

**THE EXPERIENCES OF LEARNERS WHO LIVE IN CHILD-HEADED
HOUSEHOLDS AT OSIZWENI TOWNSHIP**

by

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DECLARATION

I hereby declare that **The experiences of learners who live in child-headed households at Osizweni Township** is my own work, and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

SIGNATURE

DATE

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ABSTRACT

The study focuses on the experiences of learners who live in child-headed households at Osizweni Township. Through a qualitative inquiry I sampled five households purposively. Data was collected using interviews and questionnaires. These categories emerged after data analysis: needs of learners, psychological experiences, relationships with social support systems and the role change from childhood to adulthood. The findings revealed that children experienced extreme financial constraints after the death of parents resulting in inadequate basic and educational needs. These children were traumatized and left emotionally vulnerable, living in fear and isolation constantly. Relatives did not offer any support to these children but support from the school, community and siblings was evident. These children made huge adjustments assuming parental responsibilities and this affected their academic performance. It is recommended that more study is required on the development of a Community Support Centre to educate learners and parents on how to support these children.

KEY WORDS

Emotional/psychological trauma, orphans, vulnerable learners, underprivileged learners, child-headed households

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LIST OF ACRONYMS

ABET	Adult Basic Education and Training
ADHD	Attention Deficit Hyperactivity Disorder
AIDS	Acquired Immune Deficiency Syndrome
AZT	Azidothymidine
CDG	Care Dependency Grant
CHH	Child-Headed Households
CSG	Child Support Grant
DBE	Department of Basic Education
DOE	Department of Education
DSD	Department of Social Development
FCG	Foster Care Grant
HIV	Human Immunodeficiency Virus
KZN	KwaZulu-Natal
NGOs	Non-Governmental Organizations
NPOs	Non-Profitable Organizations
OCHH	Orphaned children heading households
PTSD	Post-Traumatic Stress Disorder
RCS	Red Cross Society
RDP	Reconstruction and Development Programme
SASSA	South African Social Security Agency
UNAIDS	United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNISA	University of South Africa

CHAPTER 1

INTRODUCTORY ORIENTATION

1.1 BACKGROUND TO THE STUDY

Osizweni is a township situated about thirty kilometres from Newcastle. The inhabitants live in informal settlements, on Inverness farm and in neighbouring rural areas. The schools in this area have learners who come from disadvantaged, impoverished families. Many of these learners lost both parents and are heading their households. Most children have to live without parental care for grave reasons, one of them being a serious illness or the death of their parents. These learners have to take care of their parents while observing how their health deteriorates and often how their parents die eventually.

In child-headed households, the children's good health, happiness and comfort are influenced by the financial difficulties that lead to their dropping out of school. They feel sad, lonely and neglected and have an increased risk of being abused sexually and being infected with HIV (Maqoko & Dreyer, 2007). The economic hardships of these orphaned households arise from household labour shortages, loss of income and savings due to morbidity and mortality, with the risk increasing before and after parental loss (Barnett & Whiteside 2006).

Mbambo (2005:36) clearly states that the childhood of the children who take care of their sick parents is stolen from them as soon as they take over the role of being parents to their younger siblings. According to Mbambo (2005:36) these children have to care for themselves and their siblings with no adult supervision. Mbambo (2005:36) further argues that regular absence of a parent in the lives of children may result in children leaving school and their suffering from emotional problems. This may in turn cause them to be sexually active at an early age and risk being infected with HIV/AIDS.

In the past, children who were orphaned by the death of their parents would be taken in, supported and cared for by their extended family members such as grandparents, aunts and uncles. However, recently, due to the HIV/AIDS pandemic many parents

have died or are dying, so that the number of orphans and vulnerable children without parental guidance and adult supervision is escalating. This makes it impossible for extended family members to take them in (Tsegaye, 2007:7).

The increased number of adult deaths has caused the community to lose a huge number of people who are economically active. According to Chilangwa (2004:7) and Tsegaye (2007:6), orphans prefer to live with their siblings in their parents' home and fend for themselves. Being an orphan forces the eldest child who assumes parental duties to drop out of school and look after his/her siblings.

These children are faced with different situations and threats such as social, psychological, physical and survival problems (Sloth-Nielson, 2004). Children who live in child-headed households experience the dysfunctional circumstances of looking after their parents who are severely ill and who eventually die. This experience causes them to be affected physically, and an unhealthy situation develops. These children's development of intelligence, problem-solving abilities and emotions are affected, so that they are often absent at school. They are exposed to the worst type of child abuse such as working hard and having to fend for themselves to make ends meet (UNICEF, 2003).

Orphans from child-headed families can be exposed either positively or negatively to peer influences just like other children but because there is no adult guidance they are at more risk to being exposed to negative peer influences (Boyle & Lipman 2002). Ayieko (2003) affirms that when children grow up without parents or adults in their families there is no guarantee of normal psycho-social development, religious and cultural teachings are not instilled and the sense of security of the children is threatened.

Orphans face numerous challenges such as poverty, bereavement, stigma and discrimination, hunger, educational failure and financial burdens. As a result of these challenges, the head of the household assumes adult responsibilities prematurely, caring for siblings, supporting and protecting them and facing challenges on a daily basis. The older children often lose their childhood in the process, as extended

families are no longer prepared to care for them due to financial constraints. Other family members are unable to take on the responsibility of additional children.

It has become evident that some of these children do not have birth certificates or identity documents because they are unaware that they are entitled to child support grants. It is the adult's responsibility to ensure that on specified dates grant money is collected, but after the death of parents, children in child-headed households face challenges on how to access their grant money (Sloth-Nielsen, 2004:30-31). Children in child-headed households need all the help they can get from adults and all service providers like social workers to improve the dire situation they are in.

These children experience many constraints in their childhood and they require provision in their basic needs to keep them going after their loss, such as food, shelter, clothing and health services. They also have educational needs, such as school fees, uniforms, textbooks, stationery and excursion funds. Lastly they need to be taught how to guide and discipline their siblings as they have assumed parental responsibilities (Masondo, 2006:4).

According to Masondo (2006:5) these children do not just lack the above basic needs but they still need their parent's love, care, support, guidance and attention.

1.2 RATIONALE OF THE STUDY

Researchers need to be genuinely interested in the topic they are researching, must be enthusiastic and have a positive attitude towards their research work to make a success of it. As I'm an educator who is employed by the Department of Basic Education at Osizweni Township, I work primarily with learners who either are heading their households, caring for their sick parents or looking after their brothers and sisters orphaned by the HIV/AIDS pandemic.

I offer support and help them overcome barriers they might be experiencing which hinder their capacity to reach their full potential. Nowadays the teaching profession comes with many challenges, such as insufficient facilities and resources, but these resources can be utilized by educators to give full support to all the learners who are

destitute. It is also difficult when they need to consult with an adult regarding some of their learners' problems as some of them are orphans and are from child-headed households.

South Africa is the leading country in the world due to the rapid increase of HIV/AIDS and this leads to a growing number of orphans. Orphans have behavioral problems after the death of their parents, for example, there is an increasing rate of absenteeism and dropping out of schools, learners' performance is deteriorating rapidly, their personal hygiene is questionable, and this frustrates educators daily. Relatives cannot assist these orphans because they are struggling too due to unemployment and being poor themselves.

Children who assume the huge responsibility of heading their households have given up their rights of being children by assuming adult responsibilities and looking after their brothers and sisters. This has caused them to experience the following conditions: economic hardships, leaving school, poverty, bad health as a result of not having enough food or improper feeding and illness.

These are the reasons why this study will be focusing on the experiences of learners who live in child-headed households at Osizweni Township.

1.3 PROBLEM STATEMENT

A number of learners who live in child-headed households at Osizweni Township is increasing rapidly while little is done to assist them. These learners experience many constraints in life socially and academically, as they experience barriers to learning and do not develop normally. For example, absenteeism is increasing due to the fact that they are taking care of their sick family members or their younger siblings. This often leads them to drop out of school because they miss many classes, which sometimes results in complete loss of interest in attending.

They were emotionally disturbed, resulting from being around sick and dying loved ones, especially parents. The number of orphans and child-headed households is increasing drastically (UNAIDS, 2008:21). They need support to be able to cope with

this emotional and dysfunctional circumstance. Orphans and children from child-headed households are in jeopardy due to stigmatization and discrimination in the community, at school and in tertiary institutions. This is due to financial constraints as no one takes care of them financially, while they need to take care of their sick family members or siblings.

1.4 RESEARCH QUESTIONS

The questions to be investigated will be the following:

1. Which experiences do learners living in child-headed households have to go through?
2. Which challenges do learners living in child-headed households have to cope with/ have to deal with?
3. Which guidelines can be formulated to assist them in coping with their difficult situations?

1.5 RESEARCH OBJECTIVES

This study will look at the experiences of learners who live in child-headed households at Osizweni Township.

The research objectives will be drawn up in this manner:

1. To explore the experiences of learners who live in child-headed households at Osizweni Township.
2. To portray the challenges faced by learners in child-headed households.
3. To formulate guidelines to assist these learners to deal successfully with their difficult situations.

1.6 CONCEPT CLARIFICATION

The main concepts that will be clarified in this study are emotional / psychological trauma, orphans, vulnerable learners, underprivileged learners and child-headed families.

1.6.1 Emotional/psychological trauma

Emotional / psychological trauma is the product of a series of very stressful events that cause a person to feel unsafe, when this person is unable to do things without help and is easily hurt or harmed physically or emotionally (Robinson, Smith and Segal, 2013). Psychological trauma is another kind of damage that is caused by a traumatic incident that happens quickly when you do not expect it. Traumatic experiences may cause post-traumatic stress disorder and then destroy the brain which changes the way a person deals with stress in the future.

A traumatic event causes a person to feel strong emotions in such a way that he or she cannot cope with feelings involved with that experience. Traumatic experience is a life-threatening situation that results in someone being devastated even if no physical harm is involved (Robinson *et al.*, 2013). The emotional experiences of an incident can be traumatizing if a person feels afraid and unable to do things without help.

Traumatic experiences cause permanent damage in children if left unattended. Children will perceive the world as a scary and an unsafe place. It is imperative that trauma should be attended too early in childhood because if not it will haunt the child in adulthood causing trauma to escalate even more (Robinson *et al.*, 2013). Claims for emotional childhood trauma are considered claims for mental anguish damages. An emotional childhood trauma occurs continuously, unexpectedly, when a child is not prepared and there is absolutely nothing anyone can do to prevent it.

1.6.2 Orphans

An orphan (from the Greek) is a child who permanently lost both parents. A common assumption is the belief or definition that a child is only an orphan if both parents are dead. Most people define an orphan as a child who no longer has parents or whose parents have passed on. Another definition is that an orphan is a child who lives in an orphanage. Adults can also be called orphans or adult orphans if they do not have both parents.

According to Maqoko and Dreyer (2007:722), the meaning or definition of an orphan differs among cultures and countries. Lindblade, Odhiambo, Rosen and Decock, (2003) distinguish three categories of orphans, such as a double orphan who does not have both parents, a maternal orphan who does not have a mother figure and a paternal orphan who does not have a father figure. Sloth-Nielsen (2004) outlines an orphan as a child left without adult supervision due to fatal accidents, whereas other parents abandon their children by moving from one place to another.

1.6.3 Vulnerable learners

Vulnerability is about being unable to bear or endure the consequences of being exposed to a mean, unsociable and unsympathetic environment (Wikipedia, 2012). It goes together with being poor and this causes a person to feel left out, unsafe and stressed all the time, while they still have to attend school (IFRC, 2013). A vulnerable person is someone who needs protection from community services because he or she is not capable of caring or protecting him or herself from harm (House of Common Education Committee, 2012).

Vulnerability causes people to be fragile and that opens them up to being hurt, harmed or attacked easily. People handle risks differently as a result of being individual and unique. Being vulnerable causes a person to be a victim of socio-economic issues like HIV/AIDS, poverty and violence.

1.6.4 Underprivileged learners

Underprivileged means to be badly off, deprived, destitute, disadvantaged, impoverished, in need, in want, needy, and poor (Collins English Dictionary, 2011). It also means to be prevented from the rights of the community members socially or economically (Merriam-Webster, 2012). The underprivileged learners do not fare as well on standardized tests as do those who are more privileged (Merriam-Webster, 2012). These people have less money and fewer possessions and opportunities than other people in the society. These learners also lack opportunities or advantages enjoyed by other learners.

1.6.5 Child- headed households

Germann (2005:149-158) defines a child-headed household as a household where the parents are enduringly removed from their children's lives and the household duties and responsibilities are entirely in the hands of a child below twenty years. Bequele (2007:1) on the other hand explains a child-headed household as a household that contains only children younger than eighteen years and write that they provide assistance, support and guidance to one another.

According to Mogotlane, Chowke, van Rensburg, Human and Kganakga (2010:25), a household can be headed by children who assume adult responsibilities due to the fact that:

- Parents are permanently not in their children's lives
- They may be working far away from their children's home, abandoning them
- They may be exposed excessively to substance abuse
- They may be very sick and unable to supply necessary care and support

1.7 RESEARCH DESIGNS AND METHODS

An outline of the research designs and methods to be utilized in this study is supplied below.

1.7.1 Research design

According to Merriam (2002:4), a qualitative research design will be utilized for being flexible and successful in getting to know the participant's deeper emotional experiences needed. This approach is also chosen because it is descriptive and exploratory as it assists with describing and interpreting the lives and trauma faced by the children living in child-headed households.

1.7.2 Research methods

The researcher will use the following research methods for this study:

1.7.2.1 Population of the study

In this study, participants and informants will be used to gain information needed. The participants will be children living in child-headed households and those heading the households. The informants will be the principals of schools, teachers who teach these learners, the social worker and the Red Cross psychologist in charge of learners in child-headed households.

1.7.2.2 Data collection

The researcher will use multiple operational techniques to collect data. The most common sources of data collection that will be employed in this qualitative research are interviews and questionnaires.

Interviews - An interview is a meeting between two or more people, for example, the interviewer asks questions and the interviewee answers them. According to Henning, van Rensburg and Smit (2004:33), interviews provide the researcher with rich information regarding the experiences of the participants. There will be in-depth interviews with participants living in child-headed households and with those heading the households. These interviews will be conducted using interview schedules and audio tapes to capture all the information.

Questionnaires - Leatham (2005:34) writes that the aim of the questionnaire is to understand people's feelings about the research topic to obtain a background with regard to the research questions. Open-ended questions in questionnaires will be delivered to all the informants, such as principals of schools, teachers who teach these learners, a social Worker and the Red Cross psychologist in charge in the area to capture all the information required.

1.7.2.3 Data analysis

As pointed out by Henning *et al.* (2004:127), analysis starts by going through all the information gathered, then dividing it into tiny and significant sections. The researcher will next compare similarities and discover patterns, then build categories. The researcher must hold on to the stored information gathered throughout the research process. All the information gained by way of in-depth interviews and questionnaires will be analyzed using Terre Blanche's process of analyzing data in five steps (Terre Blanche, Durrheim and Kelly, 2006:322-326). These steps are:

Step 1: **Familiarization** – This refers to the process whereby the researcher must know the material from the interview transcripts.

Step 2: **Inducing themes** – This refers to the process whereby the researcher identifies patterns recurring frequently.

Step 3: **Coding** – This refers to the process of breaking data apart into lines, paragraphs or sections. (Louis, Lawrence and Keith, 2007:492).

Step 4: **Elaboration** – This refers to the process of revisiting the data by finding the connection between meanings, identifying similarities and differences (Terre Blanche *et al.*, 2006:326).

Step 5: **Interpretation** – This refers to the written report of the study being investigated.

1.7.2.4 Literature control

In qualitative research, the literature review needs to be conducted prior to the commencement of the research to avoid the researcher from being directed into themes not defined yet. But it is imperative to know more about research done before on the topic (Masondo, 2006:25). This process is administered in order to compare the findings between previous research and your research to identify what is similar and what is different.

1.7.2.5 Trustworthiness

Trustworthiness is a vital concept in qualitative research that permits researchers to explain the qualitative terms differently from those applied in quantitative research. According to Mogotlane *et al.* (2010:27), qualitative researchers must ensure that these qualitative terms are available in their research. These qualitative terms are:

Credibility – This term concerns the truth of all the information gathered.

Transferability – This term is about the application of the findings to matching circumstances.

Dependability – This term alludes to the constancy of the information and for it to be trusted and depended on.

Confirmability – This term means the confirmation of the findings by others connected to the collected information.

The above qualitative terms of trustworthiness will be outlined further in chapter three.

1.8 ETHICAL MEASURES

The researcher must think carefully about the issue of ethics when dealing with people as participants. These are ethical principles that need to be considered when conducting research with people as participants.

The researcher must at all times show respect and treat participants fairly and equally. Participants must be told about the aim of the research study, procedures to be followed and what is expected of them as participants. Informed consent forms must be obtained from all the participants and must be signed. The researcher may have to record the sessions for feedback purposes, but the participants should be informed before the sessions.

The researcher must be honest and open and let the participants know that all the recordings can be accessed easily, as they will be stored in a safe place. As soon as all the procedures have been explained to the participants, they must be given an opportunity to ask questions if they need clarity on some issues. The researcher must tell the participants that their participation is free-willed and they are allowed to leave the research group whenever they want.

An application for Ethical Clearance from an academic institution must be approved before commencing with any research that involves participants.

1.9 DIVISION OF CHAPTERS

The Chapters for this study will be arranged as follows:

CHAPTER ONE: *Introductory orientation*

Chapter one will be the orientation of the study and it will contain the background and rationale of the study, the problem statement will be explained, research questions and objectives will be discussed, the researcher's paradigm will be reflected upon, an overview of the research design and research methodology, population of the study, data collection, data analysis, literature review,

trustworthiness, ethical measures, definition of concepts and division of chapters will be included in this chapter.

CHAPTER TWO: *Literature review*

Chapter two will present a literature review that will support and enhance understanding of the challenges faced by learners living in child-headed households. First, there will be a discussion of an overview of child-headed households in South Africa, before providing the extent of HIV/AIDS in South Africa. In addition, reference will be made to the relevant policies and rights of children in South Africa and government grants. Finally, the challenges faced by children heading households will be discussed in detail. The socio-economic effects will be discussed (physical needs and effects of schooling) first, then psycho-social effects, after that, social support systems (extended family support, sibling support, educator support and community support) next, and role change and stigma and discrimination last.

CHAPTER THREE: *Research designs and methods*

Chapter three will present an outline of the preferred research design, such as qualitative research design and research methodology (epistemology and qualitative methods), the role of the researcher, population of the study, sample and sampling techniques, the setting of the study, the process of gaining school entry and the background description of participants. There will be detailed explanations of the methods to use on data collection, such as (personal interviews and open-ended questions in questionnaires), as well as describing the analysis techniques (familiarization and immersion, themes, coding, elaboration and interpretation). Lastly measures of trustworthiness, ethical measures, limitations and conclusions will be discussed.

CHAPTER FOUR: *Findings of the research*

Chapter four will proceed and present the findings of the study. Demographic information of the participants, schools and data coding used for the interviews and questionnaires will be discussed. Findings from the in-depth interviews of participants

and findings from the informants' questionnaires will be discussed according to categories and sub-categories. Lastly the conclusion will follow.

CHAPTER FIVE: *Discussion of the findings*

Chapter five will provide the discussion of the literature from interviews, discussion of findings from questionnaires, limitations of the study, recommendations on what could be done in future on the research topic and the conclusion will be included.

1.10 CONCLUSION

Chapter one provided an outline of this research study, its research objectives and questions were discussed. The research design and methods, and the division of chapters were outlined. Literature review will be discussed in the next chapter.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Mogotlane *et al.* (2008:90) describe a child-headed household as a household where a child takes the responsibility of being a parent for the other children in the absence of an adult, by providing all the basic skills such as food, clothing and educational needs. According to Bequele (2007) who did some research on the emerging challenges of children heading households, a child-headed household is a household that comprises only children below the age of 18 and these children fend for themselves without any adult support.

Germann (2005:97) writes that a child-headed household is a household where the parents are absent and children are responsible to manage the household alone while they are under 20 years. According to the research by Chilangwa (2004) on Zambia's orphans and vulnerable children, a child-headed household is a household where children reside alone and there is no adult person to care, provide, support and guide them. In many cases though, a parent can be around but incapacitated.

According to Pillay and Nesengani (2006:131), a child-headed household started to be an issue in South Africa during the old days. Due to insufficient jobs in rural areas, parents would normally leave their children alone at home and go to the urban areas to look for jobs. In Africa many household arrangements have been changed completely by the HIV/AIDS pandemic which has destroyed and killed many people. Mturi (2012) mentions that in the past, close relatives would absorb orphans but nowadays all the orphans are left alone to look after themselves and the younger children.

This chapter will give a literature review of the international and the South African perspectives on child-headed households, before explaining the severity of HIV/AIDS in South Africa, rights of children and government grants will be discussed. Lastly, the challenges faced by children heading households will be discussed in detail. Firstly, the socio-economic effects will be discussed (physical needs and effects of

schooling), then psycho-social effects, after that social support systems (extended family-, sibling -, educator - and community support), role changes and lastly, stigma and discrimination.

2.2 INTERNATIONAL PERSPECTIVE ON CHILD-HEADED HOUSEHOLDS

According to a study conducted by India HIV/AIDS Alliance (2006), a growing number of child-headed households all over the world is a result of the HIV/AIDS pandemic. This pandemic has caused a lot of constraints in society and governments. The HIV/AIDS pandemic puts an enormous strain in the socio-economic development related to the development of a child. The study by Goronga and Moyo (2013:723) who did some research on the adolescent learners in child-headed households in Zimbabwe, reveal that the initiatives by government and NGOs to alleviate the socio-economic strains endured by orphans and vulnerable children have no or little impact on the learners in CHHs.

