

**EFFECTS OF SIBLING PARENTING ON ORPHANED AND  
VULNERABLE CHILDREN IN THE ROLE OF PARENTS**

by

**Netisha Ramjatan**

Submitted in accordance with the requirements for the degree of

**MASTER OF EDUCATION WITH SPECIALISATION IN GUIDANCE  
AND COUNSELLING**

at the

University of South Africa

Supervisor: Professor Kesh Mohangi

August 2015

# DECLARATION

STUDENT NUMBER: 32528663

I, Netisha Ramjatan, declare that **EFFECTS OF SIBLING PARENTING ON ORPHANED AND VULNERABLE CHILDREN IN THE ROLE OF PARENTS** is my own work and that all the sources that I have incorporated in my study and all the quotes that I have used have been indicated and acknowledged by means of a comprehensive reference.

SIGNATURE

N. Ramjatan

DATE

11/08/2015

## DEDICATION

**This Dissertation is dedicated to true friends...**

***Shamin Ramsudh & Serlina Amy Kistan***

**Thank you for your love, patience and understanding.**

## ACKNOWLEDGEMENTS

The following people have made a great impact on my life as I embarked on this journey. I wish to thank you all for your support, encouragement, guidance and your valuable contribution to my life.

*First and foremost to my Creator for giving me the wisdom, knowledge and understanding as I undertook this research study and for His hands of protection upon me.*

*To my supervisor, Prof Kesh Mohangi, thank you for your invaluable support throughout this journey. Thank you for removing the pebbles that obstructed my path and planting the seed of knowledge. You have been my inspiration and your kind words and motivation were like a strong bridge that helped me cross the sea of uncertainty. May the Almighty richly bless you and protect you always.*

*To my participants, thank you for making this research possible.*

*A special thank you to my husband Kavi Ramjatan for being there for me and always supporting me in all my endeavours as well as for his unconditional love and sacrifice.*

*To my mother, Pastor Shreetha Rathan thanks for inspiring and motivating me throughout my career. Your prayer, wise words and encouragement helped me to get through the difficult times.*

*To Jayce Khadua, I can never express how grateful I am to you for all the sacrifices that you have made for me. Thank you for your support and motivation and not forgetting your patience.*

*Lastly, to my son Yudhistir K. Ramjatan, thank you for the sacrifices that you made to help me reach my destination. Without your help none of this would have been possible. You have been my pillar of strength and my strong fortress; you are the reason for all my accomplishments. May you always be surrounded by goodness and may the blessings of God follow you everyday of your life.*

## ABSTRACT

Children heading their households are not a new phenomenon in South Africa. Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) has been the number one cause behind the emergence of many child-headed households in sub-Saharan Africa.

This qualitative research inquiry was guided by an interpretivist epistemology. Bronfenbrenner's ecological theory was used as the theoretical framework that guided this study. A case study design was used with un-structured interviews being the primary method of data collection. Participatory task-based methods in the form of metaphors and story writing, informal observations, questionnaires and field notes augmented the data generation process. Purposive sampling procedures were used and two participants were chosen for this study. Thematic analysis of data generated the themes and sub-themes which provided insight into the lives of children in the role of parents.

Findings of this study reveal that orphaned and vulnerable children in the role of parents have the task of taking care of their siblings by providing food, washing their clothes, sending them to school and helping with their homework. They also have the added task of making decisions in the home and providing parental guidance to their younger siblings in the absence of their parents. Children in this study also experienced poverty and faced stigma and discrimination from relatives, peers, neighbours and members in the community.

### Key words

Sibling parents, child-headed households, orphaned, vulnerable, stigma, discrimination, HIV and AIDS

# TABLE OF CONTENTS

DECLARATION.....	ii
DEDICATION .....	iii
ACKNOWLEDGEMENTS .....	iv
ABSTRACT .....	v
TABLE OF CONTENTS .....	vi
LIST OF FIGURES.....	x
LIST OF TABLES.....	xi
LIST OF APPENDICES.....	xii
ACRONYMS .....	xiii
CHAPTER 1 : CONTEXTUALISING THE STUDY .....	1
1.1 INTRODUCTION .....	1
1.2 BACKGROUND TO THE STUDY .....	1
1.3 RATIONALE .....	2
1.4 CONTEXT OF THE LOCATION OF THE STUDY .....	3
1.5 THE PROBLEM STATEMENT .....	4
1.6 RESEARCH AIM, QUESTIONS AND OBJECTIVES.....	4
1.6.1 Primary research question .....	4
1.6.2 Secondary research questions.....	5
1.6.3 Research objectives.....	5
1.7 PRAGMATIC PERSPECTIVE .....	6
1.7.1 Methodological paradigm .....	6
1.7.2 Meta-theoretical paradigm .....	6
1.8 THE RESEARCH METHOD .....	7
1.8.1 Case study .....	7
1.8.2 Selection of participants .....	7
1.9 DATA GENERATION AND ANALYSIS .....	8
1.10 QUALITY CRITERIA.....	9
1.11 ETHICAL CONSIDERATIONS .....	10
1.12 CLARIFICATION OF CONCEPTS.....	11
1.13 OVERVIEW OF THE CHAPTERS.....	15
1.14 CONCLUSION.....	16
CHAPTER 2 : LITERATURE REVIEW.....	17

2.1 INTRODUCTION .....	17
2.2 OVERVIEW OF CHILD-HEADED HOUSEHOLDS IN SOUTH AFRICA .....	17
2.3 THE CHANGING ROLES OF CHILDREN AND ADOLESCENTS.....	18
2.3.1 Adopting the role of parents .....	19
2.3.2 Role Identity .....	20
2.3.3 Developmental changes of adolescents in child-headed households .....	21
2.3.4 Providing physical, emotional and financial support to sick parents and younger siblings .....	23
2.3.5 Decision Making.....	24
2.4 IMPACT ON THE CHILD'S EMOTIONAL WELL-BEING AND PSYCHOSOCIAL NEEDS .....	25
2.5 THE VULNERABILITY OF ORPHANED CHILDREN .....	30
2.6 EDUCATION.....	33
2.7 POVERTY AND GENDER INEQUALITIES .....	37
2.8 THE EFFECTS OF STIGMA AND DISCRIMINATION ON ORPHANED CHILDREN .....	39
2.9 THE THEORETICAL FRAMEWORK UNDERPINNING THIS STUDY .....	41
2.9.1 Understanding the study in the context of the ecological theory .....	43
2.10 CONCLUSION.....	45
CHAPTER 3 : RESEARCH DESIGN AND METHODOLOGY.....	46
3.1 INTRODUCTION .....	46
3.2 PURPOSE OF THE STUDY .....	47
3.3 PRAGMATIC ASSUMPTIONS .....	47
3.3.1 Meta-theoretical Paradigm: Interpretivism.....	47
3.3.2 Methodological Paradigm: Qualitative.....	48
3.4 RESEARCH METHODOLOGY.....	49
3.4.1 Research design: Case study .....	50
3.5 THE RESEARCH PROCESS .....	51
3.5.1 Data generation.....	52
3.5.2 Un-structured interviews .....	52
3.5.2.1 Incorporating participatory tasked-based methods .....	54
3.5.3 Informal observations.....	55
3.5.4 Questionnaire.....	56
3.5.5 Field notes.....	56

3.7 SAMPLING AND SELECTION OF PARTICIPANTS .....	58
3.8 ETHICAL CONSIDERATIONS .....	60
3.8.1 Risk of harm .....	60
3.8.2 Informed Consent.....	60
3.8.3 Violation of privacy, anonymity and confidentiality .....	61
3.9 METHODS TO ENSURE TRUSTWORTHINESS.....	62
3.10 REFLECTING ON MY ROLE AS A RESEARCHER.....	64
3.11 PILOT STUDY .....	64
3.12 CONCLUSION.....	65
CHAPTER 4 : PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS	66
4.1 INTRODUCTION .....	66
4.2 RESULTS OF THE THEMATIC CONTENT ANALYSIS .....	66
4.2.1 Theme 1: Day-to-day experience in real life contexts .....	68
4.2.1.1 Sub-theme 1.1: Care-giving roles and responsibilities.....	68
4.2.1.2 Sub-theme 1.2: Vulnerability.....	77
4.2.1.3 Sub-theme 1.3: Children living without adult supervision.....	84
4.2.2 Theme 2: psycho-social and emotional challenges.....	87
4.2.2.1 Sub-theme 2.1: Experiencing loss and death and the feeling of sadness .....	88
4.2.2.2 Sub-theme 2.2: The experience of loneliness and despair on the part of the sibling parent. ....	94
4.2.2.3 Sub-theme 2.3: Stigma and discrimination .....	98
4.2.3 Theme 3: Barriers to learning and education .....	102
4.2.3.1 Sub-theme 3.1: Educational problems.....	102
4.2.4 Theme 4: Future perspectives.....	107
4.3 CONCLUSION.....	111
CHAPTER 5 : CONCLUSIONS AND RECOMMENDATIONS .....	112
5.1 INTRODUCTION .....	112
5.2 OVERVIEW OF THE RESEARCH PROCESS .....	112
5.3 RE-VISITING THE THEORETICAL FRAMEWORK .....	113
5.4 ADDRESSING THE SECONDARY RESEARCH QUESTIONS .....	118
5.4.1 Secondary research question 1: What has been the major obstacle which the sibling parent had to overcome and how did he or she experience it? .....	118

5.4.2 Secondary research question 2: Describe the challenges that sibling parents face on a regular basis. What methods do they employ to deal with them? .....	120
5.4.3 Secondary research question 3: What strategies (if any) have the sibling parents implemented in coping with his or her schooling? .....	121
5.5 ADDRESSING THE PRIMARY RESEARCH QUESTION .....	122
5.6 SILENCES IN THE DATA.....	124
5.7 POTENTIAL CONTRIBUTIONS OF THE STUDY .....	125
5.8 POSSIBLE LIMITATIONS OF THE STUDY .....	127
5.9 RECOMMENDATIONS FOR PRACTICE, TRAINING AND FUTURE RESEARCH.....	127
5.9.1 Recommendations for practice.....	128
5.9.2 Recommendations for training .....	128
5.9.3 Recommendations for future research .....	129
5.10 CONCLUDING COMMENTS.....	129
REFERENCES.....	131
APPENDIXES .....	152

## LIST OF FIGURES

Figure 1.1: Overview of the chapters.....	15
Figure 2.1: Problems experienced by children and families affected by HIV and AIDS .....	31
Figure 2.2: Pathways to education risks.....	36
Figure 2.3: Bronfenbrenner’s Ecological Model.....	42
Figure 3.1: The research process .....	46
Figure 3.2: An illustration of the data generation activities .....	52
Figure 4.1: Lunga’s metaphor: A Lamborghini .....	73
Figure 4.2: Zama’s metaphor: A tree providing protection.....	80
Figure 5.1: Visual representation of findings .....	117

## LIST OF TABLES

Table 4.1: Themes, sub-themes and categories .....	66
Table 4.2: Inclusion and Exclusion criteria for Theme 1 .....	68
Table 4.3: Inclusion and Exclusion criteria for Theme 2.....	88
Table 4.4: Inclusion and Exclusion criteria for Theme 3.....	102
Table 4.5: Inclusion and Exclusion criteria for Theme 4.....	107

# LIST OF APPENDICES

Appendix A: Ethics Clearance Form.....

Appendix B: Permission from HOD-Department of KwaZulu-Natal.....

Appendix C: Informed Consent .....

Appendix D: Letter of Assent.....

Appendix E: Interview guide.....

Appendix F: Example of Metaphors.....

Appendix G: Example of Story writing.....

Appendix H: Observation sheet.....

Appendix I: Example of Questionnaire.....

Appendix J: Field notes.....

Appendix K: Example of Coded Transcripts.....

## ACRONYMS

HIV	<b>Human Immunodeficiency Virus</b>
AIDS	<b>Acquired Immune Deficiency Syndrome</b>
UNICEF	<b>United Nations International Children's Emergency Fund</b>
UNAIDS	<b>Joint United Nations Programme on HIV/AIDS</b>
SARPN	<b>Southern African Regional Poverty Network</b>
SADC	<b>South African Development Community</b>
PEPFAR	<b>President's Emergency Plan for AIDS Relief</b>
ILST	<b>Institutional Level Support Team</b>
NGO's	<b>Non-Governmental Organisations</b>

# **CHAPTER 1 : CONTEXTUALISING THE STUDY**

## **1.1 INTRODUCTION**

In this chapter I provide an overview of this research study. I introduce the background of the study and highlight the problem within its context. I then present the problem statement which is followed by the primary research question that guided the enquiry. I provide the research aims and objectives and introduce the research design which was qualitative. I conclude this chapter by demarcating the succeeding chapters.

## **1.2 BACKGROUND TO THE STUDY**

The Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) deprive many children of their right to grow up in a family environment and to develop to their fullest potential (United Nations International Children's Emergency Fund [UNICEF], 2006). There is a global concern that the number of children living without adult supervision in child-headed households is drastically increasing as a result of AIDS-related adult mortality in South Africa and other parts of Sub-Saharan Africa (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2010). Statistics from the UNAIDS report on the global AIDS epidemic 2014 revealed that globally 35 million people were living with HIV at the end of 2013 (UNAIDS, 2014).

In South Africa, the 2012 statistics revealed that there are 6,4 million people living with AIDS (UNAIDS, 2013). Despite the millions of Rands invested in programmes for HIV-affected children, many such children continue to face enormous economic, emotional and social challenges (UNICEF, 2013). Orphaned children represent one of the most calamitous and visible results of this disease (Kelly, 2000), placing them in exceedingly vulnerable situations and in desperate need of protection and support (van Dijk, 2008).

While the challenges of orphaned and vulnerable children differ across families, communities and countries, it has been reported that they face common experiences such as being at a greater risk of missing school, experiencing hunger, suffering anxiety and depression and are at a greater risk of contracting HIV (UNICEF, 2006). A decline in school enrolment is one of the most visible effects of the epidemic (UNAIDS, 2002). Children drop out of school even before they are orphaned, when their parents (often their mother) are too ill to work and take care of the family (Yamba, 2006). Van Dijk (2008) states that orphans become vulnerable because HIV and AIDS heighten the risk of poverty and children are susceptible to discrimination and stigmatisation open to exploitation, abuse and violence.

The concept of sibling parenting arises when a child assumes the role and responsibilities of the parent due to the parent's ill health or absence. Children who stand in for the role of parents are responsible for meeting the physical and emotional needs of siblings and/or parents. Sibling parenting places enormous pressure on the child as he or she encounters many challenges. In most cases where the parent is absent or very ill, the sibling parent is forced to leave school to attend to the needs of others. In my view a particularly crucial challenge that sibling parents face is having to witness the death of their parents. This study seeks to understand the effects that sibling parenting has on orphaned and vulnerable children and in the hope that the knowledge generated by this study will contribute to a better understanding of the lives of children living in child-headed households and to the body of knowledge on children in the role of parents.

### **1.3 RATIONALE**

Due to the escalating adult mortality rate in South Africa, many children find themselves destitute and unable to cope with the loss of their parents (Luzze & Ssedwabule, 2004). The AIDS epidemic threatens the childhood of many children forcing them to assume the role of the parent by providing care and support to ailing parents and to their younger siblings. Children are at the forefront of having to provide emotional support and care to parents who are infected by HIV and AIDS (Sloth-Nielsen, 2004).

The motivation for this research stems from my interaction with children whose parents have passed away leaving them either in the care of extended families or having to be a part of a child-headed home. As an educator I was part of the Institutional Level Support Team and worked closely with orphaned and vulnerable children, some of whom were sibling parents. I noticed that children drop out of school because they find it difficult to cope with the demands of providing for their family as well as having to deal with societal pressures.

Children orphaned as a result of HIV and AIDS endure more psychological stress than children who are orphaned through other factors. AIDS orphans tend to be poorer than other children, they have insufficient food, and more likely to live without adult care and support (Republic of South Africa, Department of Social Development, 2010). The following are some of the questions that initiated my thinking, how do children in the role of parents cope with their daily challenges and meet with their survival needs? How do they deal with the demands of taking care of their siblings and their sick parents? How do they handle the grief of losing their parents? Since there were no exact answers I embarked on an exploratory investigation in order to gain an in-depth understanding regarding the effects that sibling parenting have on orphaned and vulnerable children in the role of parents.

#### **1.4 CONTEXT OF THE LOCATION OF THE STUDY**

The inquiry into the lives of children in the role of parents involved orphaned learners below the age of 18 years. In order to gain an in-depth understanding relating to how children cope in the various stages as a sibling parent, I purposefully chose two schools in KwaZulu-Natal to conduct my research. By interacting with other educators from various schools in the Durban area who were also members of the Institutional Level Support Team at their schools, I became aware of the number of orphaned and vulnerable children at their schools. I believed that the participants were the best informants for the study as they would be able to provide rich information regarding their experiences as children in the role of parents. I consulted the principals of a primary school and a secondary school regarding my research and the possibility of collecting data from the learners at their schools, and sought permission from the Head of Department of KwaZulu-Natal with regard to conducting

research at the proposed schools, which was granted. These schools are in the Durban region and belong to the Pinetown District. One learner from each school was chosen to participate in this study.

Both these schools are quintile 4 public schools. According to the South African School's Act 84 of 1996, schools have been categorised according to quintiles in terms of the National Norms and Standards for school funding. Quintile 1, 2 and 3 are non-paying fee schools and quintile 4 and 5 are fee-paying schools (Department of Education, 2009).

The primary school (Grade R-7) and has 1246 registered learners. The secondary school (Grade 8-12) has 1248 registered learners. Many children attending these schools come from disadvantaged communities where parents are unemployed and they experience financial difficulties, therefore many children are unable to pay their school fees and they walk to school because they cannot afford bus or taxi fare. In the secondary school violence is rife among the learners and they are exposed to violent physical outbursts after school.

## **1.5 THE PROBLEM STATEMENT**

According to UNICEF (2006) there are many children orphaned by AIDS living in households without direct adult care and supervision. Sloth-Nielsen (2004) estimated that by the year 2015 there would be an increase of about three million orphans in South Africa. In South Africa child-headed households are regarded as being those run by children younger than 15 years (Sloth-Nielsen, 2004). The emergence of child-headed households is a result of parental deaths due to HIV and AIDS (Phillips, 2011).

## **1.6 RESEARCH AIM, QUESTIONS AND OBJECTIVES**

### **1.6.1 Primary research question**

This study aims to investigate the effects that sibling parenting has on orphaned and vulnerable children by exploring and attempting to understand the child's inner-world

and how he or she experiences his or her life in this new role. Taking the above into consideration the primary research question that provided a framework for this inquiry is stated as follows:

- How do orphaned children and adolescents who have lost both their parents, cope with the challenges of caring for their siblings in their role as sibling parents?

### **1.6.2 Secondary research questions**

The following secondary research questions served as a guide in answering the primary research question.

1. How do sibling parents experience his or her obstacles?
2. What methods do sibling parents employ to deal with their daily challenges?
3. What strategies (if any) have the sibling parents implemented in coping with his or her schooling?

### **1.6.3 Research objectives**

The research objectives are as follows:

- To investigate how the new role has changed the life of the child and the challenges he or she faces with regard to schooling and peer relationships.
- To determine the sibling parents' coping mechanisms in this challenging situation of focusing on caring for his or her siblings.
- To investigate the various aspects of sibling parenting and to understand the dynamics of child-headed households.
- Understanding the sibling parents' life by exploring his or her thoughts, feelings, emotions and desires.

## **1.7 PRAGMATIC PERSPECTIVE**

In this section I briefly discuss the methodological and metatheoretical paradigms. A comprehensive discussion can be found in Chapter 3.

### **1.7.1 Methodological paradigm**

Creswell (2014) states that research designs are types of inquiry within a specific approach that provide specific direction for procedures in a research design. Thus, in order to understand the effects that sibling parenting have on orphaned and vulnerable children, I used a qualitative approach conceptualised within an interpretivist paradigm to guide my research. Punch (2011) asserts that qualitative research is naturalistic, preferring to study people, things and events in their natural settings and allowing researchers to create their own designs. Qualitative research is exploratory as it allows the researcher to understand the meaning individuals or groups ascribe to a social or human problem (Creswell, 2014). The qualitative approach assisted me in understanding the personal opinions, emotions and experiences of participants in this research study. The difference between qualitative and quantitative research is made clear by Denzin and Lincoln (2013a) in that the specific emphasis of the word 'qualitative' implies that the feelings, thoughts and understanding cannot be experimentally examined or measured in terms of quantity. Qualitative researchers are more inclined toward the socially constructed nature of reality and how social experience is created and gives meaning.

### **1.7.2 Meta-theoretical paradigm**

As stated by Denzin and Lincoln (2013b), qualitative research involves an interpretative, naturalistic approach to the world which means that researchers study things in their natural settings, attempting to make sense of or interpret phenomena according to the meanings people ascribe to them. Participants provide rich, thick descriptions of their life experiences (Creswell, 2007). By adopting the interpretivist approach, I was able to understand the life world of the sibling parents as they experienced it. By using the interpretivist paradigm researchers explain and

understand social reality as the participant experiences it (Cohen, Manion & Morrison, 2007). Henning, van Rensburg and Smit (2004), from an interpretivist perspective, state that a phenomenon is understood to create descriptions of people's intentions, beliefs and self-understanding.

## **1.8 THE RESEARCH METHOD**

The research method employed in this study involves case study, selection of participants, data generation and analysis, quality criteria and ethical considerations.

### **1.8.1 Case study**

The case study method allows researchers to retain the holistic and meaningful characteristics of real-life events, and is appropriate for studying social phenomena (Yin, 2009). Case studies allow for in-depth research and produce first-hand information (Sarantakos, 2012). As this study was of limited scope, I selected two participants who provided sufficient data to enable me to explore the effects that sibling parenting had on the sibling parents.

### **1.8.2 Selection of participants**

The participants for this study were selected by means of purposive sampling. Purposive sampling involves selecting information rich cases (Patton, 2002). Punch (2011) states that purposive sampling means sampling in a deliberate way and it is based on the judgement of the researcher. In purposive sampling the "researcher selects particular elements from the population that will be representative or informative about the topic of interest" (McMillan & Schumacher, 2006:126). I selected the participants for this study based on the rich information that they could provide. A male and a female learner were selected for the study in order to understand the effects that sibling parenting have on sibling parents. I purposefully selected participants for the study based on the following criteria:

- a) Learners must be between the ages of 13 and 18 years old.
- b) Both their parents must be deceased.

- c) The learners must be the head of the household providing care to their younger siblings.

Two participants were initially selected for this study. However, one of my participants withdrew from the study and I had to select another participant for the research using the same selection criteria.

## **1.9 DATA GENERATION AND ANALYSIS**

The data was generated from two case studies where participants shared their life experiences as sibling parents via un-structured face-to-face interviews, participatory task-based methods (metaphor and story writing), questionnaire and informal observations. I made use of field notes to record my experiences during the data collection.

The un-structured interviews allowed for flexibility as they consisted of open-ended questions where participants felt free to discuss their experiences, thoughts and feelings (Sarantakos, 2012). Apart from its flexibility, it demonstrated how participants' were able to construct their own realities and think about their situations (Yin, 2012). However, an interview schedule was used to guide the interview process. One of the advantages of this method, as proposed by Sarantakos (2012), is that if the respondent does not understand the questions posed by the researcher, it gives the researcher the opportunity to re-formulate the question and allows the researcher to use the method of neutral probing. Interviews of this nature afford participants the opportunity to express themselves in their own words. A digital recorder was used to capture the data. I also made use of participatory task-based methods to enhance the research process as well as to sustain the interest of the participants. Metaphors and story-writing techniques were used in this regard (Punch, 2002).

I conducted informal observations as I wanted to observe the participants' interaction with their siblings and an observation sheet was used to record my observations. According to Henning, van Rensburg and Smit (2004) observation is regarded as the primary tool for gathering data and it involves the researcher capturing the actions of

the participants as well as their way of life. Creswell (2014) points out that the advantage of observation is that the researcher obtains first-hand experience with the participant and information is recorded as it occurs.

The data for this study was analysed by searching for meaning in a systematic way so that the results could be communicated (Hatch, 2002). The interviews were audio taped and then transcribed and themes were generated. According to Bouma and Ling (2004), data analysis involves making sense of the data that has been collected and organised by the researcher. The data in this study was analysed by reading through the data, classifying and categorising it and making connections by showing how one concept influences another and interpreting the meaning and reporting the findings (Creswell, 2014).

### **1.10 QUALITY CRITERIA**

In order to accentuate trustworthiness in this study, the principles of credibility, transferability, dependability and confirmability were strictly adhered to.

Credibility refers to the authenticity of the research findings (Flick, von Kardoff & Steinke, 2004). In this case, three face-to-face interviews were carried out with the two participants. Triangulation of data establishes the credibility of findings by adopting multiple sources of data (Flick, von Kardoff & Steinke, 2004). In this study I used un-structured face-to-face interviews, informal observations, questionnaires and participatory task-based methods as sources of data. Credibility was further enhanced by comparing field notes to interview transcripts as well as member checking which involved checking the accuracy of data and the verification of the interpretation of data with the participants.

Transferability of results ensures that research findings can be applied or generalised to different situations (DeVos, Strydom, Fouche & Delport, 2009). Direct quotes from the interviews are included in this study which can be used to check the degree of transferability of findings by other researchers.

Dependability helps to determine the consistency of findings by checking if when the same procedure is applied if it would yield the same results (DeVos, Strydom, Fouche & Delport, 2009). I coded and re-coded data to ensure the consistency of themes.

Confirmability refers to whether research findings can be confirmed (DeVos, Strydom, Fouche & Delport, 2009). I conducted member checking with the participants to clarify themes and interpretations. I re-read the data to confirm the research findings and ensured that it was free from bias.

## **1.11 ETHICAL CONSIDERATIONS**

According to Homan (1991: 1) “ethics is the science of morality: those who engage in it determine values for the regulation of human behaviour”. Ethics in research are prescriptive and closely applied to the realities of the research. After obtaining ethical clearance from UNISA’s Research Ethics Committee (Appendix A), I applied to the KwaZulu-Natal Department of Education for permission to conduct research at the schools in the specific district to which the schools belong and after permission had been granted by the HOD (Appendix B) I sought written consent from the respective principals to conduct my research by engaging one learner from each of their schools.

Since my research study involved orphaned children I contacted their guardians to request permission. I obtained written consent from them for a) conducting research with the participants and b) for observing the interaction of participants with their siblings (Appendix C). Participants were informed of their rights before signing the letter of assent and were informed that they were not forced to participate as participation was voluntary (Appendix D). I was guided by Atkins and Wallace (2012) who state that informed consent extends far beyond the signing of a consent form and is one of the most critical features of ethics in research in that participants should be fully informed about a research project prior to their assent to partake in the research. Silverman (2013) explains that informed consent involves providing adequate details about the research process so that participants can make an informed decision regarding their involvement in the research. Participants were

made aware of the nature of the research and they were informed that their privacy and sensitivity would be protected (Henning, van Rensburg & Smit, 2004). The principles of ethics were upheld in every stage of the research. The collection of data began after participants gave their consent.

Given the sensitive nature of my research study I had the moral obligation to ensure that their (the participants') privacy would not be infringed upon and to safe guard the confidentiality of all identifying information. I understood that the confidentiality of information conveyed by participants and their anonymity must be respected (Silverman, 2013) and to protect the participants, their identity was concealed from any report. As a researcher I was explicit about all the elements of confidentiality (Oliver, 2010). Silverman (2013) states that research should be undertaken in a manner that minimises harm or risk to the research participant; in this study the only possible harm could be attributed to the sensitive nature of the topic. I have ensured that the all identifying information is concealed and that the principle of confidentiality and anonymity has been upheld.

## **1.2 CLARIFICATION OF CONCEPTS**

- HIV  
Human Immunodeficiency Virus (UNAIDS, 2002).
  
- AIDS  
Acquired Immunodeficiency Syndrome (UNAIDS, 2002).
  
- Child  
A child is defined nationally and internationally as a male or female below the age of 18 (Smart, 2003). Doku (2012) proposes that although a child is generally defined by age, it is actually difficult to define; however for the purpose of this research a child is described as any person under the age of 18 years (Republic of South Africa, Children's Act, Act No 38 of 2005). Participants in this study aged 15 and 17 years are regarded as children because they are below 18 years. According to Smart (2003: 03), in the context of HIV and AIDS the definition of a child varies relating to different

aspects which includes the age at which formal education ends, the difference between boys and girls with regards to the age of marriage and consensual sex, to obtain property legally and the ability to “lodge complaints or seek redress before a court or other authority”.

- Orphan

An orphan is defined as a child under the age of 18 whose mother, father or both parents are deceased (Smart, 2003). According to Doku (2012), AIDS orphans are children whose parent/s has passed away due to AIDS. Initially, the definitions of orphans meant children who had lost both parents and were under the age of 15, but this definition has since been elaborated to accommodate children up to 18 years. The controversy surrounding this issue related to the age at which children gained their independence after their parents' death (Awino, 2010). Beegle, Filmer, Stokes and Tiererova (2010) elucidate the various types of orphans explaining that single orphans are those who have lost one parent, maternal orphans refer to children who have lost their mother and whose father is still alive and paternal orphans are children whose father is deceased but whose mother is alive. Double orphans pertain to children who have lost both parents.

- Adolescence

A period when important developmental experiences occur in adolescents which include physical and sexual maturation. Adolescents are moving towards gaining their independence and forming their identity (UNICEF, 2004).

- Sibling parent

This concept is also referred to as parentification, where there is a visible reversal of roles within the family structure and this is due to the parent's ill health or the death of parents (National Abandoned Infants Assistance Resource Centre, 2011).

- Child-headed households

The Republic of South Africa, Department of Social Development (2012) describes a child-headed household as a household without an adult caregiver and that is headed by the oldest or the most mature child who accepts parental duties. Sloth-Nielsen (2004) states that child-headed households are households in which the chief caregiver is below 18 years.

- Well-being

A state of being healthy, happy or comfortable (Smart, 2003).

- Psychosocial well-being

Psychosocial well-being concerns the social and emotional well-being of an individual and the capacity to live a full life with creative abilities to overcome challenges (Republic of South Africa, Department of Social Development, n.d).

- Poverty

According to Kelly (2000), there is an inter-relationship between HIV and AIDS and poverty. The problems that orphans face is directly linked with poverty as low incomes are prevalent in many households (Gillespie, Norman & Finley, 2005). Poverty is said to increase the chances of vulnerable children engaging in promiscuous behaviours (Doku, 2012).

- Stigma and discrimination

HIV related stigma is regarded as ubiquitous and has a negative impact on the lives of people living with the disease. It encompasses fear and judgemental attitudes among other things (UNICEF, 2013) making children vulnerable with regard to their orphan status, their situation in the home, their parent's illness and poverty (Andrews, Skinner & Zuma, 2006). Smart (2003) posits that discrimination is established on various factors which include gender, poverty, orphanhood, children living on the streets, unemployment and lack of education.

- Vulnerability

Vulnerability refers to the exposure of harm due to the lack of care and support (Republic of South Africa, Department of Social Development, n.d)

According to Smart (2003) vulnerability is a difficult concept to define and it includes individuals, children as well as households. In South Africa the local and community definition of vulnerability includes children who are orphaned, suffer neglect and abandonment; a child who is in the care of a terminally ill parent; whose mother is single and a teenager; is abused or ill-treated and disabled.

- Vulnerable children

Children whose survival, care, protection or development may be jeopardised owing to a specific situation or circumstance preventing the fulfilment of his or her rights (Republic of South Africa, Department of Social Development, n.d). Doku (2012) asserts that vulnerability varies according to a child's circumstances and there are many factors that add to the child's vulnerability. Vulnerable children are those who reside in households in which parents are ill or dying, when parents or caregivers can no longer take care of them. For the purpose of this Literature review, it refers to children whose survival; well-being or development is threatened by HIV and AIDS (Smart, 2003).

- Resilience

Resilience is a significant protective factor in children's ability to cope with and survive in harmful situations (Grotberg, 2003). Inner resources that help foster resilience within children and adolescents affected by HIV and AIDS are their inner strength and ability to deal with adversities (Mallmann, 2003). Resilience "is a view of humanity that recognizes that, while people may face a range of adversities, discrimination, marginalization and vulnerability, people often find ways to surmount these challenges, to cope and even to thrive" (Republic of South Africa, Department of Social Development, n.d: 12).

## 1.13 OVERVIEW OF THE CHAPTERS

Figure 1.1 displays an overview of the chapters.

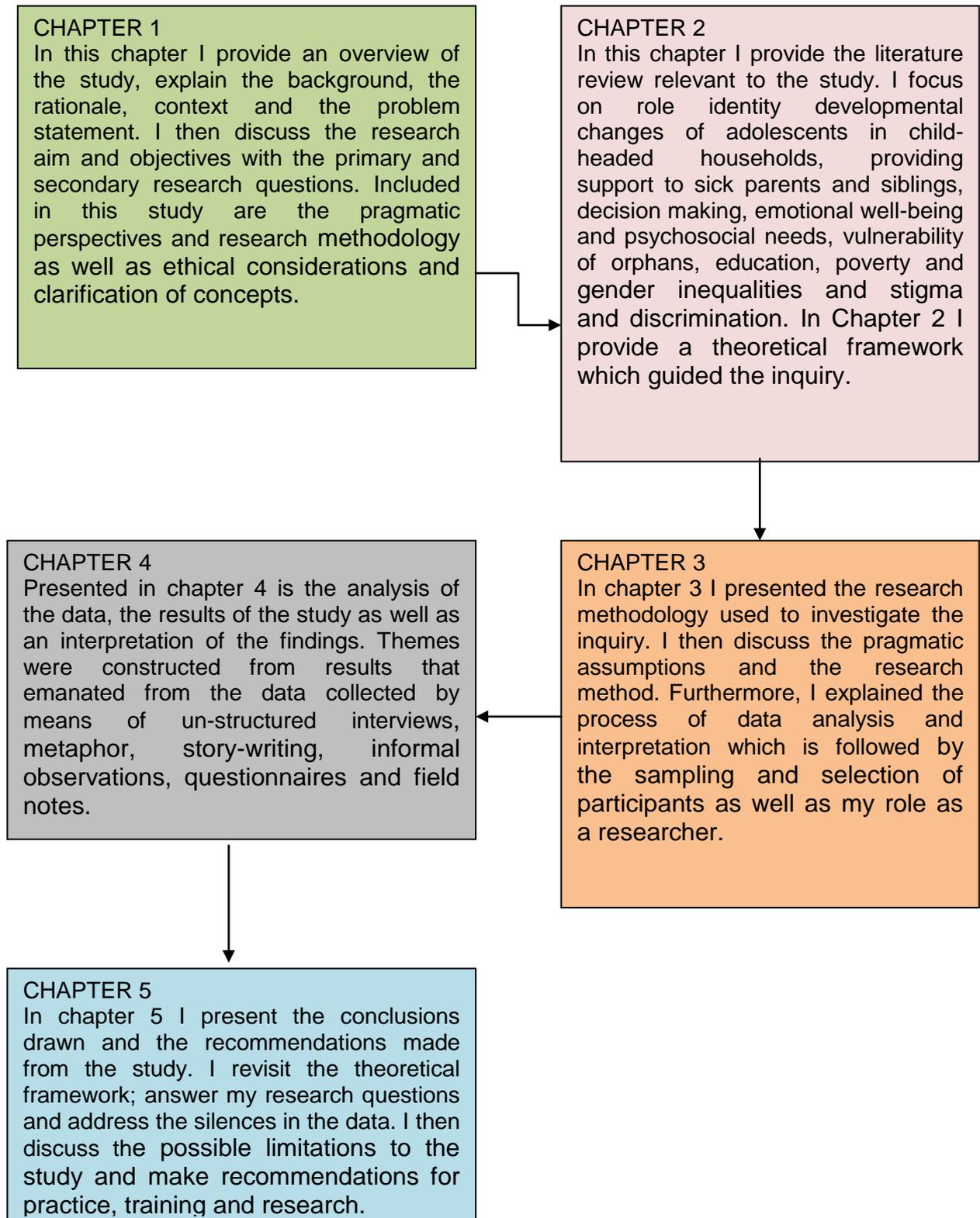


Figure 1.1: Overview of the chapters

## **1.14 CONCLUSION**

In this chapter I presented the background to the research study. I also provided the rationale, context of the location of the study and the problem statement. Furthermore, I highlighted the research aims, questions and objectives. I then elaborated on the pragmatic perspective and the research method. The data generation and analysis, quality criteria, ethical considerations and clarification of concepts are also explained in this chapter. The next chapter is based on the current literature review that guides this research study. I also present the theoretical framework guided by the literature review.

# **CHAPTER 2 : LITERATURE REVIEW**

## **2.1 INTRODUCTION**

In Chapter 1 I presented an outline of the study by discussing the rationale, context, problem statement, research aims, questions and objectives. Furthermore, I introduced the paradigmatic perspectives, the research methods, data generation and analysis. I discussed the quality criteria, ethical considerations and briefly clarified concepts. This chapter provides an overview of literature that documents how children and adolescents assume the role of the sibling parent by providing care and support, both physically and emotionally to their ailing parents who are infected with HIVs well as to their siblings following the death of their parents. The literature reviewed in this study pertains to parental deaths from HIV and as well as other causes.

In this chapter, I discuss the overview of child-headed households, the changing role of children which includes adopting the role of parents, role identity, developmental changes of adolescents in child-headed households, providing support to sick parents and siblings and decision making. Furthermore, I explain the impact on the child's emotional well-being and psychosocial needs, the vulnerability of children who are orphans due to education, poverty and gender inequalities and highlight the effects of stigma and discrimination on orphaned children.

## **2.2 OVERVIEW OF CHILD-HEADED HOUSEHOLDS IN SOUTH AFRICA**

In South Africa child-headed households are those in which children younger than 18 years are regarded as the primary care-giver (Sloth-Nielsen, 2004). Mavise (2011) defines child-headed households as households consisting of double orphans who live alone because they have lost both their parents to AIDS and other causes. Research conducted by the (Republic of South Africa, Department of Social Development, n.d) indicates that child-headed households are households in which a child or youth has taken the reigns after the death of their parents and has assumed the role as the main care-giver and has the overwhelming responsibility to provide

the basic needs which includes food, clothing and psychosocial support. According to the Republic of South Africa, Department of Social Development (2012) an estimated 92 365 South African children were living in such households in 2010. Children establish child-headed households in order to stay together to avoid being separated from each other and thus sent to orphanages (Woldeyohannes, 2010). After the loss of a parent, children tend to stay together since they are dependent on each other for emotional support as the grief is intensified if they are forced to live separately (Freeman & Nkomo, 2006).

