

**THE EXPERIENCES OF ELDERLY WOMEN (GOGOGETTERS) IN ASSISTING
ORPHANS AND VULNERABLE CHILDREN AFFECTED BY HIV AND AIDS AT
MUSINA IN THE LIMPOPO PROVINCE**

by

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DECLARATION

I declare that this work submitted in fulfilment of the requirements for the degree of Master of Arts Social Behaviour Studies in HIV/AIDS is my own work. I have considered all the professional ethics in acknowledging all the sources used and quoted by means of reference.

Mpudi Phaka

ABSTRACT

Even though the prevalence of HIV has declined, South Africa continues to have a large number of people who are infected with HIV. Most communities still have to deal with the effects of HIV and AIDS on orphans and vulnerable children. One way of mitigating the effects of HIV and AIDS is strengthening families and communities to provide stable care to orphans. However, most families do not have the capacity to provide sufficient care to orphans hence the need for external support from the community and civil society organisations, in this instance provided through the loveLife goGogetter programme. The findings proved that the goGogetters relied on the support they received through the relationships and networks established in the community to enable them to provide effective service to orphans. The study demonstrated the importance of community networks in providing for the basic needs of orphans.

Key terms

HIV & AIDS, Orphans and vulnerable children, goGogetters, Elderly Women, Social Ecological Model, Experience, Relationships and network connections, Psychosocial Support, Caregiving, Community Involvement

LIST OF ABBREVIATIONS

AIDS	A cquired I mmune D eficiency S yndrome
HIV	H uman I mmunodeficiency V irus
NGO	N on- G overnmental O rganizations
PEPFAR	U.S. P resident's E mergency P lan for A IDS R elief
PLHIV	P eople L iving with H IV
PSS	P sycho s ocial s upport
SA	S outh A frica
SASSA	S outh A frican S ocial S ecurity A gency
UNAIDS	Joint U nited N ations P rogramme on HIV/AIDS

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CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1. INTRODUCTION

This chapter outlines the research problem, the aim of the study, the rationale, objectives, research question and the research process that was followed to conduct the study as well as an overview of operational definitions of relevant concepts. The background of HIV and AIDS and the situation of orphans and other vulnerable children are also discussed.

The study explored the needs and experiences of elderly women in taking care of orphans and vulnerable children. The purpose was to identify the types of care and social support grandmothers provided to children who were affected by AIDS and living in vulnerable situations. It is important for communities to better understand the plight of orphans and vulnerable children. The study will be beneficial for the community members and in particular the community-based caregivers whose knowledge will be extended by learning from the goGogetter programme.

Children are affected by HIV and AIDS in numerous ways. Children are expected to take on the household chores in a family affected by HIV and AIDS when parents are HIV positive and become ill. According to Shisana, Simbayi, Rehle et al (2009), children live under intense stress which continues to affect them for a long time. Orphans are sometimes forced to take part in income-generating activities in order to support their families. In some instances, they are required to put their education on hold as they take on the caregiving responsibilities of their parents. Consequently, the majority of orphans live in poor households and may become caregivers themselves or even heads of households when their parents die (The South African Department of Social Development 2010).

According to Shisana et al (2009), sub-Saharan Africa is the home of the majority of orphans, with South Africa having the largest number. Shisana, Rehle, Simbayi et al (2014) show that there are close to three million orphans in South Africa and a significantly high proportion of orphans is found among black Africans as compared with other race groups. Furthermore, orphans are also considered to be at high risk of HIV infection because of their vulnerability.

The term “elderly women” in this study refers to older people who take care of orphans and vulnerable children. The elderly women are part of the loveLife programme that assists orphans and vulnerable children to access basic services and remain in school. The elderly women visit households to identify children, orphans and vulnerable children who need support and register them for proper documentation.

The role played by these elderly women in the lives of orphans and vulnerable children is very important as it contributes to the social capital needed to cope with the impacts of HIV and AIDS and other predicaments on children, families and communities. Older carers also need psychosocial support so that they can better cope with the demands of caring (REPSSI {sa}).

1.2. BACKGROUND

HIV has been identified as one of the major causes of death worldwide. There has been an increase in the number of people living with HIV globally with an estimated number of 35, 5 million in 2012. This is an increase from the previous years which can be attributed to a proliferation of people receiving antiretroviral therapy (UNAIDS 2013). In South Africa there are 6.4 million people living with HIV (PLHIV) which is an increase of 1.2 million since 2008. South Africa continues to be one of the countries in the world with the highest number of PLHIV (Shisana et al 2014).

Certain challenges threaten the development of children in South Africa. HIV and AIDS, as mentioned by Shisana et al (2014), are regarded as two of the major challenges that impede the development of children and the realisation of children's rights. The occurrence of orphanhood poses a challenge for the care of children more especially orphans who find themselves living in child-headed households (that is, households in which all the members are below the age of 18). Statistics South Africa (2012) reports that there were 3,6 million orphans in South Africa in 2011. This is a large number considering the fact that orphaned children are more likely to be HIV infected (Shisana et al 2014). However, little attention has been given to the role of elderly women who assist and care for orphans specifically those affected by AIDS.

Orphanhood in South Africa has been tracked since 2002 by Shisana et al (2014). In 2012, for the age group 0-18 years, orphanhood remained stable at 16,9% compared with 16.8% in 2008. However, teenagers (15-18 years old) are more likely to become orphans than the other age groups. This is concerning considering that the age of adolescence is a critical stage in the development of a child. What complicates the situation further is that double orphans are 6.9 times more likely than non-orphans to contract HIV (Shisana et al 2014).

According to UNAIDS (2012), there is an estimated 1.7 million AIDS orphans worldwide (that is, children who have lost one or both parents to AIDS). Eighty eight per cent of these orphans live in sub-Saharan Africa with South Africa having the biggest number. Meintjes, Hall, Marera & Boulle (2010) also note that there has been an increase in the number of double orphans in South Africa owing to the HIV epidemic over the period of 2002 to 2006 from 2% (357 000) to 4% (660 000).

Furthermore, Statistics South Africa (2012) shows that 19,1% of all children in South Africa in 2012, which represents approximately 3,6 million individuals, were orphaned. It also shows that black African children are more likely to be

orphaned than any other children from other population groups. More than one fifth, 21, 5% of black African children were classified as orphans as compared with 8.8% coloured, 4.5% Indians/Asians and 2.8% white children (Statistics South Africa 2012).

The South African Department of Social Development (2010) indicates that the illness of parents puts children under intense pressure that might continue to affect them for the rest of their lives. Children who find themselves in this situation might be forced to leave school and take care of their parents and even worse, some children might fall into child labour to support their families (Department of Social Development 2010).

The situation of children in South Africa as suggested by Statistics South Africa (2012) indicates that most of these children live in poverty and are faced with inequalities that inhibit their access to basic services and better life opportunities. The majority of orphaned children live in poor households which are often the most affected by HIV and AIDS. Consequently this predisposes the children to vulnerability.

1.3. PROBLEM STATEMENT

A problem statement, also referred to as a research problem, is defined differently by different authors. De Vos, Strydom, Fouche & Delpont et al (2011:80) refer to a problem statement as the first phase in research; it explains exactly what the researcher wants to find out. It is also at this stage that the researcher defines the need for the research. McMillan & Schumacher (2010:47) refer to the research problem as the issue, controversy, or concern that initiates the study and also provides meaning to the foundation of the study. The research problem as indicated by Terre Blanche, Durrheim and Painter (2006) can be derived from issues that are regarded as important by the community and also from people's experiences about certain issues. Researchers should also take

note that reading the literature helps to focus more on important issues (Terre Blanche et al 2006).

As further reported by the RSA Department of Social Development (2010), most orphans live in poor households, which makes them vulnerable to the long-term effects of HIV and AIDS. The Population Council (2007) cited by Shishana et al (2014) also reports that female orphans are at risk of being coerced into sex and even become sexually active at an early age, often with older men.

A considerable amount of research has been conducted in the area of HIV, AIDS and orphans. Although the experiences of grandparents who are taking care of orphans affected by HIV and AIDS have been identified in many reports, studies have not focused on the experiences of goGogetters as caregivers who visit and provide support to vulnerable children on a day-to-day basis in the rural communities of Limpopo. These grandmothers provide support to orphans and vulnerable children by assisting them to change their circumstances through drawing on the social networks and building on social capital.

This study, therefore, aimed to explore the goGogetters' experiences and needs required in caring for children living in vulnerable situations as a result of being orphaned through AIDS. The study provided a better understanding of community-based caregiving and support for vulnerable children affected by HIV and AIDS.

1.4. RATIONALE/ MOTIVATION OF THE STUDY

Babbie and Mouton (2012:103) refer to the motivation or rationale of a study as the reason for the researcher deciding to embark on a study with a particular topic. Additionally, De Vos et al (2011) point out that the motives for doing research are varied. For the purpose of this study, the motive was one of personal interest, that is, to satisfy the researcher's personal curiosity and further

the promotion of her academic status by fulfilling the requirements of a course towards a postgraduate level qualification (De Vos et al 2011).

The researcher is currently employed by the RSA Department of Social Development as a programme implementer for HIV prevention, based at the national office. She started working for the HIV and AIDS programme in 2002 while at the Department of Health at Moretele District Office. She has followed the development of prevention, treatment, care and support programmes of HIV and AIDS and has noticed that not only has a great deal been done in this regard but also that the HIV epidemic has brought some long-term challenges that communities need to deal with. These challenges include orphans, child-headed households and, in some instances, grandparents having to take over caring for their grandchildren. The appalling situation of orphans and vulnerable children that families and communities are facing motivated the researcher to have an interest in understanding the community-based models that aim at assisting orphaned children who are living in vulnerable households.

In some cases, orphaned children do not possess proper documentation to assist them in accessing social grants and enrol in school. This calls for community members to intervene. In some communities non-governmental organisations (NGO) use community volunteers who occasionally receive a small stipend for transport in order to assist orphans to access basic services. Community volunteers are usually women as in the case of the goGogetter programme.

The lack of, or poor support for orphaned children prompted the researcher to be interested in the work done by older women in the goGogetter programme that is supported by loveLife. She further wanted to have an understanding of how community support can change the lives of orphans and children living in vulnerable situations. The goGogetter programme is a community-based model which aims to assist children living in vulnerable households to access basic services.

The findings of this research might serve as a good practice model that can be useful and be rolled out to other community organisations that are taking care of orphans. The findings might also be used to assist communities to create an enabling environment in which community members can learn from the best practised models and start to have a sense of interest in addressing challenges they are facing. The researcher believes that it takes a community to raise a child.

1.5. THE AIM OF THE STUDY

The study aimed to explore the needs and experiences of elderly women and the type of social support they are providing to orphans and vulnerable children.

1.6. OBJECTIVES OF THE STUDY

To achieve the aim of the study, the following research objectives were addressed:

- To explore the experiences of elderly women who are providing care to children living in vulnerable households
- To explore the effects of caregiving on the lives of the goGogetters
- To identify the types of support the elderly women are giving to orphans and vulnerable children affected by AIDS and their effectiveness
- To explore the needs for (goGogetters) to provide effective care to orphans

1.7 RESEARCH QUESTIONS

The proposed study intends to answer the following questions:

- What are the experiences of elderly women in providing care to children living in vulnerable households?
- What are the effects of caregiving on the lives of the goGogetters?
- What kind of support are the elderly women giving to orphans and vulnerable children affected by AIDS, and their effectiveness?
- What support is needed to help the goGogetters to provide effective care to orphans?

1.8 RESEARCH PROCESS

According to De Vos et al (2011), a research process means a way of solving problems. The process of research thus begins with a problem and ends with that problem being resolved. The study was conducted in Musina which is in the Vhembe district in Limpopo. The respondents of the study were the goGogetters who are part of the loveLife programme. These gogos give support to orphans and vulnerable children. The researcher conducted focus group interviews as a method of data collection. She followed an interview schedule with a list of open-ended questions. Furthermore, a note taker assisted with taking detailed notes of the discussions which were tape recorded.

The focus group interviews were conducted at the loveLife offices where the gogos meet with the purpose of giving feedback and support to one another. The provincial manager for loveLife in Limpopo helped to organise and invite the gogos who took part in the focus group discussion.

1.9 SIGNIFICANCE OF THE STUDY

The significance of a study according to McMillan and Schumacher (2010 52) is a justification of the importance of an evidence-based inquiry. It also highlights the reasons for the researcher's choice of a particular problem. This study extended the understanding of the phenomena to be observed rather than generalisability (McMillan & Schumacher 2010). De Vos et al (2011:107) indicate that the significance of a study is to bring out the immediate importance and meaningfulness of the proposed study as well as the long-term benefits the research can bring to various target group beneficiaries.

The proposed study provided a better understanding of the types of social support available for orphaned and vulnerable children at the different levels of the ecological model specifically at the community level. It also provided the community with a better understanding of the plight of orphans and vulnerable children. Furthermore, the study provided programme managers working in the field of care and support with the opportunity to use evidence-based information in planning, particularly in scaling-up their activities and resource allocation within their community projects.

The documented experiences of goGogetters would also benefit home- and community-based caregivers by learning from the best practised approach of caring for children in vulnerable households. Consequently, the lessons learned from the study gave the researcher the opportunity to compare the goGogetter programme with other best practised models in the country.

1.10 OPERATIONAL DEFINITIONS

An operational definition is defined by Babbie and Mouton (2012:645) as a concrete description of defining something specific in terms of the operations by which observations are to be categorised. Similarly, De Vos et al (2011:144) refer to an operational definition as defining the construct in terms of specific operations, measurement instrument or procedures through which it can be observed. Operationalisation is, therefore, a process of developing operational definitions.

The following are the main concepts implicated in the study:

Experience

The Oxford English Dictionary (2006) describes “experience” as a practical contact with and observation of facts or events.

Orphan

UNICEF (2006) defines an orphan as a child less than 18 years of age whose mother, father or both parents has/ have died from any cause. There are three categories of orphans: namely, double, maternal and paternal (Hall, Woolard, Lake and Smith 2012). A maternal orphan is a child whose mother has died but whose father is alive; a paternal orphan is a child whose father has died but whose mother is alive and a double orphan is a child whose mother and father have both died (Hall et al 2012).

Gillespie, Norman and Finley (2005) further distinguish between a biological orphan and a social orphan. Biological orphans are children who have lost one or both parents which includes maternal, paternal and double orphans. Social

orphans are described as children whose parents are alive but who live with relatives or non-relatives under strained capacity

Vulnerable children

The RSA Department of Social Development (2010) defines a vulnerable child as a child whose survival, care, protection or development may be compromised owing to a particular condition, situation or circumstance and which prevents the fulfilment of his or her rights. According to the Children's Act (No 38 of 2005) a child is defined as any person under the age of 18 (South Africa Republic 2006).

goGogetter (gogos)

GoGogetters are the elderly women and grandmothers who support vulnerable children to develop a sense of purpose and belonging in life. As part of loveLife, the grandmothers help keep young people at school, access social grants, prevent sexual and physical abuse and assist with access to food. They visit households to identify children who need support, identify orphans and vulnerable children and register them (loveLife).