According to India HIV/AIDS Alliance (2006:24), the most problematic issue about children heading their households at a young age is that they are not mentally prepared for the hardships of these adult responsibilities that include being parents, taking care of their siblings and providing food for them as well as their other basic needs. Kijo-Bisimba (2011:137) who conducted a study on orphaned children heading households in Tanzania, concurs, stating that the major need which each OCHH raised is of provision, such as they have no reliable food, clothing, medical care and housing. Similarly, Goronga and Moyo (2013:722) mention that the majority of these learners expressed that they did not get adequate food due to lack of income in their households.

The educational status of children heading households show that 10% of the children are illiterate, 66% of the children leave school to look after their siblings, while only 24% of the children are able to continue with their studies regardless of the obligation of assuming parental duties at the same time (India HIV/AIDS Alliance, 2006:25). According to Kijo-Bisimba (2011:139), OCHHs in Tanzania are school drop-out as for being unable to balance the roles of heading household and schooling or for lack of resources needed to continue with school.

Stigmatization is escalating mostly in men, then in women and children (India HIV/AIDS Alliance, 2006:27). The myth against children infected with HIV/AIDS playing with the un-infected has died down. People are well-educated about a child not becoming infected by playing with a sick child or sharing utensils like drinking from the same cup. It has become evident that the communities have developed support groups for children infected or affected by HIV/AIDS to provide emotional support (India HIV/AIDS Alliance, 2006:27).

The study also reveals that none of the children received any financial help from their relatives (India HIV/AIDS Alliance, 2006:26). Goronga and Moyo (2013:723) concurs, stating that in Zimbabwe children expressed negative experiences in their interaction with the extended family. These children struggle not only to assume the extra burden or responsibility of being in charge of the household by ensuring that all the household needs are met daily, but they also find it very difficult to make ends meet (India HIV/AIDS Alliance, 2006:28). According to Kijo-Bisimba (2011:149), the OCHHs who took part in the study received support from other relatives.

The study conducted by India also reveals that some children inherited houses from their parents who had died but others found out about their parents' debts not being paid and have to deal with money lenders' attitude. In Zimbabwe, children live in rented accommodation and find it difficult to pay rentals (Goronga & Moyo, 2013:723). The thought of repaying these debts is causing these children many concerns. The society and their peers provide moral support and help these children to cope with the situation, by providing food and piece jobs (India HIV/AIDS Alliance, 2006:28). Kijo-Bisimba (2011:172), concurs, stating that the most vulnerable children's committee in Tanzania identify the most vulnerable children, keep a register of each child's needs and escort them to receive support from NGOs and other support groups. Similarly, in the study by Goronga and Moyo (2013:723), the children in Zimbabwe get support from their siblings and from peers who are aware of their situations at home.

2.3 SOUTH AFRICAN PERSPECTIVE ON CHILD-HEADED HOUSEHOLDS

According to Leatham (2005:52), there is an escalating number of child-headed households due to HIV/AIDS. Meintjes, Hall, Marera and Boulle, (2010:40) add further that although in most cases the adults contract AIDS, children are those who suffer the most consequences or effects of this pandemic.

Donald, Lazarus and Lolwana (2006) who did some research on educational psychology in social context, mention that as a consequence of unsuitable alternatives, some children end up staying alone in their households. These children are vulnerable to many dangers, for example, they are easily hurt or harmed physically or emotionally, they are in a state of being very poor, they do not eat a healthy balanced diet, find themselves in poor living conditions, are stigmatized, abused physically and sexually, are unable to meet all the educational needs in their homes (Townsend & Dawes, 2004:70). Laundry, Luginaah, Maticka-Tyndale and Elkins (2007) state that child-headed households are usually more evident in communities where HIV/AIDS has weakened the safety net of the extended family. Schenk, Ndhlovu, Tembo, Nsune, Nkhata, Walusiku and Watts (2008); Swift and Maher (2008) mention that normally child-headed households are often a temporary arrangement until more suitable arrangements can be made.

Tsegaye (2007:5) stated that traditionally, children whose parents are absent for a long period of time, passed away, are not feeling very well or migrated would automatically be taken in by the relatives. But recently there is an escalating number of children who do not have parents and this makes it harder and impossible for the relatives to care and support them. According to Mbambo (2005:36), who did some research on HIV/AIDS, the thief of childhood, there are three points of view that shows how vulnerable children who lost both parents and who are staying alone are:

Firstly, they lack the immediate needs such as food, shelter, clothing and basic health care. Secondly, psychological and emotional effects include the need for love, protection, care and emotional support from a caring adult. Lastly, development needs such as lack of adult guidance, constant and continuous supervision. According to Chilangwa (2004:7) and Tsegaye (2007:6), the latest literature reports

that children who lost both parents and are without any adult supervision or care prefer not to be separated from their siblings to stay with their extended families or even going to an orphanage or foster care.

2.4 THE EXTENT OF HIV/AIDS IN SOUTH AFRICA

Mbambo (2005:36) who did some research on HIV/AIDS, the thief of childhood; states that children are traumatized by seeing their parents getting very sick and dying in the course of time. Mbambo (2005) further laments that this situation causes children to be vulnerable and fend for themselves. Awino (2010:1) states that the death of parents is related to HIV/AIDS initially and this leaves children lonely, helpless and having to raise their younger siblings alone. The effects of HIV/AIDS influences the children's personal and social development and their quality of life (Donald et al. 2006 and Dunn, 2005).

According to the research done by Maqoko (2006:33) some parents were not educated about how to prevent children from being infected with the virus before they were born by using an antiviral drug AZT (Azidothymidine). This becomes evident because some children were infected by the HIV/AIDS at birth due to the fact that their parents did not have access to treatment programmes, while other children were not infected because their parents were educated about the programme.

HIV/AIDS pandemic has become a very huge challenge in our country. Maqoko and Dreyer (2007:717) states that many children were orphaned due to HIV/AIDS and this will result in poverty being escalated in our children and country. Nattrass (2004) indicates that children feel the overall impact of AIDS because at times they die young through being infected by their parents, and sometimes they must care for sick and dying parents, act as parents and assume all the parental responsibilities for their younger sisters and brothers after the passing of their parents. They struggle to survive in an adult world that discriminates against their status or circumstances.

HIV/AIDS is the main cause of a rising number of parental deaths that lead to children caring and raising themselves and their siblings without parental supervision and guidance (Awino, 2010:1). The incidence of HIV/AIDS in South Africa is

alarming. About 5.4 million people of a total of nearly 48 million South Africans were HIV positive in the middle of 2006, giving a total population prevalence rate of little over 11% (ASSA, 2003 as cited in Dorrington, Johnson, Bradshaw and Daniel, 2006).

2.5 RIGHTS OF CHILDREN LIVING IN CHILD-HEADED HOUSEHOLDS

Mogotlane *et al.* (2008:17), describe a child-headed household as a household where a child assumes full parental responsibility, and provides for the family's physical, social and emotional needs. According to the research by Tsegaye (2007: 29&30), a clear difference between accompanied and unaccompanied child-headed households is explained. He further explains that an accompanied child-headed household is when the parent cannot provide, care for or support his or her family. An unaccompanied child-headed household is when the parent is absent and the child is in charge of supporting and caring for their siblings (Kotze & Du Plessis, 2011:37).

Van Dijk (2008:2), argues that, even though a child is capable of taking care of his or her siblings and taking full responsibility for their needs, this is not normal behaviour. These children are deprived of their rights to family or parental care. According to Phillips (2011:20), child-headed households should be informed of their rights and given a chance to use them. This finding is in agreement with that of le Roux-Kemp (2013:4), who noted that each child is a bearer of rights and should be guided in exercising them.

2.6 GOVERNMENT GRANTS

The South African government has made allocations about helping the society with social grants to assist destitute and vulnerable children in order to alleviate poverty. The social grant is given to the primary caregivers of children such as parents and grandparents. Other than that an affidavit from a police station, a social workers' report and a letter from the school principal where the child attends school are required if you are a primary caregiver.

According to research by Maqoko and Dreyer (2007:725), there are three types of grants, such as Child Support Grant (CSG), Foster Care Grant (FCG) and Care Dependency Grant (CDG).

2.6.1 Child Support Grant

The Child Support Grant is given to the parent, a relative or the caregiver. According to the South African Social Security Agency (SASSA), the child support grant is R320 as from October 2014 and is available to children below the age of 18. This grant is meant for the child/children and primary caregiver.

The documents required if you apply for this social grant are the identity document of the applicant and the birth certificate/s of the child/children in question. The applicant may not receive any other grant on behalf of the children concerned.

2.6.2 Foster Care Grant

The Foster Care Grant is to benefit all orphans below 18 years not cared for in an institution and those children who do not reside with their parents for different circumstances and are placed in foster homes to be raised and cared for by their foster parents.

The documents required if you apply for this foster care grant are as follows: identity document of the applicant/caregiver, birth certificate of children concerned, death certificates of both parents, court order indicating foster care status of the caregiver and the foster child must pass a means test. This grant may assist a child heading a household to take care of his/her siblings. The current amount payable is R 830.

2.6.3 Care Dependency Grant

The Care Dependency Grant is to benefit all the children below 18 years who are disabled mentally or physically. The requirements for application of this grant are as follows:

The applicant must submit a doctor's medical report certifying disability, identity document of the applicant and birth certificate of the child. The income of the foster parent will not be taken into consideration. The social grants can assist the children heading households to take care of their families and themselves. This grant is payable to the primary caregiver and the amount payable is R1350 per month. (Maqoko & Dreyer, 2007:726; Gow & Desmond, 2002:89).

2.6.4 Findings on social grants

Maqoko and Dreyer (2007:76) indicate that social grants have had a tremendous impact on the lives of orphans. They have met all their educational and physical needs. According to the research by Korevaar (2009:105), a social grant is the children's only source of income. It is an essential mechanism of support, although there are often unintended consequences in provision of this money.

The ability to access grants is hampered by the lack of documentation of the child and logistical problems at the Department of Home Affairs, so most children are never registered at birth and do not have birth certificates which qualify them for obtaining grants and this impacts hugely on their financial status (Korevaar, 2009:106). One participant quoted by Korevaar (2009:106) said: "*That is a bit of a challenge. You find that a mother passed away not having an ID book and then it is difficult to get certificates for the children...and in most cases there is not even death certificate, then it became more or less complicated*". A similar report is reported by Nyaradzo (2013:97) who notes that most child-headed households do not receive child support grants due to the lack of documentation.

Dlungwane (2007:63) concurs, claiming that most participants encounter challenges regarding access to social grants. She further mentions that some children could not access these grants because they did not have documents required when applying such as birth certificates, identity documents, and death certificates.

Masondo (2006:48) mentions that some participants are able to access social grants but others are unaware of such programmes and support structures that assist destitute children. According to the research by Dlungwane (2007:63), ten

participants share similar views about challenges they face regarding social grants, stating that they are aware of the social grants available but it is difficult to access them without proper documentation and as a result most of them have stopped applying. The following quotation by one of the participants in the research of Dlungwane (2007:63) explains her experience regarding the application of social grants: “*We have been trying to apply for a grant, but the queues are too long, people start queuing at the offices as early as 4am, as a result I have given up*”.

According to the research by Korevaar (2009:105) one participant said: “*Ay, this thing of grants, it is a big problem. The relatives are difficult to come and stay when there is no grant. They want this money...they want to control this grant money for the children. Others use the money for their own things, their own satisfaction. In this community, most people drink a lot so others buy alcohol*”.

2.7 CHALLENGES FACED BY CHILDREN IN CHILD-HEADED HOUSEHOLDS

Children assume adult roles and responsibilities of being caregivers, and what follows thereafter are multiple challenges faced by these children and their siblings. A brief description of the challenges faced by orphans especially those who are heading their households, include socio-economic effects (physical needs, poor living conditions, health care services and financial support), psycho-social effects (living with parental illness, bereavement, emotional experiences and lack of safety), social support systems (extended family support, siblings support, educator support and community support), role change (reversal of roles, physical and daily care and decision-making process).

2.7.1 Socio-Economic effects

According to the research study by Goronga and Moyo (2013:723), the government and NGOs have not done much to reduce the economic problems suffered by orphans and destitute children from child-headed households. Mogotlane *et al.* (2008:53) further explain that socio-economic needs of children are nutrition, safety and shelter, health, education and supervision. The prolonged illness of parents with

HIV/AIDS affects a household's finances. The family income decreases, while at the same time much more money has to be spent on medical treatment (Maqoko, 2006:43).

Tsegaye (2008:28), noted that orphans encounter a lot of health problems and diseases such as poor nutrition, diarrhoea, respiratory infections, eczema and abdominal pains. On parental death, an orphan's already poor economic situation is likely to worsen (Townsend & Dawes, 2004). Socio-economic threats include the effects of poverty, neglect, migration, housing problems, malnutrition, homelessness, disruption in education and involvement in crime (Cluver & Gardner, 2007b; Foster, 2006). Conditions of poverty also contribute to children not being able to apply and access social grants because they are not in possession of birth certificates and medical care (Cluver & Gardner, 2007b).

According to the research by Maqoko and Dreyer (2007:719), the welfare and health of these children is influenced by economic hardships, loss of inheritance, increased abuse, and risk of HIV/AIDS. Barnett and Whiteside (2006) agree, claiming that the economic hardships of orphaned households arise from insufficient funds, extra responsibility of taking care of sick parents and dealing with grief after leaving them. According to Hulley, Lebeloane, Tshabalala and Khosa (2006) who did some research on child-headed households and human rights, children need to be helped financially and their rights concerning child abuse and child labour must be respected.

Awino (2010:34) concurs, claiming that these children have learned more than what their peers have due to the economic pressure in their lives. One participant says that they have started business activities that are risky like brewing illegal alcohol and this could lead to their being prosecuted and jailed. These children borrow money to get by but this also creates problems because they could not pay it back so that people refuse to lend money to them again.

According to the research by Leatham (2005:88), the relationship between the head of the household and his or her siblings is influenced by the economic hardships that cause them to experience emotional difficulties. Leatham (2005:89) observes that

learners surrounded by a sibling system are more capable to adapt quickly to financial difficulties than the ones living alone.

Awino (2010:33) concludes that it is the parents' duty to provide for their households but they need to have access to money in order to fully maintain and run a family. In the households where the parent has passed away, the child head is responsible for being in charge of the family but financial difficulties always influence their life choices. Van Breda (2010:269) similarly reports that child-headed households are economically more vulnerable due to low income than are non-orphaned households.

2.7.1.1 Physical needs

Children experience various physical needs after the passing of parents. They are neither able to obtain adequate financial means to fulfil medical support during illness, nor do they have sufficient food, clean water and shelter. According to the research by Ibebuike, van Belkum and Maja (2014:77), children in child-headed households lack basic essentials, such as money, food, clothes and shoes, including some household items like cupboards and plates. This is supported by Goronga and Moyo (2013:722); Nyaradzo (2013:100), who say that most participants mention that they are malnourished because they do not get enough food due to financial constraints and their unemployment.

According Masondo (2006:45), orphans are unable to take care of themselves without adult care. They all need basics, such as food, clothes, blankets and furniture. This puts extra strain on the child heading the household because all the siblings depend on him/her to do something about their situation. Gubwe, Gubwe and Mago (2015:299); le Roux-Kemp (2013:5), concur, stating that these children live in poverty and cannot obtain basic needs. Nziyane and Alpaslan (2012:297) also note that children are struggling to live without adult care and supervision.

Dlungwane (2007:54) writes that children who are heading their households are struggling every day to put food on the table for themselves and their siblings. Lack of food is a major problem for most of her participants. One participant of Dlungwane (2007:54) states that: "*At times we had to go to bed on empty stomach*". Some of the

participants comment: “*We had to sell household goods to attend to our parent's medical needs*”. This is an indication that some of these participants suffered a great deal long before their parents' passing away.

Masondo (2006:45) also mentions that child heads perform piece jobs and they assist their neighbours by going to the shops to buy things for them in exchange for food. Other children receive food from their friends' parents who are generous and sympathetic (Masondo, 2006:45).

2.7.1.2 Effects on schooling

Education is vital to all the children in order for them to develop holistically. According to Hlengwa (2010:10) who researches psychological empowerment of child-headed families through a mutual-aid group, it is imperative that the government provide free education for the children.

Masondo (2006:36) mentions that the passing of a parent has an enormous effect on the schooling of orphans. He further states that after the death of parents, they encounter financial constraints and struggle to pay school fees, buy school uniforms and afford other educational necessities. This is supported by Goronga and Moyo (2013:722) who say that children's rate of absenteeism is escalating due to lack of money for school necessities.

Ibebuike *et al.* (2014:75) posits that the academic performance of the participants reveals that some of the children leave school, others come to school very late and this affects their performance because they miss most of the early morning classes. Others find it hard to communicate and pay full attention because they constantly think of their situation. This is supported by Maqoko and Dreyer (2007:726) who write that children who are orphans are unhappy when they cannot pay their school fees, cannot buy uniforms and do not have pocket money for school.

Nkomo (2006:64) posits that a parent's illness impacts on the child's ability to attend school as well as pay attention in class. According to the research by Nkomo (2006: 64), one participant says: “*At the time my mother was ill I could not attend school...I*

had to dodge school on a daily basis just to look after her. I was just not coping at all. I even failed my standard seven" (Nkomo, 2006:64).

Masondo (2006:37) further states that the passing of the parents result in children being so traumatized that it affects their performance at school and they repeat grades or even leave school.

Awino (2010:36) indicates that the most vital aspect of development for children is being able to have access to and take part in all school activities. But this became impossible to achieve because these children experience financial constraints so they cannot meet some of the educational costs such as school fees, buying school textbooks and stationery.

According to Dlungwane (2007:65), all participants highlight the fact that being orphaned affects their schooling negatively. Dlungwane (2007:66) quotes one participant who remarks: "*Academically I was affected by the death of my mother as I became very sick after funeral as a result I was taken to an inyanga (Witchdoctor) and had to spend several weeks there without attending school*". Another issue mentioned by the participants is the fact that due to their circumstances, at times they were forced to be absent from school to care for their siblings when they are not feeling well, and this has caused them to miss school regularly so that they fell behind in their academic work.

Orphans heading households sacrifice their own education to care for their younger siblings and that puts extra strain on them because they put their lives on hold, even their schooling (Hlengwa, 2010:11). These children are in jeopardy of leaving school because of being disrupted often due to their parents' deaths (Masondo, 2006:37).

2.7.2 Psycho-social effects

According to Moffett (2007:7), being the head of a household comes with several psycho-social effects related to issues such as the passing of the parents, watching parents being terminally ill and for heading a household at a very tender age. A similar report is written by Phillips (2011:89) and le Roux-Kemp (2013:5), who note

that children endure severe traumatic experiences due to the loss of parents and having witnessed their death. Foster (2004) argues that the difficulties that children heading their households face such as poverty, access to education and stress are not unique, but without adult assistance, these effects and difficulties become severe and relentlessly unending.

Ayieko (2003:1) who has researched child-headed households from single parents having passed away, affirms that when children grow up without parents or adults in their families there is no guarantee of normal psycho-social development, while religious and cultural teachings are not instilled and the sense of security of the children is threatened. According to Germann (2005:238-252), resilience is manifested when child-headed household members mention that they are very satisfied with themselves, despite the trauma and stress associated with parental illness and death due to HIV/AIDS, life continues to be seen as meaningful.

Goronga and Moyo (2013:724) believe that the emotional needs for support are intense and justify the need for love, protection and self-confidence. Other emotional experiences mentioned by participants in the research by Goronga and Moyo (2013:724) include an inability to pay attention at school due to not having a confidant. This is supported by Leatham (2005:108) who notices that these children need emotional support with regard to different feelings such as being unhappy, afraid and unprotected.

Mogotlane *et al.* (2008:54) demonstrate how other needs of children listed as psycho-social needs were a serious need for counselling due to the traumatic experiences they have experienced after the loss of their parents.

Dlungwane (2007:76) confirms the fact that there is still a stigma associated with HIV/AIDS in so much that the parents keep their HIV status a secret, making it strenuous for the children to deal with the disclosure at a very late stage and after the death of a parent. She also adds that child-headed households suffer from severe psychological trauma due to the fact that they do not get a chance to grieve properly, as they have to pull themselves together and be strong for their siblings.

MacLellan (2005) has discovered that those children find it hard to deal with psychological needs and their behaviour eventually change. They express these feelings by meeting with the wrong crowds. Children heading households are deprived of love, protection, care, nurturing and emotional support (Mbambo 2005:36). These children sometimes feel unsafe and unprotected (Hlengwa, 2010:10).

According to Masondo (2006:37), the trauma of losing both parents leaves children emotionally affected. According to van der Kolk, McFarlane and Weisaeth (2007:64), trauma is a normal emotional reaction after an abnormal event faced by normal people and it has the potential to interfere with their ability to function normally. Ibebuike *et al.* (2014:73) concurs, mentioning that six participants were emotionally disturbed on account of the memory of their parents' demise. Some of them watched their terminally ill parents suffer and eventually die from the devastating effects of HIV/AIDS and its complications. Korevaar (2009:76) remarks that not dealing with stress early in life and not getting all the support you need, can cause the development of emotional problems later in life.