The transformation from a household governed by a parent to a household governed by a child can be overwhelming and may place the child in a situation beyond his or her control (Woldeyohannes, 2010). Hulley, Lebeloane, Tshabalala and Khosa (2006) state that children heading their households become vulnerable to violence, abuse and exploitation. UNICEF (2005) adds that children living in child-headed households become susceptible to stigmatisation and discrimination, isolating them at a time when they need the most support. Foster (2002) elucidated that large numbers of children in Africa nurse their parents with terminal illnesses and also witness their deaths. According to Howard, Phillips, Matinhure, Goodman, McCurdy and Johnson (2008), children in Southern Africa experience the greatest burden of parental deaths. Cluver and Gardner (2007a) postulate that an estimated 2, 3 million children will be orphaned by AIDS by 2020.

### **2.3 THE CHANGING ROLES OF CHILDREN AND ADOLESCENTS**

As discussed in the aforementioned paragraphs child-headed households have become prevalent due to the illness and eventual death of a parent. Children and adolescents forego their schooling and risk their own health and developmental needs to assume roles as parent, nurse and provider to their sick and dying parents (Chakalane-Mpeli & Roets, 2007). The discussion that follows highlights the factors which influence the change in the roles of children and adolescents.

### 2.3.1 Adopting the role of parents

According to van Dyk (2008) it is clear that as parents become more ill and dependent, children find their roles changing from child to primary care-giver as they have to care for their parent/s. Older siblings take on the parenting of younger siblings and the resultant loss of childhood has serious implications for typical childhood development. According to Phillips (2011) child-headed households may be described as those in which (usually) the oldest child assumes most of the responsibilities of the parent. These households more often than not lack the capacity to adequately provide for the children forming part of the household, and older children are expected to make sacrifices for their younger siblings as if they were their own children (Awino, 2010).

Assuming the role of parent in the home equates children as “actors” in the household and if there is work to be done in order to earn additional income, children take on roles that are normally retained for adults (Ansell & van Blerk, 2004: 27). Furthermore the complexity and the multiplicity of adult roles for children increase upon the death of their parents (Evans, 2010: 16). Events surrounding a parent’s death and assumption of care for their siblings represent a major life transition for most young children (Luzze & Ssedyabule, 2004). There is a dramatic increase with regard to responsibilities and work, both inside and outside the household when parents or caregivers become ill or die, so children assume new responsibilities and work in their households (Richter, 2004). The burgeoning of household duties cause children to be burdened by the day-to-day tasks of having to perform household tasks such as cleaning, washing and ironing as well as maintaining the household (Gauteng Department of Social Development, 2008). The major roles of child-heads are those of breadwinner, caring for their younger siblings, providing emotional support to their siblings after the death of their parents, enforcing discipline and structure in the household and making decisions regarding the family (Masondo, 2006). The breadwinner in a child-headed household is the child in the role of a parent who has the responsibility of being the sole provider (Luzze & Ssedyabule, 2004).

### 2.3.2 Role Identity

The dynamics surrounding the change in roles of children also leaves children confused in terms of their identity (Andrews, Skinner & Zuma, 2006). It has been noted that very often older children in child-headed households are at the forefront fulfilling parental roles and tasks such as helping younger siblings with their homework, providing emotional support, taking care of sick parents and providing spiritual guidance to the family and siblings (Republic of South Africa, Department of Social Development, 2010). Erikson (cited in Meyer, Moore & Viljoen, 1997: 219) states that adolescence earmarks the critical period during which a person's identity is formed and it is a stage where the adolescent may become confused in their search for identity and a suitable social role. In this stage adolescents are in search of their ego identity, it is a period in which the adolescents undergo many changes. These changes may make the individual feel like they are an adult, but in reality they are not emotionally and physically equipped for the role as parents (Maqoko, 2006).

Role expectations of being a sibling parent and running a household is not in keeping with the role of children, as children are still "young and emotionally and cognitively immature" (Awino, 2010: 32). In some instances girls take on 'mother roles' while boys assume 'father roles' thus becoming the woman and man of the house at a very young age (Hlengwa, 2010). "These children are imbued with adult roles and responsibilities at the same time as being children biologically, socially, culturally and legally. The challenge is to develop methods to compensate for this child/adult paradox. So experientially, socially, 'age' wise, they are adults" (MacLellan, 2010: 55).

The loss of a parent can deprive a child from a family environment which is crucial in the development of a positive self-identity and self-esteem. Because the burden of care and responsibility is likely to fall on the children in the case of a sick parent or death, these children experience a loss of childhood (ANOVA Health Institute, 2014). It is likely that a large number of orphans will have been cheated of their childhood, and from a young age they would be regarded as a "juvenile adult" (Kelly, 2000: 11-12). Childhood is regarded as a stage that is related to freedom mostly freedom from responsibilities and the ability to be carefree but for a sibling parent who has the

responsibility of taking care of other siblings, this is not the case because in providing for themselves and their siblings and fulfilling parental roles they lose themselves as children and do not have the time to interact with other children (Awino, 2010).

Adolescence is recognised as a period of life involving significant physical, physiological and psychological changes that mark the transition to adulthood. It may be regarded as the period of life when social and gender roles are reinforced and adolescents face increasing pressure to assume adult roles and responsibilities, often before they are physically and psychologically mature (UNICEF, 2013). AIDS orphans face difficult challenges at a very early age and the loss of their parents puts undue pressure on them, it can be overwhelming and difficult for children to understand their experiences at that particular stage in their life (Landman, 2002). This is the adolescent stage which will be discussed in the next section. Children in heading their households experience significant developmental changes as they progress from childhood to the adolescence phase.

### **2.3.3 Developmental changes of adolescents in child-headed households**

The development of adolescents consists of the manifestations of thoughts, feelings, emotions and desires which constitute the whole person influenced by hereditary and environmental factors (Kruger & Nel, 1994). The theory proposed by Bronfenbrenner (1979) on human development bears relevance to my study as it shows how parental and societal influences affects the development of the adolescent (Gouws, Kruger, Burger & Snyman, 2008).

Adolescents are in need of moral and emotional support from their parents. Parental guidance and support have positive influences on the adolescent and as a result they learn to build trust and foster good relationships with others (Steinberg, 2001). However, the lack of parental involvement could have negative consequences for the adolescent manifesting in poor school performance, development of a low self-esteem and adolescents may engage in anti-social behaviour. This stage of development is characterised by understanding between the parent and the child and an open communication is imperative as it fosters a positive relationship in the

parent-child partnership. The manifestations of trust, acceptance and approval, a happy home environment and discipline and guidance assist in the development of an adolescent (Gouws, Kruger, Burger&Snyman, 2008). It is important to note how the interaction with parents impacts and influence the lives of adolescents. Lack of parental guidance and moral support may leave children feeling confused about their role (Asmussen, Corlyon, Hauri & La Placa, 2007).

Independence, identity formation, physical development and personality traits are emerging characteristics during adolescence and considered as internal factors relevant to the adolescent's development. Although the period of adolescence is characterised by the need for independence, becoming emancipated may prove difficult for adolescents as it involves the acquisition of behavioural, emotional and moral or value autonomy (Ruffin, 2009). Adolescents hope to make their own decisions regarding their behaviour and actions, aspire to be self-reliant, have control over their behaviour, accept personal responsibilities and develop their own value system that directs their behaviour (Gouws, Kruger, Burger&Snyman, 2008).in the case of child-headed households, independence is forced upon the adolescent. Child-heads are at the fore making their own decisions and accepting the responsibility of caring for their younger siblings. Although adolescents in child-headed households are in the stage of physical development and are growing due to the growth spurt so that they begin to look like adults in reality they are still psychologically immature to take on the role of a parent (Asmussen, Corlyon, Hauri & La Placa, 2007). The parental role is imposed on them and the transition from childhood to adulthood is an immediate occurrence.

Adolescents create their own value systems based on the interaction with their immediate environment (Ruffin, 2009). Their identity development evolves as a result of interaction with their parents, siblings, peers and friends. Their relationship with the aforementioned parties can have a positive or negative effect on their development. The relationship between parents and adolescents is generally advocated with love and understanding, however, it could also result in conflict with difference in opinions (Steinberg, 2001). Sibling rivalry is not uncommon in sibling relationships. In some cases in their absence of parents (like in a child-headed household) the eldest is responsible for directing the behaviour of their younger

siblings. Sisters generally take on the nurturing role providing love and care for her younger siblings whilst brothers tend to be aggressive and less calm (Brody, 2004). The adolescent's relationship with their grandparents plays a positive role in their development. Grandparents convey important information to adolescents pertaining to culture and family values; they play the role of a confidante and mediator when there is a problem. These positive aspects help in the identity formation of the adolescent. The educator-student relationship is imperative in the formation of the adolescent's identity as educators are looked upon as role models whose behaviour they (adolescent) would like to imitate (Gouws, Kruger, Burger & Snyman, 2008). The relationship with peers is significant in the formation of self-concept and self-actualisation as adolescents spend a tremendous amount of time with their peers. Peers play an important role with regard to the social development of the adolescent. Friendship is crucial during adolescence, as children gain their independence from their parents as they move closer to their friends. Strong bonds are created with friends as adolescents share a significant amount of time with them (Ruffin, 2009).

#### **2.3.4 Providing physical, emotional and financial support to sick parents and younger siblings**

When parents fall ill, they turn to their children for physical, emotional and psychological support. Children and adolescents take on the care-giving roles whilst their parents are alive. Ailing parents become reliant on their children and as their health deteriorates, they become totally dependent upon them. The predicament of children taking care of their sick parents is often disregarded (Richter, Foster & Sherr, 2006) and the level of suffering and difficulties associated with assuming the role of the caregiver and the challenges which children experience begins with the illness of their parents (Kelly, 2000). Peu (2008) notes that children have to watch their parents suffer over a long period of time and they go through the suffering with their parents. They witness their parents in pain and that they are unable to do things for themselves. Some of these children become nurses or care-givers of their sick parents who are unable to help themselves (Sloth-Nielsen, 2004).

All children have basic needs while they grow and develop and one of the greatest needs of a child is to be cared for by their parents. The needs of children do not

change because they are orphans; they remain the same as those of children who still enjoy the comfort of their parents (Peu, 2008). Evans (2010) study reveals that in child-headed households younger children sought refuge and comfort and felt that they could turn to their older siblings for emotional support whenever they yearned for their parents. This, however, was not reciprocal on the part of the older siblings (sibling parent) because they thought that by sharing their feelings they would cause further distress, instead they devised ways to deal with their emotions. The Southern African Regional Poverty Network [SARPN] (2008) confirms that younger children rely on older siblings for emotional support and social guidance, which creates an unbearable strain on the young people concerned. It becomes emotionally overwhelming on the part of the child-head to provide emotional support to their younger siblings following the death of their parents, especially when siblings ask for their deceased parents (Masondo, 2006). Nevertheless, it seems that support and understanding amongst siblings remains an important factor in households as it seems to promote a sense of togetherness and acts as a primary source of strength (Awino, 2010).

Kelly (2000) postulates that caring for the sick directly includes buying their medications, accompanying them to the clinic and physically being with them. However, indirect caring can be in the form of taking on the responsibilities such as taking care of the children, cooking, washing, fetching water and firewood. It also extends to gardening, grazing the animals and running errands for parents. Ndhlovu (2009) avers that as children find themselves assuming the parental role, they find themselves doing the housework, taking care of siblings and providing care to their dying parent(s). Many child-parents leave school to earn a living in order to support their younger siblings with the expectation of male children looking for work outside the home in order to provide for the family financially (Nkomo, 2006).

### **2.3.5 Decision Making**

The elucidation of the word 'headed' in child-headed signifies being the responsible member of the household, in other words, 'one who takes the decisions'. In child-headed households, as in adult-headed households, children have their points of view with regard to the running of the home and managing the day-to-day activities,

they also have their arguments pertaining to their household duties. It has been reported that older children sometimes find it difficult to have authority over their younger siblings, particularly for girls having to face this challenge with their younger brothers (MacLellan, 2005: 05).

Van Dijk (2008:30) argues the point of power relations within the child-headed household. Does it relate to age and gender? For example who makes the decisions, is it done together and if not why? This point postulates that “the distinctiveness of a child-headed household lies in the premise that a child is the head of that household and an important factor in identifying the head is the level of contribution to the household”. (Mavise, 2011: 324-325) asserts that in a child-headed household, the responsibility rests on the shoulders of a child as he or she assumes that lead role and is responsible for the daily household duties and is also responsible for making the decisions. In vulnerable households, some children viewed themselves as ‘mothers’ and ‘fathers’ of the households however, despite the child-head’s seniority; their authority was challenged by the younger children (Van Dijk, 2008).

According to Masondo (2006) child-heads are often challenged with situations where they have to take decisions that pertain to their siblings, which present a crucial challenge, but they manage the decision-making process very well. Sibling parents are also mediators, as one of their role functions is to manage conflict between siblings. Tsegaye (2008a) reports that the burden of managing the household, including resolving conflict within the house can have devastating consequences on the sibling parent, with younger siblings complaining regarding their lack of life skills and the lack of guidance pertaining to their needs. They are not equipped to handle arbitration issues or to give advice thereof, thus their lack of experience in that sphere has serious impacts on their emotional and intellectual development.

## **2.4 IMPACT ON THE CHILD’S EMOTIONAL WELL-BEING AND PSYCHOSOCIAL NEEDS**

The psychosocial needs of children continue to be one of the most neglected areas of support (Republic of South Africa, Department of Social Development, n.d). The HIV epidemic has increased the urgency to address psychological problems of

children in an equal proportion to other interventions. Children are affected by the changes in their parent's emotional and physical state. They may be unaware of what is happening to the parent and become confused and frightened. When a parent becomes terminally ill, older siblings are often forced to take on a premature parenting role for their younger siblings and nursing care for their parents (USAID, 2001).

According to Cluver and Gardner (2007b) there is not much research conducted on the psychological well-being of orphaned children. Cluver & Orkin (2009) state that there is increased psychological distress among children orphaned by AIDS and children affected by AIDS. Internalising problems such as depression and anxiety that children experience is a manifestation of psychological distress which children exhibit (Cluver & Operario, 2008). It crushes their optimism and increases their anxiety and stigma (Kumar, Dandon, Kumar, Ramgopal & Dandona, 2014).

Psychosomatic disorders, chronic depression, low self-esteem, low levels of life skills, learning disabilities and disturbed social behaviour as indicated by Richter, Manegold and Pather (2004), can emerge as a result of the loss, grief, fear and hopelessness as experienced by orphans. Children orphaned by AIDS run the risk of Post Traumatic Stress Disorder as this relates to the cumulative traumatic events experienced by the child (Cluver, Fincham & Seedat, 2009). Depression leads to feelings of worthlessness and when children go through 'emotional turmoil', they require the support and assistance of their parents (Maqoko, 2006: 61) but in this instance the child-head undergoes an emotional battle of having to deal with their feelings on their own and also have the responsibility of addressing their younger siblings' needs and emotions.

The information supplied by UNICEF (2006) reveals that the task of caring for sick parents and siblings can be emotionally exhausting on the sibling parent. They are faced with the death of their loved ones and also suffer stigmatization. They are often rejected by their peers due to their home environment thus also suffering from social isolation (Deacon, 2006; MacQuarrie, Eckhaus & Nyblade, 2009). Parental loss as a result of HIV and AIDS during childhood causes children to experience significant emotional pain. The grieving process starts when the parent or family

member who is infected with HIV becomes sick (Daniel, 2011). Children find it difficult to grieve the death of their parents because of the stigma attached to dying of AIDS and people's lack of knowledge regarding the spread of AIDS, which increases stigma and results in isolation of orphaned children (MacQuarrie, Eckhaus & Nyblade, 2009). During this stage of development, children and adolescents understand the nature of death; however, they may be reluctant to show their worries and anxieties. Feelings of resentment and anger are associated with the death of loved ones as they may seem to be handling their affairs but inadvertently experiencing depression, loneliness, and increased vulnerability resulting in alienation, desperation, risk-taking behaviour and withdrawal (UNICEF, 2004).

Grieving is a natural process as it allows the child to express his or her feelings, however if the adolescent does not have a support structure and is not given the opportunity to grieve, it may delay their psychological development in the long term (Ndhlovu, 2009). Psychosocial support is needed to assist child-headed households to live happy and well-integrated lives in an environment that have some sort of normal childhood (Republic of South Africa, Department of Social Development, n.d). This includes having someone to advocate love and affection, someone to approach for help, advice, guidance, protection and support when they are experiencing a crisis, affording children hope for the future and enabling them to develop to their full potential and as normal and healthy young people. This cannot be achieved solely by material support (SARPN, 2008). Bachmann and Booyesen (2004) remarks that the psychological well-being of children orphaned by AIDS is a deep concern because children require more than clothing and shelter in order to live their lives. Children's physical needs extend beyond material satisfaction; the child needs to develop emotional bonds with their parents, they need consistent touching, holding, love and emotional support as a form of reassurance. However, this is short lived when parents make known their HIV status (UNICEF, 2004).

Masondo's (2006) study found that after the death of parents, children are left shattered and emotionally affected. After the loss of their parents children are open to vulnerability, loneliness and emptiness, and that child heads of families sometimes experience fear of the unknown. The predicament of children affected by the loss of their parents was investigated by Nugent and Masuku (2007) in a survey which

revealed that children in Swaziland who are heading their households face many challenges because of poverty and the effects of HIV and AIDS. Many children have lost their parents and are left alone to face life's challenges and often need psychological support from community members.

Ndhlovu (2009) states that the upsurge of AIDS presents a major threat to society and children are affected most severely as they are left orphaned by the disease. HIV and AIDS leave orphans and their communities burdened financially and emotionally without proper social networks as well as lack of economic and psychological support. Miller, Gruskins and Heymann (2006) reported that at the United Nations World Summit in New York City in September 2005, it was agreed by the world community that the resources needed for the prevention, treatment, care and support of orphan children be universally provided; however, researchers are of the opinion that although some contributions and technical support were provided, the global community lacked in their response to the orphan crisis.

Despite the efforts of the government to find foster homes for children orphaned by HIV and AIDS, many children are left to fend for themselves with the oldest having to bear the responsibility of providing care and support for the younger ones (Cluver & Gardner, 2007a). A study conducted by Cluver & Operario (2007), revealed that the degree of psychological problems is relatively higher in orphaned children as compared to non-orphans and children orphaned by HIV and AIDS had symptoms of depression and stress related disorders.

Ndinga-Muvumba and Pharoah (2008: 151) state that "deepening poverty and the multiple losses associated with AIDS related illness and death, stigma, discrimination and migration – including the loss of family members, siblings, friends, familiar surroundings, and schooling opportunities and in many ways, childhood – may result in considerable psychosocial stress and there are only a handful of studies on the implication of AIDS-related illness and death for psychological, emotional and social adjustment in children". There is growing international evidence that there is a correlation between mental ill-health and poverty as they both interact in a negative cycle in low-income and middle-income countries (Lund, De Silva, Plagerson, Cooper, Chisholm, Das, Knapp & Patel, 2011). The illness and death of a care-giver

may result in children experiencing growing poverty and its correlates: the loss of parental affection, reduced level of care, stigma and psychosocial implications of repeated personal and material losses, such as trauma, stress, depression and loss of friends, family connections to the social relationships (Ndinga-Muvumba & Pharoah, 2008).

Cluver, Orkin, Boyes, Sherr, Makhasi and Nikelo (2013) confirm that AIDS orphanhood and parent AIDS-illness impact children through a set of linked factors and AIDS increases the likelihood of parental disability, poverty, community violence, stigma and child abuse and these in turn negatively impact children, and these risk pathways work in chain effects as they link with each other to increase risk factors. Children are affected in various ways depending on their age, teenagers are vulnerable to dropping out of school and sexual exploitation and children of all age groups are particularly vulnerable to the emotional stresses of losing one's parent and being disconnected from the community (Richter et al., 2004). A healthy development of a child rests on the continuity of social relationships. HIV and AIDS erode the basic human attachments that are necessary to live a normal family and child development (President's Emergency Plan for AIDS Relief [PEPFAR], 2006). Sloth-Nielsen (2004) adds that the African kinship that subsisted and what might have taken orphans under their wing into communal life, can no longer serve that function because communities are being obliterated by the plague of the epidemic, with only the elderly and very young remaining.

The famous African proverb states that "It takes a village to raise a child". However, due to the rapid spread of HIV and AIDS, the African community can no longer make provision for the children in their communities; hence the emergence of child-headed households. An explanation provided by Zagheni(2011), is that orphans become an increasing burden on the extended family unit; especially relatives who refuse to take them in. The refusal is attributed to the decline of the traditional family practice and it is through this reason the child-headed households are established because relatives are not willing to accept them in their homes. Ndhlovu (2009), asserts that the traditional mechanisms for assisting orphans have been beleaguered by the degree and range of the problems. In the past, communities were able to cope with children who have lost their parents; however, due to the various problems caused

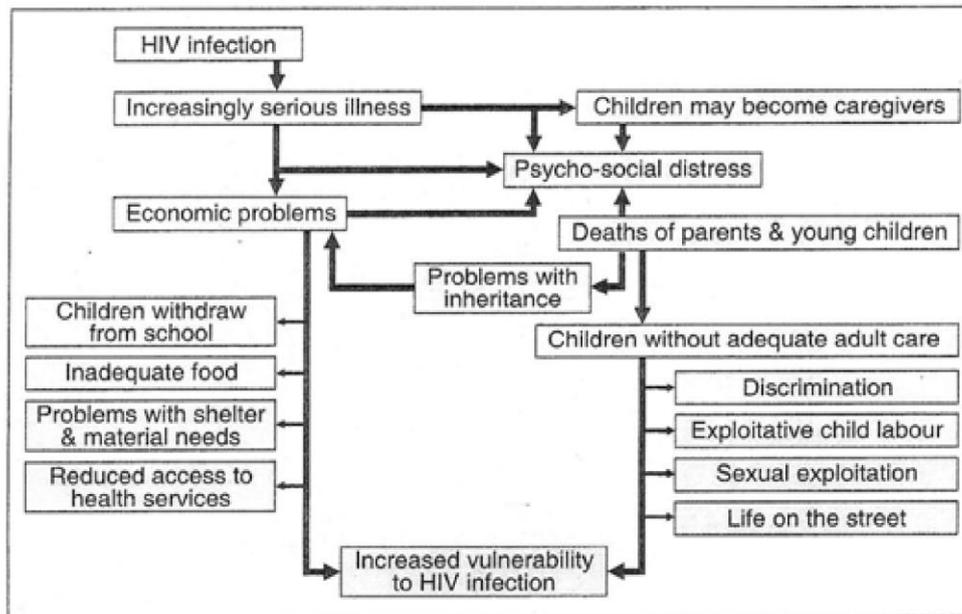
by HIV and AIDS, the community system has been weakened thereby rendering the mechanisms that were once very successful ineffective. According to Evans (2010) due to the economic pressures placed on the extended family unit, sibling headed households have emerged, representing a significant change in the usual patterns of care for children who are orphans. A study in Zimbabwe proclaimed that there is evidence that suggests that poverty and having to pay school fees are amongst the main reasons why relatives do not foster orphans (Howard et al., 2008).

As stated by Magida and Parker (2013) children and adolescents who assume the care-giving role are also confronted with the ineluctable reality of their parent's health diminishing as the disease progresses and eventually results in death, thus affecting the child negatively as the feelings of anxiety and panic with regard to the future without their parents intensifies. Children, who are left to fend for themselves without adult carers, become extremely vulnerable, more especially with their challenging livelihood needs.

The psychological impact of HIV and AIDS on affected children in low-income countries has been overshadowed by their socio-economic concerns, however, there is no doubt that physiological and safety needs urgent attention as compared to psychosocial problems. It is imperative to note the children affected by HIV and AIDS face many psychological challenges. First, they have to bear witness to the pain and suffering of their dying parents and in some cases children are ignorant of their parent's diagnosis. This is then followed by the fact that due to their parent's physical deterioration the "normal parent-child" roles are reversed where the child assumes the household and caregiving responsibilities. These challenges infringe on the child's right to develop completely and as researchers have pointed out, for infants and the very young, the lack of parental bond can impact on their physical development (Orne-Gliemann, Becquet, Ekouevi, Leroy, Perez & Dabis, 2008).

## **2.5 THE VULNERABILITY OF ORPHANED CHILDREN**

Figure 2.1 depicts the characteristics of an array of problems experienced by children and families affected by HIV and AIDS.



**Figure 2.1: Problems experienced by children and families affected by HIV and AIDS**  
 (Source: adapted from Ndinga-Muvumba & Pharoah, 2008)

As illustrated in Figure 2.1, children living in communities critically affected by HIV and AIDS are experiencing major changes in their childhood. Their opportunities for school, healthcare, growth, development, nutrition and shelter are jeopardised (Ndinga-Muvumba & Pharoah, 2008). As a result of parental death, children experience loss, grief, anxiety and helplessness which have long term consequences leading to chronic depression, low self-esteem, learning disabilities and disturbed social behaviour. The pervasive and destructive nature of discrimination is due to factors such as gender, poverty, orphanhood and residence (rural, slums, homeless, children living and/ or working on the streets and children placed in alternative care) (Smart, 2003).

Vulnerability refers to those people who are unable to deal with things that affect them and that have a negative impact on their lives. Vulnerable people are also exposed to a number of risks. Socio-economic circumstances, such as poverty, abuse and social injustice dictate the quality of their lives. Vulnerable children include children who have lost their parents (orphans) to children who are sick or disabled (UNICEF, 2006). It can be concluded that vulnerable children are deprived of love, care, and guidance resulting in a negative impact on their well-being and

development. Vulnerable children are exposed to discrimination thereby finding themselves being treated differently by others (Mohlakwana, 2013: 12).

In Africa caring for orphans has become a great concern. In Zimbabwe it has been reported that one in four adults are HIV-positive and one-fifth of children are orphans. AIDS and economic decline put immense pressure on society's ability to care for orphans within the extended family unit. Lack of substantial care is putting thousands of children at increased risk of malnourishment, emotional underdevelopment, illiteracy, poverty, sexual exploitation and HIV infection. This is endangering the health of the society which they are expected to succour (Howard et al., 2008).

According to Miller, Gruskins and Heymann, (2006), Botswana tops the log as having the world's highest percentage of orphaned children among its population and the highest HIV-prevalence rate. A study conducted in Mozambique by UNICEF (n.d) with regard to the challenges faced by child-headed households found that vulnerable children listed food, lack of money, inability to go to school, lack of safe shelter, limited access to medical care and physical and child abuse were the main difficulties encountered in their lives. Writing about the Ugandan situation, Foster and Williamson (2000) state that stigmatisation, disrupted schooling, undue pressure from peers, overwhelming workload, discrimination and social relations of orphans all increase the stress and trauma of parental illness, as children feel hopeless and angry when their parents become ill and they are afraid their parents would die.

Children are forced into poverty thereby forced into creating ways to make ends meet. They are coerced into prostitution or dealing in illegal activities such as the sale of drugs in order to support their families financially. Poverty has accompanying side-effects such as prostitution, poor living conditions, education, health and health care that are major contributing factors to the current spread of HIV and AIDS (Van Niekerk & Kopelman, 2005). Maqoko and Dreyer (2007) state that orphans in child-headed households face particular challenges as well as exclusion. Their education is threatened due to poverty, it is difficult for them to obtain food and shelter, they are at risk for being abused sexually by relatives and neighbours, they have difficulty in

getting birth registrations done and in procuring health care and social security benefits and they experience property grabbing by families and communities.

Orphaned children are vulnerable to all types of abuse because the family environment that served as a safety net is disintegrating (Republic of South Africa, Department of Social Development, 2010). Sloth-Nielsen (2004) elucidates the challenges and deprivations faced in child-headed households and include the fact that it is difficult to obtain food and shelter, poverty hampers their right to education, abuse by extended family and neighbours, the onset of prostitution and child-labour and the idea of living on the street due to financial constraints. It has been noted that children orphaned by AIDS are comparatively poorer and less healthy than non-orphans (Maqoko & Dreyer, 2007).

Children have the right to be cared for by adults in order to allow for their survival and development. The death of a parent or both parents puts children in a compromising situation thereby forcing them to assume responsibility not only for themselves but also for their younger siblings, or place them in the care of older siblings who are themselves children, bearing negative consequences for their rights and a healthy development (UNICEF, 2009). 'To be an orphan and vulnerable in an age of orphanhood and vulnerability may seem unexceptional, but it is vital to be mindful of the distress of each child. However, it must also be remembered that "there is an abundance of energy and strength hidden in children" (Law, 2009: 03).

## **2.6 EDUCATION**

According to ANOVA Health Institute(2014), there is a loss of income when caregivers become sick or die of AIDS and often children have to forego education and assume the adult role of providing for their families. In homes where the sibling parent is the active care-giver, income is reduced, bringing new fears and worries. Children drop out of school and are forced to find work due to the lack of funds or increased responsibilities (UNICEF, 2006). They are at risk of poor education because they cannot afford to pay for their schooling as well as those of their younger siblings (Republic of South Africa, Department of Social Development, 2010). Sloth-Nielsen (2004) asserts that after reviewing the public education system

the Department of Education has acknowledged that the system makes it difficult for poor learners to get access to education, and this includes children who are made vulnerable through the death of their parents and care-givers from AIDS.

It has been noted by Richter et al., (2004) that the care and support offered to vulnerable children prioritised on the material needs, however they believe that a secondary focus should be on education and skills transfer. Salaam (2004) states that young children with minimal education and employable skills resort to shining shoes and begging with the young females engaging in domestic chores in order to provide for their siblings after the death of their parents. The problem of being an orphan and vulnerable is that resources may not be available for any expenditure on costs for such things as education and healthcare (MacLellan, 2010). According to a study conducted by (Kelly, 2000: 05), it has been reported that due to HIV and AIDS, a high number of children will not be able to enrol in school in a "normal" way as orphans are at a greater risk of being denied education as compared to children who have parents. The moment children stop attending school or drop out of school, they risk being excluded from other services such as the school feeding and school health programmes (UNICEF, 2009).

According to Germann (2005), one of the consequence of AIDS in countries affected by the disease is that it abates the quality of education offered to children which results in them being excluded from the system, with exclusion being the result of poverty-related exclusion and enforced exclusion, however, exclusion may also be due to stigmatisation where the child develops a fear of attending school. It was also found that in almost all the countries in the study, the enrolment gap between orphaned and un-orphaned children remained wide and in every situation the enrolment ratio of orphaned children presented lower than those with at least one parent. In many households affected by AIDS, girls tend to be the first to be taken out of school and the first to take on increased family responsibilities. Girls are more prone to sexual abuse, exploitation, forced into domestic service or early marriage, or taken advantage of in other ways (UNICEF, 2004). Orphans in child-headed households sacrifice their education because the responsibility of caring for their younger siblings is so overwhelming thus prohibiting them from focusing on their own education (Hlengwa, 2010). This is confirmed by UNICEF (2004) elucidating that

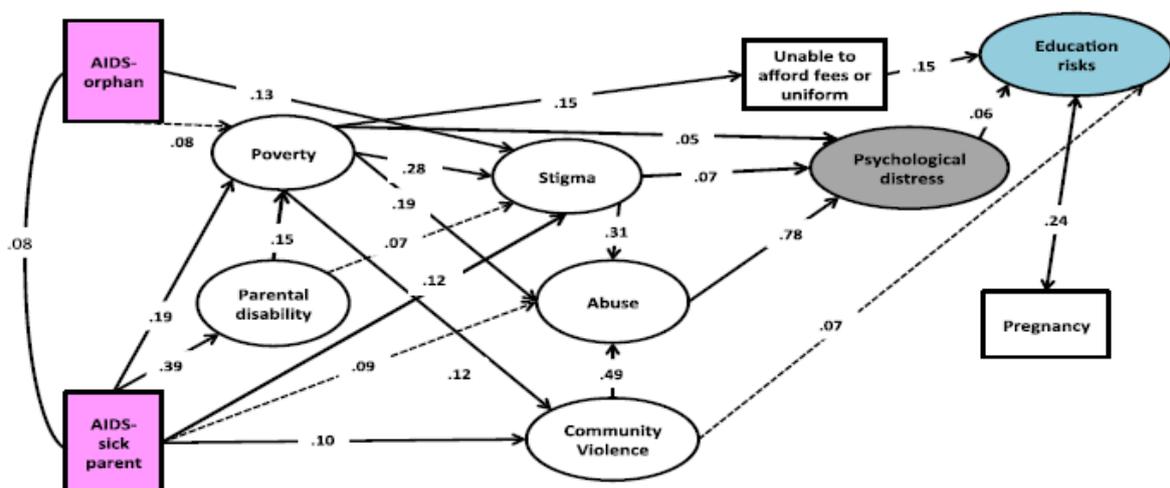
orphaned adolescents may be faced with a predicament of having to work to support themselves and possibly younger siblings, which prohibits them from attending school and receiving the education and training they need to obtain constructive work. As pointed out by the Southern African Regional Poverty Network [SARPN] (2008), older children are deprived of the opportunity to go to school and they may be exposed to abuse and exploitation in order to obtain the basic needs for themselves and their younger siblings. Tsegaye (2008b) states that females (young girls) heading the household trade sex for their siblings' school fees or to buy food and medicines.

Parental death affects the child negatively and imperils the child's future and opportunities thereby crushing every hope of ever completing school and acquiring a job causing orphaned children to be caught in the "vicious cycle of poverty".(Ismayilova, Ssewamala, Mooers, Nabunya & Sheshadri, 2012: 03). The trauma of having to care for a sick parent and their death thereafter have a profound effect on the adolescent's school work to an extent where the child is found repeating the grade (Maqoko, 2006). Foster and Williamson (2000) found that education is disrupted when parents fall ill and especially the older girl children are compelled to take over the household and care-giving chores. In circumstances where girls who work and are still in school, they carry a triple burden of housework, schoolwork and work outside the home, paid or unpaid, which eventually reduces their educational attainment and achievement (UNICEF, 2009).

A formal education is imperative as it teaches the child about his or her human rights and can be regarded as a winning lottery ticket out of poverty As pointed out by Earnshaw (2007) school also provides basic life skills and knowledge that children need in order to change their behaviour and prevent them from getting infected with the HI virus. However, several studies conducted by researchers indicate that due to the orphan's home situation, it is virtually impossible for them to attend school and to receive this education which might save their lives. The barriers preventing them from attending school are so deep rooted that it seems as if they are entangled in a web of uncertainty. Education is seen by the community members in Uganda as a successful way of keeping the children safe, protecting them from illicit behaviours and keeping them away from the streets by providing them with career opportunities

and allowing them to engage in activities that promotes an effective well-being (Ismayilova, Ssewamala, Mooers, Nabunya & Sheshadri, 2012). Research conducted in developing countries revealed that a child's access to education is dependent upon income level. Apart from the financial burden that infringes upon a child's right to education, there are also 'non-financial' costs such as the opportunity cost of sending children to school. In rural areas for example where children are involved in agricultural or domestic duties (such as fetching wood and water), sending children to school involves an opportunity cost to the household (van der Berg, 2008).

Berry and Guthrie (2003: 26) found in their study that children mentioned that they experienced difficulty concentrating at school because of the added pressure of caring for a sick adult or having to earn extra money has made it virtually impossible for them to cope with their schooling. Children also reported that they were unable to concentrate in school as they were apprehensive of finding their parents dead when they got home from school. Case and Ardington (2006: 401) research study found a significant impact of parental deaths, where the death of a mother is a "strong predictor of schooling outcomes".



**Figure 2.2: Pathways to education risks**  
 (Source: adapted from: Cluver, Orkin, Boyes, Sherr, Makhazi & Nikelo, 2013).

From Figure 2.2 it can be deduced that education risks are reported to be higher among children affected by AIDS. Since parental AIDS has a profound effect on poverty and raises the level of poverty, this inevitably leads to non-enrolment owing to the non-payment of school fees and the inability to afford uniforms. Psychological

distress due to parental AIDS is another impediment to education as it impacts on a child's grades and increased the risk of grade failure. It clearly demonstrates how psychological, educational and HIV infection risks are linked with each other thereby causing multiple risks for affected children (Cluver et al., 2013). The risks associated with the lack of education impact negatively on the sibling parent as new demands are made on them. Education is a tool that can be used to reduce poverty in numerous ways. Lack of education can be regarded as a form of poverty as "the child's home environment and background is an important factor that influences educational outcomes" (van der Berg, 2008: 10).

## **2.7 POVERTY AND GENDER INEQUALITIES**

The South African Development Community [SADC], (2008) states that poverty is the main contributing factor to most of the vulnerabilities that affect youth and remains the key aspect that reinforces significant deprivations and vulnerabilities and is the main motive behind the reason why communities do not have the available infrastructure to assist vulnerable children. Poverty ranks as one of the most crucial factors that contribute to the risks associated with HIV and AIDS as it compromises the child's well-being and contributes to other social problems (Desmond, 2007). Poverty is the root cause that is detrimental to all aspects of children's well-being and development and it is morally wrong to allow children to live in poor conditions (UNICEF, 2009). Households containing orphans are more inclined to become poorer (UNICEF, n.d: 17) as the development of a child is dependent upon a range of needs "which are mostly underpinned by financial need" (Chakalane-Mpeli & Roets, 2007: 83).

Poverty pertains to the lack of income to families or households in which children live, and it decreases their standard of living and causes many forms of deprivation. Children who grow up in poverty are known to have slow cognitive development and are most vulnerable where education is concerned because they risk remaining outside the education system due to the non-payment of school fees and the inability to purchase school uniforms (UNICEF, 2009). In a sense, poverty suppresses any feeling of hope that children may have especially those whose parents have passed away (Han, Ssewamala & Wang, 2012) and providing support to orphan households

remains a critical issue regarding the future of Sub-Saharan Africa (Miller, Gruskins and Heymann, 2006). Poverty can be viewed as an underlying cause of overlapping vulnerabilities (UNICEF, 2009).