Assist

The Oxford English Dictionary (2006) describes "assist" as an act of helping someone typically by doing a share of the work.

Vulnerable

The Oxford English Dictionary (2006) describes "vulnerable" as being exposed to the risk of being attacked or harmed, either physically or emotionally.

1.11 LAY OUT OF THE STUDY

Chapter 1: Chapter one outlines the general overview of the study, which includes the rationale for the study. It also presents the research problem, research questions, and purpose of the study, and definition of terms.

Chapter 2: Chapter 2 examines the theoretical framework of the study. It also explores relevant literature related to the experiences and challenges that face grandparents in taking care of orphans and vulnerable children, and the social support systems available for caregivers and children.

Chapter 3: Chapter 3 provides an in-depth description of the research process which includes describing the research design and methodology applicable to the study.

Chapter 4: Chapter 4 discusses the findings by presenting the raw data and the analysis of the data and the findings of the study. Findings are presented in accordance with the themes identified during the data analysis.

Chapter 5: Chapter 5 summarises the findings of the study and presents the conclusion and recommendation.

1.12. SUMMARY

This chapter discussed the main research problem and the aims and objectives that the study envisages addressing. The following chapter explores the review of the literature on HIV and AIDS and caring of orphans including the status of orphans and vulnerable children in the country. It also examines the theoretical framework of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter presents the theoretical foundation of the study. The ecological framework of Bronfenbrenner (1994) is examined. The chapter further examines the impact of HIV and AIDS on children, households and the community. This includes the psychosocial support and interventions of care for orphans and vulnerable children. The family as an important support structure for children and the vulnerability of children in the context of HIV and AIDS are also discussed.

According to Karim and Karim (2008), HIV and AIDS affect and strain the economic and essential social fabrics of societies in sub-Saharan Africa which is the hardest hit by the epidemic. The epidemic affects social structures and changes the lives of individuals and the trajectories of the whole society (Barnett & Whiteside 2006). The economic stability of families and children is also affected. Communities become vulnerable as the epidemic matures and also experience escalating numbers of deaths and orphaned children (Karim & Karim 2008). The effects of HIV and AIDS can even magnify the economic vulnerabilities and social marginalisation to a level where they can persist from generation to generation (Richter, Sherr, Adato et al 2009).

2.2 OVERVIEW OF THE IMPACT OF HIV AND AIDS

According to Barnett and Whiteside (2006), the impact of HIV and AIDS occurs at different levels of the socio-ecological model. It is important to note that individuals make up households the same way as households make up communities and communities make up nations (Barnett & Whiteside 2006). Barnett and Whiteside (2006) further indicate that the impact of HIV and AIDS occurs on a continuum and also comes in successive waves which are felt immediately as severe shock and slowly progress to long-term complex changes.

Along the continuum, HIV infection is followed by AIDS illness and death which ultimately determine the degree of impact (Barnett & Whiteside 2006).

Karim and Karim (2008) maintain that because HIV is predominantly transmitted sexually, it affects and mostly clusters in households. At the household level, when parents are infected and die, the impact of HIV and AIDS changes the role of household heads. Consequently, communities are faced with an increase in households headed by grandparents and by children. Richter et al (2009) maintain that child-headed households and skip-generation households are extreme forms of households and family creation manifesting in the face of HIV and AIDS.

2.3 THE IMPACT OF HIV AND AIDS ON THE COMMUNITY

Karim and Karim (2008) suggest that the level of the impact of HIV and AIDS on society, community and the family is complex. The situation is further complicated as the epidemic poses major effects on individuals and their families including communities. Since the emergence of HIV, communities are becoming vulnerable with some structures such as the family gradually eroding (Karim & Karim 2008).

In some instances, as maintained by Karim and Karim (2008), the epidemic also changes the role of household heads. As parents die because of AIDS-related illnesses, most communities experience an increase in child-headed households where siblings are looked after by the eldest child and skipped generation households are headed by grandparents (Karim & Karim 2008). For instance, when parents die, they leave behind orphans who need care and support. For the family that cannot provide basic needs for the children, the community should act as a secondary safety net that provides psychosocial support. Equally, owing to the large number of orphans, effective community responses are essential at the different levels of care which call for community mobilisation including social change (Karim & Karim 2008).

2.3.1 The role of community

The solution to cope with the impact of HIV and AIDS on communities lies within communities themselves. As indicated by PEPFAR (2012), community ownership is an important central element of country ownership at micro level which also contributes to positive outcomes for children at macro level. Foster (2005) posits that community safety nets are essential to poor households affected by social or economic crisis which includes households affected by HIV and AIDS. According to Foster (2005), safety nets appear to be more effective in rural areas where community connectedness is higher. The literature also shows that in many areas communities have joined hands to support families and children affected by HIV and AIDS (UNAIDS 1999). Accordingly, the level of community cohesion determines the level of vulnerability to HIV infection (Foster 2005).

According to UNAIDS (1999), the impact of HIV and AIDS has forced most communities in developing countries to come up with innovative strategies. Karim and Karim (2008) suggest that the HIV epidemic has brought recognition of community interventions that provide care and support to affected individuals and households. It is clear that community-based interventions are crucial in mitigating the effects of HIV and AIDS on children and households.

UNAIDS (1999) maintains that community-based responses are the most cost-effective interventions as some community coping mechanisms are initiated by communities themselves. These community interventions are referred to by UNAIDS (1999) as indigenous or grassroots responses. In some instances, some of these initiatives are being supported by outside agencies such as NGOs as in the case of the loveLife goGogetter programme. In these responses, groups attempt to solve social problems through community mobilisation, local participation; resource mobilisation with the purpose of building a sense of belonging in the community (UNAIDS 1999).

It should be acknowledged that in South Africa the government has the responsibility of providing assistance to its citizens. Assistance is provided in the

form of social grants for the different needs of vulnerable groups. In addition, communities have come up with strategies to address the impact of HIV and AIDS as they are struggling to cope with the extent of the epidemic (Karim & Karim 2008).

2.4 VULNERABILITY OF CHILDREN IN THE CONTEXT OF HIV AND AIDS

Many communities in South Africa are affected by HIV and AIDS. Van Dyk (2008) maintains that many children in Africa live in homes and communities which are affected by HIV and AIDS. Children who find themselves in affected households often do not live in a family environment where they receive support, nurturing and guidance to help them cope with life's challenges (Van Dyk 2008).

According to the South African Department of Social Development (2010), "a vulnerable child is a child whose survival, care, protection or development may be compromised due to a particular condition, situation or circumstance and which prevents the fulfilment of his or her rights".

PEPFAR (2012) postulates that one way of mitigating the effects of HIV and AIDS on children is by ensuring stable, caring families and communities. According to Karim and Karim (2008), children affected by HIV and AIDS are in need of care and support as they are often abandoned which makes them vulnerable. However, it should be acknowledged that not every child is an orphan and not all orphans are vulnerable. Additionally, there are certain vulnerabilities in the context of HIV and AIDS that should be noted (Gillespie et al 2005). These include, as indicated by Gillespie (2005), the means of survival, nutrition and health, education, poverty as well as psychosocial and societal impact.

Shisana et al (2009) believe that the majority of orphaned children live in extremely poor households, which makes them vulnerable. Apart from losing their parents, orphaned children are placed under intense stress. Their access to basic services is also affected as they are faced with inadequate nutrition and

poor access to education and health care (South African Department of Social Development 2010). The situation is further complicated by the fact that the effort of government to control the impact of HIV and AIDS on children is under sourced and sometimes uncoordinated (Data 2009).

Van Dyk (2008) indicates that children affected by HIV and AIDS are often faced with challenges owing to their parents' illness and death. The stressful situation may continue in different forms for the rest of their lives. (South African Department of Social Development 2010). Kluckow (2004:24), cited by Van Dyk (2008), identifies some challenges faced by children affected by HIV and AIDS. These include isolation from family and peer groups and role change. The South African Department of Social Development (2010) states that vulnerabilities may force orphaned children to drop out of school and get involved in income-generating activities which expose them to child labour practices.

These children may take the role of parents and become caregivers themselves or even heads of households. They are also at high risk of HIV infection, malnutrition, stigma and isolation (South African Department of Social Development 2010). Furthermore, as indicated by the South Africa Department of Social Development, the death of a parent has negative impacts on the quality of psychosocial care and access to basic services for children.

UNICEF (2006) states that the coexistence of poverty and HIV exposes households and children to the risk of deprivation. Orphaned children might find themselves in poorer households as households affected by AIDS tend to spend more money on their sick members; as a result there are fewer resources left to care for children.

Karim and Karim (2008) show that keeping children affected by HIV and AIDS in schools boosts their morale and preserves stability in difficult times. One of the responsibilities of the elderly women in the goGogetter programme is to ensure that orphans and vulnerable children go to school. Furthermore, orphans and vulnerable children need assistance in terms of accessing social grants to

sustain their daily basic needs (Karim & Karim 2008). The elderly women link orphans and vulnerable children to psychosocial support services which ensure that the children are kept in school. Psychosocial support services are provided by the Department of Social Development which also provides for school uniforms.

The goGogetter approach to caring for children is based on a social-ecological model that considers the child, family, community and country contexts. The approach also recognises the unique yet interdependent contributions of community to the wellbeing of children affected by HIV and AIDS. Families, communities and government share the responsibility of protecting children and ensuring that children thrive despite the impacts of HIV and AIDS (PEPFAR 2012).

2.5 PSYCHOSOCIAL SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

Karim and Karim (2008) maintain that orphans and vulnerable children are in need of psychosocial support to fulfil their needs. UNICEF & REPSSI (2008) describe psychosocial support as a continuum of care and support which aims at ensuring the social, emotional and psychological wellbeing of individuals, their families and communities. These organisations indicate that the provision of psychosocial support services is aimed at enhancing the social, spiritual and emotional wellbeing of orphans and vulnerable children and youth. The support may be preventative or curative in nature. However, the majority of children who are made vulnerable by HIV and AIDS do not receive psychosocial support, as revealed by Van Dyk (2008).

Additionally, Richter et al (2004) state that children affected by HIV and AIDS do not have enough support in terms of medical and psychosocial interventions as most support for vulnerable children tends to focus on material needs. Richter et al (2004) further acknowledge that human rights and legal assistance for orphans and vulnerable children also need attention. Ultimately, the possible source of

interventions for care and support of orphans and vulnerable children is the local community and civil society including government.

2.5.1 Strengthening the capacity of families

According to PEPFAR (2012), the first line of defence for children is the family which forms part of the lifelong support system for children. In most southern African countries hard hit by the epidemic, HIV and AIDS are referred to as a family disease as it clusters in families.

UNICEF (2009) agrees with the PEPFAR (2012) statements and adds that a family response is required to address the care of children affected by HIV and AIDS. It is the family that carries the heavy burden of caring for and protecting children affected by HIV and AIDS (Richter et al 2009). Children's wellbeing and their psychosocial, health and educational outcomes depend on supportive families and communities (Richter et al 2006).

The family provides a natural and sustainable care for children; however, if the family is under severe strain, care for children is compromised. Freeman and Nkomo (2006) and Phiri and Tolfree (2005), cited by Richter et al (2009), maintain that communities, families and children affected by HIV and AIDS prefer community care to orphanage care. Families generally show a willingness to care for the affected children of kin (Richter et al 2009).

As family strengthening is the most effective way to ensure proper care for children, more effort is essential for keeping the most vulnerable families together. According to UNICEF (2009), social protection approaches can play a role in strengthening families. Richter et al (2009) maintain that HIV and AIDS create an intensified poverty at a household level in the long run if children and families are not provided with the necessary assistance. Hence the importance of the intervention of community-based organisations.

Furthermore, PEPFAR (2012) asserts that household economic strengthening is crucial to minimise the vulnerabilities of families. Household economic strengthening has a package of interventions that empowers families in order for them to provide the essential needs of children in their care. It is for this reason that organisations such as loveLife through the goGogetter programme assist vulnerable families affected by HIV and AIDS to access basic needs such as health care, education and social assistance.

Subbarao and Coury 2003 cited by Richter, Manegold and Pather (2004) maintain that the strengthening of traditional safety nets of family, kin and community requires a concerted effort. The family structure has always been seen to be in the forefront of responding to the HIV epidemic. Therefore, one of the effective strategies for caring for children affected by HIV and AIDS is strengthening the capacity of families (Richter et al (2004).

The family has always been one of important traditional units of society. However, the family structure and function are gradually changing as a result of the HIV and AIDS epidemic. Communities are now experiencing changing forms of families such as households headed by elderly people; large families with unrelated (fostered or adopted children); child-headed households, and itinerant or homeless families. It should be noted that all these family forms need support from the community and civil society organisations including the government as they provide care for children (Richter et al 2004).

2.5.2 The extended family as a support structure for OVC

According to Foster (2003), coping mechanisms for orphans and vulnerable children are complex and also vary according to social settings. UNAIDS (1999) highlights two main types of support for orphaned children: orphanages and traditional fostering; and adoption by relatives and community. Traditionally, in most communities, it is expected that the extended family and the community at

large should provide economic, psychological and emotional assistance to vulnerable households (UNAIDS 1999).

Additionally, as Chingwenya, Chuma and Nyanga (2008) put it, it is traditionally expected that structures such as the extended family should protect and transfer traditional values to its members. The family has always acted as social security. Van Dyk (2008) further argues that communities have developed innovative care and support interventions to assist families and improve their capacity to cope rather than setting up institutions. Therefore, the best models of care for vulnerable and orphaned children are found within the children's community not in institutions. Thus, the most effective community intervention and safety net to mitigate the impact of HIV and AIDS on children is the extended family (Mukoyoko & Williams 1999 cited by UNAIDS 1999). In agreement with the other authors, Gillespie et al (2005) also maintain that the extended family and kin group are the first social systems to ensure that orphans and vulnerable children receive sufficient care.

As indicated by UNAIDS (1999), it is common practice in most communities that children who find themselves in families affected by HIV and AIDS are sent away to stay with relatives. The relatives then assume the responsibility of feeding, clothing and ensuring that the children go to school. Consequently, in many situations, households that are supposed to take care of orphans are headed by grandparents who already have to take the responsibility of looking after orphans often with limited resources (UNICEF 2006).

However, it should be noted that the capacity of extended families to take in orphans and vulnerable children will decrease over time as more adults of working age are dying of AIDS (UNAIDS 1999). Additionally, new developments in most communities have led to the breakdown of some of the social networks such as the extended family. Shisana et al (2009) add that kinship networks are struggling to take care of orphaned children because of limited resources. Nonetheless, within the extended family, members help one another economically, socially, psychologically and emotionally (Foster {sa}).

