

**GUIDELINES FOR SUPPORT OF ORPHANED AND
VULNERABLE CHILDREN BEING CARED FOR BY THEIR
GRANDPARENTS IN THE INFORMAL SETTLEMENTS OF
MBABANE, SWAZILAND**

by

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DECLARATION

I declare that **GUIDELINES FOR SUPPORT OF ORPHANED AND VULNERABLE CHILDREN BEING CARED FOR BY THEIR GRANDPARENTS IN THE INFORMAL SETTLEMENTS OF MBABANE, SWAZILAND** is my own work and that all sources that I have used or quoted are acknowledged by means of complete references and that this work has not been submitted before for any other degree at any institution.

SIGNATURE

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DATE.....

GUIDELINES FOR SUPPORT OF ORPHANED AND VULNERABLE CHILDREN BEING CARED FOR BY THEIR GRANDPARENTS IN THE INFORMAL SETTLEMENTS OF MBABANE, SWAZILAND

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ABSTRACT

The AIDS pandemic has generated a large number of orphaned and vulnerable children (OVC) in Swaziland, as it affects the reproductive age group. Most of the OVC are being cared for by their grandparents who are old, poor and suffer from degenerating diseases of old age. The purpose of this study was to explore and describe the needs and support available for OVC under the care of grandparents in the informal settlements of Mbabane, Swaziland in order to develop guidelines for their care and support. A qualitative, exploratory, descriptive and contextual study was conducted to identify the needs of the OVC and type of support provided by organizations for these children. Data was collected using unstructured and semi-structured interviews.

The study was conducted in three phases each addressing a research objective. In the first phase which was to identify the needs of OVC, twelve grandparents who cared for OVC in the informal settlements participated. For the second phase seven managers of organizations that provide support to OVC in the informal settlements participated. The third phase was the development of guidelines by the researcher and validated by participants and experts. The study highlighted the needs of OVC, the nature of the existing support structure and type of support provided by organizations for these children. The findings revealed that the OVC have developmental support, protection support, psychosocial support and support for survival needs. The themes identified from the analysis of the type of support provided by organizations were developmental, partnership, protection, psychosocial and support for survival needs. The organizations' support was inconsistent and inadequate to meet these needs due to the large number of OVC. Some

of the weaknesses of organizations were indicated as donor dependency and lack of coordination and collaboration among organizations. The study highlighted partnership as fundamental to the successful implementation of the guidelines.

KEY WORDS

Child, grandchildren, grandparents, guidelines for support, needs, orphaned, support, vulnerable, Mbabane, Swaziland.

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Dedication

The study is dedicated to my late mother and father who always had confidence in me that I can achieve big things in life.

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List of abbreviations

ADP	Areas of Development Programme
AIDS	Acquired Immune Deficiency Syndrome
AMICAALL	Alliance of Mayor's Initiative for Community Action on AIDS at Local level
ART	Antiretroviral Therapy
ARVs	Antiretrovirals
BBC	British Broadcasting Corporation
CBO	Community-based organization
FBO	Faith-based organization
FHI	Family Health International
HEARD	Health Economics and HIV/AIDS Research Division
HIV	Human Immuno Deficiency Virus
IRIN	Integrated Regional Information Network
LL	Lihlombe Lekukhalela (Child Protection Initiative)
NERCHA	National Emergency Response Council on HIV/AIDS
NGOs	Non-Governmental Organizations
OVC	Orphans and Vulnerable Children
PEPFAR	United States President's Emergency Plan for AIDS Relief
RHMs	Rural Health Motivators
SAFAIDS	Southern Africa HIV/AIDS Action
SOS	Save Our Soul Children's Village
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United State Agency for International development
UNFPA	United Nations Fund for Population Activity
WFP	World Food Programme
WHO	World Health Organization

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CHAPTER 1

Orientation of the study

1.1 INTRODUCTION

The Acquired Immune Deficiency Syndrome (AIDS) pandemic is reaching crisis proportions in Sub-Saharan Africa, with countries like Botswana, Lesotho, Zimbabwe, South Africa and Swaziland experiencing high Human Immuno Deficiency Virus (HIV) infection rates in the world (Campbell 2003:3). The effects of HIV and AIDS are particularly devastating to orphaned and vulnerable children (Chitando 2004:151). According to Roalkvam (2005:218), AIDS illnesses kill the young generation leaving the children with social structures which are already strained and pressured by the large scale of orphaned and vulnerable children (OVC) generated.

Currently there are about 225 600 of Swaziland's 1 128 814 people who are known to be living with HIV, more than 20 000 known AIDS cases and over 80 000 orphans most of whom are the result of AIDS (Central Intelligence Agency 2008:3; Mavuso 2005:4; Ministry of Health and Social Welfare 2004:6; Naysmith 2007:8; Thompson 2007:8). Jones (2006:162) supports the notion that children orphaned by AIDS are in the majority in countries with a high prevalence of HIV and these children have specific needs. The HIV and AIDS pandemic has also led to a decrease in life expectancy, from 60 years in 1997 to (world's lowest), 31.4 years in 2004 (Naysmith 2007:1).

In Swaziland, the prevalence of HIV and AIDS among pregnant women who attend antenatal care has increased from 3.9% in 1992 to 42.6% in 2004 (Ministry of Health and Social Welfare 2006:44). In 2006, the prevalence rate among pregnant women dropped by 3.4 % from 42.6% to 39.2% (Ministry of Health and Social Welfare 2006:44). The HIV prevalence is estimated at 19% among the entire population and 26% among Swazis aged 15-49 years (Central Statistics Office 2007:221).

The pandemic is one of the most severe challenges facing Swaziland. According to Makhanya (2005:7), Swaziland is only at an early stage of this pandemic, with the

impact on the vulnerable groups (such as children and grandparents who are carers) expected to rise over the next coming years. While not all orphans are due to HIV and AIDS related deaths, orphanhood remains the most viable, extensive and measurable impact of AIDS on children (Andrews, Skinner & Zuma 2006:270).

Because of AIDS, children lose both parents in quick succession and at a younger age than from any other causes of parental death (Joint United Nations Programme on HIV/AIDS (UNAIDS) 2004:62). According to Jackson (2002:266), and Rabinowitz and Canale (2004:46) the OVC face increasing vulnerability in terms of finance, social and personal loss, stigma and strain. These children lack access to education and health services.

It is estimated that by 2010, more than 1 in 5 children will be orphaned in Botswana, Zimbabwe and Swaziland (Delva, Vercoutere, Dehaene, Willems, Temmerman & Annemans 2005:656). The highest number of orphans is in countries where public welfare systems are inadequate and the traditional extended family's coping system has been weakened through poverty and urbanization (Foster, Levine & Williamson 2005:71). These orphans are more frequently cared for by their grandparents, most of whom had relied on their (now dead) daughters and sons for financial support (Nyambedha, Wandbba & Aagaard-Hansen 2003:311; Shetty & Powell 2003: 25; United Nations Children's Fund (UNICEF) 2005:72).

According to a United Kingdom Parliament (2002:2), 11 million children under the age of 15 in Sub-Saharan Africa have lost one or both parents to AIDS, accounting for 32% of all orphans worldwide. As stated earlier, the most affected countries are Botswana (37%), Zimbabwe (34%), Swaziland (32%), Namibia (32%) and South Africa (31%). For a small country like Swaziland, this figure is high. However, the orphan crisis is not restricted to Sub-Saharan Africa. In 2002, it was estimated that 1.8 million orphans were living in the South and South-East Asia, 85 000 in East Asia and the Pacific, 330 000 in Latin America, 250 000 in the Caribbean and 65 000 in North Africa and the Middle East (Fredriksson & Kanabus 2002:1).

Barnett (2005:142) asserts that AIDS will remain the main cause of orphaning in Africa among children under 15 years old. To this effect Barnett and Whiteside (2006:17), mention that even if transmission rates of HIV and AIDS were to fall, effective treatment

become accessible and a cure or vaccine found, the pandemic will continue to grow for at least the next 20 years. The authors have further stated that the impact of HIV and AIDS will have a long-term effect on the lives of those who are HIV positive, in a manner that cannot be predicted, shaping the future of their children and that of their families.

The OVC have various needs. In their report, Uys and Cameron (2003:180) stated that all children have physical, emotional, social and intellectual needs that must be met in order for them to develop their full potential and enjoy life. The authors further mention other needs such as food and security, housing, clothing, bedding, health care, education, finance, parenting, non-discrimination and legal protection (from ill-treatment, neglect and all forms of exploitation). Southern African HIV/AIDS Action (SAFAIDS) (2004:1) concurred with Uys and Cameron (2003:180), that OVC are emotionally deprived, financially desperate and are at risk of sexual abuse as they are easily forced into exploitative situations such as commercial sex work in order to survive.

Whiteside, Hickey, Ngcobo and Tomlinson (2004:4) reported that in Swaziland, non-governmental organizations and the government Welfare Department in the Ministry of Health and Social Welfare are collaboratively investigating ways to support and care for OVC because the problem is so big that no one organization can deal with it single handed. However, the authors further argue that a national effort to coordinate the response of these organizations to drive the process forward does not exist. Furthermore, United Nations Children's Fund (UNICEF) (2004a:6) reiterated that initiatives focusing on OVC where present, coordination is too small in scale. Whiteside et al (2004:4) are of the opinion that children should remain in their parental home where they have a possibility of some family or community support, retain ownership/property rights of their homestead and have a more secure future. Families must be supported to respond appropriately to the problem of OVC. Communities should be mobilized and strengthened for the needs of orphaned children.

As biological parents succumb to AIDS, the responsibility of caring for OVC falls onto the shoulders of grandparents, mostly maternal grandparents, especially after the death of the mother (Yang, Wu, Duan, Li, Li, Shen, Mathur & Stanton 2006:647). According to John and Allen (2004:1), in some African countries there is no social security for

orphans when parents die of AIDS. Grandparents, often destitute themselves, inherit a responsibility for a large number of children and this usually becomes overwhelming. In some instances, the grandparents and the orphaned children are infected by HIV (Potts 1999:8). For grandparents the disease may be contracted from caring for the grandchildren without protecting themselves while children may be infected at birth or contract the infection while caring for their infected parent (Barnett & Whiteside 2002:217).

The caring grandparents may also not be in good standing financially and in health. The ageing process may also be taking a toll on their health and looking after a large number of children without any assistance can only make the situation worse (Ice, Zidron & Juma 2008:111; Senzengonzi 2007:339). Many grandparents would have been dependent on their sons and daughters who may have died. This notion is supported by Jackson (2002:279), who asserts that in these circumstances the burden of care is overwhelming due to the limited resources. The capacity and resources are overstretched to a breaking point and normal coping mechanisms are exhausted (Fleshman 2001:7; Fredriksson & Kanabus 2004:3; Smart 2003:1).

The phenomenon of grandparents providing care is an African issue. According to the World Bank it is estimated that 40% of grandparents in South Africa and Uganda and 50% in Zimbabwe are living with and caring for their orphaned grandchildren (Integrated Regional Information Network 2003:1). In Swaziland, the estimates are that more than one third of children living with their grandparents are vulnerable and in need of immediate intervention (UNICEF 2004b:7). The grandparents have to provide a habitable environment, education, food and care. In many instances, as stated before, the grandparents are themselves in poor health and are poverty stricken (Phakathi 2008:1).

1.2 BACKGROUND TO THE PROBLEM

The care of OVC is often left to the grandparents, who are also struggling to provide care for themselves. They have to be the educators, homemakers and income generators (International HIV/AIDS Alliance 2004:4). However, they cannot perform these roles unless these children get economically, emotionally and psycho-socially supported. Nampanya-Serpell (2008:3) argue that the health, educational and

developmental outcomes for OVC depend on the medical, economic and mental status of their primary caregivers, the majority of whom are the maternal grandparents.

According to Uys and Cameron (2003:181), apart from physical and/or material needs, grandparents who lose biological children through whatever cause, need counselling to deal with their loss. Grandparents may also need education and retraining about the child's development and parenting skills, as they become the first teachers and social support system to grandchildren. This training could prevent problems that occur as a result of a generation gap between grandparents and the grandchildren.

Many OVC do not have access to health care, good nutrition, education, social and psychological support because the grandparents who provide care do not have the resources and are sometime not aware of where to get the assistance from (UNICEF 2002:2). In Swaziland the contribution of the government towards the education of OVC, is hundred million Emalangeni (E100 000 000.00) which is equivalent to hundred million Rand (R100 000 000.00) to supplement school fees at both primary and high school levels (Shaw 2008:8). While the government has tried to address the educational needs of OVC, Family Health International (2003:2) asserts that children cannot benefit from education if health, shelter, nutritional needs and other essentials are not met.

To meet the needs of OVC, there has to be a broad collaboration among key stakeholders including the government, donor agencies, community-based organizations, faith based organizations, private sector and formal non-governmental organizations. Together, the organizations should identify community-based support and strengthen it to ensure that the legal and human rights of children are protected, respected and fulfilled (SAFAIDS 2004:5).

According to Family Health International (2003:1), government should formulate policies that protect OVC from discrimination and ensure that these policies are implemented. The policies should prohibit discrimination in accessing health care, education, employment, housing and protect the inheritance rights of widows and orphans.

1.2.1 Organizations that support orphaned and vulnerable children

In Swaziland most non-governmental organizations that provide support to OVC operate in the rural areas. For those living in informal settlements, to access support, the non-governmental organizations require a profile of OVC from the grandparents caring for them, that is specific to the nature or type of needs these children have. However the information on the needs of these children is not available. Presently, the following are some of the organizations that provide support to OVC:

➤ Baphalali Swaziland Red Cross

Baphalali Swaziland Red Cross is a non-governmental organization, which among other activities is caring for OVC. The organization provides bursaries for the school children. The organization's catchment areas are Silele and Sigombeni (see annexure F). These two areas are in the rural areas of Swaziland and they fall in two regions, which are Shiselweni and Manzini respectively (Swaziland Red Cross 2004:5). The organization provides assistance to children who have lost both parents.

➤ Salvation Army

The Salvation Army is a Faith-based organization situated in the peri-urban area of Mbabane. It provides support to families affected by HIV and AIDS in the form of monthly food rations to grandparents caring for OVC. It also provides emotional and spiritual support to families affected by HIV and AIDS. The organization does not provide for OVC in the informal settlements. The focus of the organization is to support AIDS orphans with the assistance starting before the deaths of parents. The criteria used to provide assistance is that: the child should have lost a mother or a father or both. The child must have been registered under the Community-based Care Programme because it follows-up AIDS clients in their homes and provides support to the whole family. After the death of the parent they provide psychosocial support to the family including OVC.

➤ **Save the Children**

Save the Children is a non-governmental organization, which provides assistance to OVC by providing school fees to ensure that children have access to education and food in the school. This organization is the watch-dog for human rights thus ensuring that the children's rights related to education and nutrition are protected (Save the Children 2004:3). Save the Children Swaziland's HIV and AIDS programme raises awareness of HIV and AIDS among children and communities and provides counselling and support, and respond to the needs of OVC (Poulsen 2006:48).

➤ **United Nations Education Fund**

The United Nations Education Fund is an international organization that focuses on the rights of children, including the right to food, which is one of the greatest needs for OVC. The organization provides protection from abuse through training of community child protectors who are focusing on protecting children from physical and sexual abuse. The child protectors are called "*Lihlombe Lekukhalela*" (shoulder to cry on). UNICEF in collaboration with government has established Neighbourhood Care Points (NCPs) where OVC get a meal once a day, a chance to learn good habits, play and pray. The NCPs are mostly built in rural areas (Brody 2006:14; UNICEF 2004b:21).

➤ **Point of Hope Care Centres**

The Point of Hope Care Centres, an example of which is Children's Cup Swaziland, are faith-based organizations that aim at communicating the love of Jesus and showing by deeds the preciousness and purposefulness of life to reinforce hope in desperate individuals. The organizations work through existing structures, like the Alliance of Mayor's Initiative for Community Action on AIDS at Local Level (AMICAALL) and focuses on peri-urban areas to support OVC. The organizations target areas where local community members have started to address the OVC's problems on their own. The Children's Cup Swaziland comes in a facilitative role to scale up the community approach and to collaborate with other organizations providing specialized services. The organization aims at building infrastructure to offer basic services like food, education and health in small communities surrounding Manzini and Mbabane the two cities of Swaziland. The organizations have already built four houses in Manzini and

two houses in Mbabane where basic services such as food, informal education and medical services are provided. The main funding comes from the National Emergency Response Council on HIV and AIDS (NERCHA) and Alliance of Mayor's Initiative for community Action on AIDS at Local Level (Alliance of Mayor's Initiative for Community Action on AIDS at Local Level 2005:1).

➤ **World Vision**

This is a non-governmental organization that aims at assisting community members to be self-reliant. The organization focuses on servicing the needs of children and working closely with their families. World Vision has two separate departments that focus on HIV and AIDS. One department focuses on health while the other on nutrition of OVC. It has ten Areas of Development Programmes (ADPs) located across the four regions of the country. The organization covers less than 25% of the Swaziland population in rural, isolated and poor communities attending to issues such as food security, water, development, health and sanitation, education and small-scale enterprise (World Vision Swaziland 2003a:5).

It should be noted that World Vision focuses on assisting rural communities. The closest ADP is 25 km from its headquarters in Mbabane. The informal settlements of Swaziland are therefore left out of this programme. World Vision believes that areas along Mbabane and Manzini corridor are not as poor as those in rural areas (World Vision Swaziland 2003b:5).

1.2.2 Views of organizations about support provided to orphaned and vulnerable children

Baphalali Swaziland Red Cross, the Salvation Army, the Point of Hope Care Centres, the World Vision, the Save the Children fund and the United Nations Children's Education Fund are of the view that the support given to OVC should be child centred, family and community focused and human rights based (UNICEF 2002:5). The support should address all the needs of OVC for them to realize good prolific life and be empowered for the future (Fredriksson & Kanabus 2004:7). The organizations mostly direct their assistance to the rural communities. The informal settlements have been left out as they believe that it is the rural areas that are severely affected by poverty,

compounded by the high prevalence of HIV and AIDS. The fact of the matter is that informal settlements' population living in and around urban areas have wrongfully created an impression of wellbeing.

1.2.3 The situation about the needs and support of orphaned and vulnerable children in Swaziland and globally

In Swaziland, the information on the needs of these OVC especially the informal settlements is not available. A study to explore the needs of these OVC becomes necessary in order to provide policy-makers with scientific information relating to the needs of these children. The grandparents were identified to be information rich sources to provide the needs of the OVC. Swaziland, as a country, needs to support these OVC who are being cared for by their grandparents.

South Africa, Swaziland's neighbour, has projects that support grandparents caring for OVC. The Alexandra AIDS orphans project has supported groups of children and caregivers by providing psychosocial, financial and material support to grandmothers. The families were given building grants once, which enabled them to build adequate shelter, and provide seed and fertilizer to start own gardens to produce food for their families and generate income (UNAIDS 2004:64).

According to Theunissen (2005:22), South Africa has child welfare organizations such as Cape Town Child Welfare (Thembalabantwana or Hope for our Children), the oldest and second-largest child welfare organization in South Africa. The organization was set up in recognition of the increasing hardships faced by children and families due to the impact of HIV and AIDS and poverty.

In Thailand, like Swaziland, 50% of that country's orphaned children live with their grandparents. The Thai government has responded to the crisis by strengthening grandparents associations, developing volunteer schemes and providing low interest loans for setting up small businesses. This is done to ensure that grandparents are able to provide the most needed support to the OVC under their care (UNAIDS 2004:268).

It is imperative that a model for community-based care should further be developed to assist the state in the care and support of OVC in Swaziland (Bradshaw, Johnson,

Schneider, Bourne & Dorrington 2002:4). UNAIDS and UNICEF (2003:1) further argue that financial transfers from the state to the caregivers in recognition of the resources those families lack, is essential in enabling them to continue caring for the ever increasing number of OVC who need to access appropriate treatment, care and support and have equal rights and opportunities as other children.

➤ **Social grants in Swaziland**

In Swaziland, the government grant or pension for the grandparents is too little. It cannot alleviate the problems or address all their basic needs. Pension paid is an equivalent of R100 per month, starting at the age of 60 years (Shaw 2008:7). Therefore the grandparents who are younger than 60 years do not get any form of support. The reality is that most of the grandparents have never been employed and those who were employed were in low paying jobs such as domestic duties or gardening and do not receive a pension from their previous employer or do not have other sources of income. According to the Integrated Regional Information Network (IRIN), most of the grandparents have a minimum education of Standard 1 and are therefore not informed on how to access available assistance from organizations that support OVC (IRIN 2004:4). The growing number of OVC who are being cared for by their grandparents is therefore a big challenge to the grandparents as well as the Swazi nation.

Swaziland, like other developing countries has to establish child welfare responses such as those in the Republic of South Africa and or Thailand in recognition of the increasing hardships faced by the children and families/grandparents due to the impact of HIV and AIDS and poverty. There is a need for short and long-term support, as the number of OVC will continue to increase for many years to come (Bradshaw et al 2002:5). In addition, Morgan (2002:3) contends that all children as well as those orphaned by AIDS should receive quality services.

1.3 PROBLEM STATEMENT

The devastation caused by HIV and AIDS in Swaziland has contributed to the ever increasing number of OVC as AIDS related illnesses kill younger people in society (Roalkvam 2005:218). According to Hlophe and Ginindza (2004:4), 21.4 % of the 2733 children in the informal settlements of Mbabane are living with their grandparents who

are their only surviving relatives. In many instances the grandparents are poor and have no support or assistance of any kind to cater for the daily needs of these children (Fredriksson & Kanabus 2004:1; Hlophe & Ginindza 2004:4). Accordingly Swaziland does not have any social system to take care of destitute children excepting in the school system where there may be some partial payment of school fees for some children. The social grant for old age pension is too little to care and support grandparents and their grandchildren. Most of the support and assistance is provided by community-based organizations (CBOs), faith-based organizations (FBOs) and non-governmental organizations (NGOs).

For the assistance to be provided though, organizations need scientific information on the needs of OVC being cared for by their grandparents. This was confirmed in an interview with a nongovernmental organization, the World Vision, which stated that it could not give any form of assistance without facts about the needs of these children as articulated by their caregivers, the grandparents. In Swaziland, the needs of OVC in the informal settlements have to date not been scientifically documented and as a result these children do not receive adequate support from organizations. This information is not only required by NGOs, CBOs and FBOs but by government as well, so that support and response to the children's needs can be organized and focused.

Of importance is the financial support to ensure that the children's survival needs such as development, protection, psychosocial needs are met. This notion is confirmed in a study conducted in Zimbabwe among grandparents caring for their orphaned grandchildren, where grandparents were willing to take the responsibility of raising their grandchildren and find comfort and satisfaction in looking after them even though they require financial assistance to be able to pay for their schooling and buy supplies like cleaning materials, clothes including school uniform, blankets, energy source and food (Nampanya-Serpell 2008:4).

1.4 RATIONALE OF THE STUDY

The findings of the study will provide information on needs and support of OVC as required by the government and other nongovernmental organizations. The information will also provide a basis for the development of guidelines for care and support for these children. Currently the support provided by organizations is not structured.

Therefore, these guidelines will assist government and non-governmental organizations in providing relevant support to these children.

1.5 AIM OF THE STUDY

The aim of the study was to generate scientific information on the needs of orphaned and vulnerable children who are under the care of their grandparents in the informal settlements of Mbabane, Swaziland in order to provide guidelines for care and support for these children.

1.6 PURPOSE OF THE STUDY

The purpose of the study was specifically to explore and describe the needs and support available for orphaned and vulnerable children under the care of grandparents in the informal settlements of Mbabane, Swaziland in order to develop guidelines for their care and support.

1.7 OBJECTIVES

The objectives of the study were to

- identify the needs of orphaned and vulnerable children being cared for by grandparents in the informal settlements of Mbabane, Swaziland
- analyze the nature of the existing support structures and the type of support they provide for orphaned and vulnerable children cared for by grandparents in the informal settlements of Mbabane, Swaziland
- develop guidelines for providing support for orphans and vulnerable children under the care of grandparents

1.8 RESEARCH QUESTIONS

The following were the research questions posed to address the outlined objectives:

- What are the needs of orphaned and vulnerable children who are cared for by grandparents in the informal settlements of Mbabane, Swaziland?

- What support structures are there for orphaned and vulnerable children who are cared for by grandparents in the informal settlements of Mbabane, Swaziland and what kind of support do these structures provide?
- What guidelines can be developed to support orphaned and vulnerable children cared for by their grandparents in the informal settlements of Mbabane, Swaziland?

1.9 THE PARADIGMATIC PERSPECTIVE OF THE STUDY

The paradigmatic perspective of this study is defined and assumptions discussed.

1.9.1 Paradigm

A paradigm is a world view, a general perspective on the complexities of the real world system of ideas embodying one's beliefs on the nature of reality and how reality can be known (Polit & Beck 2008:13). It provides organization for thinking, observing and interpreting what is seen. Paradigms also suggest criteria by which to judge appropriate research tools (Brink, Van der Walt & Van Rensburg 2006:22). According to De Vos, Strydom, Fouche and Delpont (2005:40) the researcher should state the frame of reference that underpins her/his study. Polit and Beck (2008:13) explain that disciplined inquiry in the field of nursing is being conducted mainly within two broad paradigms, positivist and naturalistic which are both legitimate for nursing research. These are linked to the methodological approach in the social sciences that are quantitative, qualitative and participatory in nature.