Tsegaye (2008:21) notices that children are constantly reminded of the passing of their parents and experience continued torture due to these memories. This is supported by Korevaar (2009:29) who mentions that orphans report symptoms related to being depressed and have post-traumatic stress. Cluver, Gardener and Operario (2007); Li, Naar-King, Barnett, Stanton, Fang and Thurston (2008) suggest that children living alone develop psychological problems due to many stressors they are exposed to in addition to their lack of emotional support. He further mentions that stressors may include lack of adequate care, parental and own illness, multiple losses, economic deprivation, disrupted schooling, uncertainty, stigma and social isolation.

2.7.3 Social support systems

The Ecological systems theory of Urie Bronfenbrenner will be used. This theory looks at the child's development within the context of the system of relationships that form his or her environment. The theory identifies five environmental systems and these

are the micro-system, the meso-system, the exo-system, the macro-system and the chrono-system (Bronfenbrenner, 1979). This theory is used to discuss how each subsystem can influence learners who live in CHHs. A family plays a vital role in educating children about the social expertise that will assist them in their everyday communication with the people around them (Leatham, 2005:90). Four social support systems will be discussed such as extended family support, sibling and peer support, educators' support and community support. These support systems will be explained below.

2.7.3.1 Extended family support

Awino (2010:39) mentions that grandparents, aunts and uncles have played a vital role for many years taking care of and raising children after the passing of their parents. Dlungwane (2007:67) states that some of the participants report that they have the full support of the extended family, while a majority of participants do not receive any support from the extended family members. This report was supported by Gubwe *et al.* (2015:299) who mention that relatives could not take children because they cannot assist orphans psychologically or mentally and are overwhelmed by the extra responsibility due to economic problems. Nyaradzo (2013:108) adds that extended family members do not want to absorb orphaned and vulnerable children.

Korevaar (2009:94) mentions that most orphaned children, and children in the community generally, are being, or have been raised by their single mothers. According to the research by Korevaar (2009:94), participant 1 said: "*These daughters leave their children behind.*" Participant 2 pointed out the following: *When the single mothers mother passed away, many children do not have fathers so will thus be considered orphans on the death of their only parent*". On the death of a parent, most orphans are fostered by their extended families, with maternal grandmothers accommodating most of the orphaned grandchildren.

According to the research by Korevaar (2009:95), participant 3 highlighted the benefits of the children being fostered by a relative: "*It is better because the relative is part of that children's family. The relative knows the history of the family and obviously you will know your history because you are still in the house*". Korevaar

(2009:95) further states one of the greatest problems with foster care for relatives or non-relatives is the motivation to access grant money or an RDP house, as opposed to providing adequate care for the child. *Participant 2 said:* “*There is so much neglect...there are some people who, when they know that all the paperwork has been done and when they find out that there is money for the children, they will take them and say: No, we will foster. But as soon as the kids come to their home, the story changes*”. *Participant 3 added and said:* “*Others want money for the grants. They do not want the children*”.

According to the research by Dlungwane (2007:68), participants who had support from the relatives were the ones with better socio-economic backgrounds, for example, their parents owned property and had other valuable assets, which means that the extended family would gain a lot by providing some kind of support to the participants. She further added that other extended family members offered their support because they received the social grants on behalf of the participants.

Dlungwane (2007:68) remarks that these children face these problems because parents do not draw up proper wills to make sure that should they die, their children do not end up being exploited by selfish extended family members. “*One participant whose father owned taxis commented that his paternal uncle took all his father's taxis and is operating as if they were his own, and does not take care of the needs of the children who were supposed to be benefiting from the money made by those taxis*” (Dlungwane, 2007:68).

According to the research by Leatham (2005:91), some of the participants have been treated with hatred when pursuing support from close relatives. Some relatives are not willing to assist them, they send them back to their deceased parents telling them to ask everything from them despite the fact that they have passed away. Leatham (2005:92) also states that children may prefer to stay alone with their siblings in their parents' house because these children do not have good relationships with their relatives but have only had negative experiences. Moffett (2007:63) mentions that extended family care was another form of support for the child-heads, however the findings reveal that extended family was not always a consistent support, because of

exploitation and abuse of children, or because of the illness and death of these relatives.

2.7.3.2 Sibling and peer support

According to the research by Goronga and Moyo (2013:722), participants are supported by their siblings. This is evident when one participant says: "*My brother encouraged and motivated me to do well at school*". This was supported by Awino (2010:40) who notes that the only thing that kept these children going was their support and understanding for each other. They make sure that the family functions smoothly and sharing all the household chores brings them even closer.

Leatham (2005:93) is in agreement and indicates that siblings care, support and guide each other on all the vague issues that they are not sure of. Good communication between siblings makes life easier as indicated by one participant in the focus group interview 1 of Leatham (2005:93). The passing of parents can bring siblings closer together and the relationship between the siblings is an important support system (Leatham, 2005:94). According to Phillips (2011:89), it is in the best interest of children for the siblings to stay together and grow up in the same family.

Also evident from the literature review is the support from peers and friends. According to Goronga and Moyo (2013:724), participants get emotional support from peers who were aware of their situations at home and who shared similar backgrounds. Awino (2010:41) concurs, stating that some of the children receive support from peers who live in similar life situations. They make friends with children who had lost their parents to comfort each other, share experiences and discussing possible way forward to their problems.

2.7.3.3 Educator support

According to the research by Leatham (2005:96), most learners experience outstanding support from their educators as they advise them whenever advice is needed. Leatham (2005:97) further indicates that educators have become replacements of the children's biological parents to guide, support and provide for

them. Educators not only support and give guidance to these children but also provide in their physical needs (Leatham, 2005:97).

Most participants get support from their schools, for example, six of Leatham's participants were fully exempt from paying school fees. Some participants are too embarrassed to tell their teachers about their challenges. Others are embarrassed to join the school feeding scheme for fear of being mocked by peers. On the other hand, most participants from high schools wish that their schools offered feeding schemes, too (Dlungwane, 2007:72).

Korevaar (2009:98) mentions that two participants believe that teachers are overburdened and do not have time to get involved in the emotional problems of the child: "*They do not have time to get emotionally involved with the child in terms of assisting them and counselling them*". Goronga and Moyo (2013:724) note that some children have kept their situations a secret therefore educators are not acquainted with their problems and they are not receiving any support from the school.

2.7.3.4 Community support

In South Africa, the rate of crime is escalating and this causes community members to be weary of child-headed households (Leatham, 2005:103). Leatham (2005:104) mentions that there is some form of community support towards children who live in child-headed households. Community members make many wrong assumptions about these children and this has caused them to be blamed for the bad things happening around them. This has resulted in child-headed household members being shy, isolating themselves from the community and losing trust in everyone, but they are still able to interact with their friends at school.

With regard to community involvement, one participant in the research study by Korevaar (2009:99) points out that: "*Neighbours are not the same. Others may help, others they do not care. They say, it is difficult to teach my child. So what about the other person's child? But others do take care of the children.*" Another participant in the study of Korevaar (2009:99) believes that: "*There is poor community involvement with child-headed households, as most people are not working and if they are, they*

are earning little so they cannot do anything. They need someone to tell them that it does not have to be money but you can offer your love and support”.

According to Nkomo (2006:83), respondents report instances where in the absence of definite help, people around them rendered psychological help, such as guidance, comfort and inspiration. This becomes evident when one participant of Nkomo (2003:83) mentions that: “*Community members are very supportive you know. They always ask how I am or where I have been if they have not seen me for a while*”.

2.7.4 Role change

Nkomo (2006:63) believes that children struggle to adjust to the reversal of parental and child roles when a parent becomes ill. A similar report by van Breda (2010:265); Nziyane and Alpaslan (2012:294) indicates that children have made huge adjustments from being children to heads of households following the passing of parents and have to bear parental responsibilities. These emotions are illustrated when an interviewee gives the following answer to the question, what life was like during the time that her mother was sick. “*It was hard! We were used to (pause)...my mother was a very strong, powerful and independent women but all this changed drastically when she became very ill. We now had to do things for her. We had to wash her. We just had to do everything for her. That was very hard*”. The assumption of adult responsibility by the orphans who live in child-headed households have a great effect on them as they are not ready to be parents at their age (Masondo, 2006:42).

Nkomo (2006:70) concurs, stating that one of the significant issues that emerge from the texts depicts how these children have kissed their childhood and younger self goodbye by taking on the extra responsibility of becoming parents at an early age. According to the research by Nkomo (2006:70), one participant said: “*I feel that my childhood has been taken away from me. I am not only a child but I have to be both child and a mentor at the same time*”. Parents play a leading role looking after, comforting, supporting, protecting and providing for their children but if the parents are dead this task is left to the eldest sibling (Awino, 2010:31).

The children heading their households have no one to mentor them and be a good example of how to be a parent and to take over parental duties of taking care of their siblings. Masondo (2006:44) mentions that when it comes to decision making, the heads of households are faced with a serious challenge because they must make drastic decisions for their siblings. In a family there will always be agreements and conflicts amongst siblings and these put an enormous strain on the child head of a household. The head of the household must instill discipline and respect amongst all the children at home. Payne (2012:296) agrees, stating that the head of household takes on the roles and responsibilities needed to run the household. This finding agrees with findings by Nyaradzo (2013:83) who notes that these children are too overwhelmed by household chores and fail to attend school.

2.7.5 Stigma and discrimination

Studies have shown that children who become orphans after the passing of parents due to the HIV/AIDS pandemic are stigmatized and discriminated against at schools, foster homes and communities (Korevaar, 2009:32 and Laundry *et al.*, 2007). Van Breda (2010:268) concurs that children are stigmatized because their parents died of AIDS. According to Korevaar (2009:33); Swift and Maher (2008: 57), stigma is a process of discriminating against a person or a group of people through customs and attitude that disadvantage them greatly. Chitiyo, Changara and Chitiyo (2008) who did some research on providing psycho-social support to special needs children, mention that stigma often leads to discrimination that may intensify psychological distress. Swift and Maher (2008:57) describe discrimination as an accomplished stigma whereby actions and patterns have a prejudicial effect on those stigmatized.

According to Maqoko (2006:35), stigmatization is a social factor with devastating effects on AIDS orphans. Stigmatization leads to discrimination and as a result, people are unjustly treated and disadvantaged on the basis of their HIV positive status. Some are discriminated against because of their proximity to someone who is HIV positive.

Maqoko (2006:36) further explains that HIV/AIDS still remains the most highly stigmatized disease that causes those persons infected or affected to become victims

of discrimination. Discrimination leaves the whole community of those who discriminate and the ones who are discriminated against exposed to the spread of the HIV/AIDS pandemic. Social prejudice causes orphans to be deprived of basic human dignity and children's rights.

Masondo (2006:50) concurs, stating that orphans battle with stigma-related HIV/AIDS. This becomes evident when one participant of Masondo said: "*Our neighbours do not like us since our mother's death. They say she died of AIDS. Their children have also been told not to play with little brother and my little sister*". Donald *et al.* (2006); Swift and Maher (2008) agree, stating that stigma decreases the likelihood of neighbourly supper and serves to marginalize and isolate orphans from their peers as community members may prohibit their children from playing with them. A similar report was given by Payne (2012:299) who notes that neighbours stigmatized boys complaining that they are disruptive and are given the etiquette of badly behaved kids.

Maqoko and Dreyer (2007:722) report that orphans are being discriminated against and isolated by other children. This finding was supported by Gubwe *et al.* (2015:299) who mention that children are mocked by their peers because of poverty and this has led to absenteeism caused by stigmatization and discrimination. Tsegaye (2008:21) concurs, stating that children orphaned by AIDS are being isolated and rejected by their friends. These children find it difficult to socialize freely in school and in the community because of the attitude of people who were once close to them (Ibebuike *et al.*, 2014:74).

According to the research by Korevaar (2009:93), one of the participants says there is still stigma and discrimination in schools. When the child has got sores all over the body you can see that the teacher will isolate that child and it is very hard for him or her. He further explains that some relatives are even unlikely to foster children if they know that parental death is related to HIV/AIDS.

Dlungwane (2007:58) mentions that the stigma and secrecy attached to HIV/AIDS has negative effects on children as they have to live with it to protect their families from discrimination. Some children say they are keeping the secret to protect their

younger siblings who may not cope well with finding out that their parents had AIDS. According to the research by Dlungwane (2007:58), one participant explains as follows: *"I have not spoken to anyone about this, nobody knows that my mother had AIDS"*. Dlungwane (2007:60) further mentions that the stigma attached to HIV/AIDS often influences a parent's decision to refrain from confessing their status to their children. Parents want to protect them from discrimination and rejection by family, friends and the community at large. This becomes evident when two participants' remark: *"They did not get any support from the family members as they have distanced themselves because of it. They know that their parents died of AIDS related illnesses"*.

Moffett (2007:46) stated that stigmatization was a significant factor for several child-heads, particularly related to their parents' AIDS diagnosis. According to the research by Moffett (2007:47), one participant reports that: *"Neighbours who had known her mother had died of AIDS were openly prejudiced towards them, they even called our house, a house of people who are HIV positive. And that makes us feel bad because we are not HIV positive, it was only our parents that were HIV positive"*.

Harriet and Inez (2007:18) comment after some research on HIV/AIDS, stigma and children that parents and children may be isolated from their close families and community support, because of the stigma related to AIDS. This may worsen their sadness or suffering psychologically. They further mention that these children suffer from more psychological problems than other children.

2.8 CONCLUSION

The literature presented in the preceding sections has incorporated the lived experiences and the challenges faced by learners who live in child-headed households. The challenges discussed are socio-economic effects, psycho-social effects, role changes, support structures and stigma and the resulting discrimination. The researcher's discussion has also given a picture of the international perspective on child-headed households in other countries like India, Tanzania and Zimbabwe, the extent of HIV/AIDS in South Africa, the children transformed from being kids to being parents, caring for their young brothers and sisters. It emerged from the

findings that these children were unable to go against the support from their social support system. It has also been found that caring for and witnessing a parent suffer from a debilitating illness such as HIV/AIDS might lead to the affected children becoming worried, sad and helpless (Nkomo, 2006:43).

CHAPTER 3

RESEARCH DESIGN AND METHOD

3.1 INTRODUCTION

In chapter 2, the researcher reviewed the literature to gather the history about the life challenges of the children who live in child-headed households and how they survived during their bereavement and stress. The literature study also indicated the challenges endured by learners in child-headed households in South Africa such as socio-economic effects, psycho-social effects, role changes, support structures and stigma and the resulting discrimination.

As a teacher with 20 years teaching experience, I noticed that many learners were orphans and others lived in child-headed households and have assumed adult duties of looking after, supporting and providing for themselves and their younger siblings. In qualitative research, the researcher is specified as the equipment that is utilized to collect data. This entitled me to enhance learning opportunities and extend knowledge that was suitable or appropriate for my teaching profession.

I used qualitative research to gather clear and thorough knowledge of the experiences of the children who live in child-headed households. Firstly, the core of the study was to explore the experiences of learners who live in child-headed households at Osizweni Township. Secondly, the study portrayed the challenges faced by learners in child-headed households. Lastly, to formulate guidelines to assist these learners to deal successfully with their difficult situations.

In this research study, a thorough description of the research design, such as qualitative research and research methodology, such as epistemology, the role of the researcher and sampling procedure used in this study was discussed. There was a discussion of the data collection methods, such as interviews and questionnaires and data analysis techniques. Data analysis was administered by means of the following 5-step process by Terre Blanche *et al.* (2006: 322-326), for example, familiarisation and immersion, inducing themes, coding, elaboration and interpretation. Enclosed is

the discussion on how the measures to ensure trustworthiness were achieved. Last of all, the ethical considerations applied in this study were discussed.

3.2 RESEARCH DESIGNS

A research design is a strategy on how the research will be administered, while research methodology focuses on the research process (Mouton, 2009). Research design is also a planned structure that works as a crossover between the research questions and the execution or implementation of the research (Durrheim, 2006:34). The research design should include accurate, detailed information on the methods that will be utilized in implementing the research (Durrheim, 2006). This study adopted a qualitative research design.

3.2.1 Qualitative research design

To study this problem, qualitative researchers used an emerging qualitative approach to inquiry and the collection of data in a natural setting sensitive to the people and places under study. The final written report or presentation included voices of participants, the reflexivity of the researcher, and a complicated description and clarification of the problem (Creswell, 2007:37).

Qualitative research included analyzing issues in their ordinary surroundings (Denzin & Lincoln, 2008 and Awino, 2010:11). In qualitative research, the researcher's goal is to acquire thorough knowledge of the participants' manner of conduct and what controlled such behaviour.

As part of qualitative research, descriptive research explained aspects about the phenomenon being investigated. The objective of descriptive phenomenology is to gather knowledge in regard to existing phenomena (Frost, 2011:45).

According to Terre Blanche et al. (2006), qualitative research aimed to report the richness of authentic experiences. Qualitative research aimed to examine, outline and understand the experiences of individuals through descriptive methods. The knowledge that needs to be clarified must be explained in order to open up the

experiences better. The process consisted of research aimed at obtaining the participants' understanding of their nature through thorough exploration of their meanings and experiences. It produced descriptive information in the transcribed and uttered words of the participants (Masondo, 2006:18).

3.3 RESEARCH METHODOLOGY

The research was conducted to explore the experiences of learners who live in child-headed households, to portray the challenges they faced and to formulate the guidelines to assist them to deal with their difficult situations. In the following subsections I explained the epistemology and qualitative research, the role of the researcher, population of the study, sample and sampling procedures, the setting of the study, process of gaining entry, the participants and background description of participants.

3.3.1 Epistemology and qualitative research

The short description of epistemology is the approach of information or a set of beliefs leading action (Guba, 1990; cited in Creswell, 2009:6). It is the study of what is required in order to have a realistic opinion and information on the core of the research. Phenomenology is a research method involved with how things seem to us in our backgrounds (Frost, 2011:46).

Epistemology is governed by three key concerns in social research, and the first key epistemological issue is the way in which knowledge has been gained. The second epistemological issue defines the acquaintance between the researcher and what can be researched. The third main epistemological issue focuses on what it means to acknowledge knowledge as authentic and legitimate (Spencer, Ritchie, O'Connor, Morrell and Ormston, 2014:8).

Epistemology defines the kind of connection between the researcher and what can be known (Terre Blanche et al., 2006:6). Nieuwenhuis (2007:57) further explains that epistemology is how one knows reality and it assumes the connection between the knower and the known.

The paradigm of this qualitative research is a phenomenological approach through which I as the researcher attempted to acquire knowledge of the lived experiences of children in child-headed households and how these experiences have affected their performance. The research questions for this study were: Firstly, which experiences do learners living in child-headed households have to go through? Secondly, which challenges do learners living in child-headed household have to cope with/have to deal with? Lastly, which guidelines can be formulated to assist them in coping with their difficult situations?

Over the years different authors (Creswell, 2009; Denzin & Lincoln, 2008; Rossman & Rallis, 2003) have identified a number of characteristics common to qualitative research. They all agreed that qualitative research should be administered in a setting that is common – which is its significant aspect. The researchers went to the participants' experiences and have interviews as they believed that the problem investigated can be known better when it was studied in the setting in which it took place. Furthermore, the qualitative researcher became the primary research tool that actually went to the area to gain data through different methods, such as going through the documents, watching their behaviour, or evaluating participants to develop a complete picture of the phenomenon. In this study I conducted the individual interviews at the participants' homes, in their ordinary surroundings.

3.3.2 The role of the researcher

According to Maree (2007:79), the researcher becomes a research tool in the data-gathering process. As the researcher I have included children living in child-headed households as participants, taking into account the question of ethics. In this study, I have informed the participants that I was conducting this research to explore the experiences of learners who live in child-headed households at Osizweni Township. I have showed respect and treated participants equally at all times. I have informed the participants of the description and the research objectives at the beginning of the process, the procedures to be used and how they will benefit after the research.

The participants' informed consent to participate in the interview and for the interview to be recorded were obtained from the participants and they signed all the consent forms. The process to be followed and the risks that might hinder the research

process were made clear. I have used a tape recorder to record the interview sessions for analysis purposes. I was honest and open as to why the recordings were made, who will have access to them, where they will be stored and how they will be used. I have also explained to the participants that their participation was voluntary. The participants understood what was explained and were given an opportunity to ask questions.

3.3.3 Population of the study

A population is a group of objects, events or human beings that contain familiar aspects that the researcher is keen to investigate (Mouton, 1996:34). Merriam (2002:12) affirms that it is preferred to choose participants who can provide more information according to the research topic and are significant to the research aims.

In the research study I am conducting, the participants were the learners who live in child-headed households and who were heading those households. The informants were the principals of all the schools that participated, the teachers who teach these learners, the social worker and the Red Cross psychologist in charge of the learners in child-headed households. The researcher used information collected from available records. She aimed to find participants who will provide information that was required to explore the experiences of learners who live in child-headed households at Osizweni Township. She also wanted to portray the challenges faced by learners in child-headed households to enable the formulation of guidelines to support these learners.

3.3.4 Sample and sampling procedure

In this research study, purposive sampling was used to select participants and informants with information about the study. Purposive sampling implies that the selected participants hold the information required for the research (Nieuwenhuis, 2007:79).

The criteria for selecting participants/informants included the following:

- The participants were selected because they were living in child-headed households. Fourteen learners were selected and informed of what the study is about before they participated.
- The participants were selected because they were heading their households. Five learners were selected and informed of what the study is about before they participated.
- The social worker was selected because she was in charge of child-headed households.
- The Red Cross psychologist was selected because he was in charge of child-headed households.
- Five principals were selected and informed of what the study is about before they completed the questionnaires.
- Eight teachers were selected and informed of what the study is about before they completed the questionnaires.
- Participants and informants were between six and 65 years old.

