

Caregivers' motivation for adopting children affected by and infected with HIV and/or AIDS

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SUMMARY

This study focuses on the motivations of caregivers who have adopted children affected by, and infected with, HIV/AIDS. The caregivers who participated in the study are from Rustenburg, in the North-West Province. These caregivers form part of the ethnic group classified as Coloured. The community from which these caregivers come have many caregivers who regularly adopt and look after more than four children, at least one of whom is affected by, or infected with, HIV/AIDS. None of the children who were adopted lived with their biological parents, as their parents had either died of HIV/AIDS or had abandoned them when they were diagnosed with HIV/AIDS.

This research is a phenomenological study that followed a qualitative descriptive research design. This research design allowed the caregivers to share their motivations for adopting children affected by and infected with HIV/AIDS. The caregivers found it very rewarding to communicate and share their perspectives on, and motivations for, adopting children affected by and infected with HIV/AIDS, and to share their real thoughts and feelings. The caregivers were able to give profound and sincere answers about their motivation to adopt HIV/AIDS affected and infected children. Four female caregivers were purposefully selected from the Rustenburg area. All four of the caregivers were single parents; they have all lost their spouses as a result of death or divorce during the past 10 years.

The researcher, therefore, collected data through observation, a focus group discussion, in-depth interviews and a collage activity. The focus group discussion and in-depth interviews were recorded on a digital voice recorder. The focus group discussion was conducted with the caregivers; one week prior to the in-depth interviews.

The focus group discussion included a collage activity, where the caregivers used pictures and words to express their motivations to adopt HIV/AIDS affected and infected children. Thematic data analysis was used to transform the transcribed data into meaningful information on adoption.

Keywords: Caregivers, motivation, challenges, HIV/AIDS, adoption

OPSOMMING

Hierdie studie fokus op versorgers wat MIV/Vigs-geaffekteerde of –geïnfekteerde kinders aangeneem het. Die navorsing is gedoen om uit te vind wat die opvoeders motiveer om sulke kinders aan te neem.

Die opvoeders wat kinders aangeneem het, kom uit 'n baie arm area in Rustenburg, in die Noordwes Provinsie. Die opvoeders vorm deel van 'n etniese groep geklassifiseer as gekleurdes. In die gemeenskap waaruit die opvoeders kom, is daar vele opvoeders wat kinders aanneem en na meer as vier kinders kyk, waar ten minste een geaffekteer word deur MIV/Vigs. Die opvoeders se motivering waarom hulle die kind aanneem, spoor hulle aan om gemotiveerd te bly nadat hulle die kind aangeneem het. Nie een van die kinders wat aangeneem is, bly by hulle biologiese ouers nie; óf albei die ouers het gesterf weens MIV/Vigs, óf die kinders is verwerp na bevestiging dat hulle MIV/Vigs het.

Die navorsing is 'n fenomenologiese studie wat 'n kwalitatiewe beskrywende navorsingsontwerp met 'n vertolkende raamwerk volg. Die navorsingsontwerp stel versorgers in staat om hul motiverings vir die aanneming van kinders, wat deur MIV/Vigs geraak of geïnfekteer is, met ander te deel. Die versorgers het dit as uiters positief ervaar om hul perspektiewe en motivering ten opsigte hiervan met ander te deel, en ook om oor hul eintlike gedagtes en gevoelens te praat. Die versorgers kon werklik diepsinnige en eerlike antwoorde gee oor wat hulle motiveer om kinders aan te neem wat deur MIV/Vigs geraak of geïnfekteer is.

Vier vroulike versorgers is doelbewus uit 'n area rondom Rustenburg gekies. Al vier versorgers is enkelouers; wie almal in die afgelope 10 jaar hul mans deur egskeiding of die dood verloor. Die kwalitatiewe data is ingesamel deur middel van 'n fokusgroepbespreking en onderhoude met die versorgers en die organiseerder.

Die navorser se doelwit was om die motiverings van die versorgers wat MIV/Vigs-geaffekteerde of -geïnfekteerde kinders aangeneem het, te verstaan en te interpreteer. Die navorser het dus data ingesamel deur middel van waarneming, 'n fokusgroepbespreking, in-diepte onderhoude en 'n collage-aktiwiteit.

Die fokusgroepbespreking en diepte-onderhoude is op 'n digitale klankopnemer opgeneem. Die fokusgroepbespreking met die versorgers het een week vóór die onderhoude plaasgevind.

Die fokusgroepbespreking het 'n collage-aktiwiteit ingesluit, waar die versorgers prente en woorde kon gebruik om uitdrukking te gee aan wat hul motivering was om MIV/Vigs-geaffekteerde of -geïnfekteerde kinders aan te neem. Die opnames is deur die navorsers getranskribeer, en die temas en kategorieë wat na vore gekom het, is geïdentifiseer. Tematiese data-ontleding is ingespan om die getranskribeerde data in sinvolle inligting aangaande aannemings te omskep.

Sleutelwoorde: *Opvoeder, motivering, uitdagings, MIV/Vigs, aanneming*

DECLARATION BY STUDENT

I hereby declare that this research, **Caregivers' motivation for adopting children affected by and infected with HIV and/or AIDS**, constitutes my own input and effort and that all the sources have been fully referenced and acknowledged.

D. Nieuwoudt

LETTER OF PERMISSION

The candidate opted to write an article, with the support of her supervisor. I, the supervisor, declare that the input and effort of Desiree Nieuwoudt, in writing this article, reflects research conducted by her. I hereby grant permission that she may submit this article for examination purposes in fulfilment of the requirements for the degree of Magister Artium in Psychology.



Shanaaz Hoosain

Supervisor

DECLARATION BY THE LANGUAGE EDITOR

Language editing

I hereby confirm that I have edited Desiree Nieuwoudt's research study entitled *Caregivers' motivation for adopting children affected by and infected with HIV and/or AIDS*. Harvard editing standards have been used for sections A and C; APA editing style has been used for section B.

AARTIA JOUBERT

**Accredited Member of the South African
Translators' Institute: No. 1000088**

PREFACE

MA in Psychology in article format

The thesis is presented in an article format, as indicated in rule A.5.4.2.7 of the North-West University, Potchefstroom Campus Yearbook. The article comprising this thesis is intended for submission to the South African Journal of Psychology. Please note that the references provided in the article in Section B are according to the author guidelines of the journal (provided in Addendum 4), while the references in the rest of the thesis are references according to the Harvard method, as provided by the referencing manual of the North-West University.

MANUSCRIPT FOR EXAMINATION

Caregivers' motivation for adopting children affected by and infected with HIV and/or AIDS

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SECTION A

ORIENTATION TO THE RESEARCH

1. INTRODUCTION

According to Statistics South Africa, approximately 30% of South Africa's population of almost 53 million people are HIV positive (Mulder, 2006). The HIV prevalence rate is high among females between the ages of 25 and 29 years (32.7%), while the HIV prevalence rate among males between the ages of 30 and 34 years is 29.1% (HSRC, 2008:31). The majority of the females between 25 and 29 years and males between 30 and 34 years would already have had one or two children and these children will be left orphaned when the parent(s) die.

It is estimated that, in South Africa, there are approximately 1.9 million AIDS orphans with one or both caregiver(s) having died as a result of the HIV and AIDS epidemic. South Africa is experiencing the highest burden of HIV in the world, with over 5.7 million people currently infected (Gill, 2010:265). Of the estimated 3.7 million orphans in South Africa, an estimated half have lost one or both parents to AIDS; and 150 000 children are believed to be living in child-headed households (Gill, 2010:265). Some of these children may be affected by HIV and may be infected with the virus.

In this study, children infected with HIV refer to children living with HIV/AIDS. Children affected by HIV/AIDS are children whose parents are sick or have died of AIDS, or whose siblings, relatives or friends have the disease or have died as a result of it (Dawes, 2004:69). In the event of losing both caregivers due to HIV/AIDS, these children are placed in foster care, where they will be adopted by either family members, known as related adoption, or by non-relative caregivers.

Lionetti (2011:690) states that, according to statistics on adoptions, as released by the National Department of Social Development, 14 803 adoptions have been registered in South Africa for the period of 1 April 2004 to 31 March 2010, which means there were approximately 2 400 adoptions per year. This is a relatively small number of children placed in adoptive families, when compared to alternative forms of legal care, such as foster care and residential care. Over three million children are currently orphaned in South Africa, according to Statistics South Africa (Stats SA). Furthermore, according to Lionetti (2011:690), when considering the high and ever-growing number of children orphaned, it is clear that, despite the high estimated number of adoptable children, the annual number of adoptions has stayed low over the six years between 2004 and 2010.

Given the high numbers of children who are orphaned due to HIV/AIDS, this study is important, as it contributes to understanding the motivation for adopting children affected by HIV/AIDS. Understanding caregivers' motivation for adoption may encourage others to adopt, and may lead to an improvement in post-adoption services.