The positivist paradigm assumes that there is an objective reality and that natural phenomena are regular and orderly. It seeks to be as objective as possible in pursuit of knowledge. Its emphasis is on measured and quantitative information and seeks generalizations of the findings to the whole population (Polit & Beck 2008:14).

The naturalistic paradigm holds that there are multiple interpretations of reality and that the goal of research is to understand how individuals construct reality within their context and it is often associated with qualitative research (Polit & Beck 2008:15). A qualitative research approach aims at investigating phenomena in an in-depth and holistic fashion, through collection of rich narrative material in order to understand and

describe the phenomenon from the participants perspective (Babbie & Mouton 2001:5; Polit & Beck 2008:17).

In this study the naturalistic paradigm guided the researcher on the methodology to use in identifying the needs and support of OVC. Little was known about these needs and thus construction of a detail description was essential to gain first-hand information and holistic understanding. It is through qualitative approach that participants can express the issues of concern fully and such depth cannot be obtained in a quantitative approach.

According to Babbie and Mouton (2001:5) and Polit and Beck (2008:761) a paradigm encompasses a set of philosophical assumptions which guides ones approach to an inquiry.

1.9.2 Assumptions

Assumptions are basic principles that are accepted on faith or assumed to be true without proof or verification (Polit & Beck 2008:14). The researcher is compelled to make assumptions to justify theories and methodological strategies that are not tested in the specific study (Mouton & Marais 1992:192). The authors further state that the responsibility of the researcher is to clearly state the assumptions or commitments, presuppositions and beliefs applicable to his or her study. Frankfort-Nachmias and Nachmias (1996:5) argue that the scientific approach is grounded on a set of basic assumptions. These include meta-theoretical, ontological, theoretical and methodological assumptions. The assumptions of this study are discussed under each paradigmatic perspective.

1.9.2.1 *Meta-theoretical assumptions*

A meta-theoretical assumption refers to commitments, presuppositions and beliefs that are applicable to the study conducted (Mouton 1996:174). These are assumptions about the human being and the environment. Botes (1995:7) explains that a meta-theoretical assumption serves as a framework within which theoretical statements are made. The author argues that while these assumptions do not give epistemic pronouncements, they influence research decision throughout the research process.

They cannot be tested but must be reconcilable with theoretical assumptions. In the context of this study, the following meta-theoretical assumptions apply:

- Human beings are universally caring and concerned about the needs, well-being and survival of others. In this study the grandparents were concerned about the needs, well-being and survival of OVC and were willing to provide the best care that is culturally acceptable in the homes where they live and at any time deemed necessary, but need assistance to provide care and support to these grandchildren.
- Environment is seen as internal (family) and external (community, national and international organizations) and includes both stressors and resources for adapting to stressors. Stressors exist in life at all times and are necessary for overall growth and enhancement of life. Resources can be available but there is a need for someone to create awareness of these in order to obtain maximum benefit (George 2002:473). In this study, the environment included families where OVC lived and communities and organizations that provided resources and information used to respond to needs. Organizations could support OVC provided they had information on the needs of these children.

1.9.2.2 *Ontological assumption*

These assumptions deal with the question of what reality is or with the nature of reality as an object of inquiry (Brink et al 2006:294; Mouton 1996:49; Polit & Beck 2008:14). The reality in this study is that the OVC are being cared for by their grandparents in the informal settlements of Mbabane, Swaziland who do not have means to meet the needs of these children. The assumptions of this study are in line with those of Denzin and Lincoln (1994:109) and Polit and Beck (2008:14) which are that:

- reality is multiple, subjective and individually constructed in the mind of those who experience it. In this study the needs and nature of OVC can be best described by grandparents caring for them and managers of organizations that support these children respectively. The reality in this case is constructed by people who are involved in the study and they are the ones to give meaning to the data. The researcher tries to understand the multiple realities from the perspective of the participants who live the experience.

1.9.2.3 Theoretical-conceptual assumptions

A conceptual framework is a scheme that provides a structure for organizing and relating ideas or concepts (Batavia 2001:31). Maslow's Hierarchy of Needs Theory is used as a *theoretical-conceptual* framework. Maslow in his theory depicts that human needs are intrinsic, as they originate from within an individual and are arranged in a hierarchy of prepotency where the emergence of higher level needs often rest on the satisfaction of lower needs (Maslow 1943:370). The theory is relevant in this study because it could be used to put the children's needs into perspective. Within this theory it is easy to show how satisfaction of lower level needs can contribute to the achievement of higher level needs. The main concepts of this theory are depicted in figure 1.1.

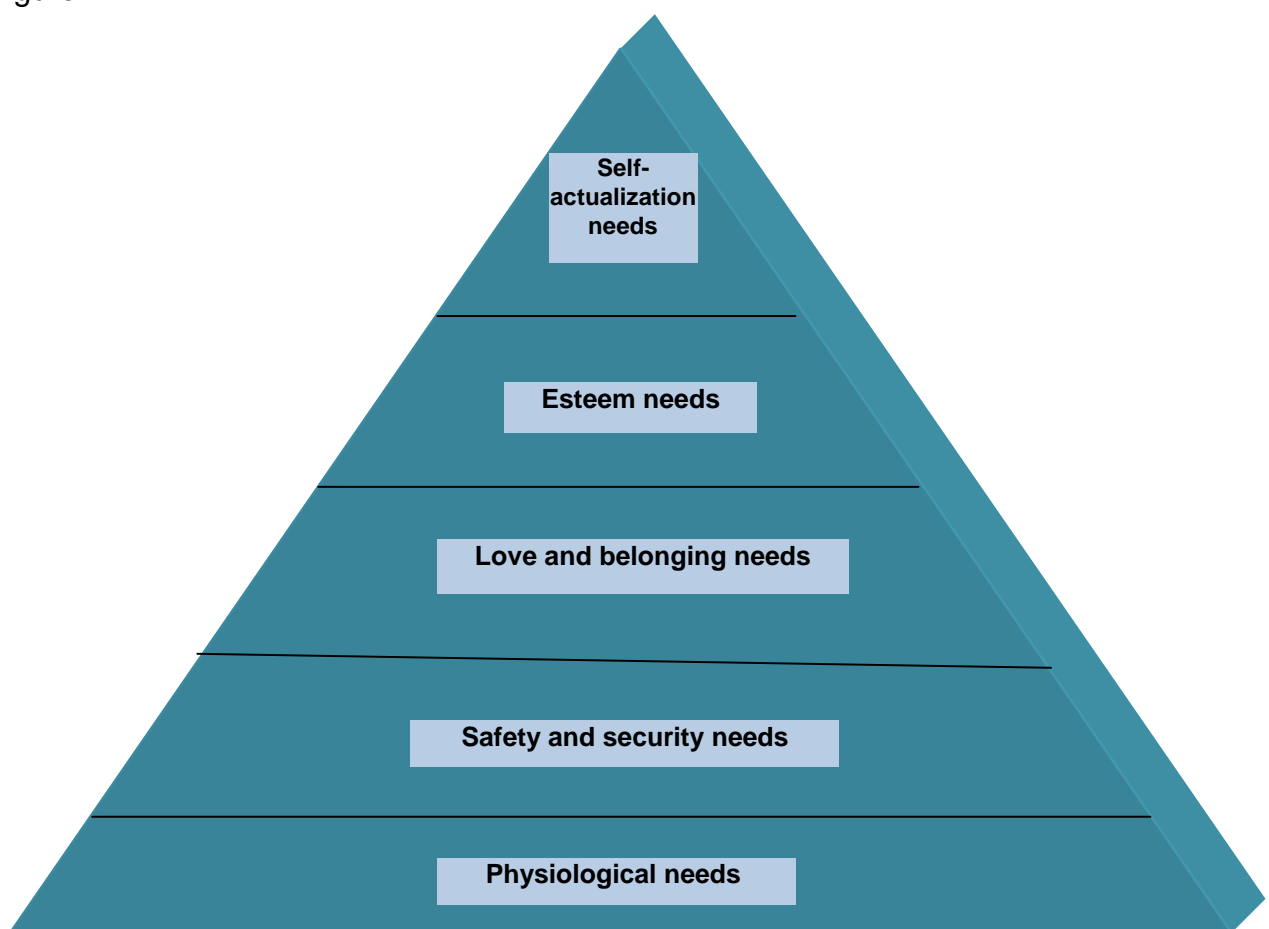


Figure 1.1 Pyramid depicting Maslow's Hierarchy of Needs

(Maslow 1970:38)

The lower level needs, physiological needs are survival needs which must be met before other needs higher than these can be considered.

- The physiological and survival needs comprise of the need for air, water, food, shelter, sleep, exercise, elimination, sexual expression and health care (Johnson & Webber 2001:92; Maslow 1943:373).
- The safety and security needs include physical safety, security of resources including financial security, morality, stability, dependency, protection, health and wellbeing, and property. Children need a stable, predictable and orderly environment which they can count on (Maslow 1970:39).
- The love and belonging needs include social groups such as clubs, religious groups, sports teams and affection and acceptance from family and friends (Maslow 1970:43).
- The esteem needs include self-confidence, independence and freedom, recognition, appreciation, status, dominance and achievement (Maslow 1970:45).
- The self-actualization needs are about individual's desire for self-fulfilment in becoming everything that one is capable of becoming (Maslow 1970:46; Maslow 1971:48). The emergence of these needs usually rests upon prior satisfaction of the physiological, safety, love and belonging, and esteem needs (Maslow 1970:47).

Some of the levels of Maslow's Hierarchy of Needs Theory were not applicable to this study. In this study, the researcher assumed that:

- The needs of OVC arranged themselves in levels or order of importance and emergence of higher level needs often rested on the satisfaction of lower level needs. The satisfaction of these needs would be influenced by the availability of resources for or to the grandparents.
- The physiological needs are essential for human beings' biological functioning, thoughts and behaviour. The fulfilment of these needs is fundamental to the growth and development of individuals until they reach self actualization.

1.9.2.4 Methodological assumptions

Methodological assumptions are the views of the researcher about the nature of science and research discipline in a study. These assumptions guide the researcher in the selection of the most appropriate methods to be used in a study (Mouton

1996:125). Botes (1998:7) further states that the origin of these assumptions is in science and it deals with the purpose, research design, methods and criteria for validity of the study. The methodological assumptions are those of qualitative design as described by Gillis and Jackson (2002:186) and Streubert Speziale and Carpenter (2003:15) which are as follows:

- The researcher has a role as a co-participant in the discovery and understanding of the realities of the phenomenon studied by being an interviewer and interpreter of data.
- The qualitative interview methods start with the details of the experience and move to a more general picture of the phenomenon. In-depth interviews were used to gain insight and understanding of the needs and support of OVC.
- Language and other symbols of interaction constitute reality (Henning, Van Rensburg & Smit 2004:9). The researcher conducted the interviews in siSwati, the participants' mother tongue.
- Qualitative researchers believe that there are always many perspectives to consider when trying to fully understand a situation. There are the perspectives of the researcher, those of the participants being studied, and the readers of the report (Boyd 2001:76). The researcher immersed herself in the data, verified information with the participants and collected data from multiple sources to gain an understanding of the phenomena being studied.
- The research design is flexible and unique and evolves throughout the research process. There are no fixed steps that should be followed and the design cannot be exactly replicated (Polit & Beck 2008:14).
- Data sources are determined by the richness of the information and types of observations are modified to enrich understanding.
- The researcher conveys the understanding of the phenomena by reporting the realities in detail through identification of themes and extensive quotations that reflect the descriptions by the participants (Gillis & Jackson 2002:186; Streubert Speziale & Carpenter 2003:150). The authenticity of the findings is by verification through member checking.

1.10 DEFINITION OF CONCEPTS

➤ **Caring**

Caring is thinking about what other people need or want and trying to help them. It involves the task of looking after people (*Longman Dictionary of Contemporary English* 2003:223). For the purpose of this study, caring is looking after orphans and vulnerable children who are left in the custody of grandparents who in turn attend to their physical, mental, social, emotional and spiritual needs.

➤ **Child**

A child is defined as a person, male or female, under the of age 18 (*World Vision International* 2005:127). Schroeder and Nichola (2006:176) define a child being below the of age 19 years. In this study, a child is a person who is under the age of 18 years.

➤ **Grandchildren**

A grandchild is a child of one's son or daughter (*Longman Dictionary of the Contemporary English* 2003:704). According to the Swazi culture, grandchildren are not only your biological sons' or daughters' children, but include your nieces' and nephews', children belonging to one's sisters, brothers and cousins. In this study, the term will be used in the Swazi context.

➤ **Grandparent**

Grandparent is one of the parents of your mother or father (*Longman Dictionary of the Contemporary English* 2003:706). For the purpose of this study, which is in the context of the Swazi culture, a grandparent is one of the parents of one's mother or father including the parents of one's uncles and/or aunts.

➤ **Guidelines**

Guidelines are principles or standards that direct a course or action or a general rule, instruction or piece of advice (*Oxford Advanced Learner's Dictionary of Current English*

1995:529). In this study, the guidelines are developed to direct or guide the government including other organizations on how best they could provide support to OVC in the informal settlements. The guidelines form a general framework within which relevant interventions by both governmental and nongovernmental organizations could be provided.

➤ **Informal settlements**

Informal settlements are small isolated areas within the towns or cities under the jurisdiction of Town or City Councils. These communities do not have proper infrastructures (such as good roads, water, proper sanitation and housing). A number of people who live in the areas are mostly unemployed and they are poverty stricken. They receive little assistance from the Town or City Councils as they are not formally settled or legally allocated to these places.

➤ **Orphan**

Central Statistics Office (2007:263) describes an orphan as a child who has lost a parent or parents and is less than 18 years of age. For the purpose of this study an orphan is a child under the age of 18 years who has lost a parent or parents and may or may not be under the full care of grandparents.

➤ **Orphaned and vulnerable children**

Orphaned and vulnerable children are individuals who are younger than 18 years of age who have lost a parent or parents and are destitute.

➤ **Support**

Support is to help an individual with money or encouragement given especially in a difficult situation (*Oxford Advanced Learners Dictionary of Current English* 1997:1200). Support is assistance and protection given to others (Langford, Browsher, Maloney & Lillis 1997:95). For the purpose of this study, support is provision of care, empathy, love, and trust and other resources to OVC to assist them to meet the physical, mental,

social, emotional and spiritual challenges facing them in order to ensure a feeling of being valued and belonging in community.

➤ **Vulnerable children**

According to Skinner, Tshoko, Mtero-Munyati, Segwabe, Chibatamoto, Mfecane, Chandiwana, Nkomo, Tlou and Chitiyo (2004:10) a vulnerable child is a child under the age of 18 years who satisfies one or more of the following criteria:

- An orphan.
- Parent or guardian is incapable of caring for the child.
- A child who lacks access to health care, education, food, clothing, psychological care and or has no shelter to protect him or her from the elements.
- A child who is neglected by parents.

For the purpose of this study, a vulnerable child is a person under the age of 18 years who satisfies the following criteria:

- An orphan and is staying with grandparents.
- A child who is abandoned, neglected and rejected by parent(s) and staying with grandparents.
- A child who lacks access to food, health care, clothing, education, psychological, emotional and spiritual care and has no shelter and stays with a grandparent.

1.11 RESEARCH DESIGN AND METHOD

The research design and methods will be briefly discussed while the detailed description is in section 2.4.

1.11.1 Research design

A research design is a plan of action or blueprint that guides the planning of the whole study. It directs the researcher through the problem, to answer the research questions in a believable manner to the scientific community and ensures that intended objectives are achieved (Batavia 2001:35; Burns & Grove 2005:734; Henning et al 2004:141).

The research design for this study was qualitative, exploratory, descriptive and contextual in nature. The study explored and described the needs of OVC and the support provided by non-governmental organizations to these children in the informal settlements of Mbabane, Swaziland.

1.11.2 Research setting

Swaziland is a small landlocked country that covers an area of 17,363 square kilometers. It has an estimated population of 1.128,814 (Central Intelligence Agency 2008:3). The country shares borders with Mozambique in the East, South Africa in the North, South and West. The country is divided into four administrative regions, namely Hhohho, Lubombo, Manzini and Shiselweni. The administrative offices are located in Mbabane in the Hhohho region (see annexure F).

The study was conducted in Mbabane, the capital city of Swaziland. Mbabane consists of formal settlements where affluent people live and are not so densely populated. The non-affluent, low-income people live in the informal settlements. Informal settlements are densely populated and have traditional leader who are headmen (Hlophe & Ginindza 2004:4).

In the informal settlements there are Rural Health Motivators (RHMs) who are community health workers at grass-root level (Ministry of Health and Social Welfare 2006:19). The RHMs are residents in the informal settlements and each knows the families in her/his catchment areas including those families where there are OVC who are cared for by grandparents. The researcher approached the RHMs and explained the purpose of the study and solicited their assistance in identifying the grandparents who participated in the study.

1.11.3 Research method

Research methods are the techniques used to structure a study and to gather and analyze information in a systematic fashion (Polit & Beck 2008:765). According to the objectives the study was conducted in three phases. The phases of the study are outlined in table 1.1. Verification and enrichment of the guidelines were done through

two separate meetings with the grandparents caring for OVC and managers of support organizations who participated in the study.

Table 1.1 depicts the schematic presentation of the research methods.

Table 1.1 Schematic presentation of the research methods

RESEARCH OBJECTIVES	POPULATION	SAMPLING APPROACH	SAMPLING TECHNIQUE	DATA COLLECTION	DATA ANALYSIS
Phase 1 To identify the needs of orphaned and vulnerable children being cared for by grandparents in the informal settlements of Mbabane, Swaziland	All grandparents caring for orphaned and vulnerable children	Non-probability	Snowball sampling	Unstructured in-depth interviews	Qualitative analysis-inductive abstraction and identification of common themes and literature control using Tesch's (1990) in Creswell (1994:154) approach.
Phase 2 To analyze the nature of the existing support structures and the type of support they provide for orphaned and vulnerable children cared for by grandparents in the informal settlements of Mbabane, Swaziland.	All Organization that support orphaned and vulnerable children All managers of organizations that support orphaned and vulnerable children	Probability sampling for selection of organizations. Non-probability sampling for managers	Simple random sampling Purposive sampling	Semi-structured interviews	Qualitative analysis-inductive abstraction and identification of common themes and literature control using Tesch's (1990) in Creswell (1994:154) approach
Phase 3 To develop guidelines for providing support for orphaned and vulnerable under the care of grandparents.	<ul style="list-style-type: none"> • The researcher • Grandparents and managers of organizations that support orphaned and vulnerable children 	Grandparents in phase 1 and managers in phase 2	Grandparents in phase 1 and managers in phase 2 were invited to a meetings	Meetings- one for each group	Information from the meetings was incorporated into the draft guidelines developed by the researcher

The detailed discussion of the research methods is presented in chapter 2 of the study.

1.12 MEASURES TO ENSURE TRUSTWORTHINESS OF DATA COLLECTED

Trustworthiness refers to the quality of the research findings. Trustworthiness focuses on ways which a researcher or reader judges the quality of the findings (Miles & Huberman 1994:277). The model of Lincoln and Guba (1985:295-331) and Krefting (1991:214-222) is used to ensure the trustworthiness in this research. Trustworthiness exists if the findings of a qualitative study represent reality or life experiences of the participants. The four strategies that were used to ensure trustworthiness of this study are credibility, transferability, dependability and confirmability. A detailed description of these strategies and their application to this study were presented in chapter 2, section 2.6.

1.13 ETHICAL CONSIDERATIONS

According to Thomas (2002:9), research into the lives of other people is a privilege not a right and thus individuals and communities being researched should be treated with respect. It is imperative that research which involves human subjects adheres to ethical principles (Polit & Beck 2008:181). Ethical considerations are about the human rights of individuals, who are participants in a research project. Creswell (1994:165) mentioned that a researcher is obliged to respect the rights, needs, values and desires of participants in research. According to Polit and Beck (2008:170), there are three primary ethical principles on which ethical conduct is based, namely, beneficence, respect for human dignity and justice. The ethical issues that relate to this study are consent, privacy and confidentiality, protection from harm and publication of the findings. The details of ethical considerations are discussed in chapter 2, section 2.7.

1.14 OUTLINE OF THE THESIS

The study is divided into seven (7) chapters.

Chapter 1: Orientation of the study

This section outlines the factors underlying the research problem. The background of the study is discussed and the problem statement is stated. The significance of the study is explained. The aim, objectives and questions of the study are presented. The paradigmatic perspectives and assumptions underlying the study are stated. The theoretical framework used in the study and the reasons for utilizing it are discussed. The research design, methods, trustworthiness of the data and ethical considerations were mentioned briefly as are further discussed in chapter 2.

Chapter 2: Research design and methods

The research methodology is discussed in detail in this chapter. The target population, sample and sampling technique, data collection method and analysis are described. The measures to ensure trustworthiness of the study and ethical considerations are discussed in detail.

Chapter 3: Data analysis, presentation and discussion of phase 1 findings

The analysis and interpretation of data obtained from the interviews conducted with grandparents caring for orphaned and vulnerable children in the informal settlements of Mbabane, Swaziland were discussed. Discussion of the findings was done with literature control.

Chapter 4: Data analysis, presentation and discussion of phase 2 findings

Analysis and interpretation of data obtained from the interviews conducted with organizations supporting the orphaned and vulnerable children in the informal settlements are done here. Discussion of the findings is done with literature control.

Chapter 5: A conclusive summary of phases 1 and 2 findings using Maslow's hierarchy of needs theory

A summary discussion of the findings of phases 1 and 2 is done using Maslow's Hierarchy of Needs Theory as the basis.

Chapter 6: Development of guidelines for support of orphaned and vulnerable children cared for by their grandparents in the informal settlements of Mbabane, Swaziland (phase 3)

The guidelines for support of orphaned and vulnerable children being cared for by their grandparents in the informal settlements are developed. The guidelines' verification and validation done through two meetings that were conducted separately with grandparents and managers of support organizations respectively who participated in the study.

Chapter 7: Conclusions, recommendations and limitations

In this section, findings are summarized and recommendations made. Over and above that, limitations of the study are discussed.

1.15 CONCLUSION

In this chapter, the study on the needs and support of OVC cared for by their grandparents was introduced. The lack of information about the needs of these children in the informal settlements of Mbabane, Swaziland and the background to the problem have been discussed. The rationale for carrying out the study was described. The aim and purpose of the study were stated. The paradigmatic perspective of the study was described. The research design and methods to be used in data collection and analysis were introduced including measures to ensure trustworthiness and ethical considerations.

CHAPTER 2

Research design and methods

2.1 INTRODUCTION

In chapter 1, an overview of the study including problem statement, the purpose of the study, research objectives and questions, paradigmatic perspective, research methodology were presented. In this chapter, the research design and methods including measures to ensure trustworthiness during data collection, data analysis and ethical considerations are discussed in detail.

The study was conducted in three phases. Each phase addressed a research objective as illustrated in table 1.1. Phase 1 data were gathered through unstructured in-depth interviews with grandparents caring for OVC. In phase 2 data was collected using semi-structured interviews with managers of organizations that provide support to OVC in the informal settlements. In phase 3 guidelines for the care and support of OVC were developed.

Several sampling techniques were used to select the participants for the study. First a non-probability sampling approach using snowball sampling technique was used to select the grandparents who responded to the questions on the needs of OVC. These grandparents were also invited to attend a meeting where data from phases 1 and 2 were further discussed to allow them to make a contribution to the guidelines that were developed by the researcher on care and support of OVC. A probability sampling approach using simple random sampling technique was used next to select the organizations that provide support for OVC. The managers of these organizations were purposively sampled to respond to questions on the nature of the existing structures and type of support they provided for OVC in the informal settlements of Mbabane, Swaziland. Similarly the managers were invited to a separate meeting from that of grandparents to share and validate the data from phases 1 and 2 as well as making a contribution in the development of guidelines on care and support of OVC that were developed by the researcher from the findings of phases 1 and 2 of the study.

2.2 RESEARCH DESIGN

The research design is an overall plan of the research including methods and procedures for collecting, analyzing and interpreting data which needs to be followed in order to obtain solutions to the problem studied (Frankfort-Nachmias & Nachmias 1996:597; Holloway 2005:290). Smith and Hunt (1997:67) are of the opinion that a study must be carefully planned in order to ensure that it is conducted in a systematic and effective way. Burns and Grove (2005:231) emphasize that a research design maximizes control over factors that could interfere with validity or trustworthiness of the findings.

According to Babbie and Mouton (2001:73), it is essential for the researcher to formulate the research problem clearly before making a choice of a research design that will best answer the research questions. Leedy and Ormrod (2005:144) further state that the nature of the problem and data (whether narrative or numerical) will determine the research design and methods. Regardless of the nature of the research design, the key issue is that it should assist to answer the research question (Batavia 2001:132). Research should fulfil six functions, which are describing, comparing, defining, explaining, evaluating and designing (Oost 2003:33). The research design chosen for this study was qualitative, exploratory, descriptive and contextual in nature. Given that little is known about the needs of OVC and the nature of the existing structures that support these children in the informal settlements in Mbabane, Swaziland, this design was chosen for its potential to explain, describe and define the problem.