3.3.5 Setting of the study

This study was undertaken in two townships within the Amajuba district. Five schools were involved in these townships, such as two high schools, two primary schools and one special school. In the first township, a large percentage of its population were of black African ethnicity and for most IsiZulu was their first language. The places involved in this study were in rural areas under the guidance of Amakhosi and Izinduna. Its infrastructure was poorly developed, with narrow streets and poor sanitation.

The second township was one of the largest townships in the KwaZulu-Natal province. It was surrounded by communities under traditional leadership. In this township there were adequate resources such as a handcraft centre for the people who are incapacitated, providing them a chance to improve various skills and to change the mentality of the people in the community, showing them that incapacitated people can donate to society and make money for themselves, but child-headed households do not receive any support.

3.3.6 Process of gaining school entry

Initially, I contacted the Amajuba District Manager and explained to him why I wanted to conduct this research. He gave me an application form to complete and send to the head of department at KwaZulu-Natal Department of Education Head Office and ask for permission to use the schools and institutions in Amajuba District. After two weeks, my application was approved and signed by the head of department (see Appendix 2). I contacted two principals at e-Madadeni Township, one in a high school and another in a primary school. I also contacted three principals at Osizweni Township, one in a high school, one in a primary school and one in a special school. My meeting with these principals was mainly to ask for their permission or consent and their full participation throughout this research.

I had a meeting with all principals individually to describe the aim of the research, which methods would be used and most importantly, ethical consideration was discussed. I communicated with the principals that as I was using purposive sampling, I intended to only include those learners who were living in child-headed households and those heading those households with no adult supervision and whose parents had passed away. I made appointments with the principals and teachers to deliver the open-ended questions in the questionnaires to be completed and we set collection dates.

3.3.7 The participants

The participants were children heading households, those living in child-headed households, a social worker from the Department of Social Development in charge of child-headed households and a psychologist from the Red Cross society. The researcher visited all participants in their homes and issued consent forms with a detailed research objective and signed consent forms were obtained from them.

A total of five households of participants between eight and thirty years were visited and interviewed for the study. Some younger children could not describe their feelings and emotions, and I decided to exclude them from this study.

In household 1, both parents were deceased after a terminal illness. The father passed away in 2009 and the mother in 2013. The child-head (SCC) and her siblings do not have their own property but they lived in an extended family member's vacant house.

In household 2, both parents were deceased after a terminal illness. The father passed away in 2004 and the mother in 2008. The child-head (PFY) and her siblings lived with other extended family members in one big yard sharing three houses with kids who stayed alone in one of the other houses. They fend for themselves but sometimes they got food from their aunt and uncle.

In household 3, both parents were deceased after a terminal illness. The father passed away in 1997 and the mother in 2007. The child-head (TMA) lived in their parents' RDP house with her brothers and sisters.

In household 4, both parents were deceased after a terminal illness. The father passed away in 2007 and the mother in 2011. The child-head (MEL) lived with her siblings in their parents' RDP house.

In household 5, the mother was deceased after a terminal illness and she passed away in 2005. The child-head (TPC) lived with his siblings in their parents' RDP house. They have no idea where their father lives.

In four of the child-headed households, the head of the family was a female and in one family the head was a male.

3.3.7.1 Background description of the participants

SCC: Is 21 years old, she lived in household 1. Both parents were deceased, she had six sisters, four brothers, two nephews and one niece. They were thirteen in total but currently she stayed with only eleven of them. The older sister and brother stayed away from home and only visited home during holidays. She dropped out of school after she completed grade 5 due to the fact that she had to take care of her sick mother until she died. They did not own any property but they lived in a house of one

of their relatives. Seven children were still attending school. Five siblings received child support grants and they used it to buy food and school requirements.

PFY: Is 24 years old, she lived in household 2. Both parents were deceased, she had a daughter, four sisters, one brother, a nephew and a niece. They were nine in total but currently she stayed with six of them. The older sister stayed far away from home and she left her kids in the care of her aunt. They had two relatives (aunt and uncle) staying with them in the same yard but different houses. Although these two relatives were available, she was responsible for taking care of her siblings and they fend for themselves without any support from them. She completed grade 12 and was employed but what she was earning doesn't cover all the household needs. She had one sister who was in a special-needs school doing level 2 and she was the only one who was still attending school. One sibling received a foster care grant and the other one turned 18 this year, so her grant was no longer paid out. They used the child-head's salary and the foster care grant to buy food, stationery and school uniforms.

TMA: Is 28 years old, she lived in household 3. Both parents were deceased, she has a daughter, one sister and two brothers. They were five in total and currently she stayed with all of them in their parents' RDP house. She was the head and looks after her brothers and sisters. She was employed as a community care giver. Her sister passed ABET level 4, the older brother was doing grade 9 and the youngest brother is in grade 3. The youngest brother and the child-head's daughter received child support grants. They used her salary and these grants to buy food.

MEL: Is 29 years old, she lived in household 4. Both parents were deceased, she had a daughter and a son, a deceased eldest sister's two children such as nephew and niece, one sister and one brother. They were eight in total but currently she stayed with five in their RDP house. She was unemployed and her younger sister dropped out of a tertiary institution due to financial constraints. She qualified in business management and obtained her N5. Her brother was in grade 9 and her son in grade 5. They only had child support grants of her children and her brother. They used the money to buy food, household items and school supplies.

TPC: Is 20 years old, he lived in household 5. Their mother was deceased, he had three sisters and one niece. They were five in total and they all lived together in their parents' RDP house. He was a learner in a secondary school doing grade 11 and was responsible for taking care of his siblings. His sisters were also students and were doing grades 8, 10 and 12. Their only source of income were the child support grants of two siblings and a niece. Their father was still alive although he was not staying with them, but he was the one who receives the social grants and brings them food once in a while. The children did not know where he lived.

3.4 DATA COLLECTION METHODS

The researcher used multiple operational techniques to collect data. The most ordinary sources of collecting data that were employed in this qualitative research were: Firstly, in-depth personal interviews with participants, such as the learners who live in and are heading child-headed households, a social worker and a psychologist. The aim was to understand emotional experiences of children living in child-headed households. Secondly, data was also collected through questionnaires and observation schedules to be completed by teachers as informants and lastly the questionnaires to be completed by the principal, social worker and Red Cross psychologist as informants.

3.4.1 Personal interviews

An interview is defined as a conversation between the interviewer and the participant, where the interviewer asks questions to gain information about ideas, opinions and behaviour and how they feel about a given topic (Nieuwenhuis, 2007b:87; Atkins and Wallace, 2012:86). The purpose of a qualitative interview is to view the world through the participant's judgement, and they can be a very important source of information when utilized in the right way (Nieuwenhuis, 2007:87). According to Seidman (2006:9), getting answers to the questions is not the aim of interviewing but the major intention is to gather knowledge and the actual information of the experience of participants and what can be obtained from that experience. He further states that through interviews a researcher is able to obtain entry to the background causing people's behaviour to find a clear picture of why they behave as they do.

According to Cohen, Manion and Morrison (2011) and Creswell (2007), the aim of interviews is to learn more about the participants' experiences that are being investigated. The interviewee becomes a co-enquirer instead of a research subject by building communication instead of the sessions where the interviewee answers all the questions asked (Terre Blanche *et al.*, 2006:299).

The researcher conducted in-depth interviews with each participant who was selected for this research and living in child-headed households. An interview schedule (see Appendix 15) was prepared prior to the interview and it served as a guide allowing both the interviewee and the interviewer to participate in directing the interview rather than being directed by it (Greef, 2005; Smith & Osborn, 2008; Korevaar, 2009:59). It consisted of ten parts.

The researcher made sure that the aim of the interview was outlined to all the participants prior to commencing with the interview. All the participants were informed that the study will involve face-to-face interviews of approximately one hour, their participation was completely voluntary, they may refuse to respond to the questions asked when they wish, they may stop participating in the research at any time. At this stage, the researcher also explained that everything discussed during the interview will remain confidential. I have tried my best to help each participant to feel safe and relaxed. The researcher also discussed the contents of the consent forms with the participants (see Appendix 6 & 7). Although all consent forms were in English, the researcher translates them into the participants' home language which was IsiZulu. All participants signed their consent forms before an interview started.

Interviews with participants were all conducted in their homes. A familiar location is important to make the participants feel more comfortable during the interview (Smith & Osborn, 2008; Korevaar, 2009:58). When these interviews were conducted, the researcher also requested the participants' permission to be recorded throughout the interview process to gather all the knowledge. All participants signed consent forms for the interviews to be audio-recorded. According to Korevaar (2009:59), recording is better than taking notes because all the data can be captured for analysis. Kelly (2006); Smith and Osborn (2008); Korevaar (2009:60) further mention that audio

recording allows the interview to flow with no interruptions and the interviewer can focus all attention on the interviewee.

I have used the Bell office digital voice recorder in all the interview sessions. In four child-headed households, the recorder was placed on the table between the researcher as the interviewer and the participant as the interviewee. However, in one child-headed household the recorder was placed on the car dashboard because they did not have chairs and a table so that is where the interviews took place. The recorder was turned on once the first interview question was asked and then turned off at the end. I have also placed the interview schedule for the participants (see Appendix 15) on the table/dashboard as a guide throughout the interview session. The recorder was paused in instances where participants became emotional to allow them to regain their strength and to continue with the interview session.

Five child-headed households were involved in this research enquiry and each member in all five families who participated in the research received about five sets of clothes and some children received school uniforms from the researcher. Then they also received food parcels containing rice, samp, sugar beans from Umzamowethu Trading and Projects 34. The researcher added the following food items: maize meal, sugar, flour, cooking oil, teabags, juice, potatoes, onions and chicken braai packs. Lastly three second-hand double beds were donated by the researcher to the family that did not have furniture and were sleeping on the floor. This was a way of thanking the families for their participation.

3.4.2 Open-ended questions in questionnaires

According to Leatham (2005:34), the aim of the questionnaire is to stimulate the informants with regard to the research topic and the questionnaires are utilized to gain information related to the research questions. The researcher chose questions in the questionnaires that were unlimited concerning answers to questions as another data collection technique.

The researcher delivered the questionnaires to the selected schools in Osizweni Township and at eMadadeni Township after prior arrangements with the principals of

those schools. Five principals of schools where learners who live in child-headed households were studying were asked as informants to fill in questionnaires comprising of twelve open-ended questions (see Appendix 12). Teachers who teach the learners who were selected for the research were asked as informants to each complete the questionnaires that consisted of eleven open-ended questions and observation schedules of learners in the classroom (see Appendix 13 & 14).

Lastly the social worker and the Red Cross psychologist in charge of these learners were also asked as informants to each fill in the questionnaire comprising of fifteen questions (see Appendix 16). The informants were able to get a chance to share their experiences and understanding of what was asked freely. All questionnaires were in English and before they were completed, the consent forms were signed and then the questionnaires were handed out to them. The researcher collected all completed questionnaires from all informants for analysis purposes.

3.5 DATA ANALYSIS TECHNIQUES

“Interpretative phenomenological analysis is an approach to qualitative research that explores in detail personal lived experiences to examine how people are making sense of their personal and social world” (Frost, 2011:44). All the data accumulated through in-depth interviews with the participants and questionnaires were stored. The researcher asked the questions in isiZulu during the interviews, therefore all the data collected with a voice recorder were then translated back to English for analysis purposes. Data analysis was conducted by means of the five-step process of content analysis of Terre Blanche et al. (2006: 322-326) such as step 1: familiarisation and immersion, step 2: inducing themes, step 3: coding, step 4: elaboration and step 5: interpretation.

3.5.1 Step 1 - Familiarisation and immersion

In this step, the researcher revisited the recorded material of the interview and became acquainted with it. The aim was to know the data well enough to remember what was enclosed in it, knowing where specific questions took place in the text and be acquainted with the language and figures of speech used by the participants.

According to Spencer *et al.* (2014:282 & 297), familiarisation is when the researcher becomes deeply involved in the collected data to acquire an outline of the information covered. They further state that the process of familiarisation should proceed until the variety of situations in all collected data has been understood inside out.

The researcher read and listened to the voice recorder over and over again, made notes and summaries throughout the process to become acquainted with the data. As I scrutinised the data, themes or categories that were significant were picked out.

3.5.2 Step 2 – Inducing themes

In this step, the researcher picked out patterns repeated while working through the recorded material and was sensitive to the subjects that came forth in the process (Smith & Osborn, 2008). According to Spencer *et al.* (2014:297), the researchers must choose which themes will be utilized for labelling, sorting and comparison of all the collected data at the completion of familiarisation.

The researcher started with tabulating themes that appeared while going over the text. The researcher introduced themes and labelled categories necessary for the data. Similar categories and sub-categories were grouped together on completion. Categories and sub-categories supplied applicable information to the subject investigated and were used to assist when examining and explaining the research question (Louis *et al.*, 2007:493).

3.5.3 Step 3 – Coding

This step occurs together or jointly with introducing themes (Terre Blanche *et al.*, 2006). It refers to the process of going over the data transcribed and distributing it into useful or significant parts (Nieuwenhuis, 2007:105). According to Louis *et al.* (2007:492), coding is a process of dissembling and reassembling the data. When data is analysed, codes are used for labelling, sorting and comparing data throughout the process (Spencer *et al.*, 2014:277).

In order to reveal categories and sub-categories I have coded all the data. I highlighted and pointed out all significant words, sentences and phrases from each participants' recorded material. All the marked data in each participants' interview was transcribed into a different document for examining and building categories and sub-categories. This was done using highlighters to underline all similar categories and sub-categories.

3.5.4 Step 4 - Elaboration

In this step, data was revisited by finding the link between meanings, identifying similarities and differences, analysis of data by examining themes carefully, and revising the coding system – either in small ways or drastically (Terre Blanche *et al.*, 2006:326). Elaboration was done because the first themes that came forth from the data may appear incomplete and may need further improvements or corrections (Spencer *et al.*, 2014:282).

3.5.5 Step 5 - Interpretation

In this step, the researcher gave a written report of the phenomena being studied. According to Terre Blanche *et al.* (2006:326), this step requires the researcher to give a written description of the findings associated with the categories gathered from the analysis. They recommended that the researcher return to the material accumulated by checking if the material was interpreted or analyzed properly and make amendments where needed.

3.6 MEASURES TO ENSURE TRUSTWORTHINESS

A research study is trustworthy when it reveals the authenticity and the impressions of participants (Mogotlane *et al.*, 2010:27). According to Gunawan (2015:10-11) trustworthiness consists of four perspectives, such as credibility, transferability, dependability and confirmability.

3.6.1 Credibility

Credibility is the correctness or realness of the collected data (Mogotlane *et al.*, 2010:27). It shows how assured the researcher is that validity is present in the results based on the research design (Krefting, 1991:215). The credibility paradigm entails finding conclusive results of qualitative research from the participant's outlook in the research (Trochim, 2006). To achieve credibility, triangulation was used for data collection. Personal interviews with learners living in or heading child-headed households were administered. The researcher has utilized questionnaires to collect data from the informants, such as principals, teachers, social worker and a Red Cross psychologist.

3.6.2 Transferability

Transferability is when the researcher is able to put into use the findings to identical circumstances (Mogotlane *et al.*, 2010:27). Transferability is the degree to which the results can be exercised with other people and in other situations (Krefting, 1991:216). It involves the extent to which the results of a particular study can be used in other circumstances (Shenton, 2004: 69). Transferability is the extent to which the findings can be relocated to other backgrounds and the person carrying out the transfer is entitled to access how realistic the transfer is (Trochim, 2006).

To achieve transferability, thick descriptions of the collected data were drawn up, while the population and sampling were described in detail. Purposive sampling was used in this research study to maximize information collected. Children in child-headed households from ages 6-30 years, social worker, Red Cross psychologist, teachers and principals were purposively sampled for this research.

3.6.3 Dependability

Dependability is when data is stabilized to make it trustworthy (Mogotlane *et al.*, 2010:27). It is the degree to which measures administered in duplicates will give similar data or the degree to which measures administered on one occasion by various people generates similar findings (Krefting, 1991:216).

Dependability guarantees that the findings of the research are unchanging, duplicated and measured by the level to which the research is administered, examined and demonstrated (Trochim, 2006). Each action in the study should be recorded in detail to allow a researcher from outside to do the inquiry over again and obtain identical results. This also allows the researchers to have more knowledge of the methods and their effectiveness.

To achieve dependability, thick descriptions of the research methodology were detailed in this research process. In-depth interviews were conducted with learners who live in or who are heading child-headed households. The research process followed with all these interviews was exactly the same. Data collected through interviews and questionnaires were recorded correctly to ensure that the results were always the same.

3.6.4 Confirmability

Confirmability is the degree to which the findings can be validated by others in connection with the collected data (Mogotlane *et al.*, 2010:27). Confirmability inquires how the findings of the research are strengthened by the collected data. Confirmability exposes the researcher who may have been prejudiced during the study and an outside researcher can draw conclusions by studying the collected data from the initial inquiry (Trochim, 2006).

To achieve confirmability, the research findings were based on data collected from the interview scripts of learners who live in or who are heading child-headed households and from the questionnaires collected from all the informants. These findings were not based on the researcher's own opinion.

3.7 ETHICAL CONSIDERATION

Permission to carry out the research was obtained from the UNISA College of Education Ethics Committee and a Research Ethics Clearance Certificate has been obtained (see Appendix 18). Permission to conduct research in the KZN DoE

Institutions was also obtained from the Head of Department in the KwaZulu-Natal Department of Education (see Appendix 2).

The ethical principles considered during the whole process are as follows:

- **Informed consent and assent** – Informed consent forms were obtained from the participants and informants older than eighteen years in the research study, such as heads of households, learners living in child-headed households, teachers, principals, a Red Cross psychologist and a social worker. Informed assent forms were also obtained from all the participants below eighteen years of age. The researcher has explained to the participants and informants the purpose, procedures and what was expected of them throughout the research study. They were all given a chance to enquire with regard to any element of the research before, in the middle and at the end of the research study.
- **Voluntariness** – Participants were informed that taking part is free-willed and they may leave the research whenever they wanted. They were promised that if they left or withdrew, no penalties would be involved. They should not feel threatened into participation.
- **Autonomy and confidentiality** – It was made clear to the participants that their names will not be used in this document, to ensure a stronger guarantee of privacy. Their responses will not be shared with or even be accessible to people who were not taking part in the research. They were also told that all the information obtained through audio clips will be eradicated without hesitation as soon as data was analyzed and the report findings were made.
- **Caring, fairness and protection against harm** – Some participants felt tense about certain topics during the research interview, so the researcher reminded them that they were free to decline to answer that particular question. In this manner it was ensured that each participant was protected from harm.

3.8 CONCLUSION

The researcher has pointed out the research designs and methods that were employed in this research study. An explanation was given describing the researcher's methods regarding the process of the selection of participants and informants, gaining school entry and collecting data. Data were accumulated using questionnaires for the informants and conducting personal interviews with the participants. Data analysis was outlined. Ethics and measures to ensure trustworthiness were discussed. In the next chapter, the findings that emerged from interviews and questionnaires will be discussed.

CHAPTER 4

FINDINGS OF THE RESEARCH

4.1 INTRODUCTION

As discussed in Chapter 1, the aim of this research study is to explore the experiences of learners who live in child-headed households at Osizweni Township, to portray the challenges faced by learners in child-headed households and to formulate guidelines to assist these learners to deal with their difficult situations. In this chapter, the results of the research study were presented. The process of analyzing data commenced by transcribing all the data collected from audio clip recordings into text data (Creswell, 2012: 239). After organizing and transcribing data, I explored the data and developed codes. Creswell (2012:243) describes coding as a process of separating and classifying themes in the data.

The findings were presented into categories and sub-categories that emerged from the interview conducted during the course of the research. According to Creswell (2012:254), the findings are reported and presented narratively. The results were discussed and interpreted in more detail and supported by verbatim quotations from the participants. Where possible, the words and experiences of the participants were used to narrate this chapter.

Firstly, the demographic details of all the participants that are heading or living in child-headed households, the demographic profile of the schools that were involved and the data codes used for the interviews and questionnaires were outlined.

Secondly, findings from the in-depth interviews of participants were presented. The categories and sub-categories that emerged from interviews conducted during the research process were discussed. These categories and sub-categories were supported by the participant's direct quotes from the interviews.

The main categories that emerged during data analysis were: needs of learners in child-headed households, psychological experiences, relationship with social support systems and role change from childhood to adulthood were discussed in the following

section. Lastly, the findings from the questionnaires of the social worker, psychologist, principals and teachers were presented.

4.2 DEMOGRAPHIC INFORMATION

4.2.1 Demographic profile of participants

The demographic profiles of participating child-headed households and those living in the households were shown in a frequency table below. Each participant's code, gender, age, grade, date when their parents died and the number of years they've lived alone are indicated in Table 1 below.

Table 1: Demographic profile of participants heading and/or living in child-headed households that have been interviewed.