Foster (2008) further indicates that the extended family does not have infinite capacity to soak up orphans. In some instances, as maintained by Foster (2008), children do slip out of the extended family safety net and end up in vulnerable situations in which some of them continue to live alone in child-headed households. Consequently, the emergence of child-headed households can be an indication that the extended family system might be failing to cope with the number of orphans and is thus gradually collapsing (Chingwenya et al 2008). Fostering households need material and non-material support to cope with economic demands. Gillespie et al (2005) suggest that fostering households are not only a sociological but also an economical problem.

In South Africa the government has introduced measures to address the poverty experienced by vulnerable households. For instance, in 2009 the child support grant was extended to all eligible children up to the age of 15 years and there is also a commitment to extending this to 18 years. (The South African Department of Social Development 2011) It is the responsibility of community networks such as the goGogetter programme to ensure that orphans and vulnerable children access social support provided by government.

2.6 Interventions for care of orphans and vulnerable children

According to PEPFER (2012), Social Protection is an effort by governments to reduce vulnerability and risks faced by disadvantaged groups. It is a system approach owned by government which can sustain and scale-up a family-centred response for children. Protection of children is a shared responsibility by families, communities and government to ensure that children succeed regardless of the impact of HIV and AIDS (PEPFAR 2012).

In South Africa there are a number of models of care and support for orphans and vulnerable children. However, according to Van Dyk (2008), the best way of ensuring that the physical, psychological, emotional, educational, spiritual and social needs of orphans and vulnerable children are met is through the family

and community-based approaches. However, to sustain the work done by community, caregivers like the goGogetters, support is needed from government and non-governmental organisations.

2.6.1 Community support interventions

Save the Children (2007) shows that community groups are essential in ensuring that children are protected from any kind of abuse and exploitation. This includes exploitation that can happen within the home of the child, at school or even from members of the community. In communities most affected by HIV and AIDS, the protection of children is crucial as the effects of HIV and AIDS continue for a long time in the life of the child (Save the Children 2007).

It is a common practice in most communities that to some extent older people take care of children. However, since the emergence of HIV and AIDS, the extent of care for children is increasing. As a result, the number of older people who are taking full responsibility for the care for orphans is alarming (HelpAge International 2003). Moreover, in most families, as suggested by Gillespie et al (2005), carers of orphans fostered by kin, are grandmothers and aunts.

According to REPSSI (2005), the role played by older carers in taking care of orphans and vulnerable children is valuable. Older carers contribute to the social capital needed to cope with the impact of HIV and AIDS on children, families and communities. However, the work done by older carers comes with some difficulties and it is, therefore, important that older carers receive psychosocial support so that they can better cope with the demands of caring and providing support. REPSSI (2005) also suggests that older carers taking care of orphans need to have some connections with other people. Connection within the family and the community is viewed by REPSSI (2005) as the most sustainable psychosocial support that will also improve their personal wellbeing.

Mobilising community-based responses is one of the fundamental interventions at the community level. Community responses have the ability to create an enabling environment for affected orphans and vulnerable children including their

caregivers. At the community level, social networking is one of the responses that ensure the strengthening of capacity of extended family and child-headed households. On the other hand, at the policy level or social structure the government has to ensure the provision of social services, social security and grants (Karim & Karim 2008).

Richter et al (2004) also maintain that in some settings grandparents are commonly the most caregivers. However, community-based approaches are focusing on supporting adults in vulnerable households and communities. The support is provided in an effort to benefit affected children as it is assumed that children are dependent on adults.

However, some primary caregivers are old and this has major implications for future support and livelihoods for the children (Gillespie et al 2005). It is in situations like these that the assistance of community networks such as the goGogetter programme is crucial in ensuring that the basic needs of children are not compromised. It is also recognised that older caregivers may have difficulties responding to the economic and psychosocial needs of children and households. Grandparents themselves may die and leave children in child-headed households (Richter et al 2004). Hence the intervention of other social networks available in the community is crucial.

Additionally, Save the Children (2007) indicates that long-term care and protection of children within a community is provided through interventions that are managed by the community. However, owing to the large number of orphans, communities sometimes struggle to provide support effectively. This calls for support from other community organisations to intervene (Save the Children 2007).

Richter et al (2004) provide some of the strategies that are necessary in assisting vulnerable children.

The strategies are endorsed by UNAIDS and include:

- Strengthening and supporting the capacity of families to protect and care for their children
- Mobilising and strengthening community-based responses
- Strengthening the capacity of children and young people to meet their own needs.

UNAIDS has also endorsed principles to guide organisations that are helping children affected by HIV and AIDS (Richter et al 2004). The following are principles which are applicable to this study:

- Strengthen the protection and care of orphans and other vulnerable children within their extended families and communities
- Strengthen the economic coping capacities of families and communities

Richter et al (2006) further acknowledge the importance of providing families and communities with appropriate assistance in order to access essential services, support and social protection. The health and wellbeing of orphans and vulnerable children need to be improved and this improvement can be enhanced through improving the stability and quality of care of those who care for them, in this case, caregivers and families (Richter et al 2006).

Moreover, the circle of care provided by caregivers can have a positive influence on children living in unstable families. The same influence applies to those children living with adults who have little time and attention for young children. Thus, strengthening family care and community support should be the main programme focus for vulnerable children (Richter et al 2006). Networks of kith and kin constitute an extensive safety net for vulnerable children.

2.7 THEORETICAL FRAMEWORK

The theoretical model of Social Ecological System by Bronfenbrenner was utilised to guide the logical interpretations and explanations of issues in this study. The ecological model is based on the interdependent and interacting relationships between different organisms and their physical environment. It describes how the different organisms relate to their environment at the different levels within the ecological model.

The Ecological System Model as explained by Bronfenbrenner (1979) views individuals as being nested in five types of environmental systems, with bio-directional influences within and between the systems. Bronfenbrenner (1994) maintains that ecological models are concerned with the processes and conditions that govern the lifelong course of human development in the actual environments in which human beings live.

The Ecological System Model views development within a complex system of relationships that are affected by multiple levels of surrounding environment. The model is also explains the development of children which is affected by their contact with the environment (Bronfenbrenner 1979).

To ensure sustainability within the whole system, it is crucial to maintain a balance in the system. As indicated by Bronfenbrenner (1979), whatever happens to one part of the system affects the other parts. These systems as identified by Bronfenbrenner (1979) are microsystem, mesosystem, exosystem, macrosystem and chronosystem.

Bronfenbrenner (1994:39-40) describes the structures as follows:

- “Microsystem is a pattern of activities, social roles and interpersonal relations experienced by the developing person. The activities are experienced in direct contact with the physical and social environment including symbolic features that invite, permit or inhibit engagement in sustained and complex interaction within a particular environment. For example, settings such as

family, school, peer group and workplace.” Furthermore as indicated by Berk (2000), microsystem is the layer that is closest to the child and contains structures with which the child has direct contact and encompasses interactions with the immediate environment.

- Mesosystem comprises the linkages and processes between two or more settings containing the developing person, for example, relations between home and school; school and workplace. In other words, a mesosystem is a system of microsystems.
- Exosystem comprises the linkages and processes taking place between two or more settings at least one of which does not contain the developing person but in which events occur that indirectly influence processes within the immediate setting in which the developing person lives. As an example, for a child, the relationship between the home and the school and for a parent, the relationship between school and the neighbourhood peer group.
- Macrosystem consists of the overarching pattern of micro, meso and exosystem characteristics of a given culture, or subculture, with particular reference to the belief system, bodies of knowledge, material resources, customs, lifestyles and opportunity structures that are embedded in each of these broader systems. (The macrosystem may be thought of as a social blueprint for a particular culture or subculture.)
- Chronosystem encompasses change or consistency over time not only in the characteristics of the person but also of the environment in which that person lives e.g. change over the life course in family structure, socioeconomic status, employment, place of residence and degree of hecticness and ability in everyday life”.

The view of the Bronfenbrenner Ecological System Model is supported by McLeroy, Bibeau, Steckler and Glanz (1988) who devised the Social Ecological Model (SEM). McLeroy presents SEM as having levels of interactions and integration of biological, behavioural, environmental and social determinants as well as other persons, for example, family, friends and peers. SEM identifies three dimensions as first, the individual and their behaviour; second, the physical environment; and last, the social environment. Each dimension is analysed at five levels: namely, intra-personal, inter-personal, organisational, community and society (McLeroy et al 1988).

McLeroy et al (1988) describe each level as follows:

- The individual is at the centre of the model which is at the intrapersonal level. It is at this level that the biological and personal historical factors increase the likelihood of becoming vulnerable. The interpersonal processes represent the first of the external forces. This is the level in which the primary group of social interaction such as the family and friends is considered. The social norms operate at this level although they are generated at the institutional and community levels.
- Institutions and organisations, as McLeroy et al (1988) explain, are composed of assemblies of primary interpersonal associations. There are often small groups or cliques that are formed in organisations/ institutions; however, all these operate under a common set of rules and policies that guide behaviour. Any interventions at this level can have a huge influence over individuals. Workplace interventions, faith-based programmes and school-based programmes are examples of programming at this level.
- The community level comprises the larger societal fabric. The societal fabric includes individuals, businesses and institutions. McLeroy et al (1988) maintain that at these levels social norms and standards are generated.

Settings such as schools, workplaces and neighbourhoods are explored at this level. This is where social relationships which seek to identify the characteristics of settings that are associated with becoming an OVC and living in a vulnerable household occur.

- Social structure or public policy is the outermost level of SEM as presented by McLeroy et al (1988). Public policy is an authoritative decision made by a local, state or federal governing body. This looks at the broad societal factors that help create a climate in which, for instance, violence is encouraged or inhibited. These factors include social and cultural norms. Other large societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society.

This study tried to explore the experiences of grandmothers in addressing the needs of and support given to orphans and vulnerable children who live in vulnerable households. Berk (2000) indicates that if the relationship in the immediate microsystem environment of the child breaks down, it will be difficult for the child to explore other parts of the environment. Orphans and vulnerable children who find themselves in families that cannot provide for their psychosocial needs are often at risk of exposure to vulnerable situations.

It should be noted that some structures of the exosystem such as the community and society provide the support for a bio-directional relationship in the child's environment. If a vulnerable household is experiencing difficulties in accessing basic services and there is no support from either the extended family or the community, the survival of children in terms of basic needs in that particular household will be affected. In the same manner, when the people who are supposed to assist the household, in this regard goGogetters, also experience difficulties in accessing resources at different levels of the system, the whole support system of caring for vulnerable children is affected.

Communities provide families with resources and emotional support through networks that are found within the community. The society as another structure of the exosystem is also responsible for providing resources that will enable other structures of the mesosystem to function optimally. Financial resources provided by society to assist community members also create the context in which families can function well. The services provided by the elderly women to orphans and vulnerable children within their families contribute to the emotional wellbeing of the child as the child does not lose the cultural values of his or her family. It is acknowledged that the family is the most important setting for a growing child.

PEPFAR (2012) recognises that a collective action at an individual, local and national level is required in order to meet the needs of children made vulnerable by HIV and AIDS. Similarly, Bronfenbrenner & Morris (1998) argue that people have to look at the difference between the amount of social support needed by the person and the amount of social support available in the existing environment. The support available for goGogetters assists them to effectively provide the required care to children living in vulnerable households. It is, however, important to make an inter-linkage of the different sub-systems and see what kind of support is available for vulnerable households at all the levels within the larger system.

The researcher explored the kind of support provided by the elderly women to children living in vulnerable situations and how effective the support was in addressing their needs and wellbeing. Support can come from the extended families and should further be strengthened by other subsystems that the family interacts with, which include the schools, the church, NGOs and the government. It is at the community level that there are local social and community networks. The networks provide care for vulnerable families and children. However, the capacities of local networks need to be reinforced as the demand for care grows. The government and large NGOs also need to provide support and capacity building for community care workers and community-based organisations (Karim

& Karim 2008). As highlighted by Karim and Karim (2008), it is at the community level that community development should extend access to clean and safe water, food, health care, legal advice and psychosocial support. Furthermore, community development needs to be incorporated into all HIV and AIDS care and support initiatives.

In concluding this section, it is important to understand how the socio-economic situation of HIV and AIDS affects the functioning of households. Children living in households affected by HIV and AIDS are often living in appalling conditions which makes them even more vulnerable. It should be noted that communities have been caring for vulnerable children and creating opportunities for families to survive. However, communities need to be strengthened to provide the best support possible. The service of elderly women in the goGogetter programme is also recognised in communities as a way to create networks within the community to care for children.

2.8 SUMMARY

This chapter highlighted the theoretical framework of the study. The chapter also discussed the impact of HIV and AIDS on children. Furthermore, the importance of the family and community in providing care and psychosocial support to orphans and vulnerable children was discussed. The next chapter will discuss the research methodology that was employed to conduct the study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter presents the research methodology that was adopted to conduct the study. It also explains the ethical issues relevant to the study and how to maintain the trustworthiness of the study.

Babbie (2010) defines methodology as the science of finding out procedures for scientific investigation. Research methodology outlines the procedure to be followed and the tools needed and thus refers to the techniques that are employed to implement the research design or plan as well as the underlying principles and assumptions (Babbie & Mouton 2012).

3.2 RESEARCH APPROACH

The proposed research is a qualitative exploratory study. Qualitative research is defined by Macmillan and Schumacher (2010) as a type of research that collects data from people in their natural settings by using face-to-face contact. It is a social approach to research which considers the insider's perspective. The qualitative approach primarily aims at describing and understanding human behaviour rather than explaining it (McMillan & Schumacher 2010). This view is emphasised by Mack, Woodsong, MacQueen, Guest and Namey (2005) who seek to understand a given research problem or topic from the perspective of the local population it involves.

Exploratory studies are done with the purpose of satisfying the researcher's curiosity and desire to understand a particular phenomenon (Babbie & Mouton 2012). Furthermore, Babbie (2010) explains that exploratory studies are most appropriate for pursuing a persistent phenomenon.

The researcher explored the experiences of elderly women (in the goGogetters' programme) in taking care of and addressing the needs of orphaned children affected by HIV and AIDS, living in vulnerable households such as child-headed or grandparent-headed households and also attempted to understand the type of social support available to assist orphaned children.

The qualitative method was appropriate to explore in depth the experiences of the elderly women using small samples that nevertheless provide rich information (Mack et al 2005), bearing in mind Babbie and Mouton's (2012) assertion that qualitative methods are appropriate in circumstances in which the researcher seeks deeper and elaborated understanding of the participants. Furthermore, the researcher wanted to learn more from the participants about their challenges, needs and feelings.

The qualitative method also provided descriptive reports of the day-to-day experiences of the elderly women in taking care of orphans and vulnerable children. Through this qualitative method of research, explanations given by the elderly women regarding their day-to-day care and support were put together more coherently into contexts which made sense of their experiences (Mack et al 2005).