The needs and the nature of support structures were described in detail to get insight and understanding of the phenomenon. The grandparents, who are the full custodians of the children after the death of the children's parents, were able to share with the researcher the information on the real needs of the OVC. The managers shared information on the nature of the support that their organizations provided for OVC.

2.2.1 Qualitative design

A qualitative research design is used to explore the depth and complexity inherent in a phenomenon in a flexible and holistic manner (Polit & Beck 2008:3). In this study a qualitative research design was used to describe the needs and support of OVC in a systematic and orderly manner. The emphasis was on the needs and support for these children. These were presented in the form of rich narratives. The information was gathered from the grandparents and the managers of organizations since these were the custodian of the OVC.

In qualitative research, the researcher as a person interacts with the participants and is involved in the collection of data. The qualitative research design was also chosen for its potential to embrace a whole being and focus on human experience in natural settings as it is believed that human attributes evolve from life experiences (Streubert Speziale & Carpenter 2003:16). The following assumptions as stated by Polit and Beck (2008:14) and Streubert Speziale and Carpenter (2003:16), were applied to this study in the manner stipulated below:

- Multiplicity of reality. According to the authors reality presents in many forms. The perception of the needs and type of support required by OVC will differ, and will change with time and place. In this study 12 grandparents and 7 managers were interviewed to provide full understanding of the diverse and multiple needs of OVC.
- Meaning of phenomena needs a context. What we know has a meaning only within a given situation or context. In this study the needs of OVC were contextualized within the informal settlements of Mbabane, Swaziland.
- Understanding of phenomena cannot be manipulated. Qualitative research is used where the purpose is to study phenomena as they unfold in the real world situation without manipulation. This study was conducted in the informal settlements, using participants who interact daily with the OVC.
- Qualitative research is more commonly used to inductively explore phenomena and provide thick/detailed description of events from in-depth interviews conducted with participants (Terre Blanche, Durrheim & Painter 2006:48). In-depth interviews were used in this study.

Babbie and Mouton (2001:279) state that qualitative research design:

- Provides a detailed engagement/encounter with the participants of the study. The researcher in this study had a prolonged engagement with the participants, thus immersing herself in the data collected.
- Ensures that a small number of cases are studied for better engagement. In-depth interviews were conducted with 12 grandparents and 7 managers of organizations that support OVC.
- Ensures openness to multiple sources of data. Data was collected from grandparents, field notes, documents from organizations and government ministries and managers of organizations which support OVC.
- Ensures that data is reported in a literary style, rich with the participants' commentaries. In this study the findings were supported with meaning units.

2.2.2 Exploratory design

According to Bless, Higson-Smith and Kagee (2006:47), the purpose of exploratory studies is to gain insight into a situation, phenomenon, community or person. This design is employed where new knowledge, new insights, understanding and meaning of a new phenomenon is required. Furthermore, Brink et al (2006:113), Polit and Beck (2008:20) and Rubin and Babbie (2001:123) explain that exploratory research investigates the full nature of a phenomenon and how it manifests to depict other factors which it is related to. In this instance, little was known about the full nature of the needs and support given to OVC being cared for by grandparents in the informal settlements of Mbabane, Swaziland. There was a need to gain knowledge, insight and understanding of the needs of OVC, how they manifest themselves as well as understanding the factors relating to the available support structures for the said children. This information was necessary for the development of guidelines that could be used to provide the support needed by the OVC being cared for by grandparents and living in informal settlements in Mbabane, Swaziland.

2.2.3 Descriptive design

The design of this study was descriptive as it sought to provide accurate portrayal of the needs and support structures for the OVC in the informal settlements of Mbabane, Swaziland. According to Batavia (2001:36), descriptive designs are used to describe or explain situations, characteristics, behaviours, attitudes and even movement patterns. This idea is supported by Cozby (2004:7) who states that accurate descriptions are provided following careful observation of events. The design focuses on the situation in a given population. The interview guides in this study are presented in annexure D. Mouton (1996:102) further explained that descriptive designs are used where factual knowledge is required and provides truthful description of the phenomena in the world. The needs and support for OVC were explored and then described. The in-depth description of the needs and support was substantiated by literature control which revealed how the study fitted into the existing body of knowledge. The descriptive design was selected because the needs and support of OVC can be best and effectively described in words rather than in numbers.

2.2.4 Contextual

Terre Blanche et al (2006:287) mentioned that attitude and behaviour of people are best understood within their natural setting. According to Streubert Speziale and Carpenter (2003:16), qualitative research should be conducted in a way that does not disturb the natural context of the phenomenon studied. Phenomena have meaning only in a given situation, place and time. This is based on the fact that people are able to provide information freely and in an honest manner if the discussion is conducted in their natural environment (Rossouw 2003:144; Terre Blanche et al 2006:287). It was for this reason that the researcher acknowledged the impact of context on human and social behaviour, and attempted to study the needs of OVC in the home environment, where the grandparents lived with these children. The interviews with managers from organizations that support these children were conducted in their work place for privacy, comfort and easy access. In this way the researcher was able to see the needs and nature of the support structures from the participants' point of view. Furthermore, the researcher was able to understand how the children's needs were shaped by circumstances and how these were unique to these children.

2.3 THE STUDY SETTING

The study was conducted in the informal settlements of Swaziland's capital city, Mbabane. Swaziland is a small country that covers an area of 17,363 square kilometers with an estimated population of 1,128,814 (Bureau of African Affairs 2008:1). The country is landlocked and shares borders with Mozambique in the East, South Africa in the North, South and West (Central Intelligence Agency 2008:2). Swaziland is an independent monarchy led by King Mswati III. The King retains full power in consensus with the Council of State, his cabinet, members of Parliament and his people (British Broadcasting Corporation NEWS (BBC NEWS) 2008:5).

The country is classified as lower middle income. The estimates show that 69% of the population lives below the poverty line, which is defined in terms of earnings below E128.60 (R128.60) per month (Ministry of Health and Social Welfare 2006:19). There are marked inequities of access to even basic services between the rural and urban areas. There has been a decline in economic growth rate from 6% in the early 1990s to 2.3% in 2007 and this has resulted in an unemployment rate of 40% (BBC NEWS 2008:7). Swaziland is facing a major crisis in responding to the HIV and AIDS pandemic, which, it is estimated to affect more than a third of the population. According to Central Statistics Office (2007:265) and Naysmith (2007:30), there are about 130 000 OVC, which was 31.3% of all the children in Swaziland. Swaziland's social and economic status has a significant influence on the country's health care delivery system.

Community participation and involvement is ensured by the recruitment and training of RHMs whose duties include giving health talks, condom distribution, advising communities on issues such as environmental sanitation, breastfeeding, home-based care and general prevention of diseases (Ministry of Health and Social Welfare 2006:19).

The present study was conducted in the informal settlements of Mbabane, the capital city of Swaziland, which has an estimated population of 60,000 (Bureau of African Affairs 2008:1). A very large population in the informal settlements has no access to basic services such as safe water supply and proper sanitation while the

communication system including roads ranges from poor to non-existence. The informal settlements developed as a result of people migrating from rural areas into the city to seek employment. As such in Mbabane alone, the percentage of unemployed people is 46%. The number of OVC was estimated at 2733 (Hlophe & Ginindza 2004:2). This figure may have changed at the time of conducting this study.

The percentage of children staying with grandparents was estimated at 21.4% (Hlophe & Ginindza 2004:7). In their study Hlophe and Ginindza (2004:12) recommended that a childcare programme needs to be developed in the informal settlements.

2.4 RESEARCH METHODS

In this section the research methods that were used to conduct the study are described. These include the study population, sampling, data collection and analysis, trustworthiness and ethical consideration. Research methods are the techniques used to structure a study and to gather and analyze information in a systematic manner (Polit & Beck 2008:15). Holloway (2005:293) defines research methods as procedures and strategies that are used in a study to collect, analyze and interpret data. The study was conducted in three (3) phases. Each phase addressed an objective and a specific population, sampling and data collection and analysis. Trustworthiness and ethical considerations were ensured in all the phases.

2.4.1 Phase 1

Phase 1 of the study was done to identify the needs of OVC in the informal settlements of Mbabane, Swaziland. The following research methods were introduced.

2.4.1.1 *The target population*

The target population as defined by Burns and Grove (2005:342) and De Vos (2005:193) is the entire set of individuals or objects or elements who meet the criteria that the researcher is interested in investigating. Babbie and Mouton (2001:174) define the population as an aggregate of elements from which the sample is drawn. The study population for this phase was grandparents caring for OVC in informal settlements of

Mbabane, Swaziland. These grandparents are the full custodians of the children and as such, any available support is given to the grandparents. In the study conducted by Hlophe and Ginindza (2004:9), it was revealed that there were 585 grandparents caring for OVC.

2.4.1.1.1 Sampling approaches and techniques

Sampling is the selection of people, events, or elements that are representative of the population to be studied (Burns & Grove 2005:750). Brink et al (2006:124) define sampling as the process used by a researcher to select the sample from the population in order to obtain information regarding the phenomenon in a way that represents the population of interest. There are two sampling approaches, probability and non-probability sampling (Blaxter, Hughes & Tight 2008:164).

In non-probability sampling, the people, events or elements are selected purposefully based on their contribution to the phenomenon at hand. A non-probability sampling approach is used in qualitative studies as individuals are selected to participate based on their availability and first hand experience with the phenomenon of interest (Streubert Speziale & Carpenter 2003:24). According to this approach there are various techniques that are used to assist in the selection of the sample. These may include purposive, convenience and snowball sampling (Blaxter et al 2008:163).

Convenience sampling is selecting of people or units based on their availability to the researcher. The sample need not be a representative of the population (Leedy & Ormrod 2005:206). According to Polit and Beck (2008:354), a sample selected through this process may not provide the most information rich sources because it does not represent the population. Accordingly, the sample from this technique can be varied by conveniently selecting from the population only those subjects that are available and knowledgeable of the phenomenon.

Purposive sampling is selection of most interesting cases that will benefit the study by providing rich information (Blaxter et al 2008:163; Polit & Beck 2008:354). According to Brink et al (2006:134), the advantage of this sampling method is that most knowledgeable sample about the phenomenon studied are selected to participate in the

study. The disadvantage is that the sample does not represent the population and generalizability of the results is also limited.

Snowball sampling technique is one of the techniques of non-probability sampling approach used in exploratory studies (Babbie & Mouton 2001:167; Brink et al 2006:134; Polit & Beck 2008:355). The technique is carried out by the identification of a small sample of individuals with required characteristics who are then used as informants to identify others similarly affected for inclusion in the next data collection until data saturation is reached.

The snowball technique has the following advantages as stated by Polit and Beck (2008:355):

- It is cost-efficient and practical because the researcher does not spend time and money to screen participants who are appropriate for inclusion in the study.
- It is easy to establish a trusting relationship because researchers are introduced by an acquaintance.
- The researchers can specify the characteristics of the next participants.

Disadvantages though are that are:

- The sample is restricted to a small network of acquaintances.
- The quality of referral depends on whether the referring member trusts the researcher and is willing to cooperate.

In this study purposive and snowball sampling techniques were used to identify and select grandparents who cared for OVC. The researcher purposively enlisted the assistance of RHMs in the informal settlements. The RHMs were requested to name one or two grandparents who were willing to articulate information on the needs of OVC (purposive sampling) and who would then point out one other grandparent in the same position as themselves (snowball sampling). The snowball sampling technique was seen as appropriate for the present study as the grandparents caring for OVC would know each other.

2.4.1.1.2 Sample size

A sample is a portion of the total set of objects, events or persons that together comprise the subject of the study (De Vos et al 2005:194). The authors further state that a sample is studied in an effort to understand the population from which it is drawn. According to Brink et al (2006:137), exploratory qualitative design calls for a small sample to be selected that represents the desired population. Qualitative researchers focus on the quality of information than the size of the sample (Burns & Grove 2005:358).

The sample size in qualitative studies is achieved after information adequacy or data saturation has been reached. Data adequacy or saturation is when no new information is obtained from participants who could increase the sample size and the data obtained is rich and covers enough dimensions of the phenomenon of interest (Rice & Ezzy 1999:46). Tjale and De Villiers (2004:242) confirmed the above mentioned notion about the sample size; that, it depends on when saturation is reached, that is, when no new themes emerge from the data. In the present study data adequacy was reached when there was repetition of themes from the data collected from twelve (12) grandparents caring for OVC in the informal settlements of Mbabane, Swaziland.

2.4.1.1.3 Inclusion criteria

The criteria for inclusion in the study were as follows:

Grandparents who were

- caring for orphaned and vulnerable children in the informal settlements of Mbabane, Swaziland
- willing to participate in the study

2.4.1.2 Data collection

Data collection is a process of gathering of information from identified participants in a precise, systematic manner to answer a research question (Burns & Grove 2005:733;

Gillis & Jackson 2002:702). In this study data were collected from grandparents caring for OVC in the informal settlements of Mbabane, Swaziland using an unstructured interview. Data were collected until saturation was reached, that is when no new information on the needs of OVC could be gained upon interviewing new participants and instead repetition of themes was occurring.

2.4.1.2.1 Data collecting instrument

A data collecting instrument is a tool or a device used to gather data. This can be a questionnaire, observation schedule, interview guide or schedule (Polit & Beck 2008:755). In this study, an interview guide was used in the collection of data to enhance the conversation with the participants during data collection. The probing questions in the guide were to ensure that the phenomenon under study could be explored in-depth and relevant information is sourced from participants. Although the questions were written in English, they were posed in siSwati. For the interview, there was an opening statement that introduced the dialogue with the participants which was “*Ngicela ungichazele kabanti kutsi kunjani kunakekela lentintsandzane netingedzama lowutinakekelako*”. (“**Please describe for me as thoroughly as you can what is it like to care for orphaned and vulnerable children**”). A key question or central question that was posed to the participants was “*Ngicela ungitshela ngetidzingo tetintsandzane nebantfwana labadzingile lowubanakekelako kulelikhaya*”. (“**Could you please explain, what are the needs of orphaned and vulnerable children you are caring for in your household?**”). This was an open question that was meant to provoke a narrative and/ or discussion. Probing questions included:

- *Uluftola kubani lusito lokunakekela lentintsandzane netingedzama lotinakekelako? (Who assists you in the care you provide for these orphaned and vulnerable children?)*
- *Lusito luni labaluniketako, Baluniketa kanjani lolusito? (What type of support or assistance do they provide and how often?)*
- *Kukhona yini locabanga kutsi sikushiyile ekuocisaneni kweftu lowubona kutsi kumcoka ekucondzeni tidzingo talabantfwana lobanakekelako? (Is there anything else that you think is important for me to know so that I can*

understand the needs of orphaned and vulnerable children that we may have not discussed?).

- *Simo sebaphendvuli bemibuto: bulili, iminyaka yokutalwa, linani lebanftwana lobanakekelako, iminyaka yebantfwana, bayiftola njani imali nesimo semphilo sebaphendvuli bemibuto* (the Biographical profile of participants: sex, age, number of dependents, their ages, source of income and health status).

Audio tape recorders were used to capture the information from the interviews following permission from the participants. The researcher carried two tape recorders on her in case one failed, the other would be available. The advantage of using an audio-tape, according to Rossouw (2003:143), is that all information is captured and the tape provides detailed and accurate information which cannot be elicited from memory or notes taken. The use of audio-tape also allows the interviewer an opportunity for eye contact which makes it easy to observe nonverbal cues, participants can speak normally (without having to accommodate the pace at which the researcher takes notes) while the researcher pays full attention to what is said and can ask for clarification where necessary. The field notes were written soon after completion of each interview (see section 2.4.1.2.5).

Because a tape recorder can intimidate some participants and some may not like the idea of their 'stories' recorded, the researcher assured participants that the tapes will only be accessible to the researcher, the study promoters and an independent coder and that the tapes will be destroyed after completion of the report.

2.4.1.2.2 Pretesting of the instrument

The purpose of pretesting the instrument is to determine whether the methodology, including the questions asked to collect data are appropriate (Bless et al 2006:60). Polit and Beck (2008:380) mention that pretesting a tool is done to ensure that the research questions and the method to be used in asking them will bring forth the required information from participants. The researcher takes cognizance of the fact that it is impossible for all the problems to emerge during the pretesting of the instrument, but the exercise will give an indication of what needs to be changed in order to ensure a successful and scientific study. In this study pretesting was done to streamline the

interview guide and to ensure its appropriateness for the study. The pretesting was also done to ensure quality interviewing by the researcher during the main data collection process.

The pretesting was conducted with five grandparents caring for OVC. The grandparents were not going to be included in the main study. Modifications and improvements were implemented taking into account the feedback from the participants in the pretesting phase, the inputs made by the research team in the Department of Health Studies and the two study promoters.

2.4.1.2.3 Data collection methods

The data collection method that was used in this phase of the study was an unstructured in-depth interview with open-ended questions. This is the type of interview in which the content is completely controlled by the participant (Burns & Grove 2005:540). It is used in exploratory, descriptive, and qualitative studies to obtain knowledge on a particular topic or to identify attitudes (Brink et al 2006:152). Streubert Speziale and Carpenter (2003:29) further state that interviews are more effective in getting at complex feelings and perceptions of the participant. Open-ended questions allow participants to share their experiences in their own words rather than being forced into pre-established line of thinking by the researcher. The in-depth interview ensures that participants answer questions in as much detail as they want.

Streubert Speziale and Carpenter (2003:16) have also pointed out that interviews do not only provide a record of views and perceptions; but they also symbolically recognize the legitimacy of the participant's point of view.

An interview and an unstructured interview in particular, has both advantages and disadvantage which researchers need to recognize. Stewart and Cash (1997:8), mention the following advantages and disadvantages of unstructured interview.

Advantages of unstructured interviews

The advantages of unstructured interviews are that:

- The researcher is able to adjust questions and make them clearer to the participants.
- The researcher can get clarification on responses which may not be fully understood.
- The researcher is able to probe in-depth on the phenomenon (Langley 1999:23).
- There is always a 100% response rate.

Disadvantages of unstructured interview

- The participants may take control over the direction and content in contrast to structured interview.
- The sensitive nature of a discussion may be threatening for both the interviewer and participant/interviewee (Rossouw 2003:150).
- An unstructured interview requires acute psychological insight and sensitivity by the researcher.
- It tends to generate excessive information which may be difficult to analyse.
- It is time consuming, expensive and participants may provide socially acceptable responses (Brink et al 2006:147).
- The data can be altered by positive as well as negative verbal and nonverbal cues (Burns & Grove 2005:397).

An unstructured and in-depth interview was used as a data collection method in this study to ensure that the needs of OVC as expressed by their grandparents are explored. This information assisted in the development of guidelines on the provision of support to OVC who are cared for by their grandparents. The interviews were conducted at the participants' settlements for privacy, easy access and comfort.

2.4.1.2.4 Preparing for an interview

An appointment for the interview was made after participants had agreed to participate. The venue, date and time convenient to the participants were set. The two tape recorders were tested to ensure their functionality. Tapes that record for a long duration of time were used to avoid disturbing the participant's line of thinking during the interview and the researcher by changing tapes as suggested by Blaxter et al (2008:173).

2.4.1.2.5 The interview procedure

In all instances the interviews were conducted in the home of the participant. The researcher ensured a conducive environment whereby the selected spot was well lit, well ventilated and quiet. A favourable atmosphere was created by greeting and warmly thanking the participants for their willingness to participate in the study. The RHM was involved with the first participant as the snowball sampling approach was used. Following the introduction by the RHM, the researcher introduced the subject of the study. Informed consent was obtained after the purpose of the interview and the objectives of the study were explained to the participants, as well as the reason why the grandparents were chosen to participate in the interview. The participant was able to give verbal and/ or written consent (see annexure C) as some did not know how to read and/ or write. Participants were made aware that they are not obliged to participate or remain in the study and that their refusal to participate or withdrawal from the study would not impact negatively on their relationship with organizations or persons that offered assistance and support services to them. Ethical issues of confidentiality and privacy were strictly adhered to (see section 2.7). For the interview a key or central question was presented to the grandparents (see section 2.4.1.2.1). Probing questions were asked only where it was necessary.

The researcher listened attentively during the interview for the content, sequence of events and emotions, as these might be clues, on further questions or probes. The researcher did not interrupt the participant while talking. If the researcher had a question during the interview, it was noted down for later reference. This was done to prevent disturbing the participants' line of thought. The participants were allowed time to think and frame their responses without undue pressure. Individual differences were recognized as some people needed time to think about their responses. If facial expression showed confusion or doubt, the researcher was able to rephrase the question while avoiding leading the participants to respond in a particular manner which would invalidate the data.

The researcher used probes during interviews to elicit detailed information or to seek clarification from the participants. Probes are good strategies which show the participant that the researcher is listening, accepts what has been said and is looking

for more detailed information (Taylor & Bogdan 1998:106). Babbie and Mouton (2001:289) further point out that probes are useful in getting answers without bias. Gestures and questions were used to probe. Where contradictory views were observed during the interview, the researcher would probe about such, to seek clarity and to assist the participants to focus.

Communication strategies during interview

To ensure a relaxed atmosphere and objectivity, the researcher used communication strategies which included openness, empathy and non-verbal cues. The researcher was non-judgmental throughout the interview and from time to time would communicate to the participants that his/her contribution was highly appreciated and valued.

Interviewing closure

At the end of each interview the researcher summarized what participants had said, to ensure that both researcher and participant are in common agreement on what has been said. This gave a chance to the participants to see whether the interviewer had clearly understood their input. Time was reserved for participants to reflect on the conversation and to share their feelings about the experience. The participants were given the opportunity to ask questions or raise concerns or make suggestions both about the interview and other relevant issues. This was done with the full understanding that any suggestions or requests made regarding support services can only be forwarded to the relevant authorities and not necessarily acted upon by the researcher. The researcher also asked the participants whether they would mind being contacted again, in case additional questions came to mind, after reflecting on the information or interpretation of the information collected.

Field notes

Immediately after the interview the researcher would make field notes. These became another source of data. The notes captured observations made and other related personal experiences, in particular, descriptions of what the researcher observed during the interview. The events were written sequentially as they occurred. Streubert Speziale

and Carpenter (2003:33) confirm that field notes play an important part during data collection and analysis as they provided validation of important points made by participants and facilitated appropriate emphasis on emerging themes during data analysis.

Post-interview procedure

The tape-recorded interviews were replayed by the researcher and checked for audibility and completeness of the information soon after the interviews. This enabled the researcher to identify gaps and ambiguities with the recording and to immediately reconstruct the interview while it was still fresh in the mind (Polit & Beck 2008:401). During this time, the researcher listened to the tapes objectively and got the opportunity to critique her own interviewing style in readiness for subsequent interviews. The researcher then transcribed the tape-recorded interviews verbatim. Caution was taken to ensure that words were not missed and information about pauses, laughter, crying and shouting was adequately captured and noted. The information was translated from siSwati to English by a professional translator and editor for accuracy before the data analysis could begin.

2.4.1.3 Data analysis

Data analysis is the process of reducing, organizing and giving meaning to data (Burns & Grove 2005:733). It is a process that always involves a complex and interweaving analyses and syntheses which involve breaking down massive information which details description of life experiences into narrow descriptive categories, linking these categories to make larger, more thematic units (Brink et al 2006:184; Holloway 2005:83). The authors further add that the researcher's beliefs and assumptions should be separated from the raw data throughout the investigation. Ideas, feelings and responses that emerge during data collection should be written down.

Data collection and analysis in qualitative research are inseparable; these inform one another (Streubert Speziale & Carpenter 2003:174). According to Holloway (2005:3), data analysis can begin soon after the first interview has been undertaken and transcribed. Many authors have confirmed this notion, some describing it as an active

and interactive process as both the researcher and the participants do interpretation of the data while others view it as an illuminating process (Burns & Grove 2005:561; Holloway 2005:153).

The researcher should dwell with the data in order to gain understanding of what the data is trying to convey. Thorne (2000:68) states that the process of data analysis needs a high degree of dedication to reading, intuition, analysis, synthesis, and reporting of the discoveries. The researcher should pay attention to what is seen, heard and experienced, to discover the meaning.

Krasner (2001:72) states that the data brings up meanings that enable the researcher to interpret the data and draw valid conclusions. In the qualitative approach, the process of data analysis takes the form of clustering similar data and ideas together to form themes. These themes emerge from the data and are not superimposed onto the data (DeSantis & Ugarriza 2000:351). According to these authors a theme is an abstract entity that brings meaning to a recurrent experience and its variant manifestation. As such, a theme captures and unifies the nature or basis of the experience into a meaningful whole. These themes are to be related to one another to develop thick description of the phenomenon being studied (Streubert Speziale & Carpenter 2003:36).

McMillan and Schumacher (2001:461) describe qualitative research as a primarily inductive process, whereupon data is organized into categories whose relationship with the data is identified and noted. Johnson and Christensen (2004:18) describe the inductive process as a bottom–up process because it moves from specific to general.

