.*, 2002:110) (*cf.* 3.2). In line with the literature, the participants who took part in the study, experience anger, fear, stress, loneliness and depression (Lynas, 2001:59; Gibson *et al.*, 2002:115; Foster & Levine, 2005:62; Granot, 2005:10) (*cf.* 3.2; 3.3). In contrast to the literature, behavioural problems, anti-social tendencies and aggressive behaviour were not noted among the participants (Bhargava & Bigombe, 2002:160; Pharoah, 2005:7) (*cf.* 2.2, 3.3). I carefully conclude that protective resources such as the love, care and support from

guardians/family, teachers and friends assist the participants in coping with their psychosocial and emotional needs.

In the following section, the responses of the participants in relation to their economical and physical needs are elucidated.

5.2.3 Socio-economical and physical needs

The responses obtained for each of the questions in this section of the interview protocol are now reported. The socio-economic and physical needs were also clustered together, as socio-economical needs can cause physical needs.

Question 1

Do you have enough money for school, food, clothes, toiletries and medicine?

The first theme that was identified from the responses is:

Theme 1: Lack of basic needs and resources

According to the responses, most of the learners do not have enough money for their daily needs and are struggling to survive (cf. C:1, C:2, C:4, C:5, C:6, C:9-19, C:22-33, C:35, C:39, C:40-42): *“we sometimes sleep without food, the clothes I’m wearing are from my other family, sometimes we ask for pieces of soap and cook them to make soap, our life is difficult”* (cf. C:22) and *“(there is) no money for my brother to go to a doctor* (cf. C:40). A few of the orphans receive a grant (cf. C:34, C:35, C:42, C:43), rely on the pension of their grandmother (cf. C:20; C:34, C:41), receive money from their brothers (cf. C:4, C:20, C:42), uncles (cf. C:21; C:31), sister (cf. C:26), or aunt (cf. C:38). Two of the participants indicated that they do not know if there is enough money for them to survive: *“I don’t know if the money that our father left us will last us for how long, but now we do have money for our needs”*, and *“I don’t know if there is enough money or what because I don’t struggle”* (cf. C:3, C:8). A number of the participants said that they have enough money for their needs (cf. C:7, C:20, C:21, C:34, C:36, C:37, C:38, C:43).

It appears that the majority of the participants lives in poverty, which corresponds with what the literature reveals regarding the poor socio-economic conditions in which HIV and Aids orphans find themselves (Yamba, 2003:75; Atobra, 2004:4; World Health

Organisation, 2004:47; Kartell, 2005:228; Davids *et al.*, 2006:42; German, 2006:150; Jooste *et al.*, 2006:65; Munyati *et al.*, 2006:18; Tsheko *et al.*, 2007:23) (cf. 2.4.1, 2.4.2, 3.2, 3.4).

Most of the HIV and Aids orphans appear to be vulnerable and struggle to survive because they do not have enough money to fulfil their daily needs. Lack of basic needs could become the root of other problems faced by the HIV and Aids orphans if not addressed. This could lead to them not being able to afford clothing, medical care and proper nutrition. Living in such deprived conditions can in turn cause psychosocial and emotional problems related to hopelessness, loss of dignity and self-respect (Bellamy, 2003:224 (cf. 3.4). As reported by the literature, severe problems related to physical growth, illnesses and malnutrition (Coombe, 2000:154; Bellamy, 2003:79) (cf. 3.6) were not reported by the participants, but might need to be investigated in follow-up studies.

A second theme derived from the responses refers to need fulfilment by guardians/family members.

Theme 2: Basic need fulfilment by guardians/family members

From the responses obtained, it became clear that the guardians/family members of the participants try their best to fulfil in the basic needs of the orphans. The following responses were noted: *“yes, my grandmother is earning pension fund and my brother gives us money every month”* (cf. C:20), *“Yes, my uncle is doing everything for us”* (cf. C:21), *“my grandmother receive government pension of R940.00 and we also receive R650.00 grant money is enough for two of us to do what we need”* (cf. C:34), and *“we have money to fulfil our needs, my aunt is working at the Department of Correctional Services”* (cf. C:38).

In support of the viewpoint of Le Roux (2002:10) (cf. 2.3), the HIV and Aids orphans who took part in the study live with elderly relatives who have to support them on meagre pensions.

Question 2

Do you have to do extra work for money? What do you do? When do you do the extra work?

The following theme was identified from the responses to question 2.

Theme 1: Additional work and responsibilities to earn money

Most of the participants indicated that they are not working while some are too young to work (cf. C:22, C:29). A few of the participants do additional work to earn an extra income to buy food, electricity, clothes and to pay for school needs (cf. C:6, C:10, C:11, C:19, C:27). Some of the additional jobs that the participants do are: *“on Saturday I’m working at the restaurant”* (cf. C:6), *“do washing for R70”* (cf. C:10), *“loading and unloading drums”* (cf. C:11), *“working at the tuck shop”* (cf. C:19), *“cut grass for people and they pay me R30, R50 it depends how big is the yard”* (cf. C:33) and *“wash taxis on Saturday”* (cf. C:27).

The fact that a number of the participants have to earn an additional income, with little reward, links with the literature that highlights the fact that HIV and Aids orphans often have to take on additional responsibilities in their free time to earn money to support them in providing for their basic needs (Foster & Makufa, 1995:28; Giese *et al.*, 2002:1; Donald & Clacherty, 2005:21-28) (cf. 2.4.7, 2.4.8, 2.4.10, 3.4).

In response to the lack of needs, it seems reasonable to conclude that some of the orphans in the context of the study, resort to work in order to earn money to uplift their poverty stricken circumstances in order to avoid that poverty poses limitations on their future aspirations (Thom *et al.*, 2001:397; UNICEF, 2004:25 (cf. 3.6). In this regard earning money becomes a protective source to counteract the risk of living in poverty.

Question 3

What do you do with the extra money that you earn?

Based on the discussion of the responses obtained to question 3, the following theme emerged from the data.

Theme 1: Earning money as a protective resource to improve the own living conditions and those of the family

In order to relieve their poverty, a few of the HIV and Aids orphans do additional work to earn an income with which they support their basic needs and school needs. This indicated that they do not resort to helplessness, as indicated by German (2006:154) (cf. 2.4.3), but try to improve their living conditions. The following responses were noted: *“I buy food, clothes and pay for my brother and sister’s school needs”* (cf. C:6), *“the money that I earn there I buy electricity, food and clothes”* (cf. C:11), *“at the bank I have more than R1000.00, I hope the money will help me for registration next year”* (cf. C:10) and *“I bank R100.00 every month”* (cf. C:33) and *“when I come back I give my aunt R40.00”* (cf. C:10).

In summary, Table 5.11 compares the socio-economic and physical needs as derived from the interview responses with the socio-economic and physical needs as highlighted by the literature review.

Table 5.11: Socio-economic and physical needs

Interview responses	Literature review
Lack of basic needs, food, clothes and resources	Poverty
Additional work and responsibilities to earn money – little reward	Lack of money
	Poor health
	Poor medical care
	Malnutrition
	Child labour for little reward
	Lack of resources: electricity, food, shelter
	Sexual abuse

In summary, the responses indicate that the participants who took part in the study experience biological poverty and relative poverty because they are not living comfortable lives. Finally, they also experience official poverty due to low income that make them eligible for welfare benefits (Donald & Clacherty, 2005:28) (cf. 3.4). It is clear from the responses of the participants that they experience similar socio-economic and physical needs that HIV and Aids orphans in general experience, as highlighted by Yamba (2003:75), Atobra (2004:4), Kartell (2005:228), Munyati *et al.* (2006:18), Davids *et al.* (2006:42) and Tshenko *et al.* (2007:23) (cf. 2.4.2, 3.4). The orphans did not

explicitly mention aspects such as poor health, inadequate medical care and malnutrition as needs (Bennell *et al.*, 2002:43; Shisana & Simbayi, 2002:64) (*cf.* 2.4.2). However, one could assume that, in the absence of money and a lack of basic needs, the orphans in the Fezile Dabi Region might also be faced with poor medical care and malnutrition (De Witt & Lessing, 2005:20) (*cf.* 2.4.2). The responses of the participants also did not reveal health problems that compromise their development (Andrews *et al.*, 2006:274) (*cf.* 3.5). Sexual abuse and exploitation for financial reward by others was not detected among the responses of the participants (Loenig-Voysey & Wilson, 2001:105) (*cf.* 2.4.9). Based on the responses, I argue that earning money to improve living conditions and those of the family could become a protective source in the lives of the participants who took part in the study.

In the following section, the responses of the participants in relation to their educational needs are elucidated.

5.2.4 Educational needs

The responses obtained for each of the questions in this section of the interview protocol are now reported.

Question 1

Do you attend school regularly? If not, why not?

The responses to question 1 revealed that in general the participants were not negative to attend school.

Theme 1: Positive attitude and motivated to attend school

From the responses obtained, many of the HIV and Aids orphans attend school regularly. Only two of the participants appear not to attend school regularly, one due to illness; *“sometimes I have to be absent due to my illness”* (*cf.* D:29) and the other due to a cleanliness problem: *“I sometimes don’t go to school when we don’t have soap to wash my uniform or to wash myself I don’t want to go to school dirty”* (*cf.* D:35). The latter two responses are in line with the literature where it is indicated that HIV and Aids orphans are less likely to attend school than those who have not lost their parents (Sahara, 2002:93) (*cf.* 3.5) due to having no money to buy detergents for washing their

clothes (Bennell *et al.*, 2002:43) (*cf.* 3.5) or due to illness (Sahara, 2002:4; Munyati *et al.*, 2006:8) (*cf.* 2.4.1; 2.4.7). What is encouraging from the responses is the fact that many of the participants appear to be motivated to go to school, which could be attributed to the fact that they receive adequate care and support from their guardians/family (*cf.* 5.2.2) in order to be able to attend and cope with school. This assumption is supported by the positive responses obtained in relation to the question as to whether the participants are satisfied with their living conditions at their guardians' homes (*cf.* Table 5.6). These responses clearly do not support the literature where it is indicated that HIV and Aids orphans are less likely to attend school (Sahara, 2002:93; Bellamy, 2003:50) (*cf.* 2.4.5, 3.5) and drop out of school (Phiri & Webb, 2002:62) (*cf.* 2.4.5) and become street children without hope (Guernina, 2004:100) (*cf.* 3.5).

Question 2

Do you enjoy school? Why?/Why not?

The responses obtained for question 2 revealed that the school plays an important role in the lives of the HIV and Aids orphans.

Theme 1: Supportive and protective role of the school

The responses indicated that the majority of the participants enjoy school *inter alia* linked to the following reasons:

- **At school the orphans are provided with food:** *“they give us food during break”* (*cf.* D:18), *“when I’m at school my friends when buying food they buy it for me too”* (*cf.* D:22), *“I know during break we get food”* (*cf.* D:23), *“we get food parcels”* (*cf.* D:24), *“we are getting some food during break”* (*cf.* D:28), *“we get food”* (*cf.* D:33) and *“during break we get food”* (D:41). The schools thus supply a basic need to the orphans.
- **They take part in extra mural activities:** *“there are activities that I’m taking part at such as rope skipping and indigenous games”* (*cf.* D:8), *“participate in extra mural activities”* (*cf.* D:19), *“(I) do different sport to show my talent”* (*cf.* D:30), *“we participate in different sport. I sing for school choir”* (*cf.* D:34) and *“I participate in drummies”* (*cf.* D:42). The participants apparently do not pull back from social activities as indicated by Deininger *et al.* (2002:97) and Rau

(2002:108) (cf. 3.2). Their taking advantage of social opportunities could assist them in coping with psychosocial problems (Rau, 2002:108) (cf. 3.2).

- **They spend a lot of time at school to escape from their living conditions:** *“it is where I spend a lot of time”* (cf. D:17), *“I spend a lot of time there”* (cf. D:24, D:41), *“I spend a lot of time at school that makes me to forget about my problems”* (cf. D:26), *“I spend a lot of time there and I’m able to do homework and study”* (cf. D:10), *“when I’m at school I forget about my problems”* (cf. D:2), *“..... school that makes me forget about my problems”* (cf. D:5), *“it is the place where I forget about my problems”* (cf. D:6), *“I forget about my problems when I’m at school”* (cf. D:15), and *“.....at school that makes me to forget about my problems”* (cf. D:26).
- **At school they are able to learn, talk and learn about life:** *“we talk a lot and learn a lot of things about life”* (cf. D:3), *“we are learning a lot of things”* (cf. D:12), *“we learn lots of things”* (cf. D:36), and *“it is enjoying and we learn a lot”* (cf. D:43).
- **They study and learn together with friends:** *“we are having a study group to assist each other if find it difficult to study alone”* (cf. D:4), *“we are able to learn together with my friends”* (cf. D:21), *“we are able to study during after classes”* (cf. D:36), *“I’m able to study and be with my friends”* (cf. D:38), and *“I’m able to study”* (cf. D:42).
- **They can be with friends and socialize:** *“I enjoy my friends’ company”* (cf. D:7), *“I’m able to socialize with other people”* (cf. D:12), *“we are playing with my friends”* (cf. D:13), *“I am able to play with my friends”* (cf. D:16), *“I meet with my friends”* (cf. D:25, D:28), *“I can play with my friends and do different sport”* (cf. D:30), *“I play with my friend”* (cf. D:32), *“I like to play with other children”* (cf. D:33), *“I’m able to be with my friends”* (cf. D:38), and *“I forget about my problems I’m able to socialize with other children”* (cf. D:39).
- **Teachers provide support and teach moral and values:** *“teachers teach us morals and they all give us support”* (cf. D:34), *“teachers guide us and also teach us values”* (cf. D:37), *teachers are able to assist us through difficult times”* (cf. D:27), *“I get support from my teachers”* (cf. D:29), and *“I receive love and support from my teachers”* (cf. D:40).

Negative responses emerged from two participants who feel that they are different from other children at school (cf. D:31, D:35). Participant 35 indicated: *"I feel different to other children, they come to school with pocket money I don't, they have complete uniform, I don't"*. Although not completely in line with the argument of Bennell *et al.* (2002:43), the latter response could point the fact that inadequate clothing, could in the long run become a major reason for HIV and Aids orphans to miss school (Bennell *et al.*, 2002:43).

The positive responses obtained are noteworthy, as they are in contrast with what the literature indicates namely that HIV and Aids orphans appear to be poorly motivated. Bhargava and Bigombe (2002:68) and Deininger *et al.* (2002:110) (cf. 3.2) report restricted ambition as a major challenge faced by HIV and Aids orphans. In addition to this, Deininger *et al.* (2002:110), Sahara (2002:4, 93) and Delva *et al.* (2005:3) (cf. 2.2, 2.4.7, 3.2) highlight the abandonment of studies as major educational challenges faced by HIV and Aids orphans.

Furthermore, the responses emphasize the important role that the school can play in assisting and supporting HIV and Aids orphans with regard to their emotional and socio-economic needs. Rau (2002:10) supports the aforementioned finding (cf. 2.4.4), and indicates that schools become bolsters to the psychosocial well-being of HIV and Aids orphans.

Almost all the participants attend school regularly and they enjoy going to school because they forget about their problems are able to learn and study, enjoy friends' company and participate in different activities. They also enjoy school because even when they do not have food at home they get food during break. The school thus appears to be a protective resource for emotional, social and physical needs.

Question 3

Do you experience problems at school? If you do, what are they?

From the responses obtained regarding educational needs as reflected in the discussion of the responses to question 3, the first major theme that emerged is:

Theme 1: School-related problems

Although a number of responses obtained indicate that there are learners who do not experience problems at school, a few responses reported school-related problems (cf. D:5, D:6, D:9, D:15, D:20, D:22, D:23, D:24, D:25, D:27, D:31, D:35, D:39). The following problems were mentioned: *“when teachers need something or call parents to discuss our work no one is coming for me”* (D:5), *“I sometimes go without wearing a school uniform because the school uniform is dirty and we don’t have soap to do washing (cf. D:22), or “sometimes go to school without homework done and that makes my teachers angry”* (D:6) or *“teachers are not happy the way I do school work. I experience problems in other learning areas”* (cf. D:15), *“I experience a language problem”, “.... absentees and poor performance at my work”* (cf. D:9, D:35), *“I am unable to study I had to go to assist my uncle’s wife with cleaning the house”* (cf. D:31), *“I had a problem with other subjects and that makes other teachers to dislike me”* (cf. D:20), *“I struggle to get what is needed at school “* (cf. D:25), and *“when there is something needed at school I always don’t have”* (cf. D:39).

As the majority of the responses indicated that the learners do not experience problems at school, their responses do not correspond with the viewpoints of Coombe (2000:66), Hunter and Williamson (2000:84), Rau (2002:69), Boler and Carroll (2003) and UNICEF (2004:26), who assert that HIV and Aids orphans experience the following problems related to education: they do not cope at school and suffer learning breakdown (cf. 3.5). What is clear from the responses is that socio-economic needs can definitely impact on learners not having adequate clothing or necessities for school, and that emotional needs related to a lack of support and care impact on their not having a parent to represent them at school.

From the responses obtained regarding educational needs as reflected in the discussion of the responses to question 3, a second theme emerged.

Theme 2: Feelings of discrimination

Some signs of discrimination and stigmatization (being treated differently) as identified by Dane & Levine (1994:129), Loening-Voysey & Wilson (2001:106) and Yamba (2003:77) (cf. 2.2, 2.4.3; 2.4.6), are also noted among a few of the responses, which could become psychological stressors in the lives of HIV and Aids orphans: *“the*

problem is with children who are always teasing me and making me feel different from other children” (cf. D:23), “when it is a day to wear civvies I’m always absent because I don’t have anything to wear” (cf. D:24), “other children treat me differently because they know I’m an orphan. During civvies they laugh at me because I don’t wear expensive clothes” (cf. D:27).

Question 4

Are you motivated to work hard? Why?/Why not?

From the responses obtained regarding educational needs as reflected in the discussion of the responses to question 4, the following major theme emerged.

Theme 1: Future dreams and ideals

The participants indicated that most of them are motivated and need to work hard in order to achieve and be educated to become independent and successful in life. It was inspiring to note how positive and motivated the participants are regarding their schoolwork. Their positive attitude is motivated by the following responses: they are motivated to work hard because they want to be *“successful in life”* (cf. D:1, D:6, D:13, D:21, D:25, D:27, D:28, D:35), *“to be educated”* and have *“a good life”* (cf. D:2, D:8, D:9, D:12, D:15, D:16, D:18, D:19, D:34, D:37, D:39, D:40, D:41, D:43), *“to achieve my dreams”* (cf. D:3), *“go to university to further my studies”* (cf. D:4), *“to be independent in life”* (cf. D:5), to *“live a decent life”* (cf. D:10), to achieve goals: *“I want to achieve my goal”* (cf. D:17), *“I want to see my goal of being a social worker”* (cf. D:23), *“to be successful in life by achieving my goals”* (cf. D:27), *“to be able to achieve in life”* (cf. D:30), and *“I want to achieve my goal”* (cf. D:38).

A few of the participants indicated that they would like to pass Grade 12: *“to pass Grade 12 and to go to the university to further my studies”* (cf. D:4), *“complete Grade 12 and be independent in life”* (cf. D:5) and *“complete Grade 12 and apply for a job”* (cf. D:26).

A second theme that was identified from the responses is:

Theme 2: The purpose of having future dreams and ideals

The participants have future dreams and ideals to be educated as they indicated that they would like to have money to buy a car and a home and to assist their siblings and

family. Their responses indicated the following: *“I want to have money to buy myself a car and a nice house”* (cf. D:7), *“to have money and leave my aunt’s place”* (cf. D:10), *“have my own money”* (cf. D:11), *“to be able to buy a house”* (cf. D:15), *“(to) be able to assist my uncle if he need it”* (cf. D:21), *“be able to achieve and have money”* (cf. D:24), *“to have a nice car, have a big house that will accommodate all my family”*, (cf. D:31), *“I want to have a lot of money”* (cf. D:32), and *“to be able to support my brothers and sisters”* (cf. D:43), *“to assist my uncle”* (cf. D:21), *“to be a good exemplar to other orphans”* (cf. D:21), *“apply for a job which will make me to be able to assist my sister”* (cf. D:26), *“to be able to get what I want, to drive nice car, have a big house that will accommodate all my family”* (cf. D:31), *“to live a better life”* (cf. D:35), *“to be able to take care of my brothers and sisters and “I also want to have a house that has electricity, water and toilets”* (cf. D:39), and *“.....educated to buy my brother healthy food he need and to buy him good medication”* (cf. D:40). Only one learner does not feel that hard work will be beneficial, as he is *“going to die”* (cf. D:29).

The fact that most of the participants indicated that they need to work hard does not confirm what literature says, namely that orphanhood may impact negatively on motivation and ambition to achieve further studies (Coombe, 2000:36; Sahara, 2002:93; Bellamy, 2003:19) (cf. 3.5). Based on the responses obtained, I argue that the HIV and Aids orphans who took part in the study do not have a low self-esteem and are not characterized by heart-rendering helplessness as asserted by Guest (2001:80) (cf. 2.4.5).

In summary, despite their adverse circumstances, I argue that the participants appear to be extremely resilient and are striving to improve their situation by obtaining a proper education. My argument supports the views of Schoon and Bynner (2003:26-27), who argue that deficits of a vulnerable population or individual are sometimes emphasized so much that one does not reckon with the strengths/assets within that population or individual which can contribute to the resilience of that population or individual (cf. 2.4.9).

Noteworthy, is the caring attitude of the participants that emerged from the data. A number of them are concerned about improving their living conditions to the benefit of their other family members as well.

Question 5

How is your academic performance? Are you satisfied? Do you think you can perform better?

From the responses obtained regarding educational needs as reflected in the discussion of the responses to question 5, the following major theme emerged.

Theme 1: Satisfactory academic performance

From the data obtained, some of the participants assert that their academic performance is “good” (cf. D:2, D:4, D:5, D:7, D:8, D:10, D:11, D:14, D:16, D:17, D:18, D:21, D:22, D:23, D:24, D:25, D:26, D:32, D:33, D:36, D:37, D:38, D:39, D:40, D:41, D:42, D:43), and a few indicated that they are “satisfied” with their performance (cf. D:1, D:3, D:12, D:19, D:23, D:24, D:28, D:30, D:34, D:37, D:38, D:39), that “*I will pass Grade 12 with flying colours*” (cf. D:3), “(I am) *doing well because after school before I go home we study with my friends and do homework* (cf. D:22), and “*I don’t give up if I don’t know something and I can do better through hard work and by asking for help*” (cf. D:27).

A second theme relates to unsatisfactory academic performance.

Theme 2: Unsatisfactory academic performance

A number of the participants who are not satisfied with their performance believe that if they can receive help and assistance with their school work, food and financially, they can perform better (cf. D:6, D:9, D:15, D:19; D:20, D:27, D:29, D:31, D:35): “*I can perform better if I can’t lose my focus and if we can have enough food as I sometimes go to school hungry that makes it difficult for me to focus in class*” (cf. D:31). It is clear from the latter group of participants that an absence of security, peace of mind and love possibly contribute to their experiencing poor academic performance and possible learning breakdown as indicated by Coombe (2000:66), Hunter and Williamson (2000:84) and Boler and Carroll (2003) (cf. 1.1, 3.5). This response could also support the fact that some of the participants indicated that they are repeating a school grade (cf. Table 5.4).

In summary, the academic school performance of the majority of the participants appears to be in order and they indicated that they are satisfied with it. This could

possibly be attributed to the aspirations they have regarding their future careers as explained in the responses to question 7, that motivate them to make a success of their schooling careers and become self-actualized human beings. In contrast to the viewpoint of De Witt and Lessing (2005:15) (cf. 3.7), it also appears as if the HIV and Aids orphans who took part in the study have sufficient security that their guardians most probably provide, in order to have an interest in the future. The participants however remarked that they need support with regard to time to study, being able to study (which could refer the need of being equipped with study skills) and assistance with their academic performance. In my point of view, these responses signal their seriousness and commitment to their academic success

Question 6

Do you have enough time to do your homework and study for tests? If not, why not

From the responses obtained to question 6, the following major theme emerged.

Theme 1: Commitment to school work

A number of participants pointed out that they do have time to do their homework (cf. D:1-21, D:23, D:24, D:25, D:26, D:30, D:32, D:34-43). A few of the participants indicated that they do not have time to do their homework (cf. D:10, D:15, D:22, D:27, D:31), due to various reasons such as: *“I don’t have enough time to do my homework at home, I do my homework at school when I arrive home I had to clean and cook”* (cf. D:10), *“I can do my homework when my brother is not home, and he is always drunk”* (cf. D:15), *“When I had to study at night my grandmother tell me that w have to save electricity as we don’t have enough money to buy it”* (cf. D:22), *“I don’t have enough time because after school I have to clean up the house and do the cooking for my grandmother and grandfather”* (cf. D:27), *“the place is too small and it doesn’t have electricity to be able to study at night”* (cf. D:31) and a few of the participants do additional work to earn money (cf. 5.2.3).

It appears that most of the participants are not occupied with numerous additional responsibilities at home or take up additional jobs that take up too much of their time that deprive them of time to spend on their studies, which is highlighted as a problem among HIV and Aids orphans related to the lack of socio-economic resources, by Jooste *et al.* (2006:65), Munyati *et al.* (2006:18) and Tsheko *et al.* (2007:23) (*cf.* 2.4.2). Noteworthy is also the fact that the participants appear to be willing to do their homework, but would appreciate a more conducive learning environment

Question 7

Do you have a goal that you would like to achieve? What do you need to achieve this goal?

From the responses obtained regarding educational needs as reflected in the discussion of the responses to question 7, the following major theme emerged.

Theme 1 : Career plans

All the participants have plans for the future, which they wish to achieve. This implies that they are striving toward self-actualization: they want to be “*teachers*” (*cf.* D:2, D:8, D:16, D:311, D:34, D:35, D:38), “*nurses*” (*cf.* D:3, D:12, D:42), “*flight attendants*” (*cf.* D:4), “*psychologists*” (*cf.* D:5, D:11), “*police officers*” (*cf.* D:6, D:14, D:26, D:35, D:39, D:42), “*social workers*” (*cf.* D:9, D:21, D:22, D:27, D:28, D:31, D:36, D:40), “*civil engineers*” (*cf.* D:10, D:24), “*doctors*” (*cf.* D:1, D:11, D:12, D:20, D:23, D:32, D:33, D:34, D:37, D:41, D:43), “*lawyers*” (*cf.* D:13, D:19, D:25), “*pilots*” (*cf.* D:15), “*psychologists*” (*cf.* D:5, D:11), “*traffic officers*” (*cf.* D:17), “*mechanical engineers*” (*cf.* D:18), *engineer* (*cf.* D:30) and “*counsellors*” (*cf.* D:16, D:29).

The aforementioned responses are not in line with the argument of Deininger *et al.* (2002:110) and Sahara (2002:93) who assert restricted ambition as common among HIV and Aids orphans. Linked to this argument, Khoza and Xhakaza (2003:33-34) (*cf.* 3.5) mention that HIV and Aids orphans seldom reach their maximum potential. Against the background of the positive responses of the participants and their commitment to achieve their goals, it could be argued that they are determined to achieve their maximum potential. Furthermore, in support of the caring nature that was detected

among the responses of the participants in a previous response (cf. 5.2.4 Question 4), a number of the participants asserted that they would like to assist people who are hurt and in need of help through their occupation, in particular people with HIV and Aids, through their occupation. A second theme related to the caring nature of the participants was identified from the responses, namely service to the community.

Theme 2 : Service to the community

In this regard, examples of some of the responses are *“I want to be a doctor to be able to assist people who I affected by HIV and Aids, maybe I will find a cure for it....”* (cf. D:1, D:20), *“if I become a teacher I will be able to teach other children about HIV and Aids....”* (cf. D:2), *“Yes, I like to be a nurse to help people with HIV and Aids....”* (cf. D:3), *“I want to be a psychologist to be able to assist people who are infected or affected by HIV and Aids”* (cf. D:5), *“I want to be a lawyer to help people that are hurt/abuse”* (cf. D:19) and *“I want to be a social worker to be able to assist children who are in need...”* (cf. D:21).

A third theme that was derived from the responses relate to the prerequisites that the participants mentioned that would enable them to achieve their goals.

Theme 3 : Prerequisites to achieve goals

In order to achieve their goals, the participants mentioned the following prerequisites:

- **Money or a bursary:** a few of the participants emphasised the importance of money to achieve their goals (cf. D:1, D:4, D:7, D:14, D:16, D:17, D:19, D:23, D:24, D:25, D:27, D:28, D:39, D:40, D:41, D:43). In this regard examples of responses that were received are: *“I want to be a doctor to be able to achieve I will need money”* (cf. D:1), *“I will need money or a bursary to achieve my goals”* (cf. D:4), *“to be accountant I had to have money or get a bursary”* (cf. D:7), *“If my results could be good I will be able to get a bursary to further my studies”* (cf. D:10), *“If I study hard I will be able to get a bursary, that is what I need to achieve”* (cf. D:22), and *“to achieve my goal I need a bursary”* (cf. D:36).
- **Hard work:** in addition to money and bursaries, some of the participants (cf. D:2, D:4, D:5, D:11, D:12, D:14, D:16, D:18, D:21, D:22, D:28, D:29, D:29, D:32, D:34, D:35, D:39), acknowledged the role of hard work in achieving goals. Their

responses revealed the following: *“to be able to achieve these I have to work harder”* (cf. D:2), *“I will achieve these goal if I continue to work hard”* (cf. D:11) and *“I will achieve this goal as I’m a hard worker”* (cf. D:21).

- **Complete Grade 12:** In order to achieve their goals, the participants (cf. D:6, D:8, D:20, D:25, D:26, D:42) indicated their awareness of the fact that they need to complete Grade 12: *“to achieve these goal because what is needed is Grade 12”* (cf. D:6), *“if I can pass Grade 12 I will be able to achieve the goal”* (cf. D:8), *“I will achieve this goal if I complete Grade 12”* (cf. D:20), *“if I pass Grade 12 with flying colours I will be able to get a bursary”* (cf. D:25), *“I hope I will achieve the goal as it only requires Grade 12”* (cf. D:26) and *“I will achieve my goal by completing Grade 12”* (cf. D:42).

In summary, all the orphans have plans for distinct occupations, which highlight the fact that they have ambition and are motivated to reach their maximum potential. In addition to this, it is noteworthy to mention that many of the participants indicated that they want to improve their own living conditions as well as the living conditions of their families, or assist other people who are hurt and in need of help.

It seems as if the support structure that the school fulfils, provides the participants with a protective resource to combat the risks imposed by their negative emotions, the lack of parental care and love, and their fear about the future (Masten, 2001:227-238) (cf. 2.4.12). They aspire to obtain a good quality education and have ambitions and goals in terms of their future careers that they would like to achieve. Furthermore, it appears as if the hardships that their family members are also faced with, inspire them, in spite of their own difficulties, not to give up or to become street children without hope or opportunity (Staff Reporter, 2003:13) (cf. 3.1) who resort to substance abuse to block out problematic experiences (Bray, 2003:54) (cf. 3.3). This observation corresponds with the views of De Witt and Lessing (2005:15) who argue that the tensions created by needs inspire people to move toward achieving their goals to satisfy their needs.

Question 8

Do you worry about your future? Why?

Based on the responses obtained for question 8, the following theme is identified:

Theme 1: Fear/insecurity regarding survival and the future

Many of the participants worry about their future and whether they will achieve their goals and find a job in the absence of financial means to further their studies (cf. D:2, D:5, D:6, D:7, D:10, D:11, D:13, D:19, D:22, D:24, D:25, D:27, D:29, D:30, D:31 D:34, D:35, D:37, D:38, D:39, D:40, D:41, D:43).

The responses indicated the following fears and insecurities:

- **Fear to fail** (cf. D:1, D:10, D:11, D:31, D:37). The responses of the participants *inter alia* revealed the following: *"I will start to be worried when I fail to go to university"* (cf. D:1, *"yes, I become worried if I don't do well how will I survive because I want to see myself out where I live"* (cf. D:10), *"I become worried that if I don't do well what is going to happen about my future"* (cf. D:11), *"if there is something that will disturb me will make me to repeat a grade and I don't want to see that happening"* (cf. D:37).
- **Not being successful** (cf. D:5, D:6, D:27, D:43). Responses in relation to not being successful revealed the following: *"I sometimes worry on whether I will be able to be successful in life"* (cf. D:5), *"I worry about my future because I don't know if my application will be successful, I ask myself that if they don't hire me how I we going to survive"* (cf. D:6), *"if I can really achieve my goal"* (cf. D:27), *"I ask myself if I don't be able to succeed how will I survive"* (cf. D:43).
- **Not having enough money to further studies** (cf. D:13, D:30, D:38, D:41). The responses of the participants related to the following regarding not having enough money: *"I worry if I will have enough money to further my studies"* (cf. D:13), *"I'm scared that I'm going to have a financial problem"* (cf. D:30), *"if I don't get the money to further my studies what will happen with my future"*, *"will I manage to have enough money. Will I be able to further my studies"* (cf. D:38), and *"I worry that if I don't get enough money to further my studies what is going to happen to me"* (cf. D:41). In line with the literature, the responses indicate that

the orphans realise that their poverty-stricken circumstances could impose limitations on their future aspirations (Bellamy, 2003:220) (*cf.* 3.4).

Worrying about the future is indicated as a psychosocial need experienced by HIV and Aids orphans (Foster & Levine, 2005:53) (*cf.* 3.2). Worrying about whether they will be successful in life could possibly be linked to a lack of confidence and low self-esteem noted, which are cited as psychosocial needs that impact on the lives of HIV and Aids orphans (Guest, 2001:80; Bhargava & Bigombe, 2002:68) (*cf.* 2.4.5; 3.2). With regard to the aforementioned, a lack of confidence and low self-esteem were not identified among the participants' responses.

The responses of the participants pointed to the fact that a lack of money impacts on them not having the necessities they need for school, which could be regarded as risk factors in the context of their education. However, as argued by Mwamwenda (2004:84 (*cf.* 3.7) the orphans who took part in the study appear not to be negative towards learning and knowledge acquisition due to their lack of basic needs.

In summary, Table 5.12 compares the educational needs as derived from the interview responses with the educational needs as highlighted by the literature review.

Table 5.12: Educational needs

Interview responses	Literature review
Unfulfilled socio-economic and emotional needs	Poor attendance
Unable to study	Do not cope at school, difficulty in grasping and applying knowledge
Lack of time to study	Drop-out
Feelings of being treated differently	Limited time for study
More assistance needed with academic performance	Reduced access to education
Language problems	Learning breakdown
Insecurity regarding survival and the future	Difficulty in assimilating new material
	Low self-esteem
	Abandon studies
	Poor concentration and attention problems

The responses obtained for the questions related to educational needs did not support the findings from the literature review, which mainly relate to not coping and abandoning studies. In contrast to these findings, the participants who took part in the study appear to be motivated to continue their studies as they have a career plan in mind, irrespective of the psychosocial, emotional and socio-economic challenges and needs they are faced with. Based on the responses, I conclude that the school plays a strong supportive role in assisting the orphans with socio-economical and emotional needs and contributing to their being resilient.

Based on the responses, it is important to note that the participants might lack study skills, need assistance to enhance their academic performance and require support to overcome language barriers to learning.

In the following section the responses of the participants in relation to the support structures that are at their disposal, are clarified.

5.2.5 Support structures

Question 1

Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much it is?

From the responses obtained regarding support structures as reflected in the responses to question 1 the following major theme emerged.

Theme 1 : Governmental support

The responses show that many of the participants receive support grants and their guardians or relatives are the ones who receive it on their behalf. The following participants reported that their **uncle's wife** receives the money on their behalf: *"my uncle's wife receive it for me and she use the money to buy electricity, food and clothes"* (cf. E:1), *"my uncle's wife is the one who is receiving grant for me...she use the money to buy us clothes and food and she save R100.00 for me"* (cf. E:12), and *"my aunt is the one who receive it and she use the money to buy us food, clothes and furniture"* (cf. E:3). A few participants indicated that their **grandmothers** receive the money on their behalf (cf. E:5, E:13, E:14, E:17, E:22, E:24, E:27, E:29, E:32, E:33, E:35, E:38, E:39, E:41, E:43). Two participants reported that their **sisters** receive the money for them (cf.

E:8, E:16) and two indicated that their **brothers** collect the money on their behalf (cf. E:19, E:40). A number of the participants indicated that they do not know how much the grant is: (cf. E:24, E:29, E:31, E:32, E:35, E:39, E:41). In support of the viewpoint of Atobra (2004:70) (cf. 2.5.3.2.3) the grandmothers of the participants are mainly responsible for taking care of the orphaned children.

The money is used to buy “food”, “clothes”, “pay for school tours” or “electricity” (cf. E:1, E:7, E:8, E:12, E:13, E:14, E:19, E:22, E:24, E:27, E:29, E:3, E:32, E:33, E:35, E:36, E:38-41, E:43): “she use the money to buy food and sometimes she buy clothes for us” (cf. E:5), “she buy food and clothes” (cf. E:13), “she use the money to buy food and clothes for me” (cf. E:24), “she use the money to buy food, electricity and clothes for me” (cf. E:29), “she buy us clothes, give me pocket money and pay for school tours” (cf. E:8), “he buys clothes with the money” (cf. E:19), and “he buys food and clothes with it” (cf. E:39).

A number of the participants do not receive grants (cf. E:2, E:4, E:6, E:9, E:10, E:11, E:15, E:17, E:18, E:20, E:21, E:23, E:25, E:26, E:28, E:30, E:34, E:37, E:42) and many have applied for grants but have not yet received the grants. They do not know why they are not receiving the grant (cf. E:9, E:18, E:20, E:23, E:26, E:28, E:30, E:34). A number of the participants are also aware that they receive a grant of R650.00 per month (cf. E:24, E:29, E:31, E:32, E:35, E:39, E:41).

It is clear from the responses that formal government intervention in the form of social grants (Sloth-Nielsen, 2004:3) (cf. 2.5.2.1) are accessed by many of the orphans. It is, however, disconcerting that many of the participants still do not receive a child support grant. This could also be attributed to the fact that the participants might not be aware of how to go about following-up on the issuing of their grants, or do not have anybody to pick up the money for them (Sloth-Nielsen, 2004:3) (cf. 2.5.2.1). In this regard, the guidelines that are formulated will assist the participants with ways to solve this problem.

Government allocates social assistance in form of money, which is given to caregivers who look after the HIV and Aids orphans (Danziger, 1994:905) (cf. 2.5.2.1), and the participants confirm what the literature says, as most of the guardians of the orphans receive these grants on their behalf. In support of Danzinger (1994:912) (cf. 2.5.2.1), they use the money mostly to buy food and clothes and some use it to buy electricity.

Question 2

How do the community, church and neighbours support you?

Based on the responses, many of the participants do not receive any support from the community. Those who do receive support from the community, receive it in the form of *“food”, “clothes”* and *“moral support”* (cf. E:5, E:8, E:14, E:17, E:22, E:25, E:28, E:37, E:39).

The first theme derived from the responses concerns the socio-economic support from the community, church and neighbours.

Theme 1 : Socio-economic support by the church, community and neighbours

Some of the participants receive support from the church in the form of *“clothes”, “food”* and *“blankets”* (cf. E:2, E:5, E:7, E:10, E:11, E:12, E:14, E:15, E:16, E:17, E:22, E:23, E:25, E:26, E:28, E:29, E:30, E:32, E:39, E:32, E:39, E:43), as highlighted in the following responses: *“the church help us by giving us clothes”* (cf. E:2), *“the church and the community they support us by giving us food parcels”* (cf. E:5), *“the church help orphans with clothes”* (cf. E:15), *“the church help orphans with food”* (cf. E:23), *“the community and church they sometimes give us food parcels”* (cf. E:22), , *“yes, by giving us food during community campaigns”* (cf. E:28), *“the church gives us food, clothes, blankets....”* (cf. E:29), *“the community and the church support us with food”* (cf. E:37), *“when there is no food our neighbours is helping us”* (cf. E:7), and *“our neighbours sometimes give us food”* (cf. E:23).

Maqoko and Dreyer (2007:63) (cf. 2.3, 2.5.3), also highlight the supportive role of the church as evidenced in the responses of the participants.

A second theme that was derived from the responses to question 3 is:

Theme 2 : Emotional support by the community, neighbours and church

The emotional support provided by the community, neighbours and church was characterised as follows by the participants: *“the neighbours and church supported us when my parents died they used to come and see how we are, what assistance we need”* (cf. E:3), *“the community give us support by encouraging us when we had problems”* (cf. E:17), *“the community helps....and encouragement about life and the*

church by guiding me and teaching me that everything in life God has a purpose for it” (cf. E:25), “the church support us by giving moral support and praying for us” (cf. E:33), and “the church teach us good values” (cf. E:39).

In line with what is highlighted by the literature regarding the role of informal community intervention to support the needs of HIV and Aids orphans, it appears that many of the community members in the Fezile Dabi Region support the orphans concerning the socio-economic and emotional needs that they experience (Atobra, 2004:66; UNAIDS, 2004:36) (cf. 2.5.2.5). Based on the responses, and in line with the viewpoint of Whiteside (2000:14-15) Maqoko and Dreyer (2007:63) (cf. 2.5.3.2, 2.5.3.2.4), community care seems to be a reality in the lives of a number of the HIV and Aids orphans who took part in the study. It appears that the Fezile Dabi community to a certain extent plays a role in providing a supportive environment to a number of the HIV and Aids orphans in order to make them feel accepted, but stronger efforts are required to provide community support to all of the HIV and Aids orphans.

A large number of the participants however indicated that they do not receive support from the community and churches.

Question 3

How does your school support you?

From the responses obtained regarding support structures as reflected in the discussion of the responses to question 3, the following major theme emerged.

Theme : Socio-economic support by the school

The responses revealed that the school plays a prominent role in supporting the HIV and Aids orphans with regard to some of their socio-economic needs (cf. E:1, E:2, E:7, E:12, E:14, E:16, E:19, E:23, E:28, E:31, E:32, E:33, E:35, E:39, E:40). The responses of the participants indicated the following: *“the school is giving us food parcels” (cf. E:1, E:2), “the school gives us food” (cf. E:14), “the school supports us by giving us food parcels” (cf. E:19), “giving orphans food parcels and blankets during winter” (cf. E:28), “the school supports us by giving us food, clothes and shoes” (cf. E:32), “the school gives us food parcels, shoes, blankets and food during break” (cf. E:12), “the school supports us with food parcels and blankets and shoes” (cf. E:35), “teachers support me*

by giving me money to buy soap to wash my school uniform” (cf. E:22) and “few teachers is helping me with food and money for a doctor” (cf. E:29). These responses support the positive responses related to the protective and supportive role of the school noticed in the responses to question 2 in the previous section (cf. 5.2.4). Furthermore, it also appears that the support of the Department of Education in terms of school-based support is effective (Wood, 2007:59) (cf. 2.5.2.2).

It was disturbing that many of the participants indicated that they do not receive support from their schools (cf. E:4, E:5, E:6, E:8, E:9, E:10, E:15, E:17, E:18, E:20, E:21, E:27, E:29, E:30, E:34, E:37, E:41, E:43).

The data obtained indicated that although a number of the orphans receive socio-economic support from their schools, some orphans do not enjoy this benefit.

A second theme that was derived from the responses to question 3 is:

Theme 2 : Emotional support by the school

With regard to the role of the school in providing emotional support to the HIV and Aids orphans (cf. E:3, E:13, E:22, E:26, E:36, E:38, E:39, E:40), the responses of the participants reported the following: “ *the school helped me when I was depressed and they refer me to school based support team for counselling*” (cf. E:3), “*the school supports us by giving counselling if we are in need of it*” (cf. E:13), “*they listen to my problems if they can assist they assist me*” (cf. E:26), “*the teachers understand my problems*” (cf. E:22), “*the school supports me by listening to my problems and gives me support when I need it*” (cf. E:38), “*the school supports us by giving us support and guidance needed*” (cf. E:36), “*they support us with food and guidance*” (cf. E:39), and “*the school supports me by giving food and advices*” (cf. E:40).

I could not identify literature that clearly delineates the supportive role of the school in relation to the needs of HIV and Aids orphans.

Question4

How do your family and friends support you?

The responses to question 4 revealed pointed to the following central theme:

Theme 1 : Socio-economic, emotional and moral support by the family

Some of the participants indicated that family and friends play a supportive role in their lives by providing assistance with socio-economic needs, as well as emotional and moral assistance (cf. E:2, E:5, E:6, E:13, E:15, E:19, E:23, E:24, E:25, E:27, E:28, E:30, E:32, E:35, E:37, E:38, E:40, E:41, E:43). The data received pointed out that some of the orphans receive help from their family in the form of *“clothes”, “food”, “money”* and *“moral support”* as evident in the following examples of responses: *“other family is helping us by giving food but not always”* (cf. E:2), *“relatives.....they sometimes gives us food”* (cf. E:5), *“my family and friends are supporting us by giving us food”* (cf. E:6), *“my aunt and my cousin are giving me money every month”* (cf. E:11), *“my family and friend they sometimes give us food”* (cf. E:13), *“family help give us food”* (cf. E:15), *“my father’s brother sometimes give me money to buy food”* (cf. E:24), *“my friends sometimes give me clothes and food”* (cf. E:37), *“my family helps me with food, they sometimes five us clothes”* (cf. E:38),

The support mentioned by the participants that they receive from family and friends refer to assistance with schoolwork, listening, encouraging, guiding and care. The following was mentioned by the participants: *“my friends are supporting me with schoolwork”* (cf. E:4), *“my friends I helping me by listening when I need someone to talk to”* (cf. E:8), *“my friends helped me....and encouraging me to study”* (cf. E:25), *“my friend support me by listening and guiding me”* (cf. E:31), and *“the family support us by coming to see how we are doing”* (cf. E:40)

It appears that not all of the participants have friends who play a supportive role in their lives. Only a few of the participants acknowledged receiving support from their friends (cf. E:5, E:7, E:10, E:12, E:14, E:16, E:17, E:20, E:26, E:27, E:29, E:33, E:34, E:36). This observation could possibly be linked to the mistrust that the participants have in their friends, as indicated in section 5.2.2.

In summary, from data obtained, only a few participants indicated that their family does not assist them with their basic needs, while some indicated that the family shows strong support by providing food and money to buy food and by donating clothes to them. Literature confirms that many orphans are satisfactorily cared for and have their basic needs met by their extended family (Smart, 2003:62; Barnett & Whiteside, 2002:217; Foster & Makufa, 1995:28) (*cf.* 2.4.2; 2.3).

Question 5

Is there any other institution/person that supports you? How?

Based on the responses obtained, the participants apparently do not receive any support from other institutions or people in the Fezile Dabi Region, as they indicated being unaware of such institutions or people. It could also be that they are not informed or knowledgeable regarding support from institutions in the Fezile Dabi Region.

From the responses obtained regarding support structures as reflected in the discussion of the responses to question 5 the following major theme emerged.

Theme 1 : Unawareness of institutional support in the community

Not one of the orphans was aware of any institution in their community that supports them (*cf.* E:1-43).

In summary, the responses that emerged regarding the support structures for HIV and Aids orphans in the Fezile Dabi Region in comparison to what the literature reveals, are reflected in Table 5.13 below.

Table 5.13: Support structures

Interview responses	Literature review
Governmental support: social grants	Family support
School support: socio-economic and emotional	Neighbour support
Churches, communities and neighbours support: socio-economic and emotional	Grandparent support
Family support: socio-economic,	Community and foster care
	Government intervention

emotional and moral	
Unaware of other institutional support	

In line with the literature, the responses obtained from the participants indicate that the support that the orphans in the Fezile Dabi Region presently receive relate to formal government support, as well as to informal community support (Russel & Schneider, 2000:32; Johnson & Dorrington, 2001:80; Gow & Desmond, 2002:83; Voysey, 2002:105; Boler & Carroll, 2003; USAID, 2003:5; Atobra, 2004:68; Richter *et al.*, 2004:3; UNAIDS, 2004:36; Meintjies, 2005:57-67; Wood, 2007:57-67) (*cf.* 2.5).