Studies conducted by Mushunje and Mafico (2007) showed that together with the impact of HIV and AIDS, gender inequalities have increased the vulnerability of children living in child-headed households in Zimbabwe. In 2012, two-thirds of new infections were among adolescent girls in sub-Saharan Africa, with South Africa being in the region of 82%. Due to social and economic inequalities adolescent girls become vulnerable. Low social status, household poverty and food insecurity, poor quality education and violence are factors that limit the opportunities for girls. Young women and girls are promised gifts and financial and social benefits thus making them susceptible to engaging in sexual behavior from an early age (UNAIDS, 2013).

A plethora of studies on children in the role of a caregiver have outlined that female adolescents presumably adopt care giving roles as compared to the males, who assume the traditional male roles and duties such as providing food. However, some studies indicated that gender cannot be regarded as the predictor of roles in child caregiving but in the African context it is expected that the eldest child assumes that role, irrespective of whether the eldest is a male or a female (Magida & Parker, 2013).

Malinga (2002) states that orphaned girls are more inclined to marry young as a coping strategy. There is also the 'sugar daddy' phenomenon where teenage girls engage in relationships with older men as a means of survival and other material benefits. Schenk, Ndhlovu, Tembo, Nsune, Nkhata, Walusiku and Watts (2008) study reported that adults in the community described child-headed households as households headed by the older sister who is taking care of her younger siblings and is experiencing an array of problems with lack of food and money being the major ones. The adults also described children living in child-headed households as engaging in dangerous behaviour that put their lives at risk. Due to the lack of money, most females are forced into selling sex and young males into crime as many observers are of the belief that due to the desperation of these young children, they become more vulnerable to being abused and exploited and thus making them

susceptible to contracting HIV (Salaam, 2004). Child labour is regarded as the cause and consequence of poverty, and it adds to impoverishment by jeopardising children's education. Whilst most children enter the labour force at an early age, they delay entry into school, fail to complete school, and some may never attend school at all (UNICEF, 2009).

## **2.8 THE EFFECTS OF STIGMA AND DISCRIMINATION ON ORPHANED CHILDREN**

HIV-related stigma is regarded as a global phenomenon as its presence is omnipresent in every part of the world, carrying with it a negative attitude that prohibits people from being tested, and for people who are already aware of their status, it hinders their access to treatment and discourages them from disclosing their status (Maughan-Brown, 2009). Strode and Grant (2011) reveal that the levels of stigma and discrimination continue to be rise across the globe. The structure and content of stigma differ across cultures and socio-economic contexts, but whatever form it assumes, stigma represents a major barrier to effective management of HIV and AIDS (Campbell, Skovdal, Mupambireyi & Gregson, 2010). In recent years, literature on HIV stigma has been made available and provided some clarity on the issue, however, information pertaining to the evaluation of stigma related programmes is still lacking (MacQuarrie, Eckhaus & Nyblade, 2009). In order to eliminate stigma and discrimination, laws and policies are required to ensure the full realization of all human rights because fear, ignorance and discrimination concerning HIV can result in abusive treatment and violence and as a result alienate people with HIV and AIDS thereby excluding them from society (UNAIDS, 2012).

Stigma connected to HIV can be attributed to communities' or caregivers' attitudes and the manner in which they respond to it. Since stigma can be regarded as demeaning, it bears with it numerous ramifications (Strode & Grant, 2011). Stigma changes life chances, including income, employment, access to housing and health. Stigma has adverse psychosocial repercussions and can intensify material and psychological problems of adolescents preventing them from accessing proper education and health care. Stigma is brought about through hostility and violence and has negative consequences; however, little research has been considered on

the extent of stigma against children and youth infected with and affected by HIV and AIDS (Messer, Pence, Whetten, Whetten, Thielman, O'Donnell & Ostermann, 2010).

Children also experience discrimination due to their gender, sexual orientation and poverty affecting them in a variety of ways. Children reported that they were often harassed and teased by the other children because they came from a home where their parents are infected with HIV (Berry & Guthrie, 2003). Campbell, Skovdal, Mupambireyi, Madanhire, Robertson, Nyamukapa & Gregson (2011) confirm that children are not only stigmatised against but also stigmatise other children. Stigma hinders children's ability to bounce back by attacking the protective factors in their lives and making them more susceptible to vulnerability (Strode & Barret-Grant, 2001).

Although resilience is viewed as a construct that allows children to adapt positively in spite of their "stressful life experiences" (Luthar, 1991:01), psychosocial challenges including stigma and discrimination affect a child's reintegration into the community after the death of their parents due to HIV and AIDS. Stigma and discrimination proves to be rife among school children in Uganda as findings from in-depth interviews conducted by Birungi, Obare, Katahoire and Kibenge (2011) reveal that the children who have AIDS are ostracised and stigmatised by other children causing them to be isolated and withdrawn. Stigma and discrimination may be experienced on various levels and, as Dlamini, Kohi, Uys, Phetlhu, Chirwa, Naidoo, Holzemer, Greef and Makoae (2007), explain, stigmatization can include children being verbally and physically abused, neglected, called names, and being denied access to essential services. Campbell et al. (2010) affirm that children had fears of engaging with other children physically due to their HIV status and name calling, ostracisation and bullying.

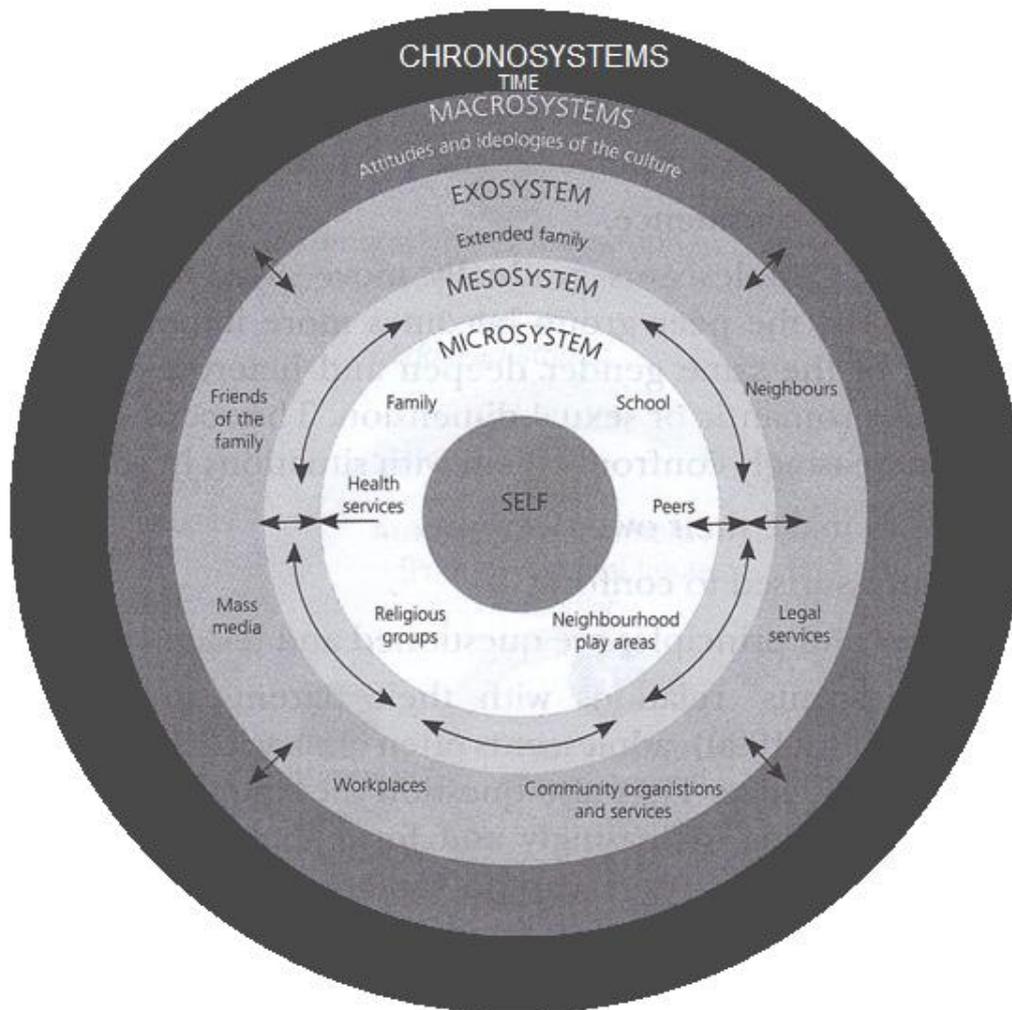
According to Sloth-Nielsen (2003) the stigma that has been attached to parents who are infected with HIV and who have AIDS or have died from AIDS-related conditions has a ripple effect on the child by marginalising them and causing them to be ostracised and shunned by society which impacts negatively on their self-esteem. Cluver and Operario (2008) add that vulnerable children are exposed to stigma due to the family HIV infection and stigmatisation is viewed as an instrument

causing vulnerable children to become victims who then are at a greater risk of problems including HIV infection and psychosocial problems. This social stigma associated with HIV and AIDS together with the overwhelming burden of caring for adults may leave children alone with their grief and suffering while they witness adult illness and eventual death (Orne-Gliemann, Becquet, Ekouevi, Leroy, Perez & Dabis, 2008).

Globally, stigma and discrimination associated with HIV persists as major obstacle to an effective HIV response. National surveys reported that discriminatory treatment of people with HIV and AIDS is not uncommon and encompasses all facets of life, including health care. In 2012, 61% of countries have announced their adoption of anti-discriminatory laws in order to protect people living with HIV. Legal services to respond to the HIV-related discrimination increased from 45% in 2008 to 55% in 2012, but owing to the lack of accessibility to these legal services, many cases of HIV-related discrimination are never addressed (UNAIDS, 2013).

## **2.9 THE THEORETICAL FRAMEWORK UNDERPINNING THIS STUDY**

In order to understand the experiences of children in child-headed households it is important to explore the ecology of the context in which they interact. The ecological theory propounded by Urie Bronfenbrenner in 1979 asserts that the child is positioned at the centre of multiple social systems and functions within the systems which are interdependent and interactive (Swart & Pettipher, 2005). This theory of development states that human development is influenced by the interactions which occur between the individual (biological) and the interrelated systems (ecology) which encompasses the individual (Swart et al., 2005). Whilst most of the influence on the individual's development is environmental, it is also influenced by genetics (Paquette & Ryan, 2001). Figure 2.3 illustrates Bronfenbrenner's Ecological Model.



**Figure 2.3: Bronfenbrenner's Ecological Model**  
 (Source: adapted from Rice & Dolgin, 2008)

The system which has the most influence on the child is the microsystem. The microsystem is the system that the child has direct interaction with. Examples of the microsystem include the child's home and school. The people in the microsystem have an immediate effect on the child (Paquette & Ryan, 2001). The mesosystems form the relation between the microsystems an example being the link between the child's educator and his/her parents (Paquette & Ryan, 2001). Bronfenbrenner (2005) described the mesosystem as being the system of microsystems and has argued that any setting necessitates the direct or indirect relations with other settings. The mesosystems indicate show various parts of a child's microsystem work in harmony for the benefit of the child. In this study it refers to the collaboration between the sibling parent and the neighborhood, religious affiliation (church), school and family. Paquette & Ryan (2001) state that the ecological theory advocates that if

the relationship within the immediate microsystem disintegrates, the child will experience great difficulty interacting with the other parts of the environment.

The exosystem relates to the broader social system in which the child is not directly involved in, although it has an impact on the child's development through the involvement of structures within the microsystem (Paquette & Ryan, 2001). The exosystem occurs via other people in the child's life, but although the child may not be directly involved in the exosystem it can have a great impact on the child's life. The Macrosystems are characterized by the cultural beliefs, values and laws that shape the cultural settings in which children develop and are considered as the outermost layer in the individual's environment (Paquette & Ryan, 2001). Chronosystems contain the dimension of time (Paquette & Ryan, 2001).

### **2.9.1 Understanding the study in the context of the ecological theory**

From the ecological point of view, the transition from child to assuming the role of a parent is influenced by the situation within the family, the school, the child's experiences and environment. Complex interactions arise between the child, the family, the school, family welfare and the peers with each system bearing its own presumptions of the process. The child's role as a parent is influenced by his/her immediate environment (the family) and the relationship between these systems (family-school) and (school-child and family welfare services). During the transition from child to parent his/her microsystems are interwoven into his/her mesosystems. As mentioned above, according to the ecological theory if the relationships in the microsystems break down, it would cause difficulty for the child to explore other environments (Paquette & Ryan, 2001).

The relationship within the home or family environment is the most significant because it is here that the roles and responsibilities emanate. "The family is a social unit created by blood, marriage, adoption or common line of kinship-whether paternal or maternal. The family can be nuclear (husband, wife and children) or extended (including relatives of the husband and/or wife)" (Republic of South Africa, Department of Social Development, n.d:05). However, this definition of a family does not constitute with that of child-headed households as their households are made up

siblings with the eldest or the most responsible in the role of the parent (Evans, 2010).

The children living in child-headed households are moulded by their interaction with their subsystems and these subsystems form an integral role in their development. Due to the interaction within the immediate environment of the child, behaviour is learnt as these systems educate and socialize children. In child-headed households, children depend on the relationship with their social systems for their survival. Children rely on extended family for financial support, care and guidance. Interaction with the school is important for the social integration and psychosocial well-being of children. Their peers play a pivotal role in providing emotional support and encouraging social development. The community enables children in child-headed households to have access to health services and social welfare systems.

As is the case in child-headed households, the absence of parents may result in the lack of basic requirements of nurturance and guidance and this may result in children being influenced by external negative factors which heighten the risk of children in child-headed households. The community as a mesosystem forms a support structure for child-headed households and can have a direct impact on how the child-head functions within the household and this impact can be positive or negative on the head of the household. Evans (2012) reports that community interventions programmes provide psycho-social support for the orphaned and vulnerable youth and that child-heads are dependent upon the support of the community.

In the context of child-headed households, when children experience pain and suffering due to their family situation, this affects the mesosystems and the exosystem as they are affected by the children's suffering. The exosystem refers to social welfare systems, and government organizations which have an indirect effect on orphaned and vulnerable children. For example this can be government policies and structures informing social workers on how to address the needs of child-headed households or the Department of Education liaising with schools to identify the barriers to education for affect orphaned and vulnerable children affected by AIDS.

An example of macrosystems relates to the implementation of foster care by government or the integration of orphaned children into extended families and how this impacts on the beliefs of children in child-headed households. Children in child-headed households are stigmatised and discriminated against because of the deaths of their parents; this experience of stigmatisation and discrimination from the community (mesosystems) affects their culture and beliefs (macrosystem). According to Berk (2000) the macrosystem which is the outer layer of the child has no definite structure but it contains the values, culture, traditions and beliefs of the child.

The chronosystems explain how the experiences of the child evolve over time. Berk (2000: 30) explains chronosystems as “temporal changes in children’s environment, which produce new conditions that affect development”. The child-head’s transition from being the child to assuming the role of a parent begins during adolescence or sometimes younger and continues over a period of time until it enters into adulthood. This change can be viewed as a sudden fixed change which affects the child-head’s development. The death of parents due to HIV and AIDS changes the course of children’s lives.

## **2.10 CONCLUSION**

In this chapter I provided an overview of the child-headed households then elaborated on the literature relevant to the study. It focused on children adopting the role of parents, role identity, developmental changes of adolescents in child-headed households, providing support to sick parents and siblings and decision making, the impact of emotional well-being and psychosocial needs and vulnerability of orphans, education, poverty and gender inequalities and stigma and discrimination. I also included a theoretical framework that guided this study. In the next chapter I discuss the research design and methodology.

# CHAPTER 3 : RESEARCH DESIGN AND METHODOLOGY

## 3.1 INTRODUCTION

In the previous chapter I explained the theoretical framework that underpinned my research which was based on the literature review that was relevant to my study. In this chapter I provide an explanation of the research design and the methodology I employed to conduct this investigation into the effects of sibling parenting on orphaned and vulnerable children in the role of parents. I employed an explorative and descriptive perspective in a qualitative context. This research study represents a framework of the research design and method that I have used in the research process with the specific intent of providing an in-depth discussion on pertinent factors. The specific tasks that are rooted in this chapter include the purpose of the study, pragmatic assumptions, research design, the research process, data generation, data analysis and interpretation, sampling and the selection of participants, ethical issues in the research process, methods to ensure trustworthiness, reflecting on my role as a researcher, limitations to the study and the pilot study. Figure 3.1 illustrates the research process.

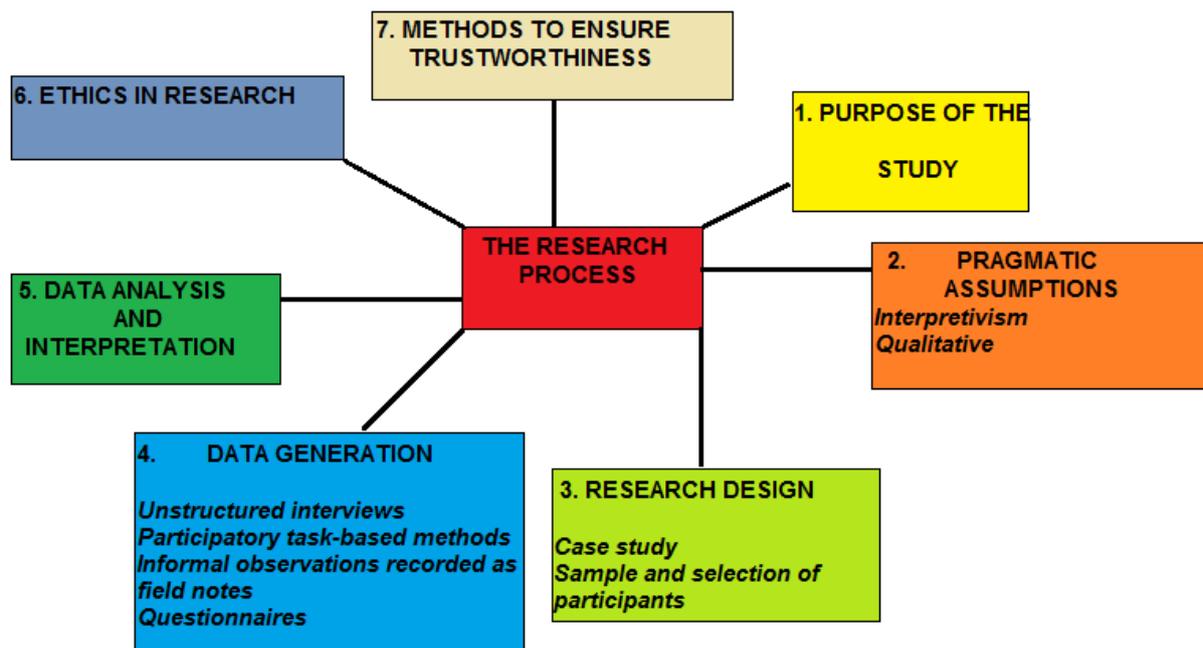


Figure 3.1: The research process

### **3.2 PURPOSE OF THE STUDY**

The purpose of this study was to explore and understand the effects that sibling parenting has on children and to ascertain how children who head their households adapt to their life circumstances. From a positive psychology perspective this study aimed to understand how children cope under such circumstances and the resources they utilise in order to run their household. This study sets out to highlight the experiences of the child-head in the role of parents.

### **3.3 PRAGMATIC ASSUMPTIONS**

A paradigm refers to a framework that makes assumptions with regards to the nature of reality and truth, the nature of questions to be explored and the execution thereof (Glesne, 2011). It can be regarded as an integrated set of assumptions, models of conducting good research, and techniques for gathering and analysing data (Neuman, 2012). A researcher's pragmatic beliefs steer the research process and influence how research will be conducted, the way in which the researcher will assess the role of values and ethics, and, their formulation of relationships with participants and other important aspects in the research process (Bailey, 2007).

#### **3.3.1 Meta-theoretical Paradigm: Interpretivism**

Since the aim of my study is to explore, understand, attach meaning and describe the life world of orphaned and vulnerable children in the role of parents, I found that using the interpretivist approach as a meta-theoretical paradigm was most suitable for this research study. Bailey (2007) asserts that research conducted with an interpretive paradigm has its focus on social relationships as well as procedures and processes through which participants create their social worlds. Qualitative research is grounded in the interpretivist paradigm considering that it relates to how the social world is interpreted, understood or experienced (Mason, 2002).

Glesne (2011) notes that interpretivism focuses on providing insight into how people make sense of their world. The interpretive paradigm permits the researcher to

understand the inner world, subjective experiences and personal perspective of the participants (Neuman, 2012). This research study makes use of an interpretive paradigm as it describes and interprets the experiences and feelings of children in the role of parents, based on verbal and nonverbal data. It allows the researcher to interact with the participants and to understand their experiences and make sense of their world as they describe it. The ability to listen is fundamental as the researcher exercises his or her inquiry to bear witness to the lives and stories of the untold (Glesne, 2011).

The limitations of this approach lies in its subjective nature, where interpretative studies tend to be biased and are unable to be generalised. As a researcher I took cognisance of fact that people construct their own meanings and attach their own interpretation to their worlds and considered the values and attitudes of the participants. Problems relating to participants may be distorted as the researcher and participant may share similar interpretation of events. It allows the researcher's own frame of reference to be central and the method of storytelling is based on experiences that are unscientific (Wu & Chen, 2005).

However, notwithstanding the limitations proposed (Wu & Chen, 2005), interpretivism as a meta-theoretical paradigm was a suitable tool which enabled me to gain an understanding of the lives of orphaned and vulnerable children in the role of parents.

### **3.3.2 Methodological Paradigm: Qualitative**

In deciding on my methodological paradigm, I considered that a qualitative study would be best suited as it used for exploring and understanding the meanings that individuals' attribute to social or human phenomena (Creswell, 2014). Qualitative techniques permit researchers to coincide with the understandings and perceptions of others and to explore how people learn, understand and make sense of themselves and others (Berg, 2001). In a qualitative study, researchers focus on the process that is occurring as well as the outcome of the process and they are interested in how things occur. Objectivity and truthfulness is central to this approach (Creswell, 2014).

Further, I was persuaded by the characteristics of the qualitative approach as proposed by Creswell (2007). Qualitative researchers use various sources of data and then review the data to make sense of them. The inductive disposition of this approach allowed me to construct patterns and themes by organising the data into abstract units of data. According to Berg (2001) qualitative research alludes to meanings, concepts, definitions, characteristics, metaphors, symbols and description of things, therefore, I was able to provide a detailed picture of my research study. Qualitative research provides rich descriptions in the form of words and pictures and this description conveys what the researcher understands about the phenomenon (Merriam, 2002).

Researchers become immersed in the data and data is in the form of words and images derived from documents, observations and transcripts. Data is collected in a naturalistic setting and is flexible and sensitive to the context in which it is produced (Mason, 2002). It has been noted that in qualitative research, data is constituted by theories and values pertaining to the researcher and the results are associated with the researcher's personal biases (Seal, 2012).

Merriam (2002) confirms that in qualitative research the researcher is the ideal instrument for collecting and analysing data. By adopting the qualitative approach, I was able to conduct research in the natural environment and became the main research instrument by focussing on the meaning that the participants attributed to the problem. I organised data into abstract units of information and provided a description and an understanding of the phenomena under investigation (Creswell, 2007).

This study is exploratory in nature meaning that the researcher listened to the participants and then created an understanding based on their ideas as well as developed a coherent and consistent picture of a person's life (Creswell, 2014). The descriptive quality of this research guided this study by displaying a systematic picture of the situation providing specific details of the phenomenon under investigation (Neuman, 2012).

### **3.4 RESEARCH METHODOLOGY**

According to Creswell (2008), a research design embodies plans and procedures for the research that incorporates decisions from vague assumptions to comprehensive methods of data collection. This research study is underpinned by an empirical research question incorporating descriptive and exploratory designs. Empirical research of any nature embodies an implicit if not explicit research design. Design is regarded as a logical sequence that links empirical data to the initial research questions and the conclusions. Research design can be regarded as an outline of the research process as it incorporates the questions related to the study, the relevant data, data that needs to be collected and the analysis of data (Yin, 2009).

#### **3.4.1 Research design: Case study**

A case is the phenomena under investigation. In this study it refers to the effects that sibling parenting have on the lives of sibling parents. In this research study I espoused a case study design as it provided answers to questions that have an exploratory content. The primary research question in this instance is how do children who are between the ages 13 to 18 years who have lost both their parents cope with the challenges of having to care for their siblings. The value of case studies is that it permits exploration of the question in a natural setting which provides a holistic account of the situation (David & Sutton, 2011).

The case study approach afforded me the opportunity to gain a wider perspective on the dynamics of children who are in the role of sibling parents. The case studies selected for this research were deemed to be bounded entities (Yin, 2012) in that the enquiry was bounded by time and activity. Interacting with sibling parents and investigating specific issues regarding their life situation yielded prominence to the internal character of the case (David & Sutton, 2011).

According to Berg (2001), the case study method entails collecting information about a particular person, social setting, event or group which allows the researcher to understand how it functions. In this stance, the researcher, in search of fundamental pursuits pertaining to the life world of the sibling parent, utilised unstructured interviews, participatory task-based methods, informal observation, questionnaires and field notes as a means of collecting information.

The limitations of the design lie in its inability to generalise results and case studies tend to be very time consuming to undertake and produce vast amounts of data (Seale, 2012). In this case, my aim was not to generalise research findings but to merely provide more information pertaining to the effects of sibling parenting on children who are in the role of parents. Creswell (2007) posits that the type of case study is differentiated by the size of the case for example whether the case involves one individual, several individuals, a group or activity. For the purpose of this research, two participants were selected which was sufficient to provide a rich description of the phenomena being studied (Creswell, 2007).

### **3.5 THE RESEARCH PROCESS**

A qualitative approach was designed to understand, explore and capture the thoughts and feelings (Given, 2008) of children who are in the role of parents. A qualitative research was chosen for my study because it was based on an interpretative approach. The qualitative research method purveyed a prolific description by providing insight into the real life experience of sibling parents (Creswell, 2003).

This research study advocated a methodological triangulation of data collection strategies. Triangulation refers to utilizing data from multiple sources and it is crucial in establishing the quality of field research (Bailey, 2007). Triangulation of data enables the research questions to be directed from different standpoints or conceived in a variety of ways, suggesting alternative methods and sources (Mason, 2002). Creswell (2003) points out that by utilising the qualitative approach researchers use multiple methods of data collection that involves the active participation of the participants. Figure 3.2 illustrates the data generation activities. As a qualitative study, I have analysed the data gathered from all the data-generation methods in order to answer my research questions.

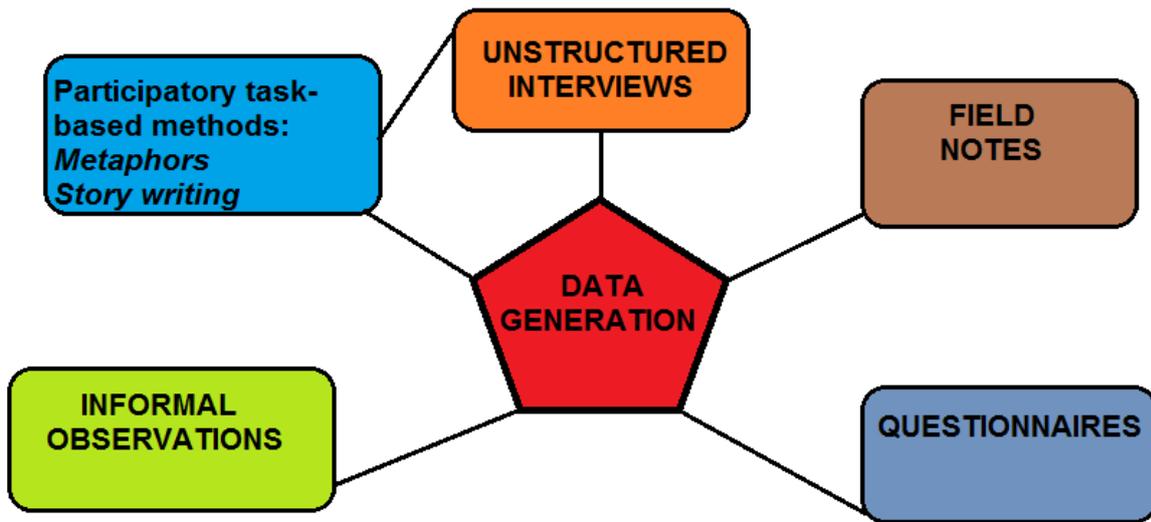


Figure 3.2: An illustration of the data generation activities

### 3.5.1 Data generation

Un-structured interviewing emerged as the first step in the data generation process. Mason (2002: 62) postulates that an interview is regarded as the ‘interactional exchange of dialogue’ usually between two or more people. Informal observation provided me with the opportunity to document the activities and behaviours of the participants in the natural setting. The ability to see and hear and experience was central to the observation process. Field notes were made after each interview process as it serves as a reflexive journal of the researchers thoughts during the study (Given, 2008). The interviews were recorded and transcribed by me. A questionnaire that was completed by the participants gave me a holistic understanding into the lives of the participants.

### 3.5.2 Un-structured interviews

I conducted interviews with the participants since interviews are deemed to be a good method of collecting qualitative data (Creswell, 2003). I made use of un-structured interviews as part of my data collection strategy. I chose to use this method because un-structured interviews may be seen in the same light as conversations (Bailey, 2007). The intention of an interview is to initiate the fundamental question and to excavate a more holistic picture of the given phenomena thereby allowing a more overt response for the participant. Open-ended

questions were used as it actuated the extended sharing of information (Bailey, 2007).

Kumar (2014) states that un-structured interviews encompass flexibility, spontaneity and freedom in content and structure. The interview was conducted in an environment devoid of outside interferences and the researcher took into consideration the ethical guidelines of confidentiality, anonymity and privacy as stipulated by Kvale and Brinkmann (2009).

According to Mason (2002), the process of qualitative interviewing is expounded from an ontological standpoint whereby the participants' knowledge, views, understandings, interpretations, experiences and interactions are regarded as meaningful properties of the social reality which my research questions were designed to explore. From an epistemological stance, data was generated in a meaningful way, as it allowed me to interact with the participants, ask questions, and use participatory tasks which aided the process of data generation and to be able to listen to them as well as to be sensitive to their feelings and ensure that they were not exploited during the interview process. I chose qualitative interviewing because it placed great emphasis on the depth, "nuance, complexity and roundedness of data" (Mason, 2002: 68). My study explored the effects that sibling parenting has on children in the role of parents and it required an in-depth understanding of experiences in the context of the situation.

An interview guide was formulated and was used to direct the interview process (see Appendix E). The interview guide was used to obtain information in relation to the phenomena under study. Questions were asked in three phases. The initial questions related to the concept of sibling parenting. The follow-on questions pertained to the changed role of the child and the fading out questions reflected on the thought process of the child. Prior to the actual interviewing of participants, a trial interview was conducted and three face-to-face interviews were conducted as a pilot study. This proved effective in developing me as a researcher, as it gave an opportunity to practice my interviewing skills and enabled me to improve in areas where I lacked.

### **3.5.2.1 Incorporating participatory tasked-based methods**

Children differ from adults; they do not express themselves voluntarily as compared to adults therefore participatory tasks such as story-writing, dancing, collage, drawing and metaphors encourage children to participate and empower them in matters regarding decision-making (Punch, 2002).

When deciding on the type of participatory task based method to utilize in my study, I took into consideration the age of the participants. I made use of metaphors and story writing techniques as a form of data collection during the interview process in which participants described their life world. I was informed by Denzin and Lincoln (2013b) that visual images are central to our daily lives and they enable the researcher to understand how people communicate meaning using oral or visual texts. I chose to employ this method because it is flexible in nature and it allowed me to engage on a more personal level with the participants.

Metaphors as a form of data generation was incorporated into my research study. Language devices such as metaphors are tools used by the participants to obtain meaning from a complicated reality. Metaphors help to make sense of the study under investigation and provide more insight the phenomenon. In my study metaphors were instrumental in providing an in-depth understanding into the lives of children in the role of parents (Jenson, 2006: 05) (see Appendix F). "Metaphor is at the centre of language and it is the cognitive capacity that allows human beings to construct alternative modes of being and to envisage what might be if things were otherwise. It is the metaphor that enables us to make creative sense of what is around us and what we carry in our memories" (Green, cited in Jensen, 2006: 06). In this case the metaphor was used to re-capture the memories that were buried within the participant. It gave participants a sense of freedom, the ability to express themselves freely. The use of the story writing technique enabled participants to create their own stories (see Appendix G). By engaging in story writing, participants were free to express themselves as there were no time constraints. Story writing as a participatory task creates a safe space for participants to reveal personal information about their everyday life experiences and state their views and opinions regarding a particular situation (Bergold & Thomas, 2012).

Qualitative data needs to be reduced in order to make it accessible, understandable and to draw out themes and patterns. The focus is to transform raw data into a manageable form (Berg, 2001). After creating audio-tapes of the interview process, the interviews were transcribed verbatim and then coded. Qualitative researchers construct and present analytical explanations on the basis of qualitative data (Mason, 2002). They sort and organise data into meaningful categories. I adopted the use of thematic analysis as proposed by Clarke and Braun (2013) to conceptualise the process of data analysis.

### **3.5.3 Informal observations**

I conducted informal observations or non-participant observation as a means to collect information in order to understand the experiences of the participants and to gain insight and understanding into their lives. Informal observation proved useful for congruence between verbal information provided by the participant and their actual behaviour.

This method of collecting data incorporated informal conversations with the participants as well as observational techniques to record the participant's body language, gestures, their interaction with their siblings and the interaction between the participant and myself (Mason, 2002). This gave me an inside perspective into the setting (Asselin, 2003). I was able to collect data by witnessing (Bailey, 2007) and experiencing what goes on in the life of the sibling parent. The aim of observing my research participants was to experience their life as they lived it (Mason, 2002).

Data was generated using an observation schedule to categorise observed behaviour (see Appendix H). The challenge that I experienced at first was not writing the detailed accounts of my observation after the first session. It became evident that I could not rely on memory and that detailed descriptions had to be recorded. I then recorded my observations during my interactions with the sibling parents by drawing diagrams and pictures to aid me in remembering what I had observed.

I recorded the physical and verbal behaviour of the participants which included the way they interacted with the siblings, the tone used when speaking, their attitude and the manner in which they responded to their siblings. During the interview process I recorded the non-verbal behaviour (mood and gestures as well as my interaction with the participants) as field notes. This proved effective as it provided greater insight into my experiences during the interview process.

#### **3.5.4 Questionnaire**

A questionnaire was compiled and used to elicit information from the participants. It was handed to the participants during the face-to-face interview and was collected personally from them during the next session. I made use of open-ended questions as this gave the participants an opportunity to answer in detail and to qualify their responses (Neuman, 2012).

The questionnaire differed from the interview because the questions in the questionnaire elicited the feelings, experiences and attitudes of the participant while the interview questions elicited a holistic account of the participant in his or her role as a sibling parent. The questionnaire was made up of a list of questions and included a set of instructions as well as a space for providing answers and any background information. The questionnaire was divided into three sections which included education, social life and future ambitions of the participant. (See Appendix I for an example of the questionnaire that was used.) The questions in the questionnaire comprised of open-ended questions to enable the participants to express themselves openly. The disadvantage was that participants reported that it was time-consuming and they had to take time of their busy schedule to complete it.

#### **3.5.5 Field notes**

I made use of field notes during the research study as this helped me to record the events as they occurred. According to Glesne (2011), field notes are the most important recording tool of the researcher as it incorporates descriptions of people, places, events, activities and it yields a place for ideas, reflections and notes pertaining to patterns that seem to emerge. I employed the use of jotting as a

process of taking down notes in the field. According to Yin (2012), note taking is generally constructed on different sources of evidence with the initial notes taking the form of 'jottings' instead of complete sentences. Jotted notes are written in the field, they are short words and phrases as well as diagrams that serve as a memory aid (Neuman, 2012).

Field notes are the 'backbone' of gathering data and analysing field data and contains detailed descriptions of events, things previously forgotten, analytic ideas and inferences, impressions and personal feelings, things to think about and do and reflexive thoughts (Bailey, 2007). The goal of field notes is to record the interview and observational evidence in a methodical manner to be utilised later as part of the analysis (Yin, 2012). I made my field notes on my observations so that the information was recorded while still fresh in my memory. I recorded everything about the observation as close to verbatim as possible (Berg, 2001). This brought about a clear understanding of the research study. (See Appendix J for an example of field notes that I have recorded.

### **3.6 DATA ANALYSIS**

Following the interview process, I listened to the audio-tapes of the recorded interviews. This helped me to become familiar with the data thereby noting any initial observations. Patton's (2015) approach is also referred to as 'Grounded theory' (proposed by Glaser and Strauss, 1967) is where the researcher becomes immersed in the data so that meanings and relationships can emerge.

The next stage involved coding the data. Data coding is described as an analytic process (Clarke & Braun, 2013) where the semantic and conceptual reading of data are encapsulated. Gibbs (2009) states that coding entails defining the data the researcher is analysing. When coding data, I identified and recorded data that carried the same construct (See Appendix K).

After the data had been coded, the next stage involved searching for themes within the coded data (Attride-Stirling, 2001). I looked for themes that were notable by reading the text within the context of the codes. The next step entailed going through

the selected themes and refining them. This helped me to reduce the data into a manageable set of themes.

Reviewing themes is an important aspect as it involves checking whether they are in keeping with the coded text and the full content (Clarke & Braun, 2013). Themes were defined by constructing a detailed analysis of each theme (Clarke & Braun 2013) and according to the similar issues that they shared. This formed thematic networks as themes were grouped based on content, appropriateness and theoretical grounds (Attride-Stirling, 2001). Writing up is the most important aspect in thematic analysis. It involved intertwining the narrative aspects in order to produce a holistic picture relating to the data and ensuring that it is in context with literature (Clarke & Braun, 2013). I made use of field notes and also recorded notes on my observation sheet to facilitate the process of writing up. Data obtained during the observation was analysed in conjunction with information retrieved from the interview. Data was coded and themes were extracted and inferences of meanings were noted of what was observed.