The researcher preferred the qualitative method as the method allowed for the use of a group interview for collecting data (Babbie & Mouton 2012). Another advantage of using this method for collecting data was the use of open-ended questions and probing that gave elderly women the opportunity to respond in their own words (Mack et al 2005).

3.3 AREA OF STUDY

The study was conducted in Limpopo in the Mopani-Vhembe region at the small town of Musina which is close to the Beitbridge border. Musina was chosen as the study site because it is highly populated as the area borders on South Africa

and Zimbabwe. According to the loveLife project manager, there is high rate of teenage pregnancy, orphaned and vulnerable children and child-headed households in this area.

3.4 POPULATION AND SAMPLE METHODS

3.4.1 Target population

According to De Vos et al (2011), a population refers to individuals in the universe who possess the attributes that the researcher is interested in. A population, as explained by Terre Blanche et al (2006), is thus a larger pool from which sampling elements are drawn. According to McMillan and Schumacher (2010), this group of elements that conforms to specific criteria and to which the researcher intends to generalise the results, is also referred to as a target population or universe. The term “target population”, therefore, refers to the specific pool of cases that the researcher wants to study (Newman 1997). The target population in this study were elderly women who are part of the loveLife programme and who take care of orphans and vulnerable children in the community of Musina.

3.4.2 Sampling and Sample size

Terre Blanche, Durrheim and Painter (2006) describe sampling as a process of selecting participants from an entire population. There are two types of sampling methods: namely, probability and non-probability sampling. Non-probability which is the kind of sampling in which the statistical principle of randomness does not determine the selection of elements (Terre Blanche et al 2006) was identified as an appropriate method to use for this study. Furthermore, Rossouw (2003) indicates that non-probability samples are often used for qualitative research when statistical analysis, representation and generalisation are not required.

As a result, the study employed a purposive sampling technique which is a type of non-probability sampling. Purposive or judgmental sampling as highlighted by

Babbie (2010) is a sampling technique in which the researcher selects the units to be observed using his or her judgment about which of the elements are most useful or representative. As Babbie and Mouton (2012) assert, it is sometimes appropriate for the researchers to select a sample on the basis of their own knowledge of the population.

Additionally, Mack et al (2005) believe that in purposive sampling, participants are selected for a specific reason, for example, age, culture and experience rather than randomly. The size of a sample, therefore, depends on the degree of homogeneity of the population for it to be representative of the population (Rossouw 2003).

Several discussions took place between the researcher and the loveLife provincial manager regarding the study. During the discussions, the manager indicated that there were 70 elderly women in the programme in Limpopo but only 21 based at Musina participated in the study. This number enabled the researcher to have three focus group discussions, each composed of four to seven elderly women based on the homogeneity of the groups. The selection criteria included elderly women who had been in the programme for more than a year as they already had experience of and knowledge about the children living in vulnerable households. The researcher utilised the regular meeting times of the goGogetters to conduct the focus group discussions.

3.5 DATA COLLECTION INSTRUMENT

Different types of qualitative methods for data collection exist. Each method is particularly suitable for obtaining a specific type of data. The researcher selected a focus group interview as the appropriate method of collecting data for the proposed study with the purpose of understanding the problem deeper.

According to De Vos (2011), focus groups are group interviews which provide a better understanding of how people feel or think about an issue. Morgan (1997:6)

quoted by De Vos (2011) describes focus groups as a technique used in research to collect data through the interaction of a group on a topic determined by the researcher. Focus groups are thus effective in generating data from broad overviews of issues of concern to the subgroups represented (Mack et al 2005). The other reason for the researcher to use focus group interviews was to source a lot of information from participants in a short period.

Additionally, Terre Blanche et al (2006) state that a focus group is a group that basically consists of between six to twelve people who normally share a similar type of experience, but not a constituted existing social group. De Vos (2011) maintains that in a case in which participants have long experience and a lot to share about a topic, smaller groups of four to six people are preferable. The goGogetters had a lot to share given their type of work and the period they had been in the programme. The researcher, therefore, opted for smaller groups as participants shared their experiences in giving support to orphans and vulnerable children.

The researcher used open-ended questions and probing. Babbie and Mouton (2012) maintain that open-ended questions give respondents an opportunity to provide their own answers to the questions. According to Terre Blanche et al (2006), open-ended questions allow respondents to use their own words to talk about a specific issue without any restrictions. Probing, as explained by Babbie & Mouton (2012), is a technique that allows respondents to elaborate on their answers. According to McMillan and Schumacher (2010), probing questions are designed to lead to more detail in interviews. However, the researcher used probing questions with caution as they could lead to inaccurate responses.

A note taker assisted with taking detailed notes of the discussions and the discussions were also tape recorded. As indicated by De Vos et al (2011), the note taker acts as a backup to the taped conversations. The researcher and the note taker discussed their notes soon after the focus group. An interview schedule was used to direct the proceedings of the discussion groups. An interview schedule is an interview guide. It also provides the researcher with a

set of predetermined questions to direct the discussions and designate the narrative terrain (Holstein & Gubrium 1995: 76; Monnette et al 2005: 175 cited by De Vos et al 2011). For this study, the interview schedule was comprised of a list of open-ended questions specific to the experiences of the elderly women who were supporting orphans and vulnerable children (Rossouw 2003). The interviews were conducted in Sepedi as it is their local language. Each focus group interview lasted for 35 – 40 minutes. Furthermore, the interviews were conducted at the site where the goGogetters meet regularly to discuss and share their progress in terms of their work (Mack et al 2005).

3.6 PILOT STUDY

Bless, Higson-Smith and Kagee (2006) cited in De Vos et al (2011) define a pilot study as a mini-study that is conducted before the actual research to test the appropriateness of the methodology, sampling, instruments and analysis. The researcher adopted a “free range” type of pilot. In a free range pilot, participants are asked to give their opinions on open-ended questions with the intention of improving the research.

However, De Vos (2011) emphasises that it is not easy to pilot test focus group questions as pilot testing presents special challenges with focus groups. For instance, it is difficult to separate the questions used in the focus group discussion from the environment of the focus group. De Vos (2011) maintains that the first focus group discussion with the participants is actually the true pilot test. In this case the researcher used the first focus group interview to improve the approach to questioning.

The first focus group which was used as a pilot test was conducted on the 5th of December 2014 at Musina at the municipal offices where the goGogetters had been allocated an office space to operate from. Six goGogetters participated in the first focus group. The goGogetters generally understood the questions. They

had established relationship and network connections with different stakeholders who acted as support structures to aid them in performing their work effectively.

3.7 DATA ANALYSIS

Taylor-Powell & Renner (2003) indicate that qualitative data analysis is the process of interpreting and understanding the qualitative data that one has collected. Terre Blanche et al (2006) further argue that data analysis involves reading through the data repeatedly, and engaging in activities of breaking the data down (thematising and categorising) and building up again in novel ways (elaborating and interpreting).

McMillan and Schumacher (2010) state that qualitative data analysis is a process of organising data into categories while identifying patterns and relationships among the categories. It is noted that in qualitative research, analysis of data does not only happen after all the data has been collected. In this case, the researcher started analysing data early during the data collection as well as after all the focus group discussions (McMillan & Schumacher 2010). Analysis is, therefore, an ongoing process as indicated by Newman (1997). Babbie and Mouton (2012) maintain that qualitative data analysis encompasses all forms of analysing data that was gathered using qualitative techniques regardless of the paradigm used to govern the research.

The proposed method of data analysis is thematic analysis which comes under the umbrella of interpretive analysis (Terre Blanche et al 2006). The researcher transcribed all the recorded data. The transcription including the handwritten notes was then typed into computer files in preparation for analysis (Mack et al 2005). Transcription as described by McMillan & Schumacher (2010) is the process of taking notes and other information and converting them into a format that will facilitate analysis.

McMillan and Schumacher (2010) maintain that audiotape transcription of typed notes requires considerable time and resources. The researcher read her data over and over again, brainstorming, making notes and listening to the audiotapes a number of times. At this stage, the researcher reviewed the notes and compiled a list of different types of information to induce themes (Terre Blanche et al 2006).

According to McMillan and Schumacher (2010) coding is facilitated through taking the large amount of data to organise and separating it into a few workable units. McMillan and Schumacher (2010) describe the small workable units that contain one idea or a piece of relevant information as a data segments. The researcher used categories which were already coded in the interview guide and research questions to ensure that topics used in the research objectives were covered (McMillan & Schumacher 2010).

At the coding stage, the researcher read all the data, searching for phrases, sentences or lines that appeared repeatedly. The researcher then used a cut-and-paste function in a word processor to move bits of text around and place all units having similar coding together. This is essentially looking for codes that can be grouped together into themes (Terre Blanche et al 2006).

Themes were explored more closely to capture finer nuances of meaning not captured during coding. This process is called elaboration. The researcher kept on coding, elaborating and recoding until no further significant new insights appeared to emerge (Terre Blanche et al 2006).

The final step as indicated by Terre Blanche et al (2006) was putting together the interpretation. Interpretation involves attaching meaning and significance to the data. At this stage, the researcher thought about the meaning, inferences and implications of the various responses. Data was analysed according to themes that emerged.

Furthermore, the researcher checked the interpretation of themes by discussing with other people who knew a lot about the topic, in this case some of her

colleagues as they were familiar with issues related to the needs of children living in vulnerable households.

3.8 CREDIBILITY OF THE STUDY

The researcher applied the concept of credibility to show the trustworthiness of the study. Rossouw (2003) indicates that credibility relates to the standards of truth value as well as the neutrality of the research. Furthermore, credibility refers to the degree to which the findings and the methods that are used to generate the findings can be trusted. Threats to credibility as indicted by Rossouw (2003) relate to collecting data, analysing data and choosing the population and sample. To address the threats to credibility as identified by Rossouw (2003) the researcher has provided an in-depth description of the process for selecting participants, the methodology for data collection and step-by-step procedure for data analysis to allow the integrity of research results to be scrutinized. Consensus discussions on research methodology were held with the supervisor and inputs were incorporated as recommended.

According to Babbie & Mouton (2012), credibility is achieved through persistent observation. To achieve credibility the researcher persistently used different ways of interpretation in analysing data. Terre Blanche et al (2006) indicate that credibility of qualitative research is established while the research is being undertaken. This involves rigorous self-scrutiny by the researcher throughout the research process which Golafshani (2003) refers to as reflexivity. In the process of achieving credibility, the researcher consistently looked for discrepancies while developing evidence in hypotheses (Terre Blanche et al 2006). To ensure reflexivity the researcher used the note-taker to take field notes during the interviews. In addition to the recorded data, the field notes were used to triangulate data Rossouw (2003). Furthermore, the researcher provided sufficient verbatim codes from the participants.

To ensure credibility, the researcher critically discussed with her supervisor the method used for sampling, data collection and analysis including the selection of population. The researcher has provided some boundaries to the study to ensure the prospects of transferability. The researcher has outlined restrictions in terms of the criteria for inclusion. A careful judgement was applied regarding the goGogetters who participated in the study. Only the goGogetters who have been involved in taking care of children for more than a year participated in the study.

3.9 ETHICAL CONSIDERATIONS

The research methodology was approved by the higher degrees committee of the department of Sociology at Unisa. loveLife gave permission after the researcher had some discussions with the Limpopo loveLife provincial manager regarding the intentions to conduct a study with the goGogetters. Afterwards a written request was sent to the manager to which permission was granted. The researcher had committed to give feedback to the provincial manager with the purpose of improving the goGogetter programme as a best practised community-based model for taking care of orphans and vulnerable children. The researcher also agreed with the goGogetters to give them feedback with the purpose of strengthening their services.

The researcher adhered to the ethical standards to ensure protection of participants. Certain ethical challenges have implications for qualitative research. For the purpose of this study, the ethical challenges that were applicable concerned the issues of informed consent procedures and confidentiality.

De Vos et al (2012) also maintain that obtaining informed consent implies providing participants with adequate information about what the study aims to achieve, including the duration of the study and possible advantages and disadvantages thereof. Furthermore, it is crucial that the researcher explain the study to participants in the best way for them to understand (Mack et al 2005).

The researcher briefed the loveLife provincial manager about the purpose of the study. Subsequently, the manager provided some background information and the purpose of the study when he invited the goGogetters to participate. Prior to the actual interviews, the researcher explained the purpose of the study in their home language (Sepedi). Informed consent was obtained from the goGogetters after they expressed willingness to participate. Participants were also requested to sign a consent form.

The researcher also disclosed some risks associated with the study in the process of obtaining permission (Mack et al 2005). Participants were made aware that they had the freedom to stop their participation at any time during the study if they felt uncomfortable about continuing (McMillan & Schumacher 2010). Participants were also informed that they could choose not to answer any question during the interview if they felt uncomfortable about answering. Additionally, the researcher asked for permission from participants to tape record the interviews to ensure that their answers were captured in their own words (De Vos et al 2012).

De Vos (2012) maintains that confidentiality involves the handling of information in a confidential manner. For instance, in a confidential survey the researcher can identify responses from a particular participant and essentially promise not to talk about it publicly (Babbie & Mouton 2012).

The researcher kept raw data which included written notes and tape recorders in a secure archival envelop and locked it in a filing cabinet with the intention of destroying them on completion of the study. The transcribed data was also stored in a computer that has a password. However, it is noted that focus groups present complications concerning confidentiality as the researcher cannot guarantee that all members will treat the information of others with the respect it deserves. Participants were made aware of the importance of confidentiality (Mack et al 2005). In this case, the researcher asked the goGogetters to pledge confidentiality verbally before embarking on the actual group interview. This was

based on the mutual respect and trust that the researcher and the goGogetters have developed during the visit prior to the interviews.

3.10 SUMMARY

This chapter discussed the research methodology and provided a detailed description of the research design that was employed to achieve the objectives of the study including the ethical challenges applicable to the study. The next chapter presents and discusses the findings.

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

The previous chapter discussed the research methodology in detail. This chapter presents the findings that emanated from the focus group interviews about the experiences of the elderly women (goGogetters) in assisting orphans and vulnerable children. The findings are further discussed in relation to the theoretical background of this research. As indicated in the previous chapter, the interviews were transcribed by the researcher and analysed using themes. The researcher further used direct quotations from the interviews and linked them with the literature reviewed in this study.

4.2 DEMOGRAPHIC INFORMATION OF PARTICIPANTS

The goGogetters who participated in the focus groups were part of the community-based organisation called Musina Old Age Group also referred to as Musina goGogetters owing to their link with loveLife. The organisation operates in Nancefield Township in Musina, in the Vhembe District Municipality in Limpopo. The group is comprised of female pensioners who receive pension grants. The goGogetters do not have formal education though some of them learned how to write when they joined the elderly group.