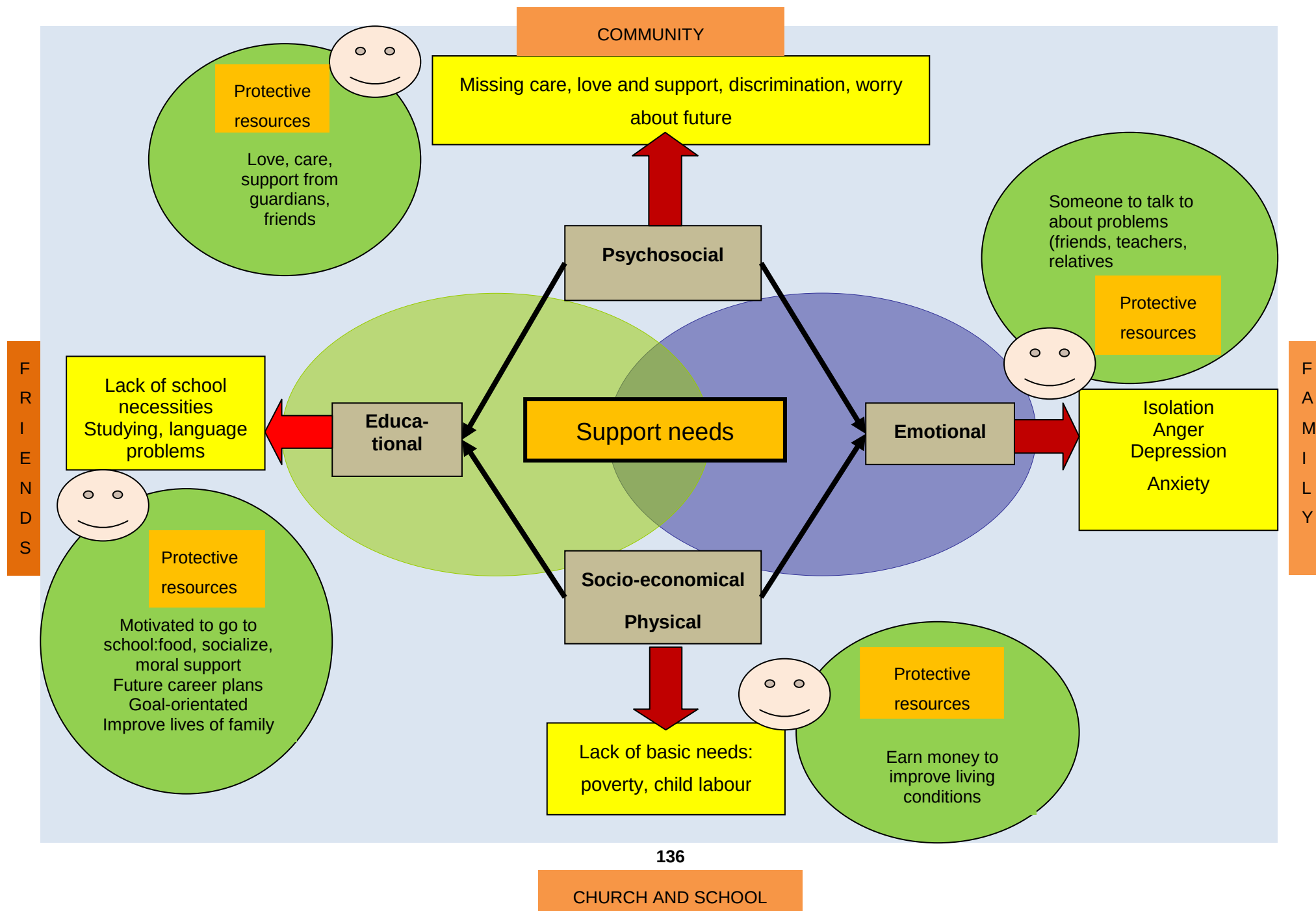
These support structures to a certain extent, provide protective resources to the participants in order to assist them with their psychosocial, emotional and physical needs. However, **not all** of the participants who took part in the study indicated that they have proper access to government and community support. Furthermore, the provision of support in relation to educational needs (*cf.* Table 5.12) seem to be underemphasized and support in terms of socio-economical, physical, emotional and psychosocial needs is provided to a certain extent by some of the orphans' families/guardians, community members and schools.

In order to turn the tide for all the HIV and Aids orphans in the Fezile Dabi Region, I argue for the development of guidelines towards a support programme, which expand and strengthen the current community involvement in addition to government-based support in a more coordinated and ecosystemic way to address the HIV and Aids orphans' needs.

Based on the responses obtained to the various questions in the interview protocol, I constructed the following visual presentation (Figure 5.1) to summarise the support needs of the HIV and Aids orphans who took part in the study.

Figure 5.1 emphasizes the interrelated nature of the needs, and the fact that the participants, despite the needs, appear to be **functioning resiliently** due to a number of protective resources in their environments, which are *inter alia* provided by the community, family, friends, the church and the school.

Figure 5.1: The support needs of HIV and Aids orphans in the Fezile Dabi Region



With regard to the interrelated nature of the needs, the literature reveals that, in the absence of parents, HIV and Aids orphans are faced with a number of unmet needs which could pose threats to their living conditions and self-actualization or full potential (Khoza & Xhakaza, 2003:33-34) (*cf.* 3.5). Maslow (in Cotton, 1995:58) and Maslow (in Lowery, 1998:253) indicate that self-actualization depends on the fulfilment of a hierarchy of needs, namely physiological needs, safety needs, love and belonging needs, esteem, cognitive and aesthetic needs (*cf.* 3.7).

In relation to Figure 5.1 and Figure 2.1 (*cf.* 3.7), I firstly briefly explain the impact that a lack of fulfilment of these needs can have in the lives of HIV and Aids orphans, according to the literature, and then compare this impact to the lives of the participants who took part in the study

Physiological needs steer an individual's development and fulfilment of potential (Mwamwenda, 2004:84, 241; Shisana & Louw, 2006:450; Eggen & Kauchak, 2010: 291) and these needs have to be fulfilled in order for one to function normally (*cf.* 3.7). Unmet physiological needs such as hunger and thirst that stem from growing up in poverty-stricken environments can distract learners' attention and concentration in the classroom (Cotton, 1995:59; Arends, 2009:142). Furthermore, HIV and Aids orphans can become vulnerable to child labour, abuse and exploitation, in order to secure food (Richter & Desmond, 2008:1023-1024). For HIV and Aids orphans it is important that their nutrition and health are well cared for in order to develop their full potential (Mwamwenda, 2004:239), otherwise, impairment, which results in declining scholastic performance, can result (Calitz, 2001:30). Leatham (2005:63) asserts that poverty itself contributes largely towards learning challenges because it first aggravates emotional challenges such as stress, and stress in turn affects the daily normal functioning of a person.

It is important to be loved in order to give love, and love plays an important role in the development of any child (Maslow in Cotton, 1995:60). In the context of HIV and Aids orphans, the feelings of love and belonging are absent, due to the fact that their parents are not there anymore. According to Cotton (1995:60), love helps learners to learn successfully (Cotton, 1995:60), and a lack of love and belonging can cause learners to drop out of school. Parents also play an important role in their children's academic learning by building confidence, interest in school and willingness to be with other people, better achievement, greater willingness and motivation to do homework

and more positive attitudes and higher levels of self-regulation (De Witt & Lessing, 2005:15; Eggen & Kauchak, 2010:367) (*cf.* 3.7). Arends (2009:142) argues that HIV and Aids orphans often lack a sense of belonging due to the absence of parents, and are less likely to seek knowledge of subjects than they are to search for friends who can provide the support that they are lacking.

HIV and Aids orphans are further affected by the absence of parents who are regarded as figures of hope and security and by the lack of financial support for everyday needs and wants (Leatham, 2005:71-72; France, 2006). Calitz (2001:19) argues that the absence of parents threatens HIV and Aids orphans the most (Calitz, 2001:19). A lack of safety may bring about feelings of insecurity, anxiousness and mistrust (Larry, 1996:370), and contribute to being demotivated along the way to self-actualization (Leatham, 2005:105).

Clarkson (2006) argues that every individual has a need for feeling worthy and experience a sense of adequacy, achievement and self-esteem. In this regard, receiving attention and respect from others strengthens self-confidence. In the case of HIV and Aids orphans, their self-confidence might be low because of not feeling respected due to stigmatization and discrimination (German, 2006:148-149; Nicholson & Jefferson, 2008:409). They are often not accepted by their families and the community due to the stigma attached to them (German, 2006:148-149). Very often, it is difficult to build friendships, which creates a risk for developing interpersonal problems and emotional problems such as fear of unfamiliar situations, anxiety and isolation (Hamachek, 1995:83; Bhargava & Bigombe, 2002:160; Foster & Levine, 2005:53). According to Bernard (1972:49), the experience of emotional problems might affect the formulation and achievement of goals and the self-esteem of HIV and Aids orphans might be affected by their living conditions and the absence of parents. Arends (2009:143) argues that feelings of esteem and self-worth are strongly related to competence, greater motivation and involvement at school.

In the aforementioned discussion based on the literature review, it is argued that HIV and Aids orphans might not be able to realize their full potential due to many unfulfilled basic psychosocial and socio-economic needs, which create emotional and educational needs. In contrast to this view, the participants who took part in the study demonstrated the opposite. Although the living conditions of the participants who took part in the study resemble the aforementioned discussion, they appear not to be affected by

exploitation and abuse (Hepburn, 2001:94; World Health Organisation, 2003:3; UNAIDS, 2004:8) (*cf.* 1.1; 2.1) or become street children or juvenile delinquents (Hepburn, 2001:94; Barnett & Whiteside, 2002:11) (*cf.* 2.1; 3.3) as highlighted in the literature. Furthermore, they do not appear to be helpless victims with a low self-esteem due to their circumstances (Guest, 2001:80; Makame *et al.*, 2002:463; German, 2006:154) (*cf.* 2.4.4; 2.4.5). They also do not exhibit destructive and aggressive behaviour (Freeman, 2004:72) (*cf.* 2.4.3), are not able to aspire to higher education and drop out of school (Phiri & Webb, 2002:61; Bellamy, 2003:59) (*cf.* 2.4.5). Finally, they also do not appear to experience problematic social interaction and relationships (Rau, 2002:108) (*cf.* 3.2). On the contrary, it appears as if the HIV and Aids orphans who took part in the study have accepted to some extent their situations and are trying to adjust their lives (Gibson *et al.*, 2002:115) in order to secure better living conditions for themselves and their families in future. It could possibly be argued that the support needs that they do experience are encouraging them to move forward. They apply coping strategies and show adaptability and flexibility (World Health Organisation, 1995:2) (*cf.* 2.4.7), which makes them resilient (Foster & Makufa, 1997:145) (*cf.* 2.4.11).

Despite the psychosocial, emotional and socio-economic needs that were highlighted in the responses of the participants, it appeared that these needs do not adversely affect their education. With the exception of a few participants, all of them appeared motivated to go to school, enjoy going to school, have set plans for a career and were satisfied with their academic performance. It seems as if the participants have come to terms with their loss and try to live life normally. The loss does not go away, but they probably learned how to deal with their loss over time (Gibson *et al.*, 2002:115) (*cf.* 3.2).

Based on their responses, which linked the school to being a support structure for the provision of food, meeting with friends and receiving assistance with problems, I argue that the role of the school should be strengthened in providing HIV and Aids orphans with protective resources to help them cope. In addition to the school, the support provided from family members and their guardians where the orphans stay, as well as friends and community members also appear to fulfil a supportive role in the absence of parents. In the literature, these resources are sometimes referred to as protective factors or protective processes (Cameron, 2010). It is clear from the responses of some of the participants that their ecology provides them with protective factors to face the challenges related to them being HIV and Aids orphans. Many of the orphans do not

have sufficient protective factors. I therefore argue that their ecology should be utilized more optimally to strengthen the protective factors for all the HIV and Aids orphans in the Fezile Dabi Region.

5.3 CHAPTER SUMMARY

This chapter identified the themes related to the support needs of HIV and Aids orphans in the Fezile Dabi Region that were derived from the interview responses. Based on the themes identified, I constructed guidelines towards an ecosystemic support programme for the HIV and Aids orphans in the Fezile Dabi Region, which are presented in Chapter Six.

CHAPTER SIX

GUIDELINES TOWARDS AN ECOSYSTEMIC SUPPORT PROGRAMME FOR HIV AND AIDS ORPHANS IN THE FEZILE DABI REGION

6.1 INTRODUCTION

Based on the data obtained from the interview responses, and in conjunction with the literature review, I developed guidelines towards an ecosystemic programme to support the HIV and Aids orphans in the Fezile Dabi Region in a more coordinated way.

This chapter provides a literature review on the ecosystemic theory, which formed the theoretical framework for the setting of the guidelines. The ecosystemic theory propounds that families, communities and societies provide effective environmental contexts and systems that can assist in providing effective support to HIV and Aids orphans (Bazzani & Feola, 2001:2). In addition to this, Atobra (2004:66) (*cf.* 2.5.3.2.4) asserts that community care is the best, viable and sustainable solution to the plight of HIV and Aids orphans.

The ecosystemic theory is significant in supporting orphaned children psychologically and socially at school, home and in the community (Capra, 1996:30). I am of the opinion that the only way to find a solution to a problem such as orphanhood due to HIV and Aids is to understand the problem in relation to the whole context in which it occurs.

The chapter unfolds according to the following structure:

- Bronfenbrenner's ecological systems theory
- The impact of ecology on human development
- Guidelines towards an ecosystemic support programme for Black HIV and Aids orphans in the Fezile Dabi Region.

6.2 BRONFENBRENNER'S ECOLOGICAL SYSTEMS THEORY

Ecology is derived from a Greek word *oikos*, which means household. Ecology is defined by Gurney and Nisnet (1998:7) as a study of the way in which the household operates. More precisely, it is the study of how relationships link people to one another. In particular, it is believed that the principles of ecology should be the guiding principles for creating sustainable learning communities and school organizations (Bazzani & Feola, 2001:2).

Jørgensen (2002) indicates that the ecological systems theory is an integration of several contributions from a number of system ecologists. Bronfenbrenner's definition of the theory cited by Voydandoff (2005:833) and Johnson (2008:1) is that:

“the ecology of human development is the scientific study of the progressive, mutual accommodation throughout the life course between an active, growing human being and the changing properties of the immediate settings in which the developing person lives. This process is affected by the relations between these settings and by the larger contexts in which the settings are embedded.”

Ecological systems call for systems thinking. O'Connor and McDermott (1997:11) indicate that systems thinking is any process of estimating or inferring how local policies, actions or changes influence the state of the neighbouring universe. It can also be defined as an approach to problem-solving, as viewing problems as parts of an overall system, rather than reacting to present outcomes or events, and potentially contributing to further development of the undesired issue or problem. Systems thinking is a framework that is based on the belief that the component parts of a system can best be understood in the context of their relationships with one another and with other systems, rather than in isolation (Johnson, 2008:1). According to Johnson (2008:1), Bronfenbrenner developed his ecological systems theory in an attempt to define and understand human development within the context of the system of relationships that form the person's environment.

Ulanowicz (1997:30) and Bazzani and Feola (2001:12) state that the ecological paradigm represents an integration of research and theory in developmental psychology and sociology, with experiential 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

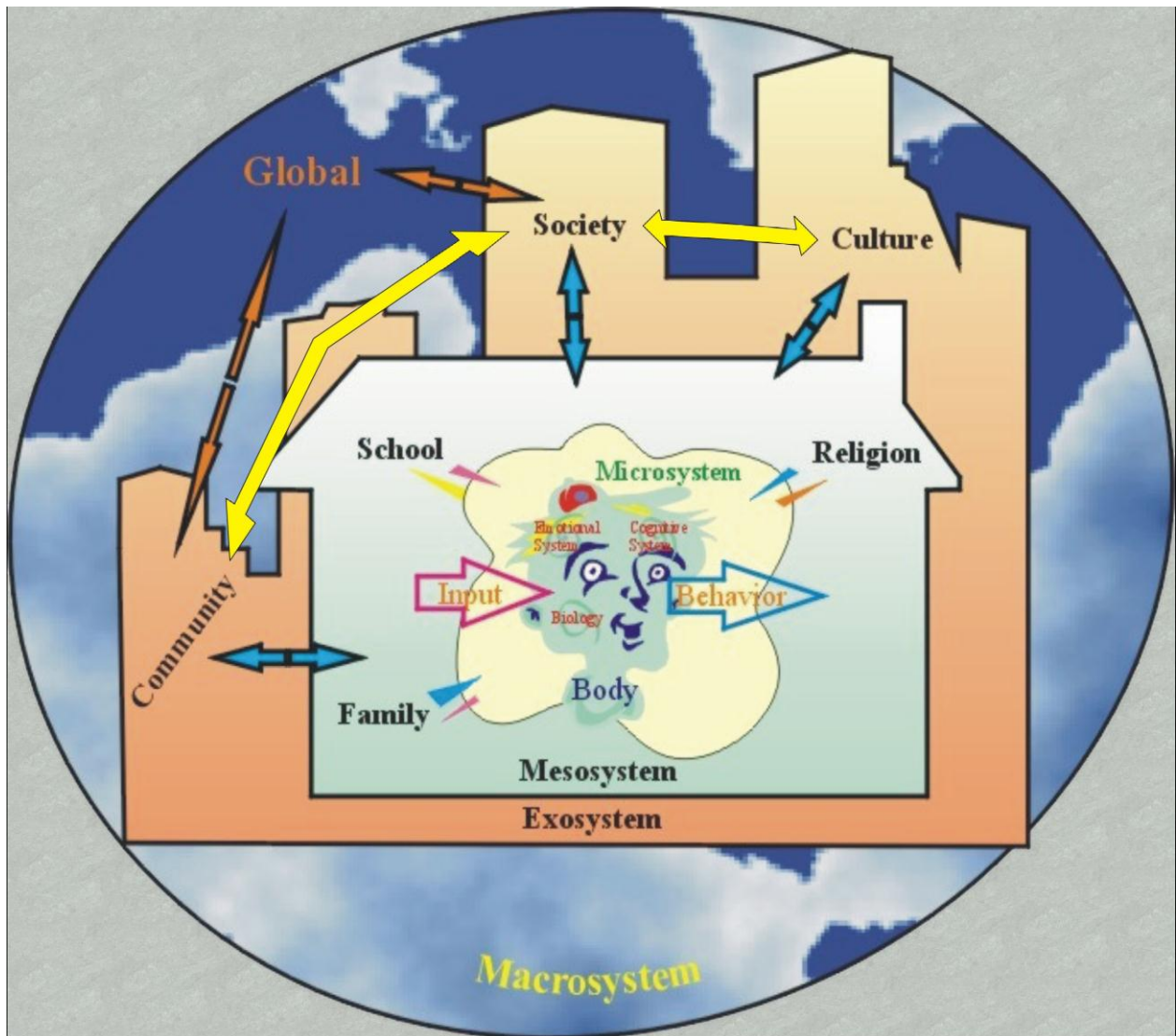
influence human development. The basic tenets of the ecological model, according to Axlerod (1997:18) and Coetzee and Streak (2004:85), are identified in Table 6.1 below.

Table 6.1: Tenets of the ecological model

Human development	This tenet is viewed from a person-in-environment perspective.
Different environments	Different environments in society shape individuals' and families' course of development.
Risk and protective factors	Every environment contains risk and protective factors that hinder and promote development.
Influence	Influence flows between individuals and their different environments in a two-way exchange. These interactions form complex circular feedback loops.
Change and development	Individuals and families are constantly changing and developing. Stress, coping and adaptation are normal developmental processes.

The ecological systems theory was developed by Urie Bronfenbrenner and makes use of different types of relationships and surroundings of a person to help explain their development. It is broken down into different layers of the environment, which are the micro-layer, the meso-layer, the exo-layer and the macro-layer, which are depicted according to Paquette and Ryan (2001) in Figure 6.1 below.

Figure 6.1: The ecological model of Bronfenbrenner (Paquette & Ryan, 2001)



More modern learner development theories accept that both a learner's biology and his/her environment play a role in change and growth (Cuddington, 2001:470). 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 (Paquette & Ryan, 2001). This theory concurs well with Piaget and Erikson's theories on the psychosocial development of human beings (Berk, 2007:24).

The key to this theory is the interactions of structures within a layer and the interaction of structures between layers (Paquette & Ryan, 2001). The theory points out that while relationships close to the child have a direct impact; other outside factors also have a

powerful impact on their development. These, according to Bronfenbrenner's structure of the environment, are as follows:

The **micro-layer** is the inner circle made up of day-to-day activities and people in the orphan's life. It includes the setting in which the orphans live. This layer encompasses the relationships and interactions the orphans have with their immediate surroundings (Berk, 2000:6; Cuddington, 2001:470; Berk, 2007:24) including caregivers, school, and neighbourhood or orphan-care environments. The relationships inside the micro system have bi-directional influences, in that they influence in two directions, both away and toward the orphan (Paquette & Ryan, 2001). It is in this circle that the most direct interactions between people take place.

The **meso-layer** is the layer that provides the connection between the structures of the child's micro system (McDonnell, Pickett, Groffman, Bohlen, Pouyat, Zipperer, Parmelee, Carreiro and Medley, 1997:30; Berk, 2000:6; Berk, 2007:24). The meso-layer is where an orphan experiences reality, such as at a school or in a childcare setting. Links between the local community, institutions in the meso-layer and the HIV and Aids orphan's caregiver/s enhance the development of academic competence.

The **exo-layer** is the layer that defines the larger social system in which the orphan does not function directly. The structures in the exo-layer have an impact on the orphan's development (Berk, 2000:8; Keller & Golley, 2000:27). Bronfenbrenner describes the exo-layer as being made up of social settings that do not contain the developing person, but nevertheless affect experiences in their immediate settings (in Berk, 2007:25). This may be a caregiver's workplace and the activities therein, or bureaucracies that affect orphans, such as decisions made by school governing bodies about extracurricular activities (Berk, 2007:25).

The **macro-layer** is a layer that may be considered the outermost layer in the orphan's environment. It is composed of cultural values, customs and laws (Cooper, 1998:555; Berk, 2000:26), and includes the contributions of institutions in the society such as the Department of Education, Social Development and Health Centres as well as Non-Governmental Organisations (NGOs) and Non-Profit organisations (NPOs). The mentioned organisations can support orphans, and provide access to educational support, social grants and health services.

According to Berk (2000:26), HIV and Aids orphans' broadest cultural identities also make up the macro-layer. This layer includes orphans' ideologies, their shared assumptions of what is right, and the general organization of the world. Orphans are affected by HIV and Aids, poverty and by the very culture in which they grow up. An orphan who is able to understand and deal with the ever-widening systems in his or her reality is the product of a healthy microsystem.

The **chrono-layer** encompasses the dimension of time as it relates to an orphan'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 orphanhood. As orphans 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; Arch, Cadwell & Spurr, 2006:268).

According to Bogenschneider, Small and Riley (2000:28), the ecological system is an active system, which is constantly developing. The size of an individual's microsystem changes every time he obtains or let go of life roles or surroundings. These changes are crucial to the child's development. Life changes are enforced from external environments. However, these changes can also occur from inside the individual. This is because humans are able to choose, alter and construct several of their own settings and understandings. The way in which this occurs is affected by the person's age, environment prospects, behaviour and physical and logical characteristics (Castle, 2000a:51-56). As a result, in the ecological systems theory an individual's development is not only determined by environmental factors or internal character. People are products and creators of their own environments as well (Berk, 2007:25). Therefore, both people and their surroundings form a system of mutually dependent effects (Berk, 2007:25). In the context of my study, I specifically focused on including the micro-layer, meso-layer and macro-layer in the design of the guidelines.

In order to determine whether the ecosystemic perspective could provide a valuable solution to the plight of the HIV and Aids orphans in the Fezile Dabi Region, I firstly examined the impact of ecology on the development of a human being. My findings, based on a literature review, are summarised below.

6.3 THE IMPACT OF ECOLOGY ON HUMAN DEVELOPMENT

In the following sections, the impact of ecology on the different areas of human development is discussed.

6.3.1 The impact of ecology on development

According to Castle (2000b:160), environments promote or hinder development. An example given by Castle (2000b:160) is that a given environment may be beneficial and supportive to development or impoverishing and threatening to development. Negative elements or the absence of opportunities in family, school or community environments may compromise the healthy development of learners or inhibit effective family functioning (Kirkman, 1997:380). Examples of different environments in a learner's ecology and their impact are summarized in Table 6.2 below.

Table 6.2: Environments in a learner and family's ecology (Kirkman, 1997:380)

Environments	Impact on human development
Community environment	This can hinder development if it is not supportive and protective.
Family social networks	The depth and quality of a family's social network is a predictor of healthy family functioning.
Link between family and community	Strong linkages between families and community organizations such as schools are vital. Lack of a strong linkage between these institutions will have negative implications for HIV and Aids orphans.
The work environment	This environment can be hostile and exploitive if a person is not well prepared for it or does not have skills to offer.

In a community there may or may not be resources and strong relationships in order for a family to function properly. 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 the assistance of community resources (Keller & Golley, 2000:15). This web of support also transpired from the responses of the participants who indicated strong support from the

family in which they live with regard to basic needs and emotional support. These connections link families and could be utilized to the benefit of the HIV and Aids orphans.

6.3.2 The impact of family on human development

Bronfenbrenner (in Pathe, 2002:25) sees the instability and unpredictability of family life as in the case with HIV and Aids orphans, as the most destructive force to a learner's development. Learners need constant mutual interaction with important adults, which is necessary for development. According to the ecological theory, if the relationships in the immediate micro-layer break down, a learner will not have the equipment to explore other parts of their environment. Learners start looking for the affirmations that should be present in the learner/parent or learner and other important adult relationships by seeking attention in inappropriate places such as gangs and peer groups. These deficiencies manifest themselves, especially in adolescents, as anti-social behaviour, lack of self-discipline and inability to provide self-direction (Sterelny, 2001:440). This is supported by Smart (2000:237), Le Roux (2002:42), Kartell (2005:154), who indicate that orphans often display aggressive, disruptive and destructive behaviour (*cf.* 3.3). These findings were however not supported by the responses of the participants who took part in my study.

This theory has important implications in practice. It now seems necessary that schools and teachers to provide stable and long-term relationships to learners and adolescents. Yet, Bronfenbrenner (1979:46) 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. A person or people within the immediate sphere of the learner's influence (Bronfenbrenner, 1979:46) must foster this relationship. Schools and teachers fulfil an important secondary role, but cannot provide the complexity of interaction that can be provided by primary adults, who are the parents. For the educational community to attempt a primary role is to help societies continue their denial of the imminent real issues (Bronfenbrenner, 1979:46). Schools and teachers should work to support the primary relationships and to create an environment that welcomes and nurtures families.

6.3.3 The impact of the community on human development

Similar to the way in which the learner's environment offers challenges and opportunities, community settings offer challenges and opportunities for healthy family

functioning (Sterelny, 2001:445). Generalizations about family and community interactions found in the literature include the following:

- Rural families have few employment opportunities, less economic well being, fewer educational opportunities and restricted access to health care and social services. Urban families, on the other hand, have higher crime rates, ties that are more impersonal, higher density and noisier living conditions (Costanza, 1998:2).
- According to Cooper (2004:59), 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. This could imply withdrawing emotionally, keeping the learner at home and restricting learner activities, which are coping strategies parents use when faced with violence in their neighbourhood (Cooper, 2004:59).
- Families are affected by the manner in which community organizations are responsive to family needs. Shrader-Frechette (2000:69) identifies five strategies that make early learner support 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, using community residents and involving parents in decision-making.
- The relationship between families and their community changes and 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, 2003:49).
- A community may refer to relationships and social networks as well as 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 individuality, isolation and independence is deeply embedded in Western communities and schools' culture and values (Castle, 2000b:153). In contrast to the nature of Western communities, 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 takes place within the context of relationships (Castle, 2000b: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.

6.3.4 The impact of relationships on human development

The impact of relationships on human development is a key aspect of systems thinking, which implies a shift of focus from objects to relationships (Costanza, 1998:2). A vibrant community is aware of the multiple relationships among its members. Nourishing the community means nourishing these relationships (Shrader-Frechette, 2000:68).

According to Cooper (2001:500) 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 that certain configurations of relationships appear repeatedly, called patterns. The study of relationships leads to the study of 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 (Meyer, 1997:49).

Considering the above issues, the question as to how ecosystems organize themselves, can be raised. 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 (Castle, 2000a:52).

The application of an ecological systems framework to school, family and community interventions assists post-modern and social constructivist teachers to view learners in the light of various social systems and to integrate techniques across diverse educational perspectives. The ecological-systems perspective further emphasizes the need for community development and maintenance strategies within the community systems network to assure that HIV and Aids orphans continue to progress and change (Taylor, 2000:209).

6.4 APPLICATION OF THE ECOSYSTEMIC PERSPECTIVE IN THE CONTEXT OF HIV AND AIDS ORPHANS IN THE FEZILE DABI REGION

In the context of my research, the ecological systems theory of Bronfenbrenner, (1979:45) is considered to design guidelines in order to support HIV and Aids orphans. It is envisaged that the coordinated interaction between factors in the following layers of the environment: the orphan's immediate family/community environment and the societal landscape will fuel and steer his/her development. Changes or conflict in any one layer will ripple throughout the other layers. The various layers could act as buffers for HIV and Aids orphans if they can pull together in coordinated support of these vulnerable children.

To support the needs of the HIV and Aids orphans in the Fezile Dabi Region, I argue that one should look not only at the learners and their immediate environments, but also at the interaction with the larger environment in which they live.

6.5 GUIDELINES TOWARDS AN ECOSYSTEMIC SUPPORT PROGRAMME FOR HIV AND AIDS ORPHANS IN THE FEZILE DABI REGION

6.5.1 Introduction

The literature bears evidence of a number of programmes and interventions that have been developed to provide support to HIV and Aids orphans nationally and internationally (*cf.* 2.5.4; 2.5.5), but not one of these programmes or interventions incorporate the principles of the ecosystemic theory in its design. These programmes and interventions however provided me with useful information and ideas in structuring my own guidelines for the Fezile Dabi Region, as well as extending on the ideas, structures and processes provided in the existing programmes.

Before I embarked on designing the guidelines towards the support programme, I had to identify important criteria for myself that would guide the design process of the guidelines.

6.5.2 Criteria for designing a support programme

In order to design the guidelines, I had to consider and identify criteria that related firstly to understanding the magnitude of the problem of HIV and Aids orphans in the Fezile Dabi Region and secondly to checking the availability of services and resources in the

Fezile Dabi Region. I had to consider a strategic plan to link and coordinate the magnitude of the problem as revealed by the interview responses with the available services and resources in the Fezile Dabi Region. The following section highlights the procedure I followed in order to achieve the aforementioned.

6.5.2.1 Understanding the terrain

I was of the opinion that to come up with effective guidelines, I would have to understand the nature and manifestation of the problem related to the Fezile Dabi Region. In addition to the interviews with the participants, I had to conduct a baseline assessment to find out about the number of orphans at the various schools, how serious the problem of HIV and Aids orphans is, and what support structures are available to support these learners. As part of my initial baseline assessment, I met with a social worker, Ms Olifant, who works with orphans in the Fezile Dabi Region to ask about existing support. I was able to obtain the following information from my discussion with the social worker, which also assisted me in setting the ecosystemic guidelines:

- In Metsimaholo at Fezile Dabi Region, there are NPOs (Non-Profit Organisations) such as home-based HIV and Aids caregivers who assist families by giving support and assistance in taking sick family members to a clinic for treatment and they monitor their intake of medication. They assist patients who are unable to take care of themselves by bathing and feeding them. The NPOs do not take care of the orphans who are in need. The NPOs only supports them by providing food on Wednesdays.
- There is an organization that is formed by different churches called Lekunutu ha Leshwe. The aim of the organization is to assist in uplifting people spiritually by praying together and providing counselling and awareness about HIV and Aids. This organization could assist the orphans to come to terms with their parents' death and to speak freely about HIV and Aids. The region does not have any orphan centres for orphans who do not have stable families. A number of the orphans in Fezile Dabi stay with their extended families and are often abused by their families.
- The Fezile Dabi council provides bursaries, but most of the orphans don't get them, due to poor academic performance. The bursary is advertised at schools and learners can then apply. Only earners with the best results are selected.

- Some orphans get support grants, but the grants do not cover all their needs. They also lack skills and training that would equip them to generate their own money.
- There are no day-care centres for young orphans who do not attend school. They have to be taken care of by their older sisters and brothers.
- The Department of Social Development together with other organizations such as consortiums give out school uniforms and clothes to the orphans. They also give assistance to those who do not have birth certificates and identity documents on how to obtain these.
- Some of the orphans struggle to get benefits paid out to them from the employers of their parents. A few social workers in the region help with this problem.
- Orphans are not exposed to different sports and recreation activities in the region, and they face challenges related to a lack of food, medication and school uniforms.
- Presently, there are 428 orphans in the Fezile Dabi Region. Some of the orphans have lost both parents, live in poverty and are in need of support, love and care.

As the participants did not indicate any awareness of the aforementioned institutions (*cf.* 5.2.5), stronger emphasis on making the HIV and Aids orphans aware of the support structures in their environment, is a main aim of the guidelines.

6.5.2.2 Checking the availability of services and resources

It was important for me to determine which institutions within the society, namely Health Services, Social Development Services, Police Services, counselling services, home-based care services and initiatives taken by the school and community members, assisted with support to the HIV and Aids orphans, and how effective the support was. My investigation was conducted with the assistance of a social worker, Ms Olifant, using face-to-face discussions. From our discussions, it transpired that there are institutions available that support people in the community. The problem is that orphans are not knowledgeable concerning the assistance that these institutions render.

The information obtained from my baseline assessment, as well as the findings derived from the interpretations of the interview data and ideas obtained from existing interventions provided the impetus for the design of the ecosystemic support guidelines.

Among others, I realised that I would have to pay attention to involving NPO's and NGO's in the Fezile Dabi Region largely in the provision of support to the HIV and Aids orphans. The guidelines also focused on creating opportunities for spiritual upliftment, put measures in place to provide academic support to the HIV and Aids orphans that would enable them to apply for bursaries, created opportunities for recreation, and awareness among the HIV and Aids orphans of the available support structures in their environment.

The guidelines took cognizance of the fact that the various layers/components of the child's environment which I wanted to include in the guidelines, namely the micro-layer (family, guardians, teachers, peers), the meso-layer (the school and the local community) and the macro-layer (Department of Education, Department of Social Development, Department of Health, NGO'S, NPO'S) had to be linked to the envisaged support.

In support of Berk (2007:)25) who asserts that people are creators of their own environments, it was important to me to involve the HIV and Aids orphans themselves in taking charge of their situations (*cf.* Table 6.3).

In the following sections, the guidelines linked to the layers in the environment of the participants are described and explained.

6.6 GUIDELINES TOWARDS AN ECOSYSTEMIC SUPPORT PROGRAMME

Although the data revealed that the community members in the Fezile Dabi Region are already involved in supporting a number of the HIV and Aids orphans, there were also orphans who apparently do not benefit from community support (*cf.* 5.2.5). I therefore argue for a more coordinated approach among all levels in the environment in order to enhance access to and quality of the support rendered to the orphans in the Fezile Dabi Region.

6.6.1 Addressing the psychosocial and emotional needs of the HIV and Aids orphans

From the data it was revealed that the psychosocial and emotional needs of the HIV and Aids orphans *inter alia* relate to unhappiness, sadness, stress, anger, depression, missing parental support, care and love, good caring, feeling different from other

learners, lack of security, loneliness, fear of survival, worry about the future and anxiety (cf. 5.2.2)

In Table 6.3, I highlight the support needs with regard to psychosocial and emotional needs as identified by the HIV and Aids orphans, who took part in the study. I make suggestions for establishing guidelines that will provide protective factors to enable all the HIV and Aids orphans to cope better with their needs.

Table 6.3: Support needs and protective factors/resources related to psychosocial and emotional needs

Support needs as identified from the interview data	Guidelines: Protective factors/resources	Layers in the ecosystem involved
Feelings of discrimination: feeling different from other learners (<i>cf.</i> 5.2.2) Absence of parents to guide and protect (<i>cf.</i> 5.2.2)	1. How schools deal with prejudice and discrimination should be made explicit in the school policy. 1. Involvement of caregivers/foster parents/guardians in school activities should be encouraged. They need to be invited to attend parent meetings. 2. They need to feel part of the school, and that would enhance their role of care giving. 3. Teachers need to invite the caregivers/guardians/foster parents formally to meetings where ways of supporting and guiding the orphans could be discussed. 4. Caregivers/guardians/foster parents should be invited to become part of the School-based Support Teams (SBST). Collaborative solutions can be probed for dealing with the support needs of the orphans.	Meso-level Meso-level

Support needs as identified from the interview data	Guidelines: Protective factors/resources	Layers in the ecosystem involved
	5. At schools, orphans themselves should be encouraged to form an orphans' development team where they can meet and discuss their problems. Teachers can assist the orphans in getting the teams together and setting dates for regular group meetings. Together they can probe solutions and share solutions to problems. A committee that involves teachers and pastors in the community who will assist them with their problems and provide spiritual upliftment should guide the team.	Micro-level Meso-level
Uncertainty regarding the role of friends (cf. 5.2.2) Nobody to trust (cf. 5.2.2) Absence of support and guidance, loneliness (cf. 5.2.2)	1. Teachers should form a support structure for the orphans by encouraging learners who are not orphans to belong to the support structure, known as a soul buddy system. All learners should be made aware of the reasons for and the negative influence of orphanhood in order to understand those learners who are affected by the phenomenon. 2. The main aim of the soul buddy system would be to encourage learners to help and care for each other. The learners, under the supervision of the teacher, support their friends who are vulnerable and orphaned. The friends support with schoolwork and by just being there as friends. Under no circumstances should an orphan be without a friend from the same class who also resides in the same area as the orphan.	Micro-level
Experiences and feelings of depression, anger, sadness, discrimination, unhappiness, mistrust, worry about the future, fear of survival, feeling hurt, and angry (cf.	1. Involvement of Non-Governmental Organisations (NGOs) and Non-Profit Organisations (NPOs) within communities becomes crucial in these situations. 2. The NGOs and NPOs have people who are experienced in rendering counselling and guidance regarding how to deal with anger, grief, and anxiety and worrying about the future. Schools can assist in arranging times with the NGOs for learners to be able to make use of the services.	Macro-level

Support needs as identified from the interview data	Guidelines: Protective factors/resources	Layers in the ecosystem involved
5.2.2)	3. These counselling services need to be accessed freely and easily. Orphans will receive information about this from the school and through awareness campaigns during organised mass meetings at school and social workers working with them. 4. Caregiver/guardian information sessions can also be arranged in collaboration with the Department of Social Welfare and social works in the community where guardians and foster parents can be equipped with skills on good parenting. The sessions can also include workshops on topics such as caring for HIV-positive children, building networks and information on how to help orphans handle depression and stress, how to build resilience among HIV and Aids orphans and how to help them to cope with stigma. Responses in 5.2.1 indicated that a number of learners indicated a lack of knowledge regarding the causes of the HIV and Aids disease. During the sessions, attention can also be paid to equip learners with knowledge regarding the causes of HIV and Aids. 5. The existing church organisation in the Fezile Dabi District, Lekunutu ha Leshwe should be invited to come to schools to address the learners and invite them to make use of their services for counselling and spiritual upliftment (<i>cf.</i> 6.5.2.1).	Macro-level Meso-level

The responses of the learners in this research indicate that there is a need for wellness support programmes. They identified feelings of depression, anger and grief that cannot be ignored. It is essential to address the orphans' well-being, focusing on the following aspects:

- anger management;
- fear management;
- dealing with grief; and
- stigma/discrimination management.

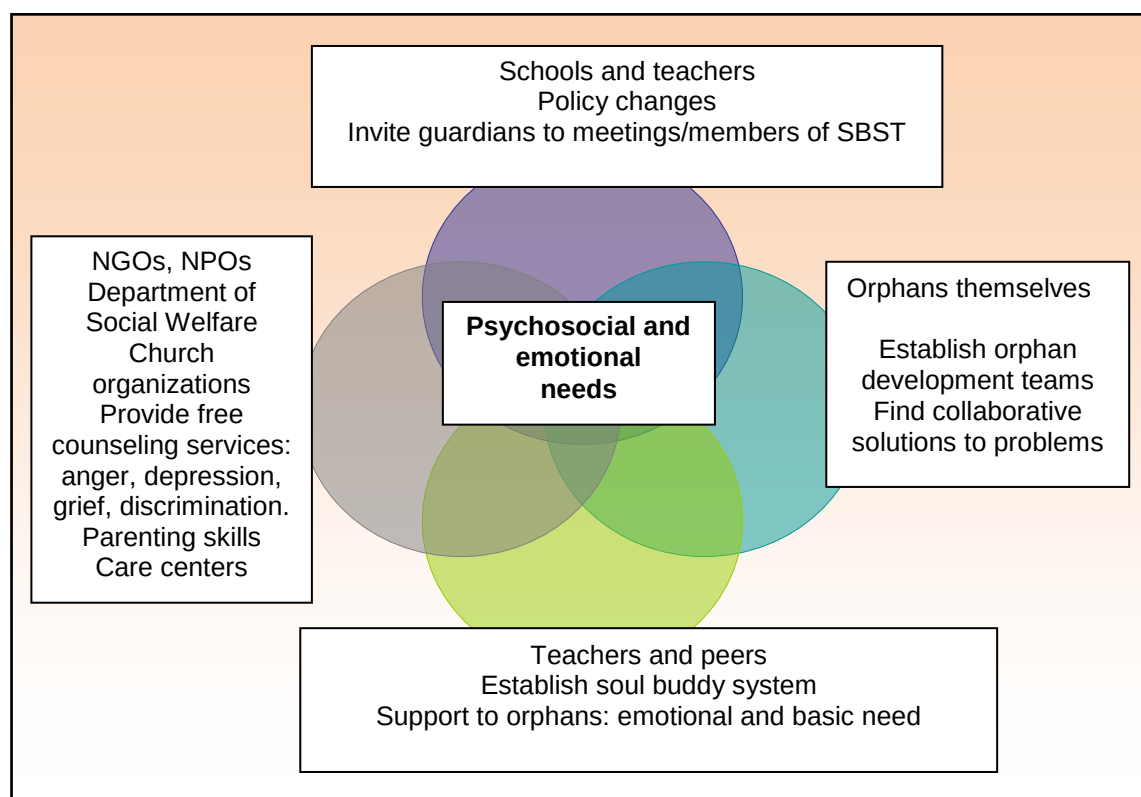
Teachers from schools need to identify learners with the problems mentioned above and together with the SBST, arrange for counselling in collaboration with NGOs and NPOs so that these learners are able to learn how to deal with anger, fear and grief.

At school, values concerning how to respect and accept others without discriminating against one another need to be emphasized. In their classes, teachers need to teach learners about respect for human dignity as indicated in the constitution in the bill of rights. The school should have a clause in its policy indicating how it deals with discrimination and prejudice. It is important for the school to implement its policy to the benefit of all learners.

The loss of a parent can deprive a child of a family environment, which is crucial in the development of a positive self-identity and self-esteem. The burden of care and responsibility is likely to fall onto the children in the case of a sick parent or death, these children experience a loss of childhood in terms of play, rest, recreation, the opportunity to participate in community, religion, cultural activities and sport which could hamper the development of positive self-identity and self-esteem (USAID, 2009). Children who have lost one or more parent experience grief and loss that may not be adequately dealt with in an environment that lacks psychosocial support because of competing pressures.

In Figure 6.2, I summarize the guidelines presented in Table 6.4 on how an ecosystemic approach could be applied to create protective factors for the HIV and Aids orphans in relation to their socio-economic needs.

Figure 6.2: An ecosystemic approach to address the psychosocial and emotional needs of HIV and Aids orphans



6.6.2 Addressing the socio-economic and physical needs of the HIV and Aids orphans

Orphans indicated that they do not have money to acquire their basic needs such as food and clothes (*cf.* 5.2.3), and are worried about financial support to further their studies.

In Table 6.4, I highlight the socio-economic support needs as identified by the HIV and Aids orphans who took part in the study. I make suggestions for establishing guidelines in the form of protective factors to enable HIV and Aids orphans to cope better with their socio-economic and physical support needs.

Table 6.4: Support needs and protective factors/resources related to socio- economical and physical needs

Support needs	Guidelines: Protective factors/resources	Layers in the ecosystem involved
Lack of money (<i>cf.</i> 5.2.3) Lack of resources (food, clothes and shelter) (<i>cf.</i> 5.2.3) Extra work to earn money (<i>cf.</i> 5.2.3) Bursaries for further studies (<i>cf.</i> 5.2.3)	1. Support by community members in the form of food and clothes. Schools can organise specific days on which donations from the community can be brought to schools. 2. NGOs and NPOs can be approached to assist with the provision of shelter, food and clothes for orphans who lack these basic needs. 3. Fezile Dabi Council to address learners at schools on existing study bursaries and the criteria to apply for these bursaries (<i>cf.</i> 6.5.2.1).	Macro-level Meso-level
	1. In order to provide an additional income to orphans, food gardens can be established at schools to generate an income that will enable them to acquire basic resources. All learners can be trained to take the responsibility to maintain the gardens.	Micro-level
	1. Training in vocational skills so that children can become self-reliant and independent. The District Education Office can be approached to arrange and coordinate the vocational training. 2. Small businesses in the community can be invited to schools to provide learners with information on small business skills and entrepreneurial opportunities.	Macro-level Meso-level

In the following sections, some of the suggested guidelines in Table 6.4 are explained in detail.

- **Food gardens**

Establishing food gardens at schools will ensure a sustainable source of produce for all vulnerable learners at a school. The main aim with establishing food gardens according to Schaff (2004), is to promote food security, teach relevant skills such as pest control, vegetable planting and harvesting, plant rotation and producing to sell, championing a sustainable food production system and to facilitate innovative design. The produce grown at the schools can be for their own use and when they are producing enough vegetables for themselves, they can sell the extra produce, using the generated funds to buy more seed, so that the project becomes self-sustaining.

Schaff (2004) indicates that growing food at school is one way that learners can learn agricultural concepts in a relevant context and be involved in a food system on a small scale. She further asserts that garden-based learning improves vulnerable children's motivation, provides health benefits by increasing consumption of fresh fruits and vegetables, improves understanding of science concepts and inquiry skills, and contributes to learning vocational and life skills.

Food provision to HIV and Aids orphans in the Fezile Dabi is important, as NPO's only provide food on Wednesdays in addition to the feeding schemes at schools (*cf.* 6.5.2.1).

- **Vocational skills training**

Vocational skills training, according to Dunkley (2008:vi), is considered to be an effective way to help empower marginalized populations. Children as young as 11 years can be introduced to carpentry, artwork (clay and plaster), colouring, painting, gardening, wool knitting, beadwork and embroidery, depending on the individual child's gifts and interests. Very few schools in the Fezile Dabi Region offer training in these skills and existing technical and vocational education institutions in the Fezile Dabi Region do not cater for vocational skills training either. I suggest that schools should have vocational education as part of the curriculum.

A needs assessment can be done by the education district to ensure that vocational training activities respond to a specific geographical (local), social, cultural and

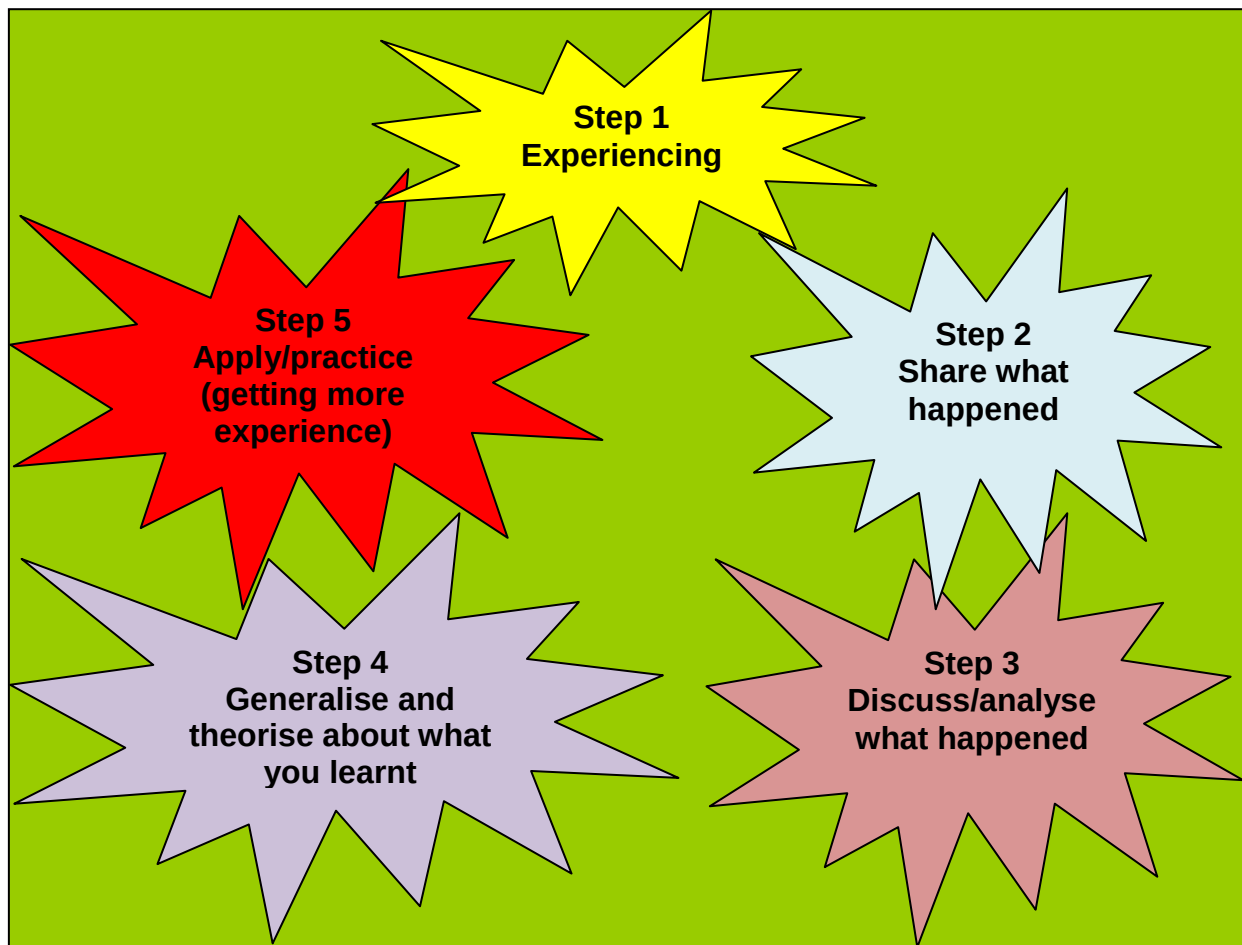
economic context and needs. In order to design a relevant and appropriate training programme, in-depth research and consultations with all stakeholders and an analysis of the economic situation, employment and business prospects within the community or nearby surrounding areas must be undertaken (Dunkley, 2008:16).

This needs assessment will form the basis to identify appropriate technological and vocational skills that meet the needs of the HIV and Aids orphans in the specific targeted communities and enable them to find decent work or establish viable micro-businesses which, at the same time, benefit the development of the community. Viable business opportunities for Fezile Dabi orphans would be to own stalls and sell their surplus from the food gardens in these stalls. They can also supply restaurants and markets if given that opportunity by businesses in their communities.

It is critical to apply a participatory approach to all stages of the programme, from planning and research through to evaluation and follow-up support. A successful partnership includes full participation and commitment from the relevant vocational secondary schools in the Region (Fakkel Hoërskool, Mphatlalatsane High School) by becoming more of a local community Technical Vocational Education learning centre. The purpose of this suggestion is to embrace vulnerable children's empowerment. This arrangement will call for support from businesses in the local community as well as the Department of Education to identify and recruit willing teachers or people with expertise to assist with vocational training.