LITERATURE REVIEW

Adoption is a legal process, regulated by the Children's Act 37 of 2005. In South Africa, the care and protection of children are governed by comprehensive legislation, including the Child Care Act 74 of 1983, the Children's Act 38 of 2005 and the Constitution of the Republic of South Africa 108 of 1996. According to the Government Gazette (2010:102), an adoption accredited social worker, who is satisfied that a prospective adoptive parent has met the requirements of Sections 231(2), and Section 123(1)(c) of the Children's Act, must apply for such a person's name to be registered in the Register on Adoptable Children and Prospective Adoptive Caregivers, referred to in Section 232 of the Children's Act. South Africa also subscribes to the United Nations Convention on the Rights of the Child, and the African Charter on the Rights and Welfare of the Child. These regulations affirm that every child has the right to a family, parental care and appropriate alternative care (Mahery, Jamieson & Scott, 2011:44).

Shulman (2004:1) states that "adoption is profoundly complex and (that) it offers the possibility of a new beginning and of regeneration, but it also contains the potential for disappointment, destruction and at its worse[sic] psychological disaster, medical complications and adaptation to a new process". Brodzinsky (2011:1) believes that adoption is associated with many rewards and challenges in the lives of children and caregivers. Adoption offers the child the prospect of stability, loving care, security and lifetime family connections (Quinton & Selwyn, 2009:1120).

HIV/AIDS

Williamson (2005:1) reports that, during the first years of the HIV/AIDS epidemic, there was not much direct focus on children, particularly children who were not HIV-infected, but were nevertheless significantly affected by the disease. Research reflects that the overwhelming majority of children orphaned or affected by HIV/AIDS are currently being cared for by their

immediate and extended families (Ngalazu & Tolfee, 2005:11). It is therefore important that for most of these children, there is no possibility for good, healthy living parents due to the realities of the HIV/AIDS epidemic.

According to research from Edwards-Jauch (2000:37), there is general agreement that the extended family care system is culturally the most preferred and often in the best interest of the child, as can be seen from the subsequent quote: “When the child’s parent or parents die due to AIDS the care burden may be taken over by the surviving parent, grandparents, aunts, uncles, older siblings or other members of the extended family” (Edwards-Jauch, 2000:37). Research by Richter (2000:3) focused on the central role of families, defined very broadly, and emphasised the importance of efforts to strengthen families to support children affected by HIV and AIDS.

HIV/AIDS and the family

Family-based and community-based sources of care are the most child-centred and they are the only solution to the problem (Ngalazu & Tolfee, 2005:11). Edwards-Jauch (2000:39) reports that households that have taken in orphans are likely to be poorer than households without orphans, since the former spends a relatively high percentage (32%) of their income on food, when compared to non-orphan households (18%). For every Brazilian maternal orphan from AIDS, there were three children with mothers living with AIDS and twelve with mothers living with HIV infection (Foster & Williamson, 2000:277). In Africa, many children are fostered by relatives and do not live with either of their biological parents. In Tanzania, 34% of children live with one parent, while 12% do not live with either parent. Yet, only 8% of these children were orphaned due to the loss of father or mother, and 1% had lost both parents (Foster & Williamson, 2000:16). South Africa is experiencing the highest burden of HIV in the world, with over 5.7 million people currently infected (Hall & Meintjies, 2013). Of the estimated 3.7 million orphans in South Africa, about half have lost one or both parents to AIDS; and 150 000 children are believed to be living in child-headed households (Hall & Meintjies, 2013). Studies internationally show that, where a family member has AIDS, the average income of the family falls by as much as 60% (Richter, 2008:10).

Studies completed by Richter (2008:11) have shown that responsibilities and work, both within and outside the household, increase dramatically when parents or caregivers become

ill or die. In countries severely affected by HIV/AIDS, the development of residential care is sometimes justified on the grounds of families and communities being so overwhelmed by the problems of children orphaned by AIDS that there is no alternative (Ngalazu & Tolfee, 2005:12). Research mostly focuses on children affected by HIV, and seldom on their caregivers and families, despite their great need for assistance (Richter, 2000:4). According to Foster and Williamson (2000:276), children are affected by HIV/AIDS when they are orphaned, because the HIV/AIDS circumstances change these children's lives – even if they were adopted.

Research shows a lack of emphasis on family reunification, placement and support in efforts to help children affected by HIV and AIDS (Richter, 2000:6), while the body of research and literature on the impact of the HIV/AIDS epidemic on children is growing. These impacts, which include emotional and behavioural problems, occur in a number of overlapping and interdependent domains, including children's psychosocial development (Richter, 2008:10). These findings do seem applicable to the research, because it can help to gain a better understanding of adoption in South Africa.

Van Dyk (2001) states that caregivers who adopt children infected with HIV/AIDS are often frustrated by issues associated with their roles, such as a lack of basic essentials, the inaccessibility of basic medical care, the debilitating nature of the patient's condition, and the lack of knowledge about infection. Meih (2013:190) adds that the fear and anxiety associated with stigma and discrimination, the frustration associated with the premature discharge of the family's loved one, as well as the behaviour and lifestyle of the sick person, make them feel overwhelmed by the extended roles and the lack of support. Regardless of the possible fear and anxiety, Ross (1985:405) states that motivation can be seen as a general term for behaviour. Edward & Ryan (2008:183) studied self-determination theory (SDT), in order to gain a better understanding of human motivation.

Human motivation can be defined as the biological systems were learning and cognitive factors build up an internal representation of reality that influences motives and emotions (Buck, 1985:406). Self-determination theory (SDT) is an empirically based theory of human motivation, development, and wellness (Edward, Ryan, 2008:183). As a macro theory of human motivation, self-determination theory (SDT) addresses such basic issues as personality development, self-regulation, universal psychological needs, life goals and

aspirations, energy and vitality, non-conscious processes, the relations of culture to motivation, and the impact of social environments on motivation, affect, behaviour, and wellbeing (Edward, Ryan, 2008:183).

THEORETICAL BACKGROUND

The researcher is of the opinion that, in order to explore and understand the caregivers' motivation for adopting an HIV/AIDS-affected and -infected child, one would have to observe the participants in their own ecological system. Their ecological environment has an impact on their living standards and all aspects of their lives. A description of the ecological system theory, as a theoretical framework for this research and how it is applicable to this study, follows.

Bronfenbrenner's ecological systems theory

Ecological models encompass an evolving body of theory and research on the processes and conditions that shape human development in the actual environment in which human beings live (Bronfenbrenner, 1994:36).

Bronfenbrenner's Model of the Ecology of Human Development

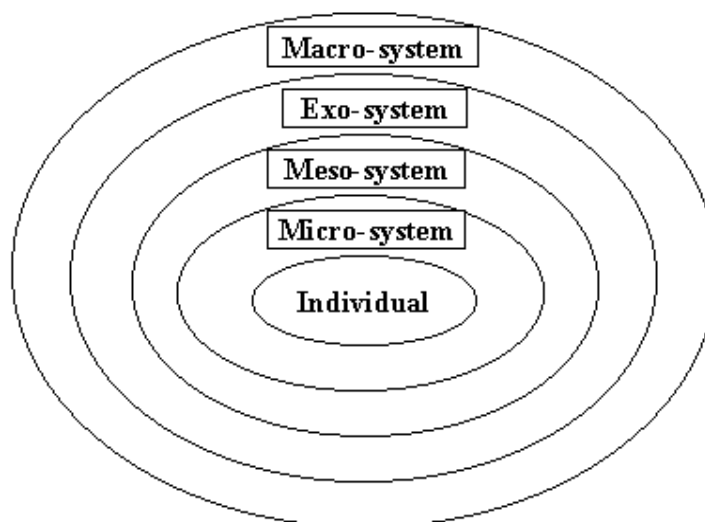


Figure 1

Structures in the micro-system include family, school, and neighbourhood or childcare environments. At this level, relationships have impact in two directions, namely away from the individual and toward the individual. In the ecological systems approach of Bronfenbrenner, the body is part of the micro-system. The body is the life support system, the mobility system, and that with which we perceive and interact with the environment (Ryan & Paquette, 2001:6). The meso-system layer provides the connection between the structures of the individual's micro-system (Ryan & Paquette, 2001:2). The involvement of the structures in an individual's meso-system is meant to provide the relationships required for positive development (Ryan & Paquette, 2001:30). The exo-system layer defines the larger social system in which the individual does not function directly (Ryan & Paquette, 2001:2). Individuals may not be directly involved at this level, but they do feel the positive or negative force involved with the interaction with their own systems. The structure of the exo-system is seen as the community, society and culture that provide the support for relationships. The communities provide caregivers with access to people with similar concerns, who can function as resources and emotional support. Communities also provide childcare, parent employment and programmes designed to encourage interaction among families (Ryan & Paquette, 2001:31).

According to Ryan and Paquette (2001:32), research by Lewis and Morris (1998) provided a list of four basic needs for positive development in children: (1) a personal relationship with a caring adult, (2) a safe place to live, (3) a healthy start toward their future, (4) a marketable skill to use after graduation from high school, and (5) an opportunity to contribute to their community. The macro-system layer may be considered the outermost layer in the individual's environment. The effects of larger principles defined by the macro-system have a cascading influence throughout the interactions of all other layers (Ryan & Paquette, 2001:3).