Member checking is an important aspect in reviewing themes. Harper and Cole (2012: 512) defines member checking as a "quality control process as it seeks to improve the accuracy, credibility and validity of what has been recorded during the research interview". In this study, member checking was conducted at the end of the study with the participants involved in the study. They were given the opportunity to critically analyse the findings and to comment on them (Creswell, 2007).

### **3.7 SAMPLING AND SELECTION OF PARTICIPANTS**

In my quest to gain an in-depth understanding into the lives of children in the role of parents, I used purposive sampling which is also called judgemental sampling as proposed by Berg (2001). Sampling method is important as it defines the vision of the study and is referred to as a selection tool that allows researchers to use their knowledge to systematically select a case for the study (Berg, 2001; Creswell, 2007; Mason, 2002 & Neuman, 2006).

Sampling and selection are referred to as principles and procedures that are used in research to identify, choose and gain access to relevant data (Mason, 2002). In the process of selecting participants for the study, I took into consideration the sensitive nature of the topic and ensured that I proceeded with caution. Cases and subjects are chosen because of the rich information they provide (Denzin & Lincoln, 2008). This is affirmed by Kumar (2005) as the fundamental question in purposive sampling is who can provide the best information. Children living in child-headed households provided the best source of information as they were familiar with the phenomenon under study.

The site chosen for this study is the Durban region of KwaZulu-Natal. Participants for this study were purposively selected from schools with the permission of the Department of Education, principals and social workers or guardians. The research participants selected for this study were children between the age of 13-18 years who have lost both parents and are in the role of sibling parents.

At the time of the research both participants were attending school and were in grade 7 and 12 respectively. Their home language is IsiZulu but they are conversant in English as they both attend schools that teach English as a Home Language. Participant 1 is 15 years old and is in Grade 7. She has two younger siblings. Her mother passed away in 2013 and her step-father passed away in 2014. They live in their parent's home and their guardian is a distant relative, who checks up on them every fortnight. Participant 2 is 17 years old and is in grade 12. He has one sibling. Both his parents are deceased. Due to the time restraints on the research study, two cases were chosen as the sample size.

I chose this method of sampling because I was informed by the work of Palys (cited in Given, 2008: 697) that "purposive sampling is synonymous with qualitative research" and the advantage of utilising this method is contained in the unlimited 'purposive' strategies that the researcher may have. Purposive sampling corresponded with the type of study under investigation. I took my cue from Neuman (2007) who proclaimed that purposive sampling is appropriate for social situations where the researcher draws a sample of a specific case for in-depth investigation of the phenomena being studied. Despite its limitations such as the lack of

generalisability (Berg, 2001), purposeful sampling is widely used by researchers as it focuses on particular characteristics of a population that are of interest to the researcher.

### **3.8 ETHICAL CONSIDERATIONS**

During the research process I endeavoured to respect the rights of all participants and ensured that they were treated with dignity and integrity. According to David and Sutton (2011), a systematic study incorporating the elements of ethics includes the formalisation of rules that separate good from bad.

#### **3.8.1 Risk of harm**

Sensitive topics generally carry with them the risk of harm to participants thereby causing emotional discomfort. Researchers may be faced with a situation in which the participant may become emotionally distressed (Curtis & Curtis, 2011). Ethical research necessitates that no harm be done to research participants, the researcher or to the relationship between researcher and the participants in the setting (Bailey, 2007).

It should be noted that the data extracted from a qualitative study is never 'value-free', it can bear negative ramifications. An area of concern would be the sensitivity of the research topic as research may prove to be damaging to the participant's sense of self if responses on sensitive topics are coerced without consideration (David & Sutton, 2011). As a researcher, I took into consideration the sensitive nature of the research topic, and made sure that the participants were well informed on the topic as well as the ramifications of the study. Participants were given the opportunity to withdraw from the study if they felt that they were being harmed in any way.

#### **3.8.2 Informed Consent**

“The principle of informed consent is generally agreed to be the ideal mode of operation when enlisting others in a researcher’s design” (David & Sutton, 2011: 43). Informed consent signifies that the subjects are made aware of the type of information that is required from them, the reason for obtaining the information, the purpose it will serve and the role that they play in the study. It is important for participants to act voluntarily and without any pressure (Kumar, 2014). Voluntary informed consent is regarded as an essential requirement of ethical research, in relation to minimising risk of harm (Curtis & Curtis, 2011). The letter of assent to the child participants emphasised that only after consent had been granted by the respective parties would the research proceed and voluntary participation was stressed so that participants did not act out of coercion.

I obtained permission (consent) from the Head of the Department of Education, KwaZulu-Natal, to conduct the research in the schools from the principals of the schools involved in the study; from the social workers who are the legal guardians of the participants and from the participants.

Informed consent clarifies the aspects of privacy, confidentiality and anonymity (Robson, 2000). All data collected from the participants was treated confidentially and the anonymity of the participants was safeguarded at all times. The interviews were conducted in the comfort and privacy of the participants’ home.

### **3.8.3 Violation of privacy, anonymity and confidentiality**

As a researcher I understood that the principle of privacy, anonymity and confidentiality of the participant was ensured that it was upheld at every stage in the research process. Privacy encompasses respect for an individual’s “wish to have control over access to themselves and information about themselves” (Robson, 2000:32). The participants were given the opportunity to check that the information was not distorted in any way, and this was done during member checking.

During data collection I made use of an audio tape recorder to record the interviews. However, despite the intrusive method used, I was able to ensure the confidentiality

of the information. The tapes, transcripts and notes were locked in a safe place, of which only I had access to. The recording of information was done only after the participant gave consent to do so. I was informed by Berg (2001: 57) when he stated that “Confidentiality is an active attempt to remove from the research records any elements that might indicate the subjects’ identities”.

Confidentiality pertains to information regarding an individual such as the interview transcripts, notes; video or audio tapes together with an agreement of how information collected will be kept private. In this study all names and identifying information were removed to ensure anonymity of the sibling parents. Denzin and Lincoln (2011) conclude that confidentiality must be guaranteed as the primary safeguard against unnecessary exposure, thereby ensuring that personal data should be secured and declared “only behind a shield of anonymity”. In this study, I took all the necessary measures to ensure that the anonymity and confidentiality of the research participants were upheld. When I realised that the participants had been exhausted by the interviews I realised that it was time to end the session. I took my cue from the participants, their body language and facial expressions told me that they needed their privacy. I understood that the role they played was that of an adult and that they were over burdened by their daily activities as well as having to care for their siblings and that they required their rest.

### **3.9 METHODS TO ENSURE TRUSTWORTHINESS**

Children in the role of sibling parents, and who act as primary care-givers are also undergoing the transition to adulthood. They face many challenges in trying to survive and raise their younger siblings. Researching children under these circumstances place them in a vulnerable position. The issue of trust is imperative as it has a profound effect on the lives of children. Trustworthiness necessitates conducting and presenting research in a manner in which the reader believes or trusts the research findings and is persuaded that the research findings are valid (Bailey, 2007). Trustworthiness certifies that the reader understands how the researcher reached his or her conclusion. Credibility, transferability, dependability and confirmability are deeply rooted in the concept of trustworthiness (Bailey, 2007).

I was obliged to apply Guba's model (in Bailey, 2007) of trustworthiness in order to establish the validity and reliability of my study.

I was guided by the works of Trochim and Donnelly (2007: 149) in which they state that "credibility involves establishing that the results of qualitative research are credible or believable from the perspective of the participant's being researched". In this case member checking involved checking with the participants that the interpretations of the research findings were relevant and authentic. Brewer (2002) states that credibility pertains to the accuracy of information or the truth value therefore, various data collection methods have been used in this research (interviews, informal observations, questionnaires, field notes) and appropriate methods were utilised in the collection and analysis of data to ensure credibility (Bailey, 2007).

"Transferability refers to the degree to which results of qualitative research can be generalised or transferred to other contexts or settings" (Trochim & Donnelly, 2007: 149). Bailey (2007) affirms that the transferability of results must ensure the applicability of findings to various settings and situations. In other words, the researcher should possess the ability to generalise qualitative findings to other populations. To ensure the effective transferability of research results, the researcher used purposive sampling techniques and this defined how participants would be used in the study. The researcher also stipulated the various data collection methods used in the study to check the transferability of results (Nziyane, 2010). In this study information supplied by participants (sibling parents) can be generalised to other settings that bear relevance to the topic. However, since this research is conducted in one geographical location (KwaZulu-Natal) the results cannot be generalised to the whole of sub-Saharan Africa.

"Dependability is concerned with whether we obtain the same results if we could observe the same thing twice" (Trochim & Donnelly, 2007: 149). Bailey (2007) states that when a research study is dependable, it ensures trustworthiness thereby ensuring that researchers give a detailed account of the entire research process. Triangulation of data was used to ensure validation of findings. The researcher used the same instruments for both the research participants in the

study. The same interview schedule, observation sheet and questionnaire were given the sibling parents to ensure that it yielded the same results.

“Confirmability refers to the degree to which the results could be confirmed or corroborated by others” (Trochim & Donnelly, 2007: 149). The principle of confirmability was met in this study as the information obtained from the data collection possessed similar findings on child-headed households conducted by other researchers in different countries in sub-Saharan Africa. (Chapter 2: Literature review).

### **3.10 REFLECTING ON MY ROLE AS A RESEARCHER**

Glesne (2011) states that it is imperative that a researcher defines his or her role in the research process. My role as a researcher was to explore and understand the adolescent in the role of a parent. I was involved in collecting and analysing data. As a researcher, I conducted un-structured face-to-face interviews and incorporated participatory task-based methods such as metaphor and story writing to explore the experiences of the sibling parent. The researcher can be regarded as the primary data collection instrument however; the researcher is also involved in a sustained and intensive experience with the participants of the research study (Creswell, 2014). I interacted with the participants and found myself being subjective, however, as a researcher I needed to understand that my beliefs must be kept separate from the research process and in doing so I made use of member checking which reduced the biases in the study and helped to ensure the credibility, transferability, dependability and confirmability of the study.

### **3.11 PILOT STUDY**

A pilot study was conducted. Yin (2001) explains that pilot case studies assist the researcher in fine tuning data collecting strategies with regard to the content of the data and the procedures that are to be followed. The pilot study serves as a more informative approach as it assists the researcher in developing relevant lines of questioning. It is constructive as it permits the application of many aspects of the research (Glesne, 2011).

The pilot study enabled me to evaluate my interviewing skills and helped me to rectify any incorrect procedures and gave me the opportunity to reflect on whether I have conducted myself in an appropriate manner. The question of ethics came to the fore and I made the necessary adjustments that were required with regard to the development of questions. The pilot study helped me to identify obstacles in the research process of collecting and analysing data and the necessary changes were made in that regard.

After the pilot study, I realised that data analysis should occur as soon as the data has been gathered as per Creswell (2007) who states that data analysis should occur concurrently with data generation. When asking the questions during the interview, I realised that the participants are children, and that I should take on a different approach. In the beginning I used probing as a technique to open the channel of communication.

Creswell (2007) reminds researchers that hand written notes should accompany the audio-recording of the interview. This will prevent any problems should the equipment fail.

### **3.12 CONCLUSION**

In this chapter I outlined the purpose of the study, the pragmatic assumptions, the methodology used in the research, the research design, sampling and the selection of participants, the research process, data generation, data analysis and interpretation, ethical issues in the research process, methods to ensure trustworthiness, reflecting on my role as a researcher and the pilot study. In the next chapter I discuss the results and findings of the study.

# CHAPTER 4 : PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

## 4.1 INTRODUCTION

In the previous chapter I discussed the design of the empirical research. I addressed the research design and methodology and the data generation process. Furthermore, I explained the process of data analysis and interpretation. In Chapter 4 I present the results of the study and I discuss the findings in relation to the relevant existing literature.

## 4.2 RESULTS OF THE THEMATIC CONTENT ANALYSIS

In this chapter I present the four themes, sub-themes and categories that emerged from the thematic content analysis of the data (see Table 4.1). I support the statements with direct quotations from the transcriptions of participants, as well as from my field notes and observations sheets. I also included the inclusion and exclusion criteria for each theme. I refer to existing literature to support my findings at the end of each sub-theme. Pseudonyms were used in this study to protect the identity of the participants.

**Table 4.1: Themes, sub-themes and categories**

THEME	SUB-THEME	CATEGORY
<b>Theme 1: Day-to-day experiences in real life contexts</b>	Sub-theme 1.1: Caregiving roles and responsibilities of sibling parents	Category 1.1.1: Taking care of sick parents and younger siblings
		Category 1.1.2: Providing support for younger siblings
		Category 1.1.3: The need to protect younger siblings
		Category 1.1.4: Children experience psychological stress in their role as parents

	Sub-theme 1.2: Vulnerability	Category 1.2.1: Ill-treatment and abuse by others
		Category 1.2.2: Poverty and shortage of food
	Sub-theme 1.3: Children living without adult supervision	Category 1.3.1: Children living without guidance
		Category 1.3.2: Younger siblings defy authority
<b>Theme 2: Psycho-social and emotional challenges</b>	Sub-theme 2.1: Experiencing loss and death and the feelings of sadness	Category 2.1.1: Loss of childhood and parental love
		Category 2.1.2: Illness and death of parents
		Category 2.1.3: Feelings of sadness
	Sub-theme 2.2: The experience of loneliness and despair on the part of the sibling parent	Category 2.2.1: Abandonment by significant others
		Category 2.2.2: Lack of extended family support
		Category 2.2.3: Fear of separation from siblings
	Sub-theme 2.3: Stigma and discrimination	Category 2.3.1: Teasing and mocking by peers
		Category 2.3.3: Distance created by family and neighbours
<b>Theme 3: Barriers to leaning and education</b>	Sub-theme 3.1: Educational problems	Category 3.1.1: Absenteeism, punctuality and transport issues
		Category 3.1.2: Increased work load
		Category 3.1.3: Learning problems experienced at school
<b>Theme 4: Future perspectives</b>	Sub-theme 4.1: Participants' need to rise above challenges	Category 4.1.1: Education as a key to success
		Category 4.1.1: Hope and optimism

#### 4.2.1 Theme 1: Day-to-day experience in real life contexts

This theme discusses the results pertaining to the experiences and challenges which orphaned and vulnerable children in the role of parents encounter on a daily basis.

This theme saw the emergence of three sub-themes namely,

- Sub-theme 1.1: Care-giving roles and responsibilities;
- Sub-theme 1.2: Vulnerability; and
- Sub-theme 1.3: Children living without supervision.

Table 4.2 presents the inclusion and exclusion criteria for Theme 1.

**Table 4.2: Inclusion and exclusion criteria for Theme 1**

<b>SUB-THEME</b>	<b>INCLUSION CRITERIA</b>	<b>EXCLUSION CRITERIA</b>
<b>Sub-theme 1.1: Care-giving roles and responsibilities of sibling parents</b>	Any reference to experiences of children in the role of parents including performing parental duties such as providing for their siblings, protecting them, meeting their basic needs, cooking, and washing, helping with homework and providing emotional support	Any reference to any other experience of caregiving or reference to educational challenges
<b>Sub-theme 1.2: Vulnerability</b>	Any reference pertaining to children being exposed to vulnerable situations. The inclusion of poverty, shortage of food, abuse and exploitation, social injustices	Any reference to orphaned and vulnerable children endangering their lives by engaging in acts voluntarily or due to social pressures
<b>Sub-theme 1.3: Children living without adult supervision</b>	Any reference to orphaned children living without proper care and guidance	Any reference to orphaned and vulnerable children who receive guidance and support from extended family members

##### 4.2.1.1 Sub-theme 1.1: Care-giving roles and responsibilities

This sub-theme highlights the caregiving roles and responsibilities of sibling parents is discussed with reference to the following categories:

- Category 1.1.1: Taking care of sick parents and younger siblings;
- Category 1.1.2: Providing support for younger siblings;
- Category 1.1.3: The need to protect younger siblings; and
- Category 1.1.4: Children experience psychological stress in their role as parents.

#### 4.2.1.1.1 Category 1.1.1: Taking care of sick parents and younger siblings

The day-to-day life experiences of children in the role of parents in this study include taking care of their sick mothers, performing parental duties such as providing care and support for their siblings, protecting them, meeting their basic needs, cooking, and washing their clothes, helping with homework and providing emotional support. Participants appeared overwhelmed by the household duties they were expected to perform in the role of parents and have reported that they adopted the role when their mothers fell sick. In this study Zama indicated that she was tasked with the responsibility of taking care of her sick mother and her two younger brothers. In the interview she stated: *“I was the only one, the eldest so I had to look after her. I should wash her, cook, clean and take care of my siblings...”* (Zama, Interview 1, L601-02, pg. 18). She affirms that she was forced to stay home from school and attend to her responsibilities: *“I failed because I stayed away from school often.”* (Zama, Interview 1, L 602, pg. 18).

When asked, how has the change from being a child to assuming a parental role been for him, Lunga replied: *“It is hard.”* (Lunga, Interview 1, L162, pg. 6) *“It has been a drastic change, I wasn’t expecting it. I have more responsibilities...”* (Lunga, Interview 1, L 231-33 pg. 8). *“Before (when mum was alive) I used to just come back from school and had no chores, now I have to come back from school, make food for him (pointing to his little brother), wash for him, help him with homework.”* (Lunga, Interview 1, L 242-45, pg. 8). It seems that there is a common understanding that it is the responsibility of the eldest child to take care of their ailing parents. However, sometimes it becomes difficult when the gender of the child is different from that of the parent. Lunga added: *“I took care of my mother when she was at home but it was difficult because I am a male and there are certain things that I wasn’t able to help my mother with.”* (Lunga, Interview 1, L652-55, pg, 20).

I would like to reflect on my experience that I jotted down during my observations. The following excerpt is taken from my observation schedule and field notes:

During the first interview with Lunga, I noticed that his younger brother repeatedly nudged him. My first thoughts were that he was probably feeling uncomfortable with me being there, but in fact he was hungry and wanted his brother to make him something to eat. What amazed me was Lunga's patience and attitude toward his younger brother. My interview went from the small lounge into their kitchen (neat and tidy with built-in cupboards) where I watched him make pap (a traditional African staple). His six year old brother was impatient and demanded that the pap get done immediately. I also noticed that when his little brother spoke to him, he always pulled his face toward him to make sure that he gave him his undivided attention I kept wondering if I was intruding in their personal space (March, 2015).

I stopped the interview in order to allow Lunga to prepare the meal for his brother. Lunga suggested that I joined them in the kitchen. I was apprehensive at first because I was unsure about how Siya (his little brother) would feel about me joining them. Siya's smile gave me an indication that perhaps he did not mind my presence in the kitchen. The interview then proceeded after Siya had his meal.

Both participants found themselves in similar situations of having to take care of their ill mothers and siblings. They were subjected to preparing daily meals, doing household chores and providing care for their ill-mothers, getting their siblings ready for school and also attending to the emotional well-being of the family members. It seems that Lunga and Zama had accepted their roles as sibling parents.

#### **4.2.1.1.2 Category 1.1.2: Providing support for younger siblings**

It seemed rather essential for both participants that they provided adequate support for their siblings. In explaining her metaphor, Zama described herself as a tree providing care and support to other younger trees (her younger siblings). She uses the following metaphor to explain how she perceives her role as an adult tree. *"I have to take care of the other trees here because they are so little (Zama, Interview 2, L684, pg. 22.)* She speaks of her brothers being so little implying that she is old enough to take care of them. *"I wish I had a family" (Zama, Interview 2, L716, pg.22).* *"They will help me to take care of the other trees... but I do it" (Zama, Interview 2,*

L717, pg. 22). [She despairs].She believes that family symbolises support and having a family would ease the burden of caring for her siblings.

Providing support for younger siblings extends beyond the parameters of cooking, washing and cleaning. It also includes nursing and taking of younger siblings when they are ill. The following excerpt explains the role of Lunga when his six year old brother falls ill. *“When my brother gets sick I have to take time off from school and take him to the clinic”* (Lunga,Interview 1, L329, pg.11). Lunga confirms that the pressure mounts when he absents himself from school in order to fulfil his parental responsibilities especially now that he is in matric. This, he adds is most stressful for him because the work load is intense.

#### **4.2.1.1.3 Category 1.1.3: The need to protect younger siblings**

Zama feels that she has the responsibility to protect her brothers from her own feelings as well as from harm and danger. *“We don’t have electricity so I had to light the primus stove to cook and to make water to boil”* (Zama, Interview 1, L 306, pg.10). This shows Zama’s courage and self-sacrifice in fulfilling her role as a sibling parent. She talks about the dangers of using a primus stove. *“I got burnt with the hot water so sometimes I am lucky it was not too bad it was in my hand”* (Zama, Interview 1, L 307, pg. 22). The lack of basic amenities in her household subjects her to perilous conditions heightening the risk of injury.Zama also addresses her fears for her brothers using the primus. *“My brothers are not allowed to touch the primus stove coz I am scared if they get burnt too...”* (Zama, Interview 1, L308, pg. 22). Being in a surrogate position (sibling parent), she feels it is her moral obligation to ensure that her younger brothers are protected.

In the following excerpt Zamaexpands on her need to protect her siblings from harm and danger. *“I remember once my brothers were playing outside, the neighbour’s children were teasing them because my mother died of HIV”* (Zama, Interview 1, L98, pg. 4). I went outside and fought with them because they made my brothers cry....” (Zama, Interview 1, L102, pg.4). Zama adds that being alone means standing up for yourself so that others do not take advantage of you. This excerpt demonstrates the actions taken to protect her siblings from children who are

malicious. Children in the role of parents risk their lives to protect their younger siblings. In this case Zama reinforced her position as head of the household by defending her brothers and in that way putting her well-being at risk.

On a similar note Lunga believes that protecting his brother is imperative because he is still too young to fend for himself. The following excerpt explains his role as a “Big Brother” (Lunga, Interview 1, L289, pg. 9). *“If someone is bullying him I look out for him, he is my little brother, I take him to school, I walk him to school in the mornings and I take care of him after school”* (Lunga, Interview 1, L290, pg.9). During the interview, Lunga revealed that his brother does not call him by his name but calls him “Big Brother”. His reason to protect is to ensure that no one hurts his brother by bullying him. Lunga’s metaphor is a red Lamborghini (Interview 2, L772-773, pg. 24-25)(see Figure 4.1) which he describes as dangerous red which could signify his need to protect his brother. *“I am dangerous red, when people see me they must be afraid and stay away from me.”*

Lunga explained that Siya still does not fully understand the absence of his mother. *“It has been hard, because he is a child and he doesn’t understand what is going on”* (Lunga, Interview 1, L162, pg. 6).Lunga explains how difficult it is to explain to his brother about the death of his mother. *“It is hard, he still asks me questions about my mother like where is she, I just don’t tell him everything, I tell him what is important, I tell him that mum’s coming back. He still thinks that she is in hospital”* (Lunga, Interview 1, L165, pg. 6).Lunga feels that he is justified in protecting his brother from the truth as he believes that he is too young to understand what happened to his mother. He believes that keeping the truth from his brother is the best decision for the moment until such time he (Siya) is able to understand the circumstances in the home and Lunga’s role as head of the house as well as the death of his mother.



**Figure 4.1: Lunga's metaphor – A Lamborghini**

The next insert is taken from my field notes and my observation schedule.

Lunga seemed very eager to show me the picture of his mother. He took out the family album and began explaining to me who all the people were. He has great admiration for his mother, he describes her as being an open-hearted person and he looked to her as his role model. He explained that his mother played a significant role in his life and losing her was extremely painful. When he opened the album, I watched as his face lit up when he spoke of his mother. I looked on as his brother peered over his shoulder and said something in isiZulu. When I asked what his brother had said, he told me that his brother asked him if his mother is still sick and in the hospital (March 2015).

It appears from the above excerpts that the participants' need to protect their siblings both physically and emotionally takes precedence in their lives as sibling parents; it also accentuates their role as sibling parents and displays their level of maturity.

#### **4.2.1.1.4 Category 1.1.4: Children experience psychological stress in their role as parents**

Participants in this study reported that being in the role of parents is overwhelming and stressful. *"I feel like no one knows what I am going through, I feel alone"* (Lunga, Interview 1, L329, pg.11). Lunga expressed his feelings of being alone after his mother's death. He does not expect anyone to empathise with him. *"I can't talk to anyone about my situation, so I usually just keep it to myself. It's struggles, challenges and obstacles that I am facing in life...its obstacles that I have to overcome"* (Lunga, Interview 1, L330-333, pg. 11). Lunga deals with his problems by internalising them. One of the greatest challenge that he is currently faced with is

being absent from school during this crucial time in his life. He is completing matric and confirms that the intensity of homework coupled with his parental responsibilities puts immense pressure on him physically and emotionally.

During the second interview, in describing her metaphor, Zama expressed her feelings as follows: *"It's very painful, I cry a lot, I become very depressed, I keep to myself"* (Zama, Interview 2, L719-720, pg.23). Zama explains that when people treat her badly, she experiences pain and suffering and becomes very depressed and the best way of handling this situation is to be alone. *"They make fun of me because they say I am dry and I look ugly, they mock me and say hurtful things to me and that really hurts me. But I won't tell anyone I have to keep that to myself"* (Zama, Interview 2, L728-731, pg.23). Zama explains how she is subjected to emotional abuse by the people in her community (neighbours and friends). She explained that due to the lack of care, people make fun of her physical appearance. *"So being the person in my situation I wouldn't want any child to go through it"* (Zama, Interview 1, L111, pg. 5). Zama contends that her situation is not ideal for children and would not wish it upon any child

I jotted the following as part of my field notes regarding the stresses I perceived were associated with sibling parenting.

I am amazed at the strength and courage that the sibling parents display. I feel as if my world is totally different from theirs. Despite all their adversities, they seem to have the strength to go on with their daily lives. They keep their feelings to themselves because they have no one to speak to. I question myself repeatedly...why are orphaned children burdened with so much stress in their lives?

The above testimonials of the participants emphasise the psychological stresses in their lives. It is clear from the preceding discussion that the common experiences that both participants share are their loneliness and their need to internalise their problems because they have no one to relate their feelings to.

#### **4.2.1.1.5 Discussion of findings for sub-theme 1.1**

Children under 18 years are challenged with the responsibility of taking care of their homes when parents become sick and eventually die (Ibebuike, Van Belkum & Maja, 2014). With regard to the role played by the participants in this study, literature confirms that in most situations the child who is regarded as the most independent is called upon to foster their siblings following the death of parents and is responsible for caring and providing for the physical and emotional needs of the young ones (Ibebuike, Van Belkum & Maja 2014; SADC, 2008).

The participants in this study witnessed their parent's inability to continue with their parental roles at the onset of their illness and therefore found themselves assuming this role and responsibilities (Sloth-Nielsen, 2004; UNAIDS, 2002). The results of this study lends itself to other research findings (Sloth-Nielsen, 2004; Tsegaye, 2008b; UNAIDS, 2002). Children living in child-headed households have added responsibilities, such as taking decisions in the home and providing discipline and structure within the home. Lunga describes the change from being a child to assuming the role of the parent as being drastic. Tsegaye (2008a) reports that managing a household is burdensome for child-heads especially when care-giving responsibilities are thrust upon them. Adhering to the fundamental statement made by Zama, research corroborates that girls are the first to forego their schooling to take care of terminally ill parents (Case, Paxon & Albeidinger, 2004; Gillespie, Norman & Finley, 2005 and Sloth-Nielsen, 2004). For Zama, frequent absenteeism from school had resulted in her failing the grade. Gillespie, Norman and Finley, (2005) state that regular absenteeism from school is a primary factor that contributes to the negative impact on children living in households with HIV and AIDS.

Despite the general assumption that girls would assume care-giving roles, boys too have been become involved in this role, as in the case of Lunga (Ansell & van Blerk, 2004). Luzze and Ssedyabule (2004) research findings in Uganda indicate that out of the 969 child-headed households investigated, 76.6% were headed by boys while the remainder 23.4% were female headed households. The findings of this study are synonymous to that of Barnette and Whiteside (2006), as both participants felt the process of becoming a sibling parent slow and painful. It started when their mothers

fell sick and continued after their death. Lunga stated that he believed that his brother was too young to know the truth about his mother. Keeping the truth from him was his idea of protection from pain. Fabianova (2011) proposes that after a year children start getting used to the situation in the home, the absence of their mother, and learn to adapt when they get accustomed to the idea of the mother not being in the home. In the current study, participants in the role of parents exhibited a great degree of stress and internalised their problems. They preferred to remain silent about their problems, which is in line with the findings of Cluver and Gardner (2007a) and Gillespie, Norman and Finley (2005).

This study has shown how children used metaphors to distance themselves from the emotional pain. Metaphors were used in this study to create emotional distance in order to allow the participant a safe space from which he or she could relate their stories (Mohangi, 2008; Mohangi, Ebersöhn & Eloff, 2011). The metaphors used by Zama described her family situation and allowed her to express herself. It seemed that Zama used the metaphor of a tree to depict her strength and her ability to contain her problems. Lunga's metaphor as a Lamborghini seemed to display his need to feel important.

The ecological model by Bronfenbrenner (1994) made reference to how children relate to their immediate environment and how their interactions with the people help in their development. My study found that the children's environment did not provide the nurturance needed for development as the death of parents left children in the care and support of their older siblings. The basic family unit in which strong relationships are formed and parenting styles are learnt was absent from their environment and therefore children in this study lacked the guidance of elders (Swick & Williams, 2006). Proximal processes (interaction between individual and the environment) are the main structure of development. For effective and continuous development to occur, these processes need to be reciprocal (Bronfenbrenner, 2005). Berk (2000) explains that the microsystems and mesosystems have an interacting relationship. The development of crucial relationships is between the home and the mother/father or the home and the school; these interactions have a reciprocal relationship because they influence each other.

#### 4.2.1.2 Sub-theme 1.2: Vulnerability

I commence this sub-theme by elaborating on the vulnerabilities experienced by the sibling parents in this study. The sub-theme is built on the foundation of the following two categories:

- Category 1.2.1: Abuse by adults and significant others; and
- Category 1.2.2: Poverty and shortage of food.

I end this sub-theme with a discussion in corroboration with existing literature.

##### 4.2.1.2.1 Category 1.2.1: Ill-treatment and abuse by others

Findings reveal that being in the role of a parent opens itself to abuse and exploitation. When faced with a financial dilemma Zama revealed that she had to resort to borrowing money from a neighbour: *“I remember I ended up...I needed money to take my little brother to the clinic and I had no money. I borrowed money from my neighbour but because I didn’t have money to pay it back, I had to clean her house for a whole week, in order to repay the money...”* (Zama, Interview 1, L88-94, pg. 4). She mentioned money several times emphasizing its importance and also intensifying her need for it. Zama stated that unfortunately when you borrow you have to pay it back or else you suffer the consequences. *“They take advantage of us young girls...but I fight back”* (Zama, Interview 1, L96, pg. 4). Her statement reveals that young girls are coerced into engaging in inappropriate activities but she defends herself from those wishing to abuse her.

Research findings have indicated that sibling parents may risk their lives in trying to provide for their siblings (Tsegaye, 2007). They are taken advantage of because of their circumstances. In this sense sibling parents lack adult protection and are vulnerable to abuse either physical or emotional by older people within the community. In the next excerpt Zama reveals the depth of abuse by older men in the community. She explains how she does not concede to their behaviour. *“People in my community take advantage of me, the men; the bigger men in the taxis tell me that they will take care of me. I am too clever for them. I know that they are using children like me in order to give them money, they can’t just help you with nothing in*

*return, I am only 15 years you see they want to take advantage of me because I am small I tell them off because I am very soft spoken so that is why they take advantage of me”* (Zama, Interview 1, L296-305, pg.10). The actions of other people perhaps had a direct effect on her emotionally and a sense of helplessness prevailed but it appears that she overcame this abuse by not giving in to the demands of the older men. Furthermore, I aver that orphaned and vulnerable children may give in to the persuasion of older people to ease their financial burden. However, this was not the case in Zama’s situation as she was strong in her response to their persistent behaviour.

It can be said that children living in sibling parent homes without adult care and protection are exposed to many forms of abuse. It appears from the following extract that sibling parents are exposed to abuse within their immediate families. Lunga wrote a story about a 6 year old boy who has lost his mother to AIDS. *“After losing his mother and not knowing his dad, he leaves home in order to find his uncle. When he finds his uncle, he finds out that he is not what he thought he was, he finds his uncle spending most of his time drinking and chasing girls. He stays with his uncle for a couple of months and wants to go to school. Whenever he brings up the topic about school his uncle gets angry and tells him to find a job...because school is useless”* (Lunga, Interview 3, L872-879, pg.29). Looking beyond the challenges experienced by orphaned and vulnerable children, it may seem that their circumstances expose them to additional stressors. Lack of family support and understanding exacerbates their helpless condition thus forcing them further into isolation. The above excerpt informs that vulnerable children are in need of unwavering support from family members but perhaps are met with rejection.

It can be confirmed that much of the abuse and ill-treatment experienced by children are from people who are known to them. Zama related that she was warned by her grandmother (step-father’s mother) that if she asked questions about their situation then she would get a beating. *“You know after my granny heard from my aunty that someone as young as me is asking questions about our lives, she came home to see us. My granny told that she will... she will... she will hit us Ms”* (Zama, Interview 1, L143-146, pg.5-6). She repeated the words “she will” and I sensed her hesitation to disclose that information, this possibly indicated her fear of her grandmother. This

finding confirms that vulnerable children are conceivably reluctant to ask for assistance from relatives as they fear the outcome of their response.

#### **4.2.1.2.2 Category 1.2.2: Poverty and shortage of food**

The experience of poverty has a greater effect on children who are orphaned and vulnerable due to the conditions associated with HIV and AIDS. Zama has stated that shortage of food in her home is critical. She mentioned that sometimes she and her brothers go to bed hungry. The excerpt below describes the situation in her home *“There is no money for food and that is stressing me...”* (Zama, Interview 1, L108, pg.4). Shortage of money in the home causes great emotional stress on sibling parents. *“There are some days when we go to bed hungry because we do not have food...sometimes we don’t even have money to buy food...”* (Zama, Interview 1, L76-78, pg.4). Zama draws attention again to the lack of money in her home stating that they have reached desperate moments in their lives where they have no option but to go to bed hungry. The result of not having enough to eat has had adverse physiological effects on her. Zama explains this in the next excerpt. *“The truth is I have lost weight and there are times when I don’t feel so good, sometimes I feel dizzy, sometimes...I don’t know whether it is stress or what but sometimes I just don’t feel so good”* (Zama, Interview 1, L151-154, pg.6). She seemed grateful to her educators for providing food hampers. *“But my teachers are good to me they buy me, they buy me, they buy groceries for me when they can, they know my situation”* (Zama. Interview 1, L221-223, pg.7).

Zama also stated that she is the only person receiving a social grant at home. *“Yes, only I get grant, my brothers don’t get grant. I’m not sure why they don’t get grant”* (Zama, Interview 1, L458-459, pg. 15). Zama also added that her aunt collects her grant but gives her very less money. *“Our aunty, she is not my real aunty; she is the one who collects the grant for us. She gives, she gives me few money, and it’s not enough”* (Interview 1, L20-22, pg. 2).

The following is extracted from the second interview which describes Zama’s metaphor as tree.

**Interviewer:** So from what I gather I feel that you are a very strong tree and you are very caring.

**Zama:** Yes I am. I have to take care of the other trees here because they are so little. When they have no food to eat I have to give them some of my fruits, I give them water as well. (Zama, Interview 2, L684-687, pg. 22).

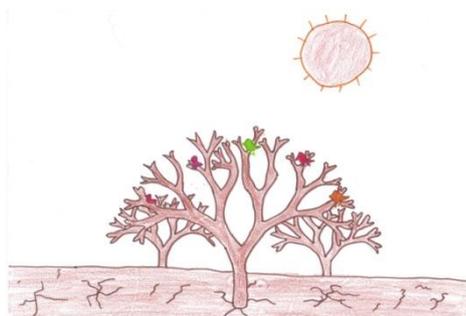
**Interviewer:** But you say that you are so dry and that you are not bearing any fruits so what happens to them?

**Zama:** They can't grow without food, and they won't be healthy without water. (Zama, Interview 2, L689-690, pg.22).

**Interviewer:** What would happen if one day you stopped caring for them?

**Zama:** They will starve, they would die, and they won't survive coz they need food and water to survive.(Zama, Interview 2, L706-707, pg.22).

The implication here is that growth and development is dependent upon care and nourishment. Zama sees herself as the primary provider; her siblings depend on her for their survival. She is the main source of provision. Figure 4.2 is an illustration of her metaphor.



**Figure 4.2: Zama's metaphor: A tree providing protection**

The next excerpt is taken from my field notes.

Zama takes me to her cupboard to show me what she has. Inside the cupboard is a bar of green washing soap, a can of tinned fish and a soup mix. She told me that she waits for her teachers to buy her groceries because they always add goodies like chips and sweets and that is the only time that she and her brothers enjoy “nice things.” Apart from the grocery cupboard, she and her siblings lack basic necessities like electricity and running water. Both utilities were suspended due to non-payment. She and her brothers fetch water from the communal tap about 0.5km from their home. One becomes disillusioned by the image of children carrying water in buckets on their heads (March 2015).

In addition, Zama emphasised the need for food. In the third interview session participants were engaged in story writing. Zama based her story on a buck that died and left her three cubs(fawns). The eldest cub(fawn) is left to care for the other two. The following excerpt is taken from the story. The buck symbolised her mother and the three cubssignified her and her twobrothers. *“Once there was a buck who had three babies and the buck got sick and she died. She left her three cubs and there was an elder cub who was to look after the two other cubs. The elder cub was turned to be the mother of the other two cubs because they were young and could not get their own food for themselves. So the elder cub had to go and hunt for food for its brothers* (Zama, Interview 3, L847-852, pg.27). In her story she portrayed herself as “hunting” for food. This is significant of a person in desperation of finding food to feed her family. She emphasised the shortage of food metaphorically to highlight their plight as orphaned children.