Participants number	Code	Gender	Age	Grade	Date Deceased	Years living alone
01	SCC	Female	21 yrs.	Gr 5, unemployed	Mother 2013 Father 2009	3 years
02	NHL	Female	16 yrs.	Gr 7, unemployed		
03	THA	Female	15 yrs.	Gr 7, currently		
04	NON	Female	12 yrs.	Gr 7, currently		
05	MXO	Male	11 yrs.	Gr 4, currently		
<hr/>						
06	PFY	Female	24 yrs.	Gr 12, employed	Mother 2008 Father 2004	8 years
07	MND	Male	22 yrs.	Gr 10, unemployed		
08	THA	Female	18 yrs.	Gr 12, completed		
09	AMA	Female	16 yrs.	LSEN-level 2		
<hr/>						
10	TMA	Female	28 yrs.	ABET, Gr 12, employed	Mother 2007 Father 1997	9 years
11	THE	Female	23 yrs.	ABET-level 4		
12	SBU	Male	18 yrs.	Gr 12, currently		
13	SAN	Male	08 yrs.	Gr 1, currently		
<hr/>						
14	MEL	Female	29 yrs.	Gr 10, unemployed	Mother 2011 Father 2007	4 years
15	PIN	Female	22 yrs.	Gr 12, N5		
<hr/>						
16	TPC	Male	20 yrs.	Gr 11, currently	Mother 2005	11 years
17	THA	Female	19 yrs.	Gr 12, currently		
18	HLO	Female	15 yrs.	Gr 10, currently		
19	SIN	Female	13 yrs.	Gr 8, currently		

From Table 1, Demographic profile of participants heading and/or living in child-headed households that were interviewed:

The participants consisted of five males and fourteen females; their ages ranging from eight to thirty years. The educational levels of the participants who were interviewed were as follows: one participant was in Foundation phase (Gr 1-3), four participants were in Intermediate phase (Gr 4-6), three participants were in Senior phase (Gr 7-9), three participants were in FET (Gr 10-12), four participants completed grade 12 and four participants dropped out of school.

Household 1 consisted of thirteen children but the first-born sister (29 years) and second-born brother (25 years) did not live with the rest of the family therefore they did not participate in the interview sessions. The third-born sister (21 years) was the one heading the household. She was interviewed with three other sisters (12, 15 and 16 years) and one brother (11 years). The other six children (5, 7, 8, 9, 11 years and 6 months-old) did not participate.

Household 2 consisted of nine children but the first-born sister (30 years) was not staying with the rest of the family and did not participate in the interview sessions. The second-born sister (24 years) was the one heading the household. She was interviewed with one brother (22 years) and the other two sisters (16 and 18 years). The other sister (20 years) did not participate because she was out of town during the interview sessions. The other three children (4 and 8 years and 11 months-old) did not participate either.

Household 3 consisted of five children but only two sisters (23 and 28 years) and two brothers (8 and 18 years) participated in the interview sessions.

Household 4 consisted of five children but only the first-born sister (29 years) and the second-born sister (22 years) participated in the interview sessions. The brother (14 years) was out of town during the interviews and the other two children (11 and 1 year/s) did not participate.

Household 5 consisted of five children, of which the brother (20 years) and three sisters (13, 15 and 19 years) participated in the interview sessions. The 3-year old did not participate.

4.2.2 Demographic profiles of schools

The demographic profiles of schools involved in the research study were shown in a frequency table below. The schools' codes, components, grades available and the number of teachers who participated, including the principal, are indicated in Table 2 below.

Table 2: Demographic profile of schools involved in the research study

School	Code	Component	Grades	Informants involved	
				Principals	Teachers
A	INV	Primary School	R-7	1	3
B	JGZ	Primary School	R-7	1	1
C	VUM	Primary School	LSEN	1	1
D	KHW	High School	8-12	1	1
E	THU	High School	8-12	1	2

4.2.3 Data codes for the participants' interviews

The interview transcripts from the participants were coded according to the participants' numbers and the first three letters of their names. This was done in order to protect their anonymity as mentioned in Chapter 3 section 3.7. Data codes used are shown in Table 3 below.

Table 3: Data codes used for the participants' interviews

Data types		Data codes	Examples
Interviews	Participants	19	Participants' number & first 3 letters of their names Participant 1 (MXO) Participant 2 (SCC)

4.2.4 Data codes for the informants' questionnaires

The questionnaires from the informants were coded according to the question number and the first three letters of the informants' names. This was done in order to protect their anonymity as mentioned in Chapter 3 section 3.7. Data codes used are shown in Table 4 below.

Table 4: Data codes used for the informants' questionnaires

Data types	Data codes		Examples
Questionnaires	Social worker	1	Department of Social D. & letters of informants' names.
	Psychologist	1	Red Cross society & 3 letters of informants' names.
	Principals	5	Principals' numbers & first 3 letters of the schools' names.
	Teachers	8	Teachers' numbers & first letters of the schools' names.

4.3 FINDINGS FROM IN-DEPTH INTERVIEWS WITH PARTICIPANTS

The experiences of the children living in child-headed households that emanated from the data analysis process were outlined according to the following four categories: needs of learners in child-headed households, psychological experiences, relationship with social support systems and role changes from childhood to adulthood.

Within each category above, a number of sub-categories also emanated from the data as shown in Table 5.

Table 5: Categories and sub-categories from in-depth interviews

NO	CATEGORIES	SUB-CATEGORIES
1.	Needs of learners in CHH	• Financial needs
		• Lack of essential needs
		• Lack of educational needs
2.	Psychological experiences	• Emotional experiences
		• Safety experiences
		• Social prejudice at school
3.	Relationship with social support systems	• Relationship with relatives
		• Relationship with the school
		• Relationship with siblings
		• Relationship with the community
4.	Role changes from childhood to adulthood	• Assumption of parental duties & responsibilities
		• Conflict amongst siblings

A summary of the participants' in-depth interviews is presented below with quotations from the participants based on the categories and sub-categories that emanated from Table 5 above.

4.3.1 Category 1: Needs of learners in CHH

This section focused on how the learners who live in child-headed households managed financially without the help of their parents. The following sub-categories were presented:

- Financial needs
- Lack of essential needs
- Lack of educational needs

4.3.1.1 Sub-category 1 - Financial needs

Access to money is very important in the maintenance and running of a household. In households where both parents are still alive, they are responsible for their children's financial needs. However, in child-headed households the heads have assumed this role of being parents and were experiencing extreme economic strains. The strain was due to their being responsible for taking care of their siblings and having to support them financially after the death of their parents. This is how the heads of households responded:

Participant 1 (SCC): *"It is very hard to be unemployed because you just cannot support your siblings' financial needs."*

Participant 6 (PFY): *"Even though I am working, the money I earn is not enough for supporting my family...if only I could find another job that pays better than the one I have."*

Participant 10 (TMA): *"I work as a community care giver and we do not get paid full salaries but we only get stipends and it does not cover all the financial needs of my family."*

The findings also indicated that in child-headed households, most family heads experienced significant strain in terms of providing for their families as they were unemployed and finding work was difficult. When asked why they did not go and look for a job, the participants responded like this:

Participant 15 (PIN): *"... we want to go and look for a job in town but we do not have money for a taxi."*

The role of the parents is to provide for their children financially but in child-headed households the head is the one responsible for coming up with different strategies to earn money in order to meet their basic needs. All the households in this study depended on child support grants only. This became evident when the participants responded like this:

Participant 14 (MEL): “I borrow money to my neighbours if we no longer have food and pay it back with my child’s social grant money when I get paid.”

Participant 1 (SCC): “Towards the end of the month we do go to bed hungry but sometimes I go and borrow money from my friends and pay it back after we get my siblings social grant money.”

Participant 17 (THA): “The only income we have is my daughters social grant nothing else and if that is finished than that’s it...”

Participant 6 (PFY): “One of my younger sisters grant money stopped because she turned 18 years. Since then it was hard to make ends meet because we are only left with 1 child support grant.”

4.3.1.2 Sub-category 2 - Lack of essential needs

Another important sub-theme that has emerged concerns the information about which essential needs were lacking in child-headed households after the loss of both parents. These children struggled to attain the basic needs such as food, clothes, blankets and furniture for their daily living.

Food was the first and most immediate basic need for the children living in child-headed households. This became evident when the participants said:

Participant 1 (SCC): “Food is a real challenge for me and my siblings. We rely on food from the school. The school made an arrangement with the nutrition staff that we bring a 5-litre bucket every day and leave it at the kitchen so that when they dish up for the whole school they would also fill the bucket with food. Then after school my younger sisters would fetch it. In that way at least we have food to eat for supper.”

Participant 3 (THA): “At times we go to school very hungry and we cannot live without food and it is hard to concentrate if you are hungry...”

Participant 5 (MXO): *They give us food every day at school in the morning at 09:00 before break time. I make sure that I do not forget my dish every day so that I can eat.”*

Participant 12 (SBU): *“Sometimes there is no food at all when we get home after school but it is better if we have at least left over porridge from the previous night then we eat it with tea.”*

Participant 14 (MEL) said: *“If we do not have any food left to eat, I just go to the Spaza shop nearby and loan mealie meal and pay it back when we get social grant.”*

Children living in child-headed households lacked food, they experienced hunger and they were malnourished. This resulted in failure to concentrate during lessons especially those taught before eating. This is what the participants said:

Participant 3 (THA): *“It is very hard to pay attention to class if you have not eaten anything in the morning before you go to school.”*

Participant 18 (HLO): *“In most cases I do not eat in the morning and that makes me sleep all the time in class and it is very hard to concentrate properly on the teacher.”*

The stress of providing in basic needs puts an enormous strain on those learners who are heading households for their siblings. This became evident when the heads of households were asked about not having food to eat:

Participant 1 (SCC): *“Looking at my brothers and sisters starving kills me and sometimes I just wish my mother was still around.”*

Participant 10 (TMA): *“Staying alone with my siblings starving is not right and I am not getting used to the idea of not having parents.”*

Participant 14 (MEL): *“Being the head of a household is very hard because you just have to do everything you can to find means to put food on the table.”*

Clothing was another basic need for the children living in child-headed households. This became evident when the participants responded like this:

Participant2 (NHL): “*Educators at school bring us second hand clothes that are no longer used by their children and give us.*”

Participant 3 (THA): “*Sometimes at school on Fridays we are not wearing school clothes but civvies and pay R1... it becomes very hard because we do not have nice clothes to wear and we do not even have money to pay.*”

Participant 18 (HLO): “*At school we had a farewell function for the Grade 7 but I could not go because I did not have nice clothes to wear so I just stayed at home...I really wish my mom was still alive.*”

Participant 11 (THE): “*My sister exchanges clothes with other people sometimes her friends, and they would give us clothes that will fit us perfectly.*”

Blankets and furniture were other basic needs for the children living in child-headed households. This became evident when the participants responded like this:

Participant 19 (SIN): “*At home we do not have enough blankets except me. My friend at school gave me a blanket so I'm worried about my sisters because they do not have enough... they are freezing at night especially in winter.*”

Participant 1 (SCC): “*The things that worry me about my house is that the place is not in good condition. Firstly there is no fence and the main door does not lock properly, some window frames are broken, there is no furniture. There is only one matrass and sponges for the younger children, no table and chairs... really it is tough to be in that house.*”

Participant 5 (MXO): “*Nothing will ever make me happy than seeing me and my little brothers and sisters sleeping in beds not on the floor. It is hard to even do homework because we do not have a table and chairs.*”

4.3.1.3 Sub-category 3 - Lack of educational needs

The children's educational needs must be met within the family, but when the parent is absent and the children are heading the household themselves they encounter difficulties. Children living in child-headed households struggled to attain educational needs such as school fees, stationery, school uniforms, textbooks and excursion fees.

The main educational need of the learners was the school fees but fortunately in this study most learners did not pay school fees because they were exempted from this obligation. This became evident when the participants responded like this when asked if they were paying school fees:

Participant 5 (MXO): “*We do not pay school fees because my sister is not working and we do not have money.*”

Participant 19 (SIN): “*In my school all the children who do not have parents do not pay school fees and that made me very happy because we do not have money.*”

Another educational need of children living in child-headed households is stationery. Children need all their scholastic materials in order to perform well at school without any interruptions such as borrowing stationery from other children during the course of the lesson. In most schools in this study, an allocation from the “norms and standards” covers stationery. This became evident when the participants said:

Participant 3 (THA): “*At school they give us all the stationery such as pens, erasers, rulers, crayons, pencils, glue and all exercise books when the year commences. Therefore we do not worry about that at all.*”

Participant 18 (HLO): “*Our teachers are so generous, if it happens that you do not have a pen that day, they do not mind borrowing you and take it back at the end of the period.*”

Participant 5 (MXO): “*If I do not have a pen my friends borrow me and I give it back after school but ... the problem is that sometimes*

it gets lost and then you are in big trouble and you must find means to pay it back.”

School uniform was another educational need of children living in child-headed households. Due to financial constraints heads of these households could not afford buying school uniforms for all the children in the family. This became evident when the participants responded like this:

Participant 1 (SCC): *“It stresses me that I cannot afford to buy new school uniforms for my siblings because I have eight siblings who are still at school and the money we get for child support grant is not enough.”*

Participant 17 (THA): *“I did not have much problems with buying school uniform for my younger sister because while she was still at primary one of the educators loved her so much that she provided her with everything she needed including a school uniform... but the problem arose when she passed grade 7 and had to start in a new high school to do grade 8. She needed a new uniform so I decided to use my daughters grant money to buy it.”*

Participant 5 (MXO): *“My teacher, the one who gave us clothes bought me school uniform such as black trouser, white shirt and school shoes. At least my sister can buy for someone else not me.”*

Another educational need of children living in child-headed households is excursions and educational tours. This became evident in one household, as the school had a farewell function for the grade 7 learners. In this household two children were in grade 7 in the same school and they could not participate. This is how they felt:

Participant 3 (THA): *“I was very hurt when our school took all the grade 7 learners to a farewell function at Natal Spa... my sister could not afford to pay a fee of R400 each that was required for the trip, she was not going to afford to buy nice clothes for me and*

my younger sister and for taking us to the hairdresser to do our hair.”

4.3.2 Category 2: Psychological experiences

This section focused on the psychological experiences of learners who live in child-headed households. The following sub-categories were presented:

- Emotional experiences
- Safety experiences
- Social prejudice at school

4.3.2.1 Sub-category 1 - Emotional experiences

Children living in child-headed households have witnessed their terminally ill parent suffer due to HIV/AIDS and die eventually. The experience of losing parents was very traumatic to the participants as it left them severely affected emotionally. This is how the participants responded:

Participant 16 (TPC): “*I am always worried about what we are going to eat when we come back from school and these thoughts are affecting my school work, I just wish my mom was still alive.*”

Participant 1 (SCC): “*If only my mother was still alive I would not be so stressed and frustrated about what my brothers and sisters will have for supper especially towards the end of the month.*”

Participant 6 (PFY): “*My heart bleeds for my mother a lot when my sister does not want to listen to anything I have to say as the head of the household.*”

These children experienced many emotions, such as pain, sadness and loneliness about the loss of their parents. They experienced intense grief and were emotionally affected to a serious degree. This is how they responded about their loss:

Participant 10 (TMA): “Sometimes I just cannot accept the fact that my parents are never coming back and this affects not only me but my siblings too. We are always sad about the whole situation.”

Participant 17 (THA): “Being sad all the time affects our health and school work because sometimes we think about our dead parents in class.”

Participant 6 (PFY) spoke sadly about her mother: “I miss my mother a lot especially when one of my siblings is having a birthday... She used to buy a cake and very nice things.”

These children did not deserve to be parents so early in their lives because every child deserves to be loved, protected and feel warmth from their parents.

Participant 19 (SIN): “I cannot believe I will never see my mom ever again and that makes me feel so angry and hurt inside.”

Participant 6 (PFY): “It breaks my heart as the head of the household to know that I cannot afford to provide my siblings with all their needs..., I wish my parents did not have to die.”

Participant 10 (TMA) spoke very emotionally: “It deeply hurts me when my siblings get sick at the same time... like last year my brother had a fracture in his leg and my sister was also injured... I was frustrated and did not know what to do. I just wished my parents were around to protect them from danger.”

Children in child-headed households have experienced severe trauma, especially from watching their parents being terminally ill until they died. Participants were asked how it was taking care of a sick parent.

Participant 1 (SCC), responded with sadness in her voice: “I dropped out of school in grade 5 to take care of my mother... Seeing her struggling to go to the toilet and even bathing herself was so traumatizing for me because I had to help her through it all.”

In most cases, it was very difficult for the head of the household to reveal and communicate the death of the parent to his or her younger siblings, as indicated below.

Participant 11 (THE): “*My younger brother does not know that our mother died. He thinks the person who died was his grandmother and that I am his real mother. I just want to keep it that way because I do not want him to grow up feeling like an orphan like us because he was a baby when our mother died. I wanted him to have a happy life like any other kids with parents.*”

4.3.2.2 Sub-category 2 - Safety experiences

Parents are responsible for providing a safe environment that allows the children to grow up healthy. Children in child-headed households live alone in their parents' houses and there is no adult to protect them from danger.

This became evident when the participants responded like this when asked if they felt safe living alone:

Participant 1 (SCC): “*We do not feel safe staying in this house alone because our cousin from my mother's side do as he pleases... he comes here at night drunk, swearing at us telling us to go and find another place to stay.*”

Participant 4 (NON): “*At night we do not feel safe because there is no big brother to protect us as my eldest siblings are females.*”

Participant 11 (THE): “*We did not feel safe staying alone in our house, but it is a lot safer now that that we have burglar guards in all the windows and at the door.*”

Participant 17 (THA): “*Sometimes we do not sleep well at night because we are scared. If someone breaks in and enters the door we will not be able to fight him alone as our brother sleeps in an outside room.*”

Participant 10 (TMA): “Not having a fence around our house is so scary because at night people pass by throughout the night making too much noise especially when they are drunk.”

The participants have attempted to be safe at night by staying indoors to avoid attracting attention to their homes. This became evident when one participant said:

Participant 17 (THA): “My brother becomes very angry with me and my sisters if we go out at night, telling us that it is not safe.”

4.3.2.3 Sub-category 3 - Social prejudice at school

Children in child-headed households face social prejudice at school for being orphans and for living in child-headed households. This became evident when the participants said:

Participant 7 (MND): “Learners at school were judging and sidelining us because we lacked school uniform and school stationery. This usually happened when we were supposed to do projects in groups. We could not buy the material required for these projects therefore other learners did not want us to be in their groups.”

Participant 15 (PIN): “During breaks we did not have much friends to socialize with because we did not have any pocket money so we were always begging for food and snacks. So our friends were dodging us.”

Participant 17 (THA): “We did not afford to pay for the excursions and farewell functions at school. Other learners associated that with the fact that we did not have parents and money to buy clothes for those functions. That was so painful...”

Participant 3 (THA): “It is very tough to be sick and have a skin disease like chicken pox because other learners isolate you, no one wants to play or even eat with you.”

4.3.3 Category 3: Relationship with Social Support Systems

This section focused on the social systems that someone can receive from other people. The following sub-categories were presented:

- Relationship with relative as a support system
- Relationship with the school as a support system
- Relationship with siblings as a support system
- Relationship with the community as a support system

4.3.3.1 Sub-category 1 - Relationship with relatives as a support system

Traditionally the extended family would absorb the children after the death of their parents. However recently, the children were left in child-headed households to fend for themselves. This is supported by the participants:

Participant 1 (SCC): “*There is no relative in our family who took care of us after the passing of our mother.*”

Participant 17 (THA): “*Our relatives are aware of the fact that we lost our mother but they do not help with food and they do not even bother coming to check how we were doing.*”

The findings revealed that the relationship amongst relatives was very poor, there was a communication breakdown in most families even before the passing of some members in the family. Some of the issues were not resolved and they will never be because some of the family members were no longer alive. This became clear when some participants said:

Participant 6 (PFY): “*We have two relatives (Aunt and Uncle) staying with us in the same yard but different houses. Although these two relatives are available, I am responsible for taking care of my siblings without any support from them.*”

Participant 2 (NHL): “*We do have a relative (Aunt) nearby but his son (my cousin) is ill treating us badly. He is chasing us out of the*”

family house that we are staying in as we do not have our own place...Sometimes we run away at night and sleep at our neighbours."

4.3.3.2 Sub-category 2 - Relationship with the school as a support system

The findings in this study revealed that the relationship between the school and children living in child-headed households was good. This became clear when the participants said:

Participant 5 (MXO): "My teachers are very supportive... especially my Maths teacher. She give us her pens and rulers if we do not have but we give them back to her at the end of the period."

Participant 14 (MEL): "The teachers at my son's school are generous. I came to admit my son in this school and they wanted school fees immediately because he was a new learner... I did not have money at all and this teacher just gave me money and I paid. I was so amazed."

Participant 5 (MXO): "My grade 3 educator was so loving and caring. Every morning before she starts teaching she used to bring morvite instant porridge and prepare it in class for me and my younger sister.

Participant 1 (SCC): "All my siblings are in the same Primary School. There are 2 teachers who buy groceries for us and if we do not have money for electricity and for going to the clinic they give us."

Participant 4 (NON): "Our school provide us with nice food every morning so even if we did not eat the previous day at home but we know that we will get food at school."

4.3.3.3 Sub-category 3 - Relationship with siblings as a support system

Siblings in child-headed households supported each other and worked together in ensuring that the family functions very well. They respected and supported the head of the household. This became evident when the participants said:

Participant 10 (TMA): “*My siblings respect me a lot and they do whatever I ask them to do but I always make sure that I involve them in all the decisions that need to be made about any household issues.*”

Participant 9 (AMA): “*When I come back after school I cook porridge so that when my sister comes back from work will just cook meat.*”

Participant 8 (THA): “*I help my big sister by looking after her baby when she is not back from work.*”

The findings revealed that children living in child-headed households showed more responsibility and support towards each other. This became evident when some participants said:

Participant 3 (THA): “*I assist with washing clothes for my younger siblings every Saturday.*”

Participant 17 (THA): “*As soon as I finish doing my homework daily, I make sure that I assist my younger siblings with their work too.*”

Children in ordinary families with both or even one parent get all the support they need and if they encounter problems in life they are supported by their parents. But in child-headed households siblings supported and guided each other because they had nobody else to turn to. This became evident when some participants revealed that:

Participant 10 (TMA): “*My siblings are very supportive at home, if anyone is having a problem or a bad day, they just come and*

share everything with me as their eldest sister and the head of the household.”