2. PROBLEM STATEMENT

Research conducted on adoption mostly focused on understanding the experiences of the children or the adoptive parents. Lionetti (2011:690) states that, over the past two decades, there has been a growing interest in understanding the experiences and outcomes of different aspects of adoption internationally. In order to support adoptive caregivers and to promote adoption, Palacios and Sanchez-Sandoval (2006:481) mainly focused on the

stress experienced by the caregivers or adopted children, the relationship that they formed, and their expectations of the whole process. Other studies, by Zuck (2009:11), focused on the parents' experience when adopting a child. Carnes-Holt (2010:3) focused on child-parent relationship therapy with adoptive families and the effects of adoption on parental stress and empathy.

Based on the previous studies that focused mainly on parent's experiences and parent-child relationships, information on the motivation of caregivers who have adopted children affected by and infected with HIV/AIDS remains limited in South Africa. In addition, given the significant number of HIV orphans and the increasing number of children available for adoption, it is important to gain more insight into the motivation of caregivers who have adopted children affected by, and infected with, HIV/AIDS. The information gained could help the research contribute to a better understanding of adoption; it could also support caregivers who need encouragement to remain motivated.

In this study, the researcher will therefore explore caregivers' motivation for adopting children affected by and infected with HIV/AIDS. The researcher believes that this research will promote greater understanding of the motivation that inspires this decision. Moreover, this research may, the researcher trusts, contribute to programmes that support adoptive caregivers and promote adoption of children who are affected by and infected with HIV/AIDS.

3. AIM OF THE RESEARCH

The aim of this study was to explore the motivation of caregivers adopting children who have been affected by and infected with HIV/AIDS.

The following research question guided this research:

What motivates caregivers to adopt children affected by and infected with HIV/AIDS?

4. STRUCTURE OF THE RESEARCH

In this section, an overview of the theoretical framework and a literature review were presented, in order to establish the background and basis of this study. In section B, the

article to be submitted to the South African Journal of Psychology for possible publication is presented. The researcher will use the APA reference style in this section, in order to follow the guidelines of the above journal. In this article, the researcher discusses the methodology, findings and discussions of this study. Section C includes the researcher's critical reflections and the contributions the study has made towards academic literature.

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SECTION B

ARTICLE

**CAREGIVERS' MOTIVATION FOR ADOPTING CHILDREN AFFECTED BY
AND INFECTED WITH HIV AND/OR AIDS**

**Caregivers' motivation for adopting children affected by and infected with HIV
and/or AIDS**

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ABSTRACT

The aim of this qualitative study was to explore the motivation of caregivers who adopt children affected by and infected with HIV/AIDS. Purposive sampling was used to select four caregivers who have adopted a child affected by and infected with HIV/AIDS in Rustenburg, in the North - West province, with the help of a specific organization. The data was obtained through a focus group discussion, which included a collage activity, observations and in-depth interviews, and were thematically analysed. Various motivations are highlighted in the study. The participants identified their motivations as care and love for the child, and the support they receive as caregivers. Although the participants identified motivations for adopting a child, they also described the challenges they face in caring for the children. The participants identified these challenges both as a lack of support from family members and financial difficulties. It is recommended that social welfare organizations find intervention strategies

that can assist the participants to receive financial support. Programme interventions in communities to assist caregivers may serve as an encouragement to adopt HIV/AIDS affected and infected children in South African communities.

Keywords: Caregivers, motivation, challenges, HIV/AIDS, adoption

INTRODUCTION

Adoption is a worldwide phenomenon and is common in South Africa. This is due to the increase in the HIV/AIDS pandemic (World Health Organization, 2002). The HIV/AIDS epidemic in Africa makes children vulnerable, by leaving them orphaned and thereby threatening their survival (World Health Organization, 2002). According to Statistics South Africa, approximately 30% of South Africa's population of approximately 53 million people are HIV positive (Mulder, 2006). According to the South African Department of Health (HSRC, 2008), it was estimated, in 2008, that there were about 1.9 million AIDS orphans in South Africa, with one or both caregivers having died as a result of HIV and AIDS. The HIV/AIDS pandemic has a serious impact on families across the globe, especially in poorly resourced contexts, and causes an increasing burden of care (Rochat, Bland, Coovadia, Stein & Newell, 2011).

Children who have lost both caregivers or who have been placed in foster care would be adopted either by family members related adoption or by non-relative caregivers. This means that a caregiver can be a family member or friend who willingly sacrifices time, energy and, in some cases, his or her entire being, to tend to the needs of a loved one. These caregivers look after children who are either affected by or infected with HIV/AIDS. The discussion of the research conducted for this study will be based on Bronfenbrenner's Ecological Model (1994). Ecological models encompass an evolving body of theory and

research (Bronfenbrenner, 1994). Five environmental factors have an impact on the individual's growth and development, namely the microsystem, the mesosystem, the exosystem, the macrosystem and the chronosystem (Ryan & Paquette, 2001). The microsystem is seen as the closest relationship that the caregivers and the adopted children have with relatives, friends and the surrounding environment. The mesosystem provides the connection between the child's relationships with others and the caregivers, as well as the structures of the child's microsystem. The macrosystem consists of the influence throughout the interactions of all other layers. The caregiver's ability or inability to carry out that responsibility towards the child, within the context of the child's microsystem, is likewise affected.

While there have been a variety of studies on adoption of children affected by and infected with HIV/AIDS, in South Africa, little research is available on caregivers' motivation for adopting an HIV/AIDS affected and infected child. The researcher's findings, based on her research, are presented with the purpose of finding interventions programme that can assist caregivers to stay motivated when they have adopted children affected by and infected with HIV/AIDS. The aim is also to encourage caregivers to adopt more children under the same circumstances.

AIM OF THE STUDY

The aim of this study was to explore the motivation of caregivers adopting children who are affected by and infected with HIV/AIDS.

The following research question directed the research: What motivates caregivers to adopt children affected by and infected with HIV/AIDS?

METHOD

Research design

A qualitative descriptive design was conducted to gain new insight into a situation, in this case, the motivation to adopt a child affected by and infected with HIV/AIDS (Sandelowski, 2000). When conducting the qualitative study, the researcher wanted to collect as much data as she could, which would have allowed her to capture all of the elements of motivation that came together. Qualitative descriptive designs help to identify elements of the design and to tell what is important in the research (Sandelowski, 2000). Research conducted in a qualitative descriptive study helps the researcher stay close to the data and the surface of words and events (Sandelowski, 2000). Through qualitative descriptive design, the researcher was able to understand the experience of caregivers and their motivation, as described by the caregivers themselves.

Participants

For the purpose of this study, the researcher used purposive sampling to define the selecting units based on specific purposes associated with answering the questions of a research study (Teddlie, 2007). The sample for this study consisted of four caregivers who adopted an HIV/AIDS-affected and -infected child. The participants came from Rustenburg, in the North-West Province, and particularly from a poverty-stricken part of the town. All the participants are from the ethnic group classified as Coloured, and fall in the age range of forty to forty-four. They were all able to understand Afrikaans; therefore, an interpreter was not required. All four participants were female caregivers who were single parents, due to divorce, or the death of their partners. Not all participants were related to the adopted children affected by and infected with HIV/AIDS.

Procedures

A social worker in Rustenburg helped the researcher to identify potential participants. All four of the participants took part in the study. The researcher used the focus group method to gain an understanding of the participant's perspectives on their motivation for adopting a child. The researcher agreed to be honest with the participants about the goals and the results of the research. The researcher kept her promises and agreements in terms of the time and dates of the interviews, acted with sincerity and strived for consistency of thought and action. Furthermore, the researcher made use of in-depth interviews to enable participants to share a deeper understanding of their motivation to adopt a child. The researcher was aware of the sensitive nature of the topic and ensured confidentiality within the focus group by including a statement to this effect in the consent form. Procedures are discussed in chronological order: consent for the research was obtained from the North-West University and the relevant social work agencies. The researcher made an appointment with a community informant, who works with parents who have adopted children affected by and infected with HIV/AIDS and the community informant who referred me to a specific organisation that works with caregivers who have adopted children affected by or infected with HIV/AIDS. A social worker helped the researcher to identify potential participants. This was done by explaining what the criteria for selecting the participants were to the social worker. Once the potential participants had been identified, they were contacted by the social worker, to explain the research and to set a time and date for an interview. The interviews took place at the social worker's office, where the participants felt comfortable. The researcher explained the research to the participants, as well as potential risks or issues that may arise during the research process. Issues of confidentiality were discussed. Consent forms were given to the caregivers, who agreed to voluntarily participate in the research. The caregivers completed the consent forms. The

focus group discussion was conducted first, followed by the interviews. Notes were made during the interview process. The interviews were recorded digitally, with permission from the participants, and the researcher made field notes during the event. The interviews were transcribed and analysed. The researcher produced a written report based on these findings. The results were made available to the participants of the study.

DATA GATHERING

The researcher used qualitative methods of data gathering, which included focus groups, observations and in-depth interviews.