From my conversations with both participants I noticed the inconsistency by which the social grants were received among siblings in orphaned households. Lunga informed me of the situation in his household with regard to social grant. *“Only my brother is receiving a grant and the neighbours support us now and then with food. Ms the church that I used to go to have a feeding scheme and they give porridge in the morning for the young ones and they are open and they reach out to us because there are a lot of households here where children are staying by themselves. So Siya used to go there and eat porridge in the mornings and come back”* (Lunga, Interview 1, L464-471, pg.15). It can be concluded that shortage of food in the homes of

sibling parents is exacerbated by poverty owing to the lack of income in the form of social grants.

#### **4.2.1.2.3 Discussion of findings for sub-theme 1.2**

In this study the findings revealed that orphaned and vulnerable children in the role of parents had to cope with negative situations. Ill-treatment and abuse from others as well as poverty, exacerbated by shortage of food deemed participants vulnerable (Mohlakwana, 2013). It was found that participants experienced abuse from others including family members. This finding concurs with Woldeyohannes (2010) who confirms that orphaned children are vulnerable to exploitation by their neighbours as well as relatives.

Zama described her experience of cleaning her neighbour's house for a week to repay a loan which she had borrowed to take her brother to the clinic. It emerged from my study that young girls in the community are promised to be taken care of by older men if they consent to certain activities. Studies have established that orphaned girls have been subject to sexual abuse and exploitation in trying to provide for their siblings (SADC, 2008; Sloth-Nielsen, 2004 & Miller, 2007). One can argue that family provides a safety net for children, however, findings of this study contradict this statement as participants reported to have been ill-treated by family members. Bullying tactics by family members instilled fear into child-heads causing them to feel intimidated. My findings are corroborated with those of an earlier study by Nziyane (2010) where it was established that the main disadvantage regarding the integration of children into extended families was due to unfair treatment of children by extended family members.

My findings converged with earlier findings by Sloth-Nielsen (2004) where it was established that the greatest challenge encountered by children who are vulnerable due to HIV and AIDS is the lack of food. Apart from other concerns relating to poverty, participants in this study reported that the greatest worry was hunger. It was discovered that although participants received help from outside sources in terms of food parcels and a feeding scheme, this was not always consistent and rendered children hungry. In this study as well as Mohlakwana's (2013), it was established that

the need to provide food for siblings putting parents in a vulnerable position. Vulnerable children are confronted with daily challenges, with the struggle for food being top of the hierarchy. Another study confirmed that as chronic poverty prevailed among orphaned and vulnerable children, many children went to bed on empty stomachs. Orphaned children in this study experience food shortages because they have limited resources to sustain their household (UNICEF, 2006).

Another finding identified was the limitation by social delivery services in particular social grants for participants and their siblings in this study. Zama reported that she is the only person who gets a grant and Lunga stated that only his little brother receives a social grant. My findings concurred with Nziyane (2010) where it was established that guardians who collect social grants for children use the money to fulfil their own needs and do not provide adequately for the children.

Berk (2000) maintains that the microsystem (family) being the closest environment for the child includes systems with which the child has direct contact. In the microsystem the relationship between the child and his/her systems (family/people) occurs in two-ways or is bi-directional. A child's parents may have an influence of his or her behaviour, but the child can also influence the parent's beliefs and behaviour. These influences are the strongest and have the most effect on the child (Paquette & Ryan, 2001). In the environment of child-headed households the family structure is broken due to the death of the parents therefore the child lacks the most significant interaction. When children experience poverty the mesosystems (local community) and the exosystems (wider community) are also affected. My findings coincide with previous research studies as children in child-headed households experienced stigmatisation from their immediate families as well as the community (Strode & Barrett-Grant, 2001). Based on the ecological model children should be provided with support by other adults in the absence of their parents (Swick & Williams, 2006). The wider community (exosystem) lacked in providing support and encouragement to the sibling parents and sibling parents who had no parental interaction found it difficult to develop relationships with other adults in the community. The child's genetic and biological make up influences his or her personality traits, with specific reference to the child's temperament. This affects how a child reacts how other

people treat him/her and how he or she views other people's behaviour (macrosystems) (Swart & Pettipher, 2005).

#### **4.2.1.3 Sub-theme 1.3: Children living without adult supervision**

In this section I explore children living without adult supervision. In sub-theme 1.3 I have established two categories:

- Category 1.3.1: Children living without guidance; and
- Category 1.3.2: Younger siblings defy authority.

##### **4.2.1.3.1 Category 1.3.1: Children living without guidance**

Participants found that they needed clear boundaries to direct them in making decisions. Without parental guidance and supervision, Lunga found himself going astray. He explained the route that he had taken following the death of his mother. *"When my mum passed away I didn't know what to do so I just turned to alcohol and I have to say that my friends do drink a lot so we usually just chill and drink and smoke sometimes but not all the time. We talk and unwind and talk about what's happening so that's how I cope with everyday hassles"* (Lunga, Interview 1, L554-559, pg. 18). After his mother had passed away, he was confronted with challenges that were beyond his ability to cope and in trying to overcome these challenges he deviated from the path that his mother followed. The role of sibling parenting may have an overwhelming effect on children and this could possibly lead them astray therefore they find themselves falling prey to the negative influences of others.

For Lunga, losing his mother meant losing a role model. In the next excerpt he describes the kind of person his mother was and the role she played in his life. *"My mother was a very open-hearted person, short tempered at the same time, she was a role model. She kept me straight and taught me how important school was for me; she let me go to church. We used to do everything together; she was my father and my mother. I don't have a father; I grew up without a father, so she was both to me. Losing her changed my life big time, I don't have anyone to talk to, I don't have a male role model in my life, my mother was both to me. Now I don't talk to anybody much, even if I am going through something I don't talk to anyone"* (Lunga, Interview

1, L506-515, pg.18). The absence of his mother left Lunga feeling very despondent. Lack of parental guidance left him feeling insecure and unsure about life. Since parents are the main source of security, they set boundaries and guidelines that direct children's behaviour. Children need the nurturance of adults even if they are not blood relatives. Zama explains further. *"My granny is my step-father's mother; she doesn't really care about us. I hardly see her because they don't care. She lives at the farm"* (Zama, Interview 1, L156-158, pg.6). The poignancy of the lack of adult guidance can be discouraging to sibling parents. The responsibility of adults has been shifted onto the sibling parents thereby compelling them to be accountable for the guidance and supervision of their younger siblings.

#### **4.2.1.3.2 Category 1.3.2 Younger siblings defy authority**

When asked how their younger siblings regard them as being the parental figure in the home, Zama responded, *"Sometimes they don't respect me (smiling) they call me names. They say I'm not their mother. I mustn't tell them what to do; yes I do get that sometimes... I don't get angry because I know and I understand. Well my brothers... they love me. We share a good relationship, sometimes they don't listen to me and we fight. They even tell me that I'm not their mother and I mustn't tell them what to do, well I can't do anything when they tell me that"* (Zama, Interview 1, L250-262, pg. 8-9). Lunga added, *"He respects me, he calls me not by my name but Big Brother, sometimes he is a bit mischief and doesn't listen to me but...I hit him when he is mischief and doesn't listen, I wouldn't lie"* (Lunga, Interview 1, L287-290, pg. 9). Both participants explained how they dealt with their siblings when they did not conform to authority. The sibling parents in the study adopted their own approach to dealing with the attitude of their siblings although in the case of Lunga, it may not be the most appropriate way of disciplining his brother, but I also detect a sense of pride of having to be called "Big Brother". On the other hand, Zama responds to her brothers' behaviour by showing them love and compassion. I watched as Zama interacted with her brothers especially the youngest and noted the following in my journal.

I felt 'small' sitting in the lounge watching her interact with her siblings while chatting to me. I wondered how a little girl endures such hardship yet still has the courage to go on. It was then that I realised the power of love shared by the individuals in my study. Too often we take the love of our siblings for granted and it took a 15 year old to remind me of that (March, 2015).

The sibling parents in this study showed a direct involvement in their siblings' lives. From this perspective, the interaction with their siblings demonstrated a strong bond regardless of having to be the disciplinarian in the home. Their attitude towards their role as parents depicts their character and demonstrates their depth of dedication to their role as sibling parent.

#### **4.2.1.3.3 Discussion of findings for sub-theme 1.3**

The participants in my study expressed the need for guidance and nurturance from adults. It was found that mothers played a significant role in the lives of the sibling parents. They helped shape the lives of their children and taught them the socially acceptable behaviour, this notion is in line with the findings of Tshenkeng (2009). Findings also relate to the lack of guidance which is essential for the social development of the child and this is indicative of delinquent behaviour which they rely upon for survival (Ndhlovu, 2009).

The irrational behaviour portrayed by Lunga can be attributed to the lack of guidance and nurturing. It can be confirmed that participants need guidance in decision making as they lack information needed that would help them to make decisions pertaining to issues in the household (Germann, 2005). My finding is supported by Masondo's (2006) where it was established that sibling parents in this study found themselves having to instil discipline in their younger siblings. Critical to these findings are the challenges of adjustment to the role of a parent. Sibling parents are not equipped to handle discipline issues or conflict management but respond to discipline matters based on their judgement. Research conducted by van Dijk (2008) informs that children experience difficulties in adjusting to a new approach to discipline; therefore, adapting to an alternate style of parenting seems to pose problems for the younger siblings.

Evidence included in the literature review affirms that children older children experience difficulties coordinating the household chores within the sibling parent households (MacLellan, 2005). It was established that although the older children had to devise ways of providing support for their younger siblings, they also need the guidance and support from adults, which they lacked (Awino, 2010).

According to Gouws, Kruger, Burger and Snyman(2008), the development of children is influenced by the relationship between siblings and this depends on their age, gender, birth order and spacing. For example the eldest child may take on the role of the parents in their absence and may instil discipline on the younger siblings by chastising them. This situation is familiar in child-headed households, in the absence of their parents the older sibling positions himself or herself in that role and disciplines, guides and protects their younger siblings. Children in the role of parents are also in need of guidance and support from adults so their immediate environment (school) will have a great effect on how they grows. In the case of a child-head this system of interaction (school) is responsible for the encouraging relationships that foster guidance and nurturance to ensure the child's development.

#### **4.2.2 Theme 2: psycho-social and emotional challenges**

Theme 2 discusses the emotional stress and challenges experienced by children in the role of parents. This theme is divided into

- Sub-theme 2.1: Experiencing loss and death and the feelings of sadness,
- Sub-theme 2.2: The experience of loneliness and despair on the part of the sibling parent; and
- Sub-theme 2.3: Stigma and discrimination.

Table 4.3 contains the inclusion and exclusion criteria for Theme 2.

**Table 4.3: Inclusion and Exclusion criteria for Theme 2**

<b>THEME</b>	<b>INCLUSION CRITERIA</b>	<b>EXCLUSION CRITERIA</b>
<b>Sub-theme 2.1 Experiencing loss and death and the feelings of sadness</b>	Any reference to sibling parents' added responsibilities in the home and their experience of grief due to the death of their mothers	Any reference to sibling parents experiencing grief pertaining to abandonment and / or other deaths in the family
<b>Sub-theme 2.2 The experience of loneliness and despair on the part of the sibling parent</b>	Any reference to orphaned children in the role of parents subject to emotional trauma due to abandonment accompanied by a lack of support and a sense of insecurity	Any reference to sibling parents receiving support from non-family members
<b>Sub-theme 2.3 Stigma and discrimination</b>	Any reference to sibling parents suffering humiliation by external forces	Any reference to sibling parents engaging in arguments and fights with their siblings

#### **4.2.2.1 Sub-theme 2.1: Experiencing loss and death and the feeling of sadness**

This section discusses the sibling parents' experience of loss and death of their mothers as well as their feeling of sadness. Sub-theme 2.1 is comprised of the following categories, namely:

- Category 2.1.1: Loss of childhood and parental love;
- Category 2.1.2: Illness and death of parents; and
- Category 2.1.3: Feeling of sadness.

##### **4.2.2.1.1 Category 2.1.1: Loss of childhood and parental love**

Sibling parents in this study experienced loss of childhood when the burden of care was thrust upon them due to parental sickness. They assumed adult responsibilities and seem to be missing out on childhood experiences. Zama relates how being the eldest child has made her feel like a parent. *"I am the head of the house, because we don't live with anyone who is an eldest I am the eldest who looks after the house"* (Zama, Interview 1, L27-30, pg.2). The participant signifies her role as a parent implying that it is the responsibility of an adult (in her case the eldest) to manage the household. The duties of the head of a household involve not only providing food and nurturance but it also ensuring the well-being of other members in the family. Zama, being the eldest had assumed this position as the head of the household and

is responsible for ensuring that the physical and emotional needs of her siblings are met. As mentioned previously, she is also responsible for the decision making in her home as well as establishing the discipline and structure within the home environment.

In the next excerpt she states that her situation does not allow her to associate with her friends. *“I don’t do things that my friends do. I don’t go out with friends cos I don’t have enough money ... to party, malls I...I don’t do all those things”* (Zama, Interview 1, L176-180, pg.6). It can be understood that sibling parenting increases the responsibilities of children and deprives them of their childhood limiting their chances of socialising with friends. Adolescence is the time of identity formation and socialisation and lack of or limited experiences could result in an identity crisis.

It can be said that the loss of parental love is accentuated when parents pass away when children are very young. The following excerpt is taken from the interview with Lunga. *“It is hard, I had the opportunity to live with my mother to grow me up and to give me tender love and some of them don’t have that like Siya it’s hard for himgrowing up and not having a mother there for you”* (Lunga, Interview 1, L501-504, pg.16). Sibling parents are thrust into the role which they were not prepared for and are robbed of parental love, care, nurturing and support for themselves. The importance of a parental figure is significant during childhood as having a parent present in the home establishes stability and ensures the normal development of children. Love, care, support and nurturance are essential factors that contribute to the development of a child and the lack thereof could result in orphaned children being inclined to turn to activities such as alcohol and drug abuse, prostitution and criminal activities.

#### **4.2.2.1.2 Category 2.1.2: Illness and death of parents**

Children deal with the illness and death of their parents in different ways. When asked if there was anything important that she would like to discuss Zama responded, *“I would like to talk about the disease that killed my mother, HIV. I would advise people who are HIV positive that if you found out that you have HIV then you must tell your children and your people so they can take care of you. They will know*

*that at a certain time you need to take your medication. I would advise them that they mustn't hide they are HIV because being HIV is like a fashion. My mother wasn't open with us, I don't know if she was scared or what, it was her secret because she didn't want to tell anybody. I think that is the reason she died, because if she told us maybe she would still be alive. If she had spoken about it...I don't think keeping quiet is a good thing coz in order to get help you need to talk about what's wrong with you"* (Zama, Interview 1, L 522-535, pg.16). Findings reveal that the burden of not knowing why her mother concealed her sickness rendered Zama feeling helpless. Zama's response to her mother's illness indicates care; her advice to other parents who are HIV positive is to inform someone of their sickness so that they would be able to get help from others, like their children.

In this segment of the interview, Zama opened up about the disease that she believes has killed her mother: *"She started to get sick and I was worried why she suddenly got sick. I didn't know she was HIV Positive, I knew after she passed away, coz she never told us. I don't know why she never told us, maybe she was scared, or maybe she thought that I was gonna think that she was gonna die early. Because if she told me then I would have looked after her and took good care of her and given her the medication on time. I would have gone with her to the clinic. She didn't tell me so I didn't know what was wrong with her. When I asked what is wrong, she would say headache, running stomach or what... what... what... because I saw that she was losing weight, but I was still young and I didn't know it was HIV"* (Zama, Interview 1, L636-648, pg.19). Zama remarked that having HIV and AIDS is like a fashion. She feels that her mother should have been more open about her sickness. Zama believes that if her mother told her about the disease she would still be alive.

Lunga added that he is not certain about the illness that caused his mother's death. *"I don't know what happened to her Ms, my sister knows, one minute she was well and the next she was in the hospital and before we knew it she died"* (Lunga, Interview 1, L550-553, pg.17-18). In Lunga's situation he was also unaware of his mother's illness and perhaps felt sad at the sudden passing away of his mother.

Children also make promises to their parents and find that to be binding after their death. *"Before my mother died she told me to look after them (her younger brothers).*

*I feel bad if I send them away then my mother will be angry, coz she trusted me that I will take good care of them. She left the house for the three of us”* (Zama, Interview 1, L282-286, pg.9). According to Zama, she felt that she would be dishonouring her mother’s wish if she and her siblings were to live with extended family.

#### **4.2.2.1.3 Category 2.1.3: Feelings of sadness**

The feeling of sadness filters through causing the children to experience emotional pain. Zama replied, *“I get very sad at times I miss my mother very much”* (Zama, Interview 1, L224, pg.8). Due to his responsibilities in the home Lunga was not able to visit his mother in hospital often causing him grief and despair: *“She spent a long time in hospital and then she died. So it was just my brother and I. It was difficult to go to hospital everyday to see her so the pain of not knowing how my mother was doing really made me sad”* (Lunga, Interview 1, L655-658, pg.20). Lunga explains his anguish of not being able to visit his mother in hospital often and this saddened him.

The intensity of the pain and sadness experienced by Zama is portrayed in her metaphor: *“It’s very painful, I cry a lot, I become very depressed, I keep to myself. I don’t talk to the other trees. I don’t want them to know that sometimes I get weak and I cry, I want them to know that I am always strong. I want to set an example to them. But I cannot stay sad for very long because of the other trees that I have to look after”* (Zama, Interview 2, L719-724, pg.23). Zama, metaphorically explains her situation by expressing how stressful life can be as a sibling parent. Her profound statements confirm her deep feelings of sadness and despair.

During the second interview, I sensed that Zama experienced great sadness when people treated her differently. In her metaphor she described how she was teased by others, so I asked if by talking to a bigger tree would help and her response was affirmative. I contacted the social worker via the school and informed her about the participant’s situation and referred her for counselling (March, 2015).

#### 4.2.2.1.4 Discussion of findings for sub-theme 2.1

It emerged from my study that the parenting role impedes the important aspects of a child's life such as playing and enjoying their childhood. Wyness in Awino (2010) states that childhood is associated with children engaging in activities that require them to play, a stage where the child is free from responsibilities which include freedom from having to work in order to support the family. My findings corroborates the study conducted by Awino (2010) where it was confirmed that in sibling parent homes children have to fulfil certain role functions which include feeding for themselves and their siblings and they have limited time to interact with their friends. Sibling parents in this study entered the parenting role at a young age. Based on my findings, I agree with Ndhlovu (2009) that premature parenting roles deprive children of their childhood. Findings from my study reveal that children in sibling parent households suffer great loss when their parents die and they lose out on what is considered most important to their development, namely, love and affection. This is confirmed by Nayak (2014) – that orphaned children are deprived of love and affections from their loving parents. Ndhlovu's (2009) states that for sibling parents, when a mother is absent, children are deprived of love, nurturing and guidance and this proves to be one of the most difficult things for them to deal with. Parental love is the foundation of how children build their world. In the case of child-headed households, most siblings look for that love from the sibling parent. UNAIDS (2002) concurs that as the number of parental deaths increases due to AIDS, more children will grow up without parental care and love.

From my study it emerged that parents did not disclose their terminal illness to their children. In the case of Zama she only found out after her mother's death that she was HIV positive and died from AIDS related diseases. Lunga explained the sudden illness of his mother and her long stay in hospital and eventual death. Findings suggest that it caused the participants great emotional pain and grief. My findings in this regard correlate with Mohangi (2008) and Harms, Ssenbuya and Kizza (2010) where they confirm that the youth in their study claimed that not being told about the illness and death of their parents caused emotional stress and indicated that honesty from parents and significant others would have made the road ahead clearer.

Mohangi (2008) in her study found that when important information regarding one's HIV status is concealed it creates doubt and misunderstanding amongst the children. Findings suggest that Zama felt that it was important for her to know about her mother's illness. Harms et al., (2010) noted that children were not aware of the cause of their parents' illnesses and expressed their concerns surrounding their need to know about the cause of illness and death of their parents. Daniels (cited in Stein, 2003) states that the reason for parents not disclosing the extent of their illness is an example of a convenient way to avoid discussing death with their children or perhaps parents remaining silent about their HIV status to protect their children from additional pain and suffering and to avoid stigmatisation. However, according to the study conducted by Mohangi (2008:162), "A lack of direct discussion and age appropriate information possibly led to the misconceptions amongst the children".

My study found that children experience tremendous sadness at the loss of parents. My findings are in agreement with Tsegaye (2008a) as research reports state that the feeling of sadness permeates throughout the children's lives as the death of their parents lingers in their minds. My research findings also coincide with Mohangi, Ebersöhn and Eloff (2011) and Harms et al.,(2010) where young children have reported that that are overwhelmed with uncertainty and sadness.

The death of the mother had the most effect on the children in this study and the experience of death in their immediate environment (microsystem) saw a break in relationship with others; this is evidence of children finding it difficult to explore relationships in other environments (Bronfenbrenner, 2005). The memories of the pain of their mother's illness and death can be attributed to the children learning about their world. The development of mutual trust and understanding is absent from the child's immediate environment as the family is the first socialising agent that fosters love, trust and understanding (Swick & Williams, 2006). The biopsychological characteristics of the individual (thoughts and feelings) and the environment in which the proximal process occurs, in this instance the (child and death of the mother) may affect the development of the child. These environmental occurrences affect human development over time (Swart&Pettipher, 2005).

#### **4.2.2.2 Sub-theme 2.2: The experience of loneliness and despair on the part of the sibling parent.**

Subtheme 2.2 is comprised of the following categories, namely:

- Category 2.2.1: Abandonment by significant others;
- Category 2.2.2: Lack of extended family support; and
- Category 2.2.3: Fear and separation from siblings.

This section explores the participants' experience of loneliness and despair in their role as parents.

##### **4.2.2.2.1 Category 2.2.1: Abandonment by significant others**

Both participants experienced abandonment from significant people in their lives during their mother's illness and death. Zama stated that after her mother fell ill, her step-father 'ran' away to another city leaving her in charge of the family. *"When my mother got sick he ran away, he said he had a job or something. He said he got a job somewhere in Pietermaritzburg. He said that he was going to work and he can't stay with us. Sometimes I should phone and tell him that my mother is sick and he must come home but he never came home. He used to say that he doesn't get time he is working. When my mother died we phoned and told him but he never came for the funeral. The people in our church and my teachers helped me to do the funeral. He said he is gonna come and do the funeral but he never came. So after a year, in 2014 we heard from our aunt that he passed away. I didn't know how to tell my brothers that he died, so I told our aunt to tell them. But they never have so much pain like they had for my mother when she died. We heard after the funeral that he died"* (Zama, Interview 1, L564-612, pg. 18). Zama highlights the events relating their abandonment by her step-father. His need to escape from his responsibilities within the household perhaps indicates his fear of accountability. Evidenced in this finding is the emotional strain of the death of the mother on the children. The children's reaction to their father's death could possibly indicate their acceptance of his abandonment.

Lunga also felt abandoned after his step-father left and never returned. *“This is my step-father (looking at the family album), my brother’s father. He was a part of our lives but after my mum got sick he left and hasn’t come back. He (referring to his brother) tells me that he hates him because he doesn’t come and check up on him. When my mum passed away he wasn’t here for the funeral, he just abandoned us”* (Lunga, Interview 1, L541-546, pg. 17). It is evident that when the children needed the comfort and support of their step-fathers, they had abandoned them leaving them stricken by grief and bearing the responsibilities. In both situations, the younger siblings expressed feelings of resentment towards their step-fathers.

#### **4.2.2.2.2 Category 2.2.2: Lack of extended family support**

Lunga explained why he finds living with extended family is not conducive. *“I don’t like living with extended family. My mother left this house for us to live in so I wouldn’t want to live with extended families. Besides they are not for us so I wouldn’t want to live with them I am afraid they might ill-treat my brother. I am big I can handle them but he is small he can’t do that. Also they will take our house away from us and I can’t have that, my mother worked hard for to get this house and I can’t let them take it away from us”* (Lunga, Interview 1, L413-420, pg.13).

When asked what you would say are the positive aspects of living with extended family, Lunga responded: *“Sometimes relatives don’t treat you well. They don’t act as if they are your family. I do have relatives and they don’t treat me well so I don’t usually go to them. They are not there for us so why would I go to them? During my mother’s illness there were there for us for a short while and then we finally lost communication with them, they never came through. They can become abusive, once I went there not so long ago, they asked me when I was leaving when I just went there, so I saw that I was not welcome there, so I am not going back there again. I thought they were family but they just changed. I saw the picture that this is real life so I have never been there ever since. I wouldn’t know anything about positives of living with families because I have never lived with them”* (Lunga, Interview 1, L422-435, pg. 14). Lunga has reported that upon receiving harsh treatment from his extended family, he has vowed never to go there again.

However, Zama could not comment on living with extended families because she has never lived with them. *“I won’t say much because I never lived with relatives so I don’t know the bad and the good things about relatives. But sometimes I hear people saying all the bad things about relatives because they don’t give enough food, they don’t buy food, they make you do things so I don’t know what I would experience if I have to live with my relatives”* (Zama, Interview 1, L424-410, pg. 13). Zama indicates that she is unsure about the implications of living with relatives. Narrative accounts from others living with relatives may have instilled fear and caution on her part.

#### **4.2.2.2.3 Category 2.2.3: Fear of separation from siblings**

When participants were asked how they would feel if they were to live in a Children’s Home, Lunga exclaimed, *“Living in a Children’s Home means that we would have to be separated from our family and I wouldn’t want to do that because I love my family (my brother). I feel that my greatest need is to have someone there for me, to look out for me...”* (Lunga, Interview 1, L450-454, pg.15). Zama was tearful when she answered this question because her guardian proposed that she would take her brothers away leaving her to live with her grandmother. *“I felt like crying because I didn’t want us to be separated”* (Zama, Interview 1, L445 pg.14). She was not too keen about being separated from her brothers. *“Even now I don’t want them to go live with aunty, but if they are going to get food to eat then I would have to let them go coz I can’t support them, I try that’s all...”*(Zama, Interview 1, L446-448 pg.14-15). Zama has mixed feelings about her brothers going to live with their aunt. *“I don’t want to lie...I feel sad cos I was talking to them, shouting at them, it decreases stress, cos the elder one we talk, yes we share a good relationship. And if they take them away from me I don’t know who I would speak to but in the other way I would have less responsibilities, I would be able to do my own things do my homework at home and all that stuff”* (Zama, Interview 1, L276-282, pg.9). According to Zama, she shares a good relationship with her brothers and finds comfort in interacting with them. She weighs the situation of them leaving home and tries to justify the idea of them leaving. The discussion on separation seemed to evoke emotional responses from both participants in this study.

#### 4.2.2.2.4 Discussion of findings for sub-theme 2.2

Research findings demonstrate the children's dilemma of facing the death of their mothers without the support of their step-fathers. My findings reveal that the participants endured emotional pain and suffering during their mothers' illness and death. These findings are endorsed by Harms et al.,(2010) who claimed that children who were abandoned by significant others experienced great pain and suffering. It was found that relentless acts by extended family left participants alone especially in the case of Lunga. Findings constitute the children's fear of living with extended family implying that they fear being ill-treated by relatives (Tsegaye, 2007). Zama stated that she could not comment on extended family because she did not have any. Tsegaye (2008a) and Mohangi (2008) validate these findings by stating that in many cases children had no relatives to assist them and some were refused by their relatives.

It emerged that children were content with their living arrangements and feared the idea of being separated. In conversation with Lunga, I found that she had mixed feelings regarding the new living arrangements with their aunt. MacLellan (2010) reported that children were not happy living with extended families. Separation of siblings is viewed as another cause of difficulty and the yearning to be together is understandable. My observation confirms the sibling parents' loving relationship with their siblings which imply their need to be together. This finding is also endorsed by UNICEF (2003) who state that the worst situation an orphan can be in is being separated from their siblings. Findings reveal that both participants were adamant about not going to live in a Children's Home as this would disrupt their way of life.

Literature provides supporting evidence of children's fear of separation from their siblings and therefore preference to live independently of their extended families (Masondo, 2006). Children also feared separation as it caused hostility in the new home and adjusting to a new environment (Awino, 2010). It is evident from research that extended families are also not willing to accept the children, hence the need for the emergence of child-headed households. The traditional African family that once existed would have provided protection for children without parents; however, due to

severe economic constraints families can no longer support other as this is seen as burden on them (Ndhlovu, 2009).

The family is the most important environment for a child because it is where he or she spends the most time and it has direct influence on him or her. The child relies on the positive interaction within this system for effective development. The death of parents and the abandonment by significant others causes them to experience stress leaving them concerned about their future. When a child is emotionally affected (macrosystems) it affects the relationship between all other systems. Although the macrosystems may be less direct they exert a powerful effect on the child. After the death of parents the child looks towards the mesosystems and exosystems for physical and psychological support.

#### **4.2.2.3 Sub-theme 2.3: Stigma and discrimination**

Subtheme 2.3 is comprised of the following categories, namely:

- Category 2.3.1: Teasing and mocking by peers; and
- Category 2.3.2: Distance created by family and peers.

##### **4.2.2.3.1 Category 2.3.1 Teasing and mocking by peers**

Zama states that she feels abandoned by her friends: *“My problem is that the friends that I had are gone I don’t see them. The others around here they laugh and tease me like I told you”* (Zama, Interview 1, L375-377 pg.12). She reports that she felt devalued by the people in her community who laugh and tease her. The negative behaviour from friends finds Zama wrestling with her feelings to react: *“I won’t lie; their attitude makes me feel angry, sometimes I want to hit them. But I control my anger, so I get angry and as I told you I cry sometimes and I chase them away and I tell them to go to their house”* (Zama, Interview 1, L377-380 pg.12). She comments on the attitude of those who tease her and states that she has to stand her grounds. Her assertiveness is a temporary measure used to defend herself from the onslaught of stigmatization. She adds that she cries, signifying that their behaviour causes her emotional stress. *“They don’t take me serious”* (Zama, Interview 1, L380-381 pg.12). *“They keep on calling me names. I get a lot of names called in Zulu ‘uMamudala’ (a*

*big lady*) 'uMfazi' (a big woman)...yes in my language but I don't worry about them" (Zama, Interview 1, L209-211 pg.7). It can be deduced that name calling can be viewed as having derogatory connotations.

Findings also constitute that Zama experienced loneliness by the rejection of people in the community: *"Well I don't have any friends any more, only the ones at school but here I don't have anyone. The people stayed away from me cos more especially my friends, they tease me sometimes; they call me a big Mamma, Ms because of the situation I am in"* (Zama, Interview 1, L182-186 pg.7). It appears that sibling parents are taken for granted by their peers. The severity of their situation is not properly understood due to the lack of knowledge by their peers and empathy from the community. Lunga expressed the notion of discrimination in terms of his dressing and the perception of being financially unstable: *"Some of them have it easy in terms of clothing, some of them stare at me and say 'you don't dress well', and in school they say that I need to have my hair cut. They don't know what I am going through that I don't have money to have my hair cut. They usually tell me stuff like that, people my age tell me stuff like that"* (Lunga, Interview 1, L392-397 pg.12-13).

Lunga compares his family situation to that of his peers and exclaims that their lives are much easier as compared to his in terms being provided for.

#### **4.2.2.3.2 Category 2.3.2: Distance created by family and neighbours**

The participant's description of characters in her story is mimicked by animal characters to express the stigma and discrimination experienced. *"There were also lions and snakes that never feel pain for the cubs, who did not want anything to do with the cubs who laughed, pointed fingers and teased the cubs. They never wanted their kids to have anything to do with their cubs; they kept their distance from the cubs"* (Zama, Interview 3, L862-865 pg.28). Her descriptions suggest that the lions and snakes represent the extended family members, friends and neighbours who alienate themselves from her and her brothers. Lunga expressed anger and disappointment towards the people who discriminate against him. He exclaimed: *"The people I get angry with are my relatives who don't treat me well they don't care about me and my little brother; it doesn't worry them that we live alone"* (Lunga,

Interview 2, L835-837 pg.26). Lunga expresses his anger towards his family members stating that they don't treat him well and do not express any concern regarding his brother.

Lunga explains further: *"As I was growing up I thought that we were a family, that's how everyone thinks when they are growing up. But as you grow up you see that this is the real world and the word family doesn't count to people anymore. I don't want people to treat me like I am trash. I want to be respected, loved and wanted. When I compare my life, and the area where I live and the people in my school and how I am treated by my relatives, I feel that when you are rich people respect you. Well I get angry but I can't change how people are and how they act, it's just the way they were born and raised"* (Lunga, Interview 2, L 764-767 pg.24). On the basis of the findings of this study, it can be posited that stigma and discrimination separates orphaned children from their extended families causing them to feel disregarded and alienated. The possibility of ostracisation and further abandonment by extended family members fuels Lunga's anger towards them.

#### **4.2.2.3.3 Discussion of findings for sub-theme 2.3**

Findings from this study confirms that stigma and discrimination is the chief cause of social isolation as it relates directly to the experiences of the sibling parents in this study (UNAIDS, 2002). Stigma and discrimination associated with teasing and mocking behaviour of others including peers were factors that encumbered the lives of sibling parents and influenced isolation. Tsegaye (2008b) confirms my finding and states that children who are orphaned due to HIV and AIDS have few friends and they seem to be isolated from their peers. My findings are endorsed by Salaam (2004) and Mohangi (2008) who proclaim that children are teased because of the nature of their parents' illness and friends depart because they fear that the AIDS virus may unfurl. Stigmatization by children can be seen as a malicious act; however, children have limited knowledge about HIV and AIDS and tend to copy the behaviour projected by adults.

Zama revealed that the negative behaviour towards her by girls her age induced anger and frustration. The findings by UNICEF (2004) clarifies that stigma and

discrimination as a result of HIV and AIDS bears negative consequences in a child's social relationship and this in turn has a damaging effect on his or her self-esteem. It emerged that children experienced the most stigmatization at the hand of extended family members. Discrimination from family causes severe emotional stress on the sibling parents putting them in a very vulnerable state. As in the case of Lunga, his experience of family rejection has affected his emotional state causing him to feel immense hatred for them. It emerged that stigma and discrimination had a devastating impact on him because his extended family built a barrier excluding him from the family system.

It can be concluded that stigma and discrimination cause severe emotional stress for sibling parents in this study. Grainger, Webb and Elliot (2001) confirm this finding by asserting that when children experience stigmatization and social isolation, they reveal different psychological reactions associated with these pressures. In this study it was found that both participants internalised their feelings of stress and dealt with rejection in their own way.

Literature contends many children who have been orphaned by AIDS experience stigma and discrimination from their families and community member via their association with the virus (UNAIDS, 2009). These children suffer from grief because of the death of their parents and then suffer social isolation because they are often believed to be HIV positive themselves (Cluver & Operario, 2008). Stigma and discrimination among orphaned and vulnerable children has direct consequences for those who have lost parents to AIDS as these orphans are sometimes denied access to school and are often viewed as outcasts within their community (Grainger, Webb & Elliot, 2001).

From the ecological approach the evolving force of stigma and discrimination has an effect within the wider community (mesosystems) but they affect the children's immediate environment (microsystems). The combination of factors within the systems influence the way the mesosystems (local community and wider community) react to stigma and discrimination. The child was not directly involved in the cause of the illness and death of the mother, but the child is affected by it. This relates to the exosystems or the broader social systems which the child is not directly involved in

but it has a negative effect on him or her (Paquette & Ryan, 2001). In Bronfenbrenner’s bio-ecological model of human development, since the mesosystems forms the connection and interaction between parts of the microsystems (community) societal influences affect the development of the child by having an effect on the macrosystems (beliefs and culture). The negative behaviour experienced by others in the form of discrimination can affect the bio-psychological composition of the child. Children in child-headed households may experience stress and anxiety as a result of ostracisation, teasing and name calling.

### 4.2.3 Theme 3: Barriers to learning and education

Theme 3 addresses the barriers affecting education with regard to sibling parents. This theme comprises one sub-theme:

- Sub-theme 3.1: Educational problems

Table 4.4 outlines the inclusion and exclusion criteria considered for Theme 3.

**Table 4.4: Inclusion and Exclusion criteria for Theme 3**

THEME	INCLUSION CRITERIA	EXCLUSION CRITERIA
<b>Sub-theme 3.1 Educational problems</b>	Any reference to sibling parents experiencing challenges associated with the acquiring education	Any reference to the sibling parents’ inability to comprehend according to their strengths and weaknesses

#### 4.2.3.1 Sub-theme 3.1: Educational problems

This sub-theme discusses the educational problems experienced by the children in this study. Subtheme 3.1 comprises the following categories, namely:

- Category 3.1.1: Absenteeism, punctuality and transport issues,
- Category 3.1.2: Increased workload and
- Category 3.1.3: Problems experienced at school.

##### 4.2.3.1.1 Category 3.1.1: Absenteeism, punctuality and transport issues

Zama has reported that due to her responsibilities of taking care of her brothers she is unable to attend school regularly. “*The greatest challenge for me is not being able*

*to go to school every day because I am good at school and I work hard. I try my best even I know it is hard but I keep on trying. I don't want to stay at home; I don't even want my brothers to stay at home"* (Zama, Interview 1, L318-322, pg.10). Zama considers absenteeism from school as being a great impediment; she believes that if she is at school regularly then she would perform better. She realises the value of education not only for herself but for her brothers too.

Lunga explained that there are days when he is detained after school for arriving late in the mornings. *"Sometimes I go to school late because I have to take my brother to school, so they keep me in for detention and while I am in detention there is no one looking after my brother. I have to worry about all that stuff"* (Lunga, Interview 1, L344-346 pg.11). The predicament that Lunga faces seems perplexed. It is evident that there are mutually conflicting situations in Lunga's case of which there is no escape thus, heightening his challenges with his responsibilities and role as a sibling parent.

Money for transport posed a problem for Zama impacting negatively on her education. *"I am good at school but I hardly go to school, because I don't have the money, I can walk and I do walk but sometimes"* (Zama, Interview 1, L104-106, pg.4). *"I miss school because I don't have money for bus fare because sometimes if...if there is money maybe R6 I walk in the morning and afternoon I take a bus, I... or I take a taxi"* (Zama, Interview 1, L80-83, pg.4). Insufficient income in the home inhibits Zama from attending school regularly. An important feature to note is the direct link between absenteeism, punctuality and transport problems encountered by the sibling parents.