The training should aim to build the learners' self-confidence, as well as equip them with general life skills such as critical thinking, problem-solving and risk-taking (Dunkley, 2008:vii). The five-step experiential learning cycle model developed by Dunkley (2008:46) and illustrated in Figure 6.3, could be utilized as a step-by-step teaching approach in equipping HIV and Aids orphans with vocational skills.

Figure 6.3: Experiential learning cycle model



Every time the learner applies or practices what he/she learned, he/she gets a new “experience” from which he/she continues to learn. When something is practised people learn something new and may eventually get better at the skill. When learners have gained experience, they can get excited and motivated through practical exercises in which they gradually transform both their past and present experiences into tangible knowledge and skills, and can share these experiences with the others. By so doing, they gain more knowledge and understanding as they explain some of the concepts to others.

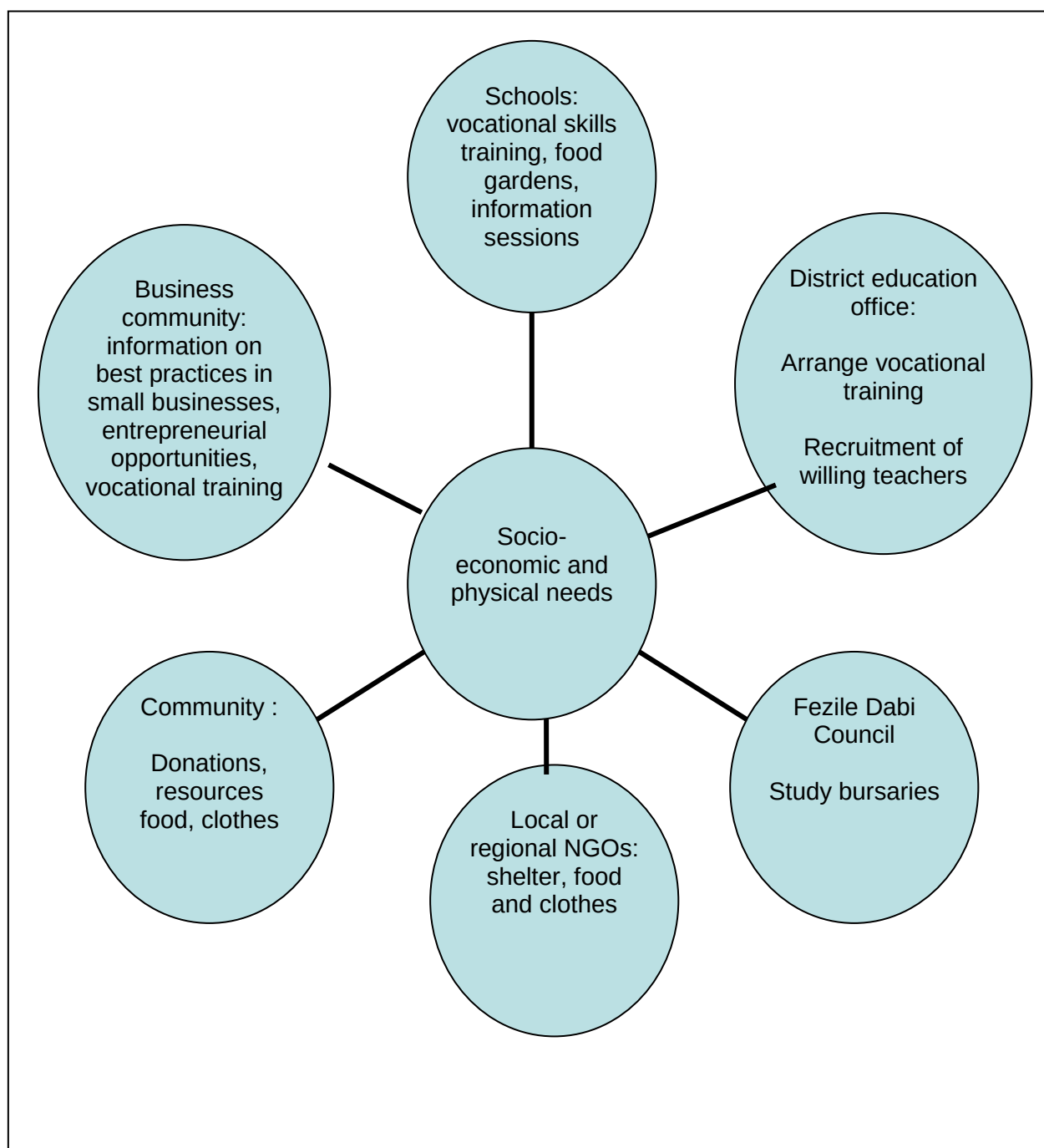
In the fourth step, the teacher can request learners to generalize about what they have learned. The ideas can be summarized and all the main learning points brought out by the learners. Additional important points that are not raised by the learners can be added. Learners have to apply or practise their newly gained knowledge or skill. After this step, the next step would be to go back to the first step, whereby learners now have a new experience, based upon which further learning can occur.

- **Information sessions**

Schools can arrange for learners and their guardians to attend afternoon information sessions featuring presentations by representatives from small businesses in the community regarding business skills and entrepreneurial opportunities. The schools can arrange with the presenters of each session to provide learners with packs containing useful leaflets about the topic of the sessions

In Figure 6.4, I summarize the guidelines presented in Table 6.4 on how an ecosystemic approach could be applied to create protective factors for the HIV and Aids orphans in relation to their socio-economic needs.

Figure 6.4: An ecosystemic approach for addressing socio-economic and physical needs of HIV and Aids orphans



In the following section, the guidelines for addressing the educational needs of the HIV and Aids orphans are presented.

6.6.3 Addressing the educational needs of the HIV and Aids orphans

Although orphans in this research indicated that they enjoy being at school and that they are motivated to work hard (*cf.* 5.2.4), they also highlighted a number of support

needs that create risk factors. In Table 6.5, I highlight the support needs with regard to education as identified by the HIV and Aids orphans who took part in the study. I make suggestions in the form of guidelines for establishing protective factors to enable the HIV and Aids orphans to cope better with their educational needs.

Table 6.5: Support needs and protective factors/resources related to educational needs

Support needs	Guidelines: Protective factors/resources	Layers in the ecosystem involved
Problems : School uniforms Poor performance Unable to study Language problems Lack of time to study Feelings of being treated differently	1. Support by teachers and other learners. Teachers should be able to identify orphans so that they may get uniforms that are supplied by the Department of Education. The soul buddy system (<i>cf.</i> Table 6.3) can assist in providing academic support and moral support to orphans. 2. Ensuring that all the HIV and Aids orphans are part of the School Nutrition Programme should be a priority. 3. An “Adopt an Orphan” programme should be functional at every school. This is where each teacher at a school adopts one or a few HIV and Aids orphans. It becomes the responsibility of the teacher to take care of the adopted child in terms of all the needs experienced. 4. Involvement of guardians in school activities. A meeting with guardians can be held each term. This would create a platform where they can discuss their problems and learn from one another. 5. Teachers could also discuss the academic performance of the HIV and Aids orphans in these gatherings and suggestions to more effective academic support to the orphans can be identified collaboratively with the guardians/foster parents and School-based Support Teams.	Micro-level Macro-level Micro-level Micro and meso-level Micro-level
	6. Additional tutoring classes by teachers and volunteers from the community can help learners who are not coping during holidays or weekends to solve problems and provide opportunities for additional study time, assistance with homework and problems related to language. 7. More individualised attention should be given to HIV and Aids orphans by teachers to identify specific learning problems. Thereafter arrangements can be made for additional study skill or language skills training. 8. Motivational speakers in the community, especially those who grew up as orphans and have become successful in life, should be invited to schools to motivate and support orphans regarding their commitment towards their	Meso-level Micro-level Meso-level

In the following sections, certain aspects of the guidelines mentioned in the table above, will be explained in more detail.

- **Adopt an Orphan Programme**

After getting the exact number of HIV and Aids orphans and having checked the severity of the impact on them, the members of the staff of each school can divide the orphans among the staff members. Teachers who are willing to provide care and support can choose one or a few learners whom they want to adopt. This adoption could serve the following purposes:

- It could focus on strengthening learner connectedness to the school. This is regarded as a pivotal element for promoting academic motivation and achievement.
- It could foster character formation.
- It could ensure that orphans have someone to talk to regarding the problems they encounter.
- It could ensure that these learners are supported in their times of need.
- It could ensure assistance with school work.
- It could reduce substance abuse that could surface in the absence of parental care. This can be achieved by involving health practitioners who are going to give learners information about the risks of substance abuse.

Teachers and their adopted orphans can meet once or twice a week depending on the need. An hour to one and a half hours can be allowed for these informal meetings between the orphans and their teachers. In this way, the orphans do not rely only on their guardians or foster parents at home for support.

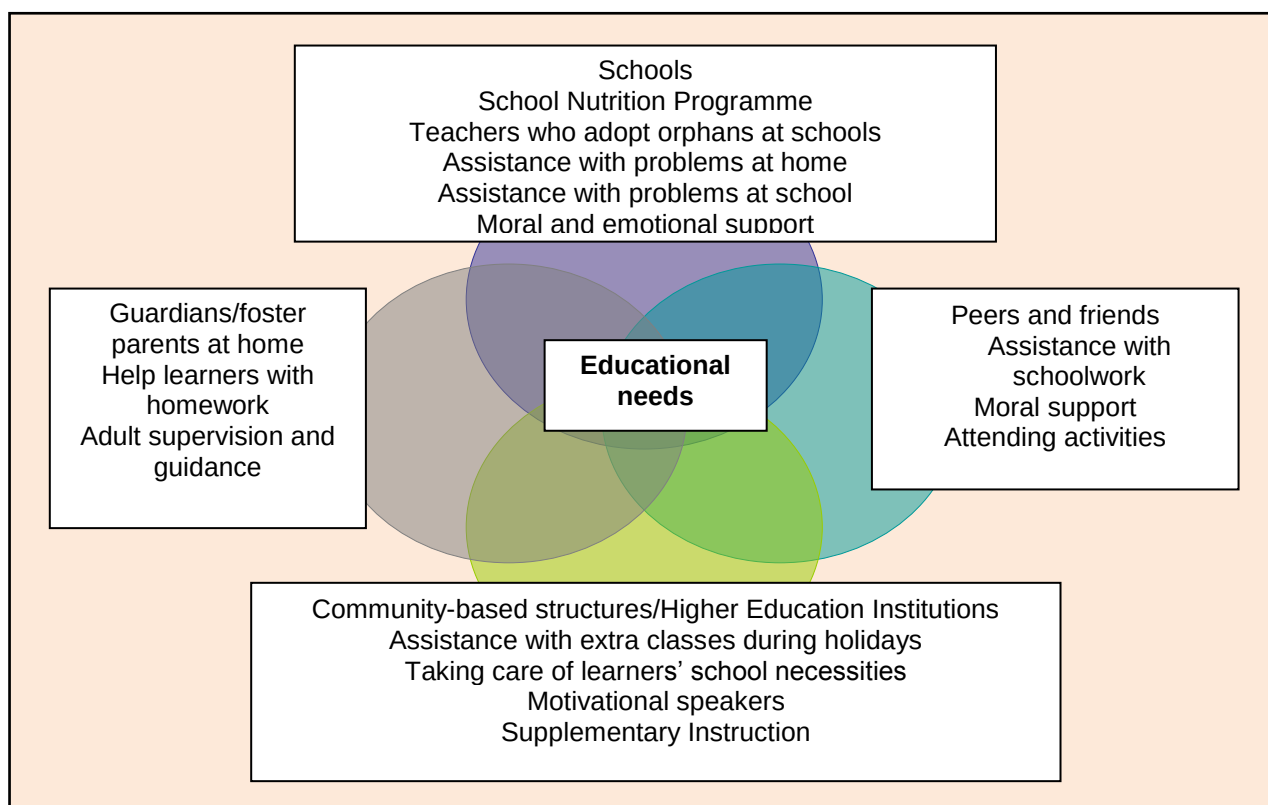
The school plays an important role in the lives of the HIV and Aids orphans in terms of getting educated and equipped with skills for the workplace. It is at schools that a support structure can be provided for orphans in an attempt to ensure that their education needs are met and that they are kept at school for as long as it is possible.

The NGOs can provide orphans who are in need of shelter, with a place to stay and with the parental care, they need. The caregivers in these centres can supervise orphans in

preparation for school and in doing their homework. Orphans need the support of the caregivers and their friends for their emotional and psychosocial needs.

My view on how an ecosystemic approach could be applied to the creation of protective factors for the HIV and Aids orphans in relation to addressing education needs, as indicated in Table 6.5, is summarized in Figure 6.5.

Figure 6.5: An ecosystemic approach to address the educational needs of HIV and Aids orphans



Foster parents/guardians should be in contact with the school, they should be aware of what is happening at school so that they can assist the HIV and Aids orphans at home with school-related issues. Foster parents/guardians should work hand in hand with teachers and should be supported by teachers in dealing with the learners' behaviour. Peers and friends can play a major role in providing orphans with a support structure. Orphans will talk to their friends when they encounter problems. Friends can also help with schoolwork, and take schoolwork home to orphans when they cannot attend classes.

In the following section, the guidelines for helping orphans to receive assistance from available support structures will be explained.

6.6.4 Addressing the HIV and Aids orphans' needs for the support structures

Although a number of the orphans indicated that they receive grants from the Department of Social Development, there are orphans who do not yet receive a support grant (*cf.* 5.2.5). There are orphans who receive support from the community and the school in the form of food and clothing, but many appear not to share in this support. A lack of support from the community and school could create risks for the orphans.

In Table 6.6, I highlight the support structure needs as identified by the HIV and Aids orphans who took part in the study. I make suggestions in the form of guidelines for establishing protective factors to enable the HIV and Aids orphans to cope better with their challenges related to support structures.

Table 6.6: Support needs and protective factors/resources related to support structures

Support structure needs	Guidelines: Protective factors/resources	Layers in the ecosystem involved.
Obtaining social grants (<i>cf.</i> 5.2.5)	1. Support with obtaining birth certificates, identity documents and support grants. Teachers are to educate guardians/foster parents in collaboration with the Department of Social Development. This can be done in parent meetings at the various schools. 2. Educating guardians about financial management. A person from the Department of Social Development can address guardians on skills to ensure better use of the grant money.	Macro-level
Support with school uniforms at school (<i>cf.</i> 5.2.4)	1. Involvement of businesses in ensuring that all orphans have school uniforms. The programme of “Adopt an orphan” by businessmen and women can be suggested. This has to start with the identification of all vulnerable learners. A meeting with the business people to make them aware of the situation of the orphans can be called by the school. Business people will then be motivated to adopt an orphan or two. This is not a formal adoption but its purpose is to ensure that the orphan is given the support she or he deserves in terms of basic needs.	Meso-level
Support with food at school (<i>cf.</i> 5.2.4)	1. Involvement of business people in providing additional food for the orphans, which could be delivered to the various schools. 2. The SMT must motivate teachers and learners to ensure that food gardens are taken care of so that there can be enough produce to feed orphans (<i>cf.</i> Table 6.3). 3. The learners belonging to the soul buddy system (<i>cf.</i> Table 6.3) can also assist in providing food to HIV and Aids orphans at school.	Micro-level Meso-level
Support structures for HIV and Aids orphans (<i>cf.</i> 5.2.5).	1. It is important for orphans to be made aware of the SBST and its roles. The SBST should act as a support structure for orphans where they can ask for support. 2. Life Orientation teachers need to inform learners about the institutions in the community that are of help. Schools should provide the learners with a detailed list of contact people and institutions for a wide spectrum of needs.	Meso-level

Support from the community (<i>cf.</i> 5.2.5)	1. Teachers should make community members aware of the problems encountered by orphans. Community members should also be aware of the negative impact that a lack of support has on orphans. 2. Involvement of community organizations and NGOs in motivating the community members to support orphans. There should be special days set aside by the school to raise awareness regarding support structures to address the needs of HIV and Aids orphans. These meetings should be attended by as many members in the community as possible. In these gatherings, information on what NGOs and community-based organizations do is disseminated to all members of the community.	Macro-layer Meso-layer

In the sections below, I explain some of the suggested guidelines in detail.

- **Adopt an Orphan Programme initiated by business people**

Business people are motivated to adopt an HIV and Aids orphan or two from the list provided by the schools. The purposes of adoption by business people should differ from those of the teachers. The teachers ensure that the learner is supported academically and emotionally, while the businessperson ensures that the learner has food and basic school necessities. This adoption will serve the following purposes:

- Focus on ensuring that the learner has food / a lunch box.
- Focus on ensuring that the learner has a school uniform and books.
- Ensure that orphans have someone to talk to regarding the problems they encounter.
- Ensure that these learners are supported in their times of need.
- Act as father/ mother figures, thus providing parental care.

It can be arranged with the caregivers/guardians that these orphans meet with business people at least once per week. The progress of this programme should be monitored by the School-based Support Team which has to report to the School Management Team and School Governing Body each term.

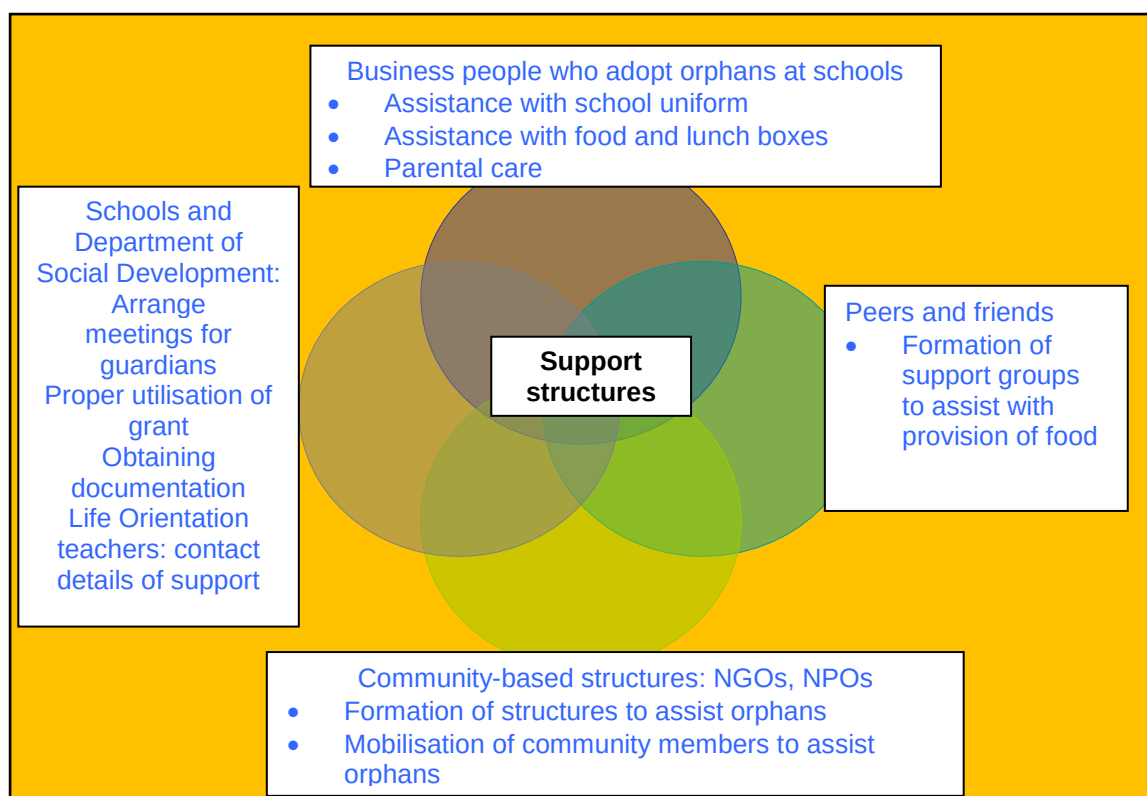
- **Mobilizing community-based care**

It is important to sensitize the community members to the needs of HIV and Aids orphans in organized meetings. This will include educating community members regarding the manifestation of psychological distress among HIV and Aids orphans, and the negative impact this can have on the community. An understanding of the orphans' need for social inclusion and emotional support by community members become important. In the meetings where

community members are mobilized to support orphans, social workers can provide practical tools such as lay counselling to the community members.

My view on how an ecosystemic approach could be applied to the creation of protective factors for the HIV and Aids orphans in relation to addressing their support structure needs is summarized in Figure 6.6.

Figure 6.6: An ecosystemic approach for addressing the support structure needs of HIV and Aids orphans



Community-based structures including the NGO's as well as the Department of Health and the Police Services can help orphans by ensuring them access to health institutions and protection from all forms of abuse. These institutions can guarantee that orphans grow up in safe environments.

6.7 RECOMMENDATIONS FOR PRACTICE: THE WAY FORWARD

I envisage introducing the programme guidelines to the Fezile Dabi school district, by scheduling an appointment with the District Director and the official in charge of the support services. My main aim would be motivate the idea to include the entire community (micro-level, meso-level and macro-level) in a coordinated venture to support HIV and Aids orphans in the Fezile Dabi Region.

According to my opinion, the Department of Education should take the initiative to coordinate and oversee the implementation of the guidelines with the relative stakeholders indicated in the guidelines. The following basic procedure could be utilised to start the process:

Firstly, meetings with all the stakeholders in the different layers of the ecosystem need to be scheduled where the ideas and merits of an ecosystemic approach to address the plight of HIV and Aids orphans in the Fezile Dabi Region should be explained. It is important to get all the stakeholders to buy into the idea of an ecosystemic approach to alleviate the needs of HIV and Aids orphans in a more purposeful and coordinated way, before embarking on implementing the approach.

Secondly, the willing stakeholders' contributions should be delineated and responsible coordinators in each stakeholder group should be identified to coordinate the specific group's contribution.

Thirdly, action plans and realistic time frames should be set according to how and when the various contributions should take place or be delivered.

Fourthly, the contact details and support to be provided by the various stakeholders need to be communicated to everybody in the community as well to all the HIV and Aids orphans. Schools could set aside days for creating awareness among learners regarding what the Department of Health, Social Development, NGOs, NPOs, churches and community members can do to assist HIV and Aids orphans. A spokes-person from each institution or

support structure can be invited to schools to address learners. In addition to this, I will assist in issuing flyers to the schools and members of the community in each region that participated in this research. These flyers will inform community members and the HIV and Aids orphans about the support that can be rendered to the HIV and Aids orphans in the Fezile Dabi Region. Flyers will also be displayed at and issued to learners in the various schools in the Fezile Dabi Region. Examples of flyers that could be used to create awareness regarding the support structures for the various needs are shown below. The information on the flyers will be substituted as soon as relevant details about support from the various stakeholders in the regions are known.

Flyer 6.1: Information regarding psychosocial and emotional support

Contact person.: Mr. Thabo Ndlovu



Are you:
Unhappy?
Stressed?
Angry?
Sad?

Feeling insecure?
Feeling lonely?
Worried about the future?

CHILD COUNSELLING
SERVICES: FOR YOUR EMOTIONAL
SUPPORT

Tel. 0800-55555

OBTAIN YOUR SOCIAL GRANT FROM THE DEPARTMENT OF SOCIAL DEVELOPMENT

Do you lack MONEY TO ACQUIRE basic needs such as food, clothes, shelter
and medical care?

KNOW YOUR RIGHTS



Do you have problems to:

Obtain a grant?

Obtain a birth certificate?

Obtain an ID document

**Need to know about centers that
provide support and shelter?**

Acquire medical care?

Contact person in your school: Ms Rose Radebe

TEL: 016 9709700 (8:00 – 17:00), Office: 25



Do you have problems with:
Motivation?
Concentration?
Poor performance?
Lack of time to study and do home work?
Need additional support with your school work?
Language problems?
Academic performance

Contact your school's support-team teacher:

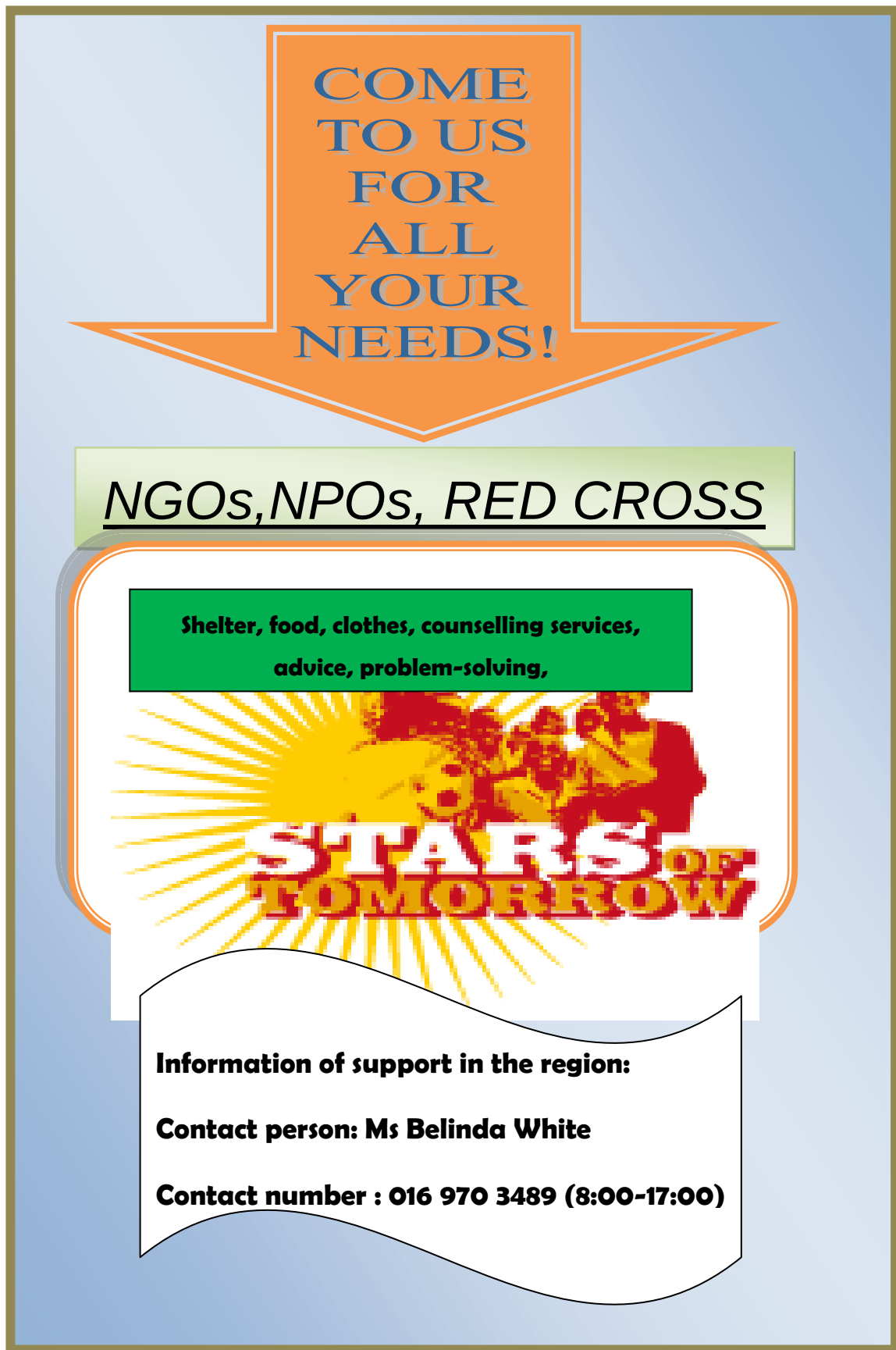
Ms Cynthia Dhlamini

TEL: 016 -970 4760 (8:00-15:00) OR

See Ms Dhlamini everyday during the support hour session between 10:00 and 11:00 in her office

WE ARE YOUR SUPPORT STRUCTURE
" WE ARE THERE FOR YOU ANYTIME"
" WE ARE YOUR SUPPORT STRUCTURE
" WE ARE THERE FOR YOU ANY TIME"

Flyer 6.4: Information regarding support structures in the community



COME
TO US
FOR
ALL
YOUR
NEEDS!

NGOs, NPOs, RED CROSS

Shelter, food, clothes, counselling services,
advice, problem-solving,

**STARS OF
TOMORROW**

Information of support in the region:

Contact person: Ms Belinda White

Contact number : 016 970 3489 (8:00-17:00)

The flyer is a vertical rectangular poster with a light blue background. At the top, a large orange arrow points downwards, containing the text 'COME TO US FOR ALL YOUR NEEDS!' in blue, serif, all-caps font. Below the arrow, a green horizontal bar contains the text 'NGOs, NPOs, RED CROSS' in black, italicized, serif font, underlined. In the center, a white rounded rectangle contains a green box with the text 'Shelter, food, clothes, counselling services, advice, problem-solving,' in black, sans-serif font. Below this is a graphic for 'STARS OF TOMORROW' featuring a bright yellow sunburst and a group of diverse children. At the bottom, a white wavy-bottomed box contains contact information in bold, black, sans-serif font.

In summary, the guidelines focus on the following important aspects for community-based interventions to support HIV and Aids orphans as identified in the literature:

- establishing stronger webs of guardian support in collaboration with teachers (Keller & Golley, 2000:115) (*cf.* 6.3.1);
- school-home liaison is enhanced (Boler & Carroll, 2003) (*cf.* 2.5.3.1);
- schools and teachers who support the primary relationships of the HIV and Aids orphans with their guardians (Bronfenbrenner, 1979:46) (*cf.* 6.3.2);
- schools attending to emotional, academic and education needs of the HIV and Aids orphans;
- homework support and flexible education options (Boler & Carroll) (*cf.* 2.5.3.1); and
- identifying responsive community organisations who will be willing to support the socio-economic and emotional needs of HIV and Aids orphans (Shrader-Frechette, 2000:69) (*cf.* 6.3.3).

In line with the existing interventions that are available to support HIV and Aids orphans in South Africa (*cf.* 2.5.5.1), the guidelines also, strengthen the capacity of community-based support in relation to psychosocial, emotional and socio-economic support. In addition to this, the guidelines provide capacity for the educational support to HIV and Aids orphans, which appeared to be lacking in the support provided by the existing interventions (*cf.* Table 2.1).

6.8 CHAPTER SUMMARY

In this chapter, I formulated guidelines to coordinate an ecosystemic approach to address the support needs of HIV and Aids orphans in the Fezile Dabi Region. I formulated guidelines based on an ecosystemic perspective to

support the psychosocial, emotional, socio-economical, physical and educational needs of the orphans (*cf.* 6.5).

In Chapter Seven, I conclude the study with a summary, findings and recommendations.

CHAPTER SEVEN

SUMMARY, FINDINGS AND RECOMMENDATIONS

7.1 INTRODUCTION

In this chapter, the aim and objectives of the study indicated in Chapter One will be revisited. This will be done to ascertain whether they have been achieved. I need to establish whether the literature review and the data collected by means of one-on-one interviews contributed in addressing the research aim, namely to understand the support needs of HIV and Aids orphans in the Fezile Dabi Region better and to design ecosystemic guidelines towards a support programme that could assist the orphans in overcoming the identified support needs.

The layout of this chapter is as follows:

- Overview of the study
- Findings from the literature review
- Findings from the empirical research
- Findings in relation to the aims of the study
- Limitations of the study
- Recommendations for future research
- Suggestions for further research

7.2 OVERVIEW OF THE STUDY

In this chapter, I endeavour to give a brief overview of Chapters One to Six. This will enable the reader to focus on the gist of each chapter.

7.2.1 Chapter One

This chapter orientated the reader to the problem highlighted in section 1.2, namely to the plight of orphans and the need for informal community-based support in the Fezile Dabi Region. The overall aim of this study focused on developing ecosystemic guidelines towards a support programme for HIV and Aids orphans in the Fezile Dabi Region (*cf.* 1.2). I chose a qualitative research design and a phenomenological research strategy to execute my research (*cf.* 1.5.3.1, 1.5.3.2). The method of data collection was semi-structured one-on-one interviews (*cf.* 1.5.3.3) which were conducted with 43 learners who were orphaned by HIV and Aids in four zones of the Fezile Dabi Region namely Metsimaholo, Ngwathe, Moqhaka and Mafube (*cf.* 1.5.3.4).

7.2.2 Chapter Two

The chapter explored the concept HIV and Aids orphans, the impact of HIV and Aids in South Africa (*cf.* 2.2), in particular, the challenges faced by orphans (*cf.* 2.4) and intervention strategies that have been adopted so far to assist the orphans (*cf.* 2.5). The chapter highlights the negative impact that HIV and Aids have on orphans. The situation is made worse by disintegration of families following the death of parents (*cf.* 2.2). This leads to dire consequences for orphans, including the fact that they often grow without adult care in child-headed households. It becomes difficult for them to attend school regularly as they assume adult responsibilities at an early age therefore they are not able to aspire to higher education and have less chance to succeed. The situation is worse for girls, as above everything that orphans go through, they often still have to take care of their siblings (*cf.* 2.4).

In the context of this study two types of interventions were explained, namely the formal (provided by the government) and the informal community interventions (*cf.* 2.5). The formal intervention programmes include the development of policies, support by various Government Departments, foster care grants, education about HIV and Aids, inclusion at schools and school nutrition programmes (*cf.* 2.5). The informal intervention is provided for by the

extended families that provide shelter, care and support, NGOs who provide psychosocial support, and shelter, and communities who provide foster care (cf. 2.5).

7.2.3 Chapter Three

This chapter presented the support needs of orphans. Psychosocial, emotional, behavioural, socio-economic, educational and physical needs were highlighted (cf. 3.2; 3.3; 3.4; 3.5; 3.6). HIV and Aids orphans' psychosocial and emotional needs are related to behavioural and psychological problems that could lead *inter alia* to depression, poor motivation, low self-esteem, withdrawal and isolation which limit their normal functioning (cf. 3.2). Socio-economic and physical needs refer to the fact that orphans live in dire poverty; they are needy and forced to fend for themselves. These children lack basic needs such as food, clothing and shelter (cf. 3.4; 3.6). All the indicated needs can lead to negative impacts on the orphans' education, which force them to drop out of school, attend classes irregularly and being unable to cope with schoolwork. This often leads to them being labelled as ill-disciplined (cf. 3.5).

7.2.4 Chapter Four

This chapter elaborated on the research methodology employed in this research. A qualitative research design (cf. 4.3.3.1) was regarded as the best approach to enable the researcher to achieve the aim and objectives of the study. The aim was to understand the support needs of HIV and Aids orphans in the Fezile Dabi Region better and to develop ecosystemic guidelines towards a support programme for HIV and Aids orphans in the Fezile Dabi Region. In order to do this, I had to have personal interaction with the participants to gain a deeper understanding of their needs and the problems they encounter as orphans. I had to become personally involved with the orphans to get a better understanding of the problems before I embarked on the development of the guidelines. For this reason, a phenomenological research strategy was utilized (cf. 4.3.4). A phenomenological study enabled me to collect data through social interaction by means of one-on-one

interviews with a convenient, purposive criterion sample of 43 HIV and Aids orphans in the Fezile Dabi Region. Interviews were tape recorded (*cf.* 4.6), field notes were compiled (*cf.* 4.3.5.7) and coding, categorizing and thematizing (*cf.* 4.4.1) were used to analyse and interpret the data.

7.2.5 Chapter Five

Data collected by means of interviews (*cf.* 4.3.5.1) was analysed and interpreted according to the categories in the interview schedule. Regarding psychosocial and emotional needs, participants indicated that they experience the following: unhappiness, stress, anger, depression, missing parental care and support, a lack of security, discrimination, loneliness, a fear for survival and worrying about the future (*cf.* 5.2.2). The socio-economic needs highlighted by the participants referred to a lack of basic needs and taking on additional work to earn extra money (*cf.* 5.2.3). With regard to educational needs, the participants appeared not to be affected by the psychosocial and socio-economic needs to such an extent that they wanted to abandon their studies or drop out from school. On the contrary, they appeared to be motivated, satisfied with their academic performance and goal-orientated to work towards a future career. Minor problems related to being unable to study and language problems were revealed (*cf.* 5.2.4). The support that the orphans in the Fezile Dabi Region presently receive relate to formal government support as well as informal community support (*cf.* 5.2.5). However, not all of the participants who took part in the study indicated that they have proper access to government and community support, which signals that there is a need for support to be better coordinated to the benefit all the HIV and Aids orphans in the Fezile Dabi Region.

7.2.6 Chapter Six

This chapter focused on presenting the ecosystemic guidelines, which I developed towards a support programme for HIV and Aids orphans in the Fezile Dabi Region. The guidelines are based on Bronfrenbrenner's ecological systems theory, which is based on the belief that the component parts of a

system can be best understood in the context of relationships with one another, and the other systems (*cf.* 6.2). With regard to the identified needs of the HIV and Aids orphans, guidelines were designed which included the involvement of the macro-, meso- and micro-layers within the environment of the HIV and Aids orphan in the provision of support.

7.3 FINDINGS FROM THE LITERATURE REVIEW

The literature review presented in Chapters Two and Three enabled me to obtain a better understanding of the plight and needs of HIV and Aids orphans and the support structures that are at their disposal. The following findings related to the needs of HIV and Aids orphans and intervention programmes available to support these orphans were derived from the literature review. I report the gist of my findings below:

- After the death of their parents, orphans are normally left to fend for themselves, regardless of their age. Orphanhood has a negative impact on physical, emotional and psychological wellbeing. They therefore struggle to succeed educationally, thereby compromising their chances of having a better future (*cf.* 2.1; 2.2) (World Health Organisation, 2003:3, Mandela Childrens' Fund, 2007:3).
- The literature indicates that orphans have various types of needs due to the challenges they experience, such as anxiety, fear, mistrust, depression, anger and guilt as well as stigmatization which pervade their lives (Gibson *et al.*, 2002:114-115; Sahara, 2002:93; Foster & Levine, 2005:62; Granot, 2005:110) (*cf.* 3.2; 3.3, 3.5). Lack of security is regarded as the most important factor affecting the orphans' behaviour (De Witt & Lessing, 2005:13, 82) (*cf.* 3.2). It is also believed that being an orphan inhibits academic self-actualization to realize maximum needs (Bellamy, 2003:220) (*cf.* 3.4). In addition to this, poverty and a lack of money lead to a lack of resources, health problems and abandonment of studies (Bellamy, 2003:19) (*cf.* 3.5).

- Orphans depend upon the government and the ability of the community to create a supportive and nurturing environment (*cf.* 3.1) (Carr-Hill *et al.*, 2002:85). There are strategies in place regarding these children's support which include formal support from the government and informal support from the NGOs and members of the community (*cf.* 2.5.1) (Johnson & Dorrington, 2001:132). Children are often unable to access grants and get to health centres because of not having birth certificates and identity documents and lack of guidance. They are also not knowledgeable about these matters (*cf.* 2.5.2; 5.2.1) (Danzinger, 1994:912). Furthermore, reduced access to social services put these children at risk (*cf.* 3.1) (Staff Reporter, 2003:12).

The findings obtained from the literature review guided the compilation of the interview protocol and the analysis of the interview data. I intended to establish whether the needs and supports indicated in the literature confirmed the information obtained from the participants.

7.4 FINDINGS FROM THE EMPIRICAL RESEARCH

The following findings were derived from the empirical research:

Regarding **psychosocial and emotional needs**, participants indicated that they experience the following: unhappiness, stress, anger, depression, missing parental care and support, a lack of security, discrimination, mistrust, loneliness, a fear for survival and worrying about the future (*cf.* 5.2.2). These findings supported the literature review which indicated similar psychosocial and emotional problems for HIV and Aids orphans in general (*cf.* Hepburn, 2001:63; Lynas, 2001:59; Phiri *et al.*, 2001:16; Gibson *et al.*, 2002:115 Sahara, 2002:95; Bellamy, 2003:50; De Witt & Lessing, 2005:37; Foster & Levine, 2005:53; Gertholtz, 2005:30; Granot, 2005:89) (*cf.* 2.4.5; 2.4.7; 2.4.9; 2.4.10; 2.4.11; 3.2; 3.3).

From the responses of the participants, it could not be inferred that they are not coping with their situations, have fear of going to school, experience abuse and exploitation, exhibit destructive behaviour, and are suicidal or that

they are struggling to cope with the loss of their parents (*cf.* 5.2.2). The aforementioned are highlighted by the literature as psychosocial and emotional needs that are experienced by HIV and Aids orphans (*cf.* Chazan *et al.*, 1994:172-173; Loening-Voysey & Wilson, 2001:105; Makame *et al.*, 2002:459-465; Bhargava & Bigombe, 2002:160; Le Roux, 2002:9; Kartell, 2005:154; German, 2006:154) (*cf.* 2.4.3; 2.4.4; 2.4.8, 2.4.9; 3.2; 3.3).

The **socio-economic needs** highlighted by the participants referred to a lack of basic needs and taking on additional work to earn extra money (*cf.* 5.2.3). These responses are supported by the views of Yamba (2003:59), Atobra (2004:4), Kartell (2005:154), Munyati *et al.* (2006:18) and Jooste *et al.* (2006:65) (*cf.* 2.4.2; 3.2; 3.3; 3.4), who indicate that HIV and Aids orphans experience a lack of resources such as food and shelter due to poverty and a lack of money. Furthermore, Giese *et al.* (2002:1) Shisana and Simbayi (2002:64) and Donald and Clacherty (2005:25) explain that HIV and Aids orphans often have to take on additional work to provide for their daily needs and their siblings (*cf.* 2.4.7; 2.4.8).

With regard to **educational needs**, the participants appeared not to be affected by the psychosocial and socio-economic needs to an extent that they wanted to abandon their studies or drop out of school. On the contrary, they appeared to be motivated, satisfied with their academic performance and goal-orientated to work towards a future career (*cf.* 5.2.4). The literature indicates that poor attendance due to health problems, restricted ambition, drop-out, learning breakdown, abandoning studies, poor concentration and attention, difficulty in grasping knowledge, limited time for study and reduced access to education, are some of the educational challenges that HIV and Aids orphans are faced with (*cf.* Boler & Carroll, 2003; Coombe, 2000:66; Hunter & Williamson, 2000:83; Guest, 2001:80; Bennell *et al.*, 2002:43; Deininger *et al.*, 2002:11; Rau, 2002:69; Sahara, 2002:4; Agnes & Serumaga, 2006:153; Andrews *et al.*, 2006:105) (*cf.* 1.1; 2.4.5; 2.4.7; 3.2; 3.5).

In line with the findings in the literature review, the **support** that the orphans in the Fezile Dabi Region presently receive relates to formal government

support, as well as informal community support (*cf.* Russel & Schneider, 2000:32; Johnson & Dorrington, 2001:80; Gow & Desmond, 2002:89; Atobra, 2004:66, 67; Sloth-Nielsen, 2004:30; UNAIDS, 2004:36; Meintjes, 2005:264; Maqoko & Dreyer, 2007:63; Wood, 2007:59-67) (*cf.* 2.5; 5.2.5). However, not all the participants who took part in the study indicated that they have proper access to government and community support.

I expected and assumed to find that the participants' circumstances would reveal that they were struggling to cope, will not aspire to Higher Education and would be more concerned with fulfilling their basic needs than with learning (*cf.* 4.6). After conducting the study, I have to acknowledge that my assumptions did not completely hold true for the HIV and Aids orphans who took part in the study. It was also clear that the community was involved to a certain extent in supporting the HIV and Aids orphans, but that more could be done to include the macro, meso and micro-levels in the environment to strengthen the support to HIV and Aids orphans.

7.5 FINDINGS FROM THE LITERATURE AND EMPIRICAL RESEARCH

The responses of the participants indicated that the **psychosocial and emotional needs** of the HIV and Aids orphans in the Fezile Dabi Region show a strong correspondence with the psychosocial and emotional needs experienced by HIV and Aids orphans in general (Hepburn, 2001:63; Phiri *et al.*, 2001:16; Gibson *et al.*, 2002:114-115, Makame *et al.*, 2002:80 Sahara, 2002:95, Foster & Levine, 2005:53, 62) (*cf.* 3.2, 3.3, 5.2.2). The orphans in the Fezile Dabi Region face emotional problems due to a lack of parental care, love and support (Atobra, 2004:4 (*cf.* 3.3), but do not appear to be isolated as indicated in the literature review (Staff Reporter, 2003:13) (*cf.* 3.1). In support of the literature, the participants who took part in the study, experience anger, fear, stress, loneliness and depression (Lynas, 2001:59; Gibson *et al.*, 2002:115; Foster & Levine, 2005:62; Granot, 2005:10) (*cf.* 3.2; 3.3, 5.2.2). In contrast to the literature, behavioural problems, anti-social

tendencies and aggressive behaviour were not noted among the participants (Bhargava & Bigombe, 2002:160; Pharoah, 2005:7) (*cf.* 2.2, 3.3, 5.2.2).

Regarding the **socio-economic and physical needs** the responses indicate that the participants who took part in the study experience biological poverty and relative poverty because they are not living comfortable lives. Finally, they also experience official poverty due to low income that make them eligible for welfare benefits (Donald & Clacherty, 2005:28) (*cf.* 3.4). The responses indicate that the participants experience similar socio-economic and physical needs that HIV and Aids orphans in general experience, as highlighted by Yamba (2003:75), Atobra (2004:4), Kartell (2005:228), Munyati *et al.* (2006:18), Davids *et al.* (2006:42) and Tsheko *et al.* (2007:23) (*cf.* 2.4.2, 3.4, 5.2.3).

The responses obtained for the questions related to **educational needs** did not support the findings from the literature review, which mainly relate to not coping and abandoning studies (Deininger *et al.*, 2002:110, Sahara, 2002:93; Khoza & Xhakaxa (2003:33-34) (*cf.* 3.5) In contrast to these findings, the participants who took part in the study appear to be motivated to continue their studies as they have a career plan in mind, irrespective of the psychosocial, emotional and socio-economic challenges and needs they are faced with (*cf.* 5.2.4).

In line with the literature, the responses obtained from the participants indicate that the support that the orphans in the Fezile Dabi Region presently receive relate to formal government support, as well as to informal community support (Russel & Schneider, 2000:32; Johnson & Dorrington, 2001:80; Gow & Desmond, 2002:83; Voysey, 2002:105; Boler & Carroll, 2003; USAID, 2003:5; Atobra, 2004:68; Richter *et al.*, 2004:3; UNAIDS, 2004:36; Meintjies, 2005:57-67; Wood, 2007:57-67) (*cf.* 2.5, 5.2.5).

7.6 FINDINGS IN RELATION TO THE AIM AND OBJECTIVES OF THE STUDY

The aim of this study was to gain a deeper understanding of the support needs of HIV and Aids orphans in the Fezile Dabi Region and to design guidelines towards an ecosystemic support programme for the orphans.

The following discussion indicates how the objectives of the study were achieved.

- **Objective 1: to gain clarity on the support needs that HIV and Aids orphans can experience in general by means of a literature review.**

Through the literature review, I determined that the support needs of HIV and Aids orphans, whether psychosocial, socio-economic, educational, physical and emotional, should be met to enable them to experience a better quality of life in future. Failure to address these needs can be detrimental to the lives of orphans (Coombe, 2000:66; Hunter & Williamson, 2000:84; Lynas, 2001:162; Loening-Voysey & Wilson, 2001:105; Phiri *et al.*, 2001:16; Bhargava & Bigombe, 2002:68; Giese *et al.*, 2002:1; Sahara, 2002:105; Bellamy, 2003:220; Boler & Carroll, 2003; Nyambedha *et al.*, 2003:39; Atobra, 2004:4; James *et al.*, 2004:185; De Witt & Lessing, 2005:15; Foster & Levine, 2005:53; German, 2006:152; Kartell, 2005:228; Agnes & Serumaga, 2006:153; Tsheko *et al.*, 2007:23) (*cf.* 2.4.4; 2.4.7; 2.4.10; 3.2; 3.3; 3.4; 3.5).

- **Objective 2: to explore the availability of support structures for HIV and Aids orphans in general by means of a literature review.**

To address the needs of HIV and Aids orphans the government has set up intervention strategies such as child support grants and foster grants (*cf.* 5.4.4; 2.5.2.1) (Gow & Desmond, 2002:89; Sloth-Nielsen, 2004:29-32). There are available interventions in various provinces including the Tapologo programme in the North-West Province, organizations that provide information and awareness regarding health and welfare in the Free State Province, and community projects that are involved in numerous community development

programmes in Gauteng province (*cf.* 2.5.5; 2.5.5.1) (Dlamini, 2004:38; Thebe, 2007:35; Setswe & Skinner, 2008:38, 58, 62). Not one of the available programmes focus on an ecosystemic approach to address the needs of HIV and Aids orphans, and no available support programmes for HIV and Aids orphans the Fezile Dabi Region could be located.

Regarding the informal support structure to HIV and Aids orphans, the literature indicates that the capacity of informal structures such as NGOs, families and community organizations to deal with the rise in orphan number is problematic (*cf.* 2.5.3.1; 5.2.5) (Johnson & Dorrington, 2001:132).

- **Objective 3: to explore the benefits of an ecosystemic approach in addressing the support needs of HIV and Aids orphans by means of a literature review.**

According to the literature, the benefits of an ecosystemic approach are that in solving problems, problems are viewed as parts of an overall ecosystem, rather than as reacting to present outcomes or events, and therefore potentially contribute to further development of the undesired issue or problem. This is a framework that is based on the belief that the component parts of an ecosystem can best be understood in the context of relationships with one another and with other systems, rather than in isolation (*cf.* 6.2) (Bronfenbrenner cited by Johnson, 2008:1). This includes collaboration between the macro-level (larger community, NGOs, NPOs, The Department of Education), the meso-level (school and the community) and the micro-level (guardians, teachers, peers) (Bronfenbrenner & Morris, 1998:67; Donald *et al.*, 2002:45) (*cf.* 1.3).

- **Objective 4: to obtain an in-depth understanding of the support needs of Black HIV and Aids orphans in the Fezile Dabi Region by means of one-on-one interviews.**

Through empirical research, I was able to determine the support needs of orphans as they emerged from the data obtained by the interview responses.