Focus groups

The purpose of the focus group was based on the idea that the group process would help the participants to explore and clarify their points of view in a way that was not possible with one-on-one interviews. According to Tuff (2012), a focus group is a qualitative research method, which seeks to gather information that is beyond the scope of quantitative research. In the focus group, participants had the opportunity to use a collage to express their motivation for adopting children affected by and infected with HIV/AIDS. Collages are useful in helping participants to explore a phenomenon that is difficult to verbalise (Butler-Kisber & Poldma, 2010). “Visual inquiry approaches, such as collage-making and concept-mapping, are means for formulating ideas and articulating relationships between ideas to help understand phenomena in their formative stages, work through emergent concepts, or to help represent them to others” (Butler-Kisber & Poldma, 2010).

General observation

The researcher observed the participants' non-verbal communication during the focus group discussions and the interviews. Non-verbal communication includes body posture, tone of voice and facial expressions (Maree, 2007). During the focus group discussions, the participants were very quiet at first and unsure of what they were going to do. The focus group discussions created an opportunity for the participants to talk about their own circumstances of life and the children they adopted. In this research, observation was important, as the researcher was able to gather even more information from participants, through the reflection of their body language. Observations enabled the researcher to build rapport and to establish a trusting relationship with the participants in a natural setting.

In-depth interviews

The researcher made use of in-depth interviews with the caregivers who adopted a child affected by and infected with HIV/AIDS. An interview aims to be a means of having a two-way conversation, during which the interviewer asks the participant questions in order to collect data and to learn about the ideas, beliefs, views, opinions and behaviours of the participant (Maree, 2007). The in-depth interview was designed to discuss the caregiver's motivation to adopt an HIV/AIDS-affected and -infected child sensitively and confidentially. Participants found it easier to express how they truly felt about being motivated to adopt a particular child and the impact of this experience on their lives. The open-ended question, which guided the interviews, was: What motivated you to adopt a child infected with HIV/AIDS?

DATA ANALYSIS

In order to analyse the data, the researcher read the qualitative narrative information that was obtained from the focus group discussions and in-depth interviews. The researcher used thematic analysis to look at the data from various angles, in order to identify keys in the text that helped the researcher to understand and interpret the raw data (Nieuwenhuis, 2012). The researcher analysed the focus group and in-depth interviews separately, in order to identify themes. The themes were formed inductively. The researcher familiarised herself with the data by transcribing the conversations, re-reading the data and noting initial ideas. The themes that emerged from the study were divided into themes and sub-themes. Once the themes had been identified, they were reviewed to ensure that they corresponded with the codes formed. On-going analysis was conducted to refine the specifics of each theme, in order to contribute to the overall findings of the study. The researcher made sure that the themes extracted were representative of all the data and that these themes truly reflected the participants' thoughts and feelings.

ETHICAL APPROVAL AND CONSIDERATIONS

According to Resnik (2011), ethics can be seen as the norms for conduct that distinguish between acceptable and unacceptable behaviour. The ethics that were specifically adhered to, in order to promote the aim of this research, include knowledge, truth and avoidance of error. Ethical approval for this research study was obtained from the Ethical Committee of the North-West University (NWU-00060-12-A1). A social worker, who is active in Rustenburg, North-West Province, acted as the gatekeeper in helping the researcher to identify potential participants. All four of the participants took part in the focus group discussions, collage activity and the individual interviews.

The participants were informed that their participation in this study was voluntary, and that they could withdraw at any stage if they no longer felt comfortable about continuing with the study. The researcher was aware of the sensitive nature of the topic and ensured confidentiality within the focus group, by including a statement to this effect in the consent form. To help ensure confidentiality, the field notes and documents collected were kept safe and locked away and electronic data was guarded by a password known only to the researcher. The researcher agreed to be honest with the participants about the goals and the results of the research.

The researcher kept her promises and agreements in terms of the time and dates of the interviews, acted with sincerity and strived for consistency of thought and action (Resnik, 2011). Informed consent is considered important, because it acts as a legal safeguard against liability and can be used as the basis for research (Czymoniewicz-Klippel, Brijnath, Crockett. 2010). An informed consent form was designed, providing all the required information, such as the purpose of the study, the benefits of the research findings and possible risks. The consent forms were explained to the participants. All the participants signed their consent forms. The participants had to give permission for the interviews to be recorded digitally. Ethical guidelines were considered in the process of obtaining informed consent and information that could be seen as a critical element of protecting the research participants from any form of harm (Czymoniewicz-Klippel, Brijnath, Crockett. 2010). The reason for this study and the aim of the interviews were discussed with the participants. Separate interviews were conducted with each of the individual caregivers, in cases where there was more than one caregiver within the same household, allowing them to share their motivations freely and openly, without the risk of influence or intimidation. Notes were

made during the interviews in order to assist with the analysis of the information on adoption.

TRUSTWORTHINESS

Trustworthiness can be seen as the basic issue in relation to how the inquirer can persuade his or her audience (Maree, 2007). The first standard of truth-value was obtained through credibility on the part of the researcher. Credibility of the research was achieved by collecting data through multiple methods, namely focus group, observations and in-depth interviews, and then analysing the data according to repeated responses. In order to minimise researcher bias, the researcher kept track of the field notes made during the focus group meetings and in-depth interviews. A qualitative research design was used to gain new insight into the studied phenomenon. In this study, in-depth interviews gave participants the opportunity to explore their perspectives on their motivation for adoption. The focus group method was used to facilitate the group's process and to enable participants to explore and clarify their points of view in a way that is not possible in an interview. One group was used for the focus group. Each participant from the group also participated in an in-depth interview. Data was confirmed, with participants, to gain clear information on their motivations for adoption.

The second standard of applicability was obtained through transferability of the data collected, purposive sampling, and comprehensive description of the methodology. Transferability refers to data collected in such a way that it is beneficial to other settings as well. Literature was based on adoption, caregivers, children and HIV/AIDS. Sources that were used consisted of books, journals, and internet and first-hand accounts by participants. Sampling was based on specific purposes or criteria. The data was collected

until data saturation was achieved. The study was only based in the North-West Province, although this phenomenon occurs across South Africa.

Thirdly, the standard of consistency was achieved through detailed description of data collection, a thick description of the methodology; and the coding and recoding of data through participant examination. Dependability refers to the researcher's ability to adapt to the changes in the phenomenon and consistency of the research results (Maree, 2007). An interview was conducted with each caregiver, regarding her perspectives and motivations, thereby allowing flexibility. Data was available through field notes, electronically, audiotapes and collages. Backups of the relevant documents were made and stored separately. Recordings and field notes ensured more detailed data analysis, whereas field notes recorded non-verbal cues picked up by the researcher. The final standard of neutrality was obtained through conformability of data collection methods and data sources. Conformability refers to the objectivity of the researcher. Multiple data collection methods were used, digital recordings and collages.

FINDINGS

From the findings of this research, it is clear that the caregivers/participants were motivated by their providing support and taking responsibility to care for the needs of the child, as well as through the support they received as caregivers. However, some of these caregivers also experienced challenges; especially in terms of lack of support from family members and financial support. The table below presents the themes and sub-themes that were obtained from the data.

Themes	Sub-themes
Motivation of adoption	Responsibility to take care of the child
	-Shelter, food, clothes, education -Love (family) -Spirituality and religion
	Support of caregivers -Knowledge of HIV/AIDS -Receive counselling
Challenges of caregivers	Lack of support

Table 1.

THEME 1: MOTIVATION OF ADOPTION

The motivation of caregivers was revealed that the participants were motivated by their need to take responsibility for the children, as well as their love for the child. Through their motivation they offered care and provided for the needs of the child; such as the need for shelter, food, clothes, education and family love. The caregivers also received spiritual support, through the knowledge they received on HIV/AIDS, and counselling sessions.

Responsibility to take Care of the Child

The participants' perspective on their motivation revealed that they felt responsible for the children's care and needs. They were motivated to adopt the child because they felt responsible to care for the child. Caring for the needs of a child affected by and infected with HIV/AIDS, meant taking the child into their own home and treating him or

her as they would their own child; and providing him or her with support, care and guidance. These were some of the caregiver's sentiments: Participant 1: *It was from my heart to take care of her.* Participant 2: *I want to help the child and care for the child in every way I can.* Participant 3: *The child is my flesh and blood; he is family; that is why I want to take care of him.*

Foster (2004) believes that the best safety net for children affected by HIV/AIDS is the extended family or another family despite the weakening bonds of extended family because despite the hardships, extended families still support each other. Today, many families still cope with deaths by ensuring that relatives provide care for orphaned children into the orphan household to care for children, or orphans moving into the household of one or more relatives (Foster, 2013). Even though the caregivers did not have sufficient resources to care for existing members, orphans were taken in.

Shelter, food, clothes and education

The participants reported that some organizations provided them with some form of shelter, food, clothes and education for the child. The participants commented that this helped them to look after the children. According to the participants, the motivations for adoption were influenced by the child's need for shelter, food and education, as can be seen from the subsequent quotes. Participant 3: *The child I am looking after; whose mother left her, has needs for clothes, education and love.* The participants revealed that constant shelter and care is important to them, in order to provide some stability for the HIV/AIDS-affected and -infected child. This is supported by Dawes (2004), who believed that caring for an orphaned child would mean providing him or her with food, shelter, and clothing; schooling and medical care; and love, support and guidance.