In analyzing qualitative data, the researcher should deliberately and carefully scrutinize the data presented (Polit & Beck 2008:763). This must be read over and over in search for meaning, deeper understanding and insight. This is called immersion into the data. Immersion assists the researcher in identifying and extracting significant statements from the data as the understanding of the context intensifies (Streubert Speziale & Carpenter 2003: 69). In line with the suggestions made, data analysis for the present study started immediately after the researcher had completed the transcription of all the interview sheets.

2.4.1.3.1 *Method of data analysis*

According to Brink et al (2006:184) and Crabtree and Miller (1999) in Polit and Beck (2008:508), qualitative strategies used by researchers in data analysis are many. The most commonly used are those where the researcher reads through the data in search for meaningful segments and units. Once the segments are identified and reviewed, categories and corresponding codes are developed. The patterns and structure that connect themes are identified in the data. Discussions are held with experts in the area or other researchers to verify the selected themes through reflection on the data. The researcher selects and records the relevant data that supports the categories.

The data was analyzed using Tesch's methods of data of analysis (Tesch (1990) in Creswell 1994:154-155). Tesch discussed eight steps for analyzing qualitative data which form the bases for developing an organized data analysis system. The steps include:

- Reading through all the transcriptions carefully to get the sense of the total picture of the phenomenon.
- Picking one document (interview transcript), that is most interesting and short. Reading it through, asking oneself, "What is this about?" Providing written thoughts in the margin.
- Making a list of all topics. Clustering the topics and arranging them into columns that might be indicated as major and unique topics. Those topics that cannot be indicated as major or unique are referred to as leftovers. In section 2.4.1.3.2, table 2.1 is the description of how data was compiled and grouped in columns and only two topics which were education and nutrition were presented.
- Taking this list back to the data and abbreviating the topics as codes, the codes are then written next to the segments of the text to see if new categories and codes emerge.
- Finding the most descriptive wording for each topic and turning these into categories. Topics that relate to each other are grouped together to show inter-relationships.
- Making a final decision on abbreviation for each category.

- Assembling the data material belonging to each category in one place and performing a preliminary analysis.
- Recoding the existing data if necessary.

Upon the completion of coding of the data and organizing it into categories and subcategories. Similar categories and subcategories were grouped together to form themes.

The above process was used to analyze the interviews of grandparents caring for OVC.

2.4.1.3.2 Steps in data analysis

The transcripts were numbered following the sequence of how the interviews were conducted, that is document 1 to 12. The researcher read through all the transcripts carefully to familiarize herself with all the texts and get sense of what it was all about. Following this, the researcher picked one document at a time to read it thoroughly and formulate thoughts about its meaning. The thoughts were jotted down on the margin of the transcript to assist the researcher in retaining a thought stance. This task was repeated for six interview sets and a list of all the topics was compiled. Similar topics were clustered together and categorized under specific topics to represent clusters. The topics were arranged into three columns. Contents of the first column formed major topics that addressed the purpose of the study. The second column held unique topics that seem important to the research purpose even though they rarely occurred. The third column contained leftovers. This discussion is depicted in table 2.1 whereby two topics are presented to show description of how data was compiled and grouped.

MAJOR TOPIC	UNIQUE TOPICS	LEFTOVERS
<ul style="list-style-type: none"> • No support for food after new relationships (Doc 2). • Food rations too little and irregular (Doc 3). • Old age and related illness barrier to food security (Doc 12). • Lack of money to start income generating project (Doc 3). 		

The list was taken back to the data collected and abbreviated as codes. These codes were written next to the segments of the text or meaning units. An observation was made to see if new categories and codes emerged from the data. A most descriptive word for the topics was found and these were turned into categories. The categories were named according to the data it represents while others were identified as subcategories. Similar categories and subcategories were grouped together to form a theme. The categories were compared with each other in order to uncover shared characteristic and relationships and also see how categories fit under another broader category. Finally abbreviation for each category was made and codes arranged alphabetically. All the available data was coded in this way. The data belonging to each category was grouped together and a preliminary analysis or organizing system was formed. According to Tesch (1990) in Creswell (1994:155) the existing data can be recoded only if necessary.

The organizing system was finalized after consultations with the co-coder and the study promoters and consensus was reached about the themes. The use of a co-coder ensured trustworthiness or validity of the findings. The categories and themes were referred back to the 12 participants to confirm if the findings were an accurate reflection of the information they gave to ensure credibility of the findings. The final description of the data was also returned to the participants for validating the interpretation of the data for authenticity and truth. The validation process was in line with Streubert Speziale and Carpenter (2003:320) who have made suggestions that the final description of data should always be returned to the participants for validation.

The discussions of the findings were presented according to the four themes identified from the data collected. Meaning units were significant statements from the documents or transcripts which the researcher identified during immersion into the data. These

segments of data were extracted from the documents or transcripts to support each category and literature control. The themes were identified as developmental needs, protection needs, psychosocial needs and survival needs (see chapter 3, table 3.2).

2.4.2 Phase 2

Phase 2 of this study aimed at addressing the second objective of the study which was analysis of the nature of the existing support structures and the type of support provided by organizations for OVC. To address the objective the following research methods were used.

2.4.2.1 Target population

The target population for this phase was 22 organizations that support OVC in the informal settlements of Mbabane, Swaziland. The list of the organization was obtained from the Coordinating Assembly for Non-Governmental Organizations (2006:1). It is worth noting that the 22 organizations consist of donors/funding agencies, faith based organizations, community based organizations and other non-governmental organizations. For the purpose of this study all organizations will be referred to as non-governmental organizations (NGOs) as well as 'organizations'.

2.4.2.1.1 Sampling approaches and techniques

Probability sampling approach was used to select participating organizations that support OVC. Probability sampling approach ensures that the sample is representative of the population, as there is an equal chance for every one in the population to be selected (Burns & Grove 2005:346). According to Lutz (1982:82), a researcher can make inferences from 10% of the population being studied. The researcher accessed 30% (7) of the 22 organizations to make more representation of the population. These organizations were readily available and willing to participate in the study and were directly involved with OVC. Simple random sampling technique was used to select the seven organizations to participate in the study. To accomplish this, a fishbowl technique was used to randomize the selection of organizations to participate in the study. The researcher assigned numbers to the list of the 22 organizations.

➤ **Fishbowl technique**

In line with this technique, the researcher wrote and cut 22 slips bearing the names and numbers of the organizations. The slips were put in a bowl and then drawn one at a time. As this was done, the name of the organization on the drawn slip was noted down and the slip was replaced into the container for the draw of the next slip. The process was repeated until seven organizations were selected. All the 22 organizations had a chance of being selected into the sample. This was done to ensure representation of organizations in the sample. This type of sampling is called random sampling with replacement (Brink et al 2006:128). The sampling of organizations could be done randomly because there was a sampling frame.

Once the organizations were randomly selected, a purposive sampling technique was used to select managers in selected organizations who were likely to provide rich information on the nature of existing structure and type of support the organization provided for OVC in the informal settlements. Purposive sampling is sometimes referred to as judgmental or theoretical sampling (Polit & Beck 2008:341). It is another technique under non-probability sampling approach which involves conscious selection by the researcher of individuals, events or incidents to participate in the study (Brink et al 2006:133; Burns & Grove 2005:352). Holloway (2005:110) mentions that this technique is designed to gather in- depth and rich information on the phenomenon of interest. In this phase, purposive sampling was used to obtain information rich participants who were willing to share information on the structure of their organizations and type of support their organizations provided for OVC in the informal settlements.

2.4.2.1.2 Sample size

The sample size for the managers of organizations as already indicated was seven managers. These were the managers of organizations who were able to provide the researcher with rich descriptions on the nature of existing support structure and type of support their organizations provided for OVC in the informal settlements of Mbabane, Swaziland.

2.4.2.1.3 Inclusion criteria

The criteria for inclusion in the study were for participants to be:

- Managers in sampled organizations that had programmes that supported orphaned and vulnerable children in the informal settlements.
- Managers had to be knowledgeable about the functioning of the organization and willing to participate.

2.4.2.2 Data collection

The main data collection method that was used in this phase was semi-structured interviews. The interview structure was such that questions or key words were used to elicit answers and explore the issues as well as to gain deeper understanding of the nature of the support given by organizations to OVC. According to Polit and Beck (2008:411) in semi-structured interviews, interviewers are guided by a topic guide of questions to be asked. A few questions were asked following Holloway's (2005:152) observation that the more questions asked the more structured the interview becomes, which could inhibit discovery. In semi-structured interview, the researcher leaves space for following up interesting topics when they arise (Rugg & Petre 2007:138). The semi-structured interview was chosen for its potential to allow participants to reveal relevant information in a natural way and have the opportunity to qualify their answers.

2.4.2.2.1 Data collecting instrument

An interview guide was used to collect data from all the managers. The interview guide enhanced consistent conversation between the researcher and participant on the nature of support organizations provided for OVC. An interview guide has in its structure predetermined questions that are used to direct an interview towards issues of interest to the researcher (Rugg & Petre 2007:138). At the same time participants are free to introduce issues that the researcher might have not thought of before. The participants were not compelled to answer the questions in sequence but the researcher guarded against deviation from the topic. The interviews with the managers followed the interview guide (see annexure D). Pretesting the interview guide was

conducted with managers of three organizations that support OVC and these were not included in the main study. The instrument was modified and improved based on the feedback from the participants in the pretesting phase, experts in the field and the two study promoters. The interviews were conducted in English and in the manager's office or any venue as identified by participants which was comfortable and provided privacy for the participants.

2.4.2.2.2 Data collection process

The data collection procedures (including preparation and conducting the interview) followed in this phase were exactly the same as those in phase 1 (see sections 2.4.1.2.4 to 2.4.1.2.5). The main question posed was "How does your organization support orphaned and vulnerable children cared for by grandparents in the informal settlements of Mbabane, Swaziland?"

At the end of the interview the researcher made summaries of each interview to ensure that she has understood the participants correctly and brought up what seemed to be the most important aspects of the conversation. Where necessary clarifications were sought before leaving the venue/office. An example of an interview with a manager from one support organization is included (see annexure E).

2.4.2.3 Data analysis

Miles and Huberman (1994:12) describe data analysis as a process of data reduction, data display and that of drawing conclusions and verification from findings. The data in the present study was analyzed using Tesch's methods of data analysis (Tesch 1990 in Creswell 1994:154-155) as already discussed in section 2.4.1.3.2.

For this phase there were five (5) themes identified from the analysis. These were Developmental support, partnership, protection support, psychosocial support and support for survival (see chapter 4, table 4.2). These themes and categories as well as findings of the study were taken back to the participants for validation and verification. The findings of this phase were used as bases for the development of the guidelines for support of OVC.

2.4.3 Phase 3

Phase 3 addressed objective 3 of the study which was to develop the guidelines for the support of OVC in the informal settlements of Mbabane, Swaziland. The findings of phases 1 and 2 of this study formed the bases for the development of the guidelines. These guidelines were verified, validated and enriched by grandparents and managers of organizations in two separate meetings and evaluated by five experts.

2.4.3.1 Development of the guidelines

The guidelines on the support of OVC were developed from the findings of phases 1 and 2 of the study. Two types of reasoning processes were used in the development of the guidelines and these complemented and facilitated each other. These were inductive reasoning (through observation to get facts or findings) and deductive reasoning (from validated facts or findings). This is in line with Johnson and Webber (2001:59) who describe deductive reasoning as starting with large established facts, principles, laws or theories that are known and generally accepted as true and used to address smaller related phenomena. Inductive reasoning starts with observations or facts about a phenomenon. These were used to identify relationship with other phenomenon which may lead to the development of larger concepts.

A logical thought process was used in which the guidelines were formulated from results of a specific observation made in phases 1 and 2 of the study whereby reasoning moved from particular observation to general which was inductive reasoning. LoBiondo-Wood and Haber (2006:114) support this notion. The researcher summarized the conclusion statements for similar categories of phases 1 and 2, incorporated and organized them according to themes which was inductive reasoning. From the summarized conclusion statements of each category, the guidelines were developed, rationale for implementation of guideline stated and recommendations for implementation formulated. This was deductive reasoning (see chapter 6, section 6.3.1). This was step 1 in the development of the guidelines (see chapter 6 section 6.2.1). In step 2 the guidelines developed by the researcher in step 1 were verified, validated and enriched by grandparents and managers of organizations in two separate meetings as discussed below.

2.4.3.2 Meetings

Two separate meetings were conducted with grandparents and managers. The researcher enlisted assistance of a facilitator who led the discussions in both meetings. The facilitator was a person with expertise in the development of guidelines.

2.4.3.2.1 Purpose of the meetings

The purpose of the meetings was two fold:

- To present the key findings of both phases 1 and 2 of the study to participants.
- To present the guidelines developed by the researcher from the findings of the two phases for the participants to verify, validate, enrich and ensure ownership of the guidelines as well as potential support at the implementation of these.

The population to attend the meetings included grandparents and managers of organizations who participated in the phases 1 and 2 of the study respectively.

2.4.3.2.2 Content of the meetings

The content of the meeting was based on the findings of the study in phases 1 and 2. The presentation of the findings in the meetings presented an opportunity for the grandparents and managers to interrogate, verify and validate all the findings of the study. The draft guidelines formulated by the researcher were presented for comments and inputs.

2.4.3.2.3 Presentation of the meetings

The two meetings for the two groups were held at different times. The venues were mutually agreed upon by the researcher and participants. The findings were presented in sections to allow for interrogation of an area. For the grandparents, findings from phase 1 were presented first followed by findings from phase 2 and for managers' findings for phase 2 were presented first and followed by findings for phase 1.

The presentation was as follows:

- Introduction by participants: This enabled the facilitator to know the participants.
- Purpose of the meeting was explained as well as the importance of participants' participation in the meeting.
- Handouts with the findings were presented for discussion.
- After deliberation on the findings, the draft guidelines were presented as handouts for discussion.
- Comments and inputs were noted for inclusion into the guidelines.

The researcher then acted on the resolutions of the meetings to finalize the guidelines. The complete set of guidelines was sent for evaluation to five experts who were mostly engaged by government and non-government organizations in policy and guidelines development. The guidelines were evaluated for conciseness, clarity, completeness, comprehensiveness, feasibility and applicability in the context of the country. The experts recommendations were incorporated to the final set of guidelines in chapter 6, section 6.3.

2.5 LITERATURE CONTROL

Qualitative researchers have different views about doing literature review before data collection. They believe that reviewing of literature prior to data collection might influence the researcher's conceptualization of the phenomena under study. They advocate for literature review at the end of the study to ensure that data collected represent viewpoints of the participants rather than previous information gained by the researcher. Corbin and Strauss (2008:67) pointed out that researchers should distance themselves from the technical literature and personal experiences that might block their ability to see new possibilities in the data. The assumption is also that biases will be reduced and the researcher protected from leading the participants during the interview process (Streubert Speziale & Carpenter 2003:21). Literature review is not meant to confirm or argue existing findings but to place the findings in context as mentioned above.

There are other researchers though who still assert that preliminary literature review should be done to obtain general grounding. These researchers believe that a full literature review prior to doing research is appropriate to assist the researcher in the bracketing of preconceived ideas thus reducing bias. This notion is confirmed by Burns and Grove (2005:69).

In this study, some literature review was conducted prior to refining the research problem to support this exercise while the other literature review was done after data collection and analysis to place the findings of the study in the context of what had been uncovered. This prevented and protected the researcher from developing preconceived ideas about the topic being investigated.

2.6 TRUSTWORTHINESS OF THE STUDY

The issue of rigour is important in both qualitative and quantitative research. Trustworthiness exists if the findings of a qualitative study accurately reflect the experiences and the viewpoints of the participants and not the perception of the researcher (Polit & Beck 2008:537; Streubert Speziale & Carpenter 2003:38). The intention of the study was not to generalize the findings of the study to the whole population.

The model of Lincoln and Guba (1985:294-3331) was used to ensure trustworthiness of this study. This model refers to four criteria of trustworthiness, that is, credibility, transferability, dependability and confirmability. Following is the application of these criteria to the study.

2.6.1 Credibility

Holloway (2005:290) defines credibility as a quality assessment of whether the data convincingly describe the phenomenon under study. Credibility of a study is ensured if the findings of the study are a true reflection of reality and the context of where the study was conducted. Polit and Beck (2008:539) stated that credibility is the confidence in the truth of the data and the interpretation thereof. In this study, the measures described hereafter were used to ensure credibility.

2.6.1.1 Prolonged engagement

According to Rossouw (2003:181), prolonged engagement is about spending quality time, interacting with the participants in the field during data collection, and verbatim transcription of audiotapes during data analysis. This is supported by Streubert Speziale and Carpenter (2003:38) who stated that one of the best ways to establish credibility is prolonged engagement with the subject matter. Prolonged engagement relates to intense interaction with data collected. There was prolonged interaction with participants during data collection and the researcher immersed herself in the data during verbatim transcription of audiotapes and data analysis, reading and re-reading the transcript. The researcher was in close contact with participants for fourteen months during data gathering and verification of themes and categories. The researcher has worked with grandparents and support organizations as a Community Health nurse lecturer for four years before embarking on the study.

2.6.1.2 Peer debriefing

Peer debriefing is a process that exposes the researcher to the critique of other researchers who are experienced in qualitative research or the phenomenon being studied or both (Polit & Beck 2008:548). The peer debriefers will act the “devil’s advocate’s” role by critically searching for biases, theme identification and interpretation based on the data analysis and procedure that was followed by the researcher (Lincoln & Guba 1985:315).

In this study the researcher discussed the findings with impartial colleagues and two study promoters who are experienced in qualitative research. The researcher presented a written data version that had been collected with themes, categories and subcategories that had emerged. Krefting (1991:219) asserts that during debriefing insights are discussed and problems presented. Suggestions that came up from the discussions were incorporated into the study.

2.6.1.3 Member checking

Member checking is a method of validating the credibility of qualitative data through discussion with the participants (Polit & Beck 2008:548). It is a valid way of ensuring that findings of the study are a true reflection of reality, where participants recognize responses to be their true experiences (Krefting 1991:216). Participants should be given an opportunity to react to these (Polit & Beck 2008:545; Streubert Speziale & Carpenter 2003:38). In this study the researcher referred the analyzed data back to the participants for review, validation and comments as well as corrections on the themes and categories. Babbie and Mouton (2001:277) state that this is the time for the participants to observe the data for adequacy and provide additional information to fill up gaps and correct errors in the data where the researcher might have misinterpreted the participants' responses. This was done to ensure that the participants who lived the described experiences validate that the reported findings represent their experiences. This technique was used when the meetings to verify and validate the findings were conducted with participants. Trustworthiness of the findings was demonstrated when the 12 grandparents and 7 managers who participated in the study recognized and confirmed the reported research findings as accurately representing their experience.

2.6.1.4 Authority of the researcher

The researcher has attended three (3) workshops on qualitative research. And has experience in qualitative research and research process from previous post-graduate studies. The capacities and ethics of the researcher were nurtured and supervised by the two promoters who are experienced in nursing research.

2.6.1.5 Structural coherence

Structural coherence was ensured by focusing on the needs of OVC as articulated by grandparents and the nature of support available as confirmed by the responsible organizations. The interviews were tape-recorded, transcribed verbatim and translated from siSwati to English. The transcribed interviews were translated by professional translator. The documents were given to a professional editor to check if the translation was done accurately. The two promoters examined the data for flow and congruency.

2.6.1.6 Literature control

According to Streubert Speziale and Carpenter (2003:70), the literature review in qualitative research should be done after data analysis to place the findings in context of what is already known about the topic.

In the discussion of the findings, relevant studies and articles on the needs of and support provided to OVC were used to establish commonalities and differences. The comparison was done as a means of strengthening trustworthiness of the study.

2.6.1.7 Reflexivity and bracketing

Finlay (2002:532) defines reflexivity as the examination of one's own personal, possibly unconscious reactions. It can also mean exploring the dynamics of the researcher-researched relationship and how the research is constituted.

According to Burns and Grove (2005:538), qualitative researchers need to critically think through the dynamic interaction between the self and the data during analysis. This critical thinking leads to bracketing which relates to putting aside what is known about the experience being studied and looking at the reality as it presents (Polit & Beck 2008:228). This minimizes the researcher's biases even though these cannot be completely eliminated (LoBiondo-Wood & Haber 2006:155).

In the present study the researcher explored her personal feelings and experiences that might have influenced the study and integrated this understanding into the study. The researcher set aside what she knew about the needs of OVC in the informal settlements and support provided by the organizations to these children, in order to understand and report the phenomenon as experienced by participants.

2.6.1.8 Triangulation

According to Polit and Beck (2008:543) and Streubert Speziale and Carpenter (2003:300), triangulation is the use of multiple data sources for the purpose of providing

increased understanding of the findings and validating conclusions. For the present study, the researcher collected data from different sources.

Data on needs of OVC and support provided by the organizations was collected from the grandparents caring for these children and managers in organizations. The meetings were conducted with grandparents and managers to interrogate, verify and validate the findings of this study and enriched the guidelines developed by the researcher.

2.6.2 Transferability

The second criterion for trustworthiness of data and findings is transferability. Transferability refers to the probability that the study findings have meaning to others in similar situations (Polit & Beck 2008:539). It is sometimes labelled “fitness” of purpose (Miles & Huberman 1994:279).

The decision as to whether the findings of the study are transferable or not, rest with the potential user, and not with the researcher (Lincoln & Guba 1985:316). The authors further state that the researcher is responsible to provide the database that makes transferability judgment possible on the part of the potential user. Thick descriptions of the methodology and research findings will ensure transferability. Krefting (1991:220) states that it is critical that researchers provide dense background information about participants, research context and setting to allow others to assess how transferable the findings are.

Although this study cannot be generalized, the available audit trail on the research process will allow for transferability judgement in similar situations.

The findings were found to be congruent with Maslow's Hierarchy of Needs Theory and other studies on the same phenomenon.

2.6.2.1 *Thick description*

The methodology of this study has been described in detail to allow for transferability. The findings were detailed with meaning units, themes and categories. Literature control enhanced clarity and will allow other researchers to make judgment about transferability of findings to other similar contexts.

2.6.3 *Dependability*

The third criterion for trustworthiness of findings is dependability. Dependability refers to the stability of data over time and over conditions (Polit & Beck 2008:539). The study must provide its audience with evidence that if it were to be repeated under similar circumstances or context, it will yield similar results (Polit & Beck 2008:539).

According to Streubert Speziale and Carpenter (2003:347), a study cannot be credible without being dependable. Holloway (2005:289) asserts that qualitative research report should provide a clear path of decision-making process so that trustworthiness or validity thereof can be established.

In this study colleagues and the two study promoters followed the process and procedures that were used by the researcher when conducting the study to determine if they were acceptable as suggested by Brink et al (2006:119). Audit trail which requires that written strategies be developed to show how the researcher made certain decisions so that other researchers exploring similar situations can follow the same logic and arrive at the same conclusions was evident. The research objectives were checked by the two study promoters for clarity and congruency with the research design. The interview guide was pretested and modification based on the feedback given before the study was conducted. Findings were validated by the participants that they accurately reflect their experiences.

2.6.3.1 *Audit trail*

The detailed description of the research methodology, proper documentation of the transcribed interviews and field notes that are data sources, protocols for data

collection and analysis, the findings and interpretations were done such that other researchers can follow how certain decisions were arrived at. The two promoters audited the research process.

2.6.4 Confirmability

The last criterion to be discussed is confirmability. Confirmability refers to the degree to which the findings of the study are a result of the participant's responses and conditions of research only, not biases, motivation and perceptions of the researcher (De Vos et al 2005:347). Polit and Beck (2008:539) further state that confirmability is a criterion for evaluating quality of data in terms of its objectivity or neutrality. According to Rossouw (2003:261), a study that demonstrates credibility, transferability and dependability, is said to possess confirmability.

In this study, the research process was discussed in detail giving a complete picture of how the process was done. Data collection, analysis, interpretation and discussion on how conclusions were drawn for each category were presented. Coding of data by the researcher and co-coder were checked, and these showed adequate agreement. The findings, conclusions and recommendations were supported by the data collected and analysed. The researcher's interpretation of the data was examined by the two study promoters and colleagues. This notion is supported by Brink et al (2006:119). The raw data was kept safely for future use if necessary.

2.7 ETHICAL CONSIDERATION

It is a professional responsibility of the researcher that ethical issues and standards are critically considered when conducting a study. During the course of the present study, the researcher adhered to the ethical principles and human rights were protected at all times during the whole research process. Ethical issues that the researcher took into account are discussed below. They are permission, informed consent, self determination, confidentiality, anonymity, privacy, deception, competence of researcher and publication of findings.

2.7.1 Permission to conduct the study

Permission to conduct the study was sought and obtained in writing from the Ministry of Health and Social Welfare and the Municipal Council of Mbabane, Swaziland (see annexures A and B). The Gatekeepers who were heads of informal settlements where the research was conducted were briefed on the purpose of the study and the data collection activities. A written informed consent form (see annexure C) was made available for participants to sign (if they could) soon after the purpose of the study and data collection methodology had been explained to them. This made it easy for participants to freely share information as they knew that their leaders had given permission to the researcher to conduct the study. The people do that out of respect and trust for the leadership.