In support of the literature, these needs include psychosocial and emotional needs (*cf.* 3.2; 3.3; *cf.* 5.2.2), socio-economical (*cf.* 3.4; 5.2.3) and educational needs (*cf.* 3.5; 5.2.4), as well as support from government and the community (*cf.* 2.5; 5.2.5).

- **Objective 5: to explore the perceptions of Black HIV and Aids orphans in the Fezile Dabi Region on what is available to support their needs by means of one-on-one interviews.**

This objective was achieved through empirical research. The majority of the participants were beneficiaries of social grants, which help them to fulfil their basic needs (*cf.* 5.2.5). A number of orphans also benefit from socio-economic and emotional support provided by the community, family, churches, schools and friends (*cf.* 5.2.5). However, they were not aware of other institutions in the Fezile Dabi Region that could be of help. They believed that institutions help only those who live in shelters and community centres (*cf.* 5.3.4).

- **Objective 6: to design ecosystemic guidelines towards a support programme for Black HIV and Aids orphans in the Fezile Dabi Region.**

The empirical study revealed that there is a need for the development of a more coordinated approach in dealing with the support needs of the r HIV and Aids orphans in the Fezile Dabi Region. From the empirical research, it was clear that there is not enough support from the community, schools, family, friends and other institutions within the community (*cf.* 5.2.5). In line with the literature and the data obtained from the interviews, I developed guidelines to highlight crucial areas of support in relation to psychosocial, emotional, socio-economic and educational needs, and how the teachers, community members and various institutions in the immediate Fezile Dabi community (*cf.* 6.3) can assist orphans.

7.7 LIMITATIONS OF THE STUDY

My research findings cannot be generalized, as my research purposively focused only on Black HIV and Aids orphans in one of the Districts in the Free State Province. In order to determine whether all HIV and Aids orphans experience similar support needs, more extensive research with participants from other provinces and cultural groupings need to be conducted.

I conducted interviews only with the HIV and Aids orphans. I might have been able to obtain a more holistic understanding of other developmental needs of the orphans such as cognitive development, self-actualization and emotional and behavioural characteristics by involving their teachers in the interviews as well. Furthermore, discussions with the teachers would have enabled me to gain a clearer picture of their academic performance. With regard to the latter, I take cognizance of the fact that the participants might have provided responses to please me, instead of reporting on the true reality of their situations.

I acknowledge the fact that I could have made better use of probes regarding the reasons for the responses given by the participants, in order to obtain more depth in the responses to some of the questions in the interview protocol. For example: I could have probed deeper into the mechanisms the HIV and Aids orphans employ when they feel scared, angry or depressed. These answers could have given me insight to some of the protective factors in their environment. This limitation might directly be linked to the fact that I am still a novice interviewer who still needs to acquire more effective interviewing skills. I could also have formulated explicit questions to determine the physical and health needs of the orphans.

The participants who wanted to respond in English and not in their Home Language might have created another limitation. Important information might have gone lost in this way, as they might not have been able to express themselves fully in English as what they would have done if the interviews were held in their Home Language.

7.8 RECOMMENDATIONS

Linked to the recommended implementation of an ecosystemic approach to address the support needs of HIV and Aids orphans in the Fezile Dabi Region, I add the following recommendations:

- It is important for schools to have a register of all orphans (both maternal and double orphans). This will not only give them a clear understanding of the number of orphans they have, but will lead to a better allocation of resources such as food, clothes and school uniforms and to determine who are in need of grants (*cf.* 3.4; 3.6). My study indicated that schools can play an important role in supporting the socio-economic, emotional and education needs of HIV and Aids orphans. It is important to make schools aware of the findings of my study, so that they can focus on enhancing the quality of the present support they provide to HIV and Aids orphans.
- There is a need for collaboration between the various stake holders and organisations in the community to address the support needs of HIV and Aids orphans. Schools cannot deal with the rising number of HIV and Aids orphans on their own. They need the support of all institutions and community-based organizations such as social departments, clinics, home-based care, and orphan centres (*cf.* 3.3). The families in which the HIV and Aids orphans live need to be strengthened socio-economically. In this regard, it is suggested that more funding should be made available by NGOs to support the families in which the HIV and Aids orphans live.
- Social Departments and Departments of Welfare should assist the guardians and care givers of the orphans, as well as the HIV and Aids orphans with counselling and advice services in coping with problems.
- All schools need to have Health Advisory Committees to deal with the impact of HIV and Aids at schools. I suggest that schools should have a

committee that deals specifically with orphans and sees to it that these learners' needs are met.

- Training should be given to teachers so that they can understand the role they have to play in supporting HIV and Aids orphans better. In staff and parent meetings, the problems encountered by the school in trying to support the orphans should be discussed so that they parents and teachers have a better understanding of the needs of orphans (*cf.* 3.5).
- Counselling services are a necessity at schools to assist HIV and Aids orphans with their psychosocial and emotional needs. NGOs have the capacity to fill this need, and schools can invite counsellors from these organizations to counsel learners who are in need of counselling (*cf.* 3.2).

7.9 SUGGESTIONS FOR FURTHER RESEARCH

Further research can be conducted in the following areas:

- In other regions of the Free State Province and in the country to verify if the support needs of orphans are the same.
- In this research, participants were Black orphans aged between 11 to 20 years. A similar investigation that focuses on other racial groups and younger children could add more value to research related to the needs of HIV and Aids orphans.
- Research should be conducted with HIV and Aids orphans who do not have the support from guardians as was the case in my study, It is important to also explore the support needs of HIV and Aids orphans who head households on their own, to determine whether their support needs differ from the participants who took part in the study.
- Understanding needs that HIV and Aids orphans have which are related specifically to teaching and learning.

- Understanding exactly what contributes to HIV and Aids orphans in the Fezile Dabi Region being resilient, would provide an interesting dimension to the present study.
- To establish whether an ecosystemic approach can address the support needs of the HIV and Aids orphans. This can be achieved by monitoring the effectiveness of the developed guidelines.
- It would be interesting to do a follow-up study over time to establish whether the participants who took part in the study managed to achieve the ideals and goals that they had.

7.10 CONTRIBUTIONS OF THE STUDY

Theoretical contribution

The theoretical contribution that my study makes is in gaining a deeper understanding of the support needs of HIV and Aids orphans specifically in the Fezile Dabi Region.

The findings of my study support and contradict the current literature on support needs of HIV and Aids orphans in general in the following ways:

- **Psychosocial and emotional needs**

The HIV and Aids orphans in the Fezile Dabi Region experience similar needs to other HIV and Aids orphans nationally and internationally. These needs *inter alia* relate to a lack of parental care, love and support as indicated by Atobra (2004:4) and numerous psychosocial and emotional problems such as anger, fear, stress depression and sadness (Lynas, 2001:59; Gibson *et al.*, 2002:115; De Witt & Lessing, 2005:82; Foster & Levine, 2005:62; Granot, 2005:10) were also evident among the HIV and Aids orphans in the Fezile Dabi Region (*cf.* 5.3). In addition to this, poverty impacts negatively on the socio-economic situation of the orphans (*cf.* 5.4).

My study does not support the literature that indicates that HIV and Aids orphans often have problems in establishing good social relationships (Winkley, 1996:165) (*cf.* 3.3), isolate themselves (Staff Reporter, 2003:13), and do not talk about their problems (Bhargava & Bigombe, 2002:95). The participants in my study apparently manage to establish good social relationships and interaction with their guardians and some with friends who help them cope with their problems.

In contrast to the literature, behavioural problems, anti-social tendencies and aggressive behaviour were not observed among the participants in my study (Bhargava & Bigombe, 2002:160; Pharoah, 2005:7) (*cf.* 2.2, 3.3).

The responses of the participants in my study did not reveal that they had to assume parenting roles for which they were ill prepared, as argued by Hepburn (2001:94) (*cf.* 2.5.3.2.2). Although only indicated by two of the participants, follow-up research might be necessary to explore this dimension (adult roles and responsibilities) that is highlighted by the literature as a negative effect related to orphanhood due to HIV and Aids, in more depth.

- **Socio-economic and physical needs**

The majority of the participants who took part in my study also live in poverty, appear to be vulnerable and struggle to survive (*cf.* 5.2.3). This observation corresponds with what the literature reveals regarding the poor socio-economic conditions in which HIV and Aids orphans find themselves (Yamba, 2003:75; Atobra, 2004:4; World Health Organisation, 2004:47; Kartell, 2005:228; Davids *et al.*, 2006:42; German, 2006:150; Jooste *et al.*, 2006:65; Munyati *et al.*, 2006:18; Tshenko *et al.*, 2007:23) (*cf.* 2.4.1, 2.4.2, 3.2, 3.4).

As reported by the literature, severe problems related to physical growth, illnesses and malnutrition (Coombe, 2000:154; Bellamy, 2003:79) (*cf.* 3.6) were not reported by the participants, but might need to be investigated in follow-up studies.

In line with the literature, a few of the participants resort to work in order to earn money to uplift their poverty stricken circumstances in order to avoid that poverty poses limitations on their future aspirations (Thom *et al.*, 2001:397; UNICEF, 2004:25 (*cf.* 3.6). In this regard earning money becomes a protective source to counteract the risk of living in poverty. Most of the participants who took part in the study are not occupied with numerous additional responsibilities at home or take up additional jobs that take up too much of their time. Taking up additional jobs is highlighted as a problem among HIV and Aids orphans related to the lack of socio-economic resources by Jooste *et al.* (2006:65), Munyati *et al.* (2006:18) and Tsheko *et al.* (2007:23) (*cf.* 2.4.2).

The responses of the participants did not conclusively reveal problems related to poor health, inadequate medical care, malnutrition and health problems that compromise development and education (Bennell *et al.*, 2002:43; Shisana & Simbayi, 2002:64) Andrews *et al.*, 2006:274) (*cf.* 2.4.2, 3.5). Sexual abuse and exploitation for financial reward by others was not noted among the responses of the participants who took part in my study (Loenig-Voysey & Wilson, 2001:105) (*cf.* 2.4.9).

- **Education needs**

The participants in my study appear to be motivated to go to school. This observation is not supported responses by the literature where it is indicated that HIV and Aids orphans have restricted ambition (Bhargava & Bigombe, 2002:68; Deinigner *et al.*, 2002:110) (*cf.* 3.2), are less likely to attend school (Sahara, 2002:93; Bellamy, 2003:50) (*cf.* 2.4.5, 3.5) and drop out of school (Phiri & Webb, 2002:62) (*cf.* 2.4.5) and become street children without hope (Guernina, 2004:100) (*cf.* 3.5).

The findings of my study support the important role that the school can play in assisting and supporting HIV and Aids orphans with regard to their emotional and socio-economic needs. Although Rau (2002:10) argues that schools

become bolsters to the psychosocial well-being of HIV and Aids orphans, I could not locate any literature that delineated the supporting role of the school in this regard. Future studies can conduct in-depth research to unearth information to determine clearly the role that schools can play regarding the psychosocial well-being of HIV and Aids orphans.

Noteworthy, is the caring attitude of the participants that emerged from the data. A number of them are concerned about improving their living conditions to the benefit of their other family members as well. A number of the participants commented that they would like to assist people who are hurt and in need of help through their occupation, in particular people with HIV and Aids.

- **Support structures**

In line with the literature, the participants in my study indicate that they receive support related to formal government support, as well as informal community support (Russel & Schneider, 2000:32; Johnson & Dorrington, 2001:80; Gow & Desmond, 2002:83; Voysey, 2002:105; Boler & Carroll, 2003; USAID, 2003:5; Atobra, 2004:68; Richter *et al.*, 2004:3; UNAIDS, 2004:36; Meintjies, 2005:57-67; Wood, 2007:57-67) (*cf.* 2.5).

However, **not all** of the participants who took part in the study indicated that they have proper access to government and community support.

The guardians, teachers and friends of some of the orphans who took part in the study provide them with protective resources to combat the negative effects related to orphanhood due to HIV and Aids (Masten, 2001:227-238) (*cf.* 2.4.12).

Practical contribution

I designed guidelines towards an ecosystemic support programme that advocates for a more coordinated approach in addressing the needs of HIV and Aids orphans in the Fezile Dabi Region between the micro-, meso- and

macro-layers in the environment. In the absence of such guidelines to support HIV and Aids orphans in this region, my study could make an important contribution in addressing the needs of the HIV and Aids orphans. The guidelines strengthen the educational support to HIV and Aids orphans, which appeared to be lacking in the support provided by existing interventions (*cf.* Table 2.1).

7.11 CONCLUSION

Statistics indicate that South Africa has the highest number of orphans in the Sub-Saharan region (Atobra, 2004:49). This number will continue to rise until the pandemic stabilizes. This means that the country will continue to carry the burden of supporting HIV and Aids orphans for years to come. There is therefore a need for effective support interventions and programmes that work to help in alleviating the problem, especially in the Fezile Dabi Region.

BIBLIOGRAPHY

ACTS see SOUTH AFRICA

AJDUKOVIC, M. & SLADOVIC, B. 2005. Behavioural and emotional problems of children by type of out of home care in Croatia. *Journal of social policy*, 14:163-175

AGNES, R & SERUMAGA, Z. 2006. The plight of orphans and vulnerable HIV and Aids orphans in South Africa. NWU: Mafikeng Campus.

ALCON, K. 2007. South African Aids orphans and caregivers have greater depression, poorer health, need financial help. <http://www.aidsmap.com/en/news> Date of access: 9 June 2007.

ANDREWS, G., SKINNER, D. & ZUMA, K. 2006. Epidemiology of health and vulnerability among HIV and Aids orphans orphaned and made vulnerable by HIV and Aids. London: Routledge.

ARENDS, R.I. 2009. Learning to teach. 8th edition. Boston: McGraw Hill.

ARCH, G. W., CADWELL, M. & SPURR, R. 2006. Advancing ecological systems theory. *Journal of travel research*, 44(3): 259-272.

ATOBRA, D. 2004. Children of dead mothers and unknown fathers. Ghana: University of Ghana Press.

AXLEROD, R. 1997. The complexity of cooperation. Princeton, NJ: Princeton University Press.

BABBIE E. & MOUTON, J. 2001. The practice of social research. Cape Town: Oxford University Press Southern Africa.

BARNETT, T. & WHITESIDE, A. 2002. Aids in the twenty-first century: Disease and globalization. Palgrave: Macmillan.

BAUMAN, L.J. & WERNER, L. 1994. Priorities in psychosocial research in pediatric HIV infection. New York: Cornell University Press.

BAZZANI, R. & FEOLA, G. 2001. Challenges and strategies for implementing the ecosystem approach to human health in developing countries. International Development Resource Centre: UNEP.

BELLAMY, C. 2003. Urgent acting for HIV and Aids orphans on the brink. New York: UNICEF Press Centre.

BENNEL, P.S., HYDE, K. & N. SWAINSON. 2002. The impact of the HIV and Aids epidemic on the education sector in sub-Saharan Africa: a synthesis of the findings and recommendations of three country studies. University of Sussex, Brighton: Centre for International Education.

BERK, L.E. 2000. Child development. 5th edition. Boston: Allyn and Bacon.

BERK, L.E. 2007. Development through the lifespan. Boston: Pearson education.

BERNARD, H.W. 1972. Psychology of learning and teaching. 3rd edition. New York: McGraw-Hill.

BHARGAVA, A. & BIGOMBE, B. 2002. Formulating policies for orphans of Aids and vulnerable children in African countries: Report from a mission to Ethiopia, Malawi and Tanzania. Washington, D.C.: World Bank.

BOGENSCHNEIDER, K., SMALL, S. & RILEY, D. 2000. An ecological, risk-focused approach for addressing youth at risk . Washington, DC.: National 4-H Centre.

BOLER, T. & CARROLL, K. 2003. Addressing the educational needs of orphans and vulnerable children. <http://www.actionaid.org.uk> Date of access: 8 June 2007.

BRAY, R. 2003. Predicting the social consequences of orphanhood in South Africa. *African journal of Aids research*, 1:39-55.

BRADSHAW, D., JOHNSON, L., SCHNEIDER, H., BOURNE, D. & DORRINGTON, R. 2002. Orphans of the HIV and Aids epidemic. The time to act is now. Cape Town: University of Cape Town.

BRONFENBRENNER, U. 1979. The ecology of human development: Experiments by nature and design. Cambridge, MA: Harvard University Press.

BRONFENBRENNER, U. & MORRIS, P. 1998. The ecology of developmental processes. New York: Wiley.

CALITZ, Y. 2001. Characteristics of learners and parents as predictors of high school pass rates. Bloemfontein: University of the Orange Free State. (Dissertation – M.Sc.)

CAMERON, A. 2010. One day symposium focused on resilience and visual research methods on 26 July 2010. North-West University: Vanderbijlpark.

CAPRA, F. 1996. The web of life: a new scientific understanding of living systems. 1st edition. New York: Anchor Books.

CARR-HILL, R., KATABORO, K.J., KATAHOIRE, A.R. & DULAI, D. 2002. The impact of HIV and Aids on education and institutionalizing preventive education. Paris: UNESCO.

CASTLE, D.G.A. 2000a. A semantic view of ecological theories. *International journal of philosophy of knowledge*, 55(1):51-65.

CASTLE, D.G.A. 2000b. Limitations on an inclusive definition of ecosystem-human health. *Ethics and the environment*, 5:153-161.

CHAZAN, M., LAING, F.A. & DAVIES, D. 1994. Emotional and behavioural difficulties in middle childhood. London: The Falmer Press.

CHILDREN'S BILL OF RIGHTS **see** SOUTH AFRICA.

CLARKSON, S. 2006. An introduction to learner development theory: theory of Maslow. <http://www.theoryofmaslow.htm> Date of access: 10 January 2010.

COETZEE, E. & STREAK, J. 2004. Monitoring learner socio-economic rights in South Africa: achievements and challenges IDASA. Cape Town: MacMillan.

COHEN, L., MANION, L. & MORRISON, K. 2000. Research in education. 3rd edition. New York: Routledge.

COHEN, L., MANION, L. & MORRISON, K. 2007. Research in education. 6th edition. New York: Routledge.

COLYVAN, M. & GINZBURG, L. R. 2003. Laws of nature and laws of ecology. *Oikos*, 101(3): 49-59

COOMBE, C. 2000. The impact of HIV and Aids on the education sector. Pretoria: Macmillan.

COOPER, G. 1998. Generalizations in ecology: a philosophical taxonomy. *Biology and philosophy*, 13:555-586.

COOPER, G. 2001. Must there be a balance of nature? *Biology and philosophy*, 16(4):481-506.

COOPER, S. 2004. The era of resilience: a psychosocial analysis of stigma amongst students working in the field of HIV and Aids. Cape Town: University of Cape Town, Social Science Research.

COSTANZA, R. 1998. The value of ecosystem services. *Ecological economics*, 25(1):1-2

COTTON, J. 1995. The theory of learning: an introduction. London: Philadelphia.

CRESWELL, J.W. 2009. Research design. Qualitative, quantitative and mixed method approaches. 3rd edition. California: Sage.

CUDDINGTON, K. 2001. The “Balance of Nature” metaphor and equilibrium in population ecology. *Biology and philosophy*, 16(4):463-479

DANE, B. & LEVINE, C. 1994. Aids and the new orphans: coping with death. London: Auburn House.

DANZIGER, R. 1994. The social impact of HIV and Aids in developing countries. *Social science and medicine*, 39(7):905-917.

DAVIDS, L., LETLAPE, A., MAGOME, K., MAKGOBA, S., MANDIVENYI, C., MDWABA, T., NED, N., NKOMO, N., MFECANE, M. & SKINNER, S. 2006. A situational analysis of orphans and vulnerable children in four districts of South Africa. Cape Town: HSRC Press.

DEININGER, K., GARCIA, M. & SUBBARAO, K. 2002. Aids-induced orphans as systemic shock: Magnitude, impact and program interventions in Africa. Washington, D.C.: World Bank.

DELVA, W., VERCOUTERE, A., DEHAENE, I., WILLEMS, S., TEMERMAN, M. & ANNEMANS, L. 2005. Thinking ahead – the rising tide of orphans. *Medical journal*, 95: 2-6.

DEPARTMENT of Education **see** SOUTH AFRICA. Department of Education.

DEPARTMENT of Health **see** SOUTH AFRICA. Department of Health.

DEPARTMENT of Social Development **see** SOUTH AFRICA. Department of Social Development.

DEPARTMENT of Welfare **see** SOUTH AFRICA. Department of Welfare.

DESMOND, C. & GOW, J. 2002. The HIV/AIDS epidemic and the children of South Africa: impacts and interventions. (In Cornia, G.A., ed. Aids public policy and child well-being. New York: UNICEF. p. 110-198.)

DE VOS, A.S. 2005. Qualitative analysis and interpretation. (In De Vos, A.S., ed. Research at grass roots. 3rd edition. Pretoria: Van Schaik. p. 333-349.)

DE WITT, W. & LESSING, A. 2005. Teachers' views on the needs and support of HIV and Aids orphans in their psychosocial development. Pretoria: UNISA.

DLAMINI, P.K. 2004. A description selected interventions for the care of orphans and vulnerable HIV and Aids orphans. Cape Town: HSRC.

DONALD, D. & CLACHERTY, G. 2005. Developmental vulnerabilities and strengths of children living in child headed households: A comparison with children in adult headed households in equivalent impoverished communities. *African journal of Aids research*, 1:21-28.

DONALD, D., LAZARUS, S. & LOLWANA, P. 2002. Educational psychology in social context. Cape Town: Oxford University Press.

DONALD, D., LAZARUS, S. & LOLWANA, P. 2004. Educational psychology in social context. 2nd edition. Cape Town: Oxford University Press.

DORRINGTON, M.R., BRADSHAW, D. & BUDLENDER, D. 2002. HIV and Aids profile of the provinces of South Africa. Indicators for 2002. Cape Town: Centre for Actuarial Research, Medical Research. Council and the Actuarial Society of South Africa.

DUNKLEY, G. 2008. Technology-based vocational skills training for marginalized girls and young women. Bangkok: UNESCO Asia and Pacific Regional Bureau for Education.

- EGGEN, P. & KAUCHAK, D. 2010. Educational psychology: windows in the classrooms. 8th edition. London: Pearson education.
- FOSTER, G. 2000. The capacity of extended family safety net for orphans in Africa. *Psychology health and medicine*, 1:55-62.
- FOSTER, G. 2005. Supporting community effect to assist orphans in Africa. Geneva: United Nations Research Institute.
- FOSTER, G & LEVINE, C. 2005. A generation at risk: The global impact of HIV and Aids on orphans and vulnerable children. Cambridge: Cambridge University Press.
- FOSTER, G. & MAFUKA, C. 1997. Factors leading to the establishment of HIV and Aids orphans-headed households. Zimbabwe, Harare: UNAIDS.
- FOSTER, G. & MAKUFA, C. 1995. The capacity of the extended family safety net for orphans in Africa. Monrovia: MARC.
- FOUCHÉ, L.B. 2005. Qualitative research designs. (*In* De Vos, A.S., ed. Research at grass roots. 3rd edition. Pretoria: Van Schaik. p. 267-273.)
- FRANCE, N. 2006. Stigma and HIV/ Aids in Africa. [http://www.stigmaandhivaidsin Africa.htm](http://www.stigmaandhivaidsinAfrica.htm) Date of access: 26 April 2007.
- FREEMAN, M. 2004. HIV and Aids in developing countries. Cape Town: Routledge.
- FREEMAN, M. & NKOMO, N. 2006. Guardianship of orphans and vulnerable HIV and Aids orphans. Cape Town: Routledge.
- GERHARDT, A., PILLAY, S., PREETHALL, P. & VAN RENSBURG, P. 2006. Life Science. Learner's book. London: Cambridge University Press.
- GERMAN, S.E. 2006. An exploratory study of quality of life and coping strategies of orphans living in child-headed households in an urban high HIV-prevalent community in Zimbabwe. New York: Routledge.

- GERNTHOLTZ, L. 2005. HIV testing and treatment, informed consent Aids orphans. Johannesburg: Centre for applied Legal Studies, University of the Witwatersrand.
- GERNTHOLTZ, L. & RICHTER, M. 2004. Access of abandoned children and orphans with HIV/AIDS to antiretroviral therapy – a legal impasse. *South African medical journal*, 94(1):910-912.
- GIBSON, K., SWART, L. & SANDENBERG, R. 2002. Coping and counselling. Cape Town: Oxford University Press.
- GIESE, S., MEINTJIES, H. & CHAMBERLAIN, R. 2002. Guideline for health and social services for addressing the needs of HIV and Aids orphans experiencing orphanhood. Cape Town: Cape Town University.
- GIESE, S., MEINTJIES, H., CROKE, R. & CHAMBERLAIN, R. 2003. Health and social services to address the needs of orphans and other vulnerable children in the context of HIV and Aids in South Africa. Cape Town: Children's Institute.
- GOTLIEB, I.H. & HAMMEN, C.L. 1992. Psychology aspects of depression. New York: John Wiley and Sons.
- GOW, J. & DESMOND, C. 2002. The HIV and Aids epidemic and the children of South Africa. Impacts and interventions. Pietermaritzburg: UNICEF.
- GRANOT, T. 2005. Without you: HIV and Aids orphans and young people growing up with loss. London, Philadelphia: Jessica Kingsley Publisher.
- GREEFF, M. 2005. Information collection: interviewing. (*In De Vos, A.S., ed. Research at grass roots. 3rd edition. Pretoria: Van Schaik. p. 286-313.*)
- GUERNINA, Z. 2004. The school and mental health problems of street children: a trans-cultural preventative approach in counselling psychology. *Counselling psychology quarterly*, 17(1):99-105.

- GUEST, M. 2001. *Children of Aids: Africa's crises*. London: Pluto press
- GURNEY, W.S.C. & NISNET, R.M. 1998. *Ecological dynamics*,. New York: Oxford University Press.
- HAMACHEK, D. 1995. *Psychology in teaching, learning and growth*. 5th edition. Massachusetts: Allyn and Bacon.
- HARRINGTON, R.C. 1992. The natural history and treatment of child and adolescent affective disorders. *Journal of the American academy of child psychiatry*, 33:1287-1302.
- HENSLIN, J.M. 1996. *Social problems*. New Jersey: Merrill Prentice Hall.
- HEPBURN, A. 2001. Primary education in eastern and southern Africa: Increasing access for orphans and vulnerable children in Aids-affected areas. London: Duke University Press.
- HEPBURN, A. 2002. Increasing primary education access for children in aids-affected areas. *Perspectives in education*, 20(2):87-97.
- HUNTER, S. & WILLIAMSON, J. 2000. HIV and Aids orphans on the brink: executive summary. Washington, DC: United States Agency for International Development's Synergy Project.
- JAMES, S., LANDSVERK, J. & SLYMEN, D. 2004. Placement movement in and out of home care: patterns and predictors. *Children and youth services review*, 26:185-206
- JOHNSON, E.S. 2008. Ecological systems and complexity theory: Toward an alternative model of accountability in education. *International journal of complexity and education*, (5)1:1-10. www.complexityandeducation.ca Date of access: 15 July 2008.
- JOHNSON, L. & DORRINGTON, K. 2001. The impact of Aids on orphanhood in South Africa: A qualitative analysis. University of Cape Town: Centre for Actuarial Research.

- JOOSTE, S., MANAGA, A. & SIMBAYI, L.C. 2006. A census report of orphaned and vulnerable children in two South African communities. Cape Town: HSRC Press.
- JØRGENSEN, S.E. 2002. Integration of ecosystem theories: a pattern. Dordrecht, the Netherlands: Kluwer.
- KARTELL, C.G. 2005. HIV and Aids in South Africa: a study of the socio-educational development of adolescents orphaned by Aids in child-headed households. London: AB Academic Publishers.
- KELLER, D.R. & GOLLEY, F.B. 2000. Science of synthesis: an introduction to the philosophy of ecology. Georgia: University of Georgia Press.
- KHOZA, V. & XHAKAZA, P. 2003. HIV and Aids orphans and families affected by Aids. Durban: Butterworths.
- KIRKMAN, R. 1997. Why ecology cannot be all things to all people. *Environmental ethics*, 19(4): 375-390.
- LARRY, A. 1996. Personal theories: basic assumptions, research and application. New York: Teachers College Press.
- LEARY, T. 1988. Helping the helpless. California, Beverly Hills: Sage
- LEATHAM, C.P. 2005. The lived experience of adolescent learners from child-headed families in the Northern Free State. Johannesburg: University of Johannesburg. (Dissertation – MEd.)
- LEEDY, P.D. & ORMROD, J.E. 2005. Practical research: Planning and design. New Jersey : Upper Saddle River: Merrill Prentice Hall.
- LE ROUX, B.F. 2002. HIV and Aids and orphaned HIV and Aids orphans. Rivonia, South Africa: Policy research group and Pro Bono Meica publishers

LEVIN, L., BOBAT, R. & COTTON, M. 2002. Antiretroviral therapy in HIV and Aids orphans. Southern African HIV clinicians' society guidelines. *South African journal of HIV medicine*, 9:24 -29.

LEVINE, A. 2001. Orphans and other vulnerable children: What role for social protection? Paper presented at a world bank/world version conference. Washington , DC.: World Bank.

LINCOLN, Y.S. & GUBA, E.G. 1985. Naturalistic inquiry. London: Sage.

LOENING-VOYSEY, H. & WILSON, T. 2001. Approaches to caring for children orphaned by HIV and Aids. Essential elements for a quality service. United Nations: Institute for Urban Primary Health Care.

LOWERY, R . 1998. Toward a psychology of being. 3rd edition. New York: Wiley & Sons.

LUTHAR, S. 2000. The construction of resilience: a critical evaluation and guidelines for future work. *Child development*, 71:543-562.

LYNAS, M. 2001. No excuses. Facing up to sub-Saharan Africa's Aids orphans' crisis. London: Christian Aid.

MAKAME, V., ANI, C. & GRANTHAM-MCGREGOR, S. 2002. Psychological well-being of orphans in Dar Es Salam, Tanzania. *Acta paediatrica*, 91(4):459-465.

MANDELA CHILDRENS' FUND. 2007. Changing the way society treats children and youth. Pretoria: Human Sciences Research Council.

MAQOKO, Z. & DREYER, Y. 2007. Child headed households because of the trauma surrounding HIV and Aids. Pretoria: University of Pretoria Press.

MAREE, K. & VAN DER WESTHUIZEN, C. 2007. Planning a research proposal. (In Maree, K., ed. First steps in research. Pretoria: Van Schaik Publishers. p. 24-45.)

MARSHALL, K. & KEOUGH, L. 2004. Finding global balance: common ground between the world of development and faith. Washington, DC.: World Bank.

MASTEN, A.S. 2001. Ordinary magic: resilience processes in development. *American psychologist*, 56(3):227-238.

MATSHALAGA, N.R. & POWELL, G. 2002. Mass orphan hood in the era of HIV and Aids. *British medical journal*, 3(240):185-186.

MCDONNELL, M., PICKETT, S., GROFFMAN, P., BOHLEN, P, POUYAT, R., ZIPPERER, W., PARMELEE, R., CARREIRO, M. & MEDLEY, K. 1997. Ecosystem processes along an urban-to-rural gradient. *Urban ecosystems*, 1:21-36.

MCMILLAN, J.H. & SCHUMACHER, S. 1997. Research in education: A conceptual introduction. 3rd edition. New York: Harper Collins College Publishers.

MCMILLAN, J.H. & SCHUMACHER, S. 2000. Research in education. 4th edition. A conceptual introduction. New York: Longman.

MCMILLAN, J.H. & SCHUMACHER, S. 2001. Research in education. 5th edition. A conceptual introduction. New York: Longman.

MCMILLAN, J.H. & SCHUMACHER, S. 2006. Research in education. 6th edition. Evidence based inquiry. New York: Longman.

MEINTJIES, H. 2005. Children in need of care or in need of cash, social security in the time of Aids. Rondebosch, Cape Town: Cape Town University Press.

MERRIAM, S.B. 2009. Qualitative research. A guide to design and implementation. San Francisco: Jossey Bass.

MEYER, J. 1997. Conserving ecosystem function. (*In* Pickett, S.T.A.R., Ostfeld, S.M., Shachak, M. & Likens, G.E., eds. The ecological basis of

conservation: heterogeneity, ecosystems, and biodiversity. New York: Chapman and Hall. p. 49-68.)

MOKOENA, M. J. 2007. An ecosystemic programme for dealing with difficulties experienced by Aids orphans at school. Vanderbijlpark: North-west University. (Dissertation - MEd.)

MUKWAYA J. 1999. The Aids emergency. The Progress of Nations 1999. New York: UNICEF.

MUNYATI, S., RUSAKANIKO, S., MUPAMBIYERI, P.F., MAHATI, S.T., CHIBATAMOTO, P. & CHANDIWANA, B. 2006. A census of orphans and vulnerable children in two Zimbabwean districts. Cape Town: HSRC Press.

MWAMWENDA, T.S. 1995. Educational psychology. Durban: Butterworths.

MWAMWENDA, T.S. 2004. Educational psychology: an African perspective. Cape Town: Heinemann.

NICHOLSON, C.M.A. & JEFFERSON, T. 2008. The impact of child labour legislation on child-headed households in South Africa, *Thomas Jefferson law review*, 30(2):407-428.

NIEUWENHUIS, J. 2007a. Introducing qualitative research. (*In Maree, K., ed. First steps in research. Pretoria: Van Schaik. p. 47-68.*)

NIEUWENHUIS, J. 2007b. Qualitative research designs and data gathering techniques. (*In Maree, K., ed. First steps in research. Pretoria: Van Schaik. p. 70-97.*)

NIEUWENHUIS, J. 2007c. Analysing qualitative data. (*In Maree, K., ed. First steps in research. Pretoria: Van Schaik. p. 99-115.*)

NYAMBEDHA E.O., WANDIBBA S. & AAGAARD-HANSEN, J. 2003. Retirement lost: the new role of the elderly as caretakers for orphans in Kenya. *Journal of cross-cultural gerontology*, 18: 33–52.

O'CONNOR, J. & MCDERMOTT, I. 1997. The art of systems thinking: Essential skills for creativity and problem-solving. San Francisco: Thorsons Publishing.

PAQUETTE, D. & RYAN, J. 2001. Bronfenbrenner's ecological systems theory. <http://pt3/nz.edu//paquetteryanarcbquest.pdf> Date access: 9 September 2010.

PATHE, M. 2002. Surviving stalking. London: Cambridge University Press

PAYNE, S., HORN, S. & RELF, M. 1999. Health psychology: Loss and bereavement. Philadelphia: Open University Press.

PHAROAH, R. 2005. Aids orphans, crime and instability. Exploring the linkages. Ghana: Institute for Security Studies.

PHASWANA-MAFUYA, M.N. & PELTZER, K. 2006. HIV and Aids knowledge, risk perception in the Eastern Cape. Pretoria, South Africa: HSRC.

PHIRI, S.N., FOSTER, G. & NZIMA, M. 2001. Expanding and strengthening community action. Washington, DC.: USAID.

PHIRI, S. & WEBB, D. 2002. The impact of HIV and Aids on orphans and programme and policy responses. Cornia: UNICEF.

PIENAAR, A. 2011. Byna helfte van SA kinders leef sonder pa. *Beeld*: 4, 7 April.

PSYCHOLOGY TODAY. 2005. Focuses on the life-changing effect of mistakenly diagnosing changes in Molome's life. University of Natal: UNICEF.

RADEMEYER, A. 2011. 18% van SA leerlinge het nie pa of ma. *Beeld*: 2, 12 April.

RAU, B. 2002. Intersecting risks: HIV and Aids and child labour working. Geneva: International Labour Office.

- REBER, A. S, & REBER, E. 2001. The penguin dictionary of psychology. Rosebank, South Africa: Penguin Books.
- RICHTER, L.M. & DESMOND, C. 2008. Targeting Aids orphans and child-headed households: A perspective from national surveys in South Africa, 1995-2005. *Aids care*, 20(9):1019-1028.
- RICHTER, L., MANEGOLD, J. & PATHER, R. 2004. Family and community interventions for HIV and Aids orphans affected by Aids. Cape Town: Humans Sciences Research Council.
- ROBINS, L.N. 1991. Conduct disorder. John Wiley: New York.
- ROTHMAN, D. 1999. Foster care placements. South Africa: Judicial officer.
- RUSSEL, M. & SCHNEIDER, H. 2000. A rapid appraisal of community-based HIV and Aids care and support programmes in South Africa. Johannesburg: Centre for Health Policy.
- RYAN, R. & DECI, E. 2000. Self-determination theory and the facilitation of intrinsic motivation, social development and well-being. *American psychologist*, 55(1):68-78.
- SA **see** SOUTH AFRICA.
- SAHARA, J. 2002. Children and youth. Social aspects of HIV and Aids. New York: Longman.
- SCARTH, L. 1993. Clinical syndromes in adolescence: Child and adolescence psychiatry. London: Gaskell.
- SCHAFF, N. 2004. Kids growing food: school food gardens as tools for learning. <http://vivo.cornell.edu/individual/vivo/individual> Date of access: 26 March 2007.

- SCHOON, I. & BYNNER, J. 2003. Risk and resilience in the life course: Implications for interventions and social policies. *Journal of youth studies*, 6(1):21-31.
- SENGENDO, J. & NAMBI, 1997. The psychological affect of orphan hood: A Study of orphans in the Rakaia district. *Health transition review*, 7:105-125.
- SETSWE, G. & SKINNER, D. 2008. Interventions for orphans and vulnerable children at four project sites in South Africa. Cape Town: HSRC Press.
- SHISANA, O. & LOUW, J. 2006. Translating research into policy: the case of orphans an vulnerable children in South Africa. *Journal of social aspects of HIV /Aids*, 3:450-45.
- SHISANA, O. & SIMBAYI, L. 2002. Nelson Mandela HSRC study of HIV and Aids. South African National HIV prevalence, behavioural risks and mass media. Household survey 2002. Cape Town: HSRC.
- SHRADER-FRECHETTE, K. S. 2000. Ecological theory is problematic. (In Lamont, B., ed. *Environmental Biology*. Perth: Curtin University of Technology. p. 68-79.)
- SKINNER, D., TSHEKO, N., MTERO-MUNYATI, S., SEGWABE, M., CHIBATAMOTO, P., MFECANE, S., CHANDIWANA, B., NKOMO, N., TLOU, S. & CHITIYO, G. 2004. Definition of orphaned and vulnerable HIV and Aids orphans. Cape Town: HSRC.
- SKWEYIYA, Z.S.T. 2002. The plight of children affected by HIV and Aids is a crisis that has reached catastrophic proportions that, tragically, is likely to worsen before the situation improves. <http://www.sarpr.org.za> Date of access: 14 April 2007.
- SLOTH-NIELSEN, J. 2004. Realising the rights of HIV and Aids orphans growing up in child-headed households and its effects. London, Philadelphia: Jessica Kingsley Publishers.

SMART, R.A. 2000. Children living with HIV and Aids in South Africa-A rapid appraisal. Pretoria: Save the Children.

SMART, R.A. 2003. Policies for orphans and vulnerable HIV and Aids orphans. Pretoria: USAID.

SOUTH AFRICA. 1983. Child Care Act 74 of 1983. Pretoria, South Africa: Department of Welfare.

SOUTH AFRICA. Department of Welfare. 1998. Information guide for social workers on the practical application of the child care. Pretoria: Department of Welfare.

SOUTH AFRICA. Department of Social Development. 2004. Minister and MECs to give priority to the removal of children from prison as well as the provision of more protection for other vulnerable children. Media Release 6 October 2004. Pretoria: Department of Social Development.

SOUTH AFRICA. 2005. Children's Bill of Rights. Pretoria: National Treasury.

SOUTH AFRICA. Department of Social Development. 2011. Reported orphans. February 2010. Kroonstad: Department of Social Development.

SOUTH AFRICAN LAW REFORM COMMISSION, 2003. Childrens bill (Draft of January 2003). Pretoria, South Africa: South African Law Commission.

STAFF REPORTER, 2003. Africa's lost generation. *Eskom news*: 12-13, September.

STATISTICS SOUTH AFRICA. 2006. South Africa 2006: population and HIV/Aids. New York: UNAIDS.

STERELNY, K. 2001. The reality of ecological assemblages: a palaeo-ecological puzzle. *Biology and philosophy*, 16(4): 437-461.

- STOVER, J., BOLLINGER, L., WALKER, N. & MONASCH, R. 2005. Resource needs to support orphans and vulnerable children in sub-Saharan Africa. Ghana: UNICEF.
- STRODE, A. 2003. The nature and extent of problems facing child-headed households within the Thandanam Programme. Pietermaritzburg: University of Natal.
- STRYDOM, H. 2005. The pilot study (*In De Vos, A.S., ed. Research at grass roots: for the science and human services professions. 3rd edition. Pretoria: Van Schaik Publishers. p. 205-216.*)
- STRYDOM, H. & VENTER, L. 2002. Sampling and sampling methods. (*In De Vos, A.S., ed. Research at grass roots: for the science and human services professions. 2nd edition. Pretoria: Van Schaik Publishers. p. 197-209.*)
- TAYLOR, P. 2000. Socio-ecological webs and sites of sociality: Levins' strategy of model building revisited. *Biology and philosophy*, 15(2):197-210.
- THEBE, S.K. 2007. Views of a rural community on the impact of HIV/AIDS on the children of infected parents: intervention guidelines. Potchefstroom: North-West University. (Mini dissertation – MEd.)
- THERON, L.C. & THERON, A.M.C. 2010. A critical review of studies of South African youth resilience, 1990-2008. *South African journal of science*, 106 (7/8):1-8, Jul.
- THOM, D.P., LOUW, D.A.P., VAN EDE, D.M. & FERNS, L. 2001. Adolescente in menslike ontwikkeling. Kaapstad: Kagiso.
- THURMAN, T.R., SNIDER, L., BORIS, N., KALISA, E., MUGARIRA, E.L., NTAGANIRA, J. & BROWN, L. 2006. Psychosocial support and marginalization of youth-headed households in Rwanda. Rwanda: Tulane University Press.

- TOLFREE, D. 1995. Roots and roots: the care of separated children in the developing world. London: Arena publishing.
- TOLFREE, D. 2005. Facing the crisis: Supporting HIV and Aids orphans through positive care options. Save the HIV and Aids orphans. London: Pitman.
- TOPPING, K. 1990. Disruptive pupils: Changes in perception and provision. London: Macmillan
- TSHEKO, G.N., BAINAME, K., ODIRILE, L.W. & SEGWABE, M. 2007. A baseline study on psychological support of orphans and vulnerable children in two villages in Botswana. Cape Town: HSRC Press.
- ULANOWICZ, R. E. 1997. The ascendant perspective in ecology. New York: Columbia University Press
- UNAIDS. 1998. Aids epidemic update. Geneva: UNAIDS.
- UNAIDS. 2000. Aids epidemic update. Geneva: UNAIDS.
- UNAIDS. 2003. Progress report on the global response to the HIV/Aids epidemic. Zambia: UNAIDS.
- UNAIDS. 2004. Report on the global Aids epidemic. Geneva: UNAIDS.
- UNGAR, M. 2004. The importance of parents and other caregivers to the resilience of high-risk adolescents. *Family process*, 43(1):23-41.
- UNGAR, M. 2006. Nurturing hidden resilience in at-risk youth in different cultures. *Child and adolescent psychiatry*, 15(2):53-58.
- UNICEF. 2000. Poverty reduction begins with HIV and Aids orphans. United HIV and Aids orphans funds. Geneva: UNAIDS.
- UNICEF. 2003. Fighting HIV and Aids: Strategies for success 2002-2005. Geneva: UNAIDS.

UNICEF. 2004. HIV and Aids orphans on the brink: a joint report on orphan estimates and program strategies. Geneva: UNAIDS.

UNISA see UNIVERSITY OF SOUTH AFRICA

UNIVERSITY OF CAPE TOWN. 2006. Facts about children.
<http://www.childrencount.ci.ort.za> Date of access: 3 June 2007.

UNIVERSITY OF SOUTH AFRICA. 1999. Educational management research methodology study guide 2. Pretoria: Pretoria University Press.

USAID. 2003. Displaced children and orphans fund: honouring a commitment to vulnerable children. Washington, DC.: USAID.

USAID. 2009. Orphans and vulnerable children. http://www.journAids.org/index.php/reporting/orphans_and_vulnerable_children Date of access: 15 April 2008.

UYS, L. & CAMERON, S., eds. 2003. Home- based HIV and Aids care. New York: Oxford University Press.

VOYDANOFF, P. 2005. Toward a conceptualization of work-family fit and balance. *Journal of marriage and family*, 67:822-836.

VOYSEY, H. 2002. HIV and Aids in South Africa: Caring for vulnerable children. *African journal of Aids research*, 1:103-110.

WERNER, E. & SMITH, R. 1997. Vulnerable but invincible: A longitudinal study of resilient HIV and Aids orphans and youth. New York: McGraw Hill.

WHITESIDE, A. 2000. The real challenges: the orphan generation and employment creation. *AIDS analysis Africa*, 10:14-15

WHO see WORLD HEALTH ORGANISATION.

WIDDISON, H.A. 1998. Annual editions: Social problems. Eldora, USA.: Dushkin.

- WINKLEY, L. 1996. Emotional problems in HIV and Aids orphans and young people. London: Cassell.
- WOOD, E. 2007. The phenomenon of resilience in Aids orphans. South Africa. Vanderbijlpark: North West University. (Dissertation – MEd.)
- WOOLFOLK, A. 2004. Educational psychology. 9th edition. Boston: Pearson education.
- WORLD HEALTH ORGANISATION. 1995. Introduction to quality of life assessment. Geneva: World Health Organisation.
- WORLD HEALTH ORGANISATION. 2002. Epidemiological fact sheets on HIV/Aids and sexually transmitted infections. Botswana: World Health Organisation.
- WORLD HEALTH ORGANISATION. 2003. Progress report on the global response to the HIV/Aids epidemic. New York: World Bank.
- WORLD HEALTH ORGANISATION. 2004. World health report. Available: <http://www.who.org> Date of access: 1 February 2007.
- YAMBA, B. 2003. HIV and Aids orphans of the storm. New York: Nordic Africa Institute.

APPENDIX A

PERMISSION TO CONDUCT RESEARCH: DEPARTMENT OF EDUCATION

28. May. 2008 6:27



No. 1894 P. 2
education

Department of
Education
FREE STATE PROVINCE

Enquiries: Malmene IM
Reference: 16/4/17-2008

Tel: 051 494 8662
Fax: 051 447 7318
E-mail: malmene@edu.fs.gov.za

2008 - 05 - 19

Ms ME Rakhollle
128 Refengkhotsa
Deneyaville
1932

Dear Ms Rakhollle

REGISTRATION OF RESEARCH PROJECT

1. This letter is in reply to your application for the registration of your research project.
2. Research topic: A support programme for HIV/AIDS orphans.
3. Your research project has been registered with the Free State Education Department.
4. Approval is granted under the following conditions:-
 - 4.1 Learners and officials participate voluntarily in the project.
 - 4.2 The names of all schools and participants involved remain confidential.
 - 4.3 The questionnaires are completed and the interviews are conducted outside normal tuition time.
 - 4.4 This letter is shown to all participating persons.
 - 4.5 A bound copy of the report and a summary on a computer disc on this study is donated to the Free State Department of Education.
 - 4.6 Findings and recommendations are presented to relevant officials in the Department.
5. The costs relating to all the conditions mentioned above are your own responsibility.
6. You are requested to confirm acceptance of the above conditions in writing to:

The Head: Education, for attention: DIRECTOR : QUALITY ASSURANCE
Room 401, Syfrets Building, Private Bag X20565, BLOEMFONTEIN, 9301

We wish you every success with your research.

Yours sincerely

FR SELLO

DIRECTOR : QUALITY ASSURANCE

Directorate: Quality Assurance, Private Bag X20565, Bloemfontein. 9300
Syfrets Center, 65 Maitland Street, Bloemfontein
Tel: 051 404 8750 / Fax: 051 447 7318 E-mail: quality@edu.fs.gov.za

APPENDIX B

CONSENT LETTERS TO PARTICIPANTS

INFORMED CONSENT (LEARNER)

Dear Learner

I am busy with a research study for my PhD-degree. I need your assistance to provide me with information to complete the study. This document will provide you with information regarding the project and what your involvement will entail. If you feel comfortable with the contents of the explanation I will appreciate it if you could sign the section indicating your consent to take part in the study.

Kindly note the following before you give consent to participate in the project.

No support programme exists to support HIV/Aids orphans in the Fezile Dabi region. It is the aim of this research to develop such a programme.

With the assistance of Life Orientation teachers I have identified learners in the Fezile Dabi region who have been orphaned due to HIV and Aids. I approach you to ask for your permission personally to take part in the study. Participation will not be compulsory and you may withdraw at any time should you feel uncomfortable. I would like to do one interview with you, which I would like to tape record with your permission. The interview will be scheduled at a time that will be convenient for you. The duration of the interview will be one hour, and I would like to capture your exact words on a tape recorder. During the interview, I want to know more about the needs that you experience and how you manage and cope. No possible risks are envisaged. However, if you should feel emotional after the interview, the School Based Support Team of your school will assist you in dealing with your feelings and emotions.

There are no direct benefits for taking part in the study. The designed programme though may in future assist you to deal with the needs that you as an HIV and Aids orphan experience.

CONFIDENTIALITY: the information that you disclose during the interview will be kept confidential by the researcher. However, if the participants disclose to me that they were hurt or harmed in any way, I would have to report the information to relevant authorities in order to protect them from further harm. When reporting on the interview information no names will be revealed and each participant will be identified by a code. If during the interviews I detect that you are in danger or being hurt, I will have to disclose this information to the relevant authorities in order to protect you. I hereby also request permission to utilize the data obtained during the research for publication purposes.

The research is conducted by a Doctoral student, M.E. Rakholile under the supervision of Prof. M.M. Grosser from the School of Educational Sciences, North-West University (Vaal Triangle Campus). If you have any questions or queries you can contact Prof. Grosser at 016 910 3063 (work).