One of the participants commented that for her child to feel and be safe, they needed to know that they lived in a place that is protected from danger, as reflected by the following comment by Participant 1: *I was sad when my house burned down and I could not give my children a home.*

Although the caregivers want to give the children healthy food to help them grow and stay healthy, they find it difficult at times. Participant one commented that; *good nutrition will help the child to grow and to learn at school. I really hope that one day I would be able to provide the child with better food.* Ryan & Paquette (2001) also state that providing good nutrition is important as fuel for the body to feed the living cells in all sub-systems, replace damaged cells, and grow new cells. Another participant, on the other hand, focused on the importance of providing the children with education that can help them learn and develop their social skills. This is supported by Ryan and Paquette (2001), who provide a list of five basic needs for positive development in children, namely: (1) an opportunity to contribute to their community, (2) a safe place to live, (3) a healthy start towards their future, (4) a marketable skill to use after graduation from high school; and (5) a personal loving relationship with a caring adult. Indeed, families and local communities are the frontline of the HIV/AIDS epidemic's impact and have demonstrated remarkable resilience and creativity in addressing the myriad needs of affected children (Foster, 2013).

Love for the child

All of the participants felt that their love and affection for the child was seen as an important aspect motivating them to adopt the child. The participants felt that the children needed to know that they are loved even if they are affected by and infected with HIV/AIDS. This is supported by Dawes (2004), who states that a primary motivation for adopting can be the love that a caregiver has, and is willing and able to give to a child love

unconditionally, for a lifetime. Participant 4 commented as follows: *I always sit with the child at home, and I feel that I could have had more unconditional love for the child if my circumstances were better.*

Being motivated to adopt by love is not merely a sentiment or a feeling, but rather a true commitment of the heart, soul, mind and body (Quinton & Selwyn, 2009:1120). Love like this is not just an emotion or a feeling; it can be described as genuine dedication of one's heart, soul, mind and body. Participant 3 commented the following: *Love for the child helps me to grow and I know I can help them the right way. With this foundation, parents can then begin to empower their children, help them to heal and allow them to fully experience the blessings of a forever family.* The collage below shows how the caregivers are motivated to provide the children with love, care and family, because the collage contains pictures of families caring for each other and showing provision for clothes and food.



Figure 1.

Spirituality and religion

The findings indicate that the participants were motivated by religion to care for the child.

The following participant states; Participant 4: *I believe in God and I will do anything every morning and in the morning they pray and in the afternoon and for my family because no one in the family can take care of them.*

The participants remain motivated to care for the children through their religious and spiritual practice and beliefs. The caregivers stated that they have experienced many emotions, especially when the child was sick, but religion and spirituality motivated them to keep caring for the child. This is evident in the following statements: Participant 1: *I was hurt when I had to look after the child alone. I am a strong woman because of praying and because I get support from the Holy Spirit;* Participant 2: *I feel good about life and myself when I pray and it makes me feel good.* Attwell (2004) confirms this, in stating that spirituality and religion can be seen as very personal behaviours or experiences that take us out of ourselves and connect us with a higher consciousness that is not bound by our world or our time.

Support of caregivers

Knowledge about HIV/AIDS

This study indicated that the participants found it very helpful to gain knowledge about HIV/AIDS. Poudal, Nakahara, Poudal-Tandukal and Jimba (2007) confirm that information about HIV/AIDS can help caregivers to be aware of HIV prevention and to participate in HIV prevention programmes. They then also learn how to deal with an infected child. The participants reported that they received a great deal of support at the hospital. One participant commented that *there was a sister who had a group session with us and she taught us how to take care of the child with HIV/AIDS and what to do when the child is*

coughing or when she is bleeding. Through understanding of the nature of HIV/AIDS and how to help a child who is affected by HIV/AIDS, the caregivers felt in control and motivated to look after such children. Participant 3 commented: *I took it fine because the sisters at the clinic supported me and taught me how to take care of a child with HIV/AIDS.* Various sources (Bronfenbrenner, 1994; Poudal, et al., 2007) confirm that increased knowledge about HIV/AIDS not only empowers caregivers, but also gives them more confidence and helps them to feel more in control. Some of the participants indicated that information they received on HIV/AIDS helped them emotionally, and improved their self-esteem. Participant 2 commented that *(S)he learned a lot about HIV and how to stay motivated and take care of the child.* Williamson and Foster (2000) confirm that, in many AIDS-affected communities, the mechanism that keeps families and households from destitution is comprised of emotional support and knowledge about HIV/AIDS.

Receiving counselling

The findings show that the caregivers were informed about HIV/AIDS through the hospital. With every appointment, the nurses would talk to the participants and offer informal counselling, while providing them with knowledge on HIV/AIDS. The organiser from the community organization shared her point of view regarding the hospital. One participant commented that *the hospital/clinic really goes out of their way to help the caregivers and to teach them about HIV/AIDS, and this motivates the caregivers because they are in control.* Sefotho (2009) confirms that caregivers who are looking after an HIV/AIDS-affected and -infected child need counselling and medical support regarding HIV/AIDS.

THEME 2: CHALLENGES OF CAREGIVERS

Although the caregivers were all motivated to adopt the children affected by and infected with HIV/AIDS, they also experienced challenges in the form of lack of support from family members and lack of financial support.

Lack of Support

With regard to family members, some of the participants were concerned that their family did not provide the support they expected of them. This study confirms that there were reasons for their concern. Participant 2, for example, found it very difficult to stay motivated due to a lack of family support. She said: *I didn't have any family that could help me.* Participant 3 stated that *(T)here is conflict between the families and they don't want to take care of the child, so I decided to take care of the child.*

The general opinion of the participants in this study was that the absence of extended family support contributed to problems such as financial difficulties. The caregivers commented on the financial challenges they have encountered: Participant 3 stated: *I don't have other people to help them to get money and to get enough food for the children.* Participant 4: *I try to get a job in order to provide for the children and buy them clothes.* Participant 1: *After I got a job; that is why I started to help them to go to school and buy those shoes; I didn't have any family that could help me.* Participant 4: *The child staying with me and doesn't help me like sometimes when I need electricity she does not buy electricity.* Participant 2: *It is a problem at home because I am the only one doing piece jobs to look after the children, if I didn't get those jobs they would starve.* Bronfenbrenner (1994) confirms that financial support not only influences all aspects of the child's development, but that it is also necessary to enable caregivers to care for the child's needs.

DISCUSSION

The findings revealed that most of the caregivers are motivated by their need to take responsibility for the child, as well as their love for the child; the ability to provide care for the child and fulfil his or her needs. These needs include shelter, food, clothes and education, as well as love. The findings also showed that caregivers are motivated by spirituality and religion. This is supported by Bhatt (2004), who maintains that religion serves to support the emotions of the caregivers in times of suffering and disappointment. Praying, hoping and believing can help the caregivers to stay motivated and to see the positive aspects of their current situation in life.

Knowledge about HIV/AIDS also motivated the caregivers. The caregivers participated in HIV prevention programmes, in order to create awareness of HIV prevention, and to learn how to deal with an HIV/AIDS-infected child. Gaining a better understanding of the real nature of HIV/AIDS and how to help an HIV/AIDS-affected child gave the caregivers more confidence, and helped them to remain motivated to look after the child. The caregivers not only received information from the hospital; they also received some form of counselling that helped them to stay motivated. At the same time, counselling enhanced their self-esteem and feelings of empowerment. The microsystem is seen as the closest relationship the caregivers had with other caregivers and with children and their surrounding environment. It is within the microsystem that the caregiver in crisis experiences the most direct social interactions and communications with others like parents, siblings, friends, co-workers, peers, teachers, neighbours, church groups, and fraternal organization as presented in this study. The mesosystem was reflected in the way the caregivers had communication networks, which allowed them, as individuals and as a group, within ecological system to exchange information on taking responsibility of caring

for children affected and infected with HIV/AIDS. Sharing their own experiences encouraged and kept them motivated to continue taking care of the children. The communication network within the system also enhanced the good relationship between the caregivers and the children they have adopted.

Although the study focused on the motivations for adopting an HIV/AIDS-affected and -infected child, the challenges that faced the participants because of lack of support need also to be considered. The caregivers knowledge of their motivations and experiences and its impact on the child's coping ability, curiosities, fears and anxieties may lead to their feeling torn between what they believe to be best for the child, and what is best for them as caregivers. The caregivers found the lack of support from relatives and friends discouraging. Furthermore, lack of financial support also made life more difficult for some of the participants. A bonus point, however, was the good interactional relationship between the caregivers and health services, which enabled them to stay motivated.

RECOMMENDATIONS

It is recommended that organisations should continue to provide a support system to caregivers in the communities, to help them keep up their motivation to adopt HIV/AIDS-affected and -infected children. Intervention programmes that encourage and promote good support from family and other community members are recommended. Further research on caregiver's motivation for adopting an HIV/AIDS-affected and -infected child in South Africa is necessary. The studies can help to promote adoption and make South Africans aware of both the motivations and the challenges associated with adopting a child affected by and infected with HIV/AIDS.