2.7.2 Informed consent

Based on the principle of autonomy the researcher has an obligation to provide the participants with relevant, true and adequate information about the research in order to obtain informed consent. This notion is supported by Polit and Beck (2008:172). In this study the participants were provided with adequate information about the purpose, objectives, risk and non-risk aspects of the research to enable them to make informed decisions especially on whether to participate or not to participate in the process. Participants were assured from the beginning and during the interview that they have the right to withdraw from the research at anytime, and that there will be no penalty attached to this decision. They could withdraw from the study even after giving the consent. A written informed consent form was available for those participants who could read and write, to sign, once the purpose of the study and data collection activities were explained. Therefore, the participants gave written or verbal permission after the form was read as some of grandparents were not able to either read or write. All the managers of the organizations signed the consent form.

2.7.3 Confidentiality

According to Brink et al (2006:35), it is the researcher's responsibility to protect all data gathered during the study from being divulged or made available to any other person,

as well as ensuring that there is no linkage of the individual's identity to the information provided. The researcher ensured that confidentiality was maintained and that participants were treated with dignity and respect. The researcher undertook not to publicly report or make information provided by participants accessible to other people other than the study promoters and the co-coder who assisted with data coding and analysis. According to Streubert Speziale and Carpenter (2003:316), there should be no names or any form of the participant's identity in the tape-recorded interviews or transcription and in the report. The researcher kept in strict confidence the information provided by the participants even when quoting information in the reporting of findings, there was no linking of the participants with the quotes or meaning units. The data was kept in a safe place and made only accessible to the two study promoters and the co-coder. The tapes will be destroyed after the report has been written. To further ensure confidentiality, the names of the places where the interviews were conducted were not mentioned in the report.

2.7.4 Privacy

Privacy means that a person can behave or think without interference of possible identity which may be used against him or her later. According to Polit and Beck (2008:174), the rights, interests and wishes of participants must be considered at all times. Information shed by participants must be kept secret at all times. The researcher kept the information private by not attaching any names in the report as suggested by Brink et al (2006:34). The participants' internal and external environment was respected. Possible identification of participants in the tape recorded interviews were removed before transcriptions were made. The term *participant* or 'p' was used in the transcripts (see annexure E). Tapes were locked-up in a safe place where only the researcher had access. During interviews, the researcher collected only the necessary information. The rights, interests and the wishes of the participants were considered at all times in this study.

2.7.5 Protection from harm

According to Burns and Grove (2005:190), participation in interviews usually involves minimal risk for the subjects such as physical and emotional discomforts. The

researcher ensured that the participants were protected from physical discomfort due to fatigue as a result of a long interviews and psychological discomfort where sharing information on the needs of OVC might have reminded them of their loss. Attention was paid to issues that had the potential to cause discomfort during the data collection process. The participants were informed on who to contact in case they needed immediate attention with regard to physical and emotional discomfort. The interviews were conducted in a quiet and private place (own homes for grandparents, office for managers) where the participants felt safe and comfortable and where the possibility of the discussions being overheard by others was eliminated. The researcher spent time after the interview with the participants to ensure that they remain in stable condition and gave each an opportunity to reflect on the interview and to express their feelings.

2.7.6 Deception of participants

According to Streubert Speziale and Carpenter (2003:317), deception refers to a situation where the researcher deceives or misleads a participant or deliberately withholds information in order to obtain information from him or her. The researcher was cognizant of the fact that her integrity can be damaged if she uses deception to obtain information from the participants. For this reason the researcher gave a comprehensive and detailed description of all the aims and procedures of the study and did not at any point deliberately withhold information from the participants in order to obtain data. Participants were not coerced to participate; the whole process was voluntary.

2.7.7 Competence of the researcher

The researcher has experience in qualitative research and the research process from previous postgraduate studies. She also attended three qualitative research seminars during the course of this study. Experience in interviewing skills was gained during pretesting of the interview guide. The researcher was assisted and guided by two competent promoters who are experienced in nursing research. She had interacted with them at regular intervals to ensure that the study was conducted in a trustworthy and ethical manner.

2.7.8 Publication of the findings

The findings of the study were presented clearly, honestly and accurately, and in an informative way. This ensured that the reader understands the phenomenon that is being researched. Accurate findings assisted in the development of guidelines for support of OVC being cared for by their grandparents in the informal settlements of Mbabane, Swaziland. A hard copy of a completed research report was made available to the University of South Africa, the Ministry of Health and Social Welfare and Municipal council of Mbabane. An article(s) on the research process including the findings thereof will be written and submitted for publication in an accredited research journal.

2.8 CONCLUSION

In this chapter, various methodological steps followed in conducting the study were discussed. The research design was stated as having been exploratory, descriptive, qualitative and contextual in nature. The research methods were discussed according to the phases of the study whereupon each addressed a research objective. Measures to ensure trustworthiness of the study and ethical considerations were discussed to ensure that the rights of participants in this study were protected.

In the next chapter, chapter 3, the data analysis, thick descriptions of data as well as the literature control procedures at phase 1 of the study are presented.

CHAPTER 3

Data analysis, presentation and discussion of phase 1 findings

3.1 INTRODUCTION

In the previous chapter, the research design and methodology to conduct this research study were discussed. In this chapter, data relating to the needs of OVC as expressed by the grandparents are analyzed and presented in the form of themes, categories, subcategories and meaning units. The findings are discussed with relevant literature control.

3.2 DATA ANALYSIS

Data analysis in an exploratory and descriptive qualitative research is an ongoing, emerging and non-linear process of taking apart words, sentences and paragraphs assigning categories to make meaningful comparisons upon which interpretation of data is based (De Vos 2005:334; Henning et al 2004:129). Brink et al (2006:55) further stated that qualitative analysis is a process that integrates non-numeration data and reducing them into themes through exploratory, descriptive qualitative coding procedures. Patton (2002:432) pointed out that qualitative analysis transforms data into findings.

The data on needs of OVC as expressed by the grandparents were analyzed using Tesch's eight steps of analyzing qualitative data (Tesch 1990 in Creswell 1994:154-155). A detailed discussion of the methodology was presented in chapter 2.

As already noted in the previous chapter, in this study the tape recorded interviews were transcribed by the researcher and translated from siSwati into English. Data saturation was reached when no new themes emerged from the data collected. The themes and categories were discussed with a co-coder, the study promoters and

consensus was reached. The literature control was done to place the findings within the context of what is already known about the topic.

3.3 FINDINGS OF PHASE 1

The findings in this phase related to data collected from grandparents as discussed further in the following sections.

3.3.1 Biographical profile of the participants in phase 1

In phase 1, twelve (12) grandparents who cared for OVC participated. Table 3.1 depicts the gender, age, marital status, source of income, health status of the participants, the average number of OVC cared for and their age range.

Table 3.1 Biographical profile of the participants

PARTICULARS	DESCRIPTION
Gender	The participants were mainly women and only two were men.
Age range	The age ranged between 60 and 80 years with the majority between 60 and 69 years. Only one was below 60 years.
Marital status	The participants were mostly single because they were either widowed, never been married or married but abandoned by husband. One of the men was cohabiting after his wife died and two of the women were married and living with their husbands.
Source of income	Most of the participants did not have any source of income. For the few that had, it ranged between E100 to E300 per month.
Number of orphaned and vulnerable children cared for by participants.	Families cared for an average of 8 children. There were some families that cared for 13, 16, and 17 each.
Age range of orphaned and vulnerable children cared for by participants.	The age ranged from 2-17 years. The youngest child was orphaned when he was 4 days old.
Health status of participants	The participants suffered from conditions related to ageing such as asthma, diabetes, heart diseases and hypertension.

From the demographics, the care for OVC is the sole responsibility of the aged grandparents, who are either, single, or with a low income or both. In many instances they each care for a large number of children. Besides the advanced age, almost all the participants reported to be suffering from some form of chronic illness or the other.

Several studies which have described the orphan situation in some African countries noted that most orphans live in households headed by grandmothers who themselves have limited or no financial or other support systems to assist them cope with the burden of caring for a large number of OVC (Altman 2006:10; Bock & Johnson 2008:131; Mishra, Arnold, Otieno, Cross & Hong 2007:385; UNICEF 2005:72). Bray (2003:41) and Freeman and Nkomo (2006:303) further mentioned that many children who had lost both parents lived with their grandparents who were no longer capable of carrying out the discipline as required because of the generation gap. Further noted is that caregivers of children from extended families are more likely to be poor old women (Meier 2003:76) who typically have less access to property, housing and employment. Atobrah (2004:70), Oburu (2005:200) and Williamson, Cox and Johnston (2004:24), for instance, have observed that grandparents form the majority of caregivers and are in most cases incapable of providing adequately for OVC. A similar view is held by Howard, Phillips, Matinhure, Goodman and Johnson (2006:1) and Clark (2008:2) who described those who care for orphans as disproportionately females, older, poor and without male partners.

In the presented findings generation gap between the carers and the cared for is observed and its potential effects on the socialization of the young generation is a concern.

➤ **Health status of participants**

Besides being old, the participants also reported to be suffering from age-related conditions like chronic ailments such as arthritis, asthma, hypertension and diabetes which could be linked to the strain and stress of caring for the OVC. Indeed according to the International HIV/AIDS Alliance/HelpAge International (2003:7) and Senzengonzi (2007:339), older people's health may be further compromised by increased responsibilities of caring and providing for OVC.

➤ **Conclusions on the demographic profile of the participants**

According to the findings of this study:

- the grandparents lacked the capacity to provide adequately for OVC because of their physical, social and economic status which was reportedly not good
- the grandparents were burdened by the large number of children they were caring for, with scarce resources
- the children were in different developmental stages
- grandparents' capacity to care for the OVC needed to be strengthened

3.3.2 Analysis and findings from the interviews

The following findings were derived from the interviews of the 12 participants. The analysis of the interviews generated four major themes, namely: developmental, protection, psychosocial and survival needs. In the following section each theme will be discussed with its categories and subcategories, meaning units supplied and supported by literature. The themes and categories are depicted in table 3.2 below.

Table 3.2 Schematic presentation of themes and categories for needs

THEMES	CATEGORIES
Developmental needs	<ul style="list-style-type: none"> • Education needs • Need for socialization • The need for vocational training
Need for protection	<ul style="list-style-type: none"> • The need for health care • Need for legal protection
Psychosocial needs	<ul style="list-style-type: none"> • Emotional needs • Psychological needs • The spiritual needs
Survival needs	<ul style="list-style-type: none"> • The need for clothes • The need for nutrition • The need for shelter

Following is a discussion of each theme, categories, subcategories and meaning units supplied. In each section the theme is explained, the results are presented under each theme and these are discussed in the light of the literature control.

3.3.2.1 Theme 1: Developmental needs

Developmental needs of OVC have been categorized as education needs, need for socialization and the need for vocational training. In the data analysis these categories have further yielded subcategories which will be aligned to the meaning units.

3.3.2.1.1 Category 1: Educational needs

The need for education in any context has an impact on economic opportunities and individual development. In Swaziland education is expensive as guardians have to pay school fees and other maintenance expenses like food, uniforms and sometimes books. There is therefore a need for hard cash to realize educational needs. The effect of the educational needs is depicted in table 3.3.

Table 3.3 Education needs

Category	Sub-category	Meaning units
Educational needs	<ul style="list-style-type: none"> Effect of educational needs on economic opportunities 	<p>"If I can just get a good Samaritan to pay for his school fees so that the child can have a future". (Doc 3).</p>
	<ul style="list-style-type: none"> Effect on family valuables/assets 	<p>"I sold my sewing machine ... [Crying] against my will. I earned my living through sewing and selling dresses, but I sold my sewing machine after my grandson was suspended from school for not paying school fees in Form 2". (Doc 7).</p>
	<ul style="list-style-type: none"> Unregulated school fee increase 	<p>"The fees are too high and the number of children we have is too large and we are old and some of us are widowed. The government needs to control these escalating school fees". (Doc 7).</p>
	<ul style="list-style-type: none"> Social effect 	<p>"I had to send him to a rural school because of high fees here in town especially in the high school. It was tough for me to pay for five of them". (Doc 8).</p>
	<ul style="list-style-type: none"> Effect on physically challenged children 	<p>"Organizations do not pay school fees for disabled children and now this boy is 8 years but has not yet been to school". (Doc 5).</p>
	<ul style="list-style-type: none"> Support for pre-school children 	<p>"It is only the 4 year old who got a sponsor from church to attend pre-school. The 3 who were neglected by their fathers did not get the sponsor. The criterion for selection is death certificate of one parent". (Doc 12).</p>

Category	Sub-category	Meaning units
	<ul style="list-style-type: none"> • Non-supportive school environment • Lack of awareness of school grants 	<p>"The teacher confronts the child in class without asking the cause of poor performance". (Doc1).</p> <p>"I have heard that other children get support from government but I do not know how because I have tried in vain". (Doc 7).</p>

➤ **Effect of educational needs on economic opportunities**

Education was placed high on the priority list and participants felt that it was crucial for OVC to go to school to be able to fight poverty. They acknowledged that education provides access to better economic opportunities and security. The participants referred to education as "the future" of their grandchildren. They believed that the future is bleak without education and that school provides a safe and secure environment that enables children to develop mentally and socially. The barrier to education was reported to be lack of money.

According to Foster et al (2005:186), children with little education have few opportunities of getting a good or well paying job in the future, and therefore, the need to focus on educational support services to reach the needy children cannot be overemphasized. Mbugua (2004:306) further stated that education offers the orphans hope for a viable future. It also gives them a sense of belonging, acceptance and appreciation because being in school, offers opportunities for proper socialization.

➤ **Effect of lack of money to meet educational needs on family valuables**

The participants expressed awareness of the cost of education and all of them had problems meeting the educational related costs of their grandchildren. To this effect they intimated how each of them, in an effort to pay for their grandchildren's education, made sacrifices. One had to sell her sewing machine to which she attached so much value. Other grandparents had to suffer emotionally as they watched their grandchildren not being able to go to school because they could not afford to pay the required fee. In some instances grandparents had restricted meals to provide desperately needed revenue for the schooling of their grandchildren.

The sale of assets to pay school fees has been reported by Andrews et al (2006:273) who also concluded that this action usually worsened the plight of the family thereof. Kakooza and Kimuna (2005:63), Subbarao and Coury (2004:28), and United Nations Development Programme (2008:62) also observed that households run by grandparents lack the necessary capacity and resources to guarantee education and training of the children and they end up selling their valuables to meet the scholarly needs of their grandchildren.

➤ **Unregulated school fee increase**

The escalating school fees made it difficult for OVC to achieve their dream and there were no mechanisms put in place by government to regulate school fees. Children had dropped out of school due to these financial difficulties and sometimes grandparents had found it hard to get them admitted back after these lapses. The findings also revealed a wish by the grandparents to be consulted when fees were being reviewed so that their concerns could be heard. Howard et al (2006:1) agree that the escalating school fees were a major concern as lifetime poverty for OVC is ensured by a lack of education.

School fees not paid in full by organizations

It was gathered from the interviews that some organizations pay school fees and sometimes provide uniforms. It was also found that there were instances where government paid part of the school fees but clarity on this information could not be provided as none of the participants had benefited from this payment. However, the needs of the school children are numerous. These include: school fees, uniforms, bus fares, educational trips and lunch where schools do not provide feeding schemes. In such instances even interventions by both organisations and the government are never enough.

The findings are substantiated by Andrews et al (2006:274); Berger (2006:4); Oni, Obi, Okorie, Thabede and Jordan (2002:551) who pointed out that the common reason for withdrawing OVC from school is educational expenses which are ever increasing and that the poorest households often could not afford to provide financial support as they

often did not have the capacity and resources. This made access to schooling very difficult for OVC who are under the care of grandparents.

➤ **Social effect**

Educational needs affect living condition of children

The need to be educated sometimes meant that the children would have to be separated from their families. Many OVC had been sent away to stay with relatives in order to receive care and support. In most cases they were sent to rural schools which were said to be cheaper than those in town. The impact of such separation could be detrimental to the children's lives as they had to fit into new communities that might differ significantly from those they came from and this separation from siblings becomes a huge challenge to a child who was still trying to cope with the loss of a parent or parents.

The findings are supported by Malinga (2002) in Freeman and Nkomo (2006:303) and Ansell and Van Blerk (2004:1) who agreed that extended families are sometimes not able to incorporate all siblings into a single family due to financial constraints; resulting in dispersing the children among relatives. Dispersing the children although reducing the load, may add to the psychological trauma which could be detrimental for the overall well-being and development of the child. The authors further stated that separation increases the child's risk of exposure to violence, physical abuse and exploitation. As such some of these children end up dropping out of school. In a study conducted by Ansell and Young (2004:4), children who were sent to live with relatives, reported that they were not treated well by those relatives. In some instances they are reported to have been given different food from the rest of the family, inadequately provided with clothing, beaten and overworked. The authors further stated that reducing the economic costs of caring for children especially school related costs, would allow the children to stay with their grandparents and continue schooling in their familiar environments.

➤ **Effects on the physically challenged children**

In this study, the participants reported that some children had special learning needs which were not catered for by many funding/supporting organizations. These included the slow learners, those with physical disabilities such as deaf and dumb and the mentally challenged. Most of the time these children were rejected or abandoned by their fathers or mothers and hence they were under the care of their grandparents.

➤ **Support for pre-school education**

The participants felt that pre-school education was crucial as it was a requirement for the child's entry into primary school. They alluded to the fact that most organizations paid fees for children from primary to high school. Participants attested to the fact that they did not have money to send children to pre-school.

From the information received from grandparents some non-governmental and faith based organizations supported few children to attend pre-school. One participant had only one child out of the four she was looking after who had sponsorship from the church to attend pre-school.

The lack of support at pre-school was supported by Roby and Shaw (2006:200) and UNICEF (2003a:20) who mentioned that the suffering of African orphans is relentless and huge and that in some instances they are deprived of pre-school education.

➤ **Non-supportive school environment**

It was noted from the findings that the school environment did not respond to the emotional and psychological needs of some OVC as these children were sometimes confronted or publicly criticized by teachers about their poor academic performance. Some of the older children would have not received counselling following the death of a parent or parents and would therefore be still trying to come to terms with the death of their parents and thus did not perform well at school.

Wait, Meyer and Loxton (2005:144) explained that children are confronted by statements from teachers suggesting that they are not as good as some of their peers. Children are grouped, graded and publicly criticized on the basis of how their efforts compare with those of their peers in class and that the social comparisons generate feelings of inferiority complex among the affected children.

According to Coombe (2002:82), the school is expected to genuinely offer safety and security for all learners with zero tolerance for any form of discrimination, violence or abuse. The school should provide psychological and emotional support. Bennell (2005:468) emphasized that the ability of OVC to succeed in their academic performances will depend on the level of material and psychosocial support they receive from their caregivers, the school, the community and government.

The observation from the findings of this study was that schools in Swaziland offered very little support. Schools did not tolerate frequent absenteeism of pupils due to opportunistic infections which commonly affect HIV positive children and non-payment of fees as indicated earlier. Bennell (2005:469) pointed out that the silence, secrecy and denial surrounding HIV/AIDS makes it difficult for teachers to access information on the health status of the school children who are HIV positive and have AIDS-related illnesses. Thus the teachers fail to support these children.

➤ **Lack of awareness of where to get school grants**

Grandparents reported that they did not know and had no information on how to access school grants for their OVC. The findings are supported by AIDS (2006:98) wherein it is revealed that in many instances grandparents caring for OVC are not aware of the availability of the social grants the children are eligible for and eligibility requirements that are intricate deter them from applying for such grants.

Conclusions related to educational needs

Education is a fundamental right for children so that they can grow to become responsible mature adults. In this study the grandparents indicated that:

- education was necessary to ensure security for the future of these children
- the financial constraints experienced by grandparents left them with no means for a livelihood hence their sacrifice of family valuables/assets to pay school fees for the children
- educational policy that regulated school fees needed to be developed to make the school fees affordable to OVC cared for by grandparents so that separation of children from those they are used to could be prevented
- consultation with the community on the increase of school fees should be done to ensure inputs into the education system
- pre-school education was not a focus for most organizations and thus OVC were deprived of enrolment in primary school
- children who did not perform well academically lost educational opportunities as they could be forced to drop out of school
- the OVC health status was not known to teachers and thus the children did not get the necessary support they needed from teachers especially those who were HIV positive or had AIDS
- grandparents did not have access to information on available grants for OVC and thus children entitled to receive educational support did not access such assistance

3.3.2.1.2 *Category 2: Need for socialization*

Socialization is the moulding of children to ensure that they develop socially accepted behaviour and become good citizens. This category includes discipline, guidance, monitoring and supervision of the children. Table 3.4 explain the need for socialization.

Table 3.4 Need for socialization

CATEGORY	SUB-CATEGORY	MEANING UNITS
Need for socialization	<ul style="list-style-type: none"> • Effect of discipline and guidance • Effect on monitoring and supervision 	<p>“The children nowadays do what they want, you cannot tell them a thing and they defy your orders” (Doc 12).</p> <p>“These children are still young, they need to be told what’s wrong and what’s right but we are old now”. (Doc 1).</p>

➤ **Effect on discipline and guidance**

The OVC need proper socialization and discipline as noted in this study. The grandparents had a challenge in disciplining these children as they lacked the strength and firmness that they applied in growing their own children because of old age and the generation gap.

Because OVC are being cared for by old caregivers, Hunter (1990) in Freeman and Nkomo (2006:303), state that, this has led to poor discipline and inadequate socialization. The findings of this study were also confirmed by Atwine, Cantor-Graae and Bajunirwe (2005:556) who reported that children experience orphanhood at an age when parental guidance is most desirable and these are more difficult to control.

In this study the findings were such that uncles and aunts did not feature at all, an indication that the traditional safety nets had been eroded as these uncles and aunts if involved, could serve as models for these orphaned youngsters. Notably, these children had missed out on the knowledge of their roles and responsibilities in life as grandparents were not able to provide this.

Gilborn, Nyonyintono, Kabumbuli and Jagwe-Wadda (2001:4) and Williamson (2003:18), explain that children learn by imitating adults, and as such girls work alongside their mothers, aunts and sisters while boys emulate their fathers, uncles and brothers. In that process they learn their roles, expectations and bonds are created. It is through this bond that children gain confidence and knowledge to take their place in society.

The participants stated that they had no one to turn to for help in disciplining the children unlike in the rural area where child discipline was a task for the community. In the informal settlements that neighbourly relationship did not exist. The grandparents had to handle discipline issue by themselves.

The challenges of discipline that face grandparents who are looking after their orphaned grandchildren are acknowledged by Alpaslan and Mabutho (2005:287) in asserting that youngsters do not accept the authority of their grandparents orphaned or

not. The trend is observed throughout. Roe and Minkler (1999:4) support the notion of grandparents receiving assistance in issues of discipline because these children often undermine their authority.

➤ **Effect on monitoring and supervision**

In this study, grandparents found it difficult to supervise and monitor adolescents in all aspects including their school work. Some children were involved in risky behaviours such as early sexual activity, smoking and alcohol consumption. These social problems have a negative impact on the physical and psychological development of the children. The interpretation of such behaviour by grandparents was that of disrespect (Mann 2003 in Foster et al 2005:18).

Conclusions on socialization

Socialization is integral in childrearing. This must be done from generation to generation. In this study it was observed that:

- Grandparents lacked the strength and firmness necessary for proper socialization of their orphaned grandchildren. The literature confirmed that they needed external assistance in this regard.
- The changing trends of poor community spirit should be discouraged so that socialization and discipline of children is once more seen as a responsibility of the community.
- The attitude of children to the elderly was also wrong as these did not respect authority of the elderly anymore.
- Because children can no longer be disciplined by the community, the OVC are at risk of engaging in negative behaviour such as: substance abuse and being involved in sexual intercourse at an early age thus accelerating the already high rate of pregnancy and HIV infection in this category.

3.3.2.1.3 Category 3: The need for vocational training

The need for vocational training relates to children who can no longer continue with formal education. These need to be equipped with life skills to earn a living. Table 3.5 outlines the need for vocational training.

Table 3.5 Need for vocational training

Category	Sub-category	Meaning units
Need for vocational training	<ul style="list-style-type: none">Effect on life skills	<p>“Children need to learn skills which will help them in the future to earn a living as some are old to attend formal classes”. (Doc 9).</p> <p>“I do not know why her teacher tells her to leave school and start working instead of helping her with the subjects. I want her to finish schooling; that’s all”. (Doc 1).</p>

➤ Effect on life skills

The findings revealed that older children who could not continue with formal schooling needed to be taught life skills or be sent for vocational training to gain skills that would help them in generating income to be able to support themselves.

Conclusion related to vocational training

According to a study that was conducted in Addis Ababa by Bhargava and Bigombe (2003:1387) vocational training programmes such as sewing, bricklaying and housekeeping provide young man and women with a skill that can be marketed and assist these youngsters to be self sufficient.

3.3.2.2 Theme 2: Need for protection

The need for protection included health care and legal needs. The findings in this study revealed that OVC did not all have access to health services and legal representation due to lack of money to pay for the services. Some lived in environments that

predisposed them to disease. The participants stated that the children were often exploited, abused and discriminated against by their relatives and strangers and in most instances had no legal protection.

According to Bell and Binagwaho (2006:1851), OVC usually need protection from diseases, abuse, exploitation and discrimination. They often need assistance to realize their rights to inheritance of property and land. Many countries do not have social services for OVC and as such their rights are compromised (Andrews et al 2006:274).