#### **4.2.3.1.2 Category 3.1.2: Increased workload**

Participants in this study expressed their willingness to persevere even if it meant making great sacrifices. *"When I get a chance to go by myself I try to do my homework during the breaks or free periods, I also have to catch up on all the work that I have missed when I get absent"* (Zama, Interview 1, L216-219, pg.7). Lunga also reported that he has to strategise when it comes to doing homework and finding time to study. *"I study when I have extra time, when he is playing outside then I*

*study, I also have to help him with his homework. I have to cook and clean and then find time to study. I sleep late and wake up early and give him a bath and take him to school”* (Lunga, Interview 1, L615-619, pg.18-19). It was found that the burden of sibling parenting exacerbates the normal functioning of children and places them in difficult situations. *“I feel overwhelmed sometimes, because I can’t handle this alone. I take my anger out on Siya especially when he does wrong I get angry with him. My brother is trying to cope at school but he is a very playful person and doesn’t like to listen”* (Lunga, Interview 1, L621-625 pg.19). Lunga explains that he is confounded by his responsibilities as a sibling parent and is trying to cope with the demands of being in that role. He also acknowledges that the situation is just as difficult for Siya. It seems that he is consumed by the burden of being a sibling parent.

#### **4.2.3.1.3 Category 3.1.3: Learning problems experienced at school**

Lunga has reported that financial problems posed a major problem with regard to his education and this has affected him emotionally. *“There is something that happened in school that I don’t feel good about. For Consumer Studies our teacher tells us to bring ingredients to cook and I don’t have the ingredients. So she gives me scolding sometimes or the class just ask why I am given special treatment. So they look at me in a different way. They talk about me that I think I am special, they don’t know what I am going through so those are the challenges. On Friday my Consumer Studies teacher exempted me from bringing ingredients and the class asked her why and I told the class that I have already brought them in, because I don’t want anybody to know my situation so they just laughed at me. Those are my challenges they don’t understand”* (Lunga, Interview 1, L337-353 pg.11). I sensed that Lunga felt embarrassed and lied to protect himself from the onslaught of shame of not being able to afford items for school. However, his educational problems extended beyond financial burdens. Lunga has reported that his educators are unaware of his family situation and they therefore tend to scold him. *“My E teacher also doesn’t understand she is always scolding me for coming late, for wearing the wrong shirt; sometimes I don’t wash my shirt. Sometimes I don’t do my homework because I have to help him (his brother) do his homework, iron his shirt, polish his shoes and just make sure that he is dressed properly for school”* (Lunga, Interview 1, L356-361 pg.11 ). Because Lunga’s family situation is not made known to all his educators it

poses a problem for him with regard to the adherence of the school code of conduct. Although Lunga may have a valid reason for not adhering to the school's rules in terms of doing his homework and wearing the correct shirt, he is unable to defend himself as he does not want to face the shame of living in a child-headed household.

#### **4.2.3.1.4 Discussion of findings for sub-theme 3.1**

In the context of education, there was a combination of negative factors that contributed to and hindered the acquisition of formal education of participants in this study. Findings in this study set forth the adversities that sibling parents encounter regularly with frequent absenteeism, punctuality and transport problems owing to lack of finances being strong determinants that prohibit the child from gaining access to proper education. For Zama, it was found that lack of finances often hampered her schooling career as money was needed for bus or taxi fare. This was synonymous with Lunga in respect of purchasing items for Consumer Studies.

UNICEF (2004) agrees that economic impacts of HIV and AIDS on orphaned households inhibit many children's opportunities of remaining in school yet education is central to a child's development (Case, Paxson & Albeidinger, 2004). In addition, my findings correlate with Ibebuike, Van Belkum and Maja's (2014) that the education of orphaned children living in child-headed households is jeopardised mainly due to lack of funds for educational needs. Participants in this study also made reference to the overwhelming effects that increased school work have on them. It emerged that sibling parents developed plans of action to ensure that their homework and studying were attended to. Findings in this study relates to educators' ignorance of the sibling parent's situation in the home. Lunga reported that he was picked on by a specific teacher because of his dressing and late coming which added to his stressful life.

Findings reveal that the experience of negative factors in the lives of sibling parents results in poor school attendance and has an impact on educational achievement (Masondo, 2006). Children in the role of parents lack the resources needed to meet the basic needs like food and shelter and this also includes educational needs (Nziyane, 2010). Evidenced in this study are the educational implications of children in child-headed households. Given the magnitude of the participants' problems it can

be deduced that children's family situation and their education are in conflict with each other. It can be noted from this study that children's perceived stress with regard to their education is likely to be exacerbated by their family situation. Statistics South Africa (2011) informs that 17,5% of children and 36,4% of youth aged between 15 and 24 dropped out of educational institutions due to the lack of money. It can thus be concluded that education can be viewed as a chief generator of economic and social development (UNAIDS, 2012).

Findings from previous literature on educational problems experienced by orphaned and vulnerable children states children affected by HIV and AIDS experience great difficulty and in most cases education is sacrificed first due to their responsibilities in the home (Berry & Guthrie, 2003). Educational opportunities are limited or in most cases lost as children who are orphaned and vulnerable due to HIV and AIDS may lose access to schooling for numerous reasons including poverty, domestic labour and the need to engage in activities that generates income, this may also involve engaging in risky behaviour (Ismayilova, Ssewamala, Mooers, Nabunya & Sheshadri, 2012).

According to Bronfenbrenner's theory, a child's microsystems (family) have a direct relationship with its mesosystems (school and educators). In a functioning family unit where parents are actively involved in their child's life, where rules, regulations and boundaries are enforced in the home, it represents critical quality of the relations between the interacting systems. In child-headed homes (microsystems) there is no interaction between the microsystems (family) and the (school). There are various factors that come between these interactions and have a negative effect on the child. For example children in child-headed homes experience shortage of money (exosystems) which has an influence on the child's microsystems (education). Responsibilities within the home are another determinant that keeps children away from school. Children living far from the school experience transport problems (exosystems) which impacts on their education. It is clear that there is a strong interaction between the systems (microsystems, mesosystems and exosystems) which has an adverse effect on the sibling parent's education.

#### 4.2.4 Theme 4: Future perspectives

Theme 4 highlights the future goals and ambitions of sibling parents. This theme includes one sub-theme:

- Sub-theme 4.1: Participants' need to rise above challenges

Table 4.5 outlines the inclusion and exclusion criteria considered for Theme 4.

**Table 4.5: Inclusion and exclusion criteria**

<b>THEME</b>	<b>INCLUSION CRITERIA</b>	<b>EXCLUSION CRITERIA</b>
<b>Sub-theme 4.1 Participants' need to rise above challenges</b>	Any reference to sibling parents perceiving the procurement of education as a means of attaining a better future	Any reference to sibling parents engaging in other activities or forms of immoral behaviour

##### 4.2.4.1 Sub-theme 4.1: Participants' need to rise above challenges

This section highlights the participants' need to rise above their challenges. Subtheme 4.1 is comprised of the following categories:

- Category 4.1.1: Education as a key to success; and
- Category 4.1.2: Hope and optimism.

###### 4.2.4.1.1 Category 4.1.1: Education as a key to success

Participants in this study viewed education as means to achieving success and provided reasons for going to school. When asked why is attending school important to you? Zama responded by saying. *"I go to school because of the life I'm living with my two younger brothers who are also in primary school. I wanna (want to) help them and also to be a good example in their eyes and we can live a good life out of this"* (Zama, Questionnaire, Q1).

She speaks about (setting a good example) and (living a good life). Being a good role model to her brothers and living a life free from adversities seemed significant to the participant.

Lunga added, *“Attending school means a chance to change my life and getting a chance to overcome my circumstances at home and be a successful man”* (Lunga, Questionnaire, Q1). He believes that attending school would afford him the opportunity to be successful. It is important for him to be a successful (man). As stated by Lunga, in his culture successful men are respected. When asked what does he mean by successful, he states that successful does not necessarily mean rich (although he would like to be rich) but someone who is working and taking care of their family. Zama expresses her determination when she speaks about doing her homework and taking care of her brothers. *“After school I go straight home so that I can manage to take care of them. I do my homework in school during the school hours because I cook, wash and clean for them so that they will live in a clean environment”*(Zama, Questionnaire, Q2). Zama indicates that she has to improvise when it concerns her school work and her responsibilities at home. It is evident that Zama views her responsibility as a sibling parent and as a learner a priority and ensures that both are attended to.

The next excerpt is taken from my field notes.

Zama [gleaming] showed me her school report. She feels that despite the daily problems she is able to transcend and has great hopes of going to high school (March, 2015).
--

Zama’s expression evoked a sense of sadness within me. I realised that even in her helpless situation there was self-belief. It was a learning curve that brought to my understanding the message of hope.

#### **4.2.4.1.2 Category 4.1.2: Hope and optimism**

Participants in this study lean to a large extent on education and this can be seen as their strength and their willingness to bounce back from their situation. It should be noted that both participants showed optimism and a positive disposition. When confronted with the question, what are your goals for the future they responded as follows: Lunga stated, *“I want to be a successful business man and look out for my little brother. I want him to not feel the gap of being alone but see me as a parent”*

(Lunga, Questionnaire, Q5.). Zama answered, *“I want to finish school and get a job so that I would be able to take care of my brothers”* (Zama, Questionnaire, Q5). Findings demonstrate that both participants are committed to continuing their role as parents in the future.

Lunga’s continuation of his story during the third interview describes the young boy determined to go to school. He explains as follows: *“Being determined to go to school the boy steals another boy’s uniform and follows some kids to school. He then enters a class and the whole day he stays in school until the last lesson when he is caught by the principal and thrown out the school gate. He finds help from a taxi driver who pities the young boy and offers to help him find his dad. He is successful and the boy is accepted with a warm heart.”* (Lunga, Interview 3, L889-895, pg. 29). When asked if that ever happened to him? He asserts that because he take his brother to school, he arrives late to school and sometimes he has to go back home because the school gates are closed.

Lunga ends by saying, *“I will try my best to be successful but I will never change who I am”* (Lunga, Interview 2, L845-846, pg.27). He reveals that people forget where they came from when they are successful, but he will never forget his humble beginnings and challenges in his life.

#### **4.2.4.1.3 Discussion of findings for sub-theme 4.1**

It emerged from the study that participants remained hopeful for the future and despite their difficult life situation they still have goals and ambitions. My findings resonate with Snider and Dawes (2006) that in spite of the challenges children face, children who are affected by HIV and AIDS exhibit positive action in transacting challenges in their lives. Findings also revealed based on evidence presented that although Zama may not be academically successful, and part of this may be attributed to her regular absenteeism, she believes that her education is vital.

On the basis of research studies reviewed, and the findings of this study, it was revealed that children who are orphaned by AIDS have a positive attitude towards attaining a career and making a success of their lives. Children are in favour of

completing their schooling and moving in the direction of attaining their goals. However, none of the participants in this study are certain about their career paths at this point (Masondo, 2006; Kamau, 2012). Results revealed that despite educational setbacks, children expressed their optimism in completing school and regarded school as imperative in order to have a bright future. It emerged that there were instances when the children's circumstances caused them to be denied their right to education. Kelly (2000) protests that children orphaned by HIV and AIDS should not be denied their right to education. Mohangi (2008) has described the children in her study as having hope and optimism by setting their goals and findings ways of achieving those goals in order to have a brighter future. In her study, children were found to have the desire of going to university to attain their goals. Sekopane (2013) has revealed in his study that one of his participants demonstrated the drive to improve himself from his environment and was determined to get a tertiary education.

The ecological model advocates that children are shaped by their culture, beliefs, values and expectations. The macrosystem is a formidable source of power that influences how one reacts to their situations. This system provides the support that one needs to strengthen the relationships within the environment that promotes growth and development (Swick & Williams, 2006). The importance that the macrosystem accords to the children's needs depend on the support which they receive from the micro and mesosystems (Paquette & Ryan, 2001). Siblings from child-headed households (whole system) can interact with other subsystems (peer groups) and when this interaction occurs it enforces the learning which takes place. Gouws, Kruger, Burger and Snyman (2008) explains the role of the peer group in the development of the adolescent (child-head). Peer groups (subsystems) are the most influential socialising agents and interaction with them affects the adolescent's ability to interact with other subsystems. The school (subsystem) is also regarded as a socialising agent because it is within this system that the individual learns behaviours and attitudes. Goals and values of individuals affect the system as whole because a child's desire to succeed has an effect on the development of others within the household.

After listening to the children speak about their future I made the following field notes.

It is easier for orphaned children to be denied their right to education because of their circumstances than for them to get help. Orphaned children, like non-orphans have goals and dreams which they like to be fulfilled (March, 2015).

What awoke within me is the reality that children (orphans and non-orphans) have aspirations for great achievements; however, their home circumstances may somehow have an influence on their future. Research conducted by Ismayilova, Ssewamala, Mooers, Nabunya and Sheshadri,(2012) confirms that orphaned children are susceptible to being disadvantaged with regard to education as they encounter more obstacles compared to non-orphans. Several factors increase the risk of orphans and therefore hinder their education, thus many orphans will end up not completing school.

#### **4.3 CONCLUSION**

In this chapter I presented the results of my study and conferred my findings based on the themes, sub-themes and categories that emerged from my study. In the next chapter, I discuss the conclusions and recommendations for the study.

# **CHAPTER 5 : CONCLUSIONS AND RECOMMENDATIONS**

## **5.1 INTRODUCTION**

In the preceding chapter, I presented an integration of the results and findings of this qualitative research study. The themes, sub-themes and categories that emerged during the process of data analysis and the findings were established based on the confirmation of transcribed interviews and supported by existing literature.

In this chapter, I provide an overview of the research process, address the secondary research questions and answer the primary research question. I then revisit the theoretical framework and discuss the possible silences in the data. This is followed by the discussion of the potential contributions of the study and highlighting the limitations of the study. I conclude this chapter with the recommendations relating to practice, training and future research.

## **5.2 OVERVIEW OF THE RESEARCH PROCESS**

The purpose of this study was to explore and understand the effects that sibling parenting has on children and to ascertain how children who head their households adapt to their changed life circumstances. This study aimed to investigate the impact that sibling parenting has on the child and to understand the child's inner-world and how he or she experiences his or her life in this new role. This study is intended to provide a better understanding of the lives of children living in child-headed households and to contribute to the body of knowledge on children in the role of parents.

## **CHAPTER 1**

In this chapter I provided an overview of the study. It included the background, the rationale, and context and problem statement. Chapter 1 highlighted the research aims, questions and objectives. Included in this chapter are the pragmatic perspectives and research methodology as well as the ethical considerations.

## CHAPTER 2

This chapter provided the literature relevant to the investigation of the research study under discussion. I explored the literature relating to the impact of the parental role on orphaned and vulnerable children. The literature provided insight on aspects pertaining to the challenges and experiences encountered by sibling parents. Furthermore, I included a theoretical framework which guided my study.

## CHAPTER 3

In chapter 3 I presented the research methodology used to conduct the inquiry. I discussed the pragmatic assumptions and the research method. The process of data analysis and interpretation is explained, which is followed by the sampling and selection of participants. I then go on to explain my role as a researcher as well as the limitations of the study.

## CHAPTER 4

Presented in Chapter 4 is the analysis and interpretations of the findings. Themes were constructed from findings that emanated from the data collected by means of un-structured interviews, metaphor, story-writing, informal observations, questionnaires and field notes. I concluded each theme by integrating my findings with a discussion confirmed by existing literature.

### **5.3 RE-VISITING THE THEORETICAL FRAMEWORK**

This study was based on the Bronfenbrenner's (1979) ecological systems theory discussed in Chapter 2. The ecological theory formed a blue-print for my study and guided the investigation. I was able to understand the children's life world and how it is influenced by society. My study focused on understanding the effect that sibling parenting has on orphaned and vulnerable children in the role of parents.

The ecological theory (see Chapter 2) advocates that the environment plays an integral role in children's development. Children are part of different systems such as the family, peers, school and church and because children are directly involved with these systems they have a great influence on their development. The model proposes that children also interact and connect with their microsystem in other

words their community and that societal influences also affect the child either positively or negatively. Findings in this reveal that the lack of support received from these systems increased participants' vulnerability. It was discovered that lack of understanding on the part of educators heightened Lunga's stressful situation.

This study revealed that orphaned and vulnerable children in the role of parents experienced similar challenges in terms of heading their households. The literature study provided insight into the role function of child-heads and highlighted the issues surrounding the assumption of their role as parents. The theoretical framework is based on the four systems (see Chapter 2) which were considered in understanding the effects of sibling parenting.

I based my findings on the interaction of systems that have an influence on child-headed households and the experiences of child-heads. Findings revealed that children in the role of parents exhibited great strength and fortitude in executing their role function, nevertheless, from the participants' perspective, an adult figure is absolute in ensuring the effective management of a household. Findings of this study revealed that child-heads often lacked life skills and decision making skills and found themselves in difficult situations with regard to sibling care-taking. Sibling-caretaking as a facet of parenting involves administering discipline on younger siblings and this often left the sibling-parent in a compromising situation. Since children's development is facilitated by the contact with significant adults, it can be understood that without the guidance and support from adults children find themselves in difficult situations.

My findings indicated that the effects that sibling parenting have on children who are orphaned and vulnerable are complex and multifaceted. I concur that AIDS orphans face many negative challenges in their lives which start even before they are orphaned. Orphaned and vulnerable children are subject to precarious circumstances leaving them without love and care and having to adjust to their new life situation. The provision of an emotional climate by adults fosters trust which enables children to grow and ensure their effective development. However, this is unavailable for children living in sibling-parent households and it is found to disrupt their normal development. It was found that the children's environment restricted

their social contact as being in the role of parents meant added responsibilities and less time for interacting with peers.

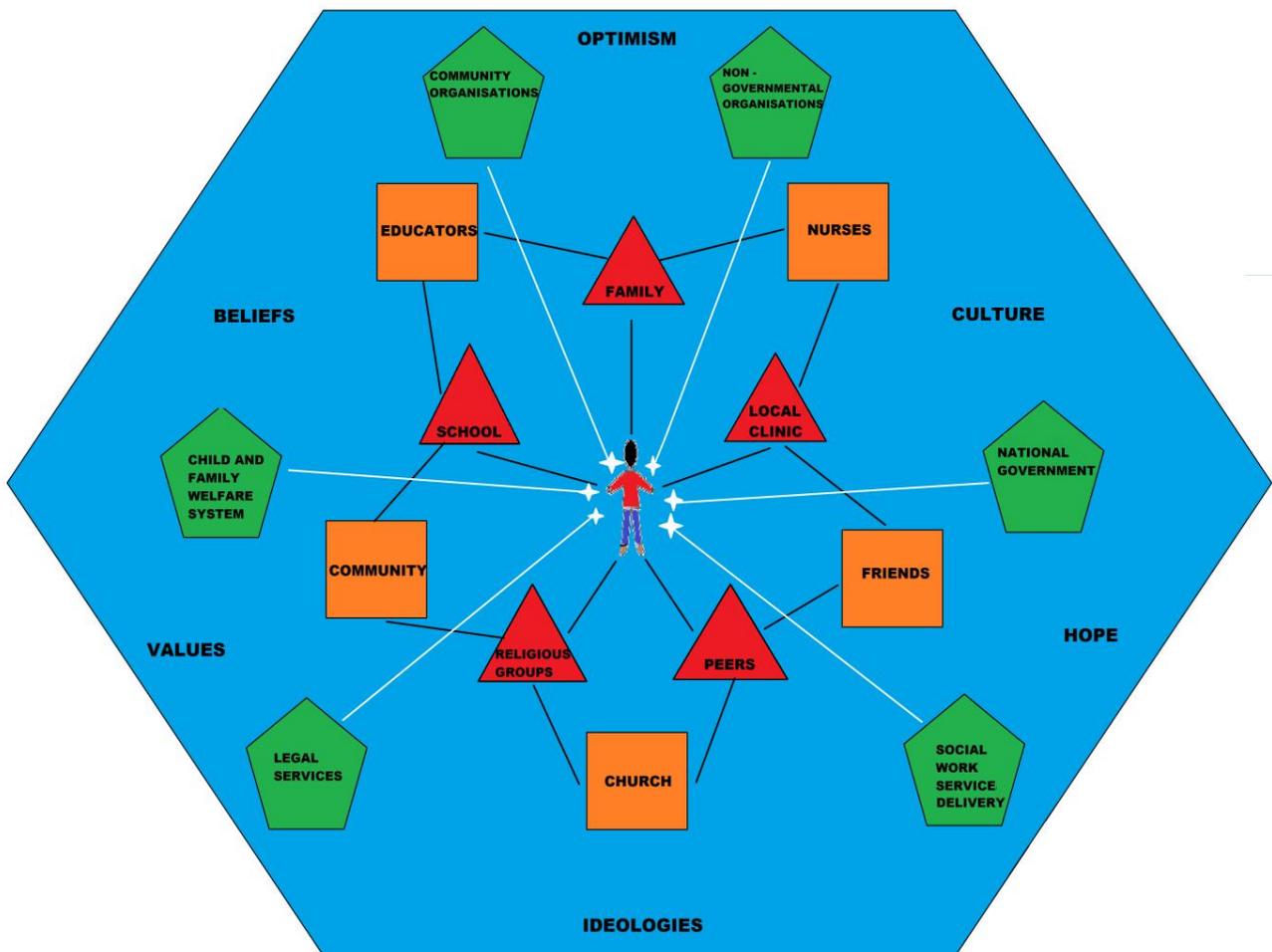
From my study, it can be understood that child-headed households are formed with the eldest taking the responsibility of managing the household. Literature expounds that child-headed households are established because of the fear of being separated from their siblings, land or property appropriation by relatives, suffering of abuse and neglect by others and experiencing rejection from families. Separation from siblings seemed to have a profound effect on the sibling parents in this study as it elicited distress and anxiety within them. They favoured the idea of togetherness and their love for their siblings seemed significant. One of the participants' main concerns regarding the fear of being separated is attributed to their siblings becoming vulnerable to abuse and neglect at the hands of extended families.

My findings demonstrated the children's apprehension towards living with extended family and illustrated their feelings regarding experiencing rejection from them. Based on my findings, rejection from families and other members in the community evoked sadness, anger and hatred within the participants but it also initiated a driving force of hope which precipitated the need to succeed in order to overcome their challenges thus demonstrating their resilience.

It was found that orphaned and vulnerable children suffer in terms of meeting their basic needs. They often find it difficult to provide for their siblings and in most instances their education suffers as many are forced to drop out of school to support their family financially. Evidence provided in my study revealed that the role of sibling parenting is characterised by hardships which tests the sibling parents' stoicism with the lack of food being the most significant privation. Optimal development of children requires the satisfaction of their basic physical needs. Findings in this study revealed that sibling-parent households lacked basic survival needs which heightened the level of stress within the children. Interaction with their immediate systems such as the local Child and Family Welfare could be beneficial as the needs of the children can be addressed and the necessary provision could be made. Such provision could be in the form of helping children apply for their social grant and in the form of food hampers.

It emerged from my study that children orphaned by AIDS experienced discrimination and stigmatisation by society which culminated in shame, fear, and rejection by the community thereby denying them the right to live in a supportive environment. Findings revealed that stigma and discrimination is primarily related to the lack of knowledge and understanding regarding HIV and AIDS. The negative behaviour of others towards the children in this study induced pain and suffering thereby increasing social isolation. Children related that the negative experiences caused them to feel hurt and emotionally burdened. Communication and interaction within the wider system involving the religious groups, community organisations and services, the school could help lessen the burden of children. The implementation of programmes that creates awareness of stigma and discrimination could perhaps protect children from the onslaught of discrimination.

This study was guided by the ecological systems theory and concludes that there is a proximal relationship between the microsystems and the mesosystems as the interaction between these systems had a direct influence on the children. However, my study did not focus on the child in isolation but in relation to the systems therefore a collaboration of these systems are important to ensure the holistic development of orphaned and vulnerable children in the role of parents. Figure 5.1 presents a visual representation of findings.



**Figure 5.1: Visual representation of findings**

Figure 5.1 is a visual representation of the ecological systems theory which I adapted from Rice and Dolgin (2008) to explain my findings. The microsystems are indicated by the red triangles, the mesosystems by the orange squares, the exosystems by the green pentagons and the macrosystems by the blue hexagon. The increasing number of sides of the shapes serves to indicate the progression of the systems. The black lines serve as outward arrows to indicate that these systems (micro and meso) do not have a strong interaction with the child. The white arrows are an indication of the change in the interaction between the systems as it is the exosystem which is seen as crucial to the development of orphaned and vulnerable children.

I conclude this study by making reference to the findings of this study and report on the support structure for orphaned and vulnerable children in the role of parents. According to Bronfenbrenner's ecological systems, the interaction between

microsystems is central to the whole child development. My findings revealed that since there is a lack of adequate interaction between microsystems for orphaned and vulnerable children, I postulate that the support for them should stem from the exosystems. In this study the exosystems replaces the microsystems because having direct interaction with the exosystems (non-governmental organizations, national government, social work service delivery, legal services, child and family welfare systems and community organizations) will help orphaned and vulnerable children in the following ways:

- Help them to meet their basic needs by making provision for food, water, education and electricity.
- Assist them gain social grants.
- Make psychological services available to orphaned children.
- Ensure that health care systems are available to assist orphaned children.
- Address the educational needs and barriers pertaining to orphaned children and make schooling more accessible to them.
- Advocacy and legal support would be helpful in helping children apply for their birth certificates.

I argue that if children's needs are met in terms of the above stipulations, then they can develop healthy relationships within their current micro and mesosystems. This interaction would strengthen their macrosystems and would increase their self-worth, self-esteem and autonomy.

#### **5.4 ADDRESSING THE SECONDARY RESEARCH QUESTIONS**

In this section I answer the secondary research question that supported this study. In addressing the secondary research questions I also attempt to answer the primary research question.

##### **5.4.1 Secondary research question 1: How do sibling parents experience his or her obstacles?**

In my study stigma and discrimination emerged as discrediting factors that sanctioned the barriers of social interaction marginalising the children in this study

and inflicting pain and sadness. Evidence presented in this study revealed that discrimination is viewed as a product of stigma as it helped in the denigration of the sibling parents and enhanced social isolation. The findings related to the investigation into this inquiry suggest that children in this study experienced stigmatisation and discrimination from extended family, peers and neighbours as an impediment. Sibling parents experienced stigmatization in different forms and were subject to abuse, name calling, teasing and rejection.

With stigmatization being a major obstacle, it induced the inhibitions of children which manifested in feelings of shame and negative self-worth. The children in this study clarified their feelings of being stigmatized by means of illustrations in the form of storytelling and metaphorical descriptions. By verbalising their emotions, the children expressed their concern regarding the adults' failure to protect them instead their behaviour encouraged the ill-treatment by other people, for example the naming calling by the friends of Zama and the teasing by her brother's friends.

From my findings I document that the children's immediate environment did not offer the support and protection which they needed, instead it heightened their suffering causing immense pain. Findings reveal that sibling parents experienced mixed reactions from the community, while a few were reported to have been kind and offered assistance to them, the majority formed the group that encouraged stigma and discrimination. Children reported to have been ridiculed and humiliated by people known to them and this increased their sadness. In addition, children reported to have been let down by significant others which left them feeling shunned.

Negative family responses left Lunga feeling isolated and it created a division between him and his relatives. I found that a clear distinction was made between the rich and the poor which created a belief that the rich hold a superior place in society as opposed to the poor. This was clearly articulated by Lunga during the second interview. I establish that the experience of stigma and discrimination on sibling parents affected their psychological wellbeing and impacted on their quality of life.

#### **5.4.2 Secondary research question 2: What methods do sibling parents employ to deal with their daily challenges?**

In this study I found that the challenges which the sibling parents face on a regular basis places unprecedented demands on them which have an overwhelming effect on their lives. The magnitude of their problems intensify each day and brings about different challenges in their lives.

The children in this study firstly had the task of nursing their ailing mothers which caused them distress and secondly assumed the role of a parent preceding their mother's death. In this study the sibling parents made vivid representations of their role as parents which illuminated the challenges that they experienced on a daily basis. As in the case of Zama, her struggle to provide food for her siblings placed her in a situation where she anticipated the food parcels from her friend's parents and her teachers although this form of gesture occurred only occasionally.

Findings elucidate that the children in this study experienced difficulties with issues relating to regular absenteeism and punctuality with regard to schooling. Financial constraints also fuel their challenges thereby increasing their stressful situation. It was established that Zama stays at home from school when there is no money but makes provision for her brothers to attend school. She has reported that when she goes to school then she tries to catch up on the work that she had missed even if it meant sacrificing her breaks.

It emerged from my study that the dynamic nature of the children's schooling placed them in difficult situations. Lunga had to endure being punished at school for arriving late. The punishment as he exclaims is in the form of detention or being locked out of the school gate. His role of as a parent does not afford him the opportunity of going to bed early and living a life of a 'normal' child his age. The increased responsibilities of the sibling parents are not understood by all because children want to avoid the shame and stigma that is associated with child-headed homes. In this instance sibling parents try to deal with their challenges as they see fit, unfortunately there are no prescribed methods in dealing with their challenges.

### **5.4.3 Secondary research question 3: What strategies (if any) have the sibling parents implemented in coping with his or her schooling?**

In this section I discuss how children cope in response to their perplexed and difficult circumstances with regard to being affected by HIV and AIDS. It was found that the parental role bears negative consequences for the sibling parents in that their time is taken up by performing household tasks as well as involved in sibling-caretaking, thus it can be said that the absence of adults in the home threatens a child's schooling.

Children in this study assumed practical coping mechanisms to help them with their responsibilities in the home and with their studies at school. Their coping strategies in relation to meeting their educational needs were usually done with a combination of factors such as studying when their chores have been completed or commencing with homework once they have helped their siblings.

In finding ways to cope with schooling, the children's basic needs would first have to be met. Their basic needs included food, water, sanitation and shelter. Food seemed to be the need that children in this study lacked the most. However, assistance from educators and neighbours partially met the need for food for the sibling parents and their households. The practical coping mechanisms which children adopted for their daily activities in order to run their households included seeking help from others.

They looked towards their friends and neighbours for emotional support. Lunga sought the relief of the strain of his difficult family situation by talking to his friends. This form of coping can be viewed from a negative and a positive stance as Lunga also resorted to smoking and taking alcohol. Lunga also reported that his neighbours take care of his younger brother whilst he (Lunga) is still at school. Zama has indicated that in order for her to cope with schooling and the responsibilities of being a sibling-parent she has learnt to accept her fate. Research findings also show that Zama internalised her feelings and this can be seen as her way of coping with her difficult life situation.

The children in this study showed their resilience in terms of their ability to cope with their situation. The fact that neither of the participants have given up on their schooling and has continued to strive amidst their difficult circumstances may perhaps indicate their way of coping. This research study has demonstrated that children utilise coping strategies which varies depending on their circumstances.

## **5.5 ADDRESSING THE PRIMARY RESEARCH QUESTION**

In this section I embark on answering the primary research question presented in Chapter 1:

- How do orphaned children and adolescents who have lost both their parents, cope with the challenges of caring for their siblings in their role as sibling parents?

In this study I found that sibling parents had to deal with their grief of the loss of their mothers. They were overcome by the sadness of their deaths which rendered them helpless. The loss of their mothers caused the experience of great emotional pain for the sibling parents and their siblings. In adjusting to their situation concerning the death of their mother, siblings-parents sometimes found themselves having to deal with the emotions of their younger siblings as well who looked to them for emotional support. It was found that siblings (as in the case of Lunga) did not fully grasp the concept of his mother's death and therefore this is an indication that he does not understand the impact of death. Coping in the role of parents was seen as a difficult task for the sibling parents in the study as they had to deal with the wishes of their dying parents and this added immense strain on the decision making process with regard to their living arrangements after the death of their mothers. This was most evident in Zama's situation where her mother instructed her and her siblings to live in their house after her death.

Sibling parents are also challenged with decision making regarding the management of the household and the caring of their siblings in the absence of their parents. Their responsibilities included cooking food for their younger siblings, washing their clothes, ensuring their security, sending them to school and helping with their homework. It was found that sibling parents took calculated risks with regard to

taking care of their siblings. My study found that in some instances sacrifices were made to accommodate the needs of their siblings. Their ability to cope with their challenges as parents, displayed the sibling parents' courage to take on the role of care-giver and provider. My study found that although sibling parents encountered many challenges in their role as parents, they demonstrated a level of competency in managing their households.

In this study both participants took their role as a parent seriously with the intention of ensuring the safety and protection of their younger siblings. Sibling parents sought help from outsiders to help maintain their parental position. In reality, sibling parents in my study were immature and needed guidance and support from elders, but despite being emotionally and cognitively immature, they exercised their power in their home to maintain discipline.

The role of sibling parenting posed constraints on their lives and it was difficult for them to adapt to the new changes although their caregiving responsibilities started while their mothers were still alive and unwell. It was found that at some stage children in the study became overwhelmed in their role as parents and found parenting to be burdensome. Several factors added to their challenges of heading their households and among them were economic, stigma and discrimination being the most prevalent.

It is important to note that the children in this study came from poor households and lived in abject poverty. Their poor economic situation in the household heightened their problems at school and at home. My participants accentuated the impact of the limited resources within their home and explained how it impacted on them providing for their siblings. The participants in this study reflected on their situation in their home and exclaimed that it is difficult to meet all the needs of their siblings.

In having to deal with the loss of their mothers, sibling parents now have to deal with the negative reactions of other people. Sibling parents have to shield their siblings from the pain that the stigma causes and report that they struggle to deal with the suffering inflicted on them by people in their community. The rejection experienced by families has a profound effect on the sibling-parent and their siblings as it

increases their psychological distress. In having to cope with their situation, sibling parents have been driven by the need to provide for their families. They have demonstrated great pride in caring for their siblings and this adds to their feelings of self-worth.

To be able to cope with the demands of the role as a parent, children in this study had to make great sacrifices such as forgoing their childhood, having to sacrifice their social life, not giving attention to their own emotional and physical needs and ensuring that the needs of their siblings are met. However, my findings depict that children had assumed coping strategies in response to their situation and these strategies could be viewed as survival tactics. Sibling parents in this study have hope and aspirations for the future. They are motivated to achieve success. Their determination to achieve success could be viewed as a way of coping with their family situation. The use of metaphors could be seen as a coping mechanism as it helped participants to distance themselves from their emotional suffering by creating a safe space to express their feelings. There are optimistic about their future and believe that there is a chance that their family situation would change for the better.

## **5.6 SILENCES IN THE DATA**

In understanding the potential silences in the data, the researcher draws attention to the grandmother as indicated by Zama but no reference is made to the grandmother's role in the children's lives while the mother was alive. Zama also did not indicate how she felt if her grandmother came to live with her. Silence regarding the grandmother's role in their lives could be attributed to the following:

- Disclosing one's HIV status is not something one would consider and for this reason the participant's mother remained quiet about her illness. Therefore, keeping the grandmother at a distance seemed appropriate at the time.
- The participant has indeed thought about the idea of her grandmother coming to live with her but perhaps was unwilling to discuss her feelings about it.
- Because she is not her biological grandmother, and the concept of living with a "grandmother" may be new to her thus, the participant may be confused about how she feels and finds it difficult to verbalize her thoughts.

Both participants reported that in their household not all of them receive child support grant yet in both cases all the children are below the age of 18. However, no reference was made by either participant regarding the reason for not getting grant. The issue surrounding the grant could be precipitated by the following reasons:

- Children do not question their guardians regarding their child support grant out of fear and respect for their elders.
- The grant may have been suspended due to reasons beyond the participants' control and is probably difficult to reinstate since the mothers have passed away.

This study revealed that both participants lost their mothers. One would question the effects of having lost a father as opposed to a mother. Would they have felt the same way?

- Children in this study may not have shared the same relationship with their fathers as they did with their mothers and maybe the feelings for their mothers were stronger and deeper as opposed to their fathers.
- Perhaps the role of a mother extended beyond merely providing food and shelter. Children drew comfort and emotional support from their mothers, something that might have been difficult to get from their fathers.

## **5.7 POTENTIAL CONTRIBUTIONS OF THE STUDY**

In this section I discuss the potential contributions of the study. This study set out to provide rich descriptions and an in-depth understanding of the experiences of children in the role of parents. The findings of my study thus contribute to the existing knowledge base regarding child-headed households and hope to fill a gap in existing literature.

This study highlighted the importance that sibling parents attach to their role as parents and showed the need of a greater support structure for sibling parents. I posit that children in this study demonstrated their role as parents as being central to the growth and development of their siblings and therefore believe that they are responsible for the quality of life of their siblings. Thus, the findings demonstrated

that the responsibility of sibling caretaking was taken to a greater level where the needs of their siblings were prioritised highlighting their selfless nature.

This study found that there was a lack of economic support for children in the role of parents as they failed to meet their basic needs. The study has identified the need for support programmes with regard to providing adequate funding for child-headed households. Findings revealed that such programmes are non-existent in the areas where this study took place.

This study identified the relationship between sibling parents and the members of the community and reports that the children in this study did not receive support from their immediate environment. These findings thus make a valid contribution to community support programmes that would help sibling parents sustain their role as parents. I regard the sensitisation of community members about offering support to orphaned and vulnerable children to be an important factor in developing a working community and strengthening the relationship between child-headed households and members of the community.

My study draws the attention to the interrelationship between the role of a parent and the role of a scholar and highlights the sacrifices made in terms of both roles. Thus, this data may contribute the existing body of knowledge on child-headed households. This study discerned the need for therapeutic intervention programmes offering psychosocial therapy that would help children cope with the loss of their parents. This would help to deal with the death of their mothers and other stressors experienced in their role as parents.

Findings revealed that from the sibling parents' perspective, it is important to have the support and guidance from important role players as this would assist children whose parents are ill to cope better with the situation. This study has shown that there is a greater need for support for child-heads in the communities where child-headed households are more prevalent. It also established government's function in being more proactive in exercising the rights of children as stated in the Constitution.

I have presumed that the knowledge gained from this study could possibly contribute to aspects pertaining to the psychological well-being of children heading their households. In reviewing current literature, I found that there appears to be limited literature focussing on the psychological well-being of child heads or sibling parents and I assert that this study fills the gap in the existing knowledge base on child-headed households.

## **5.8 POSSIBLE LIMITATIONS OF THE STUDY**

One of the possible limitations of this study concerns the generalisability of the findings as it focused on a particular age group of children within a particular geographical area. The researcher based her research investigation on a particular age group, and therefore the views of other orphaned and vulnerable children were not investigated and this could be regarded as a limitation to this study. I limited my participants to two belonging to the same race and culture, this however is not a representation of the entire population and it could be viewed as a limitation to this study.