The goGogetters are involved in a number of activities within their organisation. They do home-based care that is, caring for the sick in their homes and taking care of orphans and vulnerable children. To ensure sustainability of the organisation, the goGogetters do sewing as an income-generating project. As part of a healthy lifestyle, the goGogetters play soccer and do exercises every

morning at the centre. They even take part in soccer competitions which they always win.

4.3 IDENTIFICATION OF THEMES

The researcher did a thorough reading of the focus group transcripts and tape recorded transcripts dividing the information into themes. The researcher read the data repeatedly with the purpose of evaluating, interpreting and elaborating it. She further transcribed the recorded data and written notes in preparation for analysis. The interpretation and elaboration of data resulted in two broad themes which were identified in relation to the questions asked about the needs and experiences of elderly women and the type of social support they are providing to orphans and vulnerable children.

The needs and experiences of goGogetters in caring for orphans and vulnerable children were revealed in the networks and relationships they have established. The goGogetters need support from the different stakeholders that form a network of care for orphans and vulnerable children. To assist orphans and vulnerable children effectively, the goGogetters needed psychosocial support. Psychosocial support for the goGogetters is discussed under sub-themes emotional support, support from the community and material support.

The orphans and vulnerable children also need psychosocial support. The goGogetters provided support to the children by working in collaboration with the different stakeholders in the network system by ensuring access to grants, access to schooling, addressing the misuse of social grants and responding to the alleged abuse of children. These form part of the sub-themes under psychosocial support for children.

The main themes identified are as follows:

- Relationship and network connections

- Psychosocial support system for goGogetters including orphans and vulnerable children

4.4 RELATIONSHIPS AND NETWORKS OF THE GOGOGETTERS

The networks that the goGogetters have established include both informal and formal networks and relationships. The informal networks include extended family members, neighbours and community members. The formal networks include social workers, SASSA, SAPS, the local school and some teachers and principals, the local clinic, loveLife and their groundBreakers who are the youth peer educators. The formal networks are an official relationship which is governed by certain procedures as the networks involve government officials.

The connections and relationships that the goGogetters have with social workers, SASSA and the teachers reflect the kind of support that the goGogetters need to access services for orphans. Their work tends to revolve mostly around the formal networks and relationships as their main focus is to make sure that orphans receive grants and go to school.

4.4.1 goGogetter-orphan relationship

The goGogetters have managed to establish a trusting relationship between the orphans and their families at the interpersonal level. The orphans experience a caring relationship offered by the goGogetters. It was clear from the discussions that the primary caregivers (grandmothers and aunts of orphans) were comfortable about contacting the goGogetters whenever they experienced challenges in their homes. The goGogetters reported that in some instances orphans would seek help from them to assist their grandmothers when they were sick. The orphans perceived the goGogetters as their mother figures because of the support they always received from them. For example, one of the participants shared the following:

“I have children who come and ask me to accompany their grannies to the clinic when they are sick. They even ask me to accompany granny to SASSA to receive their grants so that the granny can buy food for them. Sometimes I also help the granny to bathe before we go to the clinic or SASSA

There was a time when I called the ambulance to take the sick granny who stays with young orphans to the hospital, the granny was very sick”.

The goGogetters reported that they regarded orphans as their own children and they did not want to label the children as orphans even though they knew that their parents had died. The goGogetters were also trying to reduce the stigma attached to the orphans as they said that some of their parents had died as a result of HIV and AIDS. During the interviews one of the participants indicated the following:

“We do not see them as orphans, we can’t even call them orphans, and they are our children like any other child in the community not orphans”.

The goGogetters stated that they acted as parents to the orphans they were taking care of. They emphasised the importance of instilling a sense of belonging into the orphans and also trying to create a stable environment in their homes. The orphans must grow up knowing that there were people in the community who cared about their wellbeing. The goGogetters indicated that they avoided situations in which orphans would feel that because they did not have parents they could behave as they pleased.

“We need to guide them to better their future; we need to look after them just like our own children”.

4.4.2 goGogetter-caregiver relationship

The goGogetters reported that there were grandmothers who took care of orphans who did not have proper identification documents to access social services and registration at schools. In some cases, the parents of the orphans had not given the documents to the grandmothers before they died. The

goGogetters were responsible for assisting grandmothers to obtain birth certificates for the orphans who were in their care. They further facilitated that the orphans received social grants.

“We take the children to the clinic to get clinic cards so that we can go and apply for birth certificates”.

During the discussions, the goGogetters reported that some orphans were troublesome. However, the grandmothers were not afraid to approach the goGogetters when they encountered challenges with orphans. Some orphans were reported for stealing money from their grandmothers and others did not attend school regularly. In these situations the goGogetters intervened by mediating between the grandmothers and the orphans. In instances where the orphans persisted with the unwanted behaviour, the goGogetters referred the issue to social workers for further intervention.

“Children steal money from the granny and spent it on things that are not important. We talk to the child and show him that the money is for granny to buy food for them, not for them to steal and buy alcohol”.

4.4.3 goGogetter-social worker relationship

One of the important networks for the goGogetters was between them and the social workers. It was evident from the interviews that the goGogetters had close relationships with social workers. The goGogetters consistently referred to having sought assistance from social workers in terms of orphans’ access to grants and shelter and also deviant behaviour. One of the crucial issues in which goGogetters sought intervention from social workers was when the extended family and primary caregivers of orphans abused their grants. For example, one of the participants shared the following:

“In one family the aunt is abusing the grant, using it to buy furniture and take her children to better schools, whereas the orphans do not go to school. The case

was referred to the social worker and the aunt was ordered to open savings account for the orphans to save R200 every month. The aunt was also told to send 3-months bank statement to the social workers. As goGogetters we monitor this and take the statement to the social worker to be kept in the orphan file, the aunt is now cooperating”.

It was apparent from the conversations with the goGogetters that the caregivers of orphans cooperated when they were reported to social workers. The caregivers respected the authority of the social workers because they were governed by certain rules and implemented official procedures in their work. In most cases, the caregivers complied with the instructions as they were aware of the consequences of abusing foster care grants.

4.4.4 goGogetter-school relationship

The goGogetters reported that they worked very closely with the local schools to ensure that orphans attended school regularly. They indicated that it was beneficial for the children to be in school to receive a better education so that they could take care of themselves. They reported that it gave them joy to see the success achieved by some of the children whom they had supported in the programme.

“We assisted many orphans, some of them are married, and some are teachers, police officers, social workers and some work in shops. This gives us strengths; we also refer to them as role models to other young orphans”.

There is an established system of monitoring the school attendance of orphans as reported by the goGogetters. The goGogetters indicated that they had a book in which they recorded their visits to schools. They checked if orphans attended regularly. When orphans were reported to have been missing school, either the teachers or the principal reported the truancy to the authorities as well as to the goGogetters. They also reported problem behaviour.

“Teachers report to us that the child does not come to school. When we do our home visit, the granny said the child has no problem he goes to school every day and comes back home after school. I received a call from the teacher informing me that the child does not come to school. I went back to the family to see the granny and the child, the granny was shocked because the child leaves home every morning in school uniform. The child then said that he does not arrive at school, he spent the day roaming because he does not have money to buy sweets when other children are buying even though there is food served at school, and he still needs R5 to buy sweets”.

The goGogetters reported that they had books in which they recorded information about the orphans who were in their care. They indicated that every time they visited the school, the principal signed and stamped the record. The records helped the goGogetters to report the progress of the children to the social workers.

4.4.5 goGogetter-SASSA relationship

One of the positive experiences that the goGogetters reported was their mediating role in facilitating access to grants for orphans. goGogetters were known at SASSA offices through their work of assisting orphans to access basic services. They were easily identifiable as they wore a uniform that the SASSA officers recognised. The goGogetters reported that they had introduced themselves and the kind of work they were doing to the officials of these departments. When they arrived at these offices, they were helped because officials knew that they were assisting orphans.

“When we arrive at these offices they say goGogetters, how can we help you today and we get help and guidance”.

4.5 PSYCHOSOCIAL SUPPORT SYSTEM

4.5.1 Psychosocial support system for goGogetters

The support system that is available for the goGogetters is helpful in terms of understanding the experiences of the goGogetters and how effective their assistance is in helping orphans. The goGogetters reported that they had received a lot of support from the different networks and relationships they had established in the community. The goGogetters indicated that when they started their work they received a lot of support from the neighbours, community members and the teachers in identifying orphans and registering them.

The participants were most likely to receive assistance from the social workers, SASSA, local schools, the clinic, loveLife peer educators called groundBreakers, neighbours, other community members and family members. The goGogetters reported that they received the least support from SAPS. They felt that some police officers dragged their feet in terms of getting rid of drugs in the community and in the follow-up of reported cases of domestic violence which involved orphans.

4.5.1.1 Emotional support

Another important support for the goGogetters was the support they received from social workers. The goGogetters reported that they had a support group at the centre which helped them to cope with the challenges they came across. The support group was facilitated by their group leader and they sometimes invited the social worker to be part of the group discussion. The social workers assisted the goGogetters by facilitating the support group sessions. During the support group meetings, the goGogetters discussed and shared ideas regarding their involvement in assisting orphans and how to remedy situations they found in families.

The social workers provided professional support and counselling when necessary. The support group sessions were reported to be beneficial to the

goGogetters as the sessions gave them a platform to voice their concerns and they also served as debriefing sessions as the members learnt from one another.

The goGogetters reported that they had been anxious and stressed because of the kind of work and the challenges they came across in different families at the beginning of their work with orphans. But they did not regard their encounters as challenging any more as they had established good relationships in the community and the families they were assisting. Moreover, they regarded what they did as being part of their day-to-day activities. They also indicated that they coped through the assistance they received from the established networks and the relationships they had with different stakeholders.

“Our job is good, but sometimes its emotional, we ended up been hurt, we even think about our own situations but we usually refer the challenges to the social workers. We endure whatever we encounter because we are doing this out of love”.

The goGogetters had also established a routine session at which the nurse from the local clinic showed them appropriate exercises suitable for the elderly and also to advise them on good nutrition. The exercise served as a coping mechanism for the goGogetters as they tried to follow a healthy lifestyle. In addition to following a healthy lifestyle, the goGogetters played soccer. They had even entered a competition in the province and won a trophy.

“Even if we are old, we can walk and do house visits because we exercise. We exercise every morning and play soccer, these exercises helps us to control our sugar diabetes and high blood pressure, look at us you can see that we are healthy, we don’t look like we have diabetes”.

The support that the goGogetters received from the clinic had a direct benefit in terms of improving the status of their health. The benefit of the networks between the nurses and the goGogetters was further reinforced to an extent that the goGogetters were able to contact the nurses when the grandmothers of orphans had health problems. They reported working with the nurses to help the orphans

who were on ARV treatment to ensure that they did not default on their medication.

4.5.1.2 Community support

The established networks and relationships encouraged the goGogetters to be more involved in community initiatives. The relationships also made goGogetters respected in their community to the extent that the community members came to them for advice when they experienced problems with their own children. The goGogetters reported that the community no longer called them by their names but referred to them as goGogetters.

The goGogetters also indicated that they received support from the neighbours of the orphans. The neighbours were aware of the work that the goGogetters were doing and realised the importance of assisting the orphans and their families. This shows that the neighbours were also concerned about the orphans' wellbeing and needed them to live a better life. The orphans were able to receive grants and attend school through the support of the goGogetters. The work of the goGogetters helped to alleviate household poverty and the orphan families could access basic services through their assistance.

“Neighbours call us if they see there are problems with the orphans. A neighbour told me that the child is taking money from the granny and playing cards (gambling) with older people. I talked with the child and the child stopped doing this”.

The goGogetters indicated that they were well known in the community through their work. They also participated in a lot of community activities which were organised by the local municipality. The activities gave them the opportunity to market their services as well as to advocate for the support of orphans.

4.5.1.3 Material support

The goGogetters received training from loveLife on different aspects to enable them to render effective services to orphans. loveLife reportedly provided

capacity building support for the goGogetters. The groundBreakers assisted the goGogetters by conducting information sessions on life skills for the orphans. loveLife also extended their assistance by providing stipends and transport allowances to the goGogetters which made it easier for them to access official services from the social workers and SASSA.

The training provided efficient communication skills that helped the goGogetters to communicate better with different stakeholders to advocate for access to services for the orphans. Throughout the discussion with the goGogetters, it became evident that their work required that they consistently act as mediators and advisors for the orphans.

“The training helps us to do our work easily, we know how to talk to orphans and their grandparents, we are not afraid to go to SASSA and Home Affairs, we work with the teachers and the principal”.

Moreover, the goGogetters received funding from the Department of Social Development for a sewing project. The funding helped them to sustain their organisation because they reported that loveLife had stopped providing stipends because of financial constraints. The goGogetters, however, continued assisting orphans because they did this for the community and also to ensure that orphans lived better.

“We sew some traditional attire and sell them in the community to make some profit, we hope that loveLife can think for us and give us something as it really helped even though it was not enough”.

The goGogetters stated that the municipality offered them an office space where they met daily. In addition, the municipality assisted in terms of food donations to the needy orphan families.

“The municipality gave us the space to work, and we are not paying rent. Through the work we are doing, the municipality even chose me as a coordinator to be a ward committee”.

4.5.2 Psychosocial support for the orphans

4.5.2.1 Access to grants

The assistance in terms of accessing social grants was in the form of giving advice to the extended family and the primary caregivers on how to apply for social grants. However, the goGogetters reported that in most cases they had to go to SASSA offices personally to assist orphans to apply for grants. The goGogetters always sought advice from the social workers about the kind of grants they could access for orphans. The goGogetters reported that most of the orphans they assisted received child support grants during the period that they waited for the foster care grant process to be completed. The goGogetters indicated that the foster care grant took a long time before the orphans received it.

4.5.2.2 Access to schooling

Karim and Karim (2008) maintain that keeping children affected by HIV and AIDS in school boosts their morale and preserves stability in difficult times. The main objective of the goGogetter programme was to ensure that orphans attended school and to assist those learners who had dropped out of school to return as soon as possible. The goGogetters reported that most of the orphans they supported passed matric although they had to deal with a few cases of children not attending school regularly.

In one case the goGogetters had to intervene when the orphan was leaving home every morning but did not arrive at school.

“We monitor school attendance of the children, one day a teacher called and say the child does not come to school, we went to visit the child to check what the problem is and the grandmother said the child is going to school every day”.

In cases in which the child did not behave well at school, the teachers commented in the goGogetters' record book and signed the comment. The

goGogetter would then take the book to the social worker to report the behaviour of the child so that the social worker could intervene.

“The teachers write the behaviour of the child in the book and sign it to have proof when we refer the child to social workers”.

The goGogetters mentioned another case about a child who was not making progress at school. The social worker assisted by looking for a school for children with special needs.

“There is a child who is a slow learner, the child has been in one class for three years, we reported the case to the social worker and the social worker looked for a special school in another area as we do not have one here, the child is now attending that school”.