4.3.3.4 Sub-category 4 - Relationship with the community as a support system

Some participants mentioned that they received emotional and physical support from the members of the community. This became evident when participants said:

Participant 17 (THA): “*Members of the community especially our neighbour, give us food if we do not have it.”*

Participant 5 (MXO): “*At school there is an educator who is so caring and loving... she buy groceries for us if we do not have food to eat.”*

Churches sometimes played a vital role in providing basic needs like food, clothes and shelter for those children who were destitute. This became evident when the participants said:

Participant 16 (TPC): “*It is hard to be the head of the family because if there is no food to eat you must do something but at least people from our nearby church give us food parcels now and again and some second hand clothes for me and my sisters.”*

4.3.4 Category 4: Role change from childhood to adulthood

This section focused on how children made adjustments from being ordinary children to being the heads of the household following the death of parents. The following sub-categories were presented:

- Assumption of parental duties and responsibilities
- Conflicts amongst siblings

4.3.4.1 Sub-category 1 - Assumption of parental duties and responsibility

Parents are the ones who play a major role in protecting, loving, caring, guiding and taking care of their children and their basic needs. Following the passing of their parents, these children were compelled to make huge adjustments from being just children to being the heads of households and this role came with enormous challenges. This became evident when the participants said:

Participant 10 (TMA): “*I am the eldest child at home and since our parents are not alive anymore... I am the one responsible for looking after my younger siblings.*”

Participant 1 (TCP): “*The most difficult day-to-day task of being the head of the household is to ensure that there is food on the table for my younger sisters...*”

Participant 6 (MEL): “*It is hard to be the mother of the household since our parents have passed on because you must always come back home early and you cannot go out with your friends as you used to.*”

Children living in child-headed households often dropped out of school to care for their siblings after the death of their parents. This became evident when the participants said:

Participant 1 (SCC): “*My mom was very ill when I was still doing grade 5 and I was the eldest child by that time because my other two siblings who were older than me were not staying with us. So I was forced to drop out of school and take care of my sick mother before she died and now I am responsible for my younger sisters and brothers and it is not an easy job to do.*”

Participant 2 (NHL): “*I also dropped out of school while I was still doing grade 7 because I fell pregnant and there is no one who can look after my baby so that I can finish my studies. Then I decided to assist my sister to take care of our younger siblings as our parents are not alive anymore.*”

After the death of parents, children made many adjustments from being just ordinary children to becoming the heads of families overnight. This puts an enormous strain on most children because they encountered enormous challenges, since they were not ready to assume this huge responsibility. This became evident when participants said:

Participant 6 (PFY): “*As soon as my mom passed away, I took over the household and became a mother to my brothers and sisters because I am the eldest... not knowing that being a parent was the most difficult job.*”

Participant 17 (THA): “*It is hard to be a parent and a scholar simultaneously, at times you have to come back home with a lot of homework to attend to or studying for an exam but you just have to put that aside and attend to the needs of the family like cooking, cleaning etc.*”

4.3.4.2 Sub-category 2 - Conflict amongst siblings

Child-headed households had conflicts within the family regarding chores and this issue caused them to fight often. This became evident when the participants said:

Participant 2 (NHL): “*We fight a lot when one of my siblings does not want to wash the dishes if it is his or her turn.*”

Participant 10 (TMA): “*I used to fight with my brother and sister on weekends if it was time to go and work outside in the garden because I hate working in the garden. So I would prefer to wash all my siblings' clothes then doing outside job... laughing.*”

Participant 11 (THE): “*As I am unemployed, I clean the house the whole week and my siblings are supposed to do the chores on weekends when they are not going to school or not working but they do not do them and that makes me very angry and then we fight about that.*”

Children living in child-headed households have trouble with management of finances and this has resulted in enormous conflicts on how money should be spent. This became evident when the participants said:

Participant 3 (THA): “My sister is always looking good and wearing nice clothes but she is not working. This is causing problems because if we ask her to buy us some things in the house she says there is no money.”

Participant 6 (PFY): “The social grant we earn is not enough for all our basic needs and this causes a lot of fighting between me and my siblings because we cannot buy enough food for the whole family.”

Participant 1 (SCC): “Not having money for all the school necessities is tough, and we fight a lot about who should be the first one to be bought new school clothes because everyone does not have decent clothes to wear.”

4.4 FINDINGS FROM THE QUESTIONNAIRES OF INFORMANTS

Findings from the questionnaires of the informants (teachers, principals, social worker and psychologist) were outlined according to the following three categories and these are: school attendance, academic progress and social support services.

Within each category above, a number of sub-categories also emanated from the data as shown in Table 6.

Table 6: Categories and sub-categories from the questionnaires

NO	CATEGORIES	SUB-CATEGORIES
1.	School attendance	<ul style="list-style-type: none">• Late-coming• Absenteeism
2.	Academic progress	<ul style="list-style-type: none">• Poor concentration• Poor academic performance

3.	Social support services	<ul style="list-style-type: none"> • School support services • Government/NPOs support services
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A summary of the findings in the informants' questionnaires are presented below with quotations from the informants based on the categories and sub-categories from Table 6 above.

4.4.1 Category 1: School Attendance

This section focused on the school attendance of learners who live in child-headed households. The following sub-categories were presented:

- Late-coming
- Absenteeism

4.4.1.1 Sub-category 1 - Late-coming

Late-coming has emerged as one of the challenges that the principals and teachers observed from the learners who live in child-headed households. Due to non-parental guidance children experienced various problems relating to waking up in the morning to be ready for school. This became evident when teachers responded to their questionnaires as follows:

Teacher 1 (INV): “The attendance was good and started to deviate after the passing of their parents. It was very difficult for these children to come to school early because they have plenty of work to do at home in the morning before coming to school.”

Teacher 3 (THU): “As the parents are absent, most of these learners need to see to it that their younger siblings are prepared to go to school before they can think of preparing themselves. The frequency of late-coming increased”

In all schools, the principals and their staff members controlled late-comers every morning. They kept a record of all the learners who were late each day. This is what one of the principals said:

Principal 3 (INV): *"In my school, when controlling late comers we record and analyze the records and check the pattern for each child then we call the parent if the child is late at least 3 times a week. It became clear that most late comers are those learners coming from child-headed households."*

4.4.1.2 Sub-category 2 - Absenteeism

Absenteeism has emerged as another challenge that the principals and teachers observed from the learners who live in child-headed households. For these children being absent was a result of being a child and a parent at the same time. This became clear when the informants responded like this on their questionnaires:

Teacher 7 (IKH): *"These children have a lot of chores to do at home before coming to school and this result in them finishing very late and some of them decide not to go to school at all."*

Teacher 6 (VSZ): *"As these children stay alone, sometimes it is hard to wake up in the morning as there is no adult to wake them up and start preparing for school. So they sometimes oversleep."*

Teacher 1 (INV): *"Chores are a bigger concern too in these learners because some of them have a lot of chores to attend to every morning before going to school. So it becomes impossible for them to come to school because they become very exhausted afterwards."*

It has also emerged that absenteeism amongst child-headed households was due to the fact that these children had an extra burden of caring for their siblings and other household chores and parental responsibilities. This became evident when the informants responded like this:

Teacher 1 (INV): “These children sometimes become absent due to the fact that they need to attend to their sick siblings and taking them to the clinics or hospitals as there is no adult parent available to fulfil that task.”

Teacher 2 (INV): “Sometimes a child may be absent if he or she has an infectious diseases like chicken pox, sores or measles, and is forced to stay home for a week at least until he or she recovers completely.”

Absenteeism has led to these learners dropping out of school because they were often absent and were afraid to go back. The following was mentioned by some principals when asked about the challenges encountered in dealing with learners who live in child-headed households:

Principal 2 (VSZ): “Most of these learners started by taking care of their sick parents and after they died then they took over the role of being parents themselves then they decided to drop out of school.”

Principal 3 (INV): “In my school, one family would take turns to be absent from the school to care for their sick mother. Then one day the eldest child who was in grade 5 decided to drop out of school and take care of her mother until she died.”

4.4.2 Category 2: Academic progress

This section focused on the educational experiences faced by learners who live in child-headed households. The following sub-categories were presented:

- Poor concentration
- Poor performance

4.4.2.1 Sub-category 1 - Poor concentration

It has emerged from the informants' questionnaires that learners living in child-headed households suffered from malnutrition and this lead to poor concentration in class. This became evident when teachers commented:

Teacher 7 (IKH): *"Most of these learners have a challenge for food, and they do not look good physically. Some of them are thin and do not look healthy at all. They do not have proper school uniforms."*

Teacher 1 (INV): *"This learners cannot afford to buy enough and healthy food with their grant money. This food does not last for even a month and they end up starving and coming to school hungry. This affects their concentration drastically."*

In most schools there is a nutrition programme whereby the learners get a balanced meal every day before break. This programme had a great impact on learners' performance and concentration during class. This became evident when teachers commented:

Teacher 5 (VSZ): *"Children suffer a lot and lack concentration especially during the periods before the nutrition programme and they gain concentration after they've eaten."*

Teacher 2 (INV): *"Some of these learners show a lot of signs of being malnourished and they get tired easily because they do not receive adequate food. So they feel sleepy in most cases during classes."*

It has also emerged from the informants' questionnaires that these learners lacked scholastic material such as stationery and this resulted in poor participation during the lessons in class.

Teacher 1 (INV): *"Not having stationery, they move around the class trying to borrow pens, glue, scissors or whatever material is*

needed for that lesson and not paying full attention to what is being taught.”

The experience of losing parents was very traumatic for the learners as it left them severely affected emotionally. These learners did not pay much attention in class and this became evident when the teachers responded like this:

Teacher 3 (THU): “*These learners are not used to the idea that their parents are dead, sometimes they do not pay attention because they are thinking about their parents.*”

Teacher 7 (IKH): “*Sometimes you find a child in your class crying and when you ask what the problem is, she will just tell you that she misses her mother.*”

4.4.2.2 Sub-category 2 - Poor academic performance

It has emerged from the informants' questionnaires that poor performance was another challenge experienced by the learners living in child-headed households. They have consistently not performed very well in their studies. This became evident when they said:

Teacher 3 (THU): “*There has been a remarkable change in performance informed by his irregular attendance. He missed writing some of the tasks, failed to submit assignments and failed two terms in a year.*”

Teacher 7 (IKW): “*These children come to school tired and they fail to pay more attention in class. This results in them submitting incomplete tasks at the end of the lesson.*”

Teacher 2 (INV): “*Most children do not participate actively in class and they normally submit tasks that are not up to standard. In most cases they do not read the instructions thoroughly before answering the questions.*”

Teacher 1 (INV): “*What I have noticed is that these children do not submit assessment tasks in time or on specified due dates. They*

always have excuses about their situations. They need follow up and strict monitoring.”

It has been noted that the majority of these learners have not met the minimum requirements for being promoted to the next grade. This was due to the fact that their learning progress was not satisfactory in most subjects. This became evident when they said:

Teacher 2 (INV): “*These learners achieve level 1 in most subjects due to assessment tasks not submitted to relevant educators at all, such as projects, assignment, investigations, etc.*”

Teacher 3 (THU): “*What I have noticed is that these learners do not have money to buy some of the materials they need to do projects for assessment purposes. Therefore they will not have those marks.*”

It has been noted that learners living in child-headed households faced severe behavioural problems in the classroom and at school. This became evident when teachers and a principal commented:

Teacher 6 (VUM): “*These learners have a low self-confidence, they get angry easily due to being depressed all the time.*”

Principal 4 (THU): “*Sometimes these learners tend to be aggressive to other learners, mostly boys.*”

Teacher 8 (INV): “*In my class, these learner’s behaviour is disturbing at times, they may feel withdrawn from other learners.*”

Teacher 1 (INV): “*This learner is bullying other learners and is involved in fights. She usually says they are teasing her and her sister so she is protecting her younger sibling.*”

4.4.3 Category 3: Social support services

This section focused on the social support services rendered to learners living in child-headed households. The following sub-categories were presented:

- School support services
- Government/NPO support services

4.4.3.1 Sub-category 1 - School support services

It has emerged from the principals' questionnaires that in order to assist the learners living in child-headed households, different types of social support services are offered at school. It was noticed that most schools have a nutrition programme and the learners benefited from it tremendously. This became evident when principals said:

Principal 3 (INV): “*All learners are provided with a fresh and cooked meal in the morning. Then those learners who live in child-headed households are given the remains every day to take home so that they will also eat at home before going to bed.*”

Principal 4 (THU): “*In my school, the school provides extra nutrition for the needy children to take home daily. The welfare committee members visit their households from time to time.*”

Principal 2 (VSZ): “*There is a nutrition programme from Monday to Friday in the morning. All the learners benefit from it so that they have something to eat before the classes commence.*”

It has also emerged that most schools with child-headed households liaised with Non-Governmental Organizations (NGOs) and organized food parcels for these learners. This became evident when principals said:

Principal 4 (THU): “*Successful business people have come on board on request by the school to provide monthly food parcels for the needy learners.*”

Principal 2 (VSZ): “*Churches and Red Cross Society have offered great assistance in providing food parcels to the families in need.*”

Principal 1 (IKH): “*Non-Governmental Organizations (NGOs) like a community Church nearby help our learners with food three times a week, that is Monday, Wednesday and Friday.*”

Principal 3 (INV): “These learners are identified and then referred to NGOs like Sukuma Sakhe Operations for further assistance.”

Child-headed households usually lacked essential educational needs like school uniforms and stationery. Some schools made an effort in trying to provide for these learners by buying school uniforms for them. This became evident when principals said:

Principal 3 (INV): “We identify all the learners who are double orphaned in my school and we buy them school uniforms and shoes. Educators are also very generous they buy school uniforms, and bring their children’s second hand clothes to give to the needy children.”

Principal 5 (VUM): “My school specializes with Learners with Special Education Needs (LSEN). Some learners do not afford buying school uniforms so we buy it and we provide transport for them to come to school and return home after school safely.”

It has also emerged that some schools have implemented programmes to assist child-headed households. There were vegetable gardens in most schools and the needy learners benefited a lot from them. This became evident when principals said:

Principal 2 (VSZ): “We assist this learners who do not have food by planting different vegetables in the school garden.”

Principal 3 (INV): “We teach our learners how to plant vegetables in our school garden and the Department of Agriculture donate seedlings. Then we also show them that even if you do not have a garden at home you can use tyres to plant vegetables to make a living.”

There are fees required to be paid by the learners in most schools and it came to the attention of the principals and the SGB members of schools that learners from child-headed households could not afford to pay those school fees. Therefore a programme of exemption was implemented in all schools to assist the needy learners. This became evident when principals said:

Principal 1 (IKH): “All the learners who are double orphaned are being exempted from paying school fees / my school.”

Principal 3 (INV): “Even though these learners get child support grants but they use it to buy food, so they do not afford to pay school fees therefore they are exempted.”

Principal 5 (VUM): “These learners do receive disability grants from SASSA but still as they are fending for themselves it is not enough to cover all their educational needs so they are fully exempted from paying any fees.”

Lastly, it has also emerged that all schools liaised with different departments to assist learners with various needs. This was clear from the following:

Principal 3 (INV): “We liaise with Home affairs to register all the learners without birth certificates, then invite SASSA to assist with child support grants.”

Principal 5 (VUM): “My school has invited the Department of Social Development to provide assistance with the registering learners for the Disability grants and Foster care grants.”

4.4.3.2 Sub-category 2 – Government/NPO support services

The Department of Social Development (DSD) and the Red Cross Society (RCS) played a vital role in the lives of vulnerable orphaned learners and the learners living in child-headed households.

The social worker and the Red Cross psychologists indicated in their questionnaires that in order to assist these learners, different types of social support services and programmes are offered. Documentation was the most essential need for these learners living in child-headed households. This became evident when social workers and/or psychologists said:

RCS (PSY): “Red Cross Society is a non-profit organization (NPO), we assist children living in child-headed households to

obtain documents like birth certificates and identity documents because most children do not have them so they cannot apply for social grants.”

DSD (SW): “*In our department, we assist child-headed households by registering them to SASSA for different types of Social Grants and depending on their situations. The government provides social grants to assist a lot of children to escape the burden of poverty every month.”*

It has emerged that these learners living in child-headed households fend for themselves and sometimes it was very hard to make ends meet especially putting food on the table, so they could use extra help from the government and non-profit organizations. The psychologist and the social worker were asked how they assist these learners with food and this was their response:

RCS (PSY): “*In our organization, we have a poverty alleviation programme we use to assist orphans and vulnerable children and those living in child-headed households. We organize donations from wealthy business men to donate food parcels and school uniforms. This programme has been of great help to these children.”*

DSD (SW): “*We have a national relief programme in our department, children who are orphans and living alone to fend for themselves are given food parcels to relieve the burden of stressing what to eat daily. They are also given school uniforms and school shoes.”*

It has also emerged that there were people in the community who availed themselves to assist child-headed households. This became evident when the social worker and the psychologist said:

RCS (PSY): “*We support households by assisting them with home based care programmes. Most of the households we deal*

with have children taking care of their sick parents and elderly people who cannot take care of themselves.”

DSD (SW): “*The department deploys trained community-based care workers to provide support and care to these children who live in child-headed households. They even assist them by taking care of their terminally ill parents before they die.”*

4.5 CONCLUSION

This chapter has outlined the findings of the research that was conducted among learners living in child-headed households at Osizweni Township. The participants who were interviewed in this study were introduced and the challenges they have encountered economically, emotionally and socially were demonstrated. The participants' interview transcripts and the questionnaires collected from the social worker, psychologist, principals and teachers were analyzed. The data obtained from the interviews and questionnaires were grouped into categories and sub-categories reflecting in detail the experiences faced by the learners living in child-headed households. The following chapter will offer a discussion of the findings, limitations and recommendations for future research.

CHAPTER 5

DISCUSSION OF FINDINGS

5.1 INTRODUCTION

The research objectives in this study are to explore the experiences of learners who live in child-headed households at Osizweni Township, to portray the challenges faced by learners in child-headed households and to formulate guidelines to assist these learners to deal with their difficult situations. Although most of the participants still heading the households, were in their early or late teens and were still experiencing difficulties related to grief, trauma and demands higher than their chronological ages when their parents died. In the previous chapter the findings from the data collected through participants' interviews and questionnaires from the informants were presented. These findings were reported using quotations from the participants' interview data. These quotations captured feelings, emotions and the ways participants talked about their experiences.

The findings that emerged from data analysis in terms of categories and sub-categories were discussed. According to Creswell (2012:257), a qualitative research study is interpreted through meaning based on the views of people and compared to the previous research. This chapter showed how the findings of this study supported prior studies by relating this research to the literature reviewed. Possible limitations in data collection and the recommendations for future research were discussed.

5.2 DISCUSSION OF FINDINGS FROM LITERATURE AND FROM INTERVIEWS

5.2.1 Needs of learners in child-headed households

Children pointed out many needs that affected them, such as food, clothes, uniforms, and money. Ibebuike *et al.* (2014:80) agreed with this finding, stating that these children lacked food, money for transport fare, winter clothes, grants and new school uniforms. A similar report by Mogotlane *et al.* (2010:29) stated that children identified similar needs, such as food, clothes, money, shelter and education. The needs of

learners were sub-categorized into financial needs, lack of essential needs and lack of educational needs.

Financial needs

The findings of this study revealed that children encountered extreme financial constraints after the death of parents. A similar report by Awino (2010:33) stated that these children played the role of being providers for their families and they experienced economic strain.

The heads of households were responsible for taking care and supporting their siblings financially. Three participants were unemployed and finding a job was difficult. Leatham (2005:86) concurs with this finding that the heads of households were not employed and finding employment was not easy.

A majority of households in this study depended largely on child-support grants. The findings also revealed that borrowing money was another means for the child-headed households to get by. They also borrowed mealie meal from Spaza shops and paid it back once they got their grant money. Payne (2012:299) also found that many child-headed household members borrowed money and shared food and other household items. This finding was supported by Awino (2010:34) who mentioned that these children borrowed money, sometimes they could not pay it back and were then viewed negatively as a result.

Lack of essential needs

Children living in child-headed households were in need of essentials, such as kitchenware to do the cooking, clothes, blankets and furniture. A similar view was held by Ibebuike *et al.* (2014:77) that these children were in need of basic life needs and household items like cupboards and plates. Also Mogotlane *et al.* (2010:29) noted that children needed clothes to wear and blankets to keep warm at night. The majority of these child-headed households did not have beds to sleep on, no chairs to sit on and no tables to eat on and this made it very hard for them to do their homework.

The findings also revealed that these children did not eat any breakfast but only depended on a feeding scheme at school. This finding was supported by Goronga and Moyo (2013:722) who wrote that these children sometimes slept without eating and did not have breakfast in the morning. Awino (2010:35) also noted that these children depended on meals provided at school as one of their survival tactics when it comes to feeding.

According to the findings, these children did not have clothes to wear, especially on Civvies or special days at school when celebrating events like valentine's days, casual days, etc. This finding was supported by Goronga and Moyo (2013:722) who indicated that these children lacked decent clothing for Civvies day functions at school.

It was also posited that educators not only teach these children from child-headed households but they provided them with their children's second hand clothes and also bought them groceries. Leatham (2005:98) agreed and noted that educators provided basic needs like food and clothes to these children.

Lack of educational needs

Children living in child-headed households lacked educational needs, such as stationery, school fees, school uniforms, textbooks, fees for excursions and educational tours. Ibebuike *et al.* (2014:77) also found that these children lacked scholastic materials including school and transport fees. Gubwe *et al.* (2015:299) concur, stating that these children faced many challenges, the major one being that of school fees.