LIMITATION

The study was limited by the small size of the population from which data was gathered. Partly, as a result of the population size, limited caregivers were able to participate. As no male caregivers who had adopted an HIV/AIDS-affected and-infected child were available, the study cannot reflect the motivations of the male section of the population in question.

SUMMARY

Research was conducted on caregivers who adopted children affected by and –infected by HIV/AIDS. The focus group and in-depth interviews provided the participants the opportunity to express their motivations. Caregivers who adopted an HIV/AIDS-affected and -infected child were motivated by the support they could give children, in providing care and fulfilling their needs. Despite the adversities facing the caregivers, such as poverty, they were motivated to adopt because they felt responsible for the child affected by HIV/AIDS. The support they received as caregivers in terms of spirituality and religion; and knowledge of HIV/AIDS and counselling, also enabled them to remain motivated. However, these caregivers experienced challenges, such as lack of physical and emotional support from family members, as well as lack of financial support. Therefore, interventions to educate people in communities on the importance of supporting children affected and infected by HIV/AIDS are recommended, thus possibly motivating more people to adopt HIV/AIDS-affected and -infected children.

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SECTION C

CRITICAL REFLECTIONS AND CONTRIBUTIONS

1. CRITICAL REFLECTIONS

This study focused on caregivers' motivation for adopting an HIV/AIDS-affected and -infected child. Previous research on caregivers focused on the impact of adoption on all concerned and their various relationships: the relationship between caregivers and children and between caregivers and family. The emotional, physical and material effects of adoption were also discussed (Atwell, 2004; Carnes-Holt, 2010; Kozakowski, 2006). While there have been a variety of studies on adoption of children affected by and infected with HIV/AIDS, there is little research in South Africa on caregivers' motivation for adopting these children. The aim of this study was therefore, to explore the motivation of caregivers who adopt HIV/AIDS-affected and -infected children.

Qualitative descriptive design was used to gain insight into the experience of caregivers and the motivation the caregivers described. The research was conducted through focus group and in-depth interviews. The caregivers found it very rewarding to communicate and share their perspectives and motivations on adopting an HIV/AIDS-affected and -infected child, and to share their true thoughts and feelings.

Caregivers were motivated by being able to provide care and meeting the needs of the child. Firstly, the caregivers described their motivations as providing care for, and fulfilling the needs of the child. That consisted of shelter, food, clothes and education for the child, as well as love shared with the child. Secondly, they described spirituality and religion and thirdly, knowledge about HIV/AIDS and counselling, which enabled them to remain motivated.

The findings of the study further described the challenges caregivers faced when adopting HIV/AIDS-affected and -infected children. The caregivers explained that they did not receive the familial support they needed. Some participants found it difficult to take care of the children, due to lack of finance. The caregivers who adopted children affected by and infected with HIV/AIDS play a vital role in the children's lives, but the researcher needed to understand the caregivers' motivations.

With the ecological system theory (Bronfenbrenner, 1994:36) as theoretical background, the researcher was then able to understand the caregivers' motivations for adopting an HIV/AIDS-affected and -infected child, as well as the challenges they face. In this study, the microsystem represents a personal involvement between the caregivers, based on their shared concerns and interests. In addition, the microsystem also constitutes that area where the caregivers live with the children they adopted and with their surrounding environment. The mesosystem encompasses the interactions between two microsystems. In the mesosystem, the caregivers are continuously involved with others, either at home or with people living in that neighbourhood, or with friends, and with nurses at the hospital. This relationship, between the caregivers and the nurses at hospital, helped them to acquire knowledge about the child's needs and taught them in a practical way to care for the child. The researcher recommends that the organisation helps the caregivers establish close relationships with other caregivers, and with family members. The organisation can guide and council the caregivers on how to form healthy relationships, and to contact others who can give them the help they cannot do without.

2. CONTRIBUTIONS OF THE STUDY

This study contributed to the literature on caregivers who adopt an HIV/AIDS-affected and -infected child, as little research has been conducted in this area, particularly within the South African context. Moreover, not only could the research contribute to a better understanding of adoption; it could also support caregivers who need encouragement to remain motivated. Organizations that help poor communities and caregivers who have adopted HIV/AIDS-affected and -infected children may also benefit from the research.

REFERENCE LIST

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Kozakowski, S.S. 2006. The impact of early caregiving experiences and current caregiving influences on self-regulation skills in adopted pre-schoolers. Delaware, Newark, USA: University of Delaware. (Dissertation - PhD).

SECTION D

APPENDICES

ADDENDUM A

CONSENT FORM FOR RESEARCH

TITLE OF RESEARCH PROJECT:

Caregivers' motivation for adopting a child affected by and infected with HIV and/or AIDS.

NAME OF PRINCIPAL RESEARCHER: Desiree Nieuwoudt

DEPARTMENT: North-West University: Centre for Child, Youth and Family Studies,
Potchefstroom

Telephone: 021 864 3593

Researcher's details:

- Email: desireenieuwoudt7@gmail.com
- Telephone: 0828284835

1. What is this study about?

This is a research project conducted by Desiree Nieuwoudt through the Centre for Child, Youth and Family Studies, Wellington and North-West University. I am inviting you to participate in this research project because you are a caregiver of an adopted child who is affected by and infected with HIV/AIDS.

The purpose of this research project is to explore the motivation of caregivers who have adopted a child affected by and infected with HIV/AIDS. Adoption is defined as a process whereby a person assumes the parenting for another and, in so doing, permanently transfers all rights and responsibilities, along with filiations, from the original parent or caregivers. The aim of the study is to understand the motivations of caregivers who have adopted children who have been affected by and infected with HIV/AIDS.

2. What will I be asked to do if I agree to participate?

You will be asked to:

1. Participate in an interview, where I will ask the participants a few questions.

This will take about 60 minutes.

2. Provide the researcher with reasonable access to your details, in order to allow the researcher to identify the following participants for the study:
 - Caregivers who live in the Rustenburg area in the North-West Province
 - Caregivers who are able to speak Afrikaans and English
 - Caregivers who have adopted a child affected by and infected with HIV/AIDS.
3. Participate in an interview in which you will be asked to share your motivation for adopting a child affected by and infected with HIV/AIDS. This can take place at a venue where you feel comfortable. This can either be in a private space in your office, at your own home, at a time that is convenient for you, or in a private venue outside your home/office, should you prefer this.

This interview can last up to 60 minutes, depending on the number of caregivers identified. Only one or two meetings are necessary.

3. Invitation to participate

You are invited to participate in this research study because you were identified as a caregiver who has adopted a child affected by and infected with HIV/AIDS in Rustenburg, and who complies with the set criteria.

4. Purpose of the research project

The purpose of this research project is to explore the experiences of caregivers who have adopted a child affected by and infected with HIV/AIDS. Adoption is defined as a process whereby a person assumes the parenting for another, and, in so doing, permanently transfers all rights and responsibilities, along with filiations, from the original parent or caregivers. The aim of the study is to understand the motivations of caregivers who have adopted children who have been affected by and infected with HIV/AIDS.

4. Possible risks

There may be some risks associated with participating in this research study. You may talk about motivations that may be emotionally uncomfortable. The interview will have no more risk or harm than you would experience in everyday life. You can stop at any time during the study and still keep the benefits and rights you had before volunteering. You will not lose any benefits or rights you would normally have if you choose not to participate.

5. Focus group discussion and in-depth interviews

You will be asked to voluntarily participate in a focus group session and an in-depth interview, in which the researcher will ask you questions designed to assess your motivation to adopt a child affected by and infected with HIV/AIDS. Each interview will take one hour. The focus group and in-depth interviews will be recorded. These recordings will be kept in a safe place, for a period of four years, and will only be viewed by the researcher. The recordings will not be made public.

6. Costs of participation

There are no costs associated with taking part in the study. Interviews will be held at the community in Rustenburg, to exclude additional travelling.

7. Benefits and compensation

There is no guarantee that you will benefit directly from the study. You will not receive any compensation for participating in this study.

8. Confidentiality

I will keep your personal information confidential. To help protect your confidentiality, you will remain anonymous and what you share will be kept confidential. The data will be kept in locked cabinets, and the digital data will be kept in files and documents that are password protected. Only the researcher and the supervisor of the researcher with the Centre for Child, Youth and Family Studies will have access to the data. When the study is compiled into written format, the writing will be about the combined information that has

been gathered; not about individual participants or children. The results of this study may be published.

9. Benefits

The benefits to you include having the opportunity to share your professional experiences and to be listened to. You will also be able to take part in the research that will hopefully benefit the motivation for adopting a child affected by and infected with HIV/AIDS.

We hope that, in future, this information may provide knowledge and improve our understanding of the motivation to adopt a child affected by and infected with HIV/AIDS. The research project will contribute to the field of adoption in South Africa and hopefully promote adoption.

10. Feedback

You hereby give consent that the feedback on the research may be provided via email or a face-to-face meeting.

11. Disclaimer/Withdrawal

If you decide to take part in the study, you have the right to decide at any time that you no longer want to continue. You agree that your participation in this study is voluntary and that you understand that you are allowed to withdraw at any time.