In another case, the goGogetters reported to have assisted orphans in terms of checking to ascertain whether they had done their homework or not and the last time the teacher had marked and signed their books. Going through the children’s books helped the goGogetters and the caregivers to monitor school attendance. The goGogetters reported that they worked as a team and helped one another to assess orphans’ school books. There were times when the goGogetters asked the groundBreakers to assist orphans with their school projects.

“As gogos we assist each other, if one gogo has a child who does not go to school and do not do homework, the other gogo who can read check the books and take the child to the school principal”.

4.5.2.3 Response to alleged child abuse

The goGogetters reported a case of possible abuse. The goGogetters mediated in a case in which the uncle was reported to be abusing an orphan. The case was also reported to the social worker.

In another case, the goGogetters reported that the grandmother had chased the orphans away because the younger sibling was HIV positive and was taking ARV treatment. The orphans were assisted by the neighbour who rented them a shack in her yard. The goGogetters continued to support the orphans so that they could continue attending school and also helped the sick child by administering her medication and helping with clinic check-ups. The intervention of the goGogetters relieved the older siblings so that they did not have to miss attending school because they had to accompany the young one to the clinic.

“The granny chased the children because the younger one is on ARV treatment, the younger one is seven years old, the children are boarding next door”.

4.5.2.4 Responding to misuse of social grants

The abuse of the grants of orphans was mentioned. The goGogetters reported some cases in which the primary caregivers abused the grant. In one situation the goGogetters intervened because the aunt was abusing the foster care grant of orphans. The aunt was reportedly buying furniture and taking her own children to school whereas the orphans were not even attending school. The goGogetters reported the case to the social worker and the aunt was ordered to take the orphans back to school and requested to open a savings account for the orphans. The goGogetters were requested to collect the bank statements and submit them to the social workers every quarter.

Another case reported involved a father whose wife had died. The father was not working and was buying alcohol with the children’s grants. The children were not well cared for and there was no food in the house. The goGogetters intervened and with the help of the social worker the father responded positively and started buying food for the children.

In some circumstances the orphans were disobedient. One orphan was also reportedly stealing money from the grandmother. The goGogetters again intervened and the orphan stopped stealing.

It is interesting to note that in all the cases of misuse of grants, the goGogetters reported positive feedback from those abusing the grant. This might be an indication of the effectiveness of the formal networking system as the social workers gave official instructions on how the grant should be used.

4.6 DISCUSSION OF FINDINGS IN RELATION TO THE LITERATURE

The findings are discussed under the following headings:

- Relationship and network connections
- Psychosocial support system

4.6.1 Relationship and network connections

The important thing that contributed to making the work of the goGogetters easy was the networks and relationships that they had established with different stakeholders in their community.

The goGogetters had established a network of support in the community. It was through the established network system that the goGogetters were able to manage and handle the challenges they came across. It is important to note that most of the support for the goGogetters came from the clinic, the social workers, school, community members, SASSA, home affairs and the municipality. The networks brought positive outcomes in ensuring the sustainability of the goGogetters' work.

This view is supported by Karim and Karim (2008) who maintain that social networking is one of the responses that ensure that the capability of extended families and child-headed households is reinforced to provide appropriate care for orphans.

Communities have the capacity and solutions to cope with the impact of HIV and AIDS when they were united. The relationships and networks established by the goGogetters indicated the level of unity within their community. The goGogetters

acted as a community safety net, demonstrated by the community connectedness caused by the different relationships established between the goGogetters and other stakeholders who had an interest in the lives of orphans.

The cohesion and connectedness within the community acted as a support structure for the goGogetters as they were able to accomplish their work. The goGogetters were able to continue supporting orphans through the support they received from the established social networks in their community.

The interventions of the goGogetters mitigated the effects of HIV and AIDS on the affected children and their families, and in turn contributed to the benefit of the community at large. To show that the goGogetters were distinguished members of the community, the community no longer called them by their names but greeted them as goGogetters. This was an indication that the community supported and also recognised their efforts in caring for orphans. The goGogetters were known in their community and recognised as making a positive contribution to the betterment of orphans and their families.

As maintained by Karim and Karim (2008), in some situations the HIV and AIDS epidemic changes the role of household heads. Communities mostly affected by HIV and AIDS were facing situations in which children were left alone in households and in some instances orphans were being taken care of by their extended families. It was in this kind of situation that the community played a crucial role in providing secondary safety nets for the families that were struggling to cope either emotionally or financially. The experiences that the goGogetters had in supporting orphans and their families emphasised the importance of community in taking care of and creating an enabling environment for its vulnerable members.

The South African Department of Social Development (2010) indicates that the death of a parent has negative impacts on the quality of psychosocial care and access to basic services. It was at this level of the community that the goGogetters as community members were able to mobilise different community

structures towards a concerted effort in bringing change to the lives of vulnerable community members. Through the established network and relationship with social workers, the goGogetters were in a position to continue assisting orphans and also making sure that they accessed basic services for their survival.

The goGogetters highlighted the importance of family ties and relationships in the lives of the orphans. It was evident from the discussions that the goGogetters wanted to keep a healthy relationship within the families of orphans while embracing the networks that they had established.

4.6.2 Psychosocial support system

It was essential that the goGogetters received psychosocial support so that they could better cope with the challenges they encountered in their daily work of supporting orphans and their families. UNICEF & REPSSI (2014) posit that psychosocial support is a continuum of care and support that aims at ensuring the social, emotional, psychological wellbeing of individuals, their families and communities. The goGogetters held support group sessions at their centre at which they received psychosocial support.

According to Richter et al (2004), HIV and AIDS change the functioning of a family as a traditional unit of society. The work of goGogetters was part of a family strengthening component which was effective in providing assistance for orphan care. Strengthening families was a priority of the goGogetters in providing care and support to struggling families. The goGogetters linked orphan families to social work support. The strengthening of families by goGogetters was apparent in extended families as the goGogetters indicated that they supported mostly households headed by grannies and older siblings. These households were referred to as grandparent-headed households and child-headed households.

The grandparent-headed households were an indication of the shift in roles from parents to grandmothers who were faced with the responsibility of raising their grandchildren. In a situation in which children were living alone, the older child

was faced with the challenge of taking on the responsibility of their parents and in some cases these children dropped out of school to seek employment to support younger siblings.

The support provided by the goGogetters was seen to be a better way of assisting orphans and vulnerable children to remain within their own families rather than placing them in orphanages. Through the support from the goGogetters, the wellbeing of orphans and their families had improved. In most cases the children were attending school and receiving social grants through the assistance of the goGogetters.

The children also realised the importance of being in school to attain better educational outcomes. When the goGogetters saw the impact of their work on the lives of orphans, it brought fulfilment to them which in turn contributed to the psychosocial wellbeing of the orphans. Richter et al (2006) emphasise the idea that children's wellbeing, psychosocial, health and educational outcomes depend on supportive families and communities.

The goGogetter programme presented a community care model for the care of orphans and their families. The goGogetter model provided support to grandmothers as caregivers of orphans to alleviate the strain and stress of losing their children (the parents of the orphans) and having to take care of their grandchildren. Some of the grannies and older siblings who were faced with the responsibility of heading households were also trying to cope with the loss of parents who in most cases were the breadwinners in their families.

It is a fact that the family has a role in providing care for children. However, under circumstances in which parents die and leave orphans, the grandparents become the primary caregivers and, sometimes under severe strain, are unable to provide appropriate care for the orphans. This has been proved by some of the grandmothers who were reportedly unhealthy, a fact that affected their role as primary caregivers for orphans. In some instances orphans ended up taking care of their grandparents.

In this kind of situation, the goGogetters acted as a support system for the orphans and helped the grandmothers to obtain health services and to receive their pension grants with the purpose of trying to lessen the burden on the orphans so that they could focus on their school work. The orphans reportedly sometimes had the responsibility of taking care of their ailing grandparents.

Karim and Karim (2008) maintain that keeping children affected by HIV and AIDS in school boosts their morale and preserves stability in difficult times. One of the main focuses for goGogetters is to ensure that orphans go to school. Most of the orphans that the goGogetters supported managed to finish their high school education and went to study further in institutions of higher learning. When children achieve better educational outcomes, they are at an advantage of finding jobs which ultimately reduces the poverty experienced at the household level. Richter et al (2009) stress that HIV and AIDS can create intensified poverty if families and children are not provided with the necessary assistance.

The work of the goGogetters focuses on creating an enabling environment in which orphans and their families can survive the emotional and financial hardships they face after losing their parents. During the discussion, the goGogetters reported that their aim was to ensure that orphans received grants so that they could lessen the poverty that many families in their community faced.

The goGogetters mostly talked about positive experiences that they had had when engaging with orphans and their families. However, they did agree that they came across challenges and appalling situations in some of the families. This did not worry them a great deal as their main goal was to see orphans achieving better in life. They always focused on the bigger picture of wanting to assist their community in curbing the social ills facing young people.

The goGogetters indicated that young people in their community were involved in drugs, drinking alcohol and early sex often resulting in pregnancies. The situation in their community made goGogetters continue with their work as they said that orphans and young people needed older people in their lives to guide them. It

was the responsibility of the family to take care of the children. UNICEF (2009) states that a family response is required to address the care of children affected by HIV and AIDS.

Richter et al (2009) maintain that the family carries a heavy burden of caring for and protecting children affected by HIV and AIDS. The role that the goGogetters played in the lives of orphans was valuable. Their experiences in supporting orphans demonstrated the importance of protecting children – a shared responsibility of families, the community and the government. The goGogetters ensured that the children succeeded in their schooling regardless of the impact of HIV and AIDS on their families.

The goGogetters realised that orphans faced some difficulties in terms of sustaining their household livelihoods. They faced situations of isolation from their peers as their role gradually changed to that of taking on the responsibility of running the activities in their households. Some orphans faced the risk of dropping out of school as they assumed household responsibilities.

The interventions and the support of the goGogetters minimised the burden of work on the orphans so that they could focus more on their school work and enjoy their youthful lives. The South Africa Department of Social Development (2010) states that vulnerabilities may force orphaned children to drop out of school and some of them might even get involved in income-generating activities with the purpose of supporting their families financially.

The extended family has always acted as social security and it is also expected traditionally that structures such as the extended family should protect and transfer traditional values to its members (Chingwenya et al 2008). The experiences of goGogetters through working with the extended family as a support structure for orphans prove to be the best way of ensuring that orphans stay within their extended family structure and continue to learn the values and norms that their parents also learned.

The goGogetters upheld the value of the family as a unit in which orphans should experience love and care from their primary caregivers in the extended family (either the grandmother or an aunt). PEPFAR (2012) supports the idea that the first line of defence for children is the family and that strengthening the capacity of families is one of the effective strategies of caring for children affected by HIV and AIDS.

The work of the goGogetters involved not only assisting the orphans to receive basic services but also ensuring that they preserved their cultural values by providing support to the primary caregivers to help keep orphans within their extended families. Although the main focus of the goGogetters' work was to support orphans, it became evident through their experiences that supporting orphans alone did not yield good results as the orphans were part of the bigger family structure.

An orphan cannot cope in a situation when he or she is living with grandparents who are sick and cannot perform some household chores. In this situation, orphans end up taking the responsibility of the household. The goGogetters recognized that psychosocial support was a continuum of care which also included supporting the whole family of the orphan to create sustainability in terms of the wellbeing and functioning of the family.

The goGogetters repeatedly emphasised the importance of the extended family in raising orphans by assisting and providing the primary caregivers with the necessary support they needed to continue keeping and raising orphans within the extended family unit. As Gillespie et al (2005) put it, the extended family and kin group are the first social system to ensure that orphans and vulnerable children receive sufficient care.

4.7 THEORETICAL FRAMEWORK

The theoretical model of Social Ecological System by Bronfenbrenner which is supported by Mc Leroy's Social Ecological Model (SEM) was used to guide the logical interpretations and explanations of issues in this study. The ecological model is based on the interdependent and interacting relationships between different organisms and their environment. It describes how the different organisms relate with their environment at the different levels within the ecological model (Bronfenbrenner 1979).

McLeroy et al (1988) describe the institution and organisation as the level that comprises primary interpersonal assemblies that operate under common sets of rules. The goGogetter programme is an intervention that has a huge influence on the lives of orphans. The programme is regarded as a primary interpersonal association that is governed by a common set of rules that guide how the goGogetters should operate.

The goGogetters have set themselves guidelines in terms of how they should approach the way they provide services to orphaned children. The goGogetters reported that they had a schedule for the visits to different stakeholders. For instance, there were days when they visited the SASSA offices, did house visits and school visits. This was a schedule that guided them to provide effective services and also to maintain a good working relationship within their networking system.

In terms of monitoring school attendance, the goGogetters kept a record book that was signed by the teachers or the principal every time they visited the school. The teachers also wrote in the record book about any issue affecting an orphan that needed further referral to social workers. In this situation the goGogetters acted as an intermediary between the school and social workers to monitor school progress.

However, the goGogetters were also flexible in terms of how they operated within the network as they sometimes had to respond to urgent issues for orphans. For

example, the goGogetters sometimes received calls from caregivers and teachers to attend to urgent issues. This was an indication of how the goGogetter programme as a sub-system operated and received support from the bigger system of care for orphans.

The school and the extended family are part of the mesosystem which Bronfenbrenner (1994) explains as comprising the linkages and processes between two or more settings that contain the developing person. The relationship and networks established by the goGogetters operate within the mesosystem which includes relationships between the home, the school and the different workplaces.

The goGogetters mentioned that they received support from the social workers in terms of accessing social grants for the orphaned children. Social workers acted as a support structure within the networking system for the goGogetters at the community level. McLeroy (1988) in support of Bronfenbrenner and Morris (1998) indicates that communities provide families with resources and emotional support through networks that are found within the community. It is at the community level that the social norms and standards are observed.

It is also imperative within the networking system to consider the amount of social support needed by the orphans and the amount of social support available in the existing environment for the goGogetters as the supporting structure for the orphans. The goGogetters established networks and relationships which acted as a support structure for them to provide effective service for the orphans.

Therefore, as stated by Bronfenbrenner & Morris (1998), the kind of support available for goGogetters will assist them to effectively provide the required care to children living in vulnerable households. The goGogetters reported that they received support from the different networks that they had established in the community ranging from formal to informal networks. The goGogetters indicated that they received a lot of support from the social workers, teachers, and community members including neighbours.

According to McLeroy et al (1988), the community level encompasses the larger societal fabric and it is at this level that the social norms and standards are generated. The societal fabric includes individuals, businesses and institutions. The social workers work under certain standards that govern how they should provide services for different vulnerable groups in the community. In turn the goGogetters have to adhere to the same standards when working with orphans because they work with confidential information of orphans and in some cases their grandmothers.