Nevertheless, my study aimed at understanding the effects that sibling parenting has on orphaned and vulnerable children in the role of parents and the findings may be conveyed to related settings of a similar nature. The investigation carried out, interviewed only children in the role of parents omitting their guardians and educators, this could be seen as a limitation. Furthermore, my role as a researcher had been challenged on several occasions as I had to separate myself from the emotional content relating to the sibling parents' experiences and challenges.

## **5.9 RECOMMENDATIONS FOR PRACTICE, TRAINING AND FUTURE RESEARCH**

My recommendations for practice, training and future research on child-headed households are based on the findings of my study.

### **5.9.1 Recommendations for practice**

Based on the findings this study, I recommend that social workers work in collaboration with NGO's to assist children living in child-headed households. The needs of sibling parents should be addressed and arrangements for alternative care should be considered. I recommend that the Department of Education should be made aware of the children's circumstances and there should be a directive to principals of schools with orphaned and vulnerable children that child-heads and their siblings be given concession with regard to school fees and they should also be accommodated in respect of their situation. I recommend that the Institutional Level Support Team within schools take on a more proactive approach children by recognising and prioritising the needs of orphaned children and implementing structures within the school to provide support (emotional and financial) for orphaned children. I also recommend that educators be more supportive to children and do not place demands on children that will put them into financial difficulties.

### **5.9.2 Recommendations for training**

I recommend that all stakeholders involved in their lives of orphaned and vulnerable children are adequately trained and are equipped to deal with effectively with the children's situation. The findings suggest that teachers should revisit the pastoral care role to ensure that the situations of children who are orphaned are understood in context. I propose that highly trained social workers who are knowledgeable in the legislation pertaining to the children work closely with orphaned and vulnerable children in ensuring their safety and protection. On the basis of my findings, I espouse that government should ensure that programmes educating community members should be implemented as this would promote a better understanding of children in child-headed households. These programmes should include the following: Awareness programmes promoting open communication about HIV and AIDS, developing programmes with the intent of targeting stigma and discrimination and community outreach programmes providing assistance to orphaned children in terms of skills development. I recommend that government should train people in the community as care-givers to assist others who are terminally ill so that children can remain in school.

### **5.9.3 Recommendations for future research**

Based on the findings of this study I propose the following recommendations for future research:

- The research investigating the effects of sibling parenting on orphaned and vulnerable children in the role of parents was conducted in a specific geographical area and focused on one race group. I recommend that qualitative studies be carried out in other geographic areas of South Africa as this would generate an in-depth understanding of how children from different areas and race groups who are in the role of parents deal with their challenges. The research should focus on finding out what their basic needs and priorities are as well as what they consider as being most important to them.
- In view of the findings of this study, a recommendation that research on government's efforts to assist sibling parents in child-headed households be conducted.
- Children in this study did not receive adequate support in terms of their extended family. It is recommended that research investigating the change in behaviour by extended families towards orphaned and vulnerable children.

### **5.10 CONCLUDING COMMENTS**

This study focused on the effects that sibling parenting have on orphaned and vulnerable children in the role of parents. This investigation gave me an in-depth understanding into the experiences and challenges that sibling parents encounter daily in their lives.

My findings suggested that orphaned and vulnerable children are in need of greater support, guidance and love which they lack. Findings also revealed the urgency in developing programmes that will educate the wider community and contribute to a

better understanding of the needs of children who are orphaned and vulnerable. Finally, my study accentuated the need for all stakeholders to play their part in ensuring that orphaned and vulnerable children are provided for adequately.

## REFERENCES

- Andrews, G., Skinner, D., & Zuma, K. (2006). Epidemiology of health and vulnerability among children orphaned and made vulnerable by HIV/AIDS in Sub-Saharan Africa. *AIDS Care*, 18(3): 269-276.
- Awino, D. (2010). LIFE IN A CHILD/ADOLESCENT HEADED HOUSEHOLDS: A qualitative study on everyday life experience of children living in Child/Adolescent households in Western Kenya Region. Department of Social Science. UMEÅ University.
- Ansell, N., & van Blerk, L. (2004). Children's migration as a household/family strategy: coping with AIDS in Lesotho and Malawi. *Journal of Southern African Studies*, 30(3): 673-690.
- ANOVA Health Institute. (2014). *The HIV & AIDS media project*. Retrieved December 20, 2013 from [http://www.journ aids.org/index.php/essential\\_information/orphans\\_and\\_vulnerable\\_children/challenges\\_faced\\_by\\_ovcs/](http://www.journ aids.org/index.php/essential_information/orphans_and_vulnerable_children/challenges_faced_by_ovcs/).
- Asmussen, K., Corlyon, J., Hauri, H., & La Placa, V. (2007). *Supporting parenting of teenagers*. London: Policy Research Bureau.
- Asselin, M.E. (2003). Insider research: issues to consider when doing qualitative research in your own setting. *Journal for Nurses in Staff Development*, 19(2): 99-103.
- Atkins, L.S., & Wallace, S. (2012). *Qualitative research in education*. London: Sage.
- Attride-Stirling, J. (2001). Thematic networks: an analytical tool for qualitative research. *Qualitative Research*, 1(3): 385-405.
- Bailey, C.A. (2007). *A guide to qualitative field research*. (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.

Bachmann, M. O., & Booyesen, F. L. R. (2004). Relationships between HIV/AIDS, income and expenditure over time in deprived South African households. *AIDS Care*, 16(7), 817-826.

Beegle, K., Filmer, D., Stokes, A., & Tiererova, L. (2010). Orphanhood and the living arrangements of children in Sub-Saharan Africa. *World Development*, 38(12): 1727-1746.

Bouma, G.D., & Ling, R. (2004). *The research process*. (5<sup>th</sup>ed.). Melbourne: Oxford University Press.

Berg, B.L. (2001). *Qualitative research methods for the social sciences*. (4<sup>th</sup>ed.). Harlow, Essex, UK: Pearson.

Bergold, J., & Thomas, S. (2012). Participatory research methods: a methodological approach in motion. *Forum: Qualitative Social Research / Sozialforschung*, 13(1). Retrieved July 14, 2015 from <http://www.qualitative-research.net/index.php/fqs/article/view/1801/3334>.

Berk, L.E. (2000). *Child development* (5th ed.) Boston: Allyn and Bacon.

Berry, L., & Guthrie, T. (2003). *Rapid assessment: the situation of children in South Africa*. Cape Town: Children's Institute, University of Cape Town. I

Birungi, H., Obare, F., Katahoire, A., & Kibenge, D. (2011). HIV infection and schooling experiences of adolescents in Uganda, in G. Letamo (Ed.) *Social and psychological aspects of HIV/AIDS and their ramifications* (pp. 73-88). Intech Open Access.

Bronfenbrenner, U. (2005). *Making human beings human: bioecological perspectives on human development*. London: Sage.

Brody, G.H. (2004). Siblings' direct and indirect contributions to child development. *Current Directions in Psychological Science*, 13(3): 124-126.

Brewer, J.D. (2002). *Ethnography*. Buckingham, Middlesex: Open University Press. Retrieved February 7, 2015 from <http://www.mheducation.co.uk/openup/chapters/0335202683.pdf>.

Campbell, C., Skovdal, M., Mupambireyi, Z., & Gregson, S. (2010). Exploring children's stigmatization of AIDS-affected children in Zimbabwe through drawings and stories. *Social Science & Medicine*, 71(5), 975-985.

Campbell, C., Skovdal, M., Mupambireyi, Z., Madanhire, C., Robertson, L., Nyamukapa, C.A., & Gregson, S. (2012). Can AIDS stigma be reduced to poverty stigma? Exploring Zimbabwean children's representations of poverty and AIDS. *Child: Care, Health and Development*, 38(5): 732-742.

Case, A., & Ardington, C. (2006). The impact of parental death on school outcomes: longitudinal evidence from South Africa. *Demography*, 43(3): 401-420.

Case, A., Paxson, C., & Ableidinger, J. (2004). Orphans in Africa: parental death, poverty and school enrolment. *Demography*, 41(3): 483-508.

Chakalane-Mpeli, R.M., & Roets, L. (2007). Needs of children affected by HIV and AIDS: Mangaung in the Free State. *Curationis*, 30(3): 82-92.

Clarke, V., & Braun, V. (2013). Teaching thematic analysis: over-coming challenges and developing strategies for effective learners. *The Psychologist*, 26(2): 120-123. Retrieved January 20, 2015 from <http://thepsychologist.bps.org.uk/volume-26/edition-2/methods-teaching-thematic-analysis>.

Cluver, L., Fincham, D.S., & Seedat, S. (2009). Post traumatic stress in AIDS-orphaned children exposed to high levels of trauma: the protective role of perceived social support. *Journal of Traumatic Stress*, 22(2):106-112.

Cluver, L., & Gardner, F. (2007a). Risk and protective factors for psychological well-being of children orphaned by AIDS in Cape Town: a qualitative study of children and caregivers' perspectives. *AIDS Care*, 19(3): 318-325.

Cluver, L., & Gardner, F. (2007b). The mental health of children orphaned by AIDS: a review of international and southern African research. *Journal of Child and Adolescent Mental Health*. 19(1): 1-17.

Cluver, L., & Operario, D. (2008). Inter-generational linkages of AIDS: vulnerability of orphaned children for HIV infection. *AIDS Bulletin*, 39(5): 27-35.

Cluver, L., & Orkin, M. (2009). Cumulative risk and AIDS-orphanhood: interactions of stigma, bullying and poverty on child mental health in South Africa. *Social Science & Medicine*, 69(8):1186-1193.

Cluver, L., Orkin, M., Boyes, M., Sherr, L., Makhasi, D., & Nikelo, J. (2013). Pathways from parental AIDS to child psychological, educational and sexual risk: developing an empirically-based interactive theoretical model. *Social Science & Medicine*, 87(C): 185-193.

Cohen, L., Manion, L., & Morrison, K. (2007). *Research methods in education*. (6th ed.). London: Routledge.

Creswell, J.W. (2003). *Research design: qualitative, quantitative, and mixed methods*. (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.

Creswell, J.W. (2007). *Qualitative inquiry and research design: choosing among five approaches*. Thousand Oaks, CA: Sage.

Creswell, J.W. (2008). *Research design: qualitative, quantitative and mixed methods*. (3rd ed.). Thousand Oaks, CA: Sage.

Creswell, J.W. (2014). *Research design: qualitative, quantitative, and mixed methods approaches*. (4<sup>th</sup> ed.). Thousand Oaks, CA: Sage.

Curtis, B., & Curtis, C. (2011). *Social research: a practical introduction*. Thousand Oaks, CA: Sage

Daniel, M. (2011). Growing up in the era of AIDS: the well-being of children affected and infected by HIV/AIDS in Sub-Saharan Africa, in G. Letamo (Ed.). *Social and psychological aspects of HIV/AIDS and their ramifications* (pp. 159-174). Intech Open Access.

David, M., & Sutton, C.D. (2011). *Social research: an introduction*. (2nd ed.). Thousand Oaks, CA: Sage.

Deacon, H. (2006). Towards a Sustainable Theory of Health-Related Stigma: Lessons from the HIV/AIDS Literature. *Journal of Community and Applied Social Psychology*. Wiley InterScience.

Denzin, N.K., & Lincoln, Y.S. (Eds.). (2008). *The Sage handbook of qualitative research*. Thousand Oaks, CA: Sage.

Denzin, N.K., & Lincoln, Y.S. (Eds.). (2011). *The Sage handbook of qualitative research*. (4<sup>th</sup> ed.). Thousand Oaks, CA: Sage.

Denzin, N.K., & Lincoln, Y.S. (2013a). *The landscape of qualitative research*. (4<sup>th</sup> ed.). Thousand Oaks, CA: Sage.

Denzin, N.K., & Lincoln, Y.S. (2013b). *Collecting and interpreting qualitative materials*. (4<sup>th</sup> ed.). Thousand Oaks, CA: Sage.

Department of Education (2009). THE NATIONAL MINIMUM UNIFORM NORMS AND STANDARDS FOR SCHOOL INFRASTRUCTURE. Pretoria

Desmond, C. (2007). Can a developing country support the welfare needs of children affected by AIDS. *Paper submitted to the Joint Learning Initiative on Children and AIDS*. Pretoria: Human Sciences Research Council.

De Vos, A. S, Strydom, H., Fouche, C. B., & Delport, C. S. L. (2009). *Research at grass roots: for the social sciences and human service professions*. (3<sup>rd</sup>ed.). Pretoria: Van Schaik.

Dlamini, P.S., Kohi, T.W., Uys, L.R., Phetlhu, R.D., Chirwa, M.L., Naidoo, J.R., Holzemer, W.L, Greef, M., & Makoae, L.N. (2007). Verbal and physical abuse and neglect as manifestations of HIV/AIDS stigma in five African countries. *Public Health Nursing, 24*(5), 389-199.

Doku, P.N. (2012). *The mental health of orphans and vulnerable children in the context of HIV/AIDS in Ghana*. (Doctoral dissertation, University of Glasgow.)

Earnshaw, S.S. (2007). *The health and living conditions of children in child-headed households in Siteki, Swaziland*. (Masters dissertation, University of Pretoria.)

Evans, R. (2010). 'We are managing our own lives....' Life transitions and care in sibling-headed households affected by AIDS in Tanzania and Uganda. *Area, 43*(4): 384-396.

Evans, R. (2012). (In Press) Safeguarding inheritance and enhancing the resilience of orphaned young people living in child-and-youth-headed households in Tanzania and Uganda. *African Journal of AIDS Research, 11*(3), 177-189.

Fabianova, L. (2011). Psychosocial aspects of people living with HIV/AIDS, in G. Letamo (Ed.). *Social and psychological aspects of HIV/AIDS and their ramifications* (pp. 175-206). Intech Open Access.

Flick, U., von Kardoff, E., & Steinke, I. (2004). *A companion to qualitative research*. Thousand Oaks, CA: Sage.

Foster, G. (2002). Beyond education and food: psychosocial well-being of orphans in Africa. Mutare, Zimbabwe. Vol.9, Issue 5, Pg. 502-504.

Foster, G & Williamson, J. (2000). A review of current literature on the impact of HIV/AIDS on children in sub-Saharan Africa. *AIDS, 14 Suppl 3, S275-284.*

Freeman, M. & Nkomo, N. (2006). Guardian of orphans and vulnerable children. A survey of current and prospective care givers. *Journal of AIDS Care, 18 (4):302-310.*

Gauteng Department of Social Development. (2008). *Child-headed households in Gauteng province: a survey of prevalence and experiences of families in Gauteng.* Pretoria: Gauteng Department of Social Development.

Germann, S.E. (2005). *An exploratory study of quality of life and coping strategies of orphans living in child-headed households in the high HIV/AIDS prevalent city of Bulawayo, Zimbabwe.* (Doctoral dissertation. University of South Africa.)

Gibbs, G.R. (2009). *Analysing qualitative data.* Thousand Oaks, CA: Sage.

Gillespie, S. (2006). *Child vulnerability and AIDS: case studies from southern Africa.* Washington, DC: International Food Policy Research Institute.

Gillespie, S., Norman, A., & Finley, B. (2005). *Child vulnerability and HIV/AIDS in sub-Saharan Africa: what we know and what can be done.* Washington, DC: International Food Policy Research Institute.

Given, L.M. (2008). *The Sage encyclopaedia of qualitative research methods.* Thousand Oaks, CA: Sage.

Glesne, C. (2011). *Becoming qualitative researchers: an introduction.* (4<sup>th</sup> ed.). New York: Pearson.

Gouws, E., & Kruger, N. (1994). *The adolescent: an educational perspective.* Cape Town: Butterworths.

Gouws, E., Kruger, N., Burger, S. & Snyman, D. (2008). (3<sup>rd</sup> ed.) *The adolescent.* Johannesburg: Heinemann.

Grainger, C., Webb, D., & Elliot, L. (2001). *Children affected by HIV/AIDS: rights and responses in the developing world*. London: Save the Children.

Grotberg, E.H. (2003). *Resilience for today: gaining strength from adversity*. Westport: Greenwood Publishing Group Inc.

Han, C.K., Ssewamala, F.M., & Wang, J.S.H. (2012). Family economic empowerment and mental health among AIDS-affected children living in AIDS-impacted communities: evidence from a randomised evaluation in southwestern Uganda. *Journal of Epidemiology & Community Health*, 67(3):225-230.

Harms, S., Jack, S., Ssebunnya, J., & Kizza, R. (2010). The orphaning experience descriptions from Ugandan youth who have lost parents to HIV/AIDS. *Child and Adolescent Psychiatry and Mental Health*, 4(6): 1-10.

Harper, M., & Cole, P. (2012). Member checking: can benefits be gained similar to group therapy? *The Qualitative Report*, 17(2): 510-517.

Hatch, J. A. (2002). *Doing qualitative research in educational settings*. Albany, NY: State University of New York Press.

Henning, E., van Rensburg, W., & Smit, B. (2004). *Finding your way in qualitative research*. Pretoria: Van Schaik.

Hlengwa, T. (2010). *Psychological empowerment of child-headed families through a mutual-aid group*. (Doctoral dissertation, University of Zululand.)

Homan, R. (1991). *The ethics of social research*. New York: Longman.

Holborn, L & Eddy, G. (2011). *First steps to healing the South African family*. Johannesburg: South African Institute of Race Relations.

Howard, B.H., Phillips, C.V., Matinhure, N., Goodman, K.J., McCurdy, S.A., & Johnson, C.A. (2008). Barriers and incentives to orphan care in a time of AIDS and economic crisis: a cross-sectional survey of caregivers in rural Zimbabwe. *Journal of HIV/AIDS Prevention in Children & Youth*, 8(2): 117-137.

Hulley, C., Lebeloane, M., Tshabalala, & Khosa, D. (2006). *Child-headed households and human rights: a capacity building guide*. Braamfontein: Centre for the Study of Violence and Reconciliation.

Ibebuike, J.E, Van Belkum, C., & Maja, T.M.M. (2014). The lived experiences and needs of children in child-headed households in resource poor communities in Soshanguve, South Africa. *Journal of Good Governance and Sustainable Development in Africa*, 2(1): 61-83.

Ismayilova, L., Ssewamala, F., Mooers, E., Nabunya, P., & Sheshadri, S. (2012). Imagining the future: community perceptions of a family-based economic empowerment intervention for AIDS-orphaned adolescents in Uganda. *Children and Youth Services Review*, 34(10): 2042-2051.

Jensen, D. F. N. (2006). Metaphors as a bridge to understanding educational and social contexts. *International Journal of Qualitative Methods*, 5(1): 36-54. Retrieved on February 3, 2015 from [http://www.ualberta.ca/~iiqm/backissues/5\\_1/PDF/JENSEN.PDF](http://www.ualberta.ca/~iiqm/backissues/5_1/PDF/JENSEN.PDF).

Kamau, M.N. (2012). *AIDS stigma and discrimination in public schools: a case study of HIV-positive children in Kenya*. (Doctoral dissertation, The University of Western Ontario.)

Kelly, M.J. (2000, October). *The impact of HIV/AIDS on the rights of the child to education*. Paper presented at SADC-EU seminar on the rights of the child in a world with HIV and AIDS, Harare.

Kvale, S., & Brinkmann, S. (2009). *Interviews: learning the craft of qualitative research interviewing*. Thousand Oaks, CA: Sage.

Kumar, R. (2005). *Research methodology: a step-by-step guide for beginners*. (2<sup>nd</sup> ed.). Singapore: Pearson Education.

Kumar, R. (2014). *Research methodology: a step-by-step guide for beginners*. (4<sup>th</sup> ed.). Thousand Oaks, CA: Sage.

Kumar, P., Dandon, R., Kumar, G.A., Ramgopal, S.P., & Dandona, L. (2014). Depression among AIDS- orphaned children higher than among other orphaned children in Southern India. *International Journal of Mental Health Systems*, 8(1): 13-22.

Landman, C. (2002). The AIDS orphans of South Africa. *Contemporary Review*, 281(1642): 268-270.

Law, L. (2009). *Child-headed households*. South African Catholic Bishops' Conference Parliamentary Liaison Office Briefing Paper 209. Cape Town.

Luthar, S. (1991). Vulnerability and resilience: a study of high-risk adolescents. *Child Development*, 62(3):600-616.

Lund, G., De Silva, M., Plagerson, S., Cooper, S., Chisholm, D., Das, J., Knapp, M., & Patel, V. (2011). Poverty and mental disorder: breaking the cycle in low-income and middle-income countries. *The Lancet*, 378(9801): 1502-1514.

Luzze, F & Ssedyabule, D. (2004). The Nature of Child-headed Households in Rakai District, UGANDA. Lutheran World Federation.

MacLellan, M. (2005). *Child headed households: dilemmas of definitions and livelihood rights*. Paper prepared for the 4th World Congress on Family Law and Children's Rights, Cape Town.

MacLellan, M.E. (2010). *'Child' headed households in Rwanda: challenges of definition and livelihood needs*. (Doctoral dissertation, Coventry University.)

MacQuarrie, K., Eckhaus, T., & Nyblade, L. (2009). *HIV-related stigma and discrimination: a summary of recent literature*. Geneva, Switzerland: UNAIDS.

Magida, A., & Parker, C. (2013). Experiences of adolescents who are primary caregivers to their Acquired Immune Deficiency Syndrome (AIDS) afflicted parents in Sub-Saharan Africa: a systematic review protocol. *The JBI Database of Systematic Reviews and Implementation Reports*, 11(5): 157-168.

Malinga, A.P. (2002). *Gender and psychological implications of HIV/AIDS for orphaned children and adolescents*. Paper prepared for the Women's World 2002 Conference, Uganda.

Mallmann, S. A. (2003). *Building resilience in children affected by HIV/AIDS*. Cape Town: Maskew Miller Longman.

Mason, J. (2002). *Qualitative researching*. (2<sup>nd</sup> ed.) Thousand Oaks, CA: Sage.

Masondo, G. (2006). *The lived experience of orphans in child-headed households in the Bronkhorstspuit area: a psycho-educational approach*. (Masters dissertation, University of Johannesburg.)

Maqoko, Z. (2006). *HIV orphans as heads of households: a challenge to pastoral care*. (Doctoral dissertation, University of Pretoria.)

Maqoko, Z., & Dreyer, Y. (2007). Child-headed households because of the trauma surrounding HIV/AIDS. *HTS Teologiese Studies/Theological Studies*, 63(2): 717-731.

Mavise, A. (2011). Child-headed households as contested spaces: challenges and opportunities in children's decision-making. *Vulnerable Children and Youth Studies: An International Interdisciplinary Journal for Research, Policy and Care*, 6(4): 321-329.

Merriam, S.B. (2002). *Introduction to qualitative research*. San Francisco: Jossey-Bass.

Messer, L.C., Pence, B.W., Whetten, K., Whetten, R., Thielman, N., O' Donnell, K., & Ostermann, J. (2010). Prevalence and predictors of HIV-related stigma among institutional-and community-based caregivers of orphans and vulnerable children living in five less-wealthy countries. *BMC Public Health*, 10: 504-511.

Meyer, W.F., Moore, C., & Viljoen H.C. (1997). *Personology: from individual to ecosystem*. Johannesburg: Heinemann.

Miller, C. (2007). *Children affected by AIDS: a review of the literature on orphaned and vulnerable children*. Health and Development Discussion Paper 10. Center for International Health and Development, Boston University School of Public Health.

Miller, C. M., Gruskins, S., & Heymann, S. J. (2006). Orphan care in Botswana's working households: growing responsibilities and the absence of adequate support. *American Journal of Public Health Association*. 96(8): 1429-1435.

McMillan, J. H., & Schumacher, S. (2006). *Research in education. evidence based inquiry*. Boston: Pearson Education.

Mohangi, K. (2008). *Finding roses amongst thorns: how institutionalised children negotiate pathways to well-being while affected by HIV&AIDS*. (Doctoral dissertation, University of Pretoria.)

Mohangi, K., Ebersöhn, L., & Eloff, I. (2011). 'I am doing okay': intrapersonal coping strategies of children living in an institution. *Journal of Psychology in Africa*, 21(3): 397-404.

Mohlakwana, M.A.U. (2013). Care and support for vulnerable children in schools: the case of child-headed families. *Journal of Social Sciences*, 36(1): 11-18.

Mushunje, M.T., & Mafico, M. (2007). Walking the talk: Zimbabwe's experience in implementing the National Action Plan for orphans and vulnerable children. *Journal of Social Development in Africa*, 22(2): 35-62.

Maughan-Brown, B. (2009). *Changes in HIV related stigma among young adults in Cape Town, South Africa*. AIDS and Society Research Unit, University of Cape Town. CSSR Working Paper No. 242.

National Abandoned Infants Assistance Resource Centre (2011). Addressing the Needs of Parentified Children of HIV Positive Parents University of California Berkeley. Retrieved 25 March 2014 from [http://aia.berkeley.edu/media/pdf/brief\\_parentified\\_children.pdf](http://aia.berkeley.edu/media/pdf/brief_parentified_children.pdf)

Nayak, B.K. (2014). Orphan problems and community concern in Ethiopia. *International Journal of Management and Social Sciences Research*, 3(1): 8-15.

Ndhlovu, N.E. (2009). *The impact of orphanhood on the life world of adolescents orphaned by AIDS in the Ratanda area*. (Doctoral dissertation, University of South Africa.)

Ndinga Muvumba, A.N., & Pharoah, R. (2008). *HIV/AIDS and society in South Africa*. Pietermaritzburg: University of KwaZulu Natal Press.

Neuman, W.L. (2006). *Social research methods: qualitative and quantitative approaches*. (6th ed.). Boston: Pearson Education.

Neuman, W. L. (2007). *Basics of social research: qualitative and quantitative approaches*. Boston: Pearson Education.

Neuman, W.L. (2012). *Basics of social research: qualitative and quantitative approaches*. (3<sup>rd</sup> ed.). Boston: Pearson Education.

Nkomo, N. (2006). The experiences of children carrying responsibility for child-headed households as a result of parental death due to HIV/AIDS. (Dissertation, Pretoria University).

Nugent, A., & Masuku, Z. (2007). *Psychosocial support for orphans and vulnerable children: an introduction for outreach workers*. Bantwana initiative for AIDS orphans & vulnerable children. Boston: World Education.

Nziyane, L.F. (2010). *Practice guidelines for integration of child-headed households in extended families*. (Doctoral dissertation, University of South Africa.)

Orne-Glieman, J., Becquet, R., Ekouevi, D.K., Leroy, V., Perez, F., & Dabis, F. (2008). Children and HIV/AIDS: from research to policy and action in resource-limited settings. *AIDS*, 22(7): 797-805.

Oliver, P. (2010). *The student's guide to research ethics*. (2<sup>nd</sup> ed.). Maidenhead, Berkshire: Open University Press.

Patton, M.Q. (2002). *Qualitative evaluation and research methods*. (3rd ed.). Thousand Oaks, CA: Sage.

Patton, M.Q. (2015). *Qualitative research and evaluation methods*. (4<sup>th</sup> ed.). Thousand Oaks, CA: Sage.

Paquette, D., & Ryan, S. (2001). *Bronfenbrenner's ecological systems theory*. Retrieved June 29, 2015 from [http://www.floridahealth.gov/AlternateSites/CMS-kids/providers/early\\_steps/training/documents/bronfenbrenners\\_ecological.pdf](http://www.floridahealth.gov/AlternateSites/CMS-kids/providers/early_steps/training/documents/bronfenbrenners_ecological.pdf)

Peu, M. D. (2008). *Home/community-based care*. Pretoria: Van Schaik.

Phillips, C. (2011). *Child-headed households: a feasible way forward or an infringement of children's right to alternative care?* Retrieved August 10, 2013 from <http://www.charlottephillips.org/eBook%20Child-headed%20Households.pdf>

President's Emergency Plan for AIDS Relief (PEPFAR).(2006). *Orphans and other vulnerable children programming guidance*.Washington, DC: United States Government

Punch, F.K. (2011). *Introduction to social research: quantitative and qualitative approaches*. Thousand Oaks, CA: Sage.

Punch, S. (2002).Research with children:the same or different from research with adults?*Children*, 9(3): 321-341.Retrieved January 12, 2015, from <http://dreamscanbe.org/Reasearch%20Page%20Docs/Punch%20%20research%20with%20children.pdf>.

Republic of South Africa.(2005). *Children's Act (No 38 of 2005)*. Pretoria: Government Printer.

Republic of South Africa.Department of Social Development.(2010). National Guidelines for Statutory Services to Child-headed Households.Pretoria: Government Printer.

Republic of South Africa.Department of Social Development.(2012). White Paper on Families in South Africa.Pretoria: Government Printer.

Republic of South Africa, Department of Social Development.(n.d). Psychosocial support for orphans and other children made vulnerable by HIV/AIDS.(A Conceptual Framework). Pretoria: Government Printer.

Rice, F.P.,& Dolgin, K.G. (2008). *The adolescent: development, relationships, and culture*.(12<sup>th</sup>ed.). Boston: Allyn and Bacon.

Richter, L. (n.d). Bantwana Initiative for AIDS orphans & vulnerable children.Boston: MA USA.

Richter, L.,& Desmond, C. (2008). Targeting AIDS orphans and child-headed households? A perspective from national surveys in South Africa.Child Youth Family

and Social Development, Human Sciences Research Council, Dalbridge, South Africa. *AIDS Care*, 20(9): 1019-1028.

Richter, L., Foster, G., & Sherr, L. (2006). *Where the heart is. Meeting the psychosocial needs of young children in the context of HIV/AIDS*. The Hague, Netherlands. Bernard van Leer Foundation.

Richter, L., Manegold, J., & Pather, R. (2004). *Family and community interventions for children affected by AIDS*. Research monograph commissioned by the Social Aspects of HIV/AIDS and Health Research Programme by the Child, Youth and Family Development Programme of the Human Sciences Research Council. Cape Town: HSRC Press.

Robson, C. (2000). *Small-scale evaluation*. Thousand Oaks, CA: Sage.

Ruffin, N. (2009). *Adolescent growth and development*. Petersburg, VA: Virginia State University Publications.

Salaam, T. (2004). *AIDS orphans and vulnerable children (OVC): problems, responses, and issues for Congress*. *CRS Report for Congress*. February.

Sarantakos, S. (2012). *Social Research*. (4th edition) Palgrave Macmillan.

Seal, C. (2012). *Researching society and culture*. (3<sup>rd</sup> ed). Thousand Oaks, CA: Sage.

Sekopane, M.A. (2013). *The moral development of adolescence orphaned by AIDS in child-headed households*. (Doctoral dissertation, Pretoria University.)

Schenk, K.D., Ndhlovu, L., Tembo, S., Nsune, A., Nkhata, C., Walusiku, B., & Watts, C. (2008). *Supporting orphans and vulnerable children affected by AIDS: using community-generated definitions to explore patterns of children's vulnerability in Zambia*. *AIDS Care*, 20(8): 894-903.

Silverman, D. (2013). *Doing qualitative research*. (4<sup>th</sup>ed). London: Thousand Oaks, CA: Sage.

Sloth-Nielsen, J. (2003) Too Little? Too late? The Implications of the *Grootboom* case for state responses to child-headed households. *Law, Democracy & Development*, 7(1): 113-136.

Sloth-Nielsen, J. (2004). *Realising the rights of children growing up in child-headed households. A guide to laws, policies and social advocacy*. Cape Town: Community Law Centre, University of Western Cape.

Smart, R. (2003). *Policies for orphans and vulnerable children: a framework for moving ahead*. Washington, DC: USAID.

Snider, L.M., & Dawes, A. (2006). *Psychosocial vulnerability and resilience measures for national-level monitoring of orphans and other vulnerable children: recommendations for revision of the UNICEF Psychological Indicator*. Cape Town: UNICEF.

South African Development Community, Secretariat. (SADC) (2008). *Report of rapid assessment and analysis of vulnerabilities facing orphans and other vulnerable children and youth (OVCY) and the quality of OVCY projects and programmes in SADC*. Retrieved 14 June 2014 from, [http://www.sadc.int/files/4913/5293/3506/Assessment\\_of\\_Situation\\_of\\_OVC\\_Youth\\_in\\_SADC.pdf](http://www.sadc.int/files/4913/5293/3506/Assessment_of_Situation_of_OVC_Youth_in_SADC.pdf)

Southern African Regional Poverty Network-Zimbabwe. 2008. *A study of child-headed households on commercial farms in Zimbabwe*. Retrieved August 15, 2013, from <http://www.sarpn.org/documents/d0000070/page10.php>

Statistics South Africa (2011). *Mid-year population estimates 2011*. Retrieved 13 January 2014 from <http://www.statssa.gov.za/publications/P0302/P03022011.pdf>

Steinberg, L. (2001). We know some things: parent-adolescent relationships in retrospect and prospect. *Journal of Research on Adolescence*, 11(1): 1-19.

Strode, A., & Barret-Grant, K. (2001). *The role of stigma and discrimination in increasing the vulnerability of children and youth infected with and affected by HIV/AIDS – research report*. Arcadia, South Africa: Save the Children.

Strode, A., & Grant, K. (2011). *Children and HIV: using an evidence-based approach to identify legal strategies that protect and promote the rights of children infected and affected by HIV and AIDS*. Working Paper prepared for the Third Meeting of the Technical Advisory Group of the Global Commission on HIV and Law, 7-9 July 2011.

Swart, E., & Pettipher, R. (2005). A framework for understanding inclusion. In E. Landsberg, D. Kruger & S. Nel (Eds.), *Addressing barriers to learning: a South African perspective*. Pretoria: Van Schaik Publishers.

Swick, K. J., & Williams, R. D. (2006). An analysis of Bronfenbrenner's bio-ecological perspective for early childhood educators: Implications for working with families experiencing stress. *Early Childhood Education Journal*, 33(5), 371-378.

Taylor-Powell, E., & Renner, M. (2003). *Analysing qualitative data*. Programme development and evaluation, University of Wisconsin.

Trochim, W. M. K., & Donnelly, J. (2007). *The research methods knowledge base* (3<sup>rd</sup> ed.). Mason, OH: Thomson Custom Publishing.

Tsegaye, S. (2007). *HIV/AIDS and the emerging challenge of children heading households*. The African Policy Forum.

Tsegaye, S. (2008a). *The lives of children heading families*. Addis Ababa: The African Child Policy Forum.

Tsegaye, S. (2008b). *HIV/AIDS, Orphans and child headed households*. Addis Ababa: The Africa Child Policy Forum. Retrieved on April 20, 2014, from

[http://www.africanchildinfo.net/documents/backgroundAWRC/Orphans%20and%20C  
HH%20ARCW%202008%20Background%20Paper.pdf](http://www.africanchildinfo.net/documents/backgroundAWRC/Orphans%20and%20C<br/>HH%20ARCW%202008%20Background%20Paper.pdf).

UNAIDS. (2012). *Report on Global AIDS epidemic*. Geneva: UNAIDS. Retrieved on May 17, 2013, from

<http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology120>

UNAIDS.(2011). *World AIDS Report*.Geneva: UNAIDS. Retrieved on August 2, 2013, from

[www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/jc2216\\_worldaidsday\\_report\\_2011\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/jc2216_worldaidsday_report_2011_en.pdf)

UNAIDS. (2002). *UNAIDS report on the global AIDS epidemic, 2002*. Geneva: UNAIDS. Retrieved on August 2, 2013, from

[www.data.unaids.org/pub/report/2002/brglobal\\_aids\\_report\\_en\\_pdf\\_red\\_en.pdf](http://www.data.unaids.org/pub/report/2002/brglobal_aids_report_en_pdf_red_en.pdf)

UNAIDS, UNICEF. (2004). “*Children on the brink: a joint report of new orphan estimates and a framework for action.*” Retrieved on August 1, 2013, from [http://www.unicef.org/publications/index\\_22212.html](http://www.unicef.org/publications/index_22212.html).

UNAIDS. (2013). *UNAIDS report on the global epidemic*.Geneva: UNAIDS.

UNAIDS.(2014). *Gap Report*.Geneva: UNAIDS. Retrieved on 26 February 2015

from <http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2014/july/20140716prgapreport>

UNICEF.(2006). *Innocenti Research Centre. Caring for children affected by HIV and AIDS*.Rome: UNICEF.

UNICEF.(2013). *Towards an AIDS-free generation.Children and AIDS Sixth Stocktaking Report*.Retrieved on August 10, 2013, from

[http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/20131129\\_stocktaking\\_report\\_children\\_aids\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/20131129_stocktaking_report_children_aids_en.pdf)

UNICEF.(2004). *Children on the brink.A joint report of New Orphan Estimates and a Framework for Action*. New York: UNICEF.

UNICEF.(2009). *Situation analysis of children living in South Africa*.The Presidency of the Republic of South Africa. New York: UNICEF.

UNICEF Mozambique (n.d). *Providing care and support for orphaned and vulnerable children*. Retrieved on August 10, 2013, from [http://www.unicef.org/mozambique/hiv\\_aids\\_2971.html](http://www.unicef.org/mozambique/hiv_aids_2971.html)

Van der Berg, S. (2008).*Poverty and education*.Brussels: The International Academy of Education/UNESCO.

Van Dijk, A. (2008). '*Beyond their age' Coping of children and young people in child-headed households in South Africa*.African Studies Collection, vol. 14.Leiden, Netherlands: African Studies Centre.

Van Dyk, A. (2008). *HIV/AIDS care and counselling: a multidisciplinary approach*.Cape Town: Pearson Education.

Van Niekerk, A. A.,& Kopelman, L. M. (2005).*Ethics and AIDS in Africa:the challenge to our thinking*. Cape Town: David Phillip Publishers.

Woldeyohannes, M. J. (2010). *The roles and challenges of household care giving in child-headed households affected by HIV/AIDS: The case of 10 child household heads in Addis Ababa*. (Masters dissertation, University of South Africa.)

Wu, C. J., &Chen, S. L (2005). Interpretive research: an assessment and relevance in nursing. *Tzu Chi Nursing Journal*, 4(4): 8-13. Retrieved October 23, 2014 from <http://www.tzuchi.com.tw/file/DivIntro/nursing/content/94-4/1.pdf>.