3.3.2.2.1 *Category 1: The need for health care*

The need for health care included access to medical care and protection of the physically challenged children. The details of the health needs reported in the present study are described in table 3.6 below.

Table 3.6 Health needs

CATEGORY	SUB-CATEGORY	MEANING UNITS
Health needs	<ul style="list-style-type: none"> <li data-bbox="405 1135 874 1164">• Effect on access to medical care <li data-bbox="405 1440 874 1496">• Effect on protection of physically challenged children <li data-bbox="405 1713 874 1742">• Effect on access to education 	<p data-bbox="911 1135 1450 1402">“The child is HIV positive, her father is still alive, he does not give me money to take her to hospital. The new wife takes all the money from him. I do not have money to send the child for check-up as she is on medication for AIDS. It was better when my daughter was still alive as she used to give me money to take the child to hospital but she died last month”. (Doc 2).</p> <p data-bbox="911 1440 1450 1525">“After my daughter told the father of the baby that he is deaf and dumb, he never supported the child again”. (Doc 5).</p> <p data-bbox="911 1563 1450 1675">“Her mother brought her here after the death of my son. The child is sickly and I do not know what to do because I do not have anything”. (Doc 10).</p> <p data-bbox="911 1713 1450 1796">“Teachers do not understand if you keep on reporting that the child cannot attend because he/she is ill”. (Doc 10).</p>

➤ **Effect on access to medical care**

Health problems affecting orphaned and vulnerable children

Four of the children were reported to be on antiretroviral therapy (ART) while others had health problems such as ringworms, respiratory infections and eye problems.

It has been stated by Buchel (2006:7) that children who are HIV positive need special care, access to medical care and vigilant follow-up. The children need treatment for opportunistic infections to delayed development of full blown AIDS. Some of the children in this study were ill. The care by the elderly particularly put them at risk because the elderly are less educated about modern health care (Madhavan 2004:1445). This was the case with the children in this study where grandparents did not have the money to seek medical care on time before complications set in.

➤ **Effect on protection of physically challenged children**

Grandparents reported that disabled children were sometimes discriminated against especially by their fathers who abandoned them immediately when they learnt of their disability. In the study the affected children were mostly deaf and dumb. This further burdened the grandparents who had to take the responsibility of supporting these children. In most instances, the mothers of these physically challenged children were very young and unemployed. Often they abandoned them and got married to other men or they left the house in search for employment and never returned. In many instances the health of children with special needs required special care such as physiotherapy, which grandparents could not afford.

In the literature reviewed it has also been noted that HIV positive children are much more at risk of abandonment than those who are HIV negative (John & Allen 2004:9).

➤ **Need for financial assistance to access health services**

From the findings thus far, money that grandparents did not have, was essential for provision of health services. The participants recognized that health needs of the child had to be fulfilled to enable them to develop to full potential. They stated that children needed to be assisted financially in order for them to access health services. The grandparents failed to keep appointments or follow up visits because they lacked money.

➤ **Health needs effect on education**

In this study, the findings revealed that some of the children who were HIV positive could not attend formal school due to frequent opportunistic infections that interrupted school attendance.

The findings relate to the results of a study that was conducted in Swaziland and South Africa where Poulsen (2006:49) reported that, unlike South Africa, Swaziland was not yet equipped and prepared to deal with children living with HIV. Compared to Swaziland, South Africa has several school support programmes. The author further stated that in South Africa, primary schools have gone a long way towards creating a friendly and conducive environment that looks at the needs of the child as a whole including health care needs.

Conclusions related to health care

From the findings:

- grandparents needed financial assistance to access medical care for the OVC they cared for to minimize non-attendance at school
- collaboration among all organizations that provide care and support to OVC was necessary to provide coordinated services

3.3.2.2.2 Category 2: Need for legal protection

The need for legal protection addresses property rights, protection from exploitation, discrimination and abuse. Children who are orphaned and vulnerable need legal protection as they may find themselves not knowledgeable on how to protect their possessions and inheritance from relatives and other opportunists. The need for legal protection is summarized in table 3.7.

Table 3.7 Legal needs

CATEGORY	SUB-CATEGORY	MEANING UNITS
Need for legal protection	<ul style="list-style-type: none"> Effect on property rights 	<p>“After the death of my niece and her husband I took all the children but all the assets and the land was taken by the husband’s relatives and the children were left with nothing”. (Doc 9).</p>
	<ul style="list-style-type: none"> Effect on treatment: exploitation and discrimination of children 	<p>“The older boy was taken by the paternal grandparents because they were going to pay for his education; but instead, he was herding cattle while the other children went to school. I decided to take him back”. (Doc 9).</p>
	<ul style="list-style-type: none"> Effect on abuse 	<p>“Before they give him money for school fees they say all sorts of bad things which I can’t mention to you. They treated him this way because we are poor”. (Doc 5).</p>

➤ Effect on property rights

Children lost property after parental death

The participants described how some children had lost land that their parents left for them to relatives or to older members of the society resulting in limited access to food as they could not use the land to grow anything on it. They also mentioned that paternal relatives took advantage of the children especially in cases where the children were too young to know what was going on. In many instances the children would be sent to maternal grandparents. These relatives also took land and other family assets immediately after the death of parents.

According to case studies from Kenya, Lesotho and South Africa, orphans' rights to land are infringed as manifested in several cases of land grabbing. Land as an inheritable asset is deemed essential as a basis for livelihood and security for future generations (Drimie 2003:654). According to Rose (2005:913) orphans experience difficulties in asserting their rights to property left to them by parents. Foster et al (2005:186) reported that theft of the inheritance or property of orphaned children was also common in countries like India and Cambodia. The authors further stated that the children have no access to legal advice and no support from the legal system to protect their inheritance and property rights. According to Lugalla (2003:34) the loss of property and inheritance rights worsens the children's poverty state and increases the risk of psychosocial distress, hindering their ability to cope with life's challenges.

In the face of a legal system which was not specific in the protection of property rights, OVC found themselves powerless against their relatives who in most instances were custodians of the property left to them. The absence of children's forums made the situation worse.

➤ **Effect on treatment of orphaned and vulnerable children: exploitation, abuse and discrimination**

Grandparents reported that OVC were exploited and discriminated against by being made to perform tasks, which the child would have not done if they were in their home environment, such as herding cattle. In some instances performance of the tasks interfered with school attendance and play. Families other than grandparents who took in these children under the pretext of looking after them were often not committed to paying their school fees resulting in the school fees being paid late often after the child had been suspended from classes. This further contributed to poor performance at school.

Crawley (2001:1) and Wax (2003) in Meintjes and Bray (2005:147), have confirmed the above whereupon they have reported OVC being treated differently by their adoptive families. According to the authors some children have been forced to work very hard and have been physically, sexually and verbally abused.

Conclusions related to legal issues

According to this study:

- The OVC had no knowledge about legal issues that affect them and did not have access to legal advice or support from the legal system to protect their inheritance and property rights. Their grandparents could not provide any assistance in this regard.

3.3.2.3 Theme 3: Psychosocial needs

The psychosocial needs pertain to the mind, feelings and relationship with self and others. In this study psychosocial needs included emotional, psychological and spiritual needs. Fulfilment of these needs was necessary for the intellectual and mental health as they form a foundation to the development of self-esteem.

3.3.2.3.1 Category 1: Emotional needs

Emotional needs relate to personal identity, development of self esteem and trust. Aspects of emotional needs are depicted in table 3.8 below.

Table 3.8 Emotional needs

Category	Subcategory	Meaning units
Emotional needs	<ul style="list-style-type: none"> • Effect on personal identity 	<p>“They demand to know their fathers as they have never seen them”. (Doc 9). The boy decided to go and stay with paternal grandparents. (Doc 3).</p>
	<ul style="list-style-type: none"> • Effect of parental neglect and abandonment on mental stability 	<p>“Since my wife died, I have been in relationships with senseless women who leave me for no apparent reason. The present live-in I am with has been with me for the past eight months and I have not seen anything wrong about her so far”. (Doc 6).</p>

➤ **Personal identity**

A sense of identity and belonging are basic needs

Participants who cared for children who did not know who their fathers were indicated that these children often demanded that their grandparents or caregivers inform them of their real identity. Participants also reported that in some instances the children left their maternal grandparents in pursuit of their identity on their paternal side of the relationship, an act which often lost them their education as they had to change resident and school.

According to Barnett and Whiteside (2002:211) fulfilment of emotional needs is critical in the development of a child, the child's rights to identity, name, family and nationality. These are not negotiable.

➤ **Effect of parental neglect and abandonment**

One of the basic rights of children is that of protection from neglect (Barnett & Whiteside 2002:211). According to the participants some of the single orphans had been abandoned or neglected by living parent. The parent would have moved on to get married or were living with other partners or had gone to seek employment in town leaving the children under the care of grandparents usually maternal grandparents. This traumatized the children who expected the living parent to provide emotional and material support. In the absence of such support the children might end up dropping out from school.

According to Theunissen (2005:25) and Foster (2006:700), the AIDS pandemic is responsible for the increase in child neglect and abandonment and as such for the compromising of children's right to protection.

Effect of parental illness and death

In the study OVC had been exposed to traumatic situations before and after the death of the parent(s) and no psychosocial or emotional support had been obviously provided

to some of these children. Parental death, especially that of the mother is devastating to young children (Ansell & Young 2004:3). Almost always this manifests in behaviour change which might be interpreted as non-cooperation, difficult, stubborn and unappreciative. Grandparents in their lack of understanding of these may punish or ignore the child. The authors, Subbarao and Coury (2004:21), confirm that grandparents are rarely aware of the emotional and psychological needs that are manifested by behaviour changes and that the changes might not always be understood as distress, and children may be punished or ignored by the grandparents.

Living in unstable environment

Only two males participated in the study. One of the two was cohabiting with a woman after his first wife's death. According to the Swazi tradition and custom, this practice is not acceptable as it is said not to be conducive for the growth and development of the morals of children. In this instance the grandparent had no option but to look after the grandchildren even though he, in his old age, was not in a stable relationship.

Conclusions related to emotional needs

Parents are very instrumental in the provision of emotional care:

- Unfulfilled emotional needs impact negatively on the development of self esteem of the OVC.
- Orphaned and vulnerable children often lack parental emotional support.

3.3.2.3.2 Category 2: Psychological needs

Psychological needs include need for counselling, monitoring and supervision. These aspects are outlined in table 3.9 below.

Table 3.9 Psychological needs

Category	Subcategory	Meaning units
Psychological needs	<ul style="list-style-type: none"> • Effect on counselling • Effect on monitoring and supervision 	<p>“These children defy my authority and don’t easily take instructions from me. (Doc 8)</p> <p>“My grandson who has dropped out of school has started to drink alcohol and smoke tobacco and I do not know why because I am trying to provide what he basically needs”. (Doc 9).</p> <p>“They move around at night and go to neighbours to watch television and don’t study. They will fail and loose the sponsorship and I can’t do anything about it as I am old”. (Doc12).</p>

➤ **Counselling and guidance**

Participants reported that some children were defiant as they had started to drink alcohol and smoke cigarettes using their grandparents’ money. This did not only impact negatively on their health but also on that of their grandparents who felt helpless and were depressed in the given situation. To this effect grandparents also indicated a need for assistance in asserting authority in the supervision of these children.

According to USAID (2003:5) and Foster (2006:700), the psychological needs of orphaned children continue to be one of the most neglected areas of support as emphasis is often placed on meeting the obvious physiological needs. The socio-economic impact of AIDS on children has according to Atwine et al (2005:555) overshadowed the psychological impact, as the needs thereof require immediate attention. The authors further pointed out that, psychological needs especially in AIDS orphans must be ranked high as material support alone is not sufficient in ensuring the well-being of these children.

Failure to address psychological needs may result in long-term developmental deficits and secondary social problems such as teenage pregnancy, reduced literacy and crime (Rose 2005:912).

The participants mentioned that OVC needed guidance and counselling. They suggested that the children should be assisted to cope with the loss of parent(s),

separation from siblings and being removed from familiar environment as these may cause psychological distress.

Conclusions on psychological support

In this study psychological needs affected many aspects of the children’s life.

- Fulfilment of psychological needs is integral to holistic child development. These are best met in a stable, consistent and protective environment. Children who had lost parents and were residing with grandparents have demonstrated a variety of untoward social behaviours that depict inability to cope with adverse experiences, that of parental loss, sibling separation, property and inheritance loss.
- Empowerment through counselling of OVC during parental illness and after death was critical in their ability to cope with loss and any other adversity of life.

3.3.2.3.3 Category 3: The spiritual needs

The spiritual needs category relates to the instilling of religious values that would provide hope and trusting relationship. Table 3.10 outlines spiritual needs.

Table 3.10 Spiritual needs

CATEGORY	SUBCATEGORY	MEANING UNITS
Spiritual needs	<ul style="list-style-type: none"> • Need for good values • Need for love and belonging • Need for trust and hope 	<p>“I tell them to prepare for church even though they don’t have decent clothes, God will answer one day. We must worship Him even in such situations”. (Doc1).</p> <p>“The children need to have intimate relationship with God and rely on Him”. (Doc 4).</p> <p>“I tell them that we need to trust God even in suffering, knowing one day things will be alright”. (Doc 3).</p>

➤ **Need for good values**

The care of OVC is a desperate situation and as such the grandparents tended to trust in God for a miraculous solution. According to the participants there was a need to instil Christian or religious values in the children while they were still young and encourage them to attend church services, pray and trust that God was going to provide them with what they needed. In Swaziland going to church on Sundays also means being clean and wearing decent clothes. For the children the problem was that they did not have enough and decent clothes. Appearing in clothes that were not 'decent' compromised their self-esteem as they would like to compare favourable with other children.

According to Watson (1999) in Barnum (2003:117) and Larimore (2001:36), spiritual well-being becomes increasingly important as a person grows and matures. For those who can no longer provide for the basic needs, spiritual support encompasses peace, feelings and thoughts that bring meaning and purpose to human existence.

➤ **Need for love and belonging**

The grandparents felt that the OVC needed to have an intimate relationship with God so that they could draw strength in this belief. They constantly reminded the children that God was a source of everything and a provider for their needs and a comforter for those who were troubled. According to Burkhart and Jacobson (2000:95), belief in God is known to have sustained people through destitution.

➤ **Need for trust and hope**

The participants encouraged the OVC to put their trust in God because they (grandparents) could not provide, especially, for the physical needs such as food, clothes and shelter.

Accordingly spiritualists purport that life relates to searching for ultimate meaning beyond self and, trials and tribulations experienced in the care of OVC is nothing but a test of endurance in life (Dunne 2001:23; Mauk & Schmidt 2004:9). The authors also state that trust development is the foundation for faith development and the children

must believe that their needs will be met one day. As such many studies related to spirituality reveal prayer to be a common intervention during the time of suffering (Dossey 1996: 23; Easton & Andrews 1999:26; Easton, Rawl, Zemen, Kwiatkowski & Burczyk 1995:119).

Conclusions related to spiritual needs

- The grandparent's reliance in God as a provider demonstrated desperation as they had reached the end of their tether.

3.3.2.4 Theme 4: Survival needs

Clothes, nutritious food and shelter, are basic needs necessary for the survival of an individual. These needs are also essential for the normal growth and development of an individual.

In this study, the results revealed that OVC were in great need of clothes, nutritious food and shelter. The results also showed that although grandparents were willing to take responsibility to care, they were not able to provide adequately for these needs. Almost all of the grandparents, for an example, were old and unemployed and had little or no form of support from the government.

These findings are consistent with the view held by Bell and Binagwaho (2006:1851), Aspaas (1999) in Alpaslan and Mabutho (2005:276) who listed the needs of OVC to include: adequate nutrition, shelter, clothes, basic education, health care, support (economic, psychological, emotional and spiritual), protection, care of loving adults as well as sanitation and clean water, and basic human rights. To this effect the importance of finance in fulfilling basic needs is emphasized by Mbugua (2004:306) and Pharoah and Weiss (2005:10).

3.3.2.4.1 Category 1: The need for clothes

The need for clothes has a social as well as a health effect on the life of the OVC. Table 3.11 outlines some of the responses relating to the social and health effects the lack of clothes had on these children.

Table 3.11 Need for clothes

CATEGORY	SUB-CATEGORY	MEANING UNITS
Need for clothes	<ul style="list-style-type: none"> Social effect 	<p>“He dropped out of school though the organization was paying his fees. He said he does not have decent clothes and school uniform”. (Doc 3).</p> <p>“On Sundays when I ask the children to prepare to go to church, they tell me they cannot go to church because they do not have decent clothes as other children will laugh at them”. (Doc 3).</p>
	<ul style="list-style-type: none"> Health effect 	<p>“The clothes are light for the weather. It is cold; they will catch a cold if they dress lightly in this weather”. (Doc 3).</p>

➤ Social effect

Need for clothes has an effect on children’s s participation in social activities

The participants reported that the OVC were in need of clothes. This need had led to some of the children dropping out of school, as they could not afford to buy the many sets of school uniforms demanded by the schools, where the children are expected to wear different uniforms on different days. This made school inaccessible to many.

The grandparents reported that some of the children demand a lot from them (grandparents) and when demands, like clothes, are not met, the children dropped out of school. To this effect Sayson and Meya (2001:545) have attached school performance and attrition to availability of proper uniform and school supplies.

The children were reported to refuse to attend church or participate in church activities because they did not have decent clothes and did not want to look different from others.

Some children were reported to have gone to the extent of stealing money in order to buy clothes.

The results of this study are consistent with what was reported in a study that was conducted in Botswana, Malawi and Uganda by Bennell (2005:475), where it was reported that lack of appropriate clothing resulted in high levels of absenteeism of OVC at school. Altman (2006:10) and Pharoah (2005:13) also reported lack of clothes to lead children to committing crime or engaging in untoward behaviour such as prostitution in order to buy decent clothes.

Clothes are not only for aesthetic value but are also for protection from the elements. To this effect, Abebe (2005:44) and Oleke, Blystad and Rekdal (2005:2634) confirmed that proper clothes provide protection from elements such as cold and heat.

Conclusions related to clothes

Children perceive clothes as a means of identity and belonging:

- Unfulfilled need for clothes impacted negatively on the self-esteem of children resulting in them not being able to integrate meaningfully in society.
- They failed to participate meaningfully in school and church activities which were thought of as socializing mechanisms.

3.3.2.4.2 Category 2: The need for nutrition

The need for nutrition has a physical and social effect on the lives of the OVC. Food is directly related to financial constraints whereupon those households with no financial means tend to also experience food shortages. In this study the long standing illness and death of a breadwinner depleted households of financial resources and therefore, it was not surprising when participants reported great need in this regard.

This notion is supported by Ghosh and Kalipeni (2004:311) who in their study found that the income level of the family is drastically reduced after the death of parents thus placing strain on the resources available for buying food. According to Cross

(2001:147) and Williamson et al (2004:17), families tend to spend a lot of money looking after ill relatives, such that when these die there is not much money left to provide even for basic needs. Table 3.12 outlines the participants’ responses and explanations of how the need for food affected their grandchildren.

Table 3.12 Need for nutrition

CATEGORY	SUB-CATEGORY	MEANING UNITS
Need for nutrition	<ul style="list-style-type: none"> • Physical effect 	<p>“I was embarrassed when her class teacher called me to explain why she sleeps in class”. (Doc 3).</p> <p>“I tell them not to play at school to conserve energy for class as they leave in the morning without having eaten anything”. (Doc 3).</p> <p>“If you look at them, this is not the size of their body. It is because they are not getting enough food”. (Doc 1).</p> <p>“The child who is ill from the disease (AIDS) needs special food which I cannot afford as I feed 13 other orphans. The child keeps suffering from infections repeatedly”. (Doc 10).</p>
	<ul style="list-style-type: none"> • Social effect 	<p>“I sent the little girl to stay with my sister because I can’t afford to feed seven children including my daughter with her three children who have never seen their father. They are all a burden to me”. (Doc 7).</p> <p>“After he married the new wife, he never bothers to support his children unlike before he got married”. (Doc 12).</p> <p>“The food ration is too little as we are many in the house; it lasts us 4-7 days instead of the stated one month”. (Doc 3).</p>

➤ **Physical effect**

Need for nutrition has a physical effect on academic performance

In this study, some participants had found themselves in embarrassing situations whereby they had to appear before teachers to account for and explain the reasons behind the children’s listlessness or sleepiness in class. Such behaviour led to loss of concentration and poor academic performance.

Lack of food leading to malnutrition has been reported by UNICEF, UNAIDS and United States President’s Emergency Plan for AIDS Relief (PEPFAR) 2006:1) and De Witt and Lessing (2005:13) as a common entity in the families that housed OVC.

Need for nutrition has an effect on school drop out

According to the participants, most children had one meal per day just enough to sustain them. The findings revealed that some of the children started the day without eating anything while others went to bed on empty stomachs. Children living under such conditions even if intellectually talented are not able to perform at their optimum potential.

This finding was confirmed by Sayson and Meya (2001:545) who reported that many children who miss breakfast cannot concentrate in class and therefore miss out on the lessons given. Their peers often ridiculed them while their teachers shouted at them. The end result of all this is school attrition with no skills. A similar comment was made by Weinreich and Benn (2004:33).

Need for nutrition has an effect on child's involvement in recreation activities

Problem of food shortages in many households was reported to be so severe such that grandparents strategically advised their grandchildren not to participate in recreational activities including play as these were perceived to consume a lot of energy that should be preserved for classroom activity. Honourable as the attempt by the grandparents was to assist their grandchildren to cope, it worked against the essential need of growing up, and that of emotional and social development of the child.

Gilborn et al (2001:27) have noted that sports and recreation are often overlooked yet they help to integrate children with their peers and maintain psychosocial well-being. Other authors, Foster *et al* (2005:72) have observed from their study that school is a place for orphans, in particular, to play and experience joy and happiness. Similarly, the International HIV/AIDS Alliance (2004:6) mentions that playing games not only makes a child to have fun and foster a feeling of togetherness, but that during play, children acquire and improve social skills, confidence, concentration, communication, cooperation, build trust and reduce anxiety.

Need for nutrition has an effect on child's growth and development

It was also reported that lack of food led to stunted growth and low resistance to infection. This finding was consistent with conclusions raised by Sarker, Neckermann and Muller (2005:210) on the high level of malnutrition in Sub-Saharan Africa that posed a major challenge for child survival and development. In developing countries recurrent illnesses, stunting and body wasting were products of inadequate nutrient intake (Bhargava 2005:263).

Need for nutrition as an effect on HIV positive children

A disturbing but not surprising finding was the HIV status of the children in the study, where participants also reported that some of the orphans were infected with HIV and on antiretroviral drugs. These children needed a good diet that, according to the grandparents was expensive and unaffordable. Participants also recognized that their inability to provide adequate food supply aggravated the course of the disease and exacerbated the impact of HIV on the already compromised immune system.

The positive role of a good diet in the management of HIV has been supported by several authors. These include Ghosh and Kalipeni (2004:311) who have stated the effectiveness of antiretroviral therapy in relation to nutrition. Other authors such as Fawzi, Gernard and Msamanga (2004:23), Piwoz and Bentley (2005:934), Squire (2007:44) and Youde (2007:2) have supported this notion.

➤ Social effect

Need for food has an effect on the living arrangements of the child

Participants in this study perceived food as a way or determinant for survival as children had to be dispersed to various relatives such as grandparents' sisters to ensure that they at least got food. The dispersal of siblings also meant separation of these. The long term effect of the separation from ones close relatives, in particular, siblings, can lead to yet other psychological trauma related problems.

Freeman and Nkomo (2006:303) have noted that the separation of siblings following the death of parents adds to the psychological trauma, as children rely heavily on each other for support. In such instances the grieving is compounded if the children live in different households.

Need for nutrition has an effect on fulfilment of role expectations

Food provision is a basic expectation of caregivers in a household and therefore participants in this study were expected to fulfil parental roles including provision of food on daily basis. Failure to do so left the grandparents helpless and with no self respect.

According to Nyamukapa and Gregson (2005:2167), caregivers in all settings are expected to provide food, health care, clothes, ensure school attendance, socialization and general day-to-day care for children. Therefore, expectations on grandparents in this study were no different.

Financial support to buy food is lost when father remarries

In the case of OVC who were cared for by grandparents in Swaziland the financial support to buy food also changed after maternal deaths as men remarried and moved off to lead a new life with their new wives.

In their study, Ghosh and Kalipeni (2004:311) asserted that maternal orphans are more likely to have unequal access to food and other resources in the event that the father remarries. The authors further stated that this adds to the vulnerability of children to malnutrition resulting in a lack of physical and mental development and poor academic performance. Nyamukapa and Gregson (2005: 2164) support this notion whereupon they also stated that once remarried, fathers neglected their responsibility to care for their children from their previous marriage. The stepmothers are less supportive of step children as they give priority to the needs of their own children. In a study that was conducted by Alpaslan and Mabutho (2005:286), grandparents confirmed the lack of support of maternal orphans after fathers remarry.

In adequate and irregular food rations by organizations

In an attempt to provide food, organizations were reportedly distributing food parcels irregularly and inequitably.