The social workers orientated the goGogetters on certain standards which governed how to handle confidential information and the procedures that needed to be followed when helping orphans to access birth certificates and social grants. Through working closely with social workers, the goGogetters were able to identify the different kinds of grants available for orphans. The goGogetters mentioned that some orphans received child support grants and others foster care grants. They further reported that they assisted the grandparents of orphans who received foster care grants to open bank accounts to save some money for the orphans.

According to Bronfenbrenner and Morris (1998), it is important to make an inter-linkage of the different sub-systems and see what kind of support is available for vulnerable households at all the levels within the larger system. There is an inter-linkage between the goGogetters and the different structures that form part of the support system for the goGogetters and orphans. Within the system the goGogetters receive support from social workers which enables them to carry out their work effectively. The support they receive benefits the orphans because they in turn receive basic services through the help of the goGogetters.

The inter-linkage is also observed through the different networks and relationships that the goGogetters have established with various stakeholders in the community. The stakeholders form part of the subsystems that interact with the goGogetters. The subsystems include the extended family, the school and community members, all of whom also strengthen the work of the goGogetters.

The support provided by the goGogetters has shown to be effective in improving the lives of orphans. The goGogetters report that most of the orphans they have assisted have passed matric and are working.

Bronfenbrenner (1979) maintains that to ensure sustainability within the whole system, it is crucial to retain a balance in the system. He further indicates that whatever happens to one part of the system affects the other parts. The improvement in the lives of orphans that was brought about by the support from the goGogetters was an indication that there was a balance within the caring circle. The goGogetters reported that they were receiving social support from various stakeholders which in turn created an enabling environment for them to continue taking care of orphans.

It is true that the survival of orphans in terms of accessing basic needs is dependent on the support they get from the goGogetters. If the goGogetters experience difficulty in accessing resources for the orphans at the different levels of the social ecological model such as the community level, the whole support system of caring for orphans is affected. The social support that the goGogetters received from the community enabled them to continue assisting orphans and their families. PEPFAR (2012) affirms that a collective action at an individual, local and national level is required in order to meet the needs of children made vulnerable by HIV and AIDS.

According to Bronfenbrenner (1994), the ecological model is based on the interdependent and interacting relationships between different organisms and their physical environment. The goGogetters reported that sometimes the challenges they encountered when supporting orphans reminded them of their own situations and this gave them the strength to continue because they could better relate to the challenges that the orphans were facing. The support group sessions at their centre also helped them to cope with the difficulties they encountered. The goGogetters depended on their interaction with the different networks for psychosocial support. Interdependence was evident within the network connections as it was demonstrated by the way the goGogetters, the

teachers and the social workers worked together to assist orphans and their families.

The interdependent and interacting relationship between the goGogetters and the orphans created an empathetic connection through which the goGogetters could easily comfort the orphans and their families because some of them had had the same experiences. However, they reported that they did not regard their encounters as challenges because working as a team helped them to share and learn from one another. The goGogetters did not indicate any hardships in their work as they always focused on improving the lives of orphans and their families. The goGogetters said that what they were doing was normal to them as orphans were like any other children who sometimes made mistakes and needed help from adults.

The support provided by the goGogetters to orphans was effective in addressing their needs and wellbeing. The extended family acted as a support structure for orphans. However, the capacity of the extended family needed to be strengthened by other subsystems that the family interacted with, which included the schools, NGOs and the government. Orphans and vulnerable children who found themselves in families that could not provide for their psychosocial needs were often at risk of exposure to vulnerable situations.

Similarly, the capacity of goGogetters needed to be reinforced as the demand for care for orphans grew. Bronfenbrenner (1979) indicates that it is crucial to maintain a balance in the system as whatever happens to one part of the system affects the other parts. The government and large NGOs such as loveLife also need to provide support and capacity building to community-based organisations such as the goGogetters.

4.8 SUMMARY

This chapter presented and discussed the findings of the study in relation to the literature reviewed as background to interpret the findings of this study. The findings were further debated under the broad themes of relationship and

network connections, and the psychosocial support system available for the goGogetters and orphans. The social ecological model was used to integrate the various aspects of the broad themes and reveal how effective the connections were in assisting orphans to access basic services.

It was evident from the findings of the study and the discussions that community-based interventions such as the goGogetters' programme were the best models of care that strengthened the capabilities of extended families in caring for orphans.

The next chapter summarises, concludes, and makes recommendations based on the findings of the study.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter summarises, concludes and recommends based on the findings of the study. The chapter is guided by the objectives of the study as indicated below:

- To explore the experiences of elderly women who are providing care to children living in vulnerable households
- To explore the effects of caregiving on the lives of the goGogetters
- To identify the types of support the elderly women are giving to orphans and vulnerable children affected by AIDS and their effectiveness
- To explore the needs for (goGogetters) to provide effective care to orphans

5.2 SUMMARY

This study aimed at exploring the experiences of elderly women known as goGogetters who are involved in supporting orphans to access basic services and ensuring that orphans attend school. The researcher studied the support that is provided by goGogetters to orphans and the findings proved that the goGogetters, in order to provide effective service to orphans, relied on the support that they received from established networks and relationships in the community. The study demonstrated the importance of community networks in providing for the basic needs of orphans.

The goGogetters were interviewed in focus groups and the researcher asked the peer educator from loveLife to take notes during the interviews. Some ethical considerations were observed during the discussions. The researcher read the

consent form which had been translated from English into Sepedi and the participants voluntarily signed the consent forms.

The report also included some literature on the situation of orphans in South Africa. The literature review brought forward the role of the community in providing care and support for orphans. The results of the study illustrated that strengthening the capability of families and the community was the best way of providing care to orphans. The provision of social grants by government to vulnerable people especially the child support grant and the foster care grant for children had proven to be important in terms of the survival of vulnerable households.

The summary was based on the experiences of elderly women (goGogetters) in assisting orphans and vulnerable children affected by HIV and AIDS, including the effects of caregiving on the lives of the goGogetters; the types of support the elderly women gave to children living in vulnerable household affected by AIDS; and what was required to help the goGogetters.

5.2.1 Experiences of elderly women who are providing care to orphans and vulnerable children

The goGogetters experienced a caring and loving relationship with orphans and their families. The relationship was mutual as the goGogetters were able to achieve their goals of improving the lives of orphans through the cooperation they received from the orphans, their families and the community at large. It was evident that the orphans were comfortable about seeking help from the goGogetters.

It was apparent from the discussions that the goGogetters wanted to keep a healthy relationship within the families of orphans while embracing the network of support that they had established. The goGogetters upheld the family as a unit in which orphans could experience love and care from their primary caregivers in the extended family.

5.2.2 Effects of caregiving on the lives of the goGogetters

The involvement of the goGogetters had positive effects on their lives. The intervention was also valuable to both them and the orphans as beneficiaries of the programme. The goGogetters mostly talked about positive experiences that they had had when engaging with orphans and their families. However, they did agree that they had come across challenges and appalling situations faced by some of the families, which reminded them of their own situations.

5.2.3 The effectiveness and types of support the elderly women give to orphans and vulnerable children affected by AIDS

Psychosocial support appears to be the major area of support the goGogetters provided to orphans. Psychosocial support is an on-going process of meeting the physical, emotional, mental and spiritual needs of orphans. The findings in this study further supported the subject of family strengthening and the importance of extended family in taking care of orphans.

Moreover, the literature suggests that the involvement of community in addressing the effects of HIV and AIDS is also crucial. The goGogetter programme as a community-based intervention recognises the need to assist families of orphans to cope with the challenges that come with raising children who have lost their parents.

5.2.4 Needs required to help goGogetters provide effective services for orphans

The implementation of community engagement interventions that are improving the lives of orphans need to be scaled-up to reach more vulnerable members of the community. Older carers such as the goGogetters contribute to the social capital that is needed to cope with the effects of HIV and AIDS and, therefore, they need support from the community structures and networks for them to provide valuable assistance.

Furthermore, the goGogetter care and support programme remains a most effective community response and needs to be strengthened in order to take the

lessons learned to implement in similarly affected communities. The success of the goGogetters' intervention needs the participation of the community in addressing vulnerability and also in assisting families affected by HIV and AIDS. goGogetters is a community-based response which serves as a community coping mechanism to ease the burden of raising orphans by grandmothers and older siblings.

5.3 CONCLUSIONS

The goGogetter programme presents an approach to caring for children which is based on a social ecological model that considers the child, family, community and the country context.

5.3.1 Experiences of elderly women who are providing care to orphans and vulnerable children

It is evident that the goGogetters' system of assisting orphans and their families is enhanced by the connections, networks and relationships that they have established in the community which included the extended families of orphans. Their approach indicates a well-coordinated community involvement in addressing the challenges of some vulnerable members of the community. The goGogetters would not have succeeded in achieving their goal if they did not have networks and relationships with other stakeholders who have an interest in supporting orphans. The goGogetters' network approach demonstrates a shared responsibility among stakeholders for supporting and delivering services to vulnerable children and their families. The goGogetters' access of social grants resulted in improved living conditions of orphans.

Although the goGogetter programme is designed to support orphans, it has proved to be a general model of care which looks at the child in totality. The goGogetters are capable of providing comprehensive care to orphans and their families. Their contribution in assisting orphans is beneficial not only to the orphans, but also to their extended families especially grandmothers.

Furthermore, the involvement of the goGogetters in the lives of orphans is valuable in mitigating the impact of HIV and AIDS on the affected children and their families. This in turn contributes to the benefit of the community at large.

The goGogetter programme is one of the community responses that have capabilities of strengthening the capacity of extended families and child-headed households. The knowledge that the goGogetters have gained in supporting orphans and their families brings an element of the importance of the community in taking care and creating an enabling environment for its vulnerable members. goGogetters are accepted in the community as indicated by their involvement and contribution in community activities. The partnership is a collaborative and concerted effort between the municipality, government and other non-governmental organisations including local businesses.

The partnerships help the goGogetters with food donations that they give to needy orphans especially when they are still waiting to receive their grants. The goGogetters provide a direct and practical assistance through strengthening the capacity of extended families and child-headed households to cope with the challenges of raising orphans.

In terms of emotional support, it can be concluded that although goGogetters reported feeling stressed when they started the programme, it is clear that they do not regard that as something that deters them from assisting orphans. Their exposure to working with challenging issues has broadened their minds to understand the importance of helping vulnerable people in their community.

The goGogetter programme – a community-based response – is one of the fundamental interventions at community level that has been shown to have the ability of creating an enabling environment for orphans and their families. It is clear that maintaining sustainability within the whole system of care is crucial because whatever happens to one part of the system affects the other parts.

Using goGogetters as a central point of community initiative for orphan care will help to achieve a more harmonised approach to realising a wide-range of needs

of orphans and vulnerable children. The goGogetters' community intervention is the best and affordable care for orphans and vulnerable children. The experience of the goGogetters in social networking at the community level is one of the responses that need to be scaled-up to other communities affected by HIV and AIDS.

5.3.2 Effects of caregiving on the lives of the goGogetters

The participation of the goGogetters in the programme has brought mostly positive effects into their lives. Their love for the programme drove the goGogetters to continue volunteering in community projects to uplift the lives of vulnerable people in their community

The involvement of the goGogetters in the programme helped them to keep healthy as they reported that they did not have to stay alone at home the whole day thinking about their own problems. Meeting the other goGogetters was therapeutic to them as they shared their challenges and they also knew that they could rely on one another in times of need. The goGogetters had a platform to interact and socialise within the network connections and relationship they had established. Again, the goGogetters benefited by getting health education from the nurses who motivated them to do regular exercises to keep active.

The goGogetters have proven to have the capability of continuing to operate with minimal costs as they were able to carry on supporting orphans even when they were no longer receiving stipends from loveLife. Their participation in the programme brought progressive effects as the goGogetters advocated for change in the lives of orphans. Working with children was fulfilling as they contributed to addressing social ills in their community, more especially teenage pregnancy and alcohol and drug abuse among young people.

The goGogetters have also provided emotional support for the orphans. However, the support of the goGogetters was extended to accommodate the needs of the primary caregivers especially the grandmothers in making sure that

they accessed health services and social grants. Supporting the primary caregivers of orphans is crucial in ensuring stability in their homes.

5.3.3 The effectiveness and types of support the elderly women give to orphans and vulnerable children affected by AIDS

The goGogetter programme is successful in assisting orphans. The support that the goGogetters give to orphans has led to a decrease in absenteeism from school and an increase in school attendance.

Social protection and assistance such as the assistance given by the government in the form of social grants plays an essential role in strengthening the economic status at the household level to minimise the vulnerabilities of orphans. Access to social grants had strengthened the safety net of families.

The programme achieved the goal of community involvement and ownership. The goGogetters managed to sensitise the community about the situation of orphans by leading community-wide activities that involved individual community members and their families.

Moreover, the goGogetters were successful in emphasising the role of the extended family and the community in providing assistance to orphans. The extended families of orphans provide safety and security to the upbringing of orphans. The services provided by the goGogetters reinforced the capacity of the extended family to continue taking care of orphans rather than sending them to alternative care such as orphanages.

The goGogetters act as a part of the systems that strengthen the life cycle of orphans within the social ecological model. Equally, it should be noted that psychosocial support is a continuum of care which also includes supporting the whole family of the orphan to create sustainability in terms of the wellbeing and functioning of the family.

5.3.4 Needs required to help goGogetters provide effective services for orphans

The goGogetters have demonstrated that the role the elderly women play in taking care of orphans and vulnerable children is valuable. However, the goGogetters need to have support from other people in the community for them to assist orphans effectively. It is at the community level that there are local community networks that provide care for vulnerable members. It should be noted that communities cared for vulnerable children and created opportunities for families to survive. However, communities need to be strengthened in order to provide the best support possible.

The networks and relationships established acted as a support structure for the goGogetters to accomplish their work. The goGogetters were able to continue supporting orphans through the support they received from the established social networks.

Strong community participation is essential in responding to the challenges faced by orphans. Community-based interventions such as the goGogetter programme have proven to be capable of reaching vulnerable people and households especially children who have lost their parents. The training the goGogetters received from loveLife provided them with skills that they used to strengthen their community projects. However, the capacity of goGogetters needs to be reinforced as the demand for care for orphans grows.

In the literature study it was noted that supporting community interventions and strengthening the family are essential in ensuring the protection of vulnerable children.

5.4 RECOMMENDATIONS

5.4.1 Experiences of elderly women who are providing care to orphans and vulnerable children

There should be more sustained support from parents, teachers, social workers and adults who form part of the community safety network regarding the lives of

orphans. The support should serve as an intermediary between children and their primary caregivers to access available social services in the community. The goGogetters should strengthen the connections within the family and the community to ensure sustainable psychosocial support which has proven to improve the personal wellbeing of orphans.

It is, therefore, recommended that the government institute a national social support and protection programme for vulnerable families by embracing interventions such as the goGogetters through support from the local municipality. Communities should advocate for political will and buy-in as it has a strong influence in community activities.