Yamba, C. B. (2006). Loveness and her brothers: trajectories of life for children orphaned by HIV/AIDS in Zambia. *African Journal of AIDS Research*, 4(3): 205-210.

Yin, R. K. (2009). *Case study research. design and methods*. (4<sup>th</sup> ed.). Thousand Oaks, CA: Sage:

Yin, R. K. (2012). *Application of case study research*. Thousand Oaks, CA: Sage.

Zagheni, E. (2011). The impact of the HIV/AIDS epidemic on kinship resources for the orphans of Zimbabwe. *Population and Development Review*, 37: 761-783.

# APPENDIXES

## Appendix A: Ethics Clearance Form



### Research Ethics Clearance Certificate

This is to certify that the application for ethical clearance submitted by

**N Ramjatan [32528663]**

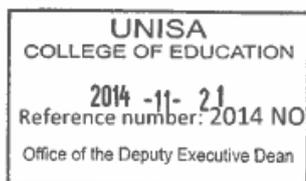
for a MEd study entitled

**The effects of sibling-parenting on orphaned and vulnerable children in the role of parents**

has met the ethical requirements as specified by the University of South Africa College of Education Research Ethics Committee. This certificate is valid for two years from the date of issue.

Prof VI McKay  
Acting Executive Dean: CEDU

Dr M Claassens  
CEDU REC (Chairperson)  
[mcdtc@netactive.co.za](mailto:mcdtc@netactive.co.za)



17 NOVEMBER 2014

## Appendix B: Permission from HOD-Department of KwaZulu-Natal

---



education

Department:  
Education  
**PROVINCE OF KWAZULU-NATAL**

Enquiries: Nomangisi Ngubane

Tel: 033 392 1004

Ref.:2/4/8/354

Mrs N Ramjatan  
PO Box 126  
VERULAM  
4340

Dear Mrs Ramjatan

### PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: **"THE EFFECTS OF SIBLING-PARENTING ON ORPHANED AND VULNERABLE CHILDREN IN THE ROLE OF PARENTS"**, in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 15 February 2015 to 15 February 2016.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Miss Connie Kehologile at the contact numbers below.
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report / dissertation / thesis must be submitted to the research office of the Department. Please address it to The Office of the HOD, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education.

**Nkosinathi S.P. Sishi, PhD**  
Head of Department: Education  
Date: 05 February 2015

#### KWAZULU-NATAL DEPARTMENT OF EDUCATION

POSTAL: Private Bag X 9137, Pietermaritzburg, 3200, KwaZulu-Natal, Republic of South Africa ...dedicated to service and performance  
PHYSICAL: 247 Burger Street, Anton Lembede House, Pietermaritzburg, 3201. Tel. 033 392 1004 **beyond the call of duty**  
EMAIL ADDRESS: [kehologile.connie@kzndoe.gov.za](mailto:kehologile.connie@kzndoe.gov.za) / [Nomangisi.Ngubane@kzndoe.gov.za](mailto:Nomangisi.Ngubane@kzndoe.gov.za)  
CALL CENTRE: 0860 596 363; Fax: 033 392 1203 WEBSITE: [www.kzndoe.gov.za](http://www.kzndoe.gov.za)

## Appendix C: Informed Consent

### Institution

XXXXXXXX

XXXXXXXX

XXXXXXXX

17 February 2015

The Principal

Dear Sir/Madam

RE: **Request for permission to conduct research with learners at XXXXXXXXXXXXXXXX School**

Title: **Effects of sibling parenting on orphaned and vulnerable children in the role of parents**

My name is Netisha Ramjatan and I am conducting my research for my Masters and I am being supervised by Prof K. Mohangi from the Department of Psychology of Education at the University of South Africa. We are requesting permission to engage learners from XXXXXXXXXXXX school in a study entitled **Effects of sibling parenting on orphaned and vulnerable children in the role of parents.**

The aim of the study is to investigate the impact that sibling-parenting has on the child and to understand how he or she experiences his or her life in this new role. The purpose of this study is to explore and understand the effects that sibling-parenting have on children and to ascertain how children who head their households adapt to their changed life circumstances.

I request permission to conduct interviews with learners from your school who are orphaned and are part of a child-headed household.

The study will entail a detailed interview with the participants. This study emanated from the fact that young children are heading their household. The interviews will consist of three one hour sessions at a time that is most convenient for the participant and would be recorded with their consent. The participants would be allowed to withdraw at any stage during the interview if they wish to do so. All information will be kept strictly confidential and the anonymity of the participant would be maintained at all time.

This study will give participants the opportunity to express their feelings and to share their experiences. Potential risks are that because this topic appeals to their emotions, it may cause emotional discomfort thereby putting the child in an uncomfortable position. If this happens then I would stop the interview process and resume when the participant is ready to do so. I will also

arrange for the participant to speak to his or her social worker if he or she needs support.

Feedback procedure will entail discussion sessions with the participants where the researcher would discuss the research findings with the participant.

Yours sincerely

Researcher: Netisha Ramjatan(MEd Guidance and Counselling)

Contact details:

Tel: 032-5337978

Cell: 0843615857

Email: [netishar@gmail.com](mailto:netishar@gmail.com)

Supervisor: Prof K. Mohangi

Tel: 012-4292126

Email: mohank@unisa.ac.za

**DECLARATION BY PRINCIPAL: XXXXXXXXXX SCHOOL**

I \_\_\_\_\_, Principal of XXXXXXXXXX School, hereby grant/ do not grant permission for Netisha Ramjatan to carry out her research with the learners from XXXXXXXXXX School.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social worker/ Guardian

XXXXXXXXXXXX

XXXXXXXXXXXX

XXXXXXXXXXXX

3 March 2015

Dear Sir/ Madam

RE: **Request for permission to conduct research with children in child-headed households.**

Title: **Effects of sibling parenting on orphaned and vulnerable children in the role of parents**

My name is Netisha Ramjatan and I am conducting my research for my Masters and I am being supervised by Prof K. Mohangi from the Department of Psychology of Education at the University of South Africa. We are requesting permission to engage learners from XXXXXXXXXXXX School who are in your care, in a study entitled **Effects of sibling parenting on orphaned and vulnerable children in the role of parents.**

The aim of the study is to investigate the impact that sibling-parenting has on the child and to understand how he or she experiences his or her life in this new role.

The purpose of this study is to explore and understand the effects that sibling-parenting have on children and to ascertain how children who head their households adapt to their changed life circumstances.

The study will entail a detailed interview with the participants. This study emanated from the fact that young children are heading their households. The interviews will consist of three one hour sessions at a time that is most convenient for the participant and would be recorded with their consent. The participants would be allowed to withdraw at any stage during the interview if they wish to do so. All information will be kept strictly confidential and the anonymity of the participant would be maintained at all time.

This study will give participants the opportunity to express their feelings and to share their experiences. Potential risks are that because this topic appeals to their emotions, it may cause emotional discomfort thereby putting the child in an uncomfortable position. If this happens then I would stop the interview process and resume when the participant is ready to do so.

Feedback procedure will entail discussion sessions with the participants where the researcher would discuss the research findings with the participant.

Yours sincerely

\_\_\_\_\_

Researcher: Netisha Ramjatan(MEd Guidance and Counselling)

Contact details:

Tel: 032-5337978

Cell: 0843615857

Email: [netishar@gmail.com](mailto:netishar@gmail.com)

Supervisor: Prof K. Mohangi

Tel: 012-4292126

Email: mohank@unisa.ac.za

#### DECLARATION BY SOCIAL WORKER/GUARDIAN

I \_\_\_\_\_, the undersigned \_\_\_\_\_ ID number, hereby confirm that I have been informed and understand the personal risks involved for the child of whom I am the guardian by participating in the research study entitled **Effects of sibling parenting on orphaned and vulnerable children in the role of parents**. I understand that participation in this research is voluntary and the child may withdraw at any stage during the research process. I grant permission for the child to participate in the research study.

Signed at \_\_\_\_\_ on \_\_\_\_\_ 2015

\_\_\_\_\_

Signature of Social Worker/Guardian

## Consent to carry out observations

XXXXXXXXXX

XXXXXXXXXX

XXXXXXXXXX

3 March 2015

Dear Sir/ Madam

RE: **Request for permission to carry out observations of siblings in interaction with participant.**

Title: **Effects of sibling parenting on orphaned and vulnerable children in the role of parents**

My name is Netisha Ramjatan and I am conducting my research for my Masters and I am being supervised by Prof K. Mohangi from the Department of Psychology of Education at the University of South Africa. We are requesting permission to carry out observations of siblings in interaction with the participant during the research process. If at any time, the siblings feel that their personal space is being intruded, I will discontinue the process. I will ensure that confidentiality and anonymity is maintained at all times.

Yours sincerely

---

Researcher: Netisha Ramjatan (MEd Guidance and Counselling)

Contact details:

Tel: 032-5337978

Cell: 0843615857

Email: [netishar@gmail.com](mailto:netishar@gmail.com)

Supervisor: Prof K. Mohangi

Tel: 012-4292126

Email: mohank@unisa.ac.za

**DECLARATION BY SOCIAL WORKER/GUARDIAN**

I \_\_\_\_\_, the undersigned \_\_\_\_\_ ID number, hereby confirm that I have been informed and understand the personal risks involved for the child and his /her siblings of whom I am the guardian by participating in the research study entitle **Effects of sibling parenting on orphaned and vulnerable children in the role of parents**. I understand that participation in this research is voluntary and the child may withdraw at any stage during the research process. I grant permission for the researcher to carry out her observations with the siblings in interaction with the participant.

Signed at \_\_\_\_\_ on \_\_\_\_\_ 2015

\_\_\_\_\_

Signature of Social Worker/Guardian

## Appendix D: Letter of Assent

XXXXXXXXXX

XXXXXXXXXX

XXXXXXXXXX

3 March 2015

**Title: Effects of sibling parenting on orphaned and vulnerable children in the role of parents**

Dear Participant

My name is Netisha Ramjatan and I am conducting my research for my Masters and I am being supervised by Prof K. Mohangi from the Department of Psychology of Education at the University of South Africa. We are inviting you to participate in a study entitled **Effects of sibling parenting on orphaned and vulnerable children in the role of parents.**

The aim of the study is to investigate the impact that sibling-parenting has on the child and to understand how he or she experiences his or her life in this new role.

The purpose of this study is to explore and understand the effects that sibling-parenting have on children and to understand how children who head their households adapt to their changed life circumstances.

You will, however, be given clarity pertaining to your role in this research study, i.e. what is required of you during the study. Your involvement in the study, the risks as well as your rights as a participant in this study would be made clear to you.

Below is information pertaining to the research study that will help you to decide whether or not you would like to participate in this research.

If you agree to participate in the research study, you would be requested to take part in an interview that would be conducted at a place and time that is convenient for you. It would consist of 3 face-to-face interview sessions for the duration of one hour per session.

If you permit, then the interviews would be recorded (audio-taped). This recorded interview will be typed out and kept strictly confidential and only I will have access to them. The transcripts will be sent to my supervisor but I will ensure that all information will be confidential and there will be no identifying information.

The study is completely anonymous and confidential and appropriate measures will be undertaken to ensure that this is maintained at all times.

The interview that has been typed out, written interpretations and reports will be made available to you and you will be provided with feedback of the results of the study.

Your participation in this research study is voluntary and you may withdraw from the study at any time. If you feel any emotional discomfort during the process and require counselling, I will arrange for you to speak to your social worker or a counsellor.

Please indicate if you are willing to participate in the study or not by completing the attached consent form. An additional form has been attached for your consent to be audio-taped.

If you have any questions about this study, you can talk to me. Do not sign the form until you have all your questions answered and understand what I would like you to do.

Thank you for your time.

Kind regards.

Researcher: Netisha Ramjatan (MEd Guidance and Counselling)

Contact details: 032-5337978

Cell: 0843615857

Email: [netishar@gmail.com](mailto:netishar@gmail.com)

Supervisor: Prof. K. Mohangi

Tel: 012-4292126

Email: [mohank@unisa.ac.za](mailto:mohank@unisa.ac.za)

**DECLARATION BY PARTICIPANT**

I, \_\_\_\_\_ AGE \_\_\_\_\_  
\_\_\_\_\_ ADDRESS.

**A. CONFIRMS AS FOLLOWS:**

I was invited to be part of a research study entitled **Effects of sibling parenting on orphaned and vulnerable children in the role of parents** conducted by Netisha Ramjatan (Researcher) who is being supervised by Prof K. Mohangi from the Department of Psychology of Education at the University of South Africa.

I wish to confirm that the aim and the purpose of the research study have been explained to me. I do understand that I would be engaged in 3 one hour face-to-face interview sessions at a place and time that is convenient to me. I am also of the understanding that the interview sessions will be audio-taped and that all information will be kept strictly confidential and that there will be no identifying information. Should I feel uncomfortable at any stage of the interview process, I will be able to withdraw from the process as my participation is voluntary.

**B. I HEREBY CONSENT TO PARTICIPATE IN THE RESEARCH PROCESS.**

Signed at \_\_\_\_\_ on \_\_\_\_\_ 2015

\_\_\_\_\_  
Signature of participant

**INFORMED CONSENT TO HAVE THE INTERVIEWS AUDIO-TAPED**

I, \_\_\_\_\_ AGE \_\_\_\_\_ ADDRESS \_\_\_\_\_ hereby  
grant permission for the interviews to be audio-taped.

Signed at \_\_\_\_\_ on \_\_\_\_\_ 2015

\_\_\_\_\_  
Signature of participant

## Appendix E: Interview guide

### RESEARCH INTERVIEW GUIDE

#### DEMOGRAPHICAL INFORMATION

NAME

AGE

NAME OF RESEARCHER

#### WELCOME

#### INTRODUCTION

We are all aware of the great impact that HIV/AIDS have on our society and as a result more children are losing their parents. The serious issue surrounding the death of parents is that children now have to assume parental roles and are having to take care of their siblings. Today, I would like to focus on the experiences of children who are heading their households. I thank you for your time and willingness to take part in my research. This interview would be audio-taped as per your consent. I would like to inform you that everything we discuss will be strictly confidential.

#### Initial questions

1. What does sibling-parent means to you?
2. How would you define a child-headed home?
3. How has the change from being a child to assuming a parental role been for you?

#### Follow on questions

4. Do you think that being in the new role has changed you as an individual? If so? Please explain how.
5. How do your siblings regard you as being the 'parental' figure in the home?

6. What are some of the major challenges that you encounter daily in this new role?
7. What works well for you?
8. Have your peers changed in terms of their attitude towards you after you have taken on this role? How do you feel about it?
9. What do you think about living with extended families?
10. What are some of the negatives and positives of living with relatives?
11. How would you feel if you and your siblings were to live in a children's home?
12. Are you receiving a social grant or any other support from the community?
13. How do you experience the behaviour of your neighbours towards you and your siblings? Are they willing to lend a helping hand?

Fading out questions

14. What are your thoughts on children living without parents? Do you think that there should be relevant programmes in place to assist orphaned children? Please explain.
15. Is there anything that you feel that is important that you would like to discuss with me?

Thank you for participating in this interview.

Kind Regards.

Researcher: Netisha Ramjatan (MEd Guidance and Counselling)

Telephone: 032 5337978

Cell phone: 0843615857

Email: [netishar@gmail.com](mailto:netishar@gmail.com)

Supervisor: Prof K. Mohangi

Telephone number: 012-4292126

Email: [mohank@unisa.co.za](mailto:mohank@unisa.co.za)

## Appendix F: Examples of Metaphor

### INTERVIEW 2: METAPHOR

#### PARTICIPANT 1 – 15 YEAR OLD

#### METAPHOR = TREE

		Description (Content of the interview)
1. What kind of a tree are you?	P1	I don't know what I am called, but I am an ordinary tree. I am a fruit tree.
2. What colour are?		I am usually green but now I have turned brown because there is no rain, my branches are dry and I am not bearing any fruit.
3. What is so special about you?		I am able to stand in the rain, hot sun and in the cold winter. I don't go to cry by anyone. I bear all the seasons. I am also able to provide shade for people.
4. Do only provide shade for people?		Not only people, I even protect animals. The birds make their nest on me and when it rains people run under me.
5. So how do you feel knowing that you serve mankind and the animal kingdom		I feel good, I feel wanted, I feel needed, I feel useful. And that is a good feeling to be wanted, needed and useful.
5. So where are you growing/ situated?		I am growing just outside a small house in Kwa-Mashu.
6. Would you like to tell me about the area where you are growing?		What can I say? The owners are very poor, the people around me are very poor, sometimes the dogs come and pee on me. The environment is very dirty, the papers and plastics get stuck on me.
7. When the papers and plastics get stuck on you, how does that make you feel?		I feel very sad. I wish that people should be more kind to me, there should be more kind to the environment.
8. So tree, from what I gather I feel that you are a very strong tree and you are very		Yes I am. I have to take care of the other trees here because they are so little. When they have no food to eat I have to give them some of my fruits, I give them water as well.

caring.		
9. But you say that you are so dry and that you are not bearing any fruits so what happens to them?		They can't grow without food, and they won't be healthy without water.
10. Do you ever get tired standing there every day all your life in the hot sun, rain and cold winter?		I do at times, but I have to continue living because if I give up the other trees would die.
11 So do you feel that you need to protect them?		Yes. I have to protect them because I am the oldest tree in this place. I have to look out for the other trees. Although they are not my own trees I have to take care for them because they can't bear their own fruits, I am the one who has to help them.
12. What would happen if one day you stopped caring for them?		They will starve, they would die, and they won't survive coz they need food and water to survive.
13. And do they need you to provide all of that?		Yes
14 Are there any of your kind growing near you?		No, I am the only one.
15 So being the only one of your kind, do you ever get lonely?		Yes I do, because I wish I had a family. They will help me to take care of the other trees... but I do it.
16 So how do you feel during a storm, your branches break and they fall off, how do you feel when that happens?		It's very painful, I cry a lot, I become very depressed, I keep to myself. I don't talk to the other trees. I don't want them to know that sometimes I get weak and I cry, I want them to know that I am always strong. I want to set an example to them. But I cannot stay sad for very long because of the other trees that I have to look after.  Some of the other trees are not very good to me.

17 What is it that they do? Don't they help you to look after the smaller trees?		No Ms not at all. They make fun of me because they say I am dry and I look ugly, they mock me and say hurtful things to me and that really hurts me. But I won't tell anyone I have to keep that to myself.
18 Why do you think you need to keep that to yourself?		Because I have no one to tell. I only have the small little tress around me whom I am taking care of.
19. Do you think that if you spoke to a bigger tree it would help?		Yes maybe it would help. Maybe if he bigger tree told them not to treat me like that and to be kind to me that would help because in the end we are all trees and we all get hurt and you may never know that one day, you mocking at me you say hurtful things, one day you the one that's gonna get dry and turn brown. So if a bigger peaks to them then it would help me a lot.
20 What would happen if one day soon the rains come, how would you feel?		I would be very happy. Because I would be green again. I won't be dry anymore. Since they are laughing at me, teasing me, calling me names. The smaller trees will have water and they will bear fruits. That will be a very good.

INTERVIEW 2 – PARTICIPANT 2- 17 YEARS OLD  
METAPHOR – LAMBOUGINI (RACING CAR)

		Description (Content of the interview)
1. I am an expensive car, a Lambougini. So would you say that you are a Lambougini?	P2	A Lambougini is a very expensive car, it's what everyone dreams of having but very few can afford it. I think that I'd love to be something that only a few would get to have.
2. So who would be able to afford you?		Only the rich and famous.
3. Would you like to be owned by the rich and famous?		Yes. I would love to.
4. what is so special about you?		I am expensive, I turn heads wherever I go. I make lots of friends because of my style and girls love me.
5. So what is your		I am glamorous, I'm shining.

style?		
6. Is it okay for people to like you because you are expensive and not because they are genuine?		Ms in this world people only like you if you are rich; nobody really loves you for real. Once you get sick they just leave and don't come back. They don't care, there is no real love. People are there for a short period of time after a while they leave. That's how life is Ms.
7. how do you feel about those people who leave and who don't care?		Well I get angry Ms but I can't change how people are and how they act, it's just the way they were born and raised. They have no feelings...but me I don't care because I'm famous and people like me.
8. Why do think you are so expensive?		Well Ms, my parts are very expensive, I am an important asset, I am not made here I am very scarce. I am a built machine; you just don't find me anywhere like I said only a few can afford me. So I am very special.
9. What is your colour?		I like dark colours, very intense colours. I am dangerous red.
10. Why are you dangerous red and not just red?		When people see me they must be afraid and stay away from me.
11. So are you dangerous?		Yes! Other cars are terrified of me, they don't stand a chance, I feel good, and it makes me look good.
12. What do you think is the reason for them to be afraid of you?		I think it's because of my speed and power. When I drive off I leave dust, people can't see...
13. Do you like power?		Yes! You see Ms when you are powerful you are great and you are not taken advantage of. You are the boss and others have to respect you. When you are powerful you have nothing to worry about.
14. You say that no one can take advantage of you, what do you mean?		I mean belittles you, because they see the great power that you have and what you can do to them if they try to tackle you.
15. Why would say that people make you angry?		Well it's just the way they are.
16. How would you		I would be the happiest car.

<p>feel if a poor man won you in a competition? How would you feel to be owned by a poor man?</p>	
<p>17 And why would you be the happiest car?</p>	<p>Because I would mean a lot to the poor man. I know that he will value me and take good care of me. A poor man would cherish me and drive me carefully. Although I am meant for racing he will carefully drive me and show me off. A poor man would love me man would love me more than a rich man.</p>
<p>18. And would you say that a poor man would love you more than a rich man?</p>	<p>A rich man can give me in for another car but a poor man would want to keep me forever. He will truly value me because he doesn't stand a chance in buying me.</p>
<p>19. What would happen if one day your parts didn't work and you needed to be repaired, and the poor man didn't have the money to repair you? How would it make you feel?</p>	<p>Ms there is something about a poor man. He would make a plan somehow and he would try his best to fix me. I think he might just improvise because that's how poor people think, they just improvise.</p>
<p>20 I gather from what you have told me is that you would like to be with one owner for a long time as opposed to being traded when you are not wanted?</p>	<p>Yes! It is good to be valued and to be loved and treated with respect.</p>
<p>21 Again you mentioned the word respect. Do you value being respected?</p>	<p>Yes! I don't want people to treat me like I am trash. I want to be respected, loved and wanted. I don't like to go from one person to another. I like to be in one place for a long time.</p>
<p>20. Earlier on you</p>	<p>You see Ms when I compare my life, and the area where I live and the</p>

told me that you love power and speed and I got the feeling that you felt good that a rich man owned you, but now I'm getting a different feeling about you.		people in my school and how I am treated by my relatives, I feel that when you are rich people respect. But that is not who I really am, it's just who I want to be. I've always want to be a rich successful somebody in life.
21 So then who are you?		I am my Mother's son.
22. Okay that is a very strong statement.		She was like the poor man who was like the poor man who always made a plan...put food on the table, she was a person who was very courageous and was never afraid to take a risk in life. It is so sad that she had to be taken away from us so soon.
23. When you say that you are your mother's son are you saying that you are just like her?		I have to say so...She has an impact on my life. She always taught me right from wrong as I was growing up. She told me what to do and what not to do. She was my role model, my father and everything to me.
24 What you have said is very important...that your mother has been a role model to you...		Ms the people I get angry with are my relatives who don't treat me well they don't care about me and my little brother, it doesn't worry them that we live alone.
25 So does it bother you that they don't care?		Yes Ms, as I was growing up I thought that we were a family, that's how everyone thinks when they are growing up. But as you grow up you see that this is the real world and the word family doesn't count to people anymore.
26 Would you say that people are selfish?		Yes Ms.
27 So would you change who you are?		Never! I will try my best to be successful but I will never change who I am.

## Appendix G: Example of Story writing

### LIFE

Once there live a Buck. who has three babies  
the buck got sick someday and then she died.  
She left her 3 cubs. there was an elder cub who  
has to look after the two other cubs. the elder  
cub was turned to be the mother of the other  
two cubs. because they were young and could not  
get their ~~any~~ <sup>own</sup> food for themselves. So the elder  
cub has to go and hunt food for its brothers.  
the was other animals who were around them.  
and those animals never wanted anything to do  
with the Bucks kids. so the three cubs were suffering  
because of life they were living. so the elder cub  
oneday went to some bush and she founded another  
animal a bird (Polly) and they got connected  
and seemed to love one another. So the polly asked  
the cub (cub why do you <sup>look</sup> so worried?). the cub sat the  
polly down and told it about suffering she's going  
through. then the bird felt sorry for the cub and  
the bird now started to help the cub and hunted  
food to give to the cubs. they were also lions and  
Snakes. whom never felt the pain for cubs. who  
did not want anything to do with the cubs. who  
laugh, point fingers and #tease the cubs. they never  
wanted their kids to with the cubs. they kept their  
distance from the two cubs. as the bird was  
was help the elder cub to reach up. the cub made  
its best to reach higher. and forgets wants happening  
the other side.

The End

## Lucky

My story is about a boy who stays in a rural area and does not go to school due to the financial situation at home. The boy is only 6 years old and loses ~~her~~<sup>his</sup> mother to AIDS, after losing ~~her~~ his mother and not knowing ~~her~~ his dad, he lives home to the city in order to find his uncle. When he finds his uncle he finds out that he is not what he thought he was, he finds his uncle spending <sup>most of his</sup> time drinking and chasing girls. He stays with his uncle for a couple of months and wants to go to school, whenever he brings up the topic for going to school his uncle gets angry and tells him to find a job, school is useless. After being turned down many times and even thinking about losing hope, he finds a tape with his mother's name on it, he then listens to it, it's a message from his mother to him saying that she left some money for him to study and for uniform, she tells him that the money she gave to his uncle and that she loves him. After hearing this the boy is angry because he knows that the money his uncle has been spending on girls and booze is his money, when confronted with this his uncle chases him out leaving him stranded in the cold city. Being determined to go to school the boy steals another boy's uniform and follows some kids to school, he then enters a class and the whole day he stays in school until last lesson when he is caught by the principal and thrown out the school gate. He finds help from a taxi driver who pities the young boy and offers to help him find his dad, the quest is ~~successful~~ successful and the boy is accepted with a warm heart.

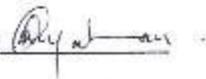
Appendix H: Observation sheet

**OBSERVATION SHEET**  
**DATE:** March 2015  
**NAME OF PARTICIPANT:** N.D  
**SETTING:** IN THE PARTICIPANT'S HOME

CATEGORY	INCLUDES	RESEARCHER'S OBSERVATIONS
<b>VERBAL BEHAVIOURS</b>	<ul style="list-style-type: none"> <li>• Level of communication between participant and siblings.</li> <li>• The manner in which they communicate.</li> <li>• The tone of their voices.</li> <li>• The language used to communicate.</li> </ul>	The participant is very soft spoken. She is very gentle and speaks with love. She raises her (soft) voice when her siblings disturb the interview or disrupts her when she is speaking. She communicates mostly in IsiZulu with them.
<b>RELATIONSHIP WITH SIBLINGS</b>	<ul style="list-style-type: none"> <li>• The kind of relationship shared with siblings.</li> </ul>	A very loving, kind and gentle relationship.
<b>PHYSICAL BEHAVIOURS</b>	<ul style="list-style-type: none"> <li>• What they do?</li> <li>• How the participant interacts with his or her siblings.</li> </ul>	Sometimes the participant play with her brothers with their wire carts which they had constructed from old wire and coke cans as wheels.
<b>GESTURES</b>	<ul style="list-style-type: none"> <li>• This includes their facial expressions, hand gestures and body language.</li> </ul>	They had smiles on their faces.
<b>PERSONAL SPACE</b>	<ul style="list-style-type: none"> <li>• How close they sit or stand next to one another.</li> </ul>	They sit close to each other. The younger brother appears shy.

**SUMMARY OF OBSERVATIONS MADE:**

The participant and her siblings share a close relationship. She sometimes rolled her eyes to correct their behaviour.

SIGNED 

**OBSERVATION SHEET**

**DATE:** March 2015

**NAME OF PARTICIPANT:** L.B

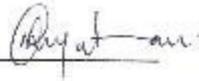
**SETTING:** IN THE HOME

CATEGORY	INCLUDES	RESEARCHER'S OBSERVATIONS
<b>VERBAL BEHAVIOURS</b>	<ul style="list-style-type: none"> <li>• Level of communication between participant and siblings.</li> <li>• The manner in which they communicate.</li> <li>• The tone of their voices.</li> <li>• The language used to communicate.</li> </ul>	Participant speaks softly to his brother/ he doesn't raise his voice. He communicates with his brother in English and IsiZulu. Both participant and sibling speak with respect to each other. When disciplining his brother, it was done in his home language.
<b>RELATIONSHIP WITH SIBLINGS</b>	<ul style="list-style-type: none"> <li>• The kind of relationship shared with siblings.</li> </ul>	They share a close bond. The participant has taken on the role as a care-giver.
<b>PHYSICAL BEHAVIOURS</b>	<ul style="list-style-type: none"> <li>• What they do?</li> <li>• How the participant interacts with his or her siblings.</li> </ul>	They play games on an old cell phone. very patient with his sibling but also reprimands him.
<b>GESTURES</b>	<ul style="list-style-type: none"> <li>• This includes their facial expressions, hand gestures and body language.</li> </ul>	Participant had a smile when talking about his brother. Gently touches his brother's arm whilst talking to him.
<b>PERSONAL SPACE</b>	<ul style="list-style-type: none"> <li>• How close they sit or stand next to one another.</li> </ul>	The brothers sat close to each other.

**SUMMARY OF OBSERVATIONS MADE:**

The participant and his brother sat close to each other. When they were looking at the photo album I could see that it meant a lot to them. His little brother peered over him when we were looking at the photographs.

SIGNED



## Appendix I: Example of Questionnaire

### QUESTIONNAIRE

Dear Participant the questionnaire below contains questions that will help me (the researcher) to get an understanding of some of the important aspects that concerns you. Please complete it in the space provided.

#### BACKGROUND

NAME: \_\_\_\_\_

AGE: 15

GENDER: female

DATE: 12 March 2015

#### QUESTIONS

##### EDUCATION

1. Why is attending school important to you?

I attend school because of the life I'm living with my young two brothers who are also in primary I wanna help them and also to bring good example in their ~~eyes~~ Eyes and live a good life out of this.

2. How do you manage doing your homework and taking care of your siblings?

After school I go straight home so that I can manage to take care of them. I do my homework in school during the school hours, because I look, wash and clean for them so that they will live in a clean environment. my teachers are providing libraries for us they see what we need so I can prepare. I find it difficult to take care of my siblings and to do my school work.

**SOCIAL LIFE**

3. How do you maintain your friendship with your peers?

I don't have many friends, because I don't have time to be with friends, my friends do things that I don't have the money for, so they just left me out, sometimes they laugh at me, because of the role that I play.

4. How would you describe your relationship with your peers?

I don't have a relationship with friends, the friends that I had left me and I don't see them.

**FUTURE AMBITIONS**

5. What are your goals for the future?

I want to be able to finish school and to get a job that I would be able to take care of my brothers.

Thank you for participating in the questionnaire.

Kind regards,

Researcher: Netisha Ramjatan (MEd Guidance and Counselling)  
Telephone number: 032-5337978  
Cell phone: 0843615857  
Email: [netishar@gmail.com](mailto:netishar@gmail.com)

Supervisor: Prof K. Mohangi  
Telephone number: 012-4292126  
Email: [mohank@unisa.co.za](mailto:mohank@unisa.co.za)

**QUESTIONNAIRE**

Dear Participant the questionnaire below contains questions that will help me (the researcher) to get an understanding of some of the important aspects that concerns you. Please complete it in the space provided.

**BACKGROUND**

NAME: 

AGE: 17

GENDER: Male

DATE: \_\_\_\_\_

**QUESTIONS**

**EDUCATION**

1. Why is attending school important to you?

attending school means a chance to change my life and getting a chance to overcome my circumstances at home. Be a successful man

2. How do you manage doing your homework and taking care of your siblings?

I try and balance my work and duties at home but sometime its too much for me and I end up doing one of each

**SOCIAL LIFE**

3. How do you maintain your friendship with your peers?

my friends understand my situation and support me. I sometime dont find time to spend ~~time~~ with them

4. How would you describe your relationship with your peers?

a strong one, cause when I need something like money to buy Snacks I know my friends got my back and give me moral support.

**FUTURE AMBITIONS**

5. What are your goals for the future?

I want to be a Successful business man and lookout for my little brother, I want him to not feel the gap of being alone but see me as a parent

Thank you for participating in the questionnaire.

Kind regards,

Researcher: Netisha Ramjatan (MEd Guidance and Counselling)

Telephone number: 032-5337978

Cell phone: 0843615857

Email: [netishar@email.com](mailto:netishar@email.com)

Supervisor: Prof K. Mohangi

Telephone number: 012-4292126

Email: [mohank@unisa.co.za](mailto:mohank@unisa.co.za)

## **FIELD NOTES**

**Netisha Ramjatan: March 2015**

### **Participant 1**

- *Participant 1: Home is situated in a poor environment. She has very few items in the home. She repeatedly explained her situation (poverty) and I sensed that she felt embarrassed about their living conditions. She has a small lounge (lives in one of the RDP houses) two worn out sofas and a stool as a coffee table...neatly covered with a cloth.*
- *She takes me to her kitchen cupboard. There were very food items in the cupboard (a bar of green washing soap, a can of tinned fish and a soup mix). She waits in anticipation for the groceries from her educators because they buy goodies like chips and sweets and that is the only time that she and her brothers enjoy “nice things”.*
- *Her home lacks electricity and running water and due to non-payment of utility bills, the service has been suspended. She cooks on a primus stove which uses paraffin. Participant 1 and her brothers walk 0.5km to the communal tap to fetch water which they carry on their heads. She has many buckets of different sizes stacked in a corner of the kitchen. They stand in long queues for water and make many trips to the tap.*
- *While I was at her house, her neighbour’s daughter came in to see who was visiting her. She explained how poorly they treated when her mother passed away. Participant felt that the neighbour was being very inquisitive by sending her daughter to their home.*
- *Participant 1 disciplines her brothers in her home language. She explains that sometimes they are naughty...*
- *She explains how the neighbour’s children fight with her brothers and tell them that their mother died from HIV. She explains that she has to go outside and intervene.*
- *In my presence, her younger brother showed her his maths homework and insisted that she explained it to him in IsiZulu*

*because according to him, he could not understand when his teacher explained. She told him very gently that she would help him after I have left.*

- *Second interview, TODAY (9 March 2015) I felt the pain and sadness as she (participant 1) she spoke about how people treated her and tease her. I sensed her pain and sadness...*
- *I was taken aback by her interest in school... she was very excited to show off her report. She has hope and dreams for the future just like any other child...*
- *I felt “small” sitting in her lounge watching her interact with her brothers.*

*In the home of my second participant 2*

- *During the interview I noticed that his younger brother repeatedly nudged him. My first thoughts were that he was probably feeling uncomfortable with me being there, but in fact he was hungry and wanted his brother to make him something to eat. What amazed me was the participant’s patience and attitude toward his younger brother. My interview went from the small lounge into their kitchen (neat and tidy with built-in cupboards) where I watched him make pap (a traditional African staple). His six year old brother was impatient and demanded that the pap get done immediately. I also noticed that when his little brother spoke to him, he always pulled his face toward him to make sure that he gave him his undivided attention I kept wondering if I was intruding in their personal space (March, 2015).*
- *Participant 2 seemed very eager to show me the picture of his mother. He took out the family album and began explaining to me who all the people were. He has great admiration for his mother, he describes her as being an open-hearted person and he looked to her as his role model. He explained that his mother played a significant role in his life and losing her was extremely painful. When he opened the album, I watched as his face lit up when he spoke of his mother. I looked on as his brother peered over his shoulder and said something in isiZulu. When I asked what his brother had said, he told me that his brother asked him if his mother is still sick and in the hospital (March 2015).*

- *He explained he has to fill in the role of his mother. His brother does not understand that his mother has passed on and will not be coming back.*
- *Participant 2 explained that he has good neighbours who check up on his brother when he comes home from school.*
- *The interaction between participant 2 and his brother left me with tears today...when he referred to his brother during the interview, he always touched him.*
- *His home is well-kept...I was impressed.*
- *While sitting in their lounge, his little brother pulled out the end of a cigarette which was hidden in the arm of the sofa...the participant felt embarrassed and asked his brother to put it into the bin. Before leaving the lounge, his brother demonstrated how the participant smokes and went off. I found that quite amusing coming from a six year old. Earlier in the participant had mentioned that he smokes with his friends, because he finds smoking to be de-stressing.*

#### *My reflections (March 2015)*

- ❖ *I felt sad sitting in the home of participant1 (a sad environment). I kept on questioning myself and wondered how I would deal with the situation if I had experienced it.*
- ❖ *When I look at their situation, I am overwhelmed at their strength and courage that they display. I am amazed that despite all the challenges that they face the participants seem to have the strength to go on...*
- ❖ *They keep their feelings to themselves as they have no one to speak to...I find myself wanting to know why orphaned children are burdened with so much stress.*
- ❖ *I realised that too often we take too much for granted...our children waste food and they demand the best clothing...but out there are children who have no idea if they will have something to cook for supper.*

- ❖ *I thought about the love shared by the participants and their siblings... I realized that we take the love of our siblings for granted and it took a 15 year old to remind me of that love.*
- ❖ *It is easier for orphaned children to be denied their right to education because of their circumstances than for them to get help. Orphaned children, like non-orphans have goals and dreams which they like to be fulfilled (March, 2015).*
- ❖ *The younger brother's brought their wire cart to show me...they seemed rather pleased with themselves. I realized that these children appreciated their wire cart because they had made it.*
- ❖ *After my interviews with both my participants I realized that their siblings had somewhat the same attitude towards their "fathers". Participant 1 stated that upon hearing that their father had passed away, her brothers did not feel any pain like they did when their mother had passed away. Participant 2 told me that his brother says that he "hates his father". I was taken aback at their response and attitude towards their fathers.*
- ❖ *My research participants and their siblings have humbled me. My experience with them has taught me so much more about life. I feel so grateful for what I have and I appreciate my participants for sharing their family situation with me.*