12. Subject rights

Desiree Nieuwoudt, through the Centre for Child, Youth and Family Studies, Wellington and North-West University, is conducting this research. If you have any questions about the research study itself or your participation as caregiver, please contact Desiree Nieuwoudt on 082 828 4835 (cell) or at desireenieuwoudt7@gmail.com.

13. Conclusion

By signing this document, you are indicating that you have read and understood the consent form and that you agree to participate in this research study.

Participant's signature

Date

Researcher's signature

Date

ADDENDUM B

TECHNICAL GUIDELINES FOR JOURNAL

Journal submission guidelines

The South African Journal of Psychology

Manuscript submission: Manuscript should be submitted in English to a high grammatical standard. Inquiries regarding journal policy, special issues and other queries should be made to the Editor at sajp@psyssa.com. Full papers are generally restricted to a maximum of 5,000 words, including all elements (title page, abstract, notes, references, tables, biographical statement, etc.)

Manuscript style: The Publication Manual of the South African Journal of Psychology should be used as the SAGE house style guide for the preparation of manuscripts. It is policy of the journal to use the format for the text and tables of your manuscript in Word DOC. The South African Journal of Psychology adheres to the APA reference style. Only electronic files conforming to the journal's guidelines will be accepted. The text should be double-spaced throughout and with a minimum of 3cm for left and right hand margins and 5cm at head and foot. Text should be standard 12 point. Full contact details are important for the corresponding author, including email, mailing address and telephone numbers. Academic affiliations are required for all co-authors. These details should be presented separately from the main text of the article to facilitate anonymous peer review.

Additional general style information regarding submissions is as follows:

- All manuscripts should be typewritten and double-spaced using 12-point font.
- Authors should identify how informed consent was obtained.
- An abstract of up to 200 words should be included along with up to 6 keywords listed directly below the abstract.
- Tables should be numbered consecutively and referred to by number in the text.
- Each table should be typed on a separate page and have a descriptive title at the top.

- Figures or illustrations (photographs, drawings, diagrams and charts) should be numbered consecutively and referred to by number in the text.
- Each figure should be submitted on a separate page and have a caption below the figure.
- Use the appropriate superscript numerals for citations in the text.

Article types

The **South African Journal of Psychology** considers the following pieces for publication:

1. Articles, which may focus on South African, African or international issues;
2. Short reports, which can cover any aspect of theory or practice in psychology. We encourage manuscripts that either showcase preliminary findings of research in progress or focus on larger studies.
3. Full papers are generally restricted to a maximum of 5,000 words, including all elements (title page, abstract, notes, references, tables, biographical statement, etc.). We are reluctant to burden our referees with overly long manuscripts. Authors who suspect that their articles will have to be tapered should make the required deletions before submitting. All papers should be written in English and of a high grammatical standard. Manuscripts will be returned for professional language editing before the review process in the event that either of these criteria is not met.
4. Where a journal displays article types, these should appear on the first page of each article, left aligned above the horizontal rule, and in italics.
5. General technical or research papers should be classified as *Original Article* (with uppercase initial caps) for STM and *Article* for HSS. (Check with the PE, as there is some variation between journals.)
6. Other usual paper types are as follows: *Review Article*, *Case Study*, *Technical Note*, *Case Report*. Individual journals may also have other paper types, as agreed with the

Editor. Where no particular convention has been agreed, *Original Article* should be followed for STM, and *Article* for HSS.

Author names, affiliations and corresponding address

1. Authors

List authors in the order that they appear on the manuscript. Authors' first names should be in full, middle names should be initials *without* full stops (e.g. Simon PS Sharma) and no spaces between multiple initials. No series comma before the „and“ before the final author name.

2. Affiliations

Affiliations should contain only the following: department *or* faculty, institution, country. Some HSS journals may have institution and country only. Do not include titles, positions, qualifications, street names, or postcodes/zip codes. Affiliations should *not* end in a full stop. STM: author names should be annotated with superscripted numbers (CE: do not use automated endnotes against names and affiliations). If all authors are at the same affiliation no superscript numerals are required. Affiliations appear separately with the corresponding address at the bottom of the right column.

Compliance with APA ethical guidelines

Authors are required to state in their submission cover letter that they have complied with APA ethical principles in their treatment of individuals participating in the research, program, or policy described in the manuscript. They should also note that the research has been approved by their organizational unit responsible for the protection of human participants. Copies of the APA Ethical Principles can be obtained from:

<http://www.apa.org>.

Online First publication

A large number of journals benefit from Online First, a feature offered through SAGE's electronic journal platform, SAGE Journals. It allows final revision articles (completed articles in queue for assignment to an upcoming issue) to be hosted online prior to their inclusion in a final print and online journal issue which significantly reduces the lead time between submission and publication. For more information, please visit our [Online First Fact Sheet](#)

ADDENDUM C

THEMATIC ANALYSIS

12 September 2013

The data from the interviews with all the participants together with the reflective group discussion was read and re-read until patterns and categories emerged. The categories were expanded, and themes and sub-themes formed.

Themes emerging from the data obtained from the discussions and interviews with the participants.

EMERGENT CATEGORIES

True understanding of the motivation to adopt an HIV/AIDS-affected and -infected child.

DATA

“I live in and I had four children but three passed away and my husband passed away.” “I have six orphan children.” “I was doing handwork, doing mats so I could get money to support the children.” “I started to get disability grant and one child who is getting foster care grant.” “I am staying in a brick and precast house and when it rains, it is a disaster.”
(1)

“I am living at, I live in a plank house and it’s falling apart.” “I live there with seven grandchildren and only get support grant of two hundred and ninety rand a month for one child.” “Their mother died in 2003, she left two children.” “My eldest daughter is twenty one and has two children.” “The other one is ten and is still in school. My husband passed away in 2007.” “That’s where I started to suffer since 2007.” “To have food is very difficult and when she has to pay school fees.” “I have to pay school funds and then they battle to get food.” (2)

“I stay at Extension 4, I’ve got seven biological children and one passed away.” “I’ve got three grandchildren and I am not working.” “I live in a shack home and when it rains it is

a problem, because water gets inside.” “I have been looking after O since he was two months old, the mother dumped him at this place and never came back.” “I helped O grow up and he is now six years old.” “His mother has not been seen anywhere.” “The family never gave me support for the child.” (3)

“My first daughter was born in 1977, she got pregnant when she was grown up and after she gave birth she got a problem with her breasts and they said it was breast cancer and when she was not getting well. She went to the clinic where they found out she was HIV positive.” (4)

DISCUSSION

There is a true understanding of their current life situations. The caregivers were only able to give answers regarding their own lives, due to the need to talk to someone about it. The caregiver participants all originate from a poor economic community in Rustenburg, North-West Province.

EMERGENT CATEGORIES

Care and needs of child

DATA

“The child I am looking after; whose mother left her has needs for clothes, education and love.” “I would also like to provide the child with better food.” (2)

“I am dreaming to see the child finish school and being grown up.” “And I always sit with the child at home, and I feel that I could have had more unconditional love for the child if my circumstances were better.” (1)

“Love for the child helps me to grow and I know I can help them the right way.” (1)

DISCUSSION

The children's needs, knowledge about HIV/AIDS, family support, emotional support and religion are recognised as themes that contribute to the motivation to adopt an HIV/AIDS-affected and -infected child.

EMERGENT CATEGORIES

Knowledge about HIV/AIDS

DATA

"I didn't understand the HIV by then and I used my hands when my child was bleeding and going on helping her and the sisters of the clinic told me to come and test because I was taking care of her daughter and I refused to go for the test because I didn't have a husband and how could I get Aids." (1)

"I took it fine because the sisters at the clinic supported me and taught me how to take care of a child with HIV/AIDS." (3)

"There was another sister who had a group session with us and she taught us how to take care of the child with HIV/AIDS and what to do when the child is coughing or when she is bleeding." (4)

EMERGENT CATEGORIES

Care and needs of child

DATA

"I believe in God and I will do anything every morning and in the morning they pray and in the afternoon and for my family because no one in the family can take care of them." (1)

“I decided I have to take care of my grandchild, and my husband said that he doesn’t want to take care of the grandchildren.” (4)

“The lady explained that there is conflict between the families and they don’t want to take care of the child, so I decided to take care of the child.” (3)

DISCUSSION

The findings show that the lack of family support and the mixed emotions felt by the caregivers and their needs, as well as their religion, motivated them to go on caring for the HIV/AIDS-impacted children.

EMERGENT CATEGORIES

Praying

DATA

“I was hurt when I had to look after the child alone. I am a strong woman because of praying and because I get support from the Holy Spirit.” (4)

“I feel good about life and myself when I pray and it makes me feel good when I get paid and I can cook fresh food for the children.” (3)

“Shows that she was sad when her house burned down and I could not give my children a home.” (2)

“It makes me sad when I get home and the flower is dead. I know that my children were in a fight and that they didn’t behave. It makes me not want to look after them.” (1)

DISCUSSION

None of the caregivers is in contact with the adopted children’s parents. Taking the challenges associated with looking after a child affected by HIV/AIDS into account, the results show that the overarching factors that contribute to the motivation to adopt such a

child, include need fulfilment, knowledge about HIV/AIDS, family support, emotional support and religion.