The findings revealed the following about the food rations:

- the food distribution was irregular as organizations depended on availability of funds and donation
- most of the food parcels were distributed from the church and was therefore received mainly by worshippers
- family size was often not considered by organizations when food rations were issued as a result food parcels were often inadequate
- in some parts of the informal settlements, the focus of the non-governmental organizations was only on those people who were terminally ill

Conclusions related to need for nutrition

In this study food shortages affected OVC in different ways:

- lack of food affected academic performance of OVC
- unfulfilled needs for food led to school abandonment
- avoiding recreational activities as children are often advised by grandparents affected emotional and social development of the children and this promoted isolation
- the need for food had an effect on the survival and development of the child
- separation of children from siblings and grandparents in order to provide for food leads to psychological trauma
- grandparents could not play their roles as expected by grandchildren of providing for their basic needs such as food, because of financial constraints
- even though organizations provided food rations to OVC, this was inadequate and irregular as organizations did not take family composition into consideration and for many organizations food distribution was donor driven

3.3.2.4.3 Category 3: The need for shelter

In the context of this study, shelter refers to a house which provides for safety from physical danger and elements as well as privacy necessary for psychological development and self esteem. The need for shelter as revealed by the present study is outlined in table 3.13.

Table 3.13 Need for shelter

CATEGORY	SUB-CATEGORY	MEANING UNITS
Need for shelter	<ul style="list-style-type: none"> Psychological effect 	<p>“I do not think she will make it at the end of the year and I am afraid she will also lose the sponsor. All is done under one roof here and no private place to study”. (Doc12).</p>
	<ul style="list-style-type: none"> Physical effect 	<p>“Just look at this shack that we live in with the children... it can collapse at any moment and bury us alive”. (Doc 12).</p> <p>“The two children have the ringworms because they were sleeping together with the one who first had the problem”. (Doc 1).</p>
	<ul style="list-style-type: none"> Social effect 	<p>“All children sleep together. I am afraid they might impregnate each other even though they are relatives; but what can I do”? (Doc 12).</p> <p>“There is one organization which wanted to build us three room houses but City Council demanded so many things like an approved plan for the house and title deeds until the money was returned to the donor”. (Doc 12).</p>

➤ **Psychological and social effect**

Need for shelter has an effect on school performance

In this study, the participants reported that OVC lived in dilapidated houses and some were on the verge of collapsing and thus threatening the safety of the family. Because of the number and sizes of rooms for family members, privacy necessary for studying could not be maintained. This obviously affected the children’s performance at school. Where proper structures existed, these were not adequate to address the needs or to accommodate gender differences of family members. This had led to social problems such as incest and teenage pregnancy among the adolescents. The participants found this a social strain and unacceptable.

Hayden and Otaala (2005:14) confirmed that children who share rooms with family members find it difficult to study under such circumstances, hence the poor performance and school drop outs among OVC. The findings are also similar to those by Buchel (2006:80) and Foster (2006:700) who reported that OVC tend to live in hazardous conditions where privacy, clean water and adequate sanitation are rare commodities; as such, these circumstances are not conducive to coping with normal school life.

➤ **Physical effects**

Need for adequate houses to control the spread of communicable diseases

Poor and inadequate housing has resulted in the spread of communicable diseases such as scabies, tuberculosis and ringworms among the OVC. One member of the household may contract the disease, but because of delayed or no treatment at all, as well as overcrowding the disease naturally passes on to the others who sleep and eat in the same room.

Sclar, Garau and Carolini (2005:901) have noted that high levels of overcrowding and lack of access to safe drinking water and good sanitation predisposes poor urban residents to communicable diseases such as tuberculosis, acute respiratory infections and meningitis.

Bureaucratic procedures, a barrier to support by donor organizations

Even though there had been offers by non-governmental organizations to build houses for the OVC, the long bureaucratic procedures to be followed had forced these organizations to withdraw their funding, given that donor agencies operate within specific time-frames for funding projects. This also meant that grandparents lose the funding that was earmarked. It was also found that even if grandparents had the land to build small structures using cheap building material, the demands made by the local government concerning the type of structure to be built in the informal settlements made it impossible for most grandparents to follow the long processes demanded by authorities.

It would seem that assistance to build houses for OVC has been frustrated in many contexts as observed by Gerntholtz and Richter (2004:910) by lengthy administrative processes in an increasingly overstretched system.

Conclusions related to shelter

In this study shelter as a basic need affected many aspects of the OVC life:

- inadequate and poor housing conditions affected the social, health and academic performance of OVC
- lengthy bureaucratic procedures by local government authorities resulted in the loss of donor fund for building houses for OVC

3.4 CONCLUSION

In this chapter data collected in phase 1 was analyzed. Themes, categories and subcategories were identified and discussed with literature control. In the next chapter, the analysis of the data, presentation and discussion of the findings on the nature of the existing structures and type of support provided by organizations to OVC in the informal settlements is presented.

CHAPTER 4

Data analysis, presentation and discussion of phase 2 findings

4.1 INTRODUCTION

In chapter 3, the findings from responses given by the grandparents who care for OVC in the informal settlements were presented and analyzed. The findings were discussed and supported with the relevant literature. In this chapter, data from managers of organizations that support OVC are analyzed.

4.2 DATA ANALYSIS

The seven (7) tape-recorded transcripts from the interviews with managers of organizations which provided support to OVC in the informal settlements were analyzed. Tesch's steps of analyzing qualitative data analysis were followed. The researcher began by reading and rereading the transcripts thoroughly, starting with the short and interesting transcripts to become familiar with the data and the text and begin to formulate thoughts about its meaning. Ideas were then jotted down in the margins to avoid losing the line of thought. Topics were identified from the data. After that, a list of the topics was made and similar topics were clustered together and each cluster given a name to form a theme.

The topics were abbreviated as codes and the codes were written next to the segments of the text. The researcher then continued to read the data several times and engaged with it reflectively to generate a rich description which brought a deeper understanding of essential structures underlying the function of these organizations. According to Thorne (2000:69), it is through such rich descriptions that people come to know the experiences of others as well as operations of organizations.

Once the coding was completed and the data belonging to each category assembled and clustered into themes, preliminary analysis was performed. The themes and

categories were discussed and meaning units were supplied where applicable. The themes were discussed with the co-coder and the two study promoters and a consensus was reached.

The themes were supported by relevant literature. The literature review was done to place the findings within the context of what was already known about the topic. The detailed descriptions of the findings were also discussed with the participants to verify if the findings represented the nature of support their organizations provided for OVC in the informal settlements of Mbabane, Swaziland.

4.3 FINDINGS OF PHASE 2

The data gathered from the seven (7) interviews with managers of non-governmental organizations were analyzed. (In the text the response of managers will be presented as 'organizations'). The analyzed data yielded five (5) major themes and 16 categories as depicted in table 4.2. The themes and categories were illustrated by meaning units and supported by findings from previous studies and literature control. The results of the study were presented as follows:

4.3.1 Descriptive overview of the existing support structures for orphaned and vulnerable children

The organizations selected for this study had various roles to play in the care and support of OVC in Swaziland. According to the findings of this study, very few organizations were able to finance the services they provided. Some got financial assistance from donors who might be local or international, individuals and /or the business community.

Some organizations had well defined catchment areas of operation while others provided care and support to OVC from any constituency as long as these met selection criteria as determined by the donor organization. To this effect UNICEF, UNAIDS and PEPFAR (2006:29) supported most of the organizations that met their criteria of funding and were providing services to OVC.

4.3.1.1 *Types of organizations that provide support to orphaned and vulnerable children in Swaziland*

There were four types of organizations that provided care and support to OVC. These included community-based, faith-based, government and non-governmental organizations.

➤ Community- based organizations

Participants described, community-based organizations as local groups that consisted mainly of community members who were united through their leadership to offer basic services to the vulnerable groups including OVC. The community-based organizations provided services through volunteers who were selected by community members. The community-based organizations got support from individuals or non-governmental organizations, national and international donors. They provided mostly material, emotional and spiritual support.

The literature reviewed on organisations state specific roles that organisations play with regards to supporting communities. According to Williamson (2004:36), community-based organizations offer support to community informal caregivers or volunteers. The type of support includes emotional support, advice, advocacy, or assistance with income-generating activities. In some instances the organizations get funding from donors. The author further states that the advantage of such support is that OVC stay in their community with relatives or other community members and the donor funding is able to reach the neediest children, especially if the organizations are managed well.

To confirm the above Drew, Makufa and Foster (1998:13) have noted that these organizations are cost-effective because they provide material support to a large number of OVC within their own community and the community is involved in this endeavour.

➤ Faith-based organizations

In the present study it has been gathered that although faith-based organizations have

a limited self-sustainability and technical capacity, they provide food to the NCPs to ensure that OVC have a meal once a day; religious education and psychosocial support through a programme known as Accelerated Christian Education (ACE) and health care through their related health care centres.

Participants also stated that these organizations work closely with existing community structures to augment and strengthen their capacity. This is supported by Williamson (2004:44) who attributed sustainability of faith-based organizations to collaboration with organizations that are already active in a community.

The findings are consistent with a report by UNICEF (2003c:8) that faith-based organizations mainly provide children with religious teaching and spiritual support. The other common support activities are the provision of home-based care to chronically ill patients and counselling for children affected by HIV and AIDS. The findings also reflect what Jordan (2006:16) and Zachariah, Teck, Buhendwa, Labana, Chinji, Humblet and Harries (2006:168) noted when they reported on the faith-based organizations as providing material, spiritual and social support and counselling to OVC and terminally ill patients living with HIV and AIDS.

➤ **Non-governmental organizations**

According to the participants, non-governmental organizations provided physical and psychosocial care to vulnerable individuals including orphans and terminally ill persons. They employed staff, but also used volunteers to do home visits to identify the needs of the people within the context of their environment. In some instances the organizations provided material support in the form of food parcels and clothes especially uniform for school children. The support was mainly donor driven.

Bhargava and Bigombe (2003:1389) reported that much of the care and support in Sub-Saharan Africa is delivered by non-governmental organizations, most of which get funding from abroad.

➤ **The Government**

Government ministries and departments were not favourably reported on. Participants reported that although government's focus was on education and provision of food to schools, not all needy children and schools were catered for. Government did not collaborate with other organizations that had a database of needy children, as such children were out of school due to inability to pay school fees, or were not benefiting from the education given because they were hungry and listless and thus performing poorly academically.

The conclusions from the types of organizations that supported OVC were as follows:

- Support to OVC was provided by different types of organizations including the government. Some of these organizations had a well defined catchment area while others supported all those that met their selection criteria.
- Most of the selected organizations provided support within the limits of their funding.
- A relevant shortcoming of the provision made was in education where organizations did not provide for all the school supplies, resulting in some children dropping out of school.

In this study there were no governmental organizations that participated. All organizations (be they community, or faith-based) that participated in the study will be referred to as non-governmental organizations (NGOs), further, referred to as 'organizations'.

4.3.1.2 Organizations' approach to care and support

Participants related several strategies that they used to address the support activities. These were noted and grouped into three categories; these being reactive, community based and institutional approaches. Table 4.1 depicts these approaches.

Table 4.1 Organizational approaches

Category	Meaning units
Reactive approach	“People who are in need come to our organization to ask for assistance. We go to their homes to assess the environment and then address their needs”. (Doc 2).
Community based approach	“The structure was built by the community to provide shelter for orphaned and vulnerable children during the day. In this house we have two classes, kitchen, storage room and physical examination room. The volunteers provide the services of cooking and teaching the children”. (Doc6).
Institutional approach	“Our organization normally assists orphaned and vulnerable children in their families and community but where there are no close relatives or the children are abused, the organization keeps them in the institution”. (Doc 1).

➤ **Reactive approach**

Some organizations reported that the care and support they provided was reactive or interventional in that the organization only responded to emergencies that were brought to their attention by volunteers, grandparents or destitute children themselves. In this case the support provided was for relief for basic survival needs such as food, blankets, clothes and shelter. The type of support provided was often not sustained.

According to Drew et al (1998:12), this type of intervention provides mainly for physical needs and encourages dependency. The support is not always available as it depends on donations from other organizations, donors or the public.

➤ **Community-based approach**

In this approach organizations acknowledged that family and community are still the most important social safety nets for OVC and that these needed to be strengthened to meet the needs of this target group. In the interviews with managers it was stated that three communities in the informal settlements had built structures with assistance from organizations. The structures consisted of classrooms, kitchen, physical examination room, toilets and storeroom. Organizations that assisted in the construction of these structures provided the supplies, cleaning material, toiletries, and groceries while the

volunteers who are selected by the community prepared one to two meals a day for the children. Volunteers also provided informal education to enable the children to read and write. The advantage of this approach was that children were supported in their own community.

Subbarao and Coury (2003:1206) emphasized the importance of involving communities from the beginning to encourage ownership and ensure a fair coverage. For example, this approach ensures that one household does not receive multiple benefits from different organizations at the expense of a needy household that might be excluded from the assistance from all concerned.

In this approach the participants stated that the focus was on vulnerable groups which included orphaned children living with their grandparents, children heading families, terminally ill individuals who needed home based care.

➤ **Institutional approach**

The participants stated that the institutional approach was used when the community-based approach was not feasible especially when the OVC had no relative or a willing community member to care for him or her in the community. The findings revealed that most organizations supported children within their own families and communities. However, in cases where there was abuse by a family member(s) or close relatives or when no family member or close relative could take care of the child or children, institutional care was resorted to.

Foster (2003:3), HelpAge International/International HIV/AIDS Alliance (2003:4) and USAID (2005:16), have stated the advantage of the institutional approach as that of providing adequate material needs for OVC and the disadvantage as losing social connectivity that family and community provide. Institutional care also fails to meet the cultural, emotional and psychological needs. It tends to disconnect the children from the social structures, as such increasing their long term vulnerability. It is also stated that Institutional life tends to promote dependency, discourages autonomy and poorly prepares young people for eventual integration into community life.

According to Heymann, Earle, Rajaraman, Miller and Bogen (2007:337) and Williamson (2004:37), institutional care should be discouraged and finances to run this type of care channelled to strengthen community care as well as strengthening the capacity of extended families to care for their orphaned relatives. The authors further assert that institutional care not only does it detach children from society, it is also expensive.

Conclusions on organizations’ approach to care and support

- According to the findings, it is best that children who are OVC are kept within their communities. Efforts should be channelled to the strengthening of community care as well as the capacity of extended families to care for these children.

4.4 THEMES ON THE NATURE OF SUPPORT PROVIDED BY ORGANIZATIONS

In the analysis, the nature of support for OVC was categorized under five themes: developmental support, partnership, support for protection, psychosocial support and support for survival needs. Table 4.2 depicts themes and categories.

Table 4.2 Schematic presentation of themes and categories for support

THEMES	CATEGORIES
Developmental support	<ul style="list-style-type: none"> • Education support • Support for socialization • Support for vocational training
Partnership	<ul style="list-style-type: none"> • Collaboration • Coordination • Networking
Support for protection	<ul style="list-style-type: none"> • Health care support • Legal support
Psychosocial support	<ul style="list-style-type: none"> • Emotional support • Psychological support • Spiritual support
Support for survival needs	<ul style="list-style-type: none"> • Provision of blankets • Provision of clothing • Provision for food • Support for provision of shelter • Support for provision of water and sanitation

4.4.1 Theme 1: Developmental support

From the interviews the developmental support provided to OVC included support for education (formal and informal), support for socialization and vocational training. The organizations were of the view that education empowers the children economically to lead an independent life in their adulthood.

4.4.1.1 Category 1: Educational support

The educational support includes financial assistance for pre-school, formal and informal education. Table 4.3 depicts educational support provided by organizations.

Table 4.3 Educational support provided by organizations

CATEGORY	SUBCATEGORY	MEANING UNITS
Education support	<ul style="list-style-type: none"> • Support for pre-school education • Support for formal education • Support for informal education • Support for HIV affected children 	<p>“Our organization runs a pre-school to assist orphaned and vulnerable children’s entry into primary school as it is a prerequisite into formal schooling”. (Doc 2).</p> <p>“The organization we work with pays for pre-school education because some children cannot get to pre-school. Government pays for primary school”. (Doc 3).</p> <p>“Our concern is on paying school fees and buying uniform”. (Doc 4).</p> <p>“This organization pays school fees for children from primary to high school and also buys basic uniform”. (Doc 1).</p> <p>“In some instances the government pays school fees but there are other expenses that are related to schooling that are not met by government”. (Doc 7).</p> <p>“The children are taught how to read and write religious education and basic calculations in soup kitchens or Neighbourhood Care Points”. (Doc 5).</p> <p>“This organization educational supports to children with parents who are terminally ill or those who died due to AIDS as identified during home-based care”. (Doc 4).</p>

CATEGORY	SUBCATEGORY	MEANING UNITS
	<ul style="list-style-type: none"> • Policy on allocation of resources for education 	<p>“The government needs to develop a policy on allocation of financial resources to orphaned and vulnerable children”. (Doc 4).</p>
	<ul style="list-style-type: none"> • Policy regulating school fees 	<p>“The government needs to develop a policy that will control school fees. Schools differ so much, some charge up to E6000 per year whereas the organization pays E2000 per child”. (Doc 4).</p>

Support for pre-school education

In the interviews managers of organizations indicated that very few organizations provided grants for pre-school education because donors stipulate the terms to mostly support primary to high school education. In places where pre-schools were available grandparents would like to send the children to these because pre-school attendance was a prerequisite for primary school entry in many schools.

Pre-school and after school care-taking activities such as those of nursery schools have been highly recommended by Zachariah et al (2006:172), because children’s caregivers and parents are able to leave their children in safe hands while at work. According to Mbugua (2004:306), pre-school education provides young children with school readiness skills, stimulation, basic education and socialization.

Support for formal education

The findings revealed that most of the organizations offered educational support even though this was different and somehow inadequate. The support that was elaborated upon was in the form of grants that were used primarily to support basic education costs such as school fees, uniforms and textbooks. Organizations did not provide for all of these. Some organizations provided half or even less of the school fees and expected the grandparents or guardians to pay the rest, while other organizations did not make provision for transport for those children who used buses to get to school. They also did not provide for other educational expenses such as school trips, lunch and extra uniforms or any money for other extra curricular activities. The extra money was expected to be provided by the caregivers. The participants also stated that the

government's standing fee for primary and high school was E400.00 (R400.00) and E1 500 (R1 500) per year per child respectively. Most organizations could pay up to E2 000 (R2 000) per year per child. These amounts were reportedly not sufficient to meet the scholarly needs of children.

The findings are consistent with a number of observations made in the literature such as the USAID (2005:88) which confirmed reports that grants for OVC provided by non governmental organizations were used primarily to supplement costs such as school fees, uniforms, and textbooks and occasionally, transport. Lack of financial support has, according to Dlamini (2007:10) resulted in children being sent home by teachers thus denying such children one of the basic rights, that of education.

Most organizations explained that the task of providing financial support to needy children was overwhelming and could not afford to provide full sponsorship for any one child in their programme.

Support for informal education

Some organizations used school leavers as volunteers to provide for informal education of OVC in the community. In Swaziland the informal education is provided in Social Centres like the NCPs or at the Drop-in Centres. In such places, children were taught the basics on how to read and write and calculate in readiness for formal schooling or if attending school already, assisted with the school syllabus. The children were divided according to grades such as grade 1 to 6. From this informal education setting some children got full sponsorship to go to formal schools where some of the learning from NCPs was accredited and the children were evaluated and placed in appropriate grades. However, the good support the children were receiving from these settings was met with stigmatisation reactions from other children and community schools, where the centres were referred to as 'bush schools', and the children as 'the children of the bush' 'boMahlatsini'. In worst case scenarios where the government had failed to pay for the children's school fees, schools had been quoted to have asked organisations to remove these 'bush children' from their schools.

A negative response by the participants was that children enrolled in NCPs, soup kitchens or Drop-in centres showed a need for a sense of belonging, acceptance and appreciation.

Policy regulating school fees

The findings of this study revealed that the school fee payment was not regulated in Swaziland. Amounts differed from school to school even for the same grades, with others charging exorbitant amounts. The participants stated that the charges ranged from E2000.00 (R2000.00) to E6000.00 (R6000.00). The high school fees were a barrier to access to education as organizations sponsored few children in such instances. It was also reported that the government's dilemma was that it could not have the final adjudication on how much fees to charge as most of the schools belonged to the community. Parents who did not have problems financially agreed to the increase in the fees.

Support for HIV/AIDS affected children

According to participants some organizations exclusively provided support to AIDS orphans or children whose parents were terminally ill. This was done through community care programmes that provided follow-up on parents from the voluntary counselling and testing centres (VCT) to their homes (home-community based care). The organizations provided food, clothes and shelter including educational support to the orphaned children. They also provided psychological and emotional support to the orphans during the time when the parent(s) was/were terminally ill, till after death. These organizations prepared the family both emotionally and functionally during parental illness and bereavement for life thereafter.

According to Bennell (2005:485), a well resourced home-community based care and other material support for the terminally ill would not only provide relief to those affected, but would help to mitigate any adverse impact on schooling. This approach or criteria for eligibility has been criticized by Subbarao, Mattimore, and Plangemann (2001:95) who argue that determining eligibility for assistance based on the specific cause of parental death is totally inappropriate as it stigmatizes the children whose

parents died of AIDS and it is not easy to provide assistance while avoiding stigma in such instances.

Conclusions on support for education

- In the light of the findings here above, Bhargava and Bigombe (2003:1387) have called for economic support to be sufficient to cover costs for tuition, school uniform, school supplies and transport. In this study, it was stated that organizations provided part payment for mainly school fees leaving grandparents with the responsibility to still pay for the rest of the fees and other related costs. Exemptions from school fees were in most instances based on HIV infection and AIDS status of the parents which only increased the stigmatization of the children.
- The lack of a policy to regulate school fees has resulted in schools charging different rates and in some instances these were so high that even the organizations could not afford payment and children had to drop out of school.

4.4.1.2 Category 2: Support for socialization

Some organizations reported that they encouraged volunteers to also provide acceptable social information to effect proper socialization of these children. The faith-based organizations in the NCPs through church and women groups' volunteers were, to, during home visits, assist grandparents in instilling good moral values such as respect and good interpersonal relationship. They were also to monitor cleanliness and supervise school work.

Conclusion related to support for socialization

- Volunteers from the community and faith based organizations played a pivotal role in the socialization of OVC being cared for by their grandparents.

4.4.1.3 Category 3: Support for vocational training

Vocational training pertains to empowerment of older children who can no longer

continue with formal education, to help them acquire life skills. Table 4.4 depicts support for vocational training.

Table 4.4 Support for vocational training

CATEGORY	SUBCATEGORY	MEANING UNITS
Vocational training support	Support for life skills	<p>“We try to organize places in vocational training and pay for them. This is done for those children who do not perform well at school and some are deemed old for the grade and school will not have them”. (Doc 1).</p> <p>“We do this but some grandparents are not for the idea”. (Doc 3)</p>

Support for life skills

For this sub-category some organizations provided funds for vocational training to adolescents or older children who were not able to continue with formal schooling. The children were taught sewing, knitting and carpentry. Participants reported that some organizations provided working tools to graduates after completion of the training to start small businesses. However, the idea of vocational training did not augur well with grandparents who wanted their grandchildren to attend formal school and achieve academic qualifications.

According to a study that was conducted in Addis Ababa, vocational training programmes such as sewing, cooking and knitting helped young women to quit commercial sex (Bhargava & Bigombe 2003:1387). The authors’ further state that vocational training enabled bereaved adolescents to gain skills in generating income and this promoted self-reliance.

4.4.2 Theme 2: Partnership among organizations that support orphaned and vulnerable children

The needs of OVC are numerous and as such need a multi-sectoral and multifaceted approach to deal with them. The response of one organization cannot adequately meet the needs of OVC and therefore no single organization can have the resources and

capacity to provide an effective response. Organizations need to form partnerships and collaborate in their efforts to address the needs of OVC. To this effect Shisana and Louw (2006:450) have reported that organizations often worked in isolation to their detriment not realizing the benefits of coordinated intervention efforts.

4.4.2.1 Category 1: Collaboration

In this study, some organizations reported to be working in partnerships even though this was not very strong because there were no memoranda of understanding among the organizations. The collaboration that existed among and between organizations was not documented. According to the participants this had led to the poor utilization of scarce resources, duplication of activities and even competition between and among organizations. The participants lamented this because they knew the benefits of partnerships and as stated collaboration facilitates communication and solution of issues that affect good practice. Collaboration enables sharing of knowledge, skills and experiences among the people and leads to efficient and effective development of expertise.

This type of response is supported by Family Health International (2001:3); Berger (2006:4), Huni (2005:4) and Horizons (2004:7) who comment on how organizations do not form partnerships and do not collaborate in programmes that address children's needs and as such coverage of OVC is not realized.

Conclusions related to collaboration

- Lack of collaboration among organizations had led to poor coverage in service delivery to OVC.

4.4.2.2 Category 2: Coordination and networking among organizations

Another important issue is that of coordination, where it was reported that there was no coordination among organizations at local level. Seemingly there used to be a government coordinator who used to arrange quarterly meetings for all organizations (community based, faith based, non-governmental organizations and government) to

share or exchange information on activities they were engaged in, progress and challenges faced by organizations. But since the coordinator left two years ago no meetings had taken place and the networking and collaboration that used to happen had been lost. The participants believed that coordination and networking would ensure cooperation among organizations and strengthen the care and support for OVC.