CONSENT:

I.....(full name) have read and understand the nature of my participation in the project and agree to participate.

Signature:.....
Date:.....



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
VAAL TRIANGLE CAMPUS

INFORMED CONSENT (GUARDIANS/CARETAKERS)

Dear Guardian/Caretaker

I am busy with a research study for my PhD-degree. I need your permission to involve (Name of learner) as a participant in my study to provide me with information in order to complete the study. This document will provide you with information regarding the project and what the learner's involvement will entail. If you feel comfortable with the contents of the explanation I will appreciate it if you could sign the section indicating your consent that he/she may take part in the study.

Kindly note the following before you give consent to participate in the project.

No support programme exists to support HIV and Aids orphans in the Fezile Dabi region. It is the aim of this research to develop such a programme.

With the assistance of Life Orientation teachers, I identified learners in the Fezile Dabi region who have been orphaned due to HIV and Aids. I am approaching these learners personally to ask for their permission to take part in the study. Participation will not be compulsory and the learners may withdraw at any time should they feel uncomfortable. I would like to do one interview with each learner, which I would like to tape record with the permission of the learner. The interview will be scheduled at a time that will be convenient for the learner. The duration of the interview will be one hour. During the interview, I want to know more about the needs that they experience and how they manage and cope. No possible risks are envisaged. However, if they should feel emotional after the interview, the School Based Support Team of your school will assist them in dealing with their feelings and emotions.

There are no direct benefits for taking part in the study. The designed programme though may in future assist the learners to deal with the needs that they as HIV and Aids orphans experience.

CONFIDENTIALITY: the information that the learners will disclose during the interview will be kept confidential by the researcher. However, if the participants disclose to me that they were hurt or harmed in any way, I would have to report the information to relevant authorities in order to protect them from further harm. When reporting on the interview information no names will be revealed and each participant will be identified by a code. If during the interviews I detect that learners are in danger or being hurt, I will have to disclose this information to the relevant authorities in order to protect the learner. I hereby also request permission to utilize the data obtained during the research for publication purposes.

The research is conducted by a Doctoral student, M.E. Rakholile under the supervision of Prof. M.M. Grosser from the School of Educational Sciences, North-West University (Vaal Triangle Campus). If you have any questions or queries you can contact Prof. Grosser at 016 910 3063 (work).

CONSENT:

I.....(full name of parent/guardian) have read and understand the nature of the participation in the project and agree that(Name of learner) may participate.

Signature:.....
Date:.....



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
VAAL TRIANGLE CAMPUS

INFORMED CONSENT (SCHOOL PRINCIPALS)

Dear School Principal

I am busy with a research study for my PhD-degree. I need your permission to involve (Name of learner) as a participant in my study to provide me with information in order to complete the study. This document will provide you with information regarding the project and what the learner's involvement will entail. If you feel comfortable with the contents of the explanation I will appreciate it if you could sign the section indicating your consent that I may conduct research with a learner at your school.

Kindly note the following before you give consent to participate in the project.

No support programme exists to support HIV and Aids orphans in the Fezile Dabi region. It is the aim of this research to develop such a programme.

With the assistance of Life Orientation teachers I identified learners in the Fezile Dabi region who have been orphaned due to HIV and Aids. I am approaching these learners personally to ask for their permission to take part in the study. Participation will not be compulsory and the learners may withdraw at any time should they feel uncomfortable. I would like to do one interview with each learner, which I would like to tape record with the permission of the learner. The interview will be scheduled at a time that will be convenient for the learner. The duration of the interview will be one hour. During the interview I want to know more about the needs that they experience and how they manage and cope. No possible risks are envisaged. However, if they should feel emotional after the interview, the School Based Support Team of your school will assist them in dealing with their feelings and emotions.

There are no direct benefits for taking part in the study. The designed programme though may in future assist the learners to deal with the needs that they as HIV and Aids orphans experience.

CONFIDENTIALITY: the information that the learners will disclose during the interview will be kept confidential by the researcher. However, if the participants disclose to me that they were hurt or harmed in any way, I would have to report the information to relevant authorities in order to protect them from further harm. When reporting on the interview information no names will be revealed and each participant will be identified by a code. If during the interviews I detect that learners are in danger or being hurt, I will have to disclose this information to the relevant authorities in order to protect the learner. I hereby also request permission to utilize the data obtained during the research for publication purposes.

The research is conducted by a Doctoral student, M.E. Rakholile under the supervision of Prof. M.M. Grosser from the School of Educational Sciences, North-West University (Vaal Triangle Campus). If you have any questions or queries you can contact Prof. Grosser at 016 910 3063 (work).

CONSENT:

I.....(name of principal) have read and understand the nature of the participation in the project and agree that(Name of learner) who is a learner in my school, may participate.

Signature:.....
Date:.....

APPENDIX C

ETHICAL CLEARANCE



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

Private Bag X6001, Potchefstroom
South Africa 2520

Tel: (018) 299-4900
Faks: (018) 299-4910
Web: <http://www.nwu.ac.za>

Ethics Committee
Tel: +27 18 299 4850
Fax: +27 18 293 5329
Email: Ethics@nwu.ac.za

Dr. Mary Grosser

Dear Dr. Grosser

21 October 2008

ETHICS APPROVAL OF PROJECT

The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: A Support programme for HIV/Aids orphans in the Fezile Dabi region														
Ethics number:	N	W	U	-	0	0	4	2	-	0	8	-	A	2
	Institution			Project Number				Year		Status				
Status: S = Submission; R = Re-submission; P = Pending; A = Approved; F = Forfeited														
Approval date: 29 September 2008										Expiry date: 28 September 2013				

Special conditions of the approval (if any): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principal investigator) must report in the prescribed format to the NWU-EC:
 - annually (or as otherwise requested) on the progress of the project,
 - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-EC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-EC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-EC retains the right to:
 - request access to any information or data at any time during the course or after completion of the project;
 - withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the NWU-EC or that information has been false or misrepresented,
 - the required annual report and reporting of adverse events was not done timely and accurately,
 - new institutional rules, national legislation or international conventions deem it necessary.

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Prof MMJ Lowes
(chair NWU Ethics Committee)

Prof M. Monteith
(Chairman: NWU Ethics Committee; Teaching and Learning)

APPENDIX D

VERBATIM TRANSCRIPTS AND PRELIMINARY CODING

Preliminary coding

The highlighted sections indicate the main ideas (preliminary codes) that I extracted from the participants' responses in answering the questions.

Section A: Biographic information

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	How old are you?		In which grade are you? Is it the first time that you are doing this grade? If not, what is the reason for you repeating the grade?		Where do you live? Are you satisfied living there, or do you experience problems? Explain	
A1	"15 years"	15 years	"Grade 9 and it is the first time doing it"	-Grade 9 -First time	"I'm staying at Tweeling, and I am happy staying there because everything I'm asking I find it".	-Tweeling, -Satisfied and happy with living conditions

	Question 1	Codes	Question 2	Codes	Question 3	Codes
A2	"I'm 16 years"	16 years	"Grade 10 I'm not repeating it"	-Grade 10 -First time	"I'm staying at Refengkhoto and I'm not happy to leave there because we are struggling to survive, I want to go to my sister's place to leave with them, but my grandmother doesn't want me to go to stay with my sister, she says my sister's husband will not agree to stay with them".	-Refengkhoto -Not happy with living conditions -Struggling to survive
A3	"18 years"	18 years	"Grade 12 I'm not repeating it, I failed Grade 11 because when my mother died it was during final exams".	-Grade 12 -First time -Failed Grade 11 due to mother passing away	"Deneysville, I'm happy to stay with my aunt, I don't experience any problems"	-Deneysville - Happy with living conditions
A4	"18 years"	18 years	"Grade 12 it is my first time being in Grade 12"	-Grade 12 -First time	"Refengkhoto, I'm happy to stay with my family because our parent left us a house to stay"	-Refengkhoto -Happy staying with family -Parents provided house
A5	"15 years"	15 years	"Grade 10 and I don't repeat it"	-Grade 10 -First time	"I stay Sasolburg, I'm happy to leave there and I don't experience any problems"	-Sasolburg - Happy with living conditions

	Question 1	Codes	Question 2	Codes	Question 3	Codes
A6	"19 years"	19 years	"Grade 12 and I'm repeating it because where I stay I don't get enough time to study I had to go to work and I come back late, I have a little time for my study"	-Grade 12 repeated for the second time Reasons for repeating: - No time to study -Work -Come back late	"Sasolburg, I'm not happy because I had to study and I'm also a breadwinner at the house I'm the one who is taking care of other children"	-Sasolburg -Not happy -Many responsibilities Have to act as caregiver
A7	"16 years"	16 years	"Grade 11, I'm not repeating it"	-Grade 11 -First time	"Frankfort, I'm happy staying there, I don't experience any problems"	-Frankfort -Happy with living conditions
A8	"13 years"	13 years	"Grade7 it is my first time in Grade 7"	-Grade7 -First time	"Kroonstad, I'm happy staying there, I don't experience any problems"	-Kroonstad -Happy with living conditions
A9	"16 years"	16 years	"Grade 9 I'm repeating it, because of the language used at school, and I was also disturbed by my parents death"	-Grade 9 -Second time -Experienced language problems -Disturbed by parents' death	"Frankfort' I'm happy staying where I am"	-Frankfort -Happy with living conditions

	Question 1	Codes	Question 2	Codes	Question 3	Codes
A10	"17 years"	17 years	"Grade 12 I'm not repeating it"	-Grade 12 -First time	"I'm staying at Refengkhoto, I'm not happy because I struggle to get things that is needed at school, and my guardians doesn't give me enough support to my studies"	-Refengkhoto -Not happy because has to struggle to get school resources -Guardians not supportive
A11	"17 years"	17 years	"Grade 12 I'm not repeating it"	-Grade 12 -First time	"Sasolburg, I'm not happy but I don't experience any problems"	-Sasolburg -Not happy although there is no problem
A12	"14 years"	14 years	"Grade 7 I'm repeating it because I was suppose to move where we were staying with my parents to other place and I become depressed when I have to adapt with new life, new place and new school"	-Grade 7 -Second time -Depressed because have to adapt to new life, new living place and new school.	"I stay at Tweeling, were I'm staying now I'm happy but at first I was not happy I asked myself that will my uncles wife take good care of me or will she treat me like her other children"	-Tweeling -Happy staying with aunt -Unsure if will be treated like children of the aunt
A13	"13 years"	13 years	"Grade 7 it is for the first time doing the Grade"	-Grade 7 -First time	"Sasolburg, I'm happy and I don't experience any problems"	-Sasolburg -Happy with living conditions

	Question 1	Codes	Question 2	Codes	Question 3	Codes
A14	"15 years"	15 years	"Grade 8 it is for the second time doing the Grade because before I move from where I stayed to stay with my grandmother I was not treated well they were abusing me, they use to beat me even when I've done a slide mistake, that makes it difficult for me to cope with my work"	-Grade 8 -Second time -Poor performance due to Grandmother's abuse	"I stay at Kroonstad, I'm happy now because my grandmother is trying her level best to satisfy me"	-Kroonstad -Happy because of supportive grandmother who tries her best to satisfy needs
A15	"16 years"	16 years	"Grade 10 I'm repeating it because the situation that I'm leaving under is not good, I don't have enough time to study"	-Grade 10 -Second time -Lack of time to study	"Sasolburg, I'm not happy because I struggle to get what I asked for and my brother is drinking a lot, when he is drunk he plays music aloud even when I'm studying"	-Sasolburg -Not happy with living conditions -Difficult to study because of brother disturbing him

	Question 1	Codes	Question 2	Codes	Question 3	Codes
A16	"11 years"	11 years	"Grade 5, I'm repeating it because I'm not receiving a support and good care from my guardians"	-Grade 5 -Second time -No support and care from the guardians	"Frankfort, I'm not happy because at school I'm taking part in extra mural activities, they don't want to pay for what is needed".	-Frankfort -Not happy because guardians do not pay for what is needed for extra mural activities -Cannot take part in extra mural activities due to a lack of money
A17	"I'm 14 years"	14 years	"I'm at Grade 8 it is for the first time doing it"	-Grade 8 -First time	"Kroonstad and I'm satisfied staying there"	-Kroonstad -Satisfied with living conditions
A18	"I'm 14 years"	14 years	"I'm at Grade 8 it is for the first time doing it"	-Grade 8 -First time	"Kroonstad, and I'm not happy staying there, because we sometimes stay without food and we had to borrow money to buy food if we don't get the money we sometimes sleep with empty stomach"	-Kroonstad -Not happy due to lack of basic needs such as money and food -Does not get sufficient food

	Question 1	Codes	Question 2	Codes	Question 3	Codes
A19	"13 years"	13 years	"Grade 7 and it is the first time doing it"	-Grade 7 -First time	"Refengkhoto, and I'm not satisfied staying there because my brother always want me to work at the tuck shop"	-Refengkhoto -Not satisfied with living conditions -Have to do extra work at tuck shop
A20	"I'm 14 years"	14 years	"Grade 8 and it is for the first time doing it"	-Grade 8 -First time	"Tweeling, I'm happy staying there"	-Tweeling -Happy with living conditions
A21	"16 years"	16 years	"Grade 11 it is for the first time"	-Grade 11 -First time	"Sasolburg, I'm happy because I'm staying as if it is our home"	-Sasolburg -Happy -Living conditions similar to their own home
A22	"I'm 15 years"	15 years	"Grade 8 I'm repeating it because I don't have enough time to study"	-Grade 8 -Second time -No time to study	"Kroonstad, I'm not satisfied staying there because they like to beat me and shout at me for nothing"	-Kroonstad -Not satisfied due to a lot of shouting, beating
A23	"13years"	13 years	"Grade 7 for the first time"	-Grade 7 -First time	"I'm staying at Refengkhoto and we had problems because person who were sponsoring with finance is no longer sponsoring us".	-Refengkhoto -Problematic conditions as sponsor withdrew funding

	Question 1	Codes	Question 2	Codes	Question 3	Codes
A24	"I'm 18years"	18 years	"Grade 12 it is for the first time"	-Grade 12 -First time	"I stay at Refengkhotso, I'm not satisfied staying where I live"	-Refengkhotso -Not satisfied with living conditions
A 25	"17years old"	17 years	"Grade 12 first time"	-Grade 12 -First time	"Frankfort, I'm happy because my parents were also living there before they die".	-Frankfort -Happy with living conditions -Stays at parents' place
A26	"I'm 18 years old"	18 years	Grade 11, I'm repeating it because last year I was locked up waiting for trial during exams" because I was stealing, food and clothes at the shops, that day I've run out of luck the security saw me stealing"	-Grade 11 -Second time -Involved in criminal activities	"I'm staying at Tweeling, and I'm not happy because we are struggling we don't have money for survival, my sister is a domestic worker the money she earning is too little for us to survive"	-Tweeling -Not happy with living conditions and struggling without money -Survival is problematic on the little money the sister earns as domestic worker.
A27	"16years"	16 years	"Grade 9, it is my first time doing it, I've failed Grade 1"	-Grade 9 -First time	"Tweeling, no because before I get what I need I struggle to get what I need".	-Tweeling -Not happy have to struggle to get what is needed.

	Question 1	Codes	Question 2	Codes	Question 3	Codes
A28	"14years"	14 years	"Grade8 it is for the first time"	-Grade8 -First time	"Tweeling, I'm satisfied because my guardians are trying their level best to take care of me"	-Tweeling -Satisfied with guardians who take good care
A29	"13years"	13 years	"Grade 7 is my first time"	-Grade 7 -First time	"Tweeling, no but there is no other place I can stay at I sometimes sleep without food"	-Tweeling -No other place to stay -Lack of food
A30	"15years"	15 years	"Grade9, it is for the first time"	-Grade 9 -First time	"Frankfort, I'm satisfied I don't experience any problem"	-Frankfort -Satisfied do not experience problems
A31	"17years"	17 years	"Grade 12 it is for the first time"	-Grade 12 -First time	"Tweeling and I'm not happy because, we are staying in a shack that is drip water into the house when it is raining and we don't have enough money to support us we live in a three room shack of 8 people in it we are struggling when we have to sleep at night"	-Tweeling -Poor living conditions- living in a shack with 8 other people -Lack of money -Living space is small -Cannot sleep at night

	Question 1	Codes	Question 2	Codes	Question 3	Codes
A32	"13years"	13 years	"Grade5 it is the first time"	-Grade5 -First time	"Sasolburg, I'm satisfied because there were no one wanted to stay with me"	-Sasolburg -Satisfied
A33	"13years"	13 years	"Grade 7 for the first time"	-Grade 7 -First time	"Refengkhoto, the problem is that my Grandfather when he has money he drinks it within a day and that makes it difficult for my Grandmother to take care of us with her money only"	-Refengkhoto -Experience problems -Grandparents take care -Little money -Grandfather drinks -Difficult for grandmother to take care
A 34	"13years"	13 years	"Grade 6 it is for the first time"	-Grade 6 -First time	"Refengkhoto, I don't experience problems"	-Refengkhoto -No problems
A 35	"15years"	15 years	"Grade 7 for the first time"	-Grade 7 -First time	"Sasolburg, I'm not happy because I sometimes sleep with an empty stomach but because I don't have a choice I had to stay there"	-Sasolburg -Not happy -Sleep with an empty stomach -Do not have a choice—have to stay there

	Question 1	Codes	Question 2	Codes	Question 3	Codes
A36	"20years"	20 years	"Grade12 first time"	-Grade12 -First time	"I'm staying at Refengkhotso, and I'm happy I don't experience any problem"	-Refengkhotso -Happy do not experience problems
A37	"13years"	13 years	"Grade 6 it is for the first time"	-Grade 6 -First time	"I stay at Tweeling, I'm satisfied staying there, I don't experience any problem"	-Tweeling -Satisfied do not experience problems
A38	"18 years"	18 years	"Grade 10 it is for the second time because last year I didn't complete Grade10 my Uncle chased me away and it was in the middle of the year when I live at Koppies to Deneysville (Why he chased you away) "He wanted me to go to work with him when he has temporary work, he is doing plumbing"	-Grade 10 -Second time -Uncle chased me away -Wanted me to work and not to attend school	"Deneysville, I'm also not happy where I live because I can't get things that I need such as school uniform I had to borrow shoes or clothes if we are going somewhere with Dance club"	-Deneysville -Not happy because lack school uniform, borrow shoes or clothes

	Question 1	Codes	Question 2	Codes	Question 3	Codes
A39	"12 years"	12 years	"Grade 7 it is for the first time doing it"	-Grade 7 -First time	"Frankfort, I'm happy staying there because my aunt treats us like her own children"	-Frankfort -Happy -Aunt acts as a mother figure - treats them like her children
A40	"11 years"	11 years	"Grade 5 it is for the first time"	-Grade 5 -First time"	"Kroonstad, I'm not happy because we don't live like other families with money, I don't get support that I need"	-Kroonstad -Do not live like other families -Lack of money to provide support
A41	"I'm 11years old"	11years	"Grade 5 and it is for the first time doing it"	-Grade 5 -First time	"Kroonstad, I'm happy to stay there"	-Kroonstad -Happy with living conditions
A42	"I'm 15 years old"	15 years	Grade 9, and it is the first time doing it"	-Grade 9 -First time	"Kroonstad, I don't experience any problems I don't know when times goes on"	-Kroonstad -No problems
A43	"I'm 16 years"	16 years	"Grade 11; it is my first time doing it"	-Grade 11 -First time	"Sasolburg and I'm happy stay there"	-Sasolburg -Happy

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Do you have access to electricity, water and sanitation where you live?		Who do you live with? Who takes care of you? For how long have you been staying here?		Do you have other family/brothers/sisters? Do you have contact with them?	
A1	"Yes we do have electricity, toilet and water".	Have water, toilet and electricity	"I stay with my uncle and his wife and it is 8 years staying with them".	-Has been staying with uncle and his wife for 8 years	"No other family"	No other family
A2	" yes we do have toilet, water and electricity"	Have toilet, water and electricity	"I'm staying with my grandmother, my grandfather and their two children; it is now 5 years my grandparents taking care of me"	-Staying with grandmother, grandfather and their two children for 5 years	"Yes we meet during school holidays or when there is family gathering"	-Has other family -Meet family during school holidays or family gatherings
A3	" yes we do have toilet, water and electricity"	Have toilet, water and electricity	"I'm staying with my aunt, her husband, her daughter my brother and sister, my aunts family moved to our place after my father's death in 2000"	Stays with aunt, her husband, her daughter my brother and sister, from 2000	"No we are staying with all my brother and sister"	Stay together with brothers and sisters
A4	" Yes we do have toilet, water and electricity"	Have toilet, water and electricity"	"I'm staying with my brother who is taking care of us and we stayed there since from birth"	Brother takes care	"No"	No other family

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Do you have access to electricity, water and sanitation where you live?		Who do you live with? Who takes care of you? For how long have you been staying here?		Do you have other family/brothers/sisters? Do you have contact with them?	
A5	"yes we do have toilet, water and electricity"	Access to toilet, water and electricity"	"I live with my grandmother and my aunt; I've been staying there for a year after my parent's death"	Stays with grandmother and my aunt for one year now	"Yes we call each other and meet during school holidays"	-Other family -Family members call each other and meet during school holidays"
A6	"We don't have electricity and toilet but we have water"	No access to electricity and toilet Have water	"I'm staying with my two brothers and a sister; I'm the one who is taking care of them after my mother's death in 2006"	Stays with two brothers and a sister from 2006	"No we are staying together"	Staying together with other family members
A7	"Yes we do have toilet, water and electricity"	Access to toilet, water and electricity	"I'm staying with my grandmother, grandfather and other three grandchildren; my grandmother is the one who is taking care of me for four years after the death of my mother"	Stays with grandmother, grandfather and other three grandchildren for four years	"No"	No other family
A8	"We don't have electricity' but we have water and toilet"	No access to electricity Access to water and toilet	"I'm staying with my sister, her husband and her two children, I moved to their place this year when my father died"	Stays with sister, her husband and her two children since this year	"No"	No other family

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Do you have access to electricity, water and sanitation where you live?		Who do you live with? Who takes care of you? For how long have you been staying here?		Do you have other family/brothers/sisters? Do you have contact with them?	
A9	"yes we do have toilet, water and electricity"	Access to toilet, water and electricity	"I'm staying with my grandmother and my sister it is 3years now staying with her"	Has been staying with grandmother and sister for three years	"Yes we don't visit each other because we stay in different places, others are staying at Sebokeng and one is staying in Phomolong"	-Family not together. -Stay in different places
A10	"We have water but we don't have toilet and electricity"	Access to water No access to toilet and electricity	"I'm staying with my aunt and her three children; I move to stay with them two years back"	Started staying with aunt and her three children two years back.	"No"	No other family
A11	"We do have water, toilet and electricity"	Access to water, toilet and electricity	"I'm staying alone, my parents died 2007"	Staying alone since 2007	"No"	No other family
A12	"No electricity and water we have a hole toilet"	No access to electricity and water Access to a hole toilet	"I'm staying with my uncle, his wife and his children; I stayed with them from last year"	Stays with uncle, his wife and his children since last year	"Yes but I don't know them because we are from different mothers and my father was not staying with my mothers"	-Other family -Have different mothers
A13	"yes we do have toilet, water and electricity"	Access to toilet, water and electricity	"I'm staying with my grandmother and my aunts daughter, and my sister, it is 3years now living there"	Has been staying with grandmother and aunts daughter, and sister for three years	"No"	No other family

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Do you have access to electricity, water and sanitation where you live?		Who do you live with? Who takes care of you? For how long have you been staying here?		Do you have other family/brothers/sisters? Do you have contact with them?	
A14	"yes we do have toilet, water and electricity"	Access to toilet, water and electricity	"I'm staying with my grandmother and grandfather alone; I've stayed there since from last year"	Stays with grandmother and grandfather since last year	"No"	No other family
A15	"yes we do have toilet, water and electricity"	Access to toilet, water and electricity	"I'm staying with my brother, grandmother and my aunt; it is for 8 years now staying with them"	Has been staying with brother, grandmother and aunt for 8 years	"Yes we call or meet during ritual ceremony if the is any"	-Has contact with other family -Call each other -Meet during ritual ceremony
A16	"Yes we do have toilet, water and electricity"	Access to toilet, water and electricity	"I'm staying with my sister, her husband and their children I don't remember when my parents died"	Stays with sister, her husband and their children Don't remember when parents died	"No"	No other family
A17	"Yes we do have electricity, water and toilet"	Access to water, toilet and electricity	"I'm staying with my grandfather and grandmother alone it is for a long time I don't remember when I started to livee with them"	Stays with frandfather and grandmother Don't remember when parents died	"Yes we relate by father, but his mother is still alive he visited me during school holiday"	- Has other family -Contact with family during school holiday

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Do you have access to electricity, water and sanitation where you live?		Who do you live with? Who takes care of you? For how long have you been staying here?		Do you have other family/brothers/sisters? Do you have contact with them?	
A18	"We do have access to electricity, water and toilet"	Access to water, toilet and electricity	"My grandmother and my four younger brothers, we were living with grandmother before our parents die"	Started staying with grandmother and four younger brothers before parents death	"No"	No other family
A19	"Yes we do have electricity, water, toilet"	Access to water, toilet and electricity	"I stay with my two brothers, since from last year"	Stays with two brothers since last year	"No"	No other family
A20	"Yes we do have toilet, water and electricity"	Access to toilet, water and electricity	"It is for seven years staying with my grandmother"	Has been staying with grandmother for seven years	"Yes I call or visited them"	- Has other family -Call or visit family
A21	"We do have water, toilet and electricity"	Access to water, toilet and electricity	"I'm staying with my uncle, his wife and his children; it is 10 years staying with them"	Has been staying with uncle, his wife and his children for 10 years	"No"	No other family
A22	"Yes we do have electricity, water and toilet"	Access to water, toilet and electricity	"I'm staying with my grandmother and her two sons (uncles), it is eight years staying with them"	Has been staying with grandmother and her two sons (uncles) for the past eight years	"No"	No other family
A23	"Yes we do have electricity, water and sanitation"	Access to electricity, water and sanitation.	"I live with my Aunt, uncle, sister, brother. My sister and my Aunt are the ones who are taking care of us".	Stays with aunt, uncle, sister, brother. Sister and aunt take care	"Yes, but I don't know them because my father didn't introduce us to them before he died".	-Has other family but does not know them -Limited family contact

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Do you have access to electricity, water and sanitation where you live?		Who do you live with? Who takes care of you? For how long have you been staying here?		Do you have other family/brothers/sisters? Do you have contact with them?	
A24	"I don't have electricity water and toilet, the is a tap in the corner of the street, if I want to go to toilet I go to my friends place or at school during the week"	No access to water, toilet and electricity	"I'm staying alone, I was living with my grandmother, uncle and uncles children last year my uncle chase me away he was saying I don't belong there"	Presently stays alone Lived with grandmother, but was chased away by uncle and uncle's children	"Yes, but we don't contact or meet each other"	-Has other family but does not meet with them Limited family contact
A 25	"There is no electricity, I'm using paraffin and candles, but there are water and sanitation".	No access to electricity. Access to water and toilet.	"Alone, it is now 2 years"	Has been living alone for 2 years	"Yes, we contact each other when one of us has problems to assist each other with the problem".	-Has other family -Family contact only when there are problems
A26	"Yes, we do have water, electricity and toilet"	Access to water, electricity and toilet	"I'm staying with my sister and we stayed together since my parents died"	Staying with sister since parents' death	"No"	No other family
A27	"Yes"	Access to water, electricity and toilet	"My grandmother and my grandfather, it is 12 years now staying with them"	Has been staying with grandmother and grandfather for 12 years	"Yes, they are staying with my Aunt we meet during school holidays and if there is ritual celebration".	-Other family -Meet during school holidays -Ritual celebration.
A28	"Yes"	Access to water, electricity and toilet	"My uncle, brother and my young sisters"	Stays with uncle, brother and younger sisters	"No"	No other family

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Do you have access to electricity, water and sanitation where you live?		Who do you live with? Who takes care of you? For how long have you been staying here?		Do you have other family/brothers/sisters? Do you have contact with them?	
A29	"Yes but sometimes we are running out of electricity when we don't have money to buy it"	Access to water, electricity and toilet Sometimes run out of electricity	"My grandmother (there is no other people leaving with you) yes it is only two of us"	Stays with grandmother	"No"	No other family
A30	"Yes"	Access to water, electricity and toilet	"I'm staying with my sister and my brother. My sister is the one taking care of me since from birth"	Stays with sister and brother since birth	"No"	No other family
A31	"We don't have water, toilet and electricity, we ask people that have toilet and water to allow us to use their toilet and taps".	No access to water, toilet and electricity Use facilities of other people	"My uncle, his wife and their 4 children and my younger sister, my uncle and his wife are the one taking care of me and I've been staying with them for seven years"	Stays with uncle, his wife and their 4 children and a younger sister since 7 years	"No"	No other family
A32	"Yes, we do have electricity, water and toilet"	Access to water, toilet and electricity	"It is 16 yrs staying with my Aunt and her daughter"	Has been staying with aunt and her daughter for 16 years	"Yes they stay with my other Aunt, we call or meet during funerals or ritual ceremony They are two sisters"	-Other family -Call each other -Meet during funerals -Ritual ceremony

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Do you have access to electricity, water and sanitation where you live?		Who do you live with? Who takes care of you? For how long have you been staying here?		Do you have other family/brothers/sisters? Do you have contact with them?	
A33	"Yes, we do have access to electricity, water and toilet"	Access to water, toilet and electricity	"My Grandfather and Grandmother since from birth"	Has been staying with grandfather and grandmother since birth	"No"	No other family
A34	"Yes, we do have electricity water and toilet"	Access to water, toilet and electricity	"I'm staying with my grandmother and my twin sister since from birth when our parent die, my grandmother came to stay with us at our house"	Stays with grandmother and twin sister since birth	"No"	No other family
A35	"Yes, we have water, electricity and toilet"	Access to water, electricity and toilet	"My grandmother and my grandfather are both taking care of me it is long time staying with them I don't remember that is for how many years staying with them but it is from when my mother died"	Has been staying with grandmother and grandfather since mother died Cannot remember for how long have been staying with them	"Yes they stay in the other section of the location, we meet at school and we visit each other on weekend (who take care of them) Other are with my Aunt and other are with my uncle"	- Has contact with other family at school and over weekends -Other brothers and sisters stay with aunt and some with uncle

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Do you have access to electricity, water and sanitation where you live?		Who do you live with? Who takes care of you? For how long have you been staying here?		Do you have other family/brothers/sisters? Do you have contact with them?	
A36	"Yes we have electricity water and toilet"	Access to water, toilet and electricity	"I live with my sister and my sister children but my sister comes home on weekend"	Stays with sister and sister's children	"Yes, we are staying alone, but my sister is the one who is taking care of me. I've stayed with them since from 1993"	-Staying alone since 1993 -Stay together with sister who takes care
A37	"We do have access to electricity, toilet and water".	Access to water, toilet and electricity.	"I stay with my grandmother and my younger brother, and my grandmother is taking care of me, since my mother died".	Stays with grandmother and younger brother since mother's death	"No"	No other family
A38	"We don't have electricity, water and toilet" we fetch water from the near houses if we had to go to toilet I asked where we practice Dance, for electricity we use candles and paraffin stove"	No access to water, toilet and electricity	"I live with my Uncle son since from last year September"	Stays with uncle's son since last year	"Yes, they are at Sebokeng and Koppies we don't keep in contact with them are from different fathers"	-Has other family but don't keep contact

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Do you have access to electricity, water and sanitation where you live?		Who do you live with? Who takes care of you? For how long have you been staying here?		Do you have other family/brothers/sisters? Do you have contact with them?	
A39	"We do have electricity, water and toilet"	Access to water, toilet and electricity	"My two Aunt,s uncle, my Aunt children and my other young sisters, my aunt is taking care of us since from 2006"	Stays with two unts, uncle, aunt's children and other young sister since 2006	"No I have young sister that is staying together with us"	-Staying together with young sister
A40	"We do have electricity, water and toilet"	Access to water, toilet and electricity	"I leave with my brother and my grandmother for four years"	Has been staying with brother andmy grandmother for four years	"Yes, she used to come to visit us"	-Visit each other
A41	"We have water, electricity and toilet"	Access to water, electricity and toilet	"My sister, my brother and grandmother since my parents died I don't remember is for how long"	Stays with sister, brother and grandmother Cannot remember how long	"We are staying together"	-Staying together with other family
A42	"Where we stay we don't have toilet, water and electricity"	No access to toilet, water and electricity	"My grandmother after my mother's death came to live with us it is me, two brothers and one sister"	Stays with grandmother, two brothers and one sister since mother's death	"No"	No other family
A43	"We do have toilet, water and electricity"	Access to toilet, water and electricity	I stay with my grandmother after my mother's death"	Stays with grandmother since mother's death	"No"	No other family

	Question 7	Codes	Question 8	Codes	Question 9	Codes
	Do you also have to take care of other brother/ sister? Do you get help in doing this? What help do you receive? From whom?		When did your parents pass away? How did it make you feel when your parents passed away?		Do you know that your parents passed away due to HIV and Aids? How does this make you feel?	
A1	.“No”	No	“My mother died in 2000 and my father died in 2001, because I was young when my parents died I didn’t understand or feel pain, it is now starting to realize how it is to grow without parents”.	-2000 mother died -2001 father died -Was young when parents died -Didn’t understand or feel pain -Realize now have to grow without parents	“Yes my uncle’s wife have told me that my parents died due to HIV AND AIDS, and when hearing that’ it was painful to me; I asked myself how did my parents get the virus”.	-Painful to hear parents passed away due to HIV and Aids -Not knowledgeable on how parents got the virus
A2	“No”	No	“My father divorced my mother before he died, my mother didn’t tell me about my father’s death I don’t know when my father passed away, my mother died in 2003”	-Parents were divorced -Don’t know when father died -Mother died in 2003	“Yes, I was not happy to hear that my parents died due to HIV and Aids”	-Yes -Not happy to hear that parents died due to HIV and Aids
A3	“No”	No	“My mother died in 2000 March and my father died six months later after my mother’s death, I was depressed wondering whether there is anyone who can stay with us”	-Both parents died in 2000 -Depressed -Wondering who to stay with	“Yes, I was not happy and I’m always asking myself how does these disease infected my parents”	-Yes -Not happy -Ask how disease infected parents

	Question 7	Codes	Question 8	Codes	Question 9	Codes
	Do you also have to take care of other brother/ sister? Do you get help in doing this? What help do you receive? From whom?		When did your parents pass away? How did it make you feel when your parents passed away?		Do you know that your parents passed away due to HIV and Aids? How does this make you feel?	
A4	"No"	No	My father died in 2004 and my mother died in 2006, I was hurt about the situation"	-2004 father died -2006 mother died -Hurt	"Yes, I feel bad, because my parents has to do everything for me"	-Yes -Feels bad that parents passed away due to HIV and Aids -Misses everything that parents did
A5	"No"	No	"I don't know when my father passed away but my mother died in 2007, I was not happy because I had to leave our place to leave with them"	-Don't know when father died -Mother died 2007 -Not happy	"Yes, it makes me feel unhappy, and I asked myself that when people will take HIV and Aids serious"	-Yes -Unhappy about death of parents -Concerned that people do not take HIV and Aids serious

	Question 7	Codes	Question 8	Codes	Question 9	Codes
	Do you also have to take care of other brother/ sister? Do you get help in doing this? What help do you receive? From whom?		When did your parents pass away? How did it make you feel when your parents passed away?		Do you know that your parents passed away due to HIV and Aids? How does this make you feel?	
A6	“Yes, I’m not getting any help I have to work to be able to support my brother and sister and these become a problem to me because the money that I’m earning is not enough to cover the costs”	-Yes -Lack support and help - Work to support brother and sister -There is a problem of money -Money not enough to cover costs	“My father died in 2000 my mother in 2006, that was very painful to me because as I’m the elder one with responsibility I asked myself if I will be able to take care of my brother and sister”	-2000 father died -2006 mother died -Painful -Responsibility to take care of brother and sister	“Yes, but the situation makes me strong, to be able to face the challenges that comes into our lives even when I’m not happy about the way my parents died”	-Yes - Loss of parents makes him strong to face challenges -Not happy about the way parents died
A7	“No”	No	“My father died in 1998 and my mother died in 2004, I didn’t want to believe that my mother is also dead and I was suppose to go to live with my grandmother”	-1998 father died -2004 mother died -Difficulty in believing that mother had died.	“Yes, I feel emotionally hurt, and that makes me angry to the cause of my parent’s death”	-Yes -Emotionally hurt and angry because parents died due to HIV and Aids
A8	“No”	No	“My mother died when I was young my father says I was 3 years when my mother died and my father died last year, It was painful to me to lose both parents”	-Young when mother died -Father died last year -Painful to lose parents	“Yes, these make me angry, and I feel that more awareness should be done that is talking about HIV and Aids”	-Yes -Angry that parents died due to HIV and Aids -More awareness of and talking HIV and Aids needed

	Question 7	Codes	Question 8	Codes	Question 9	Codes
	Do you also have to take care of other brother/ sister? Do you get help in doing this? What help do you receive? From whom?		When did your parents pass away? How did it make you feel when your parents passed away?		Do you know that your parents passed away due to HIV and Aids? How does this make you feel?	
A9	"No"	No	"My father died in 2004 and my mother in 2005 I was angry because my mother was an teacher and she was the only one taking care of us, and we were forced to leave our house to live with grandmother as there was no one to come and stay with us"	-2004 father died -2005 mother died -Angry because mother was the one who took care -Death of parents forced them to leave house -Live with grandmother	"Yes, it makes me feel very bad, and these makes me to be afraid to get into a relationship, because I don't know how does my parents get infected"	-Yes -Feels bad that parents died due to HIV and Aids -Parents' death makes him afraid to get into relationships -Does not know how parents got infected

	Question 7	Codes	Question 8	Codes	Question 9	Codes
	Do you also have to take care of other brother/ sister? Do you get help in doing this? What help do you receive? From whom?		When did your parents pass away? How did it make you feel when your parents passed away?		Do you know that your parents passed away due to HIV and Aids? How does this make you feel?	
A10	"No"	No	"My father was not staying with my mom when he die, but my mother died in 2006, these was like a storm coming into my life I couldn't understand why me, why do I have to lose my parent, I was also worried about my new home, I was asking myself if I will get care and support from my new parents"	-Parents were separated -Mother died 2006 -Mother's death was devastating: like a storm coming into my life -Don't understand why had to lose parent -Worried about new home -Worried about care and support from new parents	"Yes, and these was not good to me when I hear that my mother died due to HIV AND AIDS, and I was ashamed to talk about the cause of my mother's death"	-Yes -Not good -Ashamed to talk about cause of mother's death
A11	"No"	No	"My mother died in 2000 and my father in 2006, I feel a lot of pain because before they die they were very ill"	-2000 mother died -2006 father died -Painful as parents were ill before they died -Witness to parents' illness	"Yes it makes me feel unhappy and scared about my future, I'm afraid to disclose my parent's death I think people will discriminate or stigmatize me"	-Yes - Feels unhappy and scared -Afraid of discrimination and stigmatization

	Question 7	Codes	Question 8	Codes	Question 9	Codes
	Do you also have to take care of other brother/ sister? Do you get help in doing this? What help do you receive? From whom?		When did your parents pass away? How did it make you feel when your parents passed away?		Do you know that your parents passed away due to HIV and Aids? How does this make you feel?	
A12	"No"	No	"Both my parents died last year 2007, and I was very angry and I've started to be stubborn because I was angry to everybody, I didn't understand why my parents had to die when I need them, I need them to encourage me when I find it difficult to study"	-Both parents died 2007 -Death of parents made him stubborn and angry with everybody -Don't understand why parents had to die -Need parents' encouragement when having difficulties with study	"Yes it was very bad to me when my parents die because I had to move to go and stay with my cousin"	-Yes -Experienced death of parents as very bad. -Had to move to stay with cousin
A13	"No"	No	"My father died while I was young and my mother died in 2005, it was painful to lose parent"	-Young when father died -Mother died in 2005 -Painful experience to lose both parents.	"Yes I was unhappy to hear the cause of my parent's death"	-Yes -Unhappy to hear of cause of parents' death

	Question 7	Codes	Question 8	Codes	Question 9	Codes
	Do you also have to take care of other brother/ sister? Do you get help in doing this? What help do you receive? From whom?		When did your parents pass away? How did it make you feel when your parents passed away?		Do you know that your parents passed away due to HIV and Aids? How does this make you feel?	
A14	"No"	No	"I don't know my father but when my grandmother told me she says my father died before my mother and my mother died in 1995, it was sad to lose my mother because she was everything to me".	-Don't know when father died -Mother died in 1995 -Very sad when mother died. -Mother important – meant everything	"Yes, I was disappointed to my mother hearing that she died due to HIV and Aids, because at first I thought HIV and Aids is a bad disease than other diseases"	-Yes -Disappointed that mother died due to HIV and Aids
A15	"No"	No	"My mother died in 1998, I was very angry because I was suppose to leave my father to go to stay with my grandmother in 2000, because my father got married to another women, last year 2007 he passed away".	-1998 mother passed away -2007 father passed away -Angry -Had to leave father to stay with grandmother	"Yes I was unhappy and disappointed"	-Yes -Unhappy and Disappointed that parents died due to HIV and Aids.
A16	"No"	No	"My mother died in 2003 and my father in 2007, it was painful and I was sad"	-2003 Mother died -2007 Father died -Death of parents was a sad and painful experience	"Yes, I was very angry when my parents died I cried a lot to relieve the pain"	-Yes -Angry about death of parents. -Cried to relieve pain

	Question 7	Codes	Question 8	Codes	Question 9	Codes
	Do you also have to take care of other brother/ sister? Do you get help in doing this? What help do you receive? From whom?		When did your parents pass away? How did it make you feel when your parents passed away?		Do you know that your parents passed away due to HIV and Aids? How does this make you feel?	
A17	"No"	No	"I don't know they died when I was at pre-school I don't know how I felt at that time I was young "	Don't know when parents died Still very young	" Yes my grandmother told me that my parents died due to HIV and Aids she wanted me to be careful to learn more about it "	-Yes -Grandmother explained cause of death -Grandmother wants him to be careful and learn more about it
A18	"No"	No	"My father passed away in 2000 , and my mother in 2001 , I was not happy but because I was young when they die I didn't feel pain "	-2000 father died -2001 mother died -Not happy about death of parents. -Didn't feel the pain of the death of the parents as she was still too young	" Yes my grandmother told us that my two young brothers are also infected, and this makes me feel miserable "	-Yes -Grandmother informed her about the cause of the parents' death. -She feels miserable because her two younger brothers are also infected
A19	"No"	No	"My mother died 2006 , my father died last year and I was not happy and I was hurt"	-2006 -Father last year -Not happy -Hurt	" Yes , I accepted their death because I don't know how they were infected "	-Yes -Accepted death of parents. - Don't know how they were infected

	Question 7	Codes	Question 8	Codes	Question 9	Codes
	Do you also have to take care of other brother/ sister? Do you get help in doing this? What help do you receive? From whom?		When did your parents pass away? How did it make you feel when your parents passed away?		Do you know that your parents passed away due to HIV and Aids? How does this make you feel?	
A20	"No"	No	"My father last year, my mother this year March and these was hurting and painful to me"	-Father died last year -Mother died this year -Death of parents hurt and was painful	"Yes, and I was afraid that the community and other children will discriminate me"	-Yes -Afraid of discrimination because parents died due to HIV and Aids.
A21	"No"	No	"My parents died 2003 and I was nine years at that time I didn't feel a lot of pain, but now I start to be hurt by what causes my parents' death"	-Both parents died in 2003 -Felt no pain at first -Feel hurt after knowing what causes parents' death	"Yes, that makes my heart to pain I thought other children will tease me about it"	-Yes -Experienced parents' death as painful -Afraid of teasing because parents died due to HIV and Aids.

	Question 7	Codes	Question 8	Codes	Question 9	Codes
	Do you also have to take care of other brother/ sister? Do you get help in doing this? What help do you receive? From whom?		When did your parents pass away? How did it make you feel when your parents passed away?		Do you know that your parents passed away due to HIV and Aids? How does this make you feel?	
A22	"No"	No	"Both my parents died in 2000 , my mother were pregnant when my father kill her and himself "	-Both parents died 2000 -Father killed himself and the mother	" Yes , when I asked my uncle why my father did kill themselves he told me that when my father discovers that they are HIV positive killed themselves and that was painful to me to hear about that"	-Yes -Father killed himself and the mother when he discovered they were HIV positive -Painful to hear about death of parents.
A23	" Yes , two young brothers. Yes I get help , if there is something needed at school sometimes I borrow money for them from people I know, sometimes these people doesn't want to borrow me money because they think I will be unable to pay them. When I don't get the money for my brothers I feel angry thinking that I've disappointed them ".	-Yes -Get help -Money problem – borrow money from people -Angry if he does not get money -Do not want to disappoint brothers	"My mother passed away in 1992 I don't remember when my father passed away because I young at that time. When my mother died I was angry thinking that is the end of the world , but my family told me that they are going to take care of us I shouldn't worry".	-Mother died 1992 -Don't remember when father died -Angry when mother died -Death of mother devastating: felt like the end of the world.	" Yes , HIV and I've asked myself why this disease should be in our family".	-Knows that parents passed away due to HIV and Aids. -Questions why the disease should be in their family

	Question 7	Codes	Question 8	Codes	Question 9	Codes
	Do you also have to take care of other brother/ sister? Do you get help in doing this? What help do you receive? From whom?		When did your parents pass away? How did it make you feel when your parents passed away?		Do you know that your parents passed away due to HIV and Aids? How does this make you feel?	
A24	"No"	No	"I don't know because I was young when they died, but my grandmother say my mother died when giving birth to me"	-Don't know when parents passed away as he was very young -Heard from grandmother that mother passed away when giving birth	"Yes my grandmother say my parents were infected and that was bad news to hear, I was afraid that I'm also HIV positive but when testing I don't have a virus"	-Yes -Bad to hear that parents were infected with HIV and Aids. -Afraid of also being HIV positive -Had HIV-test done to make sure that he does not have the virus
A25	"No"	No	"My mother passed away 1999 but I don't remember when did my father pass away".	-Mother died 1999 -Don't remember when father died	"Yes I become angry to HIV and Aids when I remember that my parents died because of it. I was angry and I asked God for cure because it is sad to be an orphan because of this disease".	-Yes -Angry to hear that parents died due to HIV and Aids -Ask God for a cure -Sad to be an orphan

	Question 7	Codes	Question 8	Codes	Question 9	Codes
	Do you also have to take care of other brother/ sister? Do you get help in doing this? What help do you receive? From whom?		When did your parents pass away? How did it make you feel when your parents passed away?		Do you know that your parents passed away due to HIV and Aids? How does this make you feel?	
A26	"No"	No	"My father died in 2000 and my mother died in 2001, it was very hurting to also lose my mother, I was hoping that she will fight this disease, but there was nothing I can do"	-2000 father died -2001 mother died -It hurt to lose mother -Hoped mother would beat the disease	"Yes my mother when she was ill before she die she told us that they are HIV positive and she is going to die, that was very painful to me"	-Yes -Painful as mother was very ill and told them she was going to die
A27	"No"	No	"My father passed away 2004 June, my mother 2000 October, they were very ill, I had to take care of them, I was having hope that they will fight this disease".	-2004 father died -2000 mother died -Took care of ill parents -Hopeful that they would fight the disease	"Yes, it was painful because they were important to me and they were buried in different places. My mother at Frankfort and my father at Tweeling"	-Yes -Painful to hear parents passed away due to HIV and Aids -Buried parent in different places
A28	"No"	No	"Both my parents died 2001 my father died in March my mother in November, I was angry and shocked thinking that it is the end of the world"	-Both parents died 2001 -Death of parents caused anger and shock -Death of parents felt like the end of the world	"Yes, I was angry and I asked myself why these disease should be in our family"	-Yes -Angry to hear that parents died due to HIV and Aids. -Does not understand why disease should be in their family

	Question 7	Codes	Question 8	Codes	Question 9	Codes
	Do you also have to take care of other brother/ sister? Do you get help in doing this? What help do you receive? From whom?		When did your parents pass away? How did it make you feel when your parents passed away?		Do you know that your parents passed away due to HIV and Aids? How does this make you feel?	
A29	"No"	No	"My father died 2003, my mother 2005 I feel as if it was the end of the world as I loved my parents and they were taking care of me and my grandmother, I've asked myself how I'm I going to survive"	-2003 father died -2005 mother died -Death of parents felt like the end of the world -Fear of survival caused by death of parents	"Yes, I'm not happy because I'm also having the disease"	-Yes -Not happy -Also HIV-positive
A30	"No"	No	"My father 2005, my mother 2008 and I was little bit confused when my mother died because she was the only parent left hoping that she will raise us up, until we are educated"	-2005 father died -2008 mother died -Death of mother caused confusion. -Hoped mother will raise them until they were educated	"Yes, I was also scared that we could also have HIV and Aids, thanks to God we don't have it"	-Yes -Scared to also have HIV and Aids -Thank God that they do not have it

	Question 7	Codes	Question 8	Codes	Question 9	Codes
	Do you also have to take care of other brother/ sister? Do you get help in doing this? What help do you receive? From whom?		When did your parents pass away? How did it make you feel when your parents passed away?		Do you know that your parents passed away due to HIV and Aids? How does this make you feel?	
A31	"No"	No	"1997, my mother 2000 my father I was depressed, angry, sad asking myself why God had to take my parents so early while we are still young"	-1997 mother died -2000 father died -Death of parents caused depression, anger and sadness -Ask God why parents had to die while they were still young	"Yes, I want to know about HIV and Aids"	-Yes -Death of parents due to HIV and Aids makes him want to know more about HIV and Aids
A32	"No"	No	"2000 my mother passed away but I don't remember when my father passed away I was too young, but when my mother died I was not angry or sad because she was very ill and I attended her funeral"	-Mother died 2000 -Don't remember when father died -Can remember that mother was very ill -Did not feel sad or angry when mother died. -Remember attending mother's funeral	"Yes, I learned and understand how dangerous HIV and Aids could be in our lives"	-Death of parents made him learn and understand that HIV and Aids are dangerous

	Question 7	Codes	Question 8	Codes	Question 9	Codes
	Do you also have to take care of other brother/ sister? Do you get help in doing this? What help do you receive? From whom?		When did your parents pass away? How did it make you feel when your parents passed away?		Do you know that your parents passed away due to HIV and Aids? How does this make you feel?	
A33	"No"	No	"2005 my mother passed away I don't remember when my father died and I feel bad when my mother died as she used to guide me and encourage me to study when I have a problem with my work she used to help me and my grandparents are unable to help as they don't know to how to read and write"	-2005 mother died -Don't remember when father died -Death of mother traumatic. -Mother used to guide and encourage and help with problems -Grandparents unable to help they cannot read and write	"Yes, I feel angry, because if my parents were alive they could have help with many things"	-Yes -Angry because parents died due to HIV and Aids. -Misses the help of parents
A34	"No"	No	"I don't remember but we were very young when they die. I heard that my father died 3 months after my mother's death I feel bad about the situation"	-Don't remember when parents died as she was too young -Feels bad about the death of parents	"Yes, my grandmother told us and she said we must be careful and learn about HIV and Aids"	-Yes -Grandmother encourage her to learn about the disease and be careful

	Question 7	Codes	Question 8	Codes	Question 9	Codes
	Do you also have to take care of other brother/ sister? Do you get help in doing this? What help do you receive? From whom?		When did your parents pass away? How did it make you feel when your parents passed away?		Do you know that your parents passed away due to HIV and Aids? How does this make you feel?	
A35	"No"	No	"My mother died when I was six months and my father died when I was 3yrs and that makes me to be angry to everyone because they separate me with my brothers and sisters they were saying we can't stay at one place"	-Mother died when was six months -Father died when I was 3 years -Angry about the death of parents -The death of the parents separated brothers and sisters	"Yes, when my grandmother tell me that I'm also infected it was painful to me, but I told myself that I had to live as if nothing is happening"	-Yes -Death of parents to HIV and Aids experienced as painful - Had to hear from grandmother that she is also HIV positive -Keep on living as if nothing is happening -Blocking out the seriousness of the disease
A36	"No, are my sisters children that I stay with them and I don't experience any problem of taking care of them because my sister is buying food for us and she make sure that she left us money"	- No - Stay with sister's children - Sister supports with food and money	"I don't know when my father passed away but my mom died 2005 and It was hurting because she was the only parent I was left with"	-Don't know when father died -Mother died 2005 -Death of mother hurt as she was the only parent left	"Yes, I accepted my mother's death because she was very ill"	-Yes -Accepted death of mother as she was very ill

	Question 7	Codes	Question 8	Codes	Question 9	Codes
	Do you also have to take care of other brother/ sister? Do you get help in doing this? What help do you receive? From whom?		When did your parents pass away? How did it make you feel when your parents passed away?		Do you know that your parents passed away due to HIV and Aids? How does this make you feel?	
A37	"No"	No	"My parents died while I was young, and felt sad when my grandmother told me that my parents died".	-Was young when parents died -Sad to hear about death of parents	"Yes, I was scared when I heard that my parents died due to HIV and Aids, I asked my grandmother if we also had the virus".	-Yes -Scared of also having the virus
A38	"No"	No	"My mother died 2000 but I don't know when my father passed away I've heard that he passed away when I wanted to stay with him"	-2000 mother died -Don't know when father died	"Yes, it has painful because she was the only person who understand me and who guide me"	-Yes -Painful - Mother only person who understands and guides
A39	"No my Aunt is taking care of them"	No Supportive aunt	"My mother died in 2005 but I don't know when my father passed away I was young when he died, I was crying a lot when my mother died because I loved her"	-2005 mother died -Don't know when father died -Crying when mother died -Loved mother very much	"Yes, I was not happy to hear that my parent died due to HIV and Aids"	-Yes -Not happy that parents died due to HIV and Aids.