The Department of Education allocated funds (Norms and Standards) to all schools for buying stationery and textbooks for all the learners. At the beginning of each year, learners were given stationery and textbooks to use the whole year but towards the middle and at the end of the year the learners had to purchase lost or stolen items. This was a big challenge for these children because replacing these items was not affordable. The findings also revealed that these children did not have school uniforms and this had a great impact on their performance at school. Nyaradzo (2013:103) concurs with this finding when stating that these children did not have

school shoes, jerseys, bags and proper school uniforms and they were embarrassed about it.

5.2.2 Psychological experiences

Children expressed the issue of being traumatized psychologically as a result of their loss of parents as well as being confronted with handling adult roles and duties. Ibebuike *et al.* (2014:78) also noted that losing parents has traumatized these children psychologically. Le Roux-Kemp (2013:5) similarly found that these children suffered from the psychological trauma of parental loss. The psychological experiences were sub-categorized into emotional experiences, safety experiences and social prejudice at school.

Emotional experiences

The findings of this study revealed that children were emotionally traumatized due to their parents' death. This finding confirms the finding by Ibebuike *et al.* (2014:73) who found out that participants were emotionally affected on account of the memory of their parents' demise.

These children experienced many emotions, such as sadness, fear and loneliness. The experience of losing parents has left them emotionally and mentally vulnerable. This finding was supported by Goronga and Moyo (2013:724) who stated that these children failed to pay attention in class and did not have anyone to confide in when they have problems.

According to van der Kolk *et al.* (2007:184), trauma may result in PTSD if not resolved by support such as counselling sessions. If this was not resolved or addressed, PTSD may weaken memory with dire results concerning school performance. These researchers stated that emotional memories of a disturbing event, such as the death of a parent, interfered with the capacity to concentrate and may cause the display of symptoms such as ADHD, excessive dependence, not being able to make independent and considered decisions (van der Kolk *et al.*, 2007:422).

The heads of households are subsequently unable to communicate the death of parents to younger siblings. These children have also witnessed their parents suffer, being terminally ill and observed their death. Phillips (2011:155) concurs with this finding when mentioning that witnessing a parent's illness without any form of therapy may be traumatic.

Safety experiences

The study revealed that these children lived in fear constantly and were always feeling insecure. These children lived alone in their parents' houses with no adult to protect them from danger. This finding was in agreement with that of Nziyane and Alpaslan (2012:301) who wrote that these children felt unsafe without parental supervision.

The findings also revealed that these children decided to stay inside their houses, especially at night in order to feel safe and not to attract attention to their homes. This finding was supported by Leatham (2005:108) who also found that these children did not go out at night but they stayed indoors.

Social prejudice at school

Children living in child-headed households faced social prejudice at school from other learners. This finding was supported by Korevaar (2009:32) who noted that children were subjected to stigmatization and discrimination in their schools. Gubwe *et al.* (2015:297) similarly indicated that another challenge these children face was stigmatization by other pupils.

The findings of this study revealed that many of these children faced isolation from other children at school, for example in group activities and during breaks. This finding is supported by Gubwe *et al.* (2015:298) who stated that these children were isolated and not interacting with other learners during breaks.

5.2.3 Relationship with social support systems

This finding fitted well with the Ecological systems theory of Urie Bronfenbrenner (1979). Firstly, the children's micro-system included the immediate settings in which the individuals live in, such as family, school, neighbourhood and daycare environments. Secondly, the meso-systems included the connection between the children's micro-systems, for example, the relation of family experiences to school experiences. Children received help, care and support from other people. These people were referred to as social support systems and were sub-categorized into their relationships with relatives, school, siblings and community members.

Relationship with relatives as a support system

The relatives' traditional role of taking over and absorbing children into their own families after the death of parents became obsolete. This was indicated by Leatham (2005:91) who wrote that the traditional role of the extended family was modified. These days, no one wanted to take care of orphans after the death of their parents.

All the children living in child-headed households took care of their siblings after the passing of their parents. Most children in this study indicated that they have had a bad experience with their relatives even before their parents died. This finding was consistent with that of Leatham (2005:92) who found out that many learners have had a negative experience regarding their extended family. Goronga and Moyo (2013:723) confirmed these findings when they indicated that the children's interaction with the extended family expressed negative experiences.

Relationship with the school as a support system

The findings of this study revealed that the relationship between the school and children living in child-headed households was good. Leatham (2005:96) concurs that the experiences of learners regarding support from their educators at school was positive.

These children were fully exempted from paying school fees. Furthermore, all the participants admitted that they were getting food every morning at school and the

educators were very supportive. Most participants even stated that some teachers replaced their parents in many ways.

The findings also revealed that educators provided basic needs to these children, such as food and new school uniforms. This finding was supported by Gubwe *et al.* (2015:298) who found that schools supported child-headed households with school fees and school uniforms.

Relationship with siblings as a support system

The findings revealed that child-headed households had the full support of their siblings and they worked together to ensure that the households functioned very well. Awino (2010:40) concurs with this finding when stating that siblings support each other emotionally, socially and psychologically through working together in ensuring the running and functioning of their family. This finding was in agreement with that of Leatham (2005:95) who indicated that the relationship between siblings was a very important support system to most participants. Goronga and Moyo (2013:724) similarly mentioned that participants were supported by their siblings, encouraged, motivated and they were sharing problems with each other.

The findings also revealed that all the heads of households were respected as being the providers and were supported when it comes to decision-making and sharing of house chores. Awino (2010:40) also found that sharing of the house work and responsibilities created a feeling of togetherness in the family.

Relationship with the community as a support system

The findings of this study revealed that the children were supported by the community emotionally and physically. This finding was in accordance with Goronga and Moyo (2013:724) who found that the community was very supportive in providing material items and giving advice.

Neighbours gave these children food if they did not have any. Leatham (2005:104) also supported this finding when mentioning that the participants received food and clothes from the people in the community and they trusted their neighbours' support. The findings also revealed that churches played a vital role in supporting these children by donating food parcels. Maqoko and Dreyer (2007:728) agreed with this finding by stating that churches should play a crucial role and support orphans until they feel accepted.

5.2.4 Role change from childhood to adulthood

Children changed roles from being ordinary children to being heads of households following the death of parents. This adjustment was also mentioned by van Breda (2010:265) who indicated that after the passing of parents, children became the heads of households. These roles were sub-categorized into the assumption of parental responsibilities and sibling rivalry.

Assuming parental duties and responsibilities

The findings of this study were in accordance with those of van Breda (2010:265) who revealed that all the eldest children were compelled to make huge adjustments from being just children to being the heads of households. It was also clear from the findings of this study that this parental role came with enormous challenges. This finding was supported by Awino (2010:31) who also found that the eldest sibling adopted parental roles and responsibilities and cared for younger siblings too early in their life.

This study also revealed that children left school to look after their brothers and sisters after the death of their parents. This finding was supported by Mogotlane *et al.* (2010:29) who mentioned that the responsibilities that children heading households assume, interfered with their schooling and lead to them dropping out of school. Today they were struggling with poor qualifications and in many cases, unemployment.

These children noted that they were being overloaded with too much parental responsibility at an early age such as caring for their siblings, providing food daily and assisting with homework. This finding was in agreement with that of Mogotlane *et al.* (2010:29) who also noted that the head of a household was overburdened with a lot of chores, such as making sure that the house and siblings' clothes were clean, providing food daily and assisting with schoolwork.

Conflict amongst siblings

The findings of this study revealed that children were involved in conflicts regarding chores and this caused them to argue often. All heads of households mentioned that they were responsible for disciplining their siblings if there was a conflict amongst them. Similarly, Leatham (2005:94) reported that older siblings took over the responsibility of disciplining their siblings relating to what their parents have done before. The findings also revealed that these children fought over how finances should be managed and this resulted in enormous conflict.

5.3 DISCUSSION OF FINDINGS FROM QUESTIONNAIRES

5.3.1 School attendance

Children living in child-headed households did not attend school regularly. This was supported by Goronga and Moyo (2013:722) who noted that children were often absent from school. It was also noted that school attendance was poor among children who head households as they were overburdened by adult responsibilities. This finding was supported by Phillips (2011:153) who found that the majority of the heads of households did not attend school in South Africa. Ibebuike *et al.* (2014:76) concur with this finding, stating that the rate of poor attendance to school amongst participants was high because they could not afford buying school uniforms and stationery. The school attendance was sub-categorized into late-coming and absenteeism.

Late-coming

The findings of this study revealed that children were having trouble waking up early in the morning. It was noted that the heads of households had plenty of work to do at home, such as making sure that their siblings were prepared to go to school before they prepared themselves. Gubwe *et al.* (2015:299) also found that, due to increased responsibilities at home, children had erratic school attendance. Phillips (2011:153) wrote that these children could not attend school because they assumed an extra job, as they were taking care of their brothers and sisters.

Late-coming has affected their performance at school tremendously because they missed the first periods daily at school. This finding agreed with Ibebuike *et al.* (2014:75) who noted that children performed poorly in their school work due to lateness.

Absenteeism

The findings revealed that children assumed the roles of being children and parents simultaneously. They had many chores to do at home every morning and sometimes failed to attend school. This finding confirmed the findings of Phillips (2011:153) who found that in Kenya, the extra roles and duties of the children heading households resulted in poor school attendance.

This finding has also revealed that heads of households were overburdened with taking care of their families and all the responsibilities that came with it. They became very tired and miserable and decided not to go to school at all. Gubwe *et al.* (2015:297) ascribed absenteeism to a lack of resource material as well as too many responsibilities. Nyaradzo (2013:84) found similarly that another reason for absenteeism was that heads of households were overburdened with taking care of their siblings and other family responsibilities.

Some children dropped out of school because they were often absent and afraid to go back, but mostly because they did not have decent school uniforms and shoes. This finding was supported by Ibebuike *et al.* (2014:79) who pointed out that insufficient funds for educational needs caused these children to leave school.

5.3.2 Academic progress

Children living in child-headed households did not perform well in their school work and this has affected their marks. This finding was echoed by Ibebuike *et al.* (2014:75) who indicates that late-coming of these children was a major cause of poor performance at school. Academic experiences were sub-categorized into poor concentration and poor performance.

Poor concentration

The findings of this study revealed that all the children suffered from hunger and lack of nutrition which resulted in poor concentration in class. Gubwe *et al.* (2015:299) concurs that children living in child-headed households tended to fall asleep during lessons due to hunger. Similarly, Korevaar (2009:86) pointed out that poor concentration could be linked to inadequate nutrition.

The findings also revealed that children received food every morning at school through a nutrition programme but they lacked concentration before eating and missed out on formal lessons. This finding was supported by Nyaradzo (2013:89-90) who found that hunger affected the learners' concentration and performance at school but their concentration improved once they ate after the break.

This study also revealed that lack of scholastic material, such as stationery, resulted in poor concentration during lessons because the children wasted time moving around, borrowing pens or pencils to write with until the period was over. It was also noted that the stress of losing parents has affected these children emotionally and they failed to pay attention in class because they thought about their deceased parents. This finding was in agreement with that of Korevaar (2009:86), that poor concentration was a result of trauma due to multiple losses.

Poor academic and behaviour performance

This study revealed that these children did not perform well in their studies. Gubwe *et al.* (2015:297) concurs with this finding, stating that the children's class performance

was below average. These children failed to submit tasks in time and in most cases they submitted incomplete tasks because they did not pay attention in class. This finding agreed with that of Nyaradzo (2013:91), that incomplete tasks were submitted by the children, resulting in poor performance.

This study also indicated that some of these children were being promoted to the next grade even if they did not meet the pass requirements, but because of their age cohort and if they have already repeated a grade in that phase. Nyaradzo (2013:88) found that these children did not perform very well and the pass requirements was not met.

It was found that poverty was a cause for poor performance. Ibebuike *et al.* (2014:79) agreed with this finding, stating that academic performance of the children was poor and the children appeared unfed in outlook, with dirty, worn-out and torn school uniforms and school shoes.

Children living in child-headed households felt sleepy during lessons in class and lacked concentration because they attended school on empty stomach. This finding was in agreement with Nyaradzo (2013:89), that lack of concentration was caused by an extra burden of responsibilities then children came to school tired and they fell asleep in class.

5.3.3 Social support services

Children needed assistance and support from all the people around them in order to survive. From this study the social support services were sub-categorized into school social services and Government department/NPO support services.

School social services

Children who lived in child-headed households received different types of social support services. All the children involved in the study benefited from the nutrition programmes offered at school. Nyaradzo (2013:87) indicated that an incentive for these children was a school meal.

This study also revealed that these children benefited from the Non-Governmental Organizations (NGOs), such as business people and churches who donated food parcels from time to time.

Some schools in this study implemented school gardening programmes to assist these children and they have taught them how to plant vegetables using car tyres. Mogotlane *et al.*, (2010:28) stated that the Department of Agriculture provided support for food gardens. The findings also revealed that these children were excluded from paying school fees.

Government departments/NPO support services

The findings of this study indicated that Government departments, for example the Department of Social Development (DSD) and Non-Profit Organization (NPO) which was the Red Cross Society played a vital role in supporting orphans and vulnerable children.

DSD assisted these children by registering them with SASSA in order to apply for child support grants (CSG) and foster care grants (FCG). This finding was supported by Maqoko and Dreyer (2007:725) who mentioned that social grants played a vital role in caring for children. All orphaned and vulnerable children under the age of eighteen benefited from these grants.

The findings also revealed that NPOs fulfilled essential roles in relation to the needs of child-headed households. NPOs assisted these children with obtaining documentations such as birth certificates and identity documents (IDs). This finding confirmed the finding of Korevaar (2009:106) that NGOs worked actively to obtain the required documentation for these children.

This study indicated that these support services also donated food parcels, school uniforms and school shoes to the children living in child-headed households. This finding was supported by Korevaar (2009:100) who wrote that NGOs assisted participants with nutritional support, educational support, provided uniforms and

stationery. Gubwe *et al.* (2015:298) mentioned that Red Cross workers indicated that they supported children with food parcels.

This study also revealed that social support services provided home-based care to these child-headed households. Mogotlane *et al.* (2010:28) concurs, mentioning that NPOs must have home community-based care programmes to assist these children.

5.4 LIMITATIONS OF THE STUDY

The researcher discussed the study limitations during data collection and the limitations of the school as a support system.

5.4.1 Limitations in data collection

The collection of data from school principals and teachers was not convenient as the study was conducted at the time of final examination preparation. So I could not submit the questionnaires during that time because they were busy with the monitoring process. Interviews were done during holidays and that put a very big strain on the researcher who drove long distances in order to reach the households of these learners.

Due to the living conditions in all these households, I could not conduct interviews in each of them because four of them were RDP houses that were very small and there was no privacy at all. The fifth house was big enough but there was no furniture, only sponges, blankets and no chairs. At night they slept on the floor. Therefore I had to use my car to conduct these interviews, where they took turns until I was finished.

5.4.2 Limitations at school as a support system

All the support attempts from the school referred only to physical and financial support. Schools did not provide any form of formal emotional trauma debriefing after their loss of parents.

5.5 RECOMMENDATIONS

5.5.1 Extended family support

The Department of Social development via social workers could assist the extended family with the ways to get ID documents for the learners and supporting the smooth running of the application for grants. The social workers could also empower the family members with knowledge as well as coping skills and financial skills that will enable them to manage the situation.

5.5.2 Sibling and peer support

An educational psychologist, members of the School-Based support team and or the Life Orientation educator could create scenarios where peers are taught how to support their friends who have lost parents or are living in child-headed households.

5.5.3 Educator support or School support

The Principal, School-Based support team members and all educators should be empowered with knowledge and skills to attend to the needs of these learners. Teachers could approach businesses in the area to provide food parcels for these families on a monthly or weekly basis. Parents who are professional doctors, nurses, psychologists, social workers could volunteer their time to assist the learners to cope with the trauma and challenges.

5.5.4 Community support

A community support centre could be established to provide for the physical needs (clothes, food), academic needs (assistance with homework, projects) and emotional needs (support groups) of the learners living in child-headed households.

5.5.5 Department of Basic Education

The Department could deploy more educational psychologists to schools for moral support, guidance, trauma and bereavement counselling of these learners. The psychologists could also assist the learners to cope with the role changes and responsibilities that emanate from the loss of their parent(s).

5.6 Recommendations for future research

The researcher recommends the following areas for future research.

This study only focuses on children heading households at Osizweni Township. More research needs to be conducted in other circuits at the Amajuba District in order to find ways to alleviate the plight of children growing up in child-headed households.

5.7 CONCLUSION

This study has explored the experiences of learners living in child-headed households at Osizweni Township. The aim of doing this was to portray the challenges faced by learners in child-headed households to enable the formulation of guidelines to support these learners. The research questions in this study were answered as mentioned in Chapter one, for example which experiences do learners living in child-headed households had to go through, which challenges these learners had to deal with and which guidelines could be formulated to assist them in coping with their difficult situations

This study brought forward the idea that the passing of parents was a major reason for children heading households. These children encountered many challenges, the immediate ones being economic strains, inadequate food, clothes, scholastic materials, furniture and jobs. They experienced psychological trauma, emotional and safety issues resulting from the loss of parents and staying alone with no one to protect them from danger. These children have made huge adjustments and assumed their dead parents' household duties and responsibilities at an early age.

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APPENDIX 1
Letter requesting permission to the DOE

P.O. BOX 14201
MADADENI
2951
07 JULY 2014

DEPARTMENT OF EDUCATION
AMAJUBA DISTRICT MANAGER
113 PANORAMA DRIVE
LENNOXTON
2940

Dear Sir

**APPLICATION FOR PERMISSION TO CARRY OUT A RESEARCH STUDY IN
AMAJUBA DISTRICT**

I am requesting you to consider allowing learners to participate in a research study I am conducting as part of my Master's degree in Psychology of Education at the University of South Africa (UNISA) under the supervision of Professor H.M. Vogel. I would like to provide you with more information about the research study and what involvement will entail if you decide to allow me to conduct this research study.

Purpose of the study: As part of the requirements for Master's Degree at UNISA, I have to carry out a research study. The study focuses on the lived experiences of the learners who live in child-headed households.

Risks and Discomforts: I do not foresee any risks or discomforts from the learners' participation in the research study. If there is emotional discomfort, trauma debriefing will be provided.

Voluntary Participation: Their participation in this study is completely voluntary. It will involve an interview of approximately one and a half hours. They may decline to

answer any interview questions if they so wish. Their decision to refuse to answer a particular question will not affect their relationship with the researcher.

Withdrawal from the study: They may decide to withdraw from this research study for any reason at any time. Their decision to stop participating in the research study will not affect their relationship with the researcher. All data generated as a consequence of their participation will be destroyed.

Anonymity and Confidentiality: This research study will be completely anonymous and confidential. Their name will not appear in any report resulting from this study, however, anonymous quotations may be used with their permission. Data collected during the research study will be safely stored in a locked facility and only the researcher will have access to this information. The appropriate measures will be undertaken to ensure these criteria are maintained at all times.

Tape- recording interview: With their permission, the interview will be tape-recorded and the interviewer will also take notes to facilitate collection of information, and later transcribed for analysis. Audiotapes will be destroyed immediately after the data has been analyzed and results reported on.

Services to be provided to participants: Participants will receive food parcels per family from the researcher and the researcher will assist the participants without documentation such as identity documents, birth certificates and help them apply for child support grants and foster grants.

Questions about the research: If you have any questions regarding the research study in general, or would like additional information to assist you in reaching a decision about allowing me to do the research study, please contact me at 076 753 5187 or by e-mail at tmamabaso@gmail.com.

Kindly sign the consent form attached here-in. Thank you in advance for your time and assistance in this research study.

Kind regards

Thulile Mabaso

SPTD; HED; BED (Hons) (Educational Psychology)

MED Student: Researcher

APPENDIX 2

Permission letter from the DOE KZN



education

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

Enquiries: Nomangisi Ngubane

Tel: 033 392 1004

Ref.:2/4/8/191

Miss TMA Mabaso
P. O Box 14201
Madadeni
2951

Dear Miss Mabaso

PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: "The experiences of learners who live in child-headed households at Osizweni Township", in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 01 July 2014 to 30 June 2015.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Mr. Alwar at the contact numbers below.
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report / dissertation / thesis must be submitted to the research office of the Department. Please address it to The Director-Resources Planning, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education (Amajuba District).

Nkosinathi S.P. Sishi, PhD
Head of Department: Education
Date: 22 July 2014

KWAZULU-NATAL DEPARTMENT OF EDUCATION

POSTAL: Private Bag X 9137, Pietermaritzburg, 3200, KwaZulu-Natal, Republic of South Africa ...dedicated to service and performance
PHYSICAL: 247 Burger Street, Anton Lembede House, Pietermaritzburg, 3201. Tel. 033 392 1004; Fax: 033 392 4203;
EMAIL ADDRESS: kehologile.connie@kzndoe.gov.za; CALL CENTRE: 0860 596 363;
WEBSITE: www.kzneducation.gov.za

APPENDIX 3
Letter requesting permission to the principal

P.O. BOX 14201
MADADENI
2951
07 JULY 2014

THE PRINCIPAL

Dear Sir

REQUEST TO INTERVIEW LEARNERS AND TEACHERS IN YOUR SCHOOL

I am requesting you to give permission to the learners who live in Child-headed households and their teachers who teach them to participate in a research study I am conducting as part of my Master's degree in Psychology of Education at the University of South Africa (UNISA) under the supervision of Professor H.M. Vogel. I would like to provide you with more information about the research study and what involvement will entail if you decide to allow me to conduct this research study.