It is also recommended that the government prioritise partnerships formed by local groups and structures that assist vulnerable children to organise a locally robust and rooted response. Community context and capacity should be considered.

Furthermore, it is recommended that the government, particularly the departments of Social Development and Basic Education, lead a more united action among stakeholders who advocate for the protection of orphans and vulnerable children.

5.4.2 Effects of caregiving on the lives of the goGogetters

It is recommended that the goGogetters work in collaboration with other community organisations that have similar interests to maximise their reach and also to share their best approach in orphan care. goGogetters should be encouraged to continue mobilising other elderly women in their community to make them aware of the plight of orphans and other vulnerable children in their community.

The goGogetter approach is a cost-effective way of assisting orphans within their homes and can easily be sustained through income-generating projects for elderly women such as gardening and sewing. Continued training for the

goGogetters is crucial to ensure that they provide holistic and comprehensive psychosocial support for the orphans and their families.

5.4.3 The effectiveness and types of support the elderly women give to orphans and vulnerable children affected by AIDS

Although education at primary level is free, it is recommended that the government remove hidden educational costs at primary and secondary level. The government should also provide orphans with school uniforms, transport and other school supplies. This would make a huge impact on improving the economic status of the family as education is one of the major expenses that households incur considering that orphans depend mainly on social grants.

Psychosocial support for children is a major area to be strengthened as it addresses a wide range of orphans' needs. It is recommended that psychosocial support should be a priority and key component for the broader framework and guidelines of orphans and vulnerable child care such as the goGogetter programme.

It is further recommended that the government especially the Department of Social Development, Department of Basic Education and Department of Health as custodians of providing psychosocial support for orphans should establish an integrated package of support and referral system that would improve access to the basic needs and wellbeing of orphans at the different levels which include individual, family, school and community level. The referral system should afford stakeholders effective follow-up within the continuum of care on the progress of orphans in relation to school work, health conditions and social assistance. This should be a compendium of services that would provide goGogetters and other caregivers with a coordinated and comprehensive approach to addressing the needs of orphans. It is further recommended that community voices should form part of decision making on policies and programmes for orphans and vulnerable children.

Supporting orphans and their vulnerable households is possible although it can be challenging. Success in supporting orphans requires the sustained engagement of the community and continued concerted efforts of all stakeholders. It is, therefore, recommended that networking and establishment of relationships with relevant stakeholders who have an interest in the lives of orphans should be an integral part of advocacy and stakeholder engagement. The government in its efforts to protect children should help communities to establish and support such partnerships.

5.4.4 Needs required to help goGogetters provide effective services for orphans

It is recommended that the goGogetters receive training throughout the period of the project. The training should include caring for carers as they need to support one another. The skills would also be used during the debriefing sessions which help the goGogetters to keep motivated as they continue assisting orphans.

It is also recommended that volunteer projects such as the goGogetters' programme should be supported by government, external agencies and well established NGO to ensure long-term sustainability and improved quality care for orphans. Community initiatives such as the goGogetters empower families particularly extended families to provide for the essential needs of children in their care. It is, therefore, fundamental that they receive the necessary support they require.

Additionally, community-based approaches such as the goGogetters' programme have proven to be the most economical interventions and best community coping mechanisms as they are initiated by communities themselves. However, continued provision of financial support is essential. Furthermore, strengthening the economic status at the level of the household would preserve the sustenance of orphans.

The networks and relationships established by the goGogetters to access expert interventions need to be reinforced. The network of support should further be consulted to address difficult cases that need specialised fields such as further

counselling and children's rights. Moreover, the goGogetters should draw upon strengths that already exist in the community in order to maximise provision of care for orphans.

It is further suggested that community mobilisation and social networking are the fundamental approaches at community level that are capable of creating an enabling and conducive home environment for orphans and their families. The study demonstrated that the goGogetters have been acting as mediators and advisors between the orphans and their families. Therefore, continued capacity building of the goGogetters' programme is fundamental to ensure that they continue to provide holistic and comprehensive psychosocial support for the orphans and their families.

Moreover, it is recommended that the government in collaboration with civil society organisations create an opportunity for community involvement and response by providing a platform for ongoing community dialogues on the best practices such as the goGogetter programme as a model for strengthening the families that care for orphans and vulnerable children. Furthermore, communities should be capacitated to deal with their challenges through advocacy and social mobilisation. Finally, the government should prioritise and support network approaches such as the goGogetters' programme in which stakeholders share the responsibility of addressing the needs of orphans and vulnerable children as they have the potential for maximising reach to more children.

5.5 LIMITATIONS OF THE STUDY

The important aspect of this study is that the findings are based on the opinions and views of the goGogetters from only two focus group discussions as opposed to the three that were planned. The researcher could form two focus groups because only eleven goGogetters were present on that day. It was reported that some of the goGogetters could not come owing to ill health and also some had died.

Another limiting factor is that the findings of the study only focused on the voices of the goGogetters and the voices of the orphans and their caregivers were not heard. This is an area that needs further research.

The sample consisted of the elderly women who represent one organisation. The researcher relied on the subjective experiences of the goGogetters in assisting orphans in their community. Again the researcher cannot ignore the fact that some goGogetters may have given their opinions to impress. However, their responses are seen as genuine as one could hear from the passionate discussions of their programme as most of the goGogetters had been in the programme since 2007. They value their involvement in and contribution to the community.

REFERENCE LIST

- Babbie, E. 2010. *The practice of social research*. 12th edition. USA: Wadsworth.
- Babbie, E. 2012. *The practice of social research*. 14th edition. Cape Town: Oxford University Press Southern Africa. Cape Town.
- Barnett, T & Whiteside, A. 2006. *AIDS in the twenty-first century: disease and globalization*. 2nd edition. England: Palgrave MacMillan.
- Berk, LE. 2000. *Child development*. 5th edition. Boston: Allyn and Bacon.
- Bronfenbrenner, U. 1979. *The ecology of human development*: Cambridge: Harvard University Press.
- Bronfenbrenner, U.1994. *Ecological models of human development*. *International encyclopaedia of education*. 2nd edition. 3:1643-1647. Oxford: Elsevier Sciences.
- Bronfenbrenner, U & Morris, PA. 1998. *The Ecology of developmental processes*. *Handbook of Child Psychology 1*: 993-1028. New York.
- Chingwenya, A, Chuma, M & Nyanga, T. 2008. *Trapped in the vicious circle: an analysis of the sustainability of child-headed households' livelihoods in ward 30 Gutu District*. *Journal of Sustainable Development in Africa* 10(3). Pennsylvania.
- Concise Oxford English Dictionary*. 2006. 11th edition. New York: Oxford University.
- Data, D. 2009. *Addressing the needs of orphans and vulnerable children: strengthening ongoing community actions in Nyanza province: Kenya*. Paper presented in the Community Development Journal International Symposium, London, October.
- De Vos, AS, Strydom, H, Fouche, CB & Delpont, CSL. 2011. *Research at grass roots*. 4th edition. Pretoria: Van Schaik.
- Foster, G. 2005. *Under the radar-community safety nets for children affected by HIV/AIDS in poor households in sub-Saharan Africa*. UNRISD. Zimbabwe.
- Foster, G. {Sa}. *Safety nets for children affected by HIV /AIDS in Southern Africa*. UNRISD. Zimbabwe.
- Gillespie, S, Norman, A & Finley, B. 2005. *Child vulnerability and HIV/AIDS in sub-Saharan Africa: what we know and what can be done*. International Food Policy Research Institute.

- Golafshani, N. 2003. *Understanding reliability and validity in qualitative research*. The Qualitative Report 8(4) December: 597-607.
- Hall, K, Woolard, I, Lake, L & Smith, C. 2012. *The South African child gauge*. Cape Town: University of Cape Town Children's Institute.
- Help AIDS International.2003. *Forgotten families: older carers of orphans and vulnerable children*. Brighton: International HIV/AIDS Alliance.
- Karim, SSA & Karim, QA. 2008. *HIV/AIDS in South Africa*. Cambridge University Press: New York.
- Mack, N, Woodsong, C, MacQueen, KM, Guest, G & Namey, E. 2005. *Qualitative research methods: a data collector's field guide*. North Carolina: Family Health International.
- McLeroy, KR, Bibeau, D, Steckler, A & Glanz, K. 1988. *An ecological perspective on health promotion*. *Health Education Q* 15(4):351-77. University of North Carolina.
- McMillan, JH. Schumacher, S. 2010. *Research in education: evidence-based inquiry*. 7th edition. Pearson Education: New Jersey.
- Meintjes, H, Hall, K, Marera, D & Boule, A. 2010. *Orphans of the AIDS epidemic? The extent nature and circumstances of child-headed households in South Africa*. *AIDS care* 22(1) January: 40-49. Cape Town.
- Newman, WL. 1997. *Social research methods: qualitative and quantitative approaches*. 3rd edition. USA: A Viacom Company.
- PEPFAR (2012). *Guidance for orphans and vulnerable children programming*. USA.
- REPSSI. {Sa}. *Psychosocial care and support for older carers of orphans and vulnerable children: policy guideline*. Kenya: HelpAge International.
- Richter, L, Sherr, L, Adato, M, Belsey, M, Chandan, U, Desmond, C, Drimie, S, Haour-Knipe, M, Hosegood, V, Kimou, J, Madhavan, S, Mathmabo, V & Wakhweya, A. 2009. *Strengthening families to support children affected by HIV and AIDS*. *AIDS Care* 21(S1)August:3-12. Routledge Taylor & Francis Group.
- 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 Netherlands: Bernard van Leer Foundation.

- Richter, L, Manegold, J & Pather, R. 2004. *Family and community interventions for children affected by AIDS*. Cape Town: HSRC Publishers.
- Rossouw, D. 2003. *Intellectual tools: skills for the human science*. 2nd edition. Cape Town: Van Schaik.
- Save the children. 2007. *Children at the center: A guide to supporting community groups caring for vulnerable children*. London.
- Shisana, O, Rehle, T, Simbayi, LC, Zuma, K, Jooste, S, Zungu, N, Labadarios, D & Onoya, D. 2014. *South African National HIV Prevalence, Incidence and Behaviour Survey 2012*. Cape Town: HSRC Press.
- Shisana, O, Simbayi, LC, Rehle, T, Zungu, NP, Zuma, K, Ngoya, N, Jooste, S, Pillay-van Wyk, V, Paker, W, Pezi, S, Davids, A, Nwanyanwa, D & Dinh, TH. 2009. *The South African National HIV Prevalence, Incidence, Behaviour and Communication Survey 2008*. Cape Town: HSRC Press.
- South Africa (Republic). *Government Gazette 492(28944)*. 2006. 19 June. Cape Town.
- South Africa (Republic). Department of Social Development. 2011. *Child Support Grant Evaluation: Qualitative Research Report, June 2011*. Pretoria.
- South Africa (Republic). Department of Social Development. 2010. *National guidelines for statutory services to child-headed households*. Pretoria.
- Statistics South Africa. 2012. *Social profile of vulnerable groups in South Africa 2002-2011*. Pretoria: Stats SA Library Cataloguing-in Publication data.
- Taylor-Powell, E & Renner, M. 2003. *Program development and evaluation: analysing qualitative data*. University of Wisconsin: Cooperative Extension Publish Operation.
- Terre Blanche, M, Durrheim, K & Painter, D (eds). (2006). *Research in practice: applied methods for social sciences*. 2nd edition. Cape Town: University of Cape Town Press.
- UNAIDS. 2013. *Global report: unaids report on the global AIDS epidemic 2013*. WHO Library Cataloguing -in - Publication Data: Switzerland.
- UNAIDS. 2012. *World AIDS Day report 2012*. WHO Library Cataloguing -in- Publication Data: Switzerland.

UNAIDS. 1999. *A review of household and community responses to the HIV/AIDS epidemic in the rural areas of sub Saharan Africa*. Switzerland.

UNICEF, 2006. *Africa's orphaned and vulnerable generation: children affected by AIDS*. New York.

UNICEF, 2009. *Taking evidence to impact: making a difference for vulnerable children living in a world with HIV and AIDS*. New York.

UNICEF & REPSS. {Sa}. *Psychosocial support for orphans and other children made vulnerable by HIV and AIDS: a conceptual framework*.

Van Dyk, A. 2008. *HIV/AIDS care and counseling: a multidisciplinary approach*. 4th edition. Cape Town: Maskew Miller Longman.

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APPENDICES

Appendix A: Informed consent

Introduction

Hello, my name is Mpudi Phaka, a student at the University of South Africa (UNISA). I am asking gogos who are assisting orphans and vulnerable children to take part in a focus group discussion to answer a few questions about their experiences in helping orphans and vulnerable children.

I understand that there are children in your community that have lost their parents and are now living with their grandparents. These situations exist not only in your community but throughout South Africa. The questions that I will ask will hopefully assist other people to better understand what life is like for children living in this situation. Hopefully, the information you provide will assist the government and other organizations to plan effectively.

I want you to understand that you are not forced to take part in this research; the choice to participate is yours alone, but I would appreciate if you would share your experience with me. Please note that if you choose not to take part, you will not be affected in any way. If you agree to take part you are free to stop at any time during the discussion if you feel uncomfortable and you will not be affected in any way.

This interview will be confidential and what you share with me will be not be discussed further outside. I also request permission to tape record our interview; again the choice whether to record is yours. Please note that recording will help me to keep a record of everything we have discussed. If you agree that I can record the interviews, feel free to stop me any time you want the tape record to be switched off or if you want something to be erased from the recorder.

The interview will last for 45 to 60 minutes. I request that you be honest and open in the discussion.

Are you willing to take part in the focus group interview?

Signature of interviewer: -----

Signature of participant: -----

Do you give me permission to record the interview?

Signature of interviewer: -----

Signature of participant: -----

Appendix B: Interview schedule

Welcome and introduction

1. Introduction of moderator and co-moderator

You were invited to the focus group because you have certain things in common that we are interested in. You are all taking care of and assisting children living in vulnerable households in different ways. We want to know your experiences in providing support to the children and understand their challenges. There is no right or wrong answers. Please feel free to share your positive and negative experiences. We want to know your views about orphans and vulnerable children living in vulnerable households are.

- i. Purpose of the study is to explore your point of view about helping children living in vulnerable households
- ii. Purpose of the meeting is to have a focus group interview with you
- iii. Introduction of the members (tell us who you are)
- iv. Explain recording methods
- v. Set ground rules

2. Focused discussion to help understand the topic of discussion

The interview will address six key questions related to your experiences in assisting orphans and children.

1. Please tell us who you are?
2. Please describe how you got involved in assisting children living in vulnerable households
3. What kind of support are you providing to these children?
4. Tell us about your experiences in assisting children in vulnerable households.
5. Tell us about the type of support available for orphans and vulnerable children.

6. What help do you think these children need on a daily basis that will make their lives better?
7. How does this work of assisting orphans and children in vulnerable households' affect you?

Wrap-up (thank the participants)