	Question 7	Codes	Question 8	Codes	Question 9	Codes
	Do you also have to take care of other brother/ sister? Do you get help in doing this? What help do you receive? From whom?		When did your parents pass away? How did it make you feel when your parents passed away?		Do you know that your parents passed away due to HIV and Aids? How does this make you feel?	
A40	"No"	No	"My father died before my mother but I don't remember when, and my mother died in 2004, that was painful to me because I love them"	-Don't remember when father died -2004 mother died -Death of parents experienced as painful -Loved parents	"Yes" "My grandmother told me and it was hurting to hear that my parents died due AIDS"	-Yes -Hurting to hear from grandmother that parents died due to HIV and Aids
A41	"No"	No	"I don't remember when they died, but my grandmother says I was three years when they die"	Don't remember when both parents died	"Yes, before my father die told us that he is going to die, he is infected by HIV and Aids virus, and I didn't want to believe him when telling us"	-Yes -Did not want to believe when father told them he was going to die of HIV and Aids
A42	"No"	No	"My mother died when giving birth to my sister, and my father died last year 2007 and it was painful, I cried a lot during his funeral"	-Father 2007 -Death of parents was painful and heartbreaking	"Yes before my mother die she was very ill and she told us that she has HIV and Aids that was very bad to hear"	-Yes -Mother very ill before she died -Bad to hear mother died of HIV and Aids

	Question 7	Codes	Question 8	Codes	Question 9	Codes
	Do you also have to take care of other brother/ sister? Do you get help in doing this? What help do you receive? From whom?		When did your parents pass away? How did it make you feel when your parents passed away?		Do you know that your parents passed away due to HIV and Aids? How does this make you feel?	
A43	"No"	No	"My father died two years back and my mother died this year April and it was painful to me to lose her"	-Father died two years back -Mother this year -Death of mother was very painful	"Yes, it was painful to hear that my parents died due to HIV and Aids"	-Yes -Painful to hear parents died of HIV and Aids.

Preliminary coding

SECTION B: Psychosocial and emotional needs

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	How does it feel not to have any parents anymore?		What do you miss the most through not having parents anymore?		Do you receive enough love, care and support from your guardians? Give some examples	
B1	"I'm not happy because my parents will not be able to see me when succeeding in life".	Unhappy not to have parents Parent not there to see success	"There is no much that I remember them with because the person who is taking care of me makes sure that I don't see the difference between them and my parents".	No difference without parents Guardians take care as parents did	" Yes because they do everything I'm asking for "	Yes Supportive guardians Guardians do everything I'm asking for
B2	"To lose both parents to me is not good because there are things that needed your parents support "	Not good to lose parents. Need parental support	"My mother before she die she was working and we were able to survive, she was cooking for me, helping me with homework , I really miss my mother "	Important role of mother figure: Mother's cooking Helped with homework Mother provided food. Miss mother	"My guardians I try to give me love , but they don't give me enough money because they don't have money" "When I have problems I speak with one of my grandparent child and they do help "	Guardians provide love, but do not have enough money Grandparents' children supportive with problems

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	How does it feel not to have any parents anymore?		What do you miss the most through not having parents anymore?		Do you receive enough love, care and support from your guardians? Give some examples	
B3	"I feel that life is unfair to me, even when I receive a good care and love where I stay I always have the feeling that I need my parents to be the one taking care of me"	Sees losing parents as unfair Parents are needed to take care of children	"I miss my parents love because they use to buy me presents on my birthday, assist me with my studies"	Parents love is missed the most. Miss the parents' gifts on birthday Miss parents' assistance with studies	"Yes, they are trying to do everything I'm asking for"	Supportive guardians
B4	"It is not good to lose parents especially when there is something require parents support or encouragement"	Not good to lose parents Parents give support and encouragement	"I miss my parents with the guidance, and they use to tell me stories about life"	Miss parents' guidance and the stories they told about life	"Yes, they do support me like they pay for me when the is educational tour, when I go and participate in the school activity they come to support me"	Supportive guardians Pay for educational tours Support in school activities
B5	"It is painful and hurting to lose parents"	It is painful and hurting to lose parents	"I miss my mother's protection because she was always protective, and she was helping me with my school work"	Important role of mother figure: Mother's protection Help with homework	"Yes but I don't get enough support when coming to school needs, if there is parents meeting no one is attending for me"	Miss parents role in attending parents' meetings

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	How does it feel not to have any parents anymore?		What do you miss the most through not having parents anymore?		Do you receive enough love, care and support from your guardians? Give some examples	
B6	"To lose parents is painful to me because I had to take responsibility and take care to my brother and sister"	It is painful to lose parents Loss of parents implies additional responsibilities for brother and sister	"I miss them with love and care they were giving to us, and when my brother and sister don't get what they want "	Miss parents' love and care	"My brother and sister I giving me support if my spirit is low they will makes jokes to uplift my spirit "	Yes Supportive brother and sister Brother and sister uplift spirit with jokes
B7	"I feel lonely and hurt to lose my parents"	Life without parents is lonely and hurts	"I miss my mother's cooking and my mother's care when I'm not feeling well"	Important role of mother figure: Mothers cooking Mothers care	" Yes my grandparents are taking good care of me"	Yes Grandparents take good care
B8	"It is not good to lose parents and I was always asking myself what will happen when my father also die, will my sister husband allow me to stay with them"	Losing parents bring worries regarding a place to stay.	"There are lot of things that I miss my parents with, like when I was having a problem with my homework my father used to help me"	Miss parents' assistance with homework	" Yes my sister is like my mother to me"	Yes Sister fulfils mother's role

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	How does it feel not to have any parents anymore?		What do you miss the most through not having parents anymore?		Do you receive enough love, care and support from your guardians? Give some examples	
B9	"I feel angry and miserable because when my mother died I was suppose to leave model C school to attend school at the location because we don't have money to pay for my fees anymore"	Loss of parents lead to anger and feeling miserable Loss of parents brought changes regarding schools Loss of parents have implications for money not being available to pay school fees	"I miss them when we don't have food because we were always having food when my parents were alive "	Absence of parents has implications for availability of food	"Yes"	Yes
B10	"I'm unhappy, disappointed in how I had to live my life"	Having no parents leads to unhappiness and disappointment	"I miss my mother's care, love, support and protection that she was giving, when I was not feeling well she was making sure that I'm receiving medication needed for my illness"	Important role of the mother: Mothers care, Support, Love, Protection Medical care	"No I don't receive enough love because when I'm not well they are saying I'm lying I'm lazy I don't want to do work, I had to do cooking, do washing and cleaning a house"	Lack of love Burdened with additional responsibilities : Cook, clean house and do washing
B11	"It was not good to lose my parents and I feel that I'm lonely without them"	Lonely without parents	"I miss them with everything because now I had to do everything by myself "	Miss parents who did everything for her	"Yes"	Yes

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	How does it feel not to have any parents anymore?		What do you miss the most through not having parents anymore?		Do you receive enough love, care and support from your guardians? Give some examples	
B12	"It was painful to lose parents; I was asking myself how I'm going to live without them "	Painful to lose parents Loss of parents lead to feelings of being unsure how to live without them	"When it is cold like these it is when I remember my mother because she makes sure that we have warm clothes , and she was cooking soup for us"	Mothers made sure they had warm clothes and cooked soup when it was cold	"Yes they buy me things that I need , and they are raising me well , they discipline me when I do wrong"	Yes Buying things needed Raising me well Discipline
B13	"It was painful to me to lose my parents, I loved them "	Painful to lose parents	"I miss my mom because she was doing everything for me"	Importance of the role of the mother at home Mother doing everything	" Yes my grandmother cook for me, do washing and help me with my school work "	Yes Grandmother is very supportive: cooks and does washing and helps with school work
B14	"I feel that I'm not protected without them"	Losing parents leads to feelings of not feeling protected anymore	"I miss my mother protection, care and support she use to give to me"	Importance of the mother figure: Miss mother's protection, Care, Support	" Yes my grandparents are taking good care of me they buy me clothes and give me money when I go to school to buy snack"	Yes Grandparents take good care of socio-economic needs: buy clothes money for school snack

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	How does it feel not to have any parents anymore?		What do you miss the most through not having parents anymore?		Do you receive enough love, care and support from your guardians? Give some examples	
B15	"It is not good because when I was staying with them I was always happy "	Not good to lose parents Always happy when staying with parents	"I miss them with the encouragement they were giving to me"	Miss parents' encouragement	"I do get support, care and love from my grandmother , when my brother is disrespectful to us my grandmother, protect us and she always tell us that everything will be okay "	Yes Grandmother plays a supportive role in terms of support, love, care and protection
B16	"I feel lonely and abandoned "	Losing parents leads to feelings of loneliness and feeling abandoned	"I miss my parents love and support they were giving to me"	Miss parents' support and love	"I don't get enough love, care and support I struggle to get what I'm asking for"	Guardians do not provide enough love, care and support
B17	"I feel bad I hope if they were around they could have done everything for me, they could have help me with my school work "	Losing parents feels bad Parents play an important role in assisting with schoolwork	"I miss the love that other children receive from their parents"	Miss parents' love	" Yes , they are trying to satisfy me with things that I'm asking for but during December there are lot of things I want, they don't buy me all I asked for"	Yes Guardians try to satisfy needs Guardians cannot fulfil all needs

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	How does it feel not to have any parents anymore?		What do you miss the most through not having parents anymore?		Do you receive enough love, care and support from your guardians? Give some examples	
B18	"I feel bad because there are things that needed to be discussed with a father but my father is not here to listen"	Losing parents is bad Important role of the father to discuss things with	"If my parents were alive they could have done everything for us as we need a lot of things for survival"	Parents play an important role in survival	"My grandmother is trying her best to take good care of us, the only thing that makes her to find it difficult to take care of us is money "	Yes Grandmother plays a caring role Grandmother cannot support socio-economic needs
B19	"I feel very bad "	Losing parents is bad	"I miss them with lots of things they were used to do for me"	Parents provided everything	" No because when the is shortage or money is missing they shout at me or they don't give me pocket money "	No Lack of money is problematic
B20	"It was not easy to me, I was unhappy when my parents died"	Losing parents is tot easy and makes her unhappy	"I remember my parents because they loved me"	Remember parents' love	" Yes my grandmother is doing everything for me"	Yes Grandmother plays a supportive role

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	How does it feel not to have any parents anymore?		What do you miss the most through not having parents anymore?		Do you receive enough love, care and support from your guardians? Give some examples	
B21	“I don't feel any difference because my uncle is taking good care of me and I'm satisfied , I sometimes feel worried but when I see what my uncle is doing I forget everything ”	Satisfied that uncle takes good care, similar to parents Worried – but uncle is very supportive	“I miss my parent's kindness, respect and love they were giving me”	Miss parents' kindness, respect and love	“ Yes ”	yes
B22	“I feel lonely , and hurt especially when I see other children happy with their parents getting whatever they want”	Not having parents leads to feelings of loneliness and it is hurting Jealous of other children who are happy with their parents and get whatever they want	“I miss their caring because my mother used to wash me at night and always makes sure that I wear clean clothes ”	Miss parents' caring Important role of the mother: Mother attended to cleanliness and neatness	“ No , I do lots work , I do washing and cook for my family even if I had to do school work ”	No supportive guardians Burdened by many other responsibilities : have to work do washing cook, do school work

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	How does it feel not to have any parents anymore?		What do you miss the most through not having parents anymore?		Do you receive enough love, care and support from your guardians? Give some examples	
B23	"I see myself different to other children, I see myself as nobody who going to be able to achieve what I want to achieve in life ".	Feels different to other children Sees herself as a nobody Worried not being able to achieve in life	"I miss the guidance of my mother".	Miss mother's guidance	" Yes , my sister is trying to treat us well like her own children "	Yes Sister treats us well like her own children
B24	"I sometimes feel that if they were alive they could have take a good care of me, because I'm struggling to survive "	Miss the good care of parents Struggle to survive	"I don't miss anything because I don't know them "	Miss nothing of parents. Does not know parents.	"Where I was staying my grandmother were giving me a good care the problem was my uncle "	Yes Grandmother takes good care Uncle problematic
B25	"It is painful because whatever I need I can't get it immediately as they were alive"	Losing parents is painful Parents used to provide immediately in all needs	"About the respect they have taught me, but I remember them more about discipline and guidance needed by every child from their parents"	Miss the respect parents taught her Miss discipline and guidance of parents	"I don't have guardians but I receive love from my sister because during the problems she is able to assist me by guiding me".	Yes No guardians but sister provides love Sister guides with problems

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	How does it feel not to have any parents anymore?		What do you miss the most through not having parents anymore?		Do you receive enough love, care and support from your guardians? Give some examples	
B26	"It is very bad because my mother was working before she get ill and she was trying to take good care of us we were not different to other children"	Mother worked and took good care Did not feel different to other children when parents were alive	"I miss my mother's care and support that she was always giving to us"	Important role of mother: care and support	"My sister is taking a good care of me, because she is trying to give me what I want "	Yes Supportive sister
B27	"I'm not well because if they were alive we could have been at our place, with less problems "	Loss of parents does not make her feel well Loss of parents brought along problems	"I remember them with the love, care and support that they were giving me"	Miss parents' love, care and support	" No , I get love, care and support from other people " "They encourage me that it will be fine I must have faith "	Does not receive sufficient support from guardians Love, care, support from others Encouraged by others to have faith
B28	" Feel different to other children sometimes miss them"	Feel different to other children Miss parents	"I remember them by respect that they left me with "	Important role of parents' related to respect	" Yes , whatever I asked for I don't struggle to get them"	Yes Supportive guardians

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	How does it feel not to have any parents anymore?		What do you miss the most through not having parents anymore?		Do you receive enough love, care and support from your guardians? Give some examples	
B29	"I'm scared because if my grandmothers die before me who will take care of me when I'm ill"	Feels scared not to have parents anymore Insecure: concerned about who will take care if grandmother passes away	"I miss their guidance, support they were always giving it to me"	Miss guidance and support of parents	"I receive enough love but I don't get enough care because my grandmother don't have enough money to take care of me"	Yes Guardians provide love Lack of
B30	"I feel unhappy "	Feelings of unhappiness related to the loss of parents	"I miss the love and caring of my parent and if I don't have something I know if they were alive, I couldn't have problem to get it "	Miss parents' love, care and provision	" Yes , my sister tries her level best to satisfy us with our needs"	Yes Sister plays a supportive role
B31	"It is not easy for me because we are struggling to survive I feel that we could be in this situation together"	Losing parents is not easy Losing parents causes a struggle for survival	"I miss the love of my parents"	Miss parents' love	" Yes , they are trying to give me love but I don't get everything I asked for "	Yes Guardians provide love There are still a number of unmet needs

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	How does it feel not to have any parents anymore?		What do you miss the most through not having parents anymore?		Do you receive enough love, care and support from your guardians? Give some examples	
B32	"I don't feel anything because my Aunt look like a mother to me I'm happy to stay with her I also call her my mother"	Aunt plays the role of a mother	"I don't miss anything because my Aunt take good care of me"	Don't miss anything Aunt is supportive and takes good care	"Yes, whatever I do or need my Aunt support me"	Yes Aunt plays a supportive role
B33	"I feel disappointed because miss my mother a lot"	Feels disappointed not to have a mother anymore Misses mother	"My mother's care, love and support that she used to give it to me"	Important role of the mother:miss mothers care, love and support	"Yes, but only from my Grandmother, my grandfather is always shouting at us or fighting my grandmother when he is drunk"	Yes Grandmother gives love, care and support Grandfather is always shouting or fighting when he is drunk
B34	"I become jealous when I see other children moving with their parent having shoulder to cry on"	Feelings of jealousy towards other children who have parents Parents provided shoulder to cry on	"I don't miss them as I don't know them but I have a feeling that if they were alive they will take us to movies, to camps there are lot of things that I think they could have been happening if they were alive"	Does not miss anything Did not know parents Miss parents role in providing for social activities	"Yes, we don't look different from other children she buy clothes for us she give us pocket money when we go to school, everything we asked for it we find it"	Yes Guardians provide for clothes and pocket money

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	How does it feel not to have any parents anymore?		What do you miss the most through not having parents anymore?		Do you receive enough love, care and support from your guardians? Give some examples	
B35	"I'm cross because if it was not because of HIV and Aids my parents will be alive and I thought maybe we could have been happy family. When my grandmother discipline me I think she abuse me"	Loss of parents leads to feelings of anger Happiness linked to parents being alive Discipline of grandmother feels like abuse	" Nothing more because he died while I was young I remember that he used to buy me an ice cream "	Nothing missed Young when died Father used to buy ice cream	" Yes I do get love , but I don't get enough care before I get something I struggle to get it, my grandmother use our money to buy food I sometimes go to school bare footed "	Yes Guardians give enough love Not enough care received in terms of food and shoes
B36	"Sometimes I feel sad but because I get support from my sister "	Loss of parents leads to sadness Supportive sister	"My mother's support because when there is a parent meeting at school during the week, she was the one able to attend , because my sister is at work"	Important role of the mother: Mothers support Mother attended parent meetings.	" Yes , because I don't struggle to get whatever I need "	Yes Supportive guardians Don't struggle to get what is needed
B37	"I feel very bad ; I sometimes feel if they were alive ".	Loss of parents feels bad Imagining that parents are still alive	"I miss my parents when I see other children with their parents ".	Miss parent when seeing other children with their parents	"I do receive love, care and support from my grandmother , she is always gives us what we ask for, if there is an educational tour she ask us if we want to go, if we want to she pays for the tour "	Yes Supportive, loving, and caring grandmother

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	How does it feel not to have any parents anymore?		What do you miss the most through not having parents anymore?		Do you receive enough love, care and support from your guardians? Give some examples	
B38	"It is not good I sometimes feel angry about the situation"	Losing parents does not feel good and leads to anger	"I miss her when I'm cross but, I don't miss a lot because there is no difference, my Aunt is taking a good care to us"	-Not missing a lot -Aunt takes good care	" Yes my Aunt take a good care of us she's my mother's sister, we don't struggle to get what we asked for "	Yes Aunt takes good care Get what we asked for
B39	"I feel bad when looking at children living with their parents seeing that they are happy they are able to get what they want while I'm struggling to get what I want "	Losing parents feels bad and brings along struggle Difficult to see other children happy with their parents	"I miss my mother like it is cold if she was hearing maybe. I could have been wearing shoes as you can see that I'm wearing a sandals I'm getting cold and when I get home I will be getting a soup to warm myself, there are lot of things that I miss my mother with"	Important role of the mother: Providing clothes and food	" No sometime when I get home I find out that my clothes are dirty because I don't have much clothes to wear I have to wash it sometimes it dos not get dry I had to wear them dirty "	Does not receive enough support from guardians Lack of clothing
B40	"I feel unhappy "	Unhappy to lose parents	"I miss them with the love and care they were giving to us"	Miss parents' love and care	"My grandmother is taking good care of us, she always give us support and love that we need"	Yes Grandmother supportive and loving
B41	"When I see other children with their parents I feel unhappy "	Unhappy when seeing other children with their parents.	"My parents died while I was young I don't remember what they were doing"	Do not remember what parents were doing – young when they died.	" Yes because my grandmother buy me clothes and do everything for me"	Yes Grandmother buys clothes

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	How does it feel not to have any parents anymore?		What do you miss the most through not having parents anymore?		Do you receive enough love, care and support from your guardians? Give some examples	
B42	"I feel unhappy and sad "	Losing parents lead to unhappiness and sadness	"I miss my parents' love "	Miss parents' love	"My brother is giving us love and care that we need , he don't want to show the difference that we don't have parents"	Yes Brother gives love and care
B43	"It is very painful because there are lots of thing that my mother were doing and no one will be able to fill that space "	Losing parents is painful No one can fill space of a mother	"I miss my mother's care, support and encouragement she gave to me"	Important role of mother:care, support and encouragement	" Yes she is doing her best to give me love but that will not replace my mother's love "	Nothing can replace a mother's love

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Whom do you speak to if you have problems? Do they help you to solve your problems?		Do you have friends? Do you often speak to them about your problems?		Are you sometimes scared, angry and depressed? Why? What do you do when you feel scared, angry and depressed?	
B1	"I speak with my uncle's wife and she helps me to solve the problems "	Uncle's wife assists with problem solving	-" Yes, I don't tell them my problem I don't trust them"	Does not trust friends to share problems with	"Yes I'm scared that my uncle and his wife will they are able to take care of me forever , or they will be there to protect and support me always ".	Worried about continuous support and protection of uncle and his wife
B2	No answer		" Yes , but I don't tell them my problems because I'm afraid that they will laugh at me"	Does not tell friends about problems, afraid they will make fun of her	"Yes, I become angry to the situation that I'm living at, but when I become angry I sing or listen to music "	Angry about living situation Sings or listen to music to relieve anger
B3	"My aunts daughter and she help especially when I had the feelings about my parent she support and talk to me"	Aunts daughter supports and listens	Yes , but I'm afraid that they will laugh with my problems or gossip about it"	Does not tell friends about problems, afraid they will make fun of her or gossip	"Yes I'm scared that I won't be successful in life "	Scared to not be successful in life

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Whom do you speak to if you have problems? Do they help you to solve your problems?		Do you have friends? Do you often speak to them about your problems?		Are you sometimes scared, angry and depressed? Why? What do you do when you feel scared, angry and depressed?	
B4	"I talk with my cousin about my problems, but I don't have lot of problems the problems that I have can be solved"	Talk with cousin about problems Cousin plays supportive role	"Yes I do have friends and they help me with my problems "	Supportive friends	"I become angry when I come across with the situations where they want my parents to be the and no one representing me and when they don't understand when I tell them that I don't have parents anymore "	Become angry with the situation of no parents representing her when needed School apparently not understanding situation without parents
B5	"I keep my problems to myself or I pray"	Keep problems to himself Pray to ask for assistance with problems	"Yes I have a friend but I don't tell him my problems "	Have friends but does not share problems with them	"No"	No
B6	"I tell my brother and sister my problems and they sometimes come up with solutions on how to handle the matter"	Tell brothers and sisters about problems Supportive brothers and sisters	"Yes and I do tell them my problems and they help me to overcome my problems"	Supportive friends who help in overcoming problems	"I become depressed when I don't have enough money to cover our needs"	Become depressed when don't have money to cover needs

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Whom do you speak to if you have problems? Do they help you to solve your problems?		Do you have friends? Do you often speak to them about your problems?		Are you sometimes scared, angry and depressed? Why? What do you do when you feel scared, angry and depressed?	
B7	"My grandfather and he help me to overcome my problems"	Grandfather supportive in solving problems	"Yes I do have friends but I don't tell them my problems"	have friends don't tell them problems	"I sometime become angry when I miss my parents especially if I can't get what I'm asking for"	Become angry when miss parents If cannot get what I'm asking for
B8	"I tell my sister and she help me, she guide me on how to handle the problem"	Sister supportive and helps and guides with problems	"I only had friends at school, and we use to talk about our problems and discuss how to overcome the problem that helps"	Talk about problems Have friends Talk about problems They help	"No"	No
B9	"I talk with my grandmother and she is always encouraging me to be patient and she gives me support that I always need"	Grandmother is prepared to listen to problems and to support Grandmother encourages her to be patient	"My friend is my cousin, and I tell him my problems and he help me a lot"	Cousin acts as a friend and supports with problems	"I become angry, sad and depressed when we struggle on surviving, but my mother left us money even today we don't know the problem of receiving the money it is now too long waiting for the money that makes me angry"	Sadness, anger and depression linked to the loss of the mother Struggle to survive because cannot access mother's money

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Whom do you speak to if you have problems? Do they help you to solve your problems?		Do you have friends? Do you often speak to them about your problems?		Are you sometimes scared, angry and depressed? Why? What do you do when you feel scared, angry and depressed?	
B10	"I don't tell anyone I'm afraid that they will not help instead they will make my problems worse "	Does not share problems with anyone Afraid that problems will become worse	"Yes I do have friends , I don't tell them my problems because I'm afraid that they will tell my aunt "	Does not share problems with friends Afraid that friends will not keep the problems to themselves	"I become scared that my aunt will chase me away and if she does I had to go back and live alone "	Afraid of having to leave the place where she is staying
B11	"I tell my cousin and he help a lot"	Supportive cousins who helps with problems	" No my friends are my cousins"	Cousins play the roles of friends	"I'm scared that if people who are helping me stop to help how I will survive "	Afraid to end up with no help to survive
B12	"I speak with my cousins and they do help "	Supportive cousins who help with problems	"Yes I have friends and I tell them my problems or my feelings and they help me"	Supportive friends who help with problems	"I'm scared that how my life is going to be without my uncle "	Scared when thinking of life without uncle
B13	"I speak with my grandmother and she helps me to solve my problems"	Supportive grandmother who helps with problems	"Yes I don't tell them	Does not share problems with friends	"I become angry when my grandmother don't give me what I'm asking for or when she yell at me "	Angry if grandmother cannot fulfil all needs
B14	I talk with my grandmother and she is able to help me"	Grandmother supportive and helps	"Yes I do have friends and I tell them my problems, they do help "	Supportive friends who assist with problems	"I'm afraid that what will happen to me when my grandparents die "	Afraid that he might lose the support of grandparents

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Whom do you speak to if you have problems? Do they help you to solve your problems?		Do you have friends? Do you often speak to them about your problems?		Are you sometimes scared, angry and depressed? Why? What do you do when you feel scared, angry and depressed?	
B15	"I talk with my grandmother and she helps"	Grandmother supportive and helps	"Yes, I tell them my problems and they sometimes help"	Supportive friends who help with problems	"I become angry when my brother come home late and make noise, disturbing us to sleep"	Angry about living conditions not being peaceful
B16	"I tell my friend or my sister's child and they help"	Supportive friends or sister's child	"I tell my friend or my sisters child and they help"	Supportive friend and child of sister who help with problems	"I become depressed when my sister doesn't give me support at school; I feel neglected that makes me unhappy at all"	Feelings of depression, unhappiness and neglect when sister's support is lacking
B17	"I speak with my grandmother and she is able to help but there are things that she is unable to help me with such as my school work"	Speak with grandmother She is able to help Grandmother unable to help with school work	"Yes I do have friends but I don't tell them my problems"	Have friends Don't tell them my problems	"I sometimes become scared when my grandparents are ill I'm scared that what will happen to me if they die"	Afraid that grandparents might die and he loses their support
B18	"I talk with grandmother and she helps me a lot"	Supportive grandmother who helps a lot	Grandmother She help	Grandmother acts as friend who helps	"I'm scared that if my grandmother die how will we survive, because we are not receiving grant"	Scared to lose support of grandmother

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Whom do you speak to if you have problems? Do they help you to solve your problems?		Do you have friends? Do you often speak to them about your problems?		Are you sometimes scared, angry and depressed? Why? What do you do when you feel scared, angry and depressed?	
B19	"My brother's wife and she help me"	Brother's wife is supportive and helps	"Yes I do have friends but I don't tell them my problems"	Does not share problems with friends	"I become angry when my brothers leave me alone without food"	Angry when brothers do not provide support with food
B20	"I talk with my grandmother and she helped, when I was asking her to talk with my brothers to give us money she did that"	Grandmother supportive and helps	"Yes I don't tell them my problems I don't trust them"	Mistrust in friends. Does not share problems with friends	"I become scared when I did something wrong I become afraid that my grandmother is going to punish me"	Scared to receive punishment from grandmother for doing something wrong
B21	"My uncle's wife or sometimes both of them and they taught me I had to accept things the way they are in life"	Supportive role of uncle and uncles wife Uncle and uncle's wife teach him acceptance of situation	"Yes but I don't tell them my problems, I'm afraid that they will give me wrong advices"	Does not share problems with friends Friends might give wrong advice	"No because I get everything I want"	No feelings of anger and depression as needs are fulfilled
B22	"I talk with my teacher and she sometimes help me to solve the problems"	Supportive role of teacher who helps with problems	"Yes, I do have friends but I don't tell them my problems, I'm afraid that they will give me wrong advises"	Have friends Don't tell them my problems Afraid friends will give wrong advices.	"Yes, I become depressed when we don't have food and I don't get what I want"	Feelings of depression due to a lack of food

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Whom do you speak to if you have problems? Do they help you to solve your problems?		Do you have friends? Do you often speak to them about your problems?		Are you sometimes scared, angry and depressed? Why? What do you do when you feel scared, angry and depressed?	
B23	“Yes, two teachers – I speak to them because they are like parents to me they are able to show me direction during difficult time ”.	Supportive role of teachers Teachers act as parents Teachers show direction during difficult times	Yes, but not all of them there is only one friend that I tell (her) my problems. Yes, sometimes comes up with solutions for my problems ”.	Only one friend to rely on for assistance with problems	“I become angry because sometimes in class there are children that make me feel that I don’t have parents , they are teasing me , and I just ignore them or report them to the teacher”.	Anger because of feelings of being discriminated against or teased
B24	“I talk with my grandmother , and she helps me a lot	Supportive role of grandmother Talk with grandmother, She helps a lot	“Yes I do have friends but I don’t tell them my problems”	Does not disclose problems to friends	“I’m scared to sleep alone , and sometimes I become angry when struggling to survive , I asked myself why God chooses me to struggle in life”	Feelings of fear due to being lonely Feelings of anger due to struggling to survive Battles to come to terms with his situation

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Whom do you speak to if you have problems? Do they help you to solve your problems?		Do you have friends? Do you often speak to them about your problems?		Are you sometimes scared, angry and depressed? Why? What do you do when you feel scared, angry and depressed?	
B25	No answer		“Yes, I do have friends ; my friends helped me a lot because they give me food, money and helped me with my school needs when I asked for, even when I don’t ask I will see them providing me with food and money”.	Supportive friends Friends provide support with basic needs such as food, money and school needs	“Yes, I asked myself that what will happen to me and my sister if my friends die before me who will assist me in life if I can’t find job after completing grade 12 as I don’t have money to go to tertiary ”.	Afraid to lose support and assistance of friends Realises the importance of finding a work after Grade 12 Concerned that there will be no money to complete tertiary education
B26	“I speak with my sister and she helps me, like the time I was in jail she supported me and asked me to stop that, because I don’t want to disappoint her I stopped”.	Supportive role of sister Acknowledges and appreciates help of sister while being in jail	Yes, at first I was telling them my problems, but know I don’t tell them because they I giving me wrong ideas like the one of stealing it was not my idea was my friends ideas”	Have friends Tell problems at first by not any more Friends give wrong ideas – stealing Negative influence of friends	“I’m scared that if I don’t pass grade 11 other children will laugh at me and that will makes me to be a dropout ”	Concerned about completing Grade 11 successfully Concerned not to become a drop out Concerned to pass Grade 11 to avoid being made fun of

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Whom do you speak to if you have problems? Do they help you to solve your problems?		Do you have friends? Do you often speak to them about your problems?		Are you sometimes scared, angry and depressed? Why? What do you do when you feel scared, angry and depressed?	
B27	"My teachers , they help "	Supportive role of teachers	"Yes, they do help even if it is not to all problems "	Supportive friends Friends not capable of helping with all problems	"I become depressed , angry and scared when I don't get what is needed at school "	Feelings of fear and depression if school needs are not fulfilled
B28	"My teacher , yes they do help by giving me advice "	Supportive role of teachers who give help and advice	"Yes, they sometimes assist me to overcome the problem (how) by assisting me with school problems, giving me support "	Supportive friends	"Yes, I'm scared that will I be able to achieve my goal in my life, I pray and asked God to give me strength "	Concerned about achieving a goal in life Makes use of prayers to ask for strength
B29	"My grandmother , she helps to solve the problems by guiding me well"	Supportive grandmother Speaks to grandmother, she helps to solve problems Grandmother is guiding me well	"Yes I do have friends but I don't tell them my problems I'm afraid that they will tell others about my problem "	Mistrust in friends who will talk to others about her problem Does not share problems	"I'm scared that one day I will die I'm not going to grow up, to have children, but I try to live as if nothing is happening into my life "	Wishes to grow up and have own children Resorts to a coping mechanism of living as if nothing is happening in her life

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Whom do you speak to if you have problems? Do they help you to solve your problems?		Do you have friends? Do you often speak to them about your problems?		Are you sometimes scared, angry and depressed? Why? What do you do when you feel scared, angry and depressed?	
B30	"My sister , because she's the only person I trust and I can rely on "	Supportive role of sister Sister only person to trust and rely on	"Yes, but I don't talk about my problems with them"	Does not share problems with friends	"No, I feel secured when I'm with my family "	Experiences feelings of security within the family where he lives
B31	"No one I don't believe that people will help me to overcome the problems"	No trust in people to help with solving problems	"No, I keep everything into myself if is a serious problem I cry a lot to release my stress "	Does not share problems Cry to release stress	"Yes I become angry when I remember my parents or if the is something I need and struggling to get it "	Feelings of anger when struggling to fulfil needs
B32	"My Aunt and she helped me to solve my problems "	Supportive role of aunt in solving problems	"Yes, but not all of them, and my friends help me"	Some friends play supportive role and help with problems	"I become angry or sad if I don't do my school work "	Feelings of anger and sadness if there is no support with school work
B33	"I speak with my cousin and he helped me"(always)	Supportive role of cousin Speak with cousin Cousin always helped	"Cousin is my friend. He helped always	Cousin is a friend who helps with problems	"I'm scared that my grandmother if she dies before my grandfather how will I survive or who will take care of me "	Fear of losing the care of the grandmother

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Whom do you speak to if you have problems? Do they help you to solve your problems?		Do you have friends? Do you often speak to them about your problems?		Are you sometimes scared, angry and depressed? Why? What do you do when you feel scared, angry and depressed?	
B34	"My twin sister, she helped me"	Supportive role of twin sister	"Yes, I don't want them to know about my life"	Does not want to let friends now what is going on in her life	"I'm scared that my friends will leave me if they can know that my parents died due to HIV and Aids and that will make them think that we are also infected"	Scared to lose friendship of friends or being stigmatized Does not want friends to know parents died due to HIV and Aids Afraid friends will think she is also
B35	"I speak with my friend I'm scared that my grandparents will say I'm naughty when I tell them my problems"	Supportive role of friends Does not speak to grandparents. Afraid they will think he is naughty	"Yes, I speak with my friend I'm scared that my grandparents will say I'm naughty when I tell them my problems"	Speak to friend about problems and not to grandparents	"I sometimes become depressed that how long I'm I going to live like these I asked myself that why my Aunt or Uncle doesn't take me to stay with my brothers and sister but I try to forget these by going to play netball"	Depressed about situation in which he lives Wants to stay with brothers and sisters Play netball to forget about problems
B36	"My sister and she help me to solve my problems"	Supportive role of sister who helps with problems	"Yes, I do tell them my problems"	Discloses problems to friends	"No, because I'm not suffering"	Not scared, angry, depressed Not suffering

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Whom do you speak to if you have problems? Do they help you to solve your problems?		Do you have friends? Do you often speak to them about your problems?		Are you sometimes scared, angry and depressed? Why? What do you do when you feel scared, angry and depressed?	
B37	"If I have a problem I discuss it with my cousins because I trust them and they help me "	Receives support, trust and help from cousins	"Yes, I do have friends that I tell them my problems and they help"	Supportive friends who help with problems	"No"	No
B38	"My Aunt and she help me to solve my problems "	Supportive role of aunt who helps with problems	"Yes, I don't tell them my problems because I'm afraid that they will tell others "	Does not share problems with friends Friends appear not to be trustworthy Afraid friends will tell others	"Yes, but I can't explain how"	Yes but cannot explain how
B39	"When I have a problem I speak to the mother who is responsible for the Dance club and she helped me a lot "	Speak to mother of dance club who helps	"Yes, I do tell them my problems and they helped me to overcome the problems "	Supportive friends who help to overcome problems	"Yes but when I'm angry I go to Dance club and I come back home late that help me to deal with the anger "	Relieves feelings of anger by going dancing
B40	"I speak with my grandmother and she comforts me and helps me "	Supportive and comforting grandmother	"Yes, I don't trust them to tell them my problems "	Mistrust in friends Does not disclose problems to friends	"Yes, my grandmother told me that my brother is also infected and that is not good news to hear and I become angry when my brother is ill , I think he will also die "	Anger related to brother being infected by HIV and Aids Worried that brother might die

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Whom do you speak to if you have problems? Do they help you to solve your problems?		Do you have friends? Do you often speak to them about your problems?		Are you sometimes scared, angry and depressed? Why? What do you do when you feel scared, angry and depressed?	
B41	"My grandparent and she help me"	Supportive role of grandmother	"Yes I do have friends , I also speak with them and they help me on how to solve the problem "	Supportive friends who help with solving problems	"I become scared that if my grandmother dies who will take care of us "	Scared to lose the support and care of the grandmother
B42	"My brother and he help me to overcome the problem "	Supportive role of brother	"Yes, but I don't tell them "	Does not disclose problems to friends	"I become depressed when my brother don't want to buy me something "	Depressed when brother does not provide support
B43	"My brother and he help me"	Supportive role of brother	"I do have friends but I don't tell them my problems"	Does not disclose problems to friends	No answer	

Preliminary coding

SECTION C: Socio-economic needs

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you have enough money for school, food, clothes, toiletries, medicine, etc?		Do you have to do extra work for money? What do you do? When do you do the extra work?		What do you do with the extra money?	
C1	"No"	Lack of money for basic needs	"No"	Not burdened by additional work and responsibilities	Not applicable	
C2	"No"	Lack of money for basic needs	"No"	Not burdened by additional work and responsibilities	Not applicable	
C3	"I don't know if the money that our father left us will last us for how long but now we do have money for our needs"	Don't know if money left by father left will last to cover needs	"No, the money is from my father's work and his insurances, and we use the money to buy food and clothes"	No Financial support from father's work and insurances Can provide for basic needs such as food and clothes	Not applicable	

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you have enough money for school, food, clothes, toiletries, medicine, etc?		Do you have to do extra work for money? What do you do? When do you do the extra work?		What do you do with the extra money?	
C4	"No, we are struggling to do things that we need because we don't have enough money we only survive with my brother's money"	No Lack of money Dependent on brother's money	"No"	Not burdened by additional work and responsibilities	Not applicable	
C5	"No"	Lack of money for basic needs	"No"	Not burdened by additional work and responsibilities	Not applicable	
C6	"No"	Lack of money for basic needs	"Yes, on Saturday I'm working at the restaurant and I buy food, clothes and pay for my brother and sister's school needs"	- Does additional work to fulfil basic needs -Buy food, clothes and pay for brother and sister's school needs	"I buy food, clothes and pay for my brother and sister's school needs"	Extra money provides for basic needs and school fees of siblings
C7	"Yes"	Yes	"No"	Not burdened by additional work and responsibilities	Not applicable	Not applicable

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you have enough money for school, food, clothes, toiletries, medicine, etc?		Do you have to do extra work for money? What do you do? When do you do the extra work?		What do you do with the extra money?	
C8	"I don't know if there is enough money or what because I don't struggle to buy what is needed at school, we always have food, clothes and when I go to school I have a pocket money "	Don't know if there is enough money Don't struggle to buy what is needed at school Basic needs appear to be fulfilled: always have food, clothes, pocket money	"No"	Not burdened by additional work and responsibilities	Not applicable	Not applicable
C9	"No we don't have money to fulfil our needs"	No money to fulfil basic needs	"No"	Not burdened by additional work and responsibilities	Not applicable	Not applicable
C10	"No"	Lack of money to fulfil basic needs	"Yes on Saturday I go and do washing for R70 and when I come back I give my aunt R40 the rest I bank it and now at the bank I have more than R1000, I hope the money will help me for registration next year "	-Does additional work for a small income	"When I come back I give my aunt R40 the rest I bank it and now at the bank I have more than R1000 , I hope the money will help me for registration next year"	Give to aunt R40 Bank the rest Saved R1000 for registration

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you have enough money for school, food, clothes, toiletries, medicine, etc?		Do you have to do extra work for money? What do you do? When do you do the extra work?		What do you do with the extra money?	
C11	"I don't have enough money for my needs"	Not enough money for needs	"Yes I temporarily work at drum café' on Saturdays and during school holidays, we are loading and unloading drums, the money that I earn there I buy electricity, food and clothes"	-Does temporary work at drum café on Saturdays and during school holidays -Load and unload drums	"The money that I earn there I buy electricity, food and clothes"	Money used to fulfil basic needs such as electricity, food and clothes
C12	"No sometimes they want money at the school and I sometimes don't have it"	No money for things wanted at school	"No"	Not burdened by additional work and responsibilities	Not applicable	
C13	"No"	Lack of money to fulfil basic needs	"No"	Not burdened by additional work and responsibilities	Not applicable	
C14	"No"	Lack of money to fulfil basic needs	"No"	Not burdened by additional work and responsibilities	Not applicable	
C15	"No"	Lack of money to fulfil basic needs	"No"	Not burdened by additional work and responsibilities	Not applicable	

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you have enough money for school, food, clothes, toiletries, medicine, etc?		Do you have to do extra work for money? What do you do? When do you do the extra work?		What do you do with the extra money?	
C16	"No"	Lack of money to fulfil basic needs	"No"	Not burdened by additional work and responsibilities	Not applicable	
C17	"No"	Lack of money to fulfil basic needs	"No"	Not burdened by additional work and responsibilities	Not applicable	
C18	"No"	Lack of money to fulfil basic needs	"No"	Not burdened by additional work and responsibilities	Not applicable	
C19	"No"	Lack of money to fulfil basic needs	"Yes, when working at the tuck shop my brother give me money"	Yes At the tuck shop		
C20	"Yes my grandmother is earning pension fund, and my brother gives us money every month"	Yes Basic needs covered by grandmother's pension and money received monthly from brother	"No"	Not burdened by additional work and responsibilities	Not applicable	

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you have enough money for school, food, clothes, toiletries, medicine, etc?		Do you have to do extra work for money? What do you do? When do you do the extra work?		What do you do with the extra money?	
C21	"Yes my uncle do everything for us, he is working"	Yes Uncle is working and do everything	"No, my uncle will not allow me to do that"	No Uncle won't allow me to work	Not applicable	
C22	"No, we sometimes sleep without food, the clothes that I'm wearing are from my other family, sometimes we ask for pieces of soap and cook them to make soap, our life is difficult I don't know how to explain it"	Not enough money to cover basis needs Sleep without food Wearing clothes from other family Ask for pieces of soap to cook and make soap	"No, when asking for a job they are saying I'm too young to work"	No Too young to work	Not applicable	
C23	"No, we don't have enough money to cover our needs".	Not enough money to cover basic needs	"We do get extra money from my parent's employer, and we buy food with the money".	Cover basic needs with money from parent's employer		
C24	"No, I don't have enough money to cover my needs"	Not enough money to cover basic needs	"No"	Not burdened by additional work and responsibilities	Not applicable	

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you have enough money for school, food, clothes, toiletries, medicine, etc?		Do you have to do extra work for money? What do you do? When do you do the extra work?		What do you do with the extra money?	
C25	"No, because there is no where I get the money except from my sister and friends".	Not enough money to cover basic needs Recieves money from sister and friends	"No"	Not burdened by additional work and responsibilities	Not applicable	
C26	"No, we don't have enough money we are only surviving with my sister's money"	Not enough money to cover basic needs Survive with money from sister	"No"	Not burdened by additional work and responsibilities	Not applicable	
C27	"No"	Not enough money to cover basic needs	"Yes, wash taxis at taxi rank on Saturday."	-Does additional work to earn money -Wash taxis on Saturday.	I buy clothes, sometimes I buy food and when there is tour at our school I pay for myself	Uses money to fulfil basis needs and pay for school tours
C28	"No"	Not enough money to cover basic needs	"No"	Not burdened by additional work and responsibilities	Not applicable	

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you have enough money for school, food, clothes, toiletries, medicine, etc?		Do you have to do extra work for money? What do you do? When do you do the extra work?		What do you do with the extra money?	
C29	"No"	Not enough money to cover basic needs	"No I'm still young to do extra work but if someone can ask me to assist I will"	Willing to work but too young	Not applicable	
C30	"No"	Not enough money to cover basic needs	"No"	Not burdened by additional work and responsibilities	Not applicable	
C31	"No, it is only my uncle working in the house"	Not enough money to cover basic needs Only Uncle earns an income	"No"	Not burdened by additional work and responsibilities	Not applicable	
C32	"No"	Not enough money to cover basic needs	"No"	Not burdened by additional work and responsibilities	Not applicable	

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you have enough money for school, food, clothes, toiletries, medicine, etc?		Do you have to do extra work for money? What do you do? When do you do the extra work?		What do you do with the extra money?	
C33	"No"	Not enough money to cover basic needs	"Yes I move around with lawnmowers to cut a grass for people and they pay me R30, R50 it depends how big is the yard. I do that after school, during holidays and on Saturday, I bank R100 every month the rest I give it to my grandmother"	-Yes -Cut grass for people after school, during holidays and on Saturday -Earn small amount of money: R30, R50 depending on how big the yard is. -Bank R100 every month -Give the rest to grandmother	"I bank R100 every month the rest I give it to my grandmother"	Banks R100 The rest give to grandmother
C34	"Yes my grandmother receive government grant of R940 and we also receive R650 the money is enough for two of us to do what we need"	Basic needs fulfilled by Grandmother's government grant of R940 Receives support grant of R650	"No"	Not burdened by additional work and responsibilities	Not applicable	

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you have enough money for school, food, clothes, toiletries, medicine, etc?		Do you have to do extra work for money? What do you do? When do you do the extra work?		What do you do with the extra money?	
C35	"We don't have enough money because we survive with 650 of my grant, my grandparent doesn't receive pension because they are less than 60yrs"	Not enough money Receive grant R650 Grandparents don't receive pension because they are not old enough	"No"	Not burdened by additional work and responsibilities	Not applicable	
C36	"We do have money and it is not enough to cover our needs"	Enough money to cover basic needs	"No, my sister and my brother give us money to cover our needs. We are buying electricity and food if the one my sister buys for us doesn't last for a month, if we don't buy food we buy clothes"	Do not do extra work Sister and brother give money Buy electricity food, clothes	Not applicable	
C37	"Yes"	Basic needs are fulfilled	"No"	Not burdened by additional work and responsibilities	Not applicable	