EMERGENT CATEGORIES

Religion

DATA

“I believe in God and I'll do anything every morning and in the morning they pray and in the afternoon and by the family because no one in the family can take care of them.” (4)

“You must just ask God to be with you with everything you do for that child. You must pray and ask God to give him a life to grow or to take him. Everything is possible in God's name. God created.” (3)

EMERGENT CATEGORIES

Counselling

DATA

“She didn't have signs at first that is why she took care of the child and she loved her very much that is why she took the child for so long.” (4)

“She learnt very much at the clinics and when she saw other children and she told herself to appreciate and take care of her child because there was no one to take care of the child.” (1)

DISCUSSION

The main themes emerging from the data reflect that the caregivers experience positive and negative motivations to adopt a child affected by and infected with HIV/AIDS.

EMERGENT CATEGORIES

Challenges

DATA

“It is different to take care of a child with HIV, when she wants to tell people about a child to adopt a child with HIV, she would just tell them the child you help is different because the one who is HIV positive their behaviour is going to change now and then because of the sickness, today the child is OK and tomorrow the child is sick.” (4)

“It is a problem at home because she is the only one doing piece jobs to look after those children and if she didn’t get those grants or do piece jobs they would starve.” (2)

DISCUSSION

The factors contributing to this can be attributed to the poor circumstances in which they live, together with the challenges they face on a daily basis.

EMERGENT CATEGORIES

Lack of financial support

DATA

“I live there with seven grandchildren and only get support grant of two hundred and ninety rand a month for one child.” “That is my only income.” (2)

“I was doing handwork, doing mats so I could get money to support the children.” “I started to get disability grant and one child who is getting foster care grant.” (1)

ADDENDUM D

TRANSCRIPTIONS OF FOCUS GROUP DISCUSSION

Transcription of one participant

The following indicates some of the discussions during the focus group.

Researcher: I want to thank you very much for participating in my research and for possibly making a difference in adoption. My focus for this research is: Caregivers' motivation for adopting a child who has AIDS or is affected by it. What I am expecting of you in this focus group, is that we share our thoughts and what we think about the questions being asked.

Summary of the different aspects discussed during the focus group:

- What the study is about
- What will be expected of the participants in focus group
- Purpose of research
- Possible risks
- Cost of participation
- Benefits of the study
- Confidentiality
- Benefits
- Feedback
- Withdrawal
- Subject right
- Counselling possibility

Researcher: Have anyone of you ever had the opportunity to create a collage? A collage is where we use different pictures to express a memory, emotion or experience. I would like you to make a collage as a group but each one of you makes your own collage. The collage is there to show me what your motivation is whether it is a motivation or challenge, it doesn't matter.

Magazines are available for you to look through and choose pictures that will help you to express what motivated you to adopt the child. I brought papers and scissors and pictures, everything you will need for the project.

Researcher: The participant provided a brief background on their life in order to gain a better understanding of the participant's interpretations of their motivation for adopting a child.

Participant: I am living in a community in Rustenburg. I live in a plank house and it is falling apart. I live there with seven children. That is my only income. Their mother died in 2003, she left two children. My eldest daughter is twenty-one and has two children. The other one is ten and is still in school. That is the child she gets the two ninety for. I don't get any grants for other children, so there is no income. My husband passed away in 2007. That's where I started to suffer since 2007. To have food is very difficult and when I have to pay school fees it's a problem because I only get the two ninety. I have to pay school funds and then I battle to get food. When the child has to go on school trips I can't go because there are no funds.

Researcher: The collage is about feelings, because sometimes it is difficult to tell someone how you feel but it is easier to show them on paper. These papers will also come into the book. There are magazines and then there are scissors, glue and colour pens. And you can write words and I don't want you to draw, only use the magazines. So you can take their time and if everyone is finished I will ask them questions, only two or three and they don't have to rush and they don't have to feel that we will be here all day.

- **30 minutes used for participants to make collage**

Researcher: Each of you will be given an opportunity to talk about your collage and share your feelings and thoughts about your motivation for adopting the child.

Participants: This picture of Dr. Phil is how I felt after the house burnt. I picture the child with my husband. My eldest daughter who passed away, the child I am looking after. This stuff is what the mother was looking for she needed them so I had to buy those for the daughter. Now I am elderly, I still like to buy those things. The father and I and the

children. When my husband was alive it was nice to stay with all the children and still today it is nice to play with them.



Does it make a difference to you if the child has Aids or not?

When I am looking at these pictures I am dreaming that this child will grow up and finish school. The child must go to school and look like other kids who have finished school. In the other picture I picture myself sitting at home alone with him. I feel like I could give more unconditional love to the child than I have given now because the child is suffering a lot.

Researcher: So if I understand correctly it is because of the suffering, lack of money and living conditions her love is not the same as it would have been if there was everything.

Participant: Yes, I like praying a lot that the child can change and grow up even if the child is suffering I am praying for a good.

Researcher: So what is her motivation for adopting the child?

To keep the child, it was the sadness when the mother dumped the child at my place and the family didn't want to help me and they chased anyone that wanted to help away and they left the child with me and the child is now mine. The way they dropped the child, it seems the family was thinking that the child would die on their hands but because of the glory of God the child didn't.

Researcher: Are there any challenges that make it difficult to stay motivated to keep the child; is there anything that is affecting you?

Participant: The challenge is when the child becomes sick, to take him to the clinic or doctor and there is no one in family to help and support her that makes it difficult.

ADDENDUM E

TRANSCRIPTION OF INTERVIEW

Transcription of one participant

Summary of the different aspects discussed during the focus group:

- What the study is about
- What will be expected of the participants in focus group
- Purpose of research
- Possible risks
- Cost of participation
- Benefits of the study
- Confidentiality
- Benefits
- Feedback
- Withdrawal
- Subject right
- Counselling possibility

Researcher: How did you feel after the group discussion on Monday?

Participant: I was feeling well and stress free since I were here.

Researcher: I'm glad I could make such a difference. Again, I want to explain that the group session we had was a holistic view of everybody's motivation and also the visual view of everybody's motivation but we are going much deeper now and I am maybe going to ask questions that's deeper into your life.

Researcher: I want you to tell me about your family?

Participant: My husband stayed with me a long time but when he left I was left with two children and then he came back again. We stayed together and got another child, a boy. We stayed together for a long time. Our life was simple and straight. When the children

grew up they had their own children. So I decided I have to take care of the grandchildren. Because my husband says he doesn't want to help me with the children he doesn't know the children they are infected with HIV/AIDS. My son was disabled he used his hands and feet to eat. When he grew up he changed and was normal. The others grew up and had more children. My daughter was married and she came back home. We all stayed together at the same place. When the children grew up and I was seeing the children grew up. The grandfather became sick. He got cancer. He passed away after four months. I helped the children to grow. I was making flowers and mats with plastics and I started to do some blankets and I was doing patchwork and they used the patch blankets because there was no money for blankets. After that, I got a job. That's why I started to help the children to go to school and buy them shoes. I didn't have any family that could help me. Where I was working, they gave me money so that I could start making a place for the children. They bought precast walls so they could start building a house. It was difficult to help them grow but now they are grown-ups and have their own children. I thought when they grew up they would finish school and get jobs but they didn't do that and are now at home with their own babies. I am trying my best to help my grandchildren and their children.

Researcher: Which child has Aids or was affected by Aids?

Participant: I looked after my sister's child.

Researcher: How did the child end up with you?

Participant: I took the child because there was no care at my sister's place and there was no other family to help my sister to help the child so I took the child and took care of her.

Researcher: How did it make her feel when she found out the child was HIV positive?

Participant: I took the child because the other children didn't want to live with me and was scared that the child would infect them with HIV.

Researcher: How did it make you feel?

Participant: She was hurt when I took the child because of the situation but after a while she was OK with me to take care of the child. I was getting used to it. My own children didn't care, they accepted the child as their own sister, and they were equally to take care of her. There was another sister who had a group session with them. I taught them how to take care of the child with HIV and what to do when she's coughing or when she's bleeding. I taught them not to take long when she's bleeding. The blood gets all over and cleaning the environment. When they cut her legs they must use a tissue and cleaning agents to protect them from the sickness.

Researcher: OK, but what motivated her to keep the child?

Participant: Because I was suffering and the mother didn't look after her that is what motivated me. It was from my heart to take care of her. By praying and gathering every morning and every evening, they were holding hands and asking God to help me help the child to grow. At the clinic, they were giving us food parcels to help the child to grow.

Researcher: Do you feel like a strong person or has this whole experience made you stronger?

Participant: I am a strong woman because of praying and because of the grandchildren staying with me and the support of the grandchildren and from the Holy Spirit.

Researcher: Do you think if you had no knowledge of Aids ever it would have changed your motivation to take the child in because we were all made aware of Aids so we know about it but if we never knew, would it be different or would you still have taken the child?

Participant: If I didn't know about HIV I would have taken the child to the clinic to other persons that understand about the sickness and they could help me.

Researcher: How has the child who had Aids changed your life and your perspective on life?

Participant: It motivated me a lot because when I see another child with HIV I can help the child because I have learned more about the child living with HIV.