Purpose of the study: As part of the requirements for Master's Degree at UNISA, I have to carry out a research study. The study focuses on the lived experiences of the learners who live in child-headed households. As the principal, you will participate by completing a questionnaire, teachers will complete a questionnaire and observation schedules and learners will be interviewed.

Risks and Discomforts: I do not foresee any risks or discomforts from the learners' participation in the research study. If there is emotional discomfort, trauma debriefing will be provided.

Voluntary Participation: Their participation in this study is completely voluntary. It will involve an interview of approximately one and a half hours. They may decline to answer any interview questions if they so wish. Their decision to refuse to answer a particular question will not affect their relationship with the researcher.

Withdrawal from the study: They may decide to withdraw from this research study for any reason at any time. Their decision to stop participating in the research study will not affect their relationship with the researcher. All data generated as a consequence of their participation will be destroyed.

Anonymity and Confidentiality: This research study will be completely anonymous and confidential. Their name will not appear in any report resulting from this study, however, anonymous quotations may be used with their permission. Data collected during the research study will be safely stored in a locked facility and only the researcher will have access to this information. The appropriate measures will be undertaken to ensure these criteria are maintained at all times.

Tape- recording interview: With their permission, the interview will be tape-recorded and the interviewer will also take notes to facilitate collection of information, and later transcribed for analysis. Audiotapes will be destroyed immediately after the data has been analyzed and results reported on.

Questions about the research: If you have any questions regarding the research study in general, or would like additional information to assist you in reaching a decision about allowing me to do the research study, please contact me at 076 753 5187 or by e-mail at tmamabaso@gmail.com.

Kindly sign the consent form attached here-in. Thank you in advance for your time and assistance in this research study.

Kind regards

Thulile Mabaso

SPTD; HED; BED (Hons) (Educational Psychology)

MED Student: Researcher

APPENDIX 4
Consent form for the principals

PRINCIPALS' CONSENT FORM

I (Name in full) _____ have read and fully understood the information presented in an information letter about a research study being conducted by Miss T.M.A. Mabaso as part of her Master's degree in Psychology of Education at UNISA.

Please choose option 1 or 2

1. I accept and give my consent to allow the researcher access to the learners living in child- headed households and their teachers, with the consent of those individuals participating and to participate by completing a questionnaire.

Principal's signature: _____ Date: _____

OR

2. I do not give my consent to allow the researcher access to learners living in child- headed households and their teachers.

Principal's signature: _____ Date: _____

Please provide your contact details, should I need to confirm some issues with you.

Phone number: _____

School address: _____

Thank you for responding.

Kind regards

Thulile Mabaso

SPTD; HED; BED (Hons) (Educational Psychology)

MED Student: Researcher

APPENDIX 5
Letter requesting permission to the participants

P.O. BOX 14201

MADADENI

2951

07 JULY 2014

Dear Participant

I am conducting a research study as part of my Master's degree in Psychology of Education at the University of South Africa (UNISA) under the supervision of Professor H.M. Vogel. I would like to ask you some questions which will take about one and a half hours of your time.

I would also like to ask if I can talk to the other children in the house about themselves. You or any of the children do not have to answer any of the questions I will ask if you or they do not want to. However I will be glad if you would answer the questions honestly and openly so that we can know and understand your lives and situations you face. With your permission I will record our talk to gather all the information.

You may stop the conversation at any time you want. If you talk to me and answer some questions I promise that nobody will know about what you told me and I am not going to share your name with anyone or write it down anywhere on the papers. If you have any questions about any of the things I have just said, please call me in this number: 076 753 5187.

I very much look forward to speaking with you and thank you in advance for your time and assistance in this research study. Kindly sign the consent form attached here-in.

Kind regards

Thulile Mabaso

SPTD; HED; BED (Hons) (Educational Psychology)

MED Student: Researcher

APPENDIX 6
Consent form for the participants above 18 years

PARTICIPANTS' INFORMED CONSENT FORM

I (Name in full) _____ have read and fully understood the information presented in an information letter about an invitation to participate in a research study being conducted by Miss T.M.A. Mabaso as part of her Master's degree in Psychology of Education at UNISA.

- I had an opportunity to ask any questions related to this research study.
- I am aware that my involvement in this study is voluntary.
- The researcher will treat the information I provide as confidential.
- I am free to withdraw from the research project at any time.
- I am also free to decline to answer particular questions.
- I am aware that my interviews will be tape-recorded to ensure an accurate recording of my responses.
- I understand that anonymity will be ensured in the write-up by disguising my identity.
- I have been offered a copy of this consent form that I can keep for reference.

Please choose option 1 or 2

1. **I accept and give my consent** to participate in the research study

Participant's signature: _____ Date: _____

OR

2. **I do not accept or give my consent** to participate in the research study.

Participant's signature: _____ Date: _____

Please provide your contact details, should I need to confirm some issues with you.

Phone number: _____

Home address: _____

Thank you for responding.

Kind regards

Thulile Mabaso

SPTD; HED; BED (Hons) (Educational Psychology)

MED Student: Researcher

APPENDIX 7
Assent form for participants below 18 years

CHILDS' ASSENT FORM (6 -17 YEARS)

I (Name in full) _____ have read and understood everything Miss T.M.A. Mabaso told me about the research she is doing.

- I asked any questions about the things she said.
- I know that I am not forced to answer any questions.
- I know that no one will know about what I told her.
- I can stop talking at any time.
- I know that she will record our talk.
- I know that my real name will not be used at all.
- I will get a copy of this form.

Please choose option 1 or 2 and tick one empty box

1. I am **willing** to talk to you about my life.



Smiling face

YES, I will talk to you. Date: _____

OR

2. I am **not willing** to talk to you about my life.



Sad face

NO, I will not talk to you. Date: _____

Thank you for responding.

Kind regards

Thulile Mabaso

SPTD; HED; BED (Hons) (Educational Psychology)

MED Student: Researcher

APPENDIX 8
Letter requesting permission to the social worker

P.O. BOX 14201
MADADENI
2951
07 JULY 2014

THE SOCIAL WORKER IN CHARGE
MR S.M. HADEBE
PRIVATE BAG X 4012
OSIZWENI
2952

Dear Sir

REQUEST FOR ACCESS TO INTERVIEW LEARNERS IN CHILD-HEADED HOUSEHOLDS

I am inviting you to consider participating in a research study I am conducting as part of my Master's degree in Psychology of Education at the University of South Africa (UNISA) under the supervision of Professor H.M. Vogel.

Purpose of the study: As part of the requirements for Master's Degree at UNISA, I have to carry out a research study. The study focuses on the lived experiences of the learners who live in child-headed households.

I need 5 families to help me gain insight and understanding about the above phenomena. To be able to conduct this research, I will need your assistance in providing me with the names of families going through such a situation. It may be necessary from your side to prepare these families as I would like to make contact with them as soon as possible to personally ask them if they would be willing to take part in this interesting research.

Voluntary Participation: Their participation in this study is completely voluntary. It will involve an interview of approximately one and a half hours. They may decline to

answer any interview questions if you so wish. Their decision to refuse to answer a particular question will not affect their relationship with the researcher.

Withdrawal from the study: You may decide to withdraw from this research study for any reason at any time. Your decision to stop participating in the research study will not affect your relationship with the researcher. All data generated as a consequence of your participation will be destroyed.

Anonymity and Confidentiality: This research study will be completely anonymous and confidential. Your name will not appear in any report resulting from this study, however, anonymous quotations may be used with your permission. Data collected during the research study will be safely stored in a locked facility and only the researcher will have access to this information. The appropriate measures will be undertaken to ensure these criteria are maintained at all times.

Tape- recording interview: With your permission, the interview will be tape-recorded and the interviewer will also take notes to facilitate collection of information, and later transcribed for analysis. Audiotapes will be destroyed immediately after the data has been analyzed and results reported on.

Services to be provided to participants: Participants will receive food parcels per family from the researcher and the researcher will assist the participants without documentation such as identity documents, birth certificates and help them apply for child support grants and foster grants.

Questions about the research: If you have any questions regarding the research study in general, or would like additional information to assist you in reaching a decision about participation, please contact me at 076 753 5187 or by e-mail at tmamabaso@gmail.com.

Kindly sign the consent form attached here-in. Thank you in advance for your time and assistance in this research study.

Kind regards

Thulile Mabaso

SPTD; HED; BED (Hons) (Educational Psychology)

MED Student: Researcher

APPENDIX 9
Consent form for the Social Worker

SOCIAL WORKERS' CONSENT FORM

I (Name in full) _____ have read and fully understood the information presented in an information letter about a research study being conducted by Miss T.M.A. Mabaso as part of her Master's degree in Psychology of Education at UNISA.

Please choose option 1 or 2

1. I accept and give my consent to allow the researcher access to learners living in child- headed households at Osizweni, with the consent of those individuals participating and to participate by completing a questionnaire.

Social worker's signature: _____ Date: _____

OR

2. I do not give my consent to allow the researcher access to learners living in child- headed households at Osizweni.

Social worker's signature: _____ Date: _____

Please provide your contact details, should I need to confirm some issues with you.

Phone number: _____

Department address: _____

Thank you for responding.

Kind regards

Thulile Mabaso

SPTD; HED; BED (Hons) (Educational Psychology)

MED Student: Researcher

APPENDIX 10

Letter requesting permission to the red-cross psychologist

P.O. BOX 14201
MADADENI
2951
07 JULY 2014

THE RED-CROSS
PSYCHOLOGIST IN CHARGE
No. 9 Van Der Bej. Street
NEWCASTLE
2940

Dear Sir

REQUEST FOR ACCESS TO INTERVIEW LEARNERS IN CHILD-HEADED HOUSEHOLDS

I am inviting you to consider participating in a research study I am conducting as part of my Master's degree in Psychology of Education at the University of South Africa (UNISA) under the supervision of Professor H.M. Vogel.

Purpose of the study: As part of the requirements for Master's Degree at UNISA, I have to carry out a research study. The study focuses on the lived experiences of the learners who live in child-headed households.

I need 5 families to help me gain insight and understanding about the above phenomena. To be able to conduct this research, I will need your assistance in providing me with the names of families going through such a situation. It may be necessary from your side to prepare these families as I would like to make contact with them as soon as possible to personally ask them if they would be willing to take part in this interesting research. I will be glad if you will be willing to participate by providing trauma debriefing.

Voluntary Participation: Their participation in this study is completely voluntary. It will involve an interview of approximately one and a half hours. They may decline to answer any interview questions if you so wish. Their decision to refuse to answer a particular question will not affect their relationship with the researcher.

Withdrawal from the study: They may decide to withdraw from this research study for any reason at any time. Their decision to stop participating in the research study will not affect their relationship with the researcher. All data generated as a consequence of their participation will be destroyed.

Anonymity and Confidentiality: This research study will be completely anonymous and confidential. Their names will not appear in any report resulting from this study, however, anonymous quotations may be used with their permission. Data collected during the research study will be safely stored in a locked facility and only the researcher will have access to this information. The appropriate measures will be undertaken to ensure these criteria are maintained at all times.

Tape- recording interview: With their permission, the interview will be tape-recorded and the interviewer will also take notes to facilitate collection of information, and later transcribed for analysis. Audiotapes will be destroyed immediately after the data has been analyzed and results reported on.

Services to be provided to participants: Participants will receive food parcels per family from the researcher and the researcher will assist the participants without documentation such as identity documents, birth certificates and help them apply for child support grants and foster grants.

Questions about the research: If you have any questions regarding the research study in general, or would like additional information to assist you in reaching a decision about participation, please contact me at 076 753 5187 or by e-mail at tmamabaso@gmail.com.

Kindly sign the consent form attached here-in. Thank you in advance for your time and assistance in this research study.

Kind regards

Thulile Mabaso

SPTD; HED; BED (Hons) (Educational Psychology)

MED Student: Researcher

APPENDIX 11
Consent form for the red-cross psychologist

RED-CROSS PSYCHOLOGISTS' CONSENT FORM

I (Name in full) _____ have read and fully understood the information presented in an information letter about a research study being conducted by Miss T.M.A. Mabaso as part of her Master's degree in Psychology of Education at UNISA.

Please choose option 1 or 2

1. I accept and give my consent to allow the researcher access to learners living in child- headed households in my area of operation, with the consent of those individuals participating. If there is emotional discomfort, trauma debriefing will be provided.

Psychologist's signature: _____ Date: _____

OR

2. I do not give my consent to allow the researcher access to learners living in child- headed households in my area of operation.

Psychologist's signature: _____ Date: _____

Please provide your contact details, should I need to confirm some issues with you.

Phone number _____

Department address: _____

Thank you for responding.

Kind regards

Thulile Mabaso

SPTD; HED; BED (Hons) (Educational Psychology)

MED Student: Researcher

APPENDIX 12
Questionnaire for the principals

PRINCIPALS' QUESTIONNAIRE

1. Name of school: _____

1.1 How long have you been working as a principal in your school? _____

2. What is your definition of child-headed households?

3. How many child-headed households have been reached by your school?

4. What are the main causes of child-headed households?

5. What are the challenges you've encountered in dealing with learners who live in child-headed households?

6. List types of social support services rendered to child-headed households in your school.

7. What programmes have you implemented to assist child-headed households?

8. How do you involve child-headed households in the programmes that are provided?

9. How do you involve community in the programmes that are provided?

10. How do you involve other government departments in the programmes that are provided?

11. What have you learnt in addressing the needs of child-headed households?

12. What are your recommendations to address the challenges in dealing with child-headed households? _____

APPENDIX 13
Questionnaire for the teachers

TEACHERS' QUESTIONNAIRE

Name of School: _____ Grade: _____

Name of Learner: _____ Age: _____

1. Do you have learners that lives in a child-headed household in your class?

2. What do you notice about their school attendance before and after the death of parents?

3. How living in child-headed households affected their progress and performance at school?

4. How was the learners' behaviour in class before the death of the parents?

5. How is the learners' behaviour in class after the death of the parents?

6. What are the challenges you have with the learners living in child-headed households in terms of school work? _____

7. Do these learners submit all the formal tasks e.g. assignments, projects, investigations etc. in time? _____

8. How do you deal with them if they did not submit their work?

9. What do you do if you need to talk to an adult about their progress at school?

10. Do you have learners in your class who are looking after their sick parents and siblings? _____

11. What is the schools contribution towards learners who live in child-headed households? _____

APPENDIX 14
Observation schedule for the teachers

OBSERVATION SCHEDULE ON LEARNERS WHO LIVE IN CHILD-HEADED HOUSEHOLDS

BACKGROUND INFORMATION OF THE LEARNER

Name of School: _____

Name of Learner: _____

Grade: _____

Age: _____

Gender: _____

PLEASE TICK IN THE APPROPRIATE BOX

Living in Child – headed household OR Heading the Household

Indicate by scoring 1 (YES) or 0 (NO) on the following behavioural observation schedule used by the observer during classroom learning process.

BEHAVIOR OF CHILDREN IN CLASS	YES	NO
Observing punctuality in class		
Observing absenteeism		
Having unhealthy appearance		
Well-dressed always		
Looking sickly		
Having several friends		
Always isolating him/herself from others		
Having deficiency disease like kwashiorkor		
Dishing up during nutrition programme		
Feeling withdrawn		

Having self-pity			
Absent minded in class			
Interacting with others			
Interacting with the teachers			
Doing homework			
Submitting formal tasks in time			
Participates actively in class			
Poor classroom performance			
Active in role-play			
Participating in games			
Playing in outdoor activities			

APPENDIX 15
Interview schedule for the participants

AN INTERVIEW SCHEDULE FOR THE CHILD
HEADING A HOUSEHOLD

Date: _____ **Area:** _____

1. BIOGRAPHICAL DATA

Name		Surname				
Age						
Date of birth						
Gender	Male	Female				
Documentation	Birth certificate	Yes	No	Identity document	Yes	No

2. HOUSEHOLD COMPOSITION

a. Number of children living in the household including the head.

Person no.	Age	Gender		Relationship	Schooling
		Male	Female		

3. EVENTS/CAUSES THAT LEAD TO A CHH

- a. How long have you been heading the household? _____
- b. How old were you when you started looking after your household? _____
- c. What made you become the head of your household?

Death		Incapacitation		Family disorganisation	
Both parents passed on		Parents very ill		Parents separated	
Siblings wish		Parents working away		Parents divorced	
Parent neglect		No extended family support			
Abandonment		No other family members to care for			
Rejection		Unemployment in extended family			

d. Why would you not live with the members of the extended family?

4. ECONOMIC FACTORS/FINANCIAL NEEDS

- a. Are you employed?
- b. What is the family's source of income?
- c. Do you receive any social grants?
- d. What type of social grant do you receive?

Child support grant	Disability grant	Foster care grant	
----------------------------	-------------------------	--------------------------	--

- e. Do you get this grant from the government? YES/NO
- f. How did you apply for the grants?
- g. What documents are required to apply for a grant?
- h. Did you experience any problems in applying for the grants?
- i. How often are grants paid? **Weekly or Monthly?**
- j. To whom is the payment of the grant made? **Self or Social Worker?**
- k. Who decides on how to use the money?

5. NEED FOR SURVIVAL

- a. Who provides for food?
- b. What type of food do you normally eat for **breakfast, lunch and supper?**
- c. Who cook the meals?
- d. Who provides the food? **Buy or Get it from school**
- e. Do you produce some food in your garden?
- f. How often do you go to bed hungry?
- g. What do you do if you do not have food?
- h. Do you have clothes?
- i. Who provides your clothing?
- j. Do you have enough blankets for your household?

6. PROPERTY/SAFETY

- a. Do you own a dwelling?
- b. If not, do you pay rent?
- c. How do you pay rent? (Grant money...)
- d. If you own a dwelling, do you have a Title deed?
- e. How safe do you feel in the household?
- f. What makes you happy?
- g. What makes you unhappy?

- h. What is the best thing about your home?
- i. What is the worst thing about your home?
- j. What do you do together as a family?

7. CONFLICT

- a. Do you sometimes have conflicts in your household?
- b. What is the conflict normally about?
- c. How do you deal with conflict amongst your siblings?
- d. What happens when you have problems that you cannot solve on your own?

8. HOUSEHOLD RESPONSIBILITIES

- a. Who make decisions on what needs to be done?
- b. Who is doing household chores daily?

9. EDUCATION

- a. Are you currently attending school? YES/NO

IF YES ANSWER b-l

- b. What is the highest grade obtained?
- c. What grade are you in presently?
- d. Have you ever repeated a grade?
- e. How do you get to school?
- f. How many days per school do you attend school?
- g. Do you pay for the school fees?
- h. How much school fees do you pay per year?
- i. Who pays for the school fees?
- j. How is your relationship with your school children?
- k. Do you get any support from school?

Feeding scheme		School uniform		clothing	
----------------	--	----------------	--	----------	--

- l. How are the school needs met? e.g. (stationery, exercise books)

IF NO ANSWER b-l

- a. What was the highest grade obtained?
- b. Why are you not attending school?
- c. Are you employed? YES/NO
- d. How old were you when you started working?
- e. Does the money you earn cover all household expenses?

11. RELATIONSHIP

- a. How is your relationship with your siblings?
- b. Do they accept that you are the head of the family?
- c. Is there anything else you would like to share with me?

APPENDIX 16
Questionnaire for the social worker/psychologist

SOCIAL WORKER/RED-CROSS PSYCHOLOGISTS' QUESTIONNAIRE

1. Name of department: _____

1.1 How long have you been working as a social worker/psychologist?

2. What is your definition of child-headed households?

3. How many child-headed households have been reached by your department?

4. What are the types of child-headed households have you dealt with?

5. Where are the majority of child-headed households found in your area of operation?

6. What are the main causes of child-headed households in your department?

7. What are the challenges you've encountered in working with child-headed households?

8. List types of social support services rendered to child-headed households in your department.

9. What programmes have you implemented to assist child-headed households?

10. How do you involve child-headed households in the programmes that are provided?

11. How do you involve community in the programmes that are provided?

12. How do you involve other government departments in the programmes that are provided?

13. How do you involve Non-governmental organisations in the programmes that are provided?

14. What have you learnt in addressing the needs of child-headed households?

15. What are your recommendations to address the challenges in dealing with child-headed households? _____

APPENDIX 17
Social workers' registration certificate to the council



**SOUTH AFRICAN
COUNCIL FOR SOCIAL SERVICE PROFESSIONS**

Registration Certificate

It is hereby certified that the name of

STEVEN MBHEKISENI HADEBE

10-27479

Registration number:

in terms of section 19(1) of the Social Service Professions Act, 1978, has been entered in the Register and that the said person has thus been registered in terms of section 17(1), as a

SOCIAL WORKER

with the Council.



09 APRIL 2009
Registration date

[Signature]
President

[Signature]
Registrar

The validity of this certificate is subject to the submission of the receipt proving that the annual fee for the current financial year, which ends on 31 March, has been paid.

If the name of the holder of this certificate is removed from the Register, this certificate will in terms of regulation 4(2) be deemed to be cancelled as from the date of deletion

APPENDIX 18
Research ethics clearance certificate



Research Ethics Clearance Certificate

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

TMA Mabaso [48193658]

for a M Ed study entitled

**The experiences of learners who live in child-headed households at Osizweni
Township**

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

A handwritten signature in black ink, appearing to read "Prof KP Dzvimbo".

Prof KP Dzvimbo
Executive Dean : CEDU

A handwritten signature in black ink, appearing to read "Dr M Claassens".

Dr M Claassens
CEDU REC (Chairperson)
mcdtc@netactive.co.za

Reference number: 2014 AUGUST /48193658/MC

19 AUGUST 2014