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you have enough money for school, food, clothes, toiletries, medicine, etc?		Do you have to do extra work for money? What do you do? When do you do the extra work?		What do you do with the extra money?	
C38	"We have money to fulfil our needs, my aunt is working at the Department of correctional services"	Money to fulfil basic needs Aunt is working at the Department of correctional services	"No"	Not burdened by additional work and responsibilities		
C39	"No"	Not enough money to fulfil basic needs	"No"	Not burdened by additional work and responsibilities	Not applicable	
C40	"No now we don't have money for my brother to go to a doctor "	Don't have enough money to pay for brother's doctor treatment	"No"	Not burdened by additional work and responsibilities	Not applicable	
C41	"No, my grandmother goes to credit food and pay after pension "	Not enough money to fulfil basic needs Grandmother buys food on credit Pays for food after pension	"No"	Not burdened by additional work and responsibilities	Not applicable	

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you have enough money for school, food, clothes, toiletries, medicine, etc?		Do you have to do extra work for money? What do you do? When do you do the extra work?		What do you do with the extra money?	
C42	"No, my brother is not working we survive with grant"	Not enough money to cover basic needs Brother not working Survive with grant	"No"	Not burdened by additional work and responsibilities	Not applicable	
C43	"For now because we receive grant"	Basic needs fulfilled with support grant	"No"	Not burdened by additional work and responsibilities	Not applicable	

Preliminary coding

SECTION D: Education needs

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you attend school regularly? If not , why not?		Do you enjoy school? Why? Why not?		Do you experience problems at school? If, what are they?	
D1	"Yes"	Regular school attendance	"Yes because there is no problems that I come across with"	Enjoys school because there are no problems	"No"	No problems experienced at school
D2	"Yes"	Regular school attendance	"Yes because when I'm at school I forget about my problems"	At school he forgets about problems	"No"	No problems experienced at school
D3	"Yes"	Regular school attendance	"Yes, because we talk a lot and we learn lot of things about life"	School provides opportunity to talk and learn	"No"	No problems experienced at school
D4	"Yes"	Regular school attendance	"I enjoy being at school because we are having study group to assist each other if find it difficult to study alone"	Enjoys being at school Study groups assist with schoolwork	"No"	No problems experienced at school

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you attend school regularly? If not , why not?		Do you enjoy school? Why? Why not?		Do you experience problems at school? If, what are they?	
D5	"Yes"	Regular school attendance	"Yes, I spend lot of time at the school that makes me forget about my problems"	At school problems are forgotten	"Yes, when teachers need something or call parents to discuss our work no one is coming for me, I sometimes asked someone from church to come and stand on my behalf"	School related problems: No parents to represent him at school
D6	"Yes"	Regular school attendance	"Yes, because it is the place where I forget about my problems"	At school problems are forgotten	"Yes, I sometimes go to school without doing my homework and that makes my teachers angry"	School related problems: Going to school without doing homework Angry teachers if homework is not done
D 7	"Yes"	Regular school attendance	"Yes because I enjoy my friends company"	School provide the opportunity to enjoy the company of friends	"I don't experience problems"	No problems experienced

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you attend school regularly? If not , why not?		Do you enjoy school? Why? Why not?		Do you experience problems at school? If, what are they?	
D8	"Yes"	Regular school attendance	"Yes because there are activities that I'm taking part at such as rope skipping and indigenous games"	Yes Supportive role of school Participate in school activities – rope skipping and indigenous games	"No"	No problems experienced
D9	"Yes"	Regular school attendance	"Yes when I'm at school I don't worry much like when I'm at home"	Yes Supportive role of school At school he does not worry	"Yes, I experience a language problem as I've started grade 1 in multiracial school I've never learned Sotho"	Experience a school related problem: language problem
D10	"Yes"	Regular school attendance	"Yes because I spend lot of time there and I'm able to do homework and study"	Yes Supportive role of school Spend a lot of time there Able to do homework and study	"No"	No problems experienced

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you attend school regularly? If not , why not?		Do you enjoy school? Why? Why not?		Do you experience problems at school? If, what are they?	
D11	"Yes"	Regular school attendance	"Yes because it is where I'm able to socialize with other people"	Yes Supportive role of school Socialize with other people	"No"	No problems experienced
D12	"Yes"	Regular school attendance	"Yes because we are learning lot of things and we are playing with my friends"	Yes Supportive role of school Learning a lot of things Playing with friends	"No"	No problems experienced
D13	"Yes"	Regular school attendance	"Yes I like to play with my friend and our teachers talking with us politely"	Yes Supportive role of school Play with friends Teachers talking with us politely	"No"	No problems experienced
D14	"Yes"	Regular school attendance	"Yes"	Yes	"No"	No problems experienced

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you attend school regularly? If not , why not?		Do you enjoy school? Why? Why not?		Do you experience problems at school? If, what are they?	
D15	"Yes"	Regular school attendance	"Yes I forget about my problems when I'm at school"	Yes Supportive role of school Forget about problems	"Yes teachers are not happy the way I do my school work, I experience problems in other learning areas and if my brother can behave well I will be able to study and do my homework"	Experience school related problems: Teachers not happy with school work Experience problems in certain learning areas Cannot do homework well due to bad behaviour of brother
D16	"Yes"	Regular school attendance	"Yes I'm able to play with my friends"	Yes Supportive role of school Play with friends	"No"	No problems experienced
D17	"Yes"	Regular school attendance	"Yes because it is where I spend lot of time"	Yes Supportive role of school Spend lot of time at school	"No"	No problems experienced

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you attend school regularly? If not , why not?		Do you enjoy school? Why? Why not?		Do you experience problems at school? If, what are they?	
D18	"Yes"	Regular school attendance	"Yes, because they give us food during break"	Yes Supportive role of school Get food during break	"No"	No problems experienced
D19	"Yes"	Regular school attendance	"Yes, I'm able to meet with my friends and to participate in extra mural activities"	Yes Supportive role of school Meet with friends Participate in extra mural activities	"Not always it was the time I lost my book and teachers want me to pay for them"	Does not always experience problems Lost a book and had to pay for it
D20	"Yes"	Regular school attendance	"No because I had a problem with other subjects and that makes other teachers to dislike me"	Does not enjoy school because of problems with certain subjects Because of problems with subjects teachers do not like him	Yes I'm struggling with other learning area, and even when the content explained I find it difficult to understand"	Struggling with certain learning areas Difficulty in understanding subject content

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you attend school regularly? If not , why not?		Do you enjoy school? Why? Why not?		Do you experience problems at school? If, what are they?	
D21	"Yes"	Regular school attendance	"I enjoy going to school, because we are able to learn together with my friends"	Yes Supportive role of school Able to learn with friends	"No"	No problems experienced
D22	"Yes"	Regular school attendance	"Yes, when I'm at school my friends when buying food they buy it for me too and that makes me to enjoy going to school"	Yes Enjoy school Supportive role of school Friends buy food	"Yes, I sometimes go without wearing a school uniform, because when the school uniform is dirty and we don't have soap to do washing I wear my clothes"	Experiences problems related to school uniform No soap to wash my clothes
D23	"Yes, I attend school regularly".	Regular school attendance	"I enjoy coming to school because even if we don't have food at home, I know during break we get food".	Yes Supportive role of school During break food is provided	"Yes, the problem is with children who are always teasing me, and making me feel different from other children".	Experiences problem with children who are teasing her Children make her feel different from other children

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you attend school regularly? If not , why not?		Do you enjoy school? Why? Why not?		Do you experience problems at school? If, what are they?	
D24	"Yes"	Regular school attendance	"Yes I enjoy school because we get food parcels, and I spend lot of time there"	Yes Supportive role of school Receive food parcels Spend a lot of time there	"Yes when it is a day to wear civvies, I'm always absent because I don't have anything to wear"	Does not have the same clothing as other children
D25	"Yes"	Regular school attendance	"Yes, because is where I meet with my friends".	Yes Supportive role of school Meet with friends	"Yes, because I struggle to get what is needed at school if my friend don't help I'm unable to get what is needed by myself"	Experiences problems to get what is needed at school
D26	"Yes"	Regular school attendance	"Yes, because I spend lot of time at the school that makes me to forget about my problems"	Yes Supportive role of school Spend a lot of time at school Forget about problems	"No, I'm trying to be out of the problem"	Does not experience problems because of trying to avoid problems

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you attend school regularly? If not , why not?		Do you enjoy school? Why? Why not?		Do you experience problems at school? If, what are they?	
D27	"Yes"	Regular school attendance	"Yes, because teachers are able to assist me through difficult"	Yes Supportive role of school Teachers assist with difficulties	"Yes, by not doing my school work properly and other children treat me differently because they know that I'm an orphan (how) during "civvies" they laugh at me because I don't wear expensive clothes like them"	Experiences problems: Not doing school work properly Other children treat her differently because she is an orphan Cannot afford expensive clothes like other children
D28	"Yes"	Regular school attendance	"Yes, I meet my friends and we are getting some food during break"	Yes Supportive role of school Meet with friends Getting food during break	"No"	No problems experienced
D29	"No, because sometimes I have to be absent due to my illness"	No regular school attendance due to illness	"Yes, because I get support from my teachers"	Yes Supportive role of school Get support from teachers	"No"	No problems experienced

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you attend school regularly? If not , why not?		Do you enjoy school? Why? Why not?		Do you experience problems at school? If, what are they?	
D30	"Yes"	Regular school attendance	"Yes, because I can play with my friends do different sport to show my talent"	Yes Supportive role of school Play with friends Do different sport activities	"No"	No problems experienced
D31	"Yes"	Regular school attendance	"No, I feel different to other children"	Does not enjoy school Feels different to other children	"Yes, I'm unable to study, during study at school I had to go to assist my uncle's wife with cleaning the house"	Experiences school related problems: Unable to study because has to assist uncle's wife with cleaning the house
D32	"Yes"	Regular school attendance	"Yes I play with my friend and we get food during break"	Yes Supportive role of school Play with friend Get food during break	"No"	No problems experienced

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you attend school regularly? If not , why not?		Do you enjoy school? Why? Why not?		Do you experience problems at school? If, what are they?	
D33	"Yes"	Regular school attendance	"Yes I like to play with other children we get food sometimes they give orphans blanket and shoes"	Supportive role of school Yes Play with other children Get food during break Sometimes orphans receive blankets and shoes	"No"	No problems experienced
D34	"Yes"	Regular school attendance	"Yes, teachers teach us morals and they also give us support we get food during break we participate in different sport (what sport do you do) I sing for school choir and we practice every day after school till 14H30 for the competition"	Yes Supportive role of school Teachers teach morals and give support Get food during break Can participate in different sport activities	"No"	No problems experienced

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you attend school regularly? If not , why not?		Do you enjoy school? Why? Why not?		Do you experience problems at school? If, what are they?	
D35	"No, I sometimes don't go to school when we don't have a soap to wash my uniform or to wash myself and I don't want to go to school dirty "	No regular school attendance due to lack of detergents to wash school uniform Important to go to school with clean clothes	"No, I feel different to other children, they come to school with pocket money I don't, they have complete uniform I don't"	Does not enjoy school Feels different to other children Does not have pocket money and complete uniform	"Yes, I'm not one of the teacher's favourites because of my absentees and poor performance at my work"	Experiences problems with teacher favouritism Problems related to absenteeism and poor performance
D36	"Yes"	Regular school attendance	"Yes, we learn lots of things and we are able to study during after classes "	Supportive role of school Able to learn and study after classes	"Yes, I want to fulfil my mother's wish because she was always encouraging me to work hard to be able to complete grade 12 "	-Fulfil mother's wish -Mother encouraging me to complete grade 12
D37	"Yes"	Regular school attendance	"Yes, teachers guide us and they also teach us values "	Supportive role of school Teachers guide and teach values	"No"	No problems experienced
D38	"Yes"	Regular school attendance	"Yes I'm able to study and be with my friends "	Supportive role of school Study and be with my friends	"No"	No problems experienced

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you attend school regularly? If not , why not?		Do you enjoy school? Why? Why not?		Do you experience problems at school? If, what are they?	
D39	"Yes "	Regular school attendance	Yes, because I forget about my problems I'm able to socialize with other children"	Supportive role of school Forget about problems Opportunities to socialize with other children	"Yes, when there is something needed at school I always don't have"	Problems experienced Does not always have things needed at school
D40	"Yes"	Regular school attendance	"Yes, I receive love and support from my teachers"	Supportive role of school Receive love and support from teachers	"No, I always behave well"	No problems experienced due to good behaviour
D41	"Yes"	Regular school attendance	"Yes, because I spend lot of time there and during break we get food"	Supportive role of school Spend a lot of time there Get food during break	"No"	No problems experienced
D42	"Yes"	Regular school attendance	"Yes, I'm able to study and I participate in drummies"	Supportive role of school Able to study and participate in drummies	"No"	No problems experienced

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you attend school regularly? If not , why not?		Do you enjoy school? Why? Why not?		Do you experience problems at school? If, what are they?	
D43	"Yes"	Regular school attendance	"Yes, it is enjoying and we learn a lot"	Supportive role of school Able to learn a lot	"No"	No problems experienced

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Are you motivated to work hard? Why? Why not?		How is your academic performance? Are you satisfied? Do you think you can perform better?		Do you have enough time to do your homework or study for tests? If not, why not?	
D1	"Yes, to be successful in life"	Motivated to be successful	"I'm satisfied about my work I don't experience any problem"	Satisfied with academic performance Don't experience problem	"Yes"	Enough time to study and do homework
D2	"Yes I want to be educated and have a good life"	Motivated to be educated Motivated to have good life one day	"My performance is good"	Good academic performance	"Yes if I don't do my homework my grandmother shouts at me because she wants me to be educated"	Enough time to study and do homework Grandmother wants education

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Are you motivated to work hard? Why? Why not?		How is your academic performance? Are you satisfied? Do you think you can perform better?		Do you have enough time to do your homework or study for tests? If not, why not?	
D3	"Yes I will be able to achieve my dreams"	Motivated to achieve dreams	"I'm satisfied about my work and I know that I will pass Grade 12 with flying colours"	Satisfied with academic performance Will pass grade 12 with flying colours	"Yes"	Enough time to study and do homework
D4	"Yes I want to pass grade 12 and go to the university to further my studies"	Motivated to pass Grade 12 and do further studies	"My performance is good and I'm satisfied about it"	Satisfied that academic performance is good	"Yes"	Enough time to study and do homework
D5	"Yes, I want to complete Grade 12 and be independent in life"	Motivated to complete grade 12 and become independent	"My performance is good"	Academic performance is good	"Yes"	Enough time to study and do homework
D6	"Yes, I want to be successful in life"	Motivated to be successful	"Not good and I'm not satisfied about my work but there is nothing I can do because if I stop going to work there is no way we will be able to survive, to be able to perform better I had to work hard"	Academic performance is not good Not satisfied with academic performance Realizes that hard work is needed to perform better	"I only have time to do my homework during the week"	Can do homework during the week only

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Are you motivated to work hard? Why? Why not?		How is your academic performance? Are you satisfied? Do you think you can perform better?		Do you have enough time to do your homework or study for tests? If not, why not?	
D7	"Yes I want to have money to buy myself a car and a nice house"	Motivated to work hard at school Aim is o have money to buy a car and a nice house	"My performance is good, I struggle with accounting only but if I get assistance I try do it right"	Good Struggle with accounting If get assistance with accounting try to do it right	"Yes"	Enough time to study and do homework
D8	"Yes I want to be educated"	Motivated to work hard to be educated	"My performance is good"	Good	"Yes"	Enough time to study and do homework
D9	"Yes I want to see myself educated"	Motivated to work hard because wants to be educated	"Is not good and I'm not satisfied, the problem will be solved when we receive my mother's money, I will be able to go back to multiracial school again"	Not good Not satisfied Need to go back to multiracial school Need mother's money to go back to multiracial school	"Yes"	Enough time to study and do homework

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Are you motivated to work hard? Why? Why not?		How is your academic performance? Are you satisfied? Do you think you can perform better?		Do you have enough time to do your homework or study for tests? If not, why not?	
D10	"Yes I believe that if I work hard I will be able to leave a descent life , I will be able to have money and leave my aunt place "	Motivated to work hard because wants to live a descent life Wants to have an own place	"My academic performance is good and I'm satisfied about it"	Academic performance good and satisfied with performance	"No I don't have enough time to do my homework at home I do my homework at school when I arrive home I had to clean and cook "	Not enough time for homework At home had to clean and cook
D11	"Yes to have a permanent job, and have my own money "	Yes Have a job and own money	"My academic performance is good , and I'm satisfied about it"	Academic performance good and satisfied with performance	"Yes"	Enough time to study and do homework
D12	"Yes I want to be educated in life"	Motivated to be educated	"I'm doing well and I'm satisfied about my performance"	Doing well academically and is satisfied	"Yes"	Enough time to study and do homework
D13	"Yes I want to be successful in life"	Motivated to be successful	" Good "	Academic performance is good	"Yes"	Enough time to study and do homework
D14	"Yes I want to have a good life "	Motivated to work hard in order to have a good life	"I'm now doing well "	Doing well academically	"Yes"	Enough time to study and do homework

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Are you motivated to work hard? Why? Why not?		How is your academic performance? Are you satisfied? Do you think you can perform better?		Do you have enough time to do your homework or study for tests? If not, why not?	
D15	"Yes I want to be educated to be able to buy a house"	Motivated to be educated and to buy a house one day	"My performance is not good"	Academic performance is not good	"I can do my homework when my brother is not home, and he is always drunk"	Yes, when brother is not home Brother is always drunk
D16	"Yes I want to be educated"	Motivated to be educated	"Good"	Academic performance is good	"Yes"	Enough time to study and do homework
D17	"Yes I want to achieve my goal"	Motivated to achieve goal	"Good"	Academic performance is good	"Yes"	Enough time to study and do homework
D18	"Yes I want to be educated to be able to take care of my brothers"	Motivated to be educated and take care of brothers	"Good"	Academic performance is good	"Yes"	Enough time to study and do homework
D19	"Yes to be educated"	Motivated to be educated	"My school work is good and I'm satisfied, and to perform better than now I needs support and assistance with my work"	Satisfied with academic performance that is good Regards support and assistance necessary to perform better	"Yes, but they don't help me at home"	Enough time to study and do homework Does not receive any support with homework

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Are you motivated to work hard? Why? Why not?		How is your academic performance? Are you satisfied? Do you think you can perform better?		Do you have enough time to do your homework or study for tests? If not, why not?	
D20	“Yes I want to work hard to have knowledge that will help me in the future ”	Motivated to work hard and gain knowledge that will help in future	“I’m not doing well , and I’m not satisfied but I hope if I can get help with my learning difficulty and work hard I will perform better	Academic performance is not good Realises that help is needed to overcome learning difficulties Working hard will improve performance	“Yes	Enough time to study and do homework
D21	“Yes to be successful in life, and to be able to assist my uncle if he need it and I want to be a good exemplar to other orphans ”	Motivated to work hard and to be successful Motivated to become a good example to other orphans Motivated to assist uncle one day	“My work is very good , and I’m happy about my performance, if I had a problem I asked for assistance to be able to do well”	Happy about performance which is good Asks for assistance to be able to perform well	“Yes”	Enough time to study and do homework

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Are you motivated to work hard? Why? Why not?		How is your academic performance? Are you satisfied? Do you think you can perform better?		Do you have enough time to do your homework or study for tests? If not, why not?	
D22	“Yes, because I believe that education is the only thing that will change my life ”	Motivated to be educated Regards education as the only thing that will bring change	“I’m doing well because after school before I go home, we study with my friends, and do homework if there are any”	Doing well academically Studies and does homework with friends after school	“No, when I had to study at night my grandmother tell me that we have to save electricity as we don’t have enough money to buy it”	Not enough time to study and do homework Cannot study at night because has to save electricity
D23	“Yes, because I want to see myself achieving my goal of being a social worker and to be able to achieve the goal is through hard work ”.	Motivated to work hard and achieve goal of being a social worker	“My performance is good , and I’m satisfied about it”.	Satisfied with academic performance that is good	“Yes, there is nothing disturbing me to do my work”.	Enough time to study and do homework No distractions
D24	“Yes, to be able to achieve and have money ”	Motivated to work hard to achieve and have money	“I’m doing well and I’m satisfied about my progress”	Do well Satisfied	“Yes, because I’m staying alone I’m able do homework’s ; I only have a problem when I’m running out of candles ”	Enough time to study and do homework Stay alone able to do homework Problem running out of candles

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Are you motivated to work hard? Why? Why not?		How is your academic performance? Are you satisfied? Do you think you can perform better?		Do you have enough time to do your homework or study for tests? If not, why not?	
D25	“Yes, to be successful in life you have to work hard maybe I get scholarship through hard work, these will help to achieve in life”.	Motivated to work hard in order to be successful Motivated to work hard to get scholarship	“My work is excellent like other children who goals in life”.	Academic performance is excellent	“Yes when there is nothing to do but sometimes I struggle with work when I don’t have candles”.	Enough time to study and do homework Sometimes struggle to have candles to study
D26	“Yes, I want to complete grade 12 and apply for a job, which will make me to be able to assist my sister”	Motivated to complete grade 12 With Grade 12 can apply for a job to assist sister	“My academic performance is good and if it stays like that I will pass”	Academic performance is good	“Yes”	Enough time to study and do homework
D27	“Yes, to be successful in life by achieving my goals”	Motivated to be successful in life and achieve goals	“I’m trying my level best and I don’t give up if I don’t know something and I can do better through hard work and by asking for help”	Trying hard to improve performance Not giving up and asking for help	“I don’t have enough time because after school I have to clean up the house and do cooking for my grandmother and grandfather”	Not enough time to study and do homework Additional responsibilities to do cooking and clean the house for grandmother and grandfather

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Are you motivated to work hard? Why? Why not?		How is your academic performance? Are you satisfied? Do you think you can perform better?		Do you have enough time to do your homework or study for tests? If not, why not?	
D28	"Yes to be successful"	Motivated to be successful	"Excellent and I'm satisfied about it"	Satisfied with excellent academic performance	"Yes"	Enough time to study and do homework
D29	"No, because I'm also going to die"	Not motivated because believes he will also die	"Not good, I'm sometimes ill and unable to do my school work and due to absentees I'm unable to do well but I'm trying, I can if I can have passion to school work"	Academic performance not good Unable to do school work due to absentees Need passion to do school work	"Yes but if we don't have electricity I cannot study for the test or exam"	Enough time to study and do homework If no electricity cannot study for test or exam
D30	"Yes, to be able to achieve in life"	Motivated to achieve in life	"Excellent, I'm satisfied about my school work"	Satisfied with excellent academic performance	"Yes"	Enough time to study and do homework

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Are you motivated to work hard? Why? Why not?		How is your academic performance? Are you satisfied? Do you think you can perform better?		Do you have enough time to do your homework or study for tests? If not, why not?	
D31	“Yes to be able to get what I want, to drive nice car, have a big house that will accommodate all my family”	Motivated to work hard to be able to drive a nice car and have a house that will accommodate th family one day	“My performance is partly and I’m not satisfied about it and I hope I can perform better if I can’t lose my focus and if we can have enough food as I sometimes go to school hungry that makes it difficult for me to focus in class”	Not completely satisfied with academic performance Knows that performance can be better Must try and avoid not to lose focus Performance influence by a lack of food Hunger leads to loss of focus	“No, the place is too small and it doesn’t have electricity to be able to study at night”	Not enough time to study and do homework No proper place to study Lack of electricity makes it impossible to study at night
D32	“Yes, because I want to have a lot of money	Motivated to work hard to have a lot of money one day	“I’m doing well	Doing well academically	“Yes	Enough time to study and do homework
D33	Yes I don’t want to fail class”	Motivated to work hard to avoid failing	My work is excellent”	Academic performance is excellent	I’m able to study and do my homework at night”	Yes Can study and do homework at night

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Are you motivated to work hard? Why? Why not?		How is your academic performance? Are you satisfied? Do you think you can perform better?		Do you have enough time to do your homework or study for tests? If not, why not?	
D34	"Yes I want to be educated"	Motivated to study to be educated	"I'm doing well and I'm satisfied about my work"	Satisfied with academic performance	"Yes"	Yes
D35	"Yes, I had to work hard in life to live better life "	Motivated to work hard to have a better life	" Not good and I'm not happy about the situation and I think I can do better if the is someone who can assist me "	Not happy because academic performance is not good Acknowledges that assistance is needed to do better	"Yes, but I don't focus when doing it I think about tomorrow what is going to happen "	Yes Lose focus when thinking of tomorrow
D36	"My performance is good and I hope I will obtain distinction through hard work I will be able to perform better than now "	Motivated to work hard to get a distinction Acknowledges that through hard work performance will be better	"My performance is good and I hope I will obtain distinction through hard work I will be able to perform better than now"	Academic performance is good Working to obtain a distinction Acknowledges that hard work will increase performance	"Yes"	Enough time to study and do homework

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Are you motivated to work hard? Why? Why not?		How is your academic performance? Are you satisfied? Do you think you can perform better?		Do you have enough time to do your homework or study for tests? If not, why not?	
D37	"Yes, because I want to see myself educated"	Yes To be educated	"My academic performance is good and I'm satisfied about it"	Satisfied that academic performance is good	"Yes, I do have time to do my homework and study for tests"	Enough time for homework and studying
D38	"Yes because I want to achieve my goal"	Yes To achieve goal	"My performance is good and I'm satisfied about it"	Satisfied that academic performance is good	"Yes"	Enough time for homework and studying
D39	"Yes I want to be educated to be able to take care of my brothers and sisters I also want to have a house that has electricity, water and toilets"	Motivated to work hard to be educated Wants to take care of brothers and sisters and have a house with electricity water and toilets	"I'm doing well and I'm satisfied about the results"	Satisfied with academic results	"Yes except when we don't have candles at night to be able to study"	Enough time for homework and studying Problems experienced when there is no candles to study
D40	"Yes, I want to see me educated to be able to buy my brother healthy food he need, and to buy him good medication"	Motivated to work hard to be educated Wants to buy healthy food for brother and good medication	"Good"	Academic performance is good	"I have time, but I enjoy playing with my friends"	Enough time to study and do homework, but apparently rather enjoys playing with friends.

	Question 4	Codes	Question 5	Codes	Question 6	Codes
	Are you motivated to work hard? Why? Why not?		How is your academic performance? Are you satisfied? Do you think you can perform better?		Do you have enough time to do your homework or study for tests? If not, why not?	
D41	"Yes I want to be educated"	Yes To be educated	"Good"	Academic performance is good	"Yes"	Enough time for homework and studying
D42	"Yes, I want to have a bright future"	Yes To have a bright future"	"Good and I'm happy about my work"	Happy that academic performance is good	"Yes"	Enough time for homework and studying
D43	"Yes I want to be educated, to be able to support my brothers and sister"	Motivated to work hard to be educated Wants to support brothers and sister	"Good"	Academic performance is good	"Yes"	Enough time to study and do homework

	Question 7	Codes	Question 8	Codes
	Do you have a goal that you would like to achieve? What do you need to achieve this goal?		Do you worry about your future? Why?	
D1	"I want to be a doctor to be able to assist people who are affected by HIV and Aid, maybe I will find a cure for it, and to be able to achieve I will need money".	Goal is to be a doctor Assist people affected by HIV and Aids Needs money to achieve goal Wants to find cure for HIV and Aids	"No not now, maybe I will start to be worried when I fail to go to the university"	Will maybe worry if he fails to go to university
D2	"Yes I want to be a teacher because if I become a teacher I will be able to teach other children about HIV and Aids and also I will be able to assist my grandparent to live a better life and to be able to achieve these I have to work hard"	Goal is to be a teacher Teach children about HIV and Aids Wants to assist grandparent to live better life Have to work hard to achieve goal	"Yes I'm afraid that if I don't become what I want to be how long we are going to live the way we are living"	Afraid if she does not become what she want to be (a teacher) Worried about how long circumstances will remain the same
D3	"Yes I like to be a nurse to help people especially with HIV and Aids and there is nothing that will prevent me for being a nurse, I need support from my family to be able to achieve my goal"	Goal is to be a nurse Determined that nothing will prevent her Wants to help people with HIV and Aids Needs support from family to achieve goal	"No I don't worry, because I respect my family, I'm not drinking or moving around with boyfriends like other children does"	Does not have any worries Respect family – not drinking or moving around with boyfriends

	Question 7	Codes	Question 8	Codes
	Do you have a goal that you would like to achieve? What do you need to achieve this goal?		Do you worry about your future? Why?	
D4	"I want to be a flight attendant to be able to see different places that I won't be able to attend by myself and these I will achieve if I study hard to have university entry and I will need money or a bursary to achieve my goal"	Goal is to be flight attendant Needs to study hard Needs money or bursary to achieve goal	"I don't worry about my future because I'm the only one who is controlling my life"	Not worried about future In control of life
D5	"Yes, I want to be a psychologist to be able to assist people who are infected or affected by HIV and Aids and to achieve this goal I had to work hard to be able to get a bursary"	Goal is to be psychologist Wants to assist people with HIV and Aids Needs to work hard to get bursary	"I sometimes worry on whether will I be able to be successful in life to be independent but I relieve these worry by reading a bible and praying"	Worry whether she will be able to be successful Relieves worry by reading Bible and praying
D6	"Yes, I want to be a police officer or correctional officer to help children who do crime because of poverty, lack of money they live under it, and I hope I will be able to achieve these goal because what is needed is grade 12"	Goal is to be police officer or correctional officer Wants to help children who do crime because of poverty, to lack of money Realises that Grade 12 is necessary to achieve the goal	"I worry about my future because I don't know if my application will be successful, I ask myself that if they don't hire me how we going to survive"	Worry about success of application for work Needs work to survive
D7	"Yes, I want to be accountant and to achieve these I had to have money or get a bursary"	Goal is to be an accountant Needs money or bursary to achieve goal	"I worry if I will be what I wanted to be"	Worry if he will be able to fulfil his goal of being an accountant

	Question 7	Codes	Question 8	Codes
	Do you have a goal that you would like to achieve? What do you need to achieve this goal?		Do you worry about your future? Why?	
D8	"Yes I want to be a teacher, because I see the important role that they are playing into our lives and if I can pass grade 12 I will be able to achieve the goal"	Goal is to be teacher Is of the opinion that teachers play an important role in the lives of children Needs Grade 12 to achieve goal	"No"	No worries about the future
D9	"Yes I want to be a social worker to be able to assist people who had problems and to be able to achieve these I need money"	Goal is to be social worker Wants to assist people with problems Needs money to achieve goal	"No I don't worry about my future"	No worries about the future
D10	"Yes I want to be a civil engineer because is one of job that pays lot of money, and if my results could be good I will be able to get a bursary to further my studies"	Goal is to be a civil engineer Wants a job that pays a lot of money Needs good results and money and bursary to achieve goal	"Yes I become worried that if I don't do well how will I survive because I want to see myself out where I live"	Worried about survival is he does not do well Concerned about wanting a better place to live
D11	"Yes I want to be a doctor or psychologist to be able to assist people with problems, I will achieve these goal if I continue to work hard"	Goal is to be a doctor or psychologist Wants to assist people with problems Needs to work hard to achieve goal	"Yes, I become worried that if I don't do well what is going to happen about my future"	Worried if he does not do well what will happen to his future

	Question 7	Codes	Question 8	Codes
	Do you have a goal that you would like to achieve? What do you need to achieve this goal?		Do you worry about your future? Why?	
D12	"I want to be a nurse or a doctor to be able to help people and I will be able to achieve my goal if I study hard"	Goal is to be a nurse or doctor Wants to help people Needs to study hard to achieve goal	"No I don't worry about my future"	Not worried about future
D13	"I want to be a lawyer and I will need money to achieve my goal"	Goal is to be a lawyer Needs money to achieve goal	"Yes I worry if I will have enough money to further my studies"	Worried about money to further studies
D14	"I want to be a police to help on reducing crime and if I work hard I will be able to achieve my goal"	Goal is to be a police officer Wants to reduce crime Needs to work hard to achieve goal	"No"	Not worried about future
D15	"I want to be a pilot to be able to see places, and I will be able to achieve these if I give my studies time or leave the place to another"	Goal is to be a pilot Wants to see places Wants to live in another place	"Yes I worry about my future"	Worried about the future
D16	"Yes I want to be a teacher or counsellor that will make me to be able to assist people in need especially orphans and I need to work hard and money to achieve my goal"	Goal is to be a teacher or counsellor to assist people in need especially orphans Needs to work hard and money to achieve goal	"No"	Not worried about the future

	Question 7	Codes	Question 8	Codes
	Do you have a goal that you would like to achieve? What do you need to achieve this goal?		Do you worry about your future? Why?	
D17	"I want to be a traffic officer and to be able to achieve my goal I need money to go to driving school"	Goal is to be a traffic officer Needs money to go to driving school	"No"	Not worried about the future
D18	"I want to be a mechanical engineering because is one of the job that pays lot of money and I will achieve my goal if I work hard to get a bursary"	Goal is to be a mechanical engineer Wants a job that pays a lot of money Needs to work hard to get bursary to achieve goal	"No"	Not worried about the future
D19	"I want to be a lawyer to help people that are hurt/abuse, and if I don't get money it will be a problem to me to go to university"	Goal is to be a lawyer Wants to help people who are hurt/abused Needs money to go to university	"My brothers behaviour makes me to worry about my future I'm asking myself if continue to behave like that how will I live with them"	Worry about brothers behaviour Worried about the way of living
D20	"I want to be a doctor to be able to find cure for HIV and Aids, and I will achieve this goal if I complete grade 12 and when my brother is always supporting me"	Goal is to be a doctor Wants to find a cure for HIV and Aids Needs to complete grade 12 and needs support from brother to achieve goal	"No"	Not worried about the future

	Question 7	Codes	Question 8	Codes
	Do you have a goal that you would like to achieve? What do you need to achieve this goal?		Do you worry about your future? Why?	
D21	"I want to be a social worker to be able to assist children who are in need, and I know I will achieve this goal as I'm a hard worker"	Goal is to be a social worker Wants to assist children in need Convinced that goals will be achieved because of hard work	"I don't worry about my future; because I do everything I can to be successful"	Not worried about the future Convinced that she does everything that will guarantee success
D22	"I want to be a social worker to be able to assist people that are in need of help, and if I study hard I will be able to get a bursary, that is what I need to achieve"	Goal is to be a social worker Wants to assist people in need Need to study hard to get a bursary	"I become worried that if I don't achieve my goal how I will survive in life"	Worried about achieving goals in order to survive
D23	"I want to be a doctor, these will make me able to help people and I need money or bursary to fulfil my dream".	Goal is to be a doctor Wants to help people Needs money or bursary to fulfil dream	"No, I don't worry about my future because I know I will get bursary or scholarship as I am a hard worker".	Not worried about the future Sure that he will get bursary/ scholarship based on hard work
D24	"I want to be civil engineering because is the work that has lot of money for me to be able to survive and I will need money or bursary to achieve my goal"	Goal is to be a civil engineer Want to earn a lot of money Needs money or bursary to fulfil dream	"I worry that if it happens that I don't pass Grade 12 with distinction how will I be able to achieve my dream"	Concerned about getting a distinction in Grade 12 Worried about passing in order to achieve dream

	Question 7	Codes	Question 8	Codes
	Do you have a goal that you would like to achieve? What do you need to achieve this goal?		Do you worry about your future? Why?	
D25	"I want to be a lawyer to be able to assist poor people just like me, and I think money will be my obstacle to achieve my goals but if I pass my grade 12 with flying colours I will be able to get a bursary".	Goal is to be a lawyer Wants to assist poor people Needs to ass Grade 12 with flying colours in order to get bursary	"Yes I sometime become worried that if I cannot fulfil my dream how I'm I going to survive"	Worried about fulfilling his dream in order to secure his survival
D26	"I want to be a police officer or correctional officer, and I hope I will achieve the goal as it only requires grade 12"	Goal is to be a police officer or correctional officer Needs grade 12 to achieve goal	"I don't worry about my future"	Not worried about future
D27	"Yes, I want to be a social worker to assist orphans as I see how they live, and I will achieve my goal if I can bank some of the money that I get when washing taxis for my studies"	Goal is to be a social worker Wants to assist orphans Banks money when washing taxis for studies	"Yes, I asked myself if I can really achieve my goal, faith relieve my worry".	Unsure about whether goal will be achieved Faith relieves worrying
D28	"Yes I want to be a tourism manager or a social worker in life but these I can be able to achieve through hard work"	Goal is to be a tourism manager or social worker Needs to work hard to achieve goal	"No"	Not worried about future
D29	"Yes, I will if I can work hard and take medication regularly, I want to be AIDS counsellor"	Goal is to be an Aids counsellor Needs to work hard and to take medication regularly	"Yes that I don't know how long I'm going to live, if I can know how many days I'm left with in life these will relieve my worry"	Worried about how long she will live

	Question 7	Codes	Question 8	Codes
	Do you have a goal that you would like to achieve? What do you need to achieve this goal?		Do you worry about your future? Why?	
D30	"Yes, I want to be an engineer, and if I can study hard to get a bursary I will be able to achieve my goal"	Goal is to be an engineer Needs to study hard to get bursary	"Yes, I'm scared that I'm going to have a financial problem"	Scared of experiencing financial problems
D31	"Yes, I want to be a teacher or social worker to help people I think I will if I have faith, I need money or bursary to further my studies"	Goal is to be a teacher or social worker Wants to help people Needs faith, money or bursary to achieve goal	"Yes, I ask myself if I don't get the money to further my studies what will happen with my future"	Worry about getting money for further studies
D32	"Yes, I want to be a doctor to be able to assist people (especially) poor people and I will achieve this goal if I work hard"	Goal is to be a doctor Wants to assist poor people Hard work needed to achieve this goal	"No, my Aunt will always support me"	Not worried about the future. Can rely on support of aunt.
D 33	"Yes, I want to be a doctor and I will achieve my goal because I banked money for registration but I will need bursary and more money to achieve the goal"	Goal is to be a doctor Needs bursary and money to achieve goal Has already banked money for registration fees	"Yes, I'm afraid that if my grandmother die, I will be unable to study to fulfil my dream"	Afraid, if grandmother dies. Without grandmother's support will not be able to study

	Question 7	Codes	Question 8	Codes
	Do you have a goal that you would like to achieve? What do you need to achieve this goal?		Do you worry about your future? Why?	
D34	“Yes, I want to be doctor or a teacher to be able to assist people that need help and if I can work hard I will be able to achieve my goal. For me to able to achieve I need money and good education”	Goal is to be a doctor or a teacher Need to work hard to achieve goal Also needs money and good education to achieve goal Wants to assist people that need help	“Yes I’m scared that if I don’t get a job when I grow up who will support because grant will stop it is not there forever”	Worried about securing a job. Knows that he will not receive a grant forever
D35	“Yes I want to be a police officer and I will if I can study hard and if I can get enough money for my studies”	Goal is to be a police officer Needs to study hard and get enough money to achieve goal	“Yes I’m worried that what is going to happen if I don’t find a job”	Worried about securing a job
D36	“Yes I want to be a social worker to be able to assist other people especially orphans and to achieve my goal I need a bursary”	Goal is to be a social worker Needs bursary to achieve goal Wants to assist other people, especially orphans	“No, I don’t worry about my future”	Not worried about future
D37	“Yes, I want to be a doctor and I hope I will achieve this if I behave well and work hard to be able to get a bursary”	Goal is to be a doctor Needs to behave well, work hard to be able to get bursary	“Yes, if there is something that will disturb me will make me to repeat a grade and I don’t want to see that happening”	Concerned about repeating a grade

	Question 7	Codes	Question 8	Codes
	Do you have a goal that you would like to achieve? What do you need to achieve this goal?		Do you worry about your future? Why?	
D38	“Yes I want to be a teacher to be able to teach about HIV and Aids and if I study hard I will achieve my goal and I need money or bursary”	Goal is to be a teacher Wants o teach about HIV and Aids Needs to study hard, need money or bursary to achieve goal	“Yes I asked myself that will I be able to further my studies or will I manage to have enough money”	Worried about having enough money to study further
D39	“Yes I want to be police officer and if I don’t lose hope and keep on doing well at school I will achieve and I need money, support and good care to be able to achieve this goal”	Wants to be a police officer Needs money, support and good care to achieve goal Must not lose hope and keep on doing well at school to achieve goal	“I worry about my future because I don’t know what my other brothers and sisters are doing where they live are they in a good care or what I ask myself what will happen to them if I don’t get a job”	Yes Worried about other siblings Wants to secure a job to assist other brothers and sisters
D40	“I want to be a social worker to assist people who are in need and to achieve these I had to study and I will need money”	Goal is to be a social worker Needs to study hard and money to achieve goal Wants to assist people in need	“Yes, I worry that how long my brother is going to survive, and I will be able to fulfil my dream of helping him”	Worry about brother’s health. Want to be in time to help him get better
D41	“I want to be a doctor to help others and to achieve these I will need money and good results”	Goal is to be a doctor Needs money and good results to achieve goal Wants to help others	“Yes I worry that if I don’t get enough money to further my studies what is going to happen with me”	Worry about money to further studies

	Question 7	Codes	Question 8	Codes
	Do you have a goal that you would like to achieve? What do you need to achieve this goal?		Do you worry about your future? Why?	
D42	"I want to be a police office or a nurse and I will achieve my goal by completing grade 12"	Goal is to be a police officer or a nurse Needs to complete grade 12	"No"	Not worried about future
D43	"I want to be a doctor and to achieve I will need money"	Wants to be a doctor Needs money to achieve goal	"Yes I ask myself if I don't be able to succeed how I will survive"	Worried about survival if he is not successful

Preliminary coding

Section E: Support structures

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much it is?		How do the community, church and neighbours support you?		How does your school support you?	
E1	"Yes, my uncles wife receive it for me and she use the money to buy electricity, food and clothes "	-Receives support grant -Uncles wife receives grant -Buy electricity, food and clothes	"They don't help us "	-No help from community, church and neighbours	School support "The school is giving us food parcels"	-School support -School provides food
E2	"No"	-No support grant received	"The community and friends doesn't help, but the church help us by giving us clothes "	-Community and friends do not help, -Church supports with clothes	"The school was giving us food parcel"	-School supports -School provides food

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much it is?		How do the community, church and neighbours support you?		How does your school support you?	
E3	"We do receive money from my father's work, it is not a government grant, my aunt is the one who receive it and she use the money to buy us food, clothes and furniture"	-Receives financial support from father's work -Receives support grant which is collected by the aunt -Grant is used for food, clothes and furniture	"The neighbours and church supported us when my parents died they used to come and see how we are, what assistance we need"	Neighbours and church support	"The school helped me when I was depressed and they refer me to school based support team for counselling and that help me a lot because I was acting strangely but now my behaviour is not like before"	-School supports with counselling services
E4	"No"	-No support grant received	"The church and community does not support us"	-Church and community do not support	"The school does not support us"	-School does not support
E5	"Yes, my grandmother is the one who receiving it and she use the money to buy food and sometimes buy clothes for us"	-Receives support grant -Grandmother receives grant -Grant is used to buy food and sometimes clothes	"The church and the community they support us by giving us food parcels"	-Church and the community support us -Give food parcels	"The school does not support us, our teachers don't even know where we stay, and how do we live"	-School does not support -Teachers do not know where we stay and how we live. -Teachers not interested

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much it is?		How do the community, church and neighbours support you?		How does your school support you?	
E6	"No I don't receive a grant"	-Does not receive a support grant	"The church and the community does not support us"	-The church and the community do not support	"The school doesn't support us"	-School doesn't support
E7	"Yes my grandmother and she use the money to buy food, and sometimes she buys clothes"	-Receives a support grant -Grandmother receives grant -Grant used for food, and sometimes clothes"	"The church every weekend gives us food, during December they give us presents and when there is no food our neighbours is helping us"	-Church supports with food every weekend -Church gives presents during December -Neighbours are supportive and help with food	"The school gives us food during break"	-School supports with food during break
E8	"Yes my sister is the one who is receiving it and she buy us clothes, give me pocket money, and pay for school tours, but I don't know how much it is"	-Receives support grant -Sister receives grant -Grant used for clothes, pocket money, and to pay for school tours -Don't know how much grant is	"I don't know how the community is helping us, but the church give us blanket every winter"	-Not aware of community assistance -Church supports with blankets during winter -Give blanket every winter -Unsure about the help of the community	The school does not support us	School does not support

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much it is?		How do the community, church and neighbours support you?		How does your school support you?	
E9	"No we have applied for a grant, when checking if our application has been approved they say we must re-apply, it is two years now struggling to receive government grant"	-Applied for grant but has not yet received it -Must re-apply for grant	"The community does not support us we only receive help from the church and from the relatives, every month my aunt gives us money to buy food and other aunt buy us clothes"	-Community does not support -Church supports -Relatives support -Aunt gives us money for food and clothes	The school does not support us	-School does not support
E10	"No"	-No support grant received	"The community does not help, the church help with food but not always"	-Community does not help -Church supports with food	"The school does not support us"	-School does not support us
E11	"No"	-No support grant received	"The community doesn't help and the church is helping by giving us food parcels"	-Community doesn't help -Church helps with food parcels	"The school is helping me by not wanting me to pay for what is needed at school, if there is a tour I pay half price because I'm orphan"	-School helps financially -Pay half price for tour

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much it is?		How do the community, church and neighbours support you?		How does your school support you?	
E12	"Yes my uncles wife is the one who is receiving grant for me and she use the money to buy us clothes and food she say she save R100 for me every month but I don't know how much it is"	-Receives a support grant -Uncles wife receives grant -Grant is used to buy clothes and food -Aunt saves R100 a month	"The community doesn't help but the church gives us clothes"	-Community doesn't help -Church helps with clothing	"The school give us food parcels, shoes, blanket and food during break"	-School supports with food, shoes and blankets
E13	"Yes, my grandmother is the one receiving it and she buy food and clothes about it, but I don't know how much it is"	-Receives a support grant -Grandmother receives grant -Grant is used to buy food and clothes -Not aware of how much the grant is	"The church and community doesn't help"	-Church and community do not help	"The school supports us by giving counselling if we are in need of it"	-School supports by making counselling services available

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much it is?		How do the community, church and neighbours support you?		How does your school support you?	
E14	"Yes it is received by my grandmother and she use the money to buy food and clothes for me"	-Receives a support grant -Grandmother receives grant -Grant is used to buy food and clothes	"The community and church give us food and present in December"	-Community and church help with food, and presents in December	"The school gives us food"	-School supports with food
E15	"No"	-Does not receive a support grant	"The community doesn't help. The church help but I don't go when they give orphans clothes"	-Community does not help. -Church helps by giving clothes to orphans -He does not make use of the opportunity to get clothes from the church	"The school does not support us"	-School does not support

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much it is?		How do the community, church and neighbours support you?		How does your school support you?	
E16	"Yes my sister receive the money and buy food and clothes for me and I don't know how much it is because my sister always she don't have money when I asked for"	-Receives a support grant -Sister receives grant -Grant is used to buy food and clothes -Not aware of how much the grant is	"The church give us presents on our birthdays, and every Saturday they give us food"	-Church support -Give us presents on our birthdays and give us food every Saturday	"The school gives us food during break"	-School support -Gives us food during break

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much it is?		How do the community, church and neighbours support you?		How does your school support you?	
E17	"No, but I receive money from my mothers work she was working at Pretoria, my grandmother is the one who is receiving the money on my behalf and she use the money to buy school uniform, food and clothes"	Does not receive a support grant -Receives money from my mothers work -Grandmother is the one who is receiving the money -Money is used to buy school uniform, food and clothes	"The community gives us support by encouraging us when we had problems and when my grandparents are ill the neighbours are coming to help or call the ambulance, the church help orphans with clothes"	-Community gives us support and encouragement -Neighbours help to call the ambulance when grandparents are ill -Church help with clothes	"No the school doesn't help"	-School doesn't help
E18	"No, because my father's surname is not the same with us we are using our mothers surname, that is the problem"	-Does not receive a support grant because of problems with the surname -Surname of farther and mother not the same	"The community and the church doesn't help us"	-Community and the church do not help	"The school, community, church and friends doesn't support us"	-School, community, church and friends do not provide support

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much it is?		How do the community, church and neighbours support you?		How does your school support you?	
E19	"Yes is my brother receiving the money and he buys clothes with the money"	-Receives a support grant -Brother receives the grant -Grant money is used to buy clothes	"The community does not help; the church helps me to forget about my problems"	-Community does not help -Church helps in assisting to forget about problems	"The school supports us by giving us food parcels"	-School supports with food parcels
E20	"No, since we apply for it but I can't find it I don't know why"	-Does not receive a support grant -Unsure about the reasons for not receiving a grant	"The community does help"	-Community does help	"No one is supporting us except my brother"	-Only receives support for brother
E21	"No"	-Does not receive a support grant	"The church support us by giving us moral support and teaching us values and respect"	-Church gives moral support -Church teaches values and respect	"The school, community and friends doesn't help"	-School, community and friends do not help

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much it is?		How do the community, church and neighbours support you?		How does your school support you?	
E22	“Yes, my grandmother is the one receiving it and she buy food and electricity and that is the only money we survive with”	-Receives a support grant -Grandmother receives grant -Grant money used to buy food and electricity	“They community and church they sometimes give us food parcels”	-Community and church help with food parcels	“The teachers support me by giving me money to buy soap to wash my school uniform, and they understand my problems”	-Supportive teachers - Teachers give money to buy soap to wash school uniform -Teachers understand problems
E23	“No, we are no longer receiving a grant, we have reapplied for it and we are still waiting for a response”.	-No longer receiving grant -Re-applied for grant and waiting for a response.	“The church help orphans with food we go every Saturday, they sometimes give us clothes, our neighbours sometimes give us food or borrow us money. The community doesn't help”	-Church helps with food on Saturdays -Neighbours sometimes support with food and money -Community does not help	“Yes the school support us by giving us food parcels, the community is supporting us by giving us food while we are still for the employers to bring us food and money, and the neighbours are always coming to check on us”.	-School supports with food parcels -Community supports with food -Neighbours support by coming to check if everything is fine

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much it is?		How do the community, church and neighbours support you?		How does your school support you?	
E24	"Yes I'm receiving a grant of R650, my grandmother receive it on my behalf and she buy grocery about it, and the money is not enough to cover my needs"	-Receives a support grant of R650 -Grandmother receives grant -Grant money is used to buy groceries -The money is not enough to cover all the needs	"The community, neighbours and church does not support me"	-Community, neighbours and church do not support	"The school gives us free education and food parcels"	-School supports with free education and food parcels
E25	"No"	-Does not receive a support grant	"Yes, the community helps by giving me food, clothes and encouragement about my life and the church by guiding me and teaching me that everything in life God has purpose for it".	-Community helps with food, clothes and encouragement about life -Church guides and provides spiritual upliftment: teaches that God has a purpose with everything in life	"Yes, by educating me and giving me love".	-School supports by providing education and love

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much it is?		How do the community, church and neighbours support you?		How does your school support you?	
E26	"No, since we apply for it, I don't know why it is not approved"	-Has applied for a grant but is not yet receiving it -Unsure why grant has not been approved	"There is an organization that gives us food and helps me with applications"	-Organization -Gives us food and helps with applications	"They listen to my problems if they can assist they assist me"	- The school support -Listen to my problems if they can assist they assist
E27	"Yes, my grandmother use it to buy food, electricity, pay rent and to buy me some clothes"	-Receives a support grant -Grandmother receives the grant -Grant money is used to buy food, electricity, pay rent and buy some clothes	"They don't support me"	-They don't support me	"The school does not support us"	-School does not support us

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much it is?		How do the community, church and neighbours support you?		How does your school support you?	
E28	"Not yet we have applied for it, but I hope I will receive it"	-Does not yet receive a support grant -Has applied for a grant and hopes to receive it	"Yes by giving us food during community campaign, the church and neighbours does not help"	-Community provides food -Church and neighbours do not help	"Giving orphans food parcels and blanket during winter"	-The school support with food parcels and blankets during winter
E29	"Yes my grandmother receive it and it is R650 she use the money to buy food, electricity, clothes for me but it is not enough to do all what we need"	-Does receive a support grant -Grandmother receives grant or R650 -Grant money is used to buy food, electricity and clothes -Grant money is not enough to cover all needs	"The community doesn't assist it is only my neighbours that sometimes help with food and the church gives us food, clothes, blanket and toys"	-Community does not assist -Neighbours help sometimes with food - -Church helps with food, clothes, blankets and toys	"The school doesn't assist, only few teachers is helping me, with food and money for a doctor"	-School does not assist -A few teachers help with food and money for a doctor
E30	"No, since we applied for it"	-Has applied for grant but is not yet receiving it	"My neighbours assist by giving us food at other time and the church sometimes gives us clothes"	-Neighbours assist with food -Church helps with clothes	"The school does not assist"	-School does not assist

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much it is?		How do the community, church and neighbours support you?		How does your school support you?	
E31	“Yes my Aunt receives a grant for me and uses it to buy us clothes and food and it is R650”	-Receives a support grant of R650 -Aunt receives grant -Grant money is used to buy clothes and food	“No the community and neighbours doesn’t help us because my Aunt is working”	-Community and neighbours do not help -Aunt is working and earns an income	“The school supports us by giving food parcels and food during break”	-School supports with food parcels and food during break
E32	“Yes my grandmother receives the money and uses it to buy food, clothes and buy what is needed at school, Yes I know that grandtis R650”	-Receives a support grant of R650 -Grandmother receives grant -Grant money is used to buy food, clothes and what is needed at school	“The community and neighbours does not support us but the church give us clothes and food	-Community and neighbours do not support -Church helps with clothes and food	“The school supports us by giving us food, clothes and shoes”	The school supports with food, clothes and shoes

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much it is?		How do the community, church and neighbours support you?		How does your school support you?	
E33	“Yes, my grandmother receive it for us to buy food and clothes and for now the money is enough for our needs”	-Receives a support grant -Grandmother receives grant -Grant money is used to buy food and clothes -Grant money does not cover all the needs	“The community does not assist us, the church support us by giving moral support and praying for us. The family support us by doing birthday parties for us, come to see if we are fine”	-Community does not assist -Church gives moral support through prayers -Family supports by arranging birthday parties and coming to see if everything is in order	“The school support us with many things they give us discount when there is school tours, they provide us with food parcels every month”	-School supports by giving discount on school tours -School supports with food parcels every month
E34	“No, I don’t receive a support grant, since we apply for It”	-Has applied, but does not receive a support grant yet	“The community doesn’t support us the only people that are supporting me are only my family”	-Community does not support -Only receives support from family	“No, the school does not support us”	-School does not support

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much it is?		How do the community, church and neighbours support you?		How does your school support you?	
E35	“Yes, my grandmother is the one receiving the grant of R650 and uses it to buy us food, clothes and pay for school need”	-Receives a support grant of R650 -Grandmother receives grant -Grant money is used to buy food, clothes and pay for school needs	“They are not supporting me”	-Community, church and neighbours are not supportive	“The school supports us with food-parcels and blankets and shoes”	-School supports with food parcels, blankets and shoes
E36	“Yes my Aunt is receiving it on our behalf but I don't know how much it is and she us the money to buy us clothes and food and every month she save money for us “	-Receives a support grant -Aunt receives grant -Does not know how much the grant is -Grant money is used to buy clothes and food -Aunt saves money every month	“The community, church and neighbours doesn't support us”	-Community, church and neighbours do not provide support	“The school support us by giving us support and guidance needed”	-School supports by giving guidance

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much it is?		How do the community, church and neighbours support you?		How does your school support you?	
E37	"No I don't receive a support grant"	-Does not receive a support grant	"The community and the church support me with food"	-Community and the church support with food -With food	"The school doesn't support us"	-School does not support
E38	"Yes, but I don't know how much it is and my grandmother use the money to buy us food and clothes"	-Receives a support grant -Grandmother receives the grant -Does not know how much the grant is -Grandmother uses grant money to buy food and clothes	"They don't support me"	-Community, church and neighbours not supportive	"The school supports me by listening to my problems and gives me support when I need it"	-School supports by listening to problems

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much it is?		How do the community, church and neighbours support you?		How does your school support you?	
E39	“Yes, it is R650 and my grandmother receives it for me and buys food and clothes with it”	-Receives a support grant of R650 -Grandmother receives the grant -Grant money used to buy food and clothes	“The church teach us good values and the community and neighbours helps us, they use to come and see how are we and they sometimes give us food”	-Church helps by teaching good values -Community and neighbours help by giving food	“They support us with food and guidance”	-School supports with food and guidance
E40	“Yes, my brother is the one receiving it and he buys food and clothes with it, but I don’t know how much it is”	- Receives a support grant -Brother receives the grant -Grant money is used to buy food and clothes -Not aware of how much the grant is	“They don’t support me”	-No support from community, church and neighbours	“The school supports me by giving food and advices”	-School supports with food and advice

	Question 1	Codes	Question 2	Codes	Question 3	Codes
	Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much it is?		How do the community, church and neighbours support you?		How does your school support you?	
E41	“Yes my grandmother is the one receiving it and she buys food and clothes with it, and the grant is R650”	-Receives a support grant of R650 -Grandmother receives grant -Grant money used to buy food and clothes	“They don’t support us”	-No support from community, church and neighbours	“The school does not support us”	-School does not support
E42	“No”	Does not receive a support grant	“No”	No support from community, church and neighbours	“No”	No support from school
E43	“yes my grandmother id the one receiving it but I don’t know how much it is”	-Receives a support grant -Grandmother receives grant -Does not know how much the grant is	“Yes sometimes give us clothes and food”	Supportive role of community, church and neighbours Give food and clothes	“Yes they help us a lot”	Supportive role of school

	Question 4		Question 5	
	How do your family and friends support you?		Is there any other institution/person that supports you? How?	
E1	"The community, the church, my family and my friends doesn't help we get support from our neighbours, they use to come and see how are we doing"	-Community, the church, my family and my friends do not help -Get support from neighbours they come and see how we are doing.	"The is no institution or people help us"	-No institution or people help us
E 2	"Other family is helping us by giving food but not always"	-Family helps with food	"No institution is helping us"	-No institution helps
E 3	"My friend doesn't help because I don't tell them my problems"	-No help from friends – they do not know about problems	"There is no institution or person supporting us"	-No institution or person provides support
E4	"My friends are supporting me with school work, and my family is always coming to see how we live"	-Friends are supporting with school work, and family comes to see how we live"	"No there is no person or institution that is supporting us"	-No there is no person or institution that provides support
E5	"My friends doesn't help but my relatives are supporting us, they sometimes gives us food"	-Friends do not help -Relatives support with food	"There is no other institution that is supporting us"	-No other institution that supports
E6	"My family and friends are supporting us by giving us food"	-Family and friends support with food	"There is no institution that I know at our location"	-No institution supports
E7	"My friend doesn't help"	-Friend does not support	"The institution helps orphans that stay there only"	-No other support from institutions

	Question 4		Question 5	
	How do your family and friends support you?		Is there any other institution/person that supports you? How?	
E8	"My family doesn't help, my friends are helping me by listening when I need someone to talk to"	-Family doesn't help, -Friends support by listening	"No there is no person or institution that is helping us"	-No person or institution that help
E9	No answer given	-	"No there is no person or institution supporting us"	-No person or institution providing support
E10	"My friends doesn't help"	-Friends do not help	"The institution helps orphans leaving there"	-Only aware of institutions that support orphans who live there
E11	"The family helps me a lot; my uncle, my aunt and my cousin are giving me money every month"	-Family helps with financial support	"There is no institution or person helping us"	-There is no institution or person helping
E12	"The family and friends doesn't help"	-The family and friends do not help	"No there are no people and institution supporting us"	-No people or institution that supports
E13	"My family and friend they sometimes give us food"	-Family and friend support with food	"The is no institution but there are organization that supporting orphans they are doing different activities to keep us busy"	-The is no institution that provides support -Knows of an organization providing different activities to keep orphans busy
E14	"The family and friends doesn't help because my family staying far"	-The family and friends do not help -Family stay too far away	"There is no person or institution that is supporting us"	-There is no person or institution that provides support

	Question 4		Question 5	
	How do your family and friends support you?		Is there any other institution/person that supports you? How?	
E15	"Family help give us food and sometimes they buy clothes for us -Friends are helping sometimes sleep at their place"	-Family helps with food and clothes -Friends help by providing sleeping place	"There are no people or institution that is helping us	No support from other institutions or people
E16	"The community and friends doesn't help, I don't know if there is other person helping us my sister doesn't tell me	-The community and friends do not help -Not aware of the assistance of anybody else	"There is no institution supporting us	No support from other institutions or people
E17	"Family, friends and relatives doesn't help"	-Family, friends and relatives do not help	"The is no institution or other person supporting us	No support from other institutions or people
E18	"Family and friends do not help"	-No support from family and friends	There is no institution or persons who are helping us	No support from other institutions or people
E19	"Friend and family they sometimes help me with food	Friend and family sometimes help with food	"The institution and other people doesn't help	No support from other institutions or people
E20	"My family and friends do not help"	-No supportive family and friends	The institution and other people doesn't help	No support from other institutions or people
E21	No answer provided	-	"The is no institution or persons helping us	No support from other institutions or people
E22	"Our family gives me clothes that they don't need anymore	-Family helps by giving away clothes that they don't need anymore	"No there is no person or institution supporting me	No support from other institutions or people
E23	"Our family are helping us with food and buying us school uniform.	-Family helps with buying food and school uniforms	"No	No support from other institutions or people

	Question 4		Question 5	
	How do your family and friends support you?		Is there any other institution/person that supports you? How?	
E24	"My grandmother when I don't have food she gives me food and my father's brother sometimes give me money to buy food"	-Grandmother provides food -Father's brother gives money to buy food	"There is no institution that I know in our location"	No support from other institutions or people
E25	"My friends helped me, by giving food, money and encouraging me to study and my sister give me little support and other relative doesn't help me".	-Friends help with food and money -Friends provide encouragement to study -Sister provides some support -Other relative do not help	"No"	No support from other institutions or people
E26	"The family assist us, they sometimes buy me clothes, but my friends doesn't help"	-Family assists with clothes -Friends do not help	"The is no institution or people that is helping me"	No support from other institutions or people
E27	"The family sometimes give us food, but my friends doesn't help"	-Family supports with food -Friends do not help	"No"	No support from other institutions or people
E28	"By giving us food and some money when we asked for"	-Family and friends support with food and money	"No"	No support from other institutions or people
E29	"No one is helping me"	-No one is helping	"No institution that I know about"	No support from other institutions or people
E30	"My friends sometimes give me food and the clothes that they don't need anymore"	-Friends support with food and clothes they do not need anymore	"No"	No support from other institutions or people
E31	"My friend support me by listening and guiding me"	-Friend supports by listening and guiding	"No"	No support from other institutions or people

	Question 4		Question 5	
	How do your family and friends support you?		Is there any other institution/person that supports you? How?	
E32	"My family supports us with food"	-Family supports with food	"No"	No support from other institutions or people
E33	"The family and friends does not support me"	-The family and friends do not provide support	"No"	No support from other institutions or people
E34	"No"	-No support from family and friends	"No"	No support from other institutions or people
E35	"The family supports us by giving us food"	-Family supports with food	"No"	No support from other institutions or people
E36	"My friends doesn't support me"	-Friends do not help	"No, there is no institution or person that support us"	No support from other institutions or people
E37	My friends sometimes give me clothes and food"	-Friends help with food and clothes	"No"	No support from other institutions or people
E38	"My family helps me with food, they sometimes give us clothes"	-Family helps with food and clothes	"No"	No support from other institutions or people
E39	"Family comes to help grandmother with cleaning the house and give us food"	-Family helps with food and cleaning the house	"No"	No support from other institutions or people
E40	"The family support us by coming to see how we are doing and they give us food"	-Family support with food and coming to see how they are doing	"No"	No support from other institutions or people
E41	"The family sometimes gives us food"	-Family helps with food	"No"	No support from other institutions or people
E42	Family does not support"	No family support	"No"	No support from other institutions or people

	Question 4		Question 5	
	How do your family and friends support you?		Is there any other institution/person that supports you? How?	
E43	Family support us”	Family supports	“No”	No support from other institutions or people

APPENDIX E

GROUPING PRELIMINARY CODES AS MAJOR, IMPORTANT AND LEFTOVERS AND IDENTIFYING AXIAL CODES

Section A: Biographic information

Question 1: How old are you?

Major	Important	Leftovers
11yrs 16, 40, 41 12yrs 39 13yrs 13, 8, 19, 23, 29, 32, 33, 34, 37 14yrs 12, 17, 18, 20, 28 15yrs 1, 5, 14, 22, 30, 35, 42 16yrs 2, 7, 9, 15, 21, 27, 43 17yrs 10, 11, 25, 31, 18yrs 3, 4, 24, 26, 39 19yrs 6 20yrs 36		

Question 2: In which grade are you? Is it the first time that you are doing this grade? If not, what is the reason for you repeating the grade?

Major	Important	Leftovers
Gr 9 1,9,27,30,42 Gr10 2,5,15,38 Gr12 3,4,6,10,11,24,25, 31, 36 Gr11 7, 21, 26, 43 Gr7 8, 12, 13, 19, 23, 29, 33, 35, 39 Gr8 14, 17, 18, 20, 22, 28 Gr5 16, 32, 40, 41 Gr6 34, 37 1st time 1, 2, 3, 4, 5, 7, 8, 10, 11, 13, 17, 18, 19, 20, 21, 23, 24, 25, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 39, 40, 41, 42, 43 2nd time 6, 9, 12, 14, 15, 16, 22, 26, 3	Reasons for repeating grades: Mother died during final exams 3 Disturbed by parents' death 9 Work and come home late 6 Move to new home had to adapt 12 Lack of support and good care from guardians 16 Chased away by uncle in middle of year 38 Locked up for stealing – waiting for trial during exams 26 Don't have time to study 6, 15, 22 Not treated well and abused 14	

Question 3: Where do you live? Are you satisfied living there, or do you experience problems? Explain.

Major	Important	Leftovers
Happy 1, 3, 4, 5, 7, 8, 9, 12, 13, 14, 20, 21, 25, 34, 36, 39, 41, 42, 43, Satisfied 17, 28, 30, 32, 37 Not happy 2, 6, 10, 11, 15, 16, 18, 26, 27, 29, 31, 35, 38, 40 Not satisfied 19, 22, 24 Had problems 23, 33	Problems experienced: Breadwinner, taking care of other children 6 Not enough support from guardians 10,31 Live in shack with 8 people – cannot sleep at night 31 Sleep without food 18, 29, 35, Lack of money to survive 18, 26, 31 Borrow money, shoes, clothes 18, 38	Tweeling 1, 12, 20, 26, 27, 28, 29, 31, 37 Deneysville 3, 38 Refenghotso 2, 4, 10, 19, 23, 24, 33, 34, 36 Sasolburg 5, 6, 11, 13, 15, 21, 32, 35, 43 Frankfort 7, 9, 16, 25, 30, 39 Kroonstad 8, 14, 17, 18, 22, 40, 41, 42

Question 4: Do you have access to electricity, water, sanitation where you live?

Major	Important	Leftovers
Have water, electricity and toilet. 1, 2, 3, 4, 5, 7, 9, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 26, 27, 28, 29, 30, 32, 33, 34, 35, 36, 37, 39, 40, 41, 43 Don't have electricity 6, 10, 12, 24, 25, 31, 38, 42, 8 Don't have water 24, 31, 38, 42 Don't have toilet 6, 10, 12, 24, 25, 31, 38, 42 Have only water and toilet 8		

Question 5 : Who do you live with? Who takes care of you? For how long have you been staying here?

Major	Important	Leftovers
Number of years living with guardians: 8yrs 1, 3, 15, 22, 10yrs 21 2yrs 10, 25, 6, 39 5yrs 2 3yrs 9, 13 4yrs 7, 40 1yrs 5,11, 12, 19, 24, 14, 38 7yrs 20, 31 12yrs 27 6yrs 32 From birth 4, 30, 33, 34,	Who do the orphans live with: Uncle and his wife 1 Grandparents and two children 2 Aunt and her husband and daughter, brother and sister 3 Brother 4, 19 Grandmother and aunts 5 Two brother and sister 6 Grandparents and three grandchildren 7 Sister 26 Sister and her husband their children 8, 16 Grandmother and sister 9, 1 Aunt and her children 10	

This year 8	Uncle and his wife and their children 12, 21	
Don't remember 16, 17, 35, 23, 28, 29, 36, 41,42	Alone 11, 24, 25	
Before parents death 18	Chased away by uncle 24	
After parents death 26, 37, 43	Grandmother and aunt daughter 13	
	Grandparents 14, 17, 27, 33, 35, 20, 29	
	Grandmother and aunt 15	
	Grandmother and four brothers 18	
	Grandmother and her sons 22	
	Uncle and aunt and sister and brother 23	
	Sister 26	
	Uncle and brother and young sister 28	
	Sister and brother 30	
	Uncle and his wife and their children and sister 31	
	Aunt and her daughter 32	
	Grandmother and sister 34	
	Sister and her children 36	
	Cousin 38	

	Two aunt and uncle and aunt daughter 39 Sister, brother and grandmother 41 Grandmother 42, 43	

Question 6: Do you have other family/brother/sister? Do you have contact with them?

Major	Important	Leftovers
No other family: 1, 3, 4, 6, 7, 8, 10, 11, 13, 14, 16, 18, 19, 21, 22, 26, 28, 29, 30, 31, 33, 34, 37, 39, 41, 42, 43 Has other family: 2, 5, 9, 12, 15, 17, 20, 23, 24, 25, 27, 32, 35, 36, 38, 40	Type of contact with family: During school holidays 2, 5, 17, 27, 40 During family gatherings 2 Call each other 15, 20 During ritual ceremonies 15, 27, 32 On weekends 35 Funerals 32 When there is a problem 25 Stay with sister 36	

	Don't visit or contact 9, 12, 23, 24, 38	

Question 7: Do you have to take care of other brothers/sisters? Do you get help in doing this? What help do you receive? From whom?

Major	Important	Leftovers
Taking care of other brothers and sisters: 6, 23 Not taking care of other brothers and sisters: 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43	No support – supports brother and sister 6 From brother 23 Borrow money 23 Feel angry when don't get money – do not want to disappoint brothers 23 Sister buys food and leaves money 36	

Question 8: When did your parents pass away? How did it make you feel when your parents passed away?

Major	Important	Leftovers
Feelings related to death of parents:	Awareness of when parents passed away:	
Painful 6, 8, 11, 13, 16, 30, 40, 42, 43	Mother 1993 35	
No pain was young 1, 17, 24	Mother 1995 14	
Sad 14, 16, 31, 37	Father 1996 35	
Not happy 2,5, 18, 19	Mother 1997 31	
Don't believe 7	Mother 1998 8, 15	
Angry 9, 12, 15, 23, 28, 31, 35, 27	Father 1998 7	
Shocked 28	Mother 1999 25	
Don't feel lot of pain 21	Mother 2000 1, 3, 11, 22, 27, 32, 38	
Feel that is the end of the world 29, 23	Father 2000 3, 6, 18, 22, 26, 31	

Confused 30	Mother 2001 18, 26, 28	
Bad 33, 34	Father 2001 11, 28	
Cried 9, 39, 42	Mother 2003 2, 16, 21	
Not angry/sad 32	Father 2003 21, 29	
Depressed 3, 31	Mother 2004 7, 40	
Hurting 4, 19, 20, 26, 36, 41	Father 2004 4, 9, 27	
	Mother 2005 9, 13, 29, 36, 39	
	Father 2005 30, 33, 43	
	Mother 2006 4, 6, 10, 19	
	Mother 2007 5, 12	
	Father 2007 8, 11, 12, 15, 16, 19, 20, 42	
	Mother 2002 20, 30, 43	
	Don't know/remember when mother died 17, 24, 34, 41, 42	

	Don't know/remember when father died 2, 5, 10, 13, 14, 17, 23, 24, 25, 32, 33, 34, 36, 37, 38, 39, 40, 41	

Question 9: Do you know that your parents passed away due to HIV and Aids? How does this make you feel?

Major	Important	Leftovers
Feelings related to death of parents Hurt 7, 41 Painful 21, 22, 26, 27, 35, 38, 1 Not happy 2, 3, 5, 6, 11, 13, 15, 29, 39 Bad 4, 9, 12, 43 Ashamed 10 Angry 8, 16, 25, 28, 33 Disappointed 14, 15 Miserable 18 Accept death 19 , 36 Afraid 20, 24 Scared 30, 37	Participants who know that their parents passed away due to HIV and Aids: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 , 11, 12, 13, 14, 15,16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43	

Be strong and face challenges 6 Learn and understand HIV and Aids 32, 34 Parents not there to do things 4 Don't know how disease infected parents, 19, 39 Afraid of stigma and discrimination 11, 20 Brother infected too 18 Afraid of teasing 21 Also infected 35 No one to guide and understand 38 Ask why disease should be in the family 23, 28		

Section B: Psychosocial and emotional needs

Question 1: How does it feel not to have parents anymore?

Major	Important	Leftovers	Axial code
Not happy 1, 10, 15, 20, 30, 40, 41, 42, 27	Need parental care 3, 24, 26	No difference 21	Not happy with situation
Life unfair 3	Take responsibility 6	Feel nothing – aunt takes care, role of mother 32	In need of care, love, support and protection
Painful 5, 6, 12, 13, 25, 43,	Love them 13		Fears related to success, achievement and survival
Hurting 5, 7, 22	Not there for discussion 18		Feelings related to feeling different
Lonely 7, 11, 16, 22	Worried if I will achieve in life 23		
Angry 9, 38	Struggle to survive 24, 331, 9		
Miserable 9	Miss them 28, 39		
Disappointed 10, 33	Won't succeed 1		
Not protected 14	No one to help with school work 17		
Abandoned 16	Change in living conditions – change of schools 9		
Bad 17, 18, 19, 26, 37, 39	Lack of money for school feel 9		
Scared if grandparents die who will take care			

29 Not easy 31 Cross 35 Sad 36, 42 Need support 2, 4 Worried about where to stay 8 Feel different to other children 23, 38 Not well 27 Jealous of children with parents 34 Envy children with parents 39, 41	Mother worked and cared 26 With parents less problems 27 Miss mother 33 No one to fill space of mother 43 Parents provide shoulder to cry on 34 Might also be infected 24, 29, 30, 37		

Question 2: What do you miss the most through not having parents anymore?

Major	Important	Leftovers	Axial code
Love 3, 6, 10, 16, 17, 20, 21, 27, 30, 31, 33, 37, 40, 42 Guidance 4, 23, 25, 29 Protection 5, 10, 14 Care/medical 2, 6, 7, 8, 9, 10, 12, 14, 18, 22, 26, 27, 30, 33, 39, 40, 43 Support 10, 14, 16, 26, 27, 29, 33, 36, 43, 26 Encouragement 15, 43 Kindness 21 Respect 21, 25, 28 Mother's care, cooking, clothing guidance,	Doing Everything 11, 13, 19 Parents tell stories about life 4	Nothing 24, 32, 34 Not much to remember 1, 38, 41, 35	Important role of parents in providing support, security, guidance, encouragement, love and care. Important role of the mother

helping with school work 2, 5, 7, 8, 12, 13, 22, 23, 26, 33, 36, 39, 43 Assistance with studies 3 Parents tell stories about life 4 Providing food 9			

Question 3: Do you receive enough love, care and support from your guardians?

Major	Important	Leftovers	Axial code
Yes 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 17, 18, 20, 21, 23, 24, 26, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 40, 41, 42, 43 No 10, 16, 19, 22, 27, 39 : do not get enough love, care and support Have to work hard cook for the family 22 Washing and cleaning home 10	Do everything I am asking for 1, 3, 31 Aunt supports takes good care 32, 38 Guardians support fully 1, 2, 4 Grandparents help with problems, take care, support, 2, 7 Cannot give enough money and support 2, 17, 29 Guardians support school tours 4	Love, care and support from people other than guardians 27 Other people encourage to have faith 27	Guardians and relatives provide a strong support structure for love, care and support Lack of basic needs Taking up additional responsibilities

	Guardians support with school activities 4 Sister fulfils role of mother 8, 26 Brothers and sisters support 6, 42 Brothers and sisters uplift spirit 6, 42 Grandparents take good care 2, 7, 13 Grandparents buy clothes, give money for snacks at school 14 Sister is like a mother, takes good care 8, 23 26 Raising me well and disciplining me 12 Grandmother cooks and does washing 13 Grandmother supports takes good care 15, 18, 20, 24, 33, 34, 35, 37, 40, 41 Sister treats us like her own children, tries to satisfy our needs 23, 30 Discipline when do things wrong. Good upbringing 12		

	Uplift spirit 6 Lack of money 2, 28, 19 Nobody to represent them at school parents' meetings 5 Lack of food 9, 35 Lack of clothes 35, 39		

Question 4: Who do you speak to if you have problems? Do they help you to solve the problems?

Major	Important	Leftovers	Axial code
Uncle's wife 1, 21 Aunt's daughter 3 Cousin 4 Brother and sister 6 Grandfather 7 Grandmother, 9, 13, 14, 15, 17, 18, 20, 24,	Type of assistance: Brothers and sisters come with solutions 6 Grandfather helps overcome problems 7 Sister guides how to handle problems 8 Teachers show direction in difficult times 23, advice 28		Reliable relatives and teachers provide support structures for encouragement and assist with solutions to problems Teachers guide and direct, and give advice

29, 40	Praying to solve problems 5		Own mechanisms to solve problems
Grandparents 41	Afraid to speak about problems: might not get help, make problems worse 10		
Cousin 11, 12, 33, 37	Acceptance of situation 21		
Brother's wife 19	No trust in people to solve problems 31		
Uncle's wife 21	Don't tell anyone – keep problems to themselves 5, 10, 31		
Teacher 22, 23, 27, 28			
Sister 8, 26, 30, 34, 36			
Aunt 32, 38			
Brother 42, 43			
Friends 16, 35			

Question 5: Do you have friends? Do you often speak to them about your problems? Does it help?

Major	Important	Leftovers	Axial code
Participants have friends: 1,2,3,4,5,6,7,8,10,12,13,15,16,17,19,20, 21,22,23,24,25,26,27,28,29,30,32,34,35,36,3 7,38, 39, 40,41,42,43 Have no friends: 31,33 Friends are my cousins 9, 11, 33 Grandmother as friend 18 Keep everything into myself 31 Cry to relieve stress 31	Speak to friends about problems: 4,6,8,12,15,16,23,25,32,35,36,37, 39, 41 Some friends do help with problems and support 4,6,8,12,14, 15,16, 23, 25, 27, 28,32,37, 39, 41 Friends assist with food, money, school needs 25	Do not speak to friends 5, 7, 13, 17, 19, 20, 21, 22, 24, 29, 30, 34, 38, 42, 43 Reasons for not speaking to friends: They will laugh and gossip, 2,3 Afraid they will give wrong advice, 21, 22 I don't want them to know about my life, 34 Giving me wrong ideas – negative influence, 26 I'm afraid they will tell others, 38	Supportive and unsupportive friendship relations. Mistrust in friends Deal with problems in own way

		Do not trust friends: 1,10,20,21,22,26,29,40	

Question 6: Are you sometimes scared, angry and depressed? Why? What do you do if you feel scared, angry and depressed?

Major	Important	Leftovers	Axial code
Yes 1, 2, 3, 4, 6, 7, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 38, 39, 40, 41, 42, No 5, 8, 21, 30, 36, 37 What do you do if you feel scared, angry and depressed: When angry sing or listen to music 2 Questions why God chooses me to	Reasons for being scared, angry and depressed: To lose people caring for them 11, 12, 14, 17, 18, 25, 33, 41 When missing their parents 7, 23 Not getting what I'm asking for 7 Grandmother does not give what is asked for 13		Death of parents, living conditions and lack of basic needs cause anger, fear School related fears Personal fears Mechanisms to deal with fear, anger and depression: protective

struggle in life 24 Pray to God for strength 28 Try living if nothing is happening 29 Play netball to forget 35 Go dancing 39	Grandmother yells 13 Disturbing brother – makes noise so that they cannot sleep Conditions living under 2, 25 Don't have food 19, 22 Struggling to survive 9, 24, 35 Fail to succeed 3, 36, 28 Can't find what they want 3, 22, 27, 31, 42 Misunderstood 4 If uncle and wife cannot take care anymore 1 Sister does not support at school 16 Scared to sleep alone 24 Brother infected and will die 40 Friends might leave if they know parents died of HIV and Aids 34 Do not do schoolwork 32		resources

	Not to achieve goal in life 28 To become a dropout 26 Finding a job – no money for tertiary education 25 Lack support 16 Don't have money to cover needs 6, 9 If brother come late 15 To be chased away 10 To be punished 20, 3 No one to represent me or understand me 4 Missing parents 7 Struggle to survive 9 Children teasing me 23 If people that help me stop helping me 11, 25 What will happen if my grandparents die 14, 17, 33, 41		

	If I do not pass and become a dropout 26		

Section C: Socio-economic needs

Question 1: Do you have enough money for school, food, clothes, toiletries, medicine, etc?

Major	Important	Leftovers	Axial code
No 1, 2, 4, 5, 6, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 35, 39, 40, 41, 42 Yes 7, 20, 21, 34, 36, 37, 38, 43 Don't know 3, 8	Do not know if money of father will last 3 Survive with brother's money 4, 20 Survive with grandmother's pension 20, 34 Grant R650 34, 35, 42, 43 Uncle provides 21, 31 Money from sister 26 Money from sister and friends 25 Aunt working at Department of Correctional Services 38	Difficult life – no clothes, sleep without food, no soap 22 No money for medical treatment 40	Lack of financial means to supply basic needs makes life difficult Guardian/relative support

Question 2: Do you have to do extra work for money? What do you do? When?

Major	Important	Leftovers	Axial code
No 1, 2, 3, 4, 5, 7, 8, 9, 12, 13, 14, 15, 16, 17, 18, 20, 21, 22, 24, 25, 26, 28, 29, 30, 31,32,33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 23 Yes 6, 10, 11, 19, 27	Work on Saturday 6, 10, 11, 27, school holidays 11 Working at: Restaurant 6 Do washing for R20 10 Drum Café : loading and unloading drums 11 Tuck shop 19 Wash Taxi 27 Mowing lawn for R30, R50 33 Pay for brother and sister's school needs 6 Buy clothes , food 6, 11, 27	Uncle does not allow to work 21, 23 Too young to work 22, 29 Willing to work 29 Sister and brother give money for food and electricity 36 Money from father's work, parent's employer and insurance 3	Taking up additional jobs to earn money. Taking up additional jobs to fulfil basic needs Utilizing money for family, siblings and education:protective resource

	Save for registration 10 Give money to aunt and grandmother 10, 33 Pay for school needs 27,		

Question 3: What do you do with the extra money that you earn?

Major	Important	Leftovers	Axial code
Buy food and clothes: 6,11 Pay for brother and sister's school needs: 6 Save/bank money, 10, 33 Buy electricity, 11 Keep money for registration fees 10 Give money to aunt 10 Give money to grandmother 22			Money used to supply basic needs, education and supporting family members

Section D: Education needs

Question 1: Do you attend school regularly? If not, why not?

Major	Important	Leftovers	Axial code
Yes 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 30, 31, 32, 33, 34, 36, 37, 38, 39, 40, 41, 42, 43 No 29, 35	Due to illness 29 When no soap to wash uniform or myself. Do not want to go to school dirty 35	At school, forget about problems. Socialize with other children 29	Motivated to attend school. Positive about going to school.

Question 2: Do you enjoy school? Why/Why not?

Major	Important	Leftovers	Axial code
Yes 1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 30, 31, 32, 33, 36, 38, 40, 41, 42, 43, 34, 37 No 35, 39	Forget about problems 2, 5, 6, 11, 15, 26, Talk and able to learn about life 3, 12, 36, 38, 40, 42, 43 Learn together (study group) 4, 21, 27, 34, 36, 38, 42		Supportive role of the school. School provides social support. School provides

	Be with friends, socialize 7, 11, 12, 13, 16, 19, 25, 28, 29, 30, 31, 32, 33, 36, 28, 30, 7, 12, 13, 19, 33, 38, Spend a lot of time 10, 17, 24, 26, 39, 41, Get food 18, 22, 23, 24, 31, 32, 34, 39, 27, 28, 32, 33, 28, 34, 41 Take part in extra mural activities 8, 19, 33, 30, 34, 40, 41, 42 Get support 29, 34, 40, Guidance 37 Feel different 31, 35, 37, 39 Teachers teach morals and values 34, 37 Able to do homework and study 10, 41 Struggling at school, find it difficult to understand content 20		emotional and moral support. School provides food –basic needs. Different to other children: feelings of discrimination

	Teacher assist and support 27, 29, 34, 40 Teachers teach morals and values 34, 37 Do not worry as much as like when I'm at home 9 Politeness of teachers 13 Get blankets and shoes 33		

Question 3: Do you experience problems at school? If you do, what are they?

Major	Important	Leftovers	Axial code
No 1, 2, 3, 4, 7, 8, 10, 11, 12, 13, 14, 16, 17, 18, 19, 21, 26, 28, 29, 30, 32, 33, 34, 37, 38, 40, 41, 42, 43 Yes 5, 6, 9, 15, 20, 22, 23, 24, 25, 27, 31, 35, 36, 39	No parental support 5 If homework not done and teachers get angry 6, 27 Language problem 9 Learning area, subject problem 5, 9, 15, 20 Teacher dislike 20		Problems at school created by lack of finances to acquire school necessities. School related problems Additional time/opportunities

	No soap to wash 22 Teased and made to feel different 23, 27 Uniform problem 22, 24, 27 Treated differently 23, 27 Struggle to get what is needed 25, 39 Unable to study and do homework 15, 31 Poor performance 35 Absenteeism 35 Lost book and had to pay 19 No clothes to wear on civvies day 24 Do not wear expensive clothes 27 They know I am an orphan 27 Cleaning house of uncle's wife 31 Want to fulfil mother's wish to complete Grade		needed to improve academic performance Feelings of discrimination

	12		

Question 4: Are you motivated to work hard? Why/Why not?

Major	Important	Leftovers	Axial code
Yes 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43 No 29 - Going to die	Reasons for being motivated to work hard: Be successful 1, 6, 13, 20, 21, 25, 27, 28, 28 Be educated 2, 8, 9, 12, 15, 16, 18, 19, 22, 34, 37, 39, 40, 41, 43 Achieve dream 3 Have knowledge that will help for the future 20 Be a good exemplar to other orphans 21 Assist uncle 21 Go to university/further studies 4,8,9, Be independent 5 Buy car and house 7, 15, 31 Change life through education 222 Do not want to fail 33		Goal orientated Aspirations Dreams Future plans Committed Motivated Improving own life and life of family

	Get distinction 36 Have home with electricity, water and toilet 39 Achieve goals 17, 38, 23, 24, 27, 30, 38 Have good life 2, 10, 14, 35, 42, Have money 7, 10, 11, 24, 32 Pass Gr 12 4, 5, 26, 36, 33, 5, Be independent 5 Have a job 11, 26 Bright future 42 Work hard 10, 20, 23, 25, 36 Take care of siblings 18, 26, 39, 40, 43 Buy food and medication 40 Get scholarship 25		

Question 5: How is your academic performance? Are you satisfied? Do you think you can perform better?

Major	Important	Leftovers	Axial code
Good/Excellent/Doing well/ Happy about my work: 2,4, 5, 7, 8, 10, 11, 12, 13, 14, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 30, 32, 33, 34, 36, 37, 38, 39, 40, 41, 42, 43, Not good 6, 9, 15, 20, 29, 31, 35 Satisfied 1, 3, 4, 10, 11, 12, 19, 23, 24, 28, 30, 34, 37, 38, 39, 40, 27	Reasons for performance not being good/to perform better: Need to work hard for survival 6 Absenteeism 29 Going hungry to school lose focus 31 Struggle with accounting - need assistance 7 Receive mother's money to go back to multiracial schools 9 Need to work hard 20, 31 Needs help and support 7, 19, 20, 27, 35, Ask for assistance in order to do well 21 Not enough food, hungry, 31 Lose focus 31 Struggle with Accounting 6	Will pass Grade 12 with flying colours 3 I do not give up ask for help 27 Do well study and do homework with friends 22	Satisfaction with academic performance Commitment to do well at school Lack of basic needs and finances impact on performance Factors influencing school performance

Question 6: Do you have enough time to do your homework and study for tests? If not, why not?

Major	Important	Leftovers	Axial code
Yes 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 16, 17, 18, 19, 20, 21, 23, 24, 25, 26, 28, 29, 30, 32, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43 No 10, 15, 22, 27, 31, 33	Reasons for not having enough time to do homework and study: During the week only 6 When brothers is not home who is always drunk 15 Electricity problem 22, 29, 31, 39 Play with friends 40 Place too small 31 Clean the house and cook 10, 27 Running out of candles 24, 25, 39 Cannot study at night not enough money to buy electricity 22, 31 Cannot focus think about tomorrow what is going to happen 35	Grandmother wants education 2	Possible to pay attention to homework. Factors interfering with doing homework

Question 7: Do you have a goal that you would like to achieve? Do you think you will achieve this goal? What do you need to achieve this goal?

Major	Important	Leftovers	Axial code
Goals: A doctor 1, 11, 12, 20, 23, 32, 34, 37, 41, 43 A teacher 2, 8, 16, 31, 34, 35, 38, A nurse 3, 12, 42 A lawyer 13, 19, 25 A flight attendant 4 A pilot 15 A psychologist 5, 11 A counsellor 16, 29 Aids counsellor 29	What is needed to achieve goal: Need money 1, 4, 7, 9, 13, 16, 17, 19, 23, 24, 25, 27, 31, 33, 35, 38, 39, 40, 41, 43 Need Bursary 4, 5, 7, 10, 18, 22, 23, 24, 25, 30, 33, 34, 36, 37, 38, 39 Need to work and study hard 2, 4, 5, 11, 12, 14, 15, 16, 18, 21, 22, 28, 29, 30, 32, 34, 35, 37, 38, 39, 40 Need support from family 3, 20, 39 Have Gr 12 6, 8, 20, 25, 26, 42 Good results 10, 39, 41		Career plans Dreams for the future Aspirations for the future Resources required to fulfil career plans Upliftment of social conditions and circumstances of people/community through career choice

A police officer 6, 14, 26, 35, 39, 42 A correctional officer 6 A traffic officer 17 An accountant 7 A social worker 9, 21, 22, 27, 28, 31, 36, 40 Tourism manager 28 A civil engineer 10, 24, Mechanical engineer 18 Engineer 30	Purpose of achieving goal: Find a cure for HIV and Aids 1, 20 Teach children about HIV and Aids 2, 38 Assist grandparents with better life 2 Help people with HIV and Aids 3 Help children who do crime due to lack of money 6 Play important role in life of children 8 Assist people with problems 9, 11 To reduce crime 14 To see places 15 Assist people especially orphans 16,27, 36 Help people who are hurt and abuse 19, 31		

	Assist children in need 21 Help people 23, 41 To assist people like me 25 Assist poor people 32 Assist people that need help 34		

Question 8: Do you worry about your future? Why? What could relieve this worry?

Major	Important	Leftovers	Axial code
Yes 2, 5, 6, 7, 10, 11, 13, 15, 19, 22, 24, 25, 27, 29, 30, 31, 33, 34, 35, 37, 38, 39, 40, 41, 43 No 3, 4, 8, 9, 12, 14, 16, 17, 18, 20, 21, 23, 26, 28, 32, 36, 42 Sometimes 5	Reasons for worrying about the future: If I cannot go to university 1 To fail 1, 37, 10, 11, 31, 23, 24, 37 Cannot achieve goal 2, 7, 22, 27 Cannot further studies 13, 31, 38, 41 If I can pass Grade 12 24 Financial problems 30		Concerned about future I want to be successful, achieve goals, and have a job and enough money. Improving living conditions Ways to relieve worries

	Don't know how long I am going to live 29 If can be successful 5, 43, 27, 42 If grandmother dies 33 If application will be successful 6 To have enough money 13, 41, 30, 38, 41 Will find job 34, 35, 39 To die 29 About future 31 If I cannot become what I want to be 2, 7 Going to live the way we are living 2 I want to see myself out of where I live 10 To fulfil dream of helping my brother 40 What is done to relieve worries: Pray or read Bible 5 I do everything I can do to be successful 21		

	Faith 27 Know aunt will always support me 32 Will get a bursary as I am a hard worker 23		

Section E: Support structures

Question 1: Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much it is?

Major	Important	Leftovers	Axial code
Yes 1, 5, 6, 7, 8, 12, 13, 14, 16, 19, 22, 24, 27, 29, 31, 32, 33, 35, 36, 38, 39, 40, 41, 43 No 2, 4, 9, 10, 11, 15, 17, 18, 20, 21, 23, 25, 26, 28, 30, 34, 37, 42	Reasons for not receiving grant: Wait for response 20, 23, 26, 28, 30, 34 Struggle to receive grant 9 Surname problem 18 Who receives grant:	Grant not enough to cover needs 24 Do not know how much grant is 12, 13, 16, 36, 38, 40, 43 Know how much grant is; 29, 31, 32, 35, 39,	Grant mainly used for basic needs and school needs. Mainly family members receive grants on behalf of the orphans

Buying electricity, food and clothes 1, 12, 13, 14, 16, 19, 22, 24, 27, 29, 31, 32, 33, 35, 36, 38, 39, 40, 41, 43 Save it 12, 36 Pay for school tours 8 Pay rent 27 Use for pocket money 8, 36	Uncle's wife receives grant 1, 12 Aunt 3, 31, 36 Grandmother 5, 7, 13, 14, 17, 22, 24, 27, 29, 32, 33, 35, 38, 39, 41, 43 Sister 8, 16 Brother 19, 40	41	

Question 2: How does your school support you?

Major	Important	Leftovers	Axial code
Yes 1, 2, 3, 7, 11, 12, 13, 14, 16, 19, 22, 23, 24, 25, 26, 28, 31, 32, 33, 35, 36, 38, 39, 40, 43 No 4, 5, 6, 8, 9, 10, 15, 17, 18, 20, 21, 27, 29, 30, 34, 37, 41, 42	Food 1, 2, 7, 12, 14, 16, 19, 23, 24, 28, 31, 32, 33, 35, 39, 40 Receive money 22 Clothes, shoes and blankets 12, 28, 32, 35 Counselling 3, 13, 26	Teachers not interested 5 Brother supports 20	Supportive role of the school: basic needs and psychosocial and emotional support.

	Changed behaviour 3 Discount for school tours 11, 33 Teachers support with money to buy soap to wash school uniform 22 Teachers understand problems 22 Listening to problems and assist 26, 38 Free education 24 Love 25 Support and guidance 36, 38 Guidance 36, 39 Some teaches help with food and money for doctors 29 Advice 40		

Question 3: How do the community, church and neighbours support you?

Major	Important	Leftovers	Axial code
COMMUNITY No 2, 4, 6, 9, 10, 11, 12, 13, 15, 18, 19, 20, 23, 24, 27, 29, 31, 32, 33, 34, 35, 36, 38, 40, 41, 42 Yes 5, 8, 14, 17, 22, 25, 28, 37, 39, 43	Food 5, 23, 14, 22, 25, 26, 28, 37, 39 Support and encouragement about life 17, 25 Clothes 25 Presents 14 Applications 26	Do not know how community helps 8	Community supports with basic needs and emotional support.
CHURCH No 1, 4, 6, 13, 18, 24, 27, 28, 35, 36, 38, 40, 41, 42 Yes 2, 3, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 19, 21, 22, 23, 25, 29, 30, 32, 33, 37, 39, 43	Clothes 2, 12, 14, 15, 17, 23, 29, 30, 32, 43 Food 5, 7, 10, 11, 16, 22, 23, 29, 32, 37 Blankets 8, 29 Moral support 3, 21, 33 Presents 7, 14, 16, 29 Toys 29 Pray for us 33		Church supports with basic needs and emotional and moral support

	Teach values and respect 21, 39 Guidance and teaching 25 Forget about problems 19		
NEIGHBOURS No 1, 18, 24, 27, 28, 31, 32, 35, 36, 38, 40, 41, 42 Yes 13, 7, 17, 23, 29, 30, 39	Emotional support 1, 3, 39, 23, 43 Food 7, 23, 29, 30, 39 Support 17, 1 Call ambulance for help 17		Neighbours provide support with basic needs and emotional needs.

Question 4: How do your family and friends support you?

Major	Important	Leftovers	Axial code
FAMILY No 1, 8, 12, 14, 16, 17, 18, 20, 25, 26, 29, 33, 34, 42 Yes 2, 4, 5, 6, 9, 11, 13, 15, 19, 22, 23, 24, 26, 27, 28, 32, 35, 38, 39, 40, 41, 43	Food 2, 5, 6, 13, 15, 19, 23, 24, 27, 28, 35, 38, 39, 40, 41, 43 School uniform 23 Money 9, 11, 24, 28 Clothes 9, 15, 22, 26, 38, 43		Family provides support with basic needs.

	Support 4, 39, 40, 33 Cleaning home 39		
FRIENDS No 3, 5, 7, 10, 12, 14, 16,17, 18, 20, 26, 27, 29, 33, 34, 36 Yes 4, 6, 8, 13, 15, 19, 25, 28, 30, 31, 37	Supporting school work 4 Come to see how we live 4 Food 6, 13, 19, 25, 30, 32, 37 Listen and guide 8, 31 Sleeping place 15 Encourage to study 25 Money 25 Clothes 30, 37		Friends provide support with basic needs, emotional needs and needs related to school work.

Question 5: Is there any other institution/person that supports you? How?

Major	Important	Leftovers	Axial code
INSTITUTIONS No 1- 43 PERSON No 1-43			No awareness of institutions in community that provides support.

APPENDIX F

INTERVIEW PROTOCOL

Interview questions

The questions are grouped into different sections.

A: Biographic questions

B,C,D: Questions which focus on the needs of HIV/Aids orphans as identified in the literature (*cf.* 3.2 -3.5).

E: Questions which focus on the type of support received (*cf.* 2.5).

A: Biographic information

- How old are you?
- In which grade are you? Is it the first time that you are doing this grade? If not, what is the reason for you repeating the grade?
- Where do you live? Are you satisfied living there, or do you experience problems? Explain.
- Do you have access to electricity, water, sanitation where you live?
- Whom do you live with? Who takes care of you? For how long have you been staying here?
- Do you have other family/brothers/sisters? Do you have contact with them?
- Do you also have to take care of other brothers/sisters? Do you get help in doing this? What help do you receive? From whom?
- When did your parents pass away? How did it make you feel when your parents passed away?
- Do you know that your parents passed away due to HIV/Aids? How does this make you feel?

B: Psychosocial and emotional needs

- How does it feel not to have parents anymore?
- What do you miss the most through not having parents anymore?
- Do you receive enough love, care and support from your guardians? Give some examples.
- Whom do you speak to if you have problems? Do they help you to solve your problems?
- Do you have friends? Do you often speak to them about your problems?
- Are you sometimes scared, angry and depressed? Why? What do you do when you feel scared, angry and depressed?

C: Socio-economical and physical needs

- Do you have enough money for school, food, clothes, toiletries, medicine etc.?
- Do you have to do extra work for money? What do you do? When do you do the extra work?
- What do you do with the extra money that you earn?

D: Educational needs

- Do you attend school regularly? If not, why not?
- Do you enjoy school? Why? /Why not?
- Do you experience problems at school? If, you do, what are they?
- Are you motivated to work hard? Why? /Why not?

- How is your academic performance? Are you satisfied? Do you think you can perform better?
- Do you have enough time to do your homework and study for tests? If not, why not?
- Do you have a goal that you would like to achieve? What do you need to achieve this goal?
- Do you worry about your future? Why?

E: Support structures

- Do you receive a support grant? Who receives the money? What is it used for? Is it enough to cover your needs? Do you know how much money it is?
- How do the community, church and neighbours support you?
- How does your school support you?
- How do your family and friends support you?
- Is there any other institution/person that supports you? How?