This view is similarly held by the International HIV/AIDS Alliance (2003:7) and International HIV/AIDS Alliance/HelpAge International (2003:19) who recognize the strengths and roles of different actors as well as Mayhew, Tibenderana and Haines (2005:1122) who are of the feeling that multifaceted response and coordinated efforts are of importance in addressing the issues of the escalating number of OVC. Furthermore, Huang and Hussein (2004:106) posit that work of the organizations should be coordinated to prevent overlap and duplication. According to these authors coordination will encourage organizations to undertake activities they have expertise in, ensure good coverage, provide quality support and ensure capacity building through training and skill development. The authors further stated that coordination also ensures that limited resources are used efficiently.

In this study, the participants felt that government should take the responsibility of coordinating efforts of various non-governmental organizations by establishing coordination mechanism among partners. This is supported by Loudon (2003:14) who reiterates that government has a responsibility to lead in the provision of support to OVC and should therefore also lead in coordinating other organizations providing the same support.

Conclusions related to coordination

- Organizations that support OVC operate in isolation and are therefore not able to exercise their expertise or strength because they have to stretch themselves over vast areas of operation. A need for coordination is necessary to ensure quality services and wide coverage.
- Government is expected to take a leadership role in coordinating activities that are aimed at relieving the suffering of OVC, because this is, in essence its responsibility.

4.4.3 Theme 3: Support for protection

Support for protection includes provision of health care services and legal support to OVC in the informal settlements of Mbabane, Swaziland.

4.4.3.1 Category 1: Health care support

The health care support includes prevention of childhood killer diseases such as diseases that can be prevented by immunization and diarrhoea, malnutrition and respiratory infections, monitoring of growth and development, encouraging counselling and testing, treatment of disease and support for those on ARVs. Table 4.5 depicts health support.

Table 4.5 Health care support

CATEGORY	SUBCATEGORY	MEANING UNITS
Health care support	<ul style="list-style-type: none"> <li data-bbox="603 1016 1005 1081">• Support for prevention of childhood diseases <li data-bbox="603 1205 1005 1270">• Counselling and testing for HIV <li data-bbox="603 1393 1005 1426">• Treatment of diseases <li data-bbox="603 1621 1005 1655">• Support for children on ARVs 	<p data-bbox="1031 1016 1455 1171">“Our nurse assesses the children and those who are not immunized are given the necessary immunizations and their growth is monitored”. (Doc 6).</p> <p data-bbox="1031 1205 1455 1359">“We encourage counselling and testing to know the HIV status and we refer them to the clinic for HIV positive children for care and support”. (Doc 6).</p> <p data-bbox="1031 1393 1455 1480">“One of our sponsors gives us E500.00 to send sick children to hospitals”. (Doc 3).</p> <p data-bbox="1031 1514 1455 1601">“The sick children are sent to our clinic for treatment and refer complicated cases”. (Doc 1)</p> <p data-bbox="1031 1635 1455 1834">“For those children who are taking ARVs, we identify somebody in the community who will support the child to take the drugs as prescribed. The health workers give the adherence counselling to both of them”. (Doc 6).</p>

Support for prevention of diseases

At the time of the investigation some organizations were providing preventive care to OVC through immunization, monitoring of growth and development and counselling and testing for HIV as articulated by Stover, Walker, Garnett, Solomon, Stanecki, Ghys, Grassly, Anderson & Schwarttander (2002:73). Family Health International (2001:4) has emphasized that OVC and their caregivers need to have access to appropriate health care including among others preventive health care services to reach maximum well-being.

Treatment of diseases

Some of the seven organizations interviewed reported that they got financial support from donors to pay for medical expenses for the OVC registered under their care. Other organizations provided medical care within their facilities where health professionals, both doctors and nurse, worked on voluntary basis to conduct medical assessments. Children who were found to be ill were given treatment while those who needed specialized care were referred accordingly. In such cases the organizations paid for the treatment and other medical costs incurred.

Grandparents and caregivers of HIV positive children on ARVs were counselled comprehensively for treatment adherence in the organization or in the organizations' health facility. These children were also included in the free medical treatment and home-community based care programmes for organizations to provide care and support through home-based caregivers.

Problems associated with treatment

The organizations reported some problems that were associated with treatment. These included:

- cases where organizations paid for the treatment but grandparents did not supervise the treatment

- grandparents did not keep appointments if they felt that the child was responding well to treatment and when money for transport was not available
- some organizations did not provide health support to the children but relied on grandparents to address these. In most instances the grandparents did not have the money to send the children to health facilities for treatment
- in government hospitals children were made to pay in cash and where the grandparents or organizations did not have the money available the children would be sent away

The problems highlighted here above relate to access to health facilities. According to UNICEF et al (2006:31), government should ensure that OVC have access to health services for them to grow up safely and healthy.

Stover, Walker, Grassly and Marston (2006:48), Chintu, Bhat and Walker (2004:1865) as well as Fassinou, Elenga and Rouet (2004:1905), estimated the survival rates of children on ARVs and Cotrimoxazole prophylaxis as 91% and 85% respectively.

Conclusions related to health support

According to the interviewed organizations, government/ public preventive services were not accessible to all OVC especially where non-governmental organizations were not able to provide these, yet literature has shown that survival rates of these children especially those infected by HIV depended on availability of ARVs and Cotrimoxazole to treat opportunistic infections.

4.4.3.2 Category 2: Legal support

Legal support in this context included identifying children who were abused, giving relevant assistance where possible and referring them to law enforcing agencies or organizations that focus on the rights of children. It also included counselling of the survivors, placing them in a safe place and assisting children to get necessary documents to access welfare services. Issues on legal support are depicted in table 4.6.

Table 4.6 Legal support

CATEGORY	SUBCATEGORY	MEANING UNITS
Legal support	<ul style="list-style-type: none"> <li data-bbox="411 297 778 365">• Support for abused children <li data-bbox="411 544 778 611">• Provide counselling of the survivors. <li data-bbox="411 701 778 723">• Referral of the survivors <li data-bbox="411 880 778 947">• Provision of Half-way house <li data-bbox="411 1014 778 1081">• Support in obtaining legal documents 	<p data-bbox="794 297 1453 365">“We have ways of identifying children who are abused but it takes time”. (Doc 2).</p> <p data-bbox="794 387 1453 477">“Some children are beaten up by relatives and locked inside the house when they are supposed to go to the Neighbourhood Care Point”. (Doc 5).</p> <p data-bbox="794 544 1453 633">“The organizations provide counselling to the survivors. In some organizations, they do not have trained counsellors or social workers”. (Doc 3).</p> <p data-bbox="794 701 1453 813">“We refer the children who are abused to one of the organizations that is a ‘watch dog’ for children’s rights and also to the child protection unit in one of the law enforcing agencies”. (Doc 6).</p> <p data-bbox="794 880 1453 969">“It is a painful thing that we do not have a Half-way House to keep the children who are abused while preparing to move them to a safe place”. (Doc 3).</p> <p data-bbox="794 1014 1453 1081">“Children lose sponsorship because they do not have relevant documents”. (Doc 3).</p>

Support for abused children

The findings have revealed that all the organizations are expected to protect the children from exploitation, physical, emotional and sexual abuse through collaboration with law-enforcing agencies and organizations that are responsible for protecting the rights of the child. This ensures the safety of the children. Due to shortage of properly qualified human resources not all organizations provided such support.

Participants also reported that children were mostly abused sexually by relatives (aunts, uncles, grandfathers) family friends and teachers, while other forms of abuse were open to all including the children themselves where they abuse each other. The participants revealed that children had been beaten and locked-up, mostly by their step-parents, to prevent them from going to the NCPs where they got help. Sometimes the volunteers at the NCPs would keep food for other children who had not attended that particular day; but the other children or other family members would either eat or throw

it away. As a result, food was no longer kept for absent children as the volunteers feared that a child might be poisoned and they would be blamed.

The OVC who were sexually and physically abused were referred to the law enforcement agencies by organizations for proper handling. This was done to ensure that the law takes its course and culprits were in time brought to book.

Tsabedze (2007:13) reports about a 14-year-old girl who was repeatedly raped by family friends, relatives and strangers bears testimony to the above. The grandmother of the orphaned girl advised the child not to report the matter to the police to try and avoid ruining close relationships with the family, friends and relatives. The subsequent rapes were organized by her sister in-law with whom she had sought refuge after moving away from her grandmother's place. Schools have also been reported by Human Rights Watch (2001:1) as dangerous places where girls are raped by teachers.

Provision of counselling of the survivors of abuse

Organizations reported to be providing counselling to the survivors of abuse. The counselling was provided by people who were either trained or not trained. Not all of these would have much knowledge and skills in providing such services. Faith based organizations reported using their religious base as a means to provide the counselling. But the findings revealed that this type of support was limited in coverage due to lack of personnel.

The participants stated that their organizations needed technical and financial resources for the training of service providers. This could assist in early identification and reporting of abused children to the law enforcing agencies. The participants revealed that cases of abuse were mostly identified during recreational activities, when children performed drama on abuse which at times compelled some children to present themselves to the staff or volunteers and relate what happened to them. In all instances this was usually after the effect.

Provision of Half-way house and One-stop Centre for abused children

All organizations reported that there was no Half-way house or One-stop centre to do comprehensive assessment or place children who were abused especially by relatives whilst awaiting resettlement at a safer place. Lack of such facilities was a barrier to an effective response to the problem of all forms of abuse to children.

Lack of these facilities also negates Bennell's (2005:485) and Roby and Shaw's (2006:201) recommendations to have OVC who are abused removed immediately from the situation and accommodated in a safe place until a permanent solution is found. Organizations unanimously advocated for a temporary measure in the interest of the child.

Support to obtain legal documents

Another problem that faced organizations was the absence of legal documents where some children were not in a position to access available sponsorship because they did not have legal identity documents, such as birth certificate/or child immunization card. Most often the grandparents did not have information about the children. Sometimes siblings had different fathers and, as such, these would be bearing different surnames. In such cases the support given included tracing of fathers or tracking the birth history to find the birth certificate or getting the affidavits to legalize whatever identity was decided upon.

According to UNICEF, UNAIDS and PEPFAR (2006:30), the search for correct identification should also involve the government, as legal documents are also necessary for enrolment at school.

Conclusions for legal support

- Organizations can only support those children that are abused through counselling and referrals to appropriate offices. Lack of Half way houses and One-Stop centres compromised the care to be given to these children.

- Lack of identification document compromise the support that organizations are able to give as the support cannot be processed in the absence of legal identification documents.

4.4.4 Theme 4: Psychosocial support

The psychosocial support that organizations provide for OVC includes emotional, psychological and spiritual support.

According to Huni (2005:3), psychosocial care and support are interventions and methods that enhance children, families and communities' ability to cope in their own context and to achieve personal and social well-being; hence enabling children to experience love, protection and support that allows them to have a sense of self-worth and belonging. These interventions and methods are essential for children to learn, develop life skills, participate fully in life and have faith in the future.

4.4.4.1 Category 1: Emotional support

The emotional support includes making the children feel loved, protected and have a sense of belonging. This support also encourages parent or parent's disclosure of HIV status. The emotional support is depicted in table 4.7.

Table 4.7 Emotional support provided by the organizations

CATEGORY	SUBCATEGORY	MEANING UNITS
Emotional support	<ul style="list-style-type: none"> • Enabling children to experience love • Ensure that children have a sense of belonging 	<p>"The children need love and that is why we hug them, touch them and play with them. When time comes for them to go home in the afternoon, they do not like it and some of them even cry". (Doc 5).</p> <p>"This centre makes the children feel at home and they have friends around and people who provide motherly love". (Doc 3).</p> <p>"In the informal settlements there is problem of children who do not know their surnames and the grandparents are not sure as mothers come back to them when they are terminally ill and are not able to discuss the background of the children". (Doc 1).</p>

CATEGORY	SUBCATEGORY	MEANING UNITS
	<ul style="list-style-type: none"> <li data-bbox="459 297 794 421">• Disclosure of HIV status by parent(s) to children and family members before death 	<p data-bbox="818 185 1458 253">The organization traces the whereabouts of the father for the children to know where they belong”. (Doc 1).</p> <p data-bbox="818 309 1458 483">“The parents should disclose their HIV status to prevent suspicion of witchcraft as a cause of death. This will leave the children with a clear conscious as culprits are normally close relatives. The children also will grieve better if they know their parents illness and cause of death”. (Doc 5).</p>

Emotional support enables children to experience love

The findings revealed that some organizations provided care and support to OVC through the NCPs. These places provided a homely environment for the children. The organizations provided emotional support by making the children feel loved, protected and have a sense of hope for life.

Huni (2005:3) asserts that emotional support enables children to experience love, a sense of self-worth and belonging. Ngubane (1977) in Richter and Muller (2005:1004) further pointed out that emotional stress experienced by the orphaned children after the death of their parents may cause permanent damage to their mental well-being. Ngubane further states that the African view of emotional issues has to be acknowledged and incorporated into grief counselling by using storytelling.

Emotional support ensures that children have a sense of belonging

At the time of investigations organizations assisted in the tracing of biological fathers of orphaned children especially where the mother died without introducing the father of her children to the family. This situation was reportedly so bad in Swaziland that there were cases where children from a mother and a father, supported by one organization, attending same school did not know they were related to each other. In this study the children reportedly often demanded to know their background which the grandparents in many instances did not know. These were the children who found themselves belonging ‘nowhere’. The organizations registered them in the Social Centres to try and give them a sense of belonging.

Disclosure of HIV status by parents to children and family members

The participants reported that parents died without revealing their HIV positive status to their family. The relatives then blamed others for having 'killed' them through witchcraft. The 'culprits' are usually neighbours, close friends and relatives, people who should be giving support to the orphaned children. The participants felt it was necessary for the parents to tell their children about the diagnosis including HIV and AIDS and to disclose their HIV positive status to their children and close relatives so that no one would be blamed for their death. This would enable close relatives and family friends to provide the necessary support to the children in these circumstances. Children would be able to cope with the loss because they would have been prepared for it psychologically. They would grieve better if they knew the cause of their parent's death.

The findings were endorsed by Foster et al's (2005:105) view that failure of parents to disclose their HIV status has negative consequences for children. If the children are not told of the parents' diagnosis, they may imagine the worst. Young children may feel that it was their fault that their parents died or may actually know about the HIV diagnosis because they figured it out or overheard it or were told by other family member. In such cases they have no one to talk to about their feelings. Failure to disclose ones HIV and AIDS status also makes successful planning for the children's future much more difficult.

In cases where organizations were aware of the diagnosis especially that of HIV and AIDS, orphaned children were assisted during the grieving process to come to terms with impending or actual parental loss. Home based carers and community care programme staff visited the family to provide the necessary support during parental illness and after death. To this effect Goodman (2006:1) asserts that adults should realize that children grieve if they are exposed to loss of life and they need to be helped with the grieving process. Similarly children accept loss of anything including that of toys, and parents, if they are meaningfully counselled. They are capable of dealing with depression, frustration and stress much more than they are prepared to show (Altman 2006:10).

In this study, managers of organizations also found that grandparents needed support when it came to handling of adolescents. Grandparents needed to be reminded about behaviour change during puberty in order to deal with that in a positive way. They also had to be reminded of the reactions of adolescents experiencing emotional trauma and absence of parental love and guidance. According to Huni (2005:3), counselling creates a platform that makes it possible for an individual child to disclose feelings and face the realities of life.

Conclusions related to emotional support

- According to the study, organizations felt that children enrolled in Social Centres and treated warmly and loved by the volunteers or carers in such centres achieved a sense of belonging. At the same time these children should always be in touch with their paternal relatives as this provides them with personal identity. To this effect organizations assisted in tracing the children's origins to try and present them with proper identity.
- Children with abnormal behaviour had to be viewed in line with the emotional trauma they had endured, that of their parents sometimes dying without disclosing their positive HIV status and then having to cope with the stigma thereafter.
- Organizations have recommended that grandparents should be empowered with counselling skills and skills to manage adolescents so that they can handle difficult situations by themselves.

4.4.4.2 Category 2: Psychological support

The type of psychological care and support that organizations provide include counselling and recreation activities such as kids and youth clubs that would promote healthy relationships of reconciliation between children and living parents. Table 4.8 depicts the psychological support.

Table 4.8 Psychological support

CATEGORY	SUBCATEGORY	MEANING UNITS
Psychological support	<ul style="list-style-type: none"> • Provision of recreation activities • Formation of kids clubs • Promotion of youth clubs • Counselling • Promote healthy relationships • Support of caregivers 	<p>“The children are usually taken for outings in camps where they share their life experiences and they also play games and learn about growth and development, HIV/AIDS and bible lessons”. (Doc 6).</p> <p>“Some Neighbourhood Care Points have items like sea-sew for recreation activities where children play and the volunteers are fully involved in the different games”.(Doc 3)</p> <p>“The organizations teach them how to form kids clubs where children support each other psychologically and emotionally”. (Doc 4).</p> <p>“This is where children form drama groups. It is in the drama sessions that children with problems show up and get assistance on issues such as abuse and sexually transmitted diseases”. (Doc 2).</p> <p>“Through the community care programme which provides home based care to chronically ill patients, children are prepared psychologically and emotionally for the life without parents. The children are provided with bereavement counselling after the death of parent(s)”. (Doc 4).</p> <p>“We provide counselling to children who have problems but we are not trained in counselling and we feel our organization needs a social worker”. (Doc 3).</p> <p>“The organizations reconcile parents and children after the death of one parent as some may meet their parents when they are old”. (Doc 1).</p> <p>“The caregivers of orphaned and vulnerable children are supported by some organizations through training in psychological care”.(Doc 2)</p>

Provision of recreation activities

There are some school vacation activities that are organized by organizations that bring those children that are in different stages of bereavement together to share and freely disclose their feelings. The organizations usually engage psychologists who are trained in counselling to listen to the children's life stories as they share with other children who

have had similar experiences. Faith based organizations also provide religious education and spiritual support. Games played are in full surveillance of volunteers who will report on any abnormal play so that the psychologist or social workers can analyse this accordingly.

Formation of kids clubs

Other measures that organizations employ to provide psychosocial support were reported as the formation of Kids and Youth clubs. These are children's own small support structures that organizations assist children to form, so that they can emotionally support one another away from the organization and sometimes adults. However, the organizations also reported that although these were good initiatives they (organizations) were often not able to monitor the progress and some activities such as drama were expensive and thus difficult to sustain.

Huni (2005:3) posits that Kids clubs are one of the strategies organizations can use to influence the social environment in the direction of reintegration of the affected children into normality and convey controversial messages of HIV and AIDS to communities through drama, music and dances (Williamson et al 2001:7).

Psychological support through counselling

The community based organizations have explicitly stated that they do not have the skills to provide counselling support and that they needed to train coordinators and volunteers or train social workers and psychologists in their organizations as some of the problems required experts' knowledge to solve. They mentioned that their volunteers came across difficult situations during home visits and in some instances reacted in a manner that showed lack of skill in counselling.

According to Thomas (2002:10), it is important to acknowledge that working with OVC can be stressful and emotionally taxing because the children are psychologically and physically in pain. It is vital that direct caregivers are fully supported by both the community they serve and the organizations by conducting training for them.

Faith-based organizations reported a better picture on counselling whereby this was based on religion and prayer and preparation of the family both emotionally and functionally during illness and shortly after the death of a parent or parents.

It was also found that the organizations that provided psychological support to OVC are sometimes required, by the grandparents, to administer discipline to those grandchildren who defy their authority or instructions. According to one manager the defiance from the children was so bad that in some instances the volunteer counsellors had to resort to corporal punishment. However, in this one instance this was reported to the 'human rights' "watchdog" and the organization concerned had to address the issue as a matter of urgency.

Conclusions related to psychological support

- Psychological support in many instances has to be provided to maintain and promote healthy relationships between the grandparents and grandchildren as well as between the grandparents and organizations that provide support for the children the grandparents are caring for.
- According to this study, the organizations needed to engage grandparents in a lot of activities including retraining of the grandparents in the handling of adolescents as well as training of coordinators and volunteers in counselling so that they would be able to handle the difficult situations they often found themselves in.

4.4.4.3 Category 3: Spiritual support

Spiritual support includes religious education, encouraging children to form bible clubs, attaching them to local churches for continuous care and support and also conducting home visits. The spiritual support is depicted in table 4.9.

Table 4.9 Spiritual support

CATEGORY	SUBCATEGORY	MEANING UNITS
Spiritual support	<ul style="list-style-type: none"> <li data-bbox="411 297 694 365">• Provision of religious education <li data-bbox="411 421 694 488">• Formation of bible clubs <li data-bbox="411 723 598 757">• Home visits 	<p data-bbox="726 297 1453 365">“Every morning we sing and pray with them and encourage them to memorize scripture verses”. (Doc 3).</p> <p data-bbox="726 421 1453 510">“We encourage the children to form bible clubs where they are expected to meet three times a week and learn about the love of Jesus”. (Doc 6).</p> <p data-bbox="726 544 1453 667">“From the camps we attach children to local churches and we encourage those church members to take them to church on Sunday and visit them at the neighbourhood care points”. (Doc 6).</p> <p data-bbox="726 723 1453 813">“The church members visit the children at home and assist them where possible with basic needs. They also provide counselling services”. (Doc 6).</p> <p data-bbox="726 846 1453 902">The church members provide monitoring and supervision to orphaned and vulnerable children. (Doc 6).</p>

Provision of religious education

Swaziland is a Christian country that was introduced to religion by missionaries. Spirituality is integral to the belief system in the country. It was then found that some organizations especially faith-based organizations provided spiritual support to OVC in the form of prayers and religious teachings. These teachings focused on doing good and morality. Camps and religious pilgrimages were arranged, bible classes and Sunday school activities were organized from the organizations. From Sunday school activities, bible classes and clubs, children were taught how to support each other spiritually by praying together and keeping together. One manager from one of the participating organizations actually confirmed that spiritual support provided a form of counselling during difficult times.

Spiritual support is volunteer driven and is more likely to succeed because it increases moral support among the OVC. These organizations gave hope to the children that their future was in God's hands. The participants believed and stated that the children would be able to make good decisions if their lives were based on faith in Jesus Christ.

Child's support by church members to ensure continuity of care

The faith-based organizations encouraged volunteerism from church members to follow up the children at home and identify their needs and problems and help them where possible. This ensured that the children were always monitored and supervised by an adult person as they lacked parental protection and supervision which was important for their proper socialization. The church members were also able to provide counselling and advice on various issues. This also ensured community involvement.

According to UNICEF (2003b:14), church members easily organized themselves into groups and they readily provided spiritual and social support to terminally-ill patients living with HIV and AIDS, as well as to the children in need of care. Further, it is worth noting that while many organizational initiatives began by targeting children in their own faith, most of them quickly transformed to provide support to any family prioritized for assistance by the wider community.

Conclusions related to spiritual support

- Spiritual support was mainly provided by faith-based organizations, whose main focus was group prayers, care and support especially for those in need. Through prayers Christians usually put the fate of those affected in the hands of God.
- Spiritual support, by virtue of its organization brings about groups of committed people together to collaborately address psychological distress.
- In this study, faith based organizations provided a platform for the formation of kids and youth clubs where children provided spiritual support to one another.

4.4.5 Theme 5: Support for survival needs

The organizations' support for survival needs included provision of blankets, clothes, food, shelter and water and sanitation.

4.4.5.1 Category 1: Provision of blankets

Organizations reported to be providing blankets to needy families including those of

grandparents who were caring for OVC to protect them from adverse weather conditions. Table 4.10 depicts support provided in the form of blankets.

Table 4.10 Support for provision of enough blankets

CATEGORY	SUBCATEGORY	MEANING UNITS
Provision for blankets	<ul style="list-style-type: none"> • Protection against adverse weather conditions. 	<p>The organization buys about 4-6 blankets to needy families and they provide one to two per child especially in winter". (Doc 1).</p> <p>"The organization provides blankets to families during emergency as they normally react to situations". (Doc 2).</p> <p>"There was an incident where two of our vulnerable children aged 11 and 13 years were sexually abused by their grandfather whom they were sharing a blanket with. They were living in a one rented room and sleeping on the floor". (Doc 3).</p>

Five organizations reported that they provided blankets. According to the organizations concerned the ideal situation was at least two blankets once a year per family member. But, as it is, attainment of this ideal was inconsistent. Some years this was possible to attain while in others it was not. When the blankets were not enough for each family member, families that shared sleeping blankets would be the priority because there had been reports of sexual abuse among family members sharing blankets especially between people of different gender as indicated in the meaning units.

Simbayi, Jooste, Mwaba, Managa, Zuma and Mbelle (2006:5) have in their report alluded to high risks of sexual abuse among South African children who live in environments characterized by poor housing and lack of means in general.

4.4.5.2 Category 2: Provision of clothing

The organizations provided clothes and these include school uniforms and clothes for social activities. Table 4.11 depicts the type of support in relation to clothing.

Table 4.11 Support for provision of enough clothing

CATEGORY	SUBCATEGORY	MEANING UNITS
Clothing support	<ul style="list-style-type: none"> <li data-bbox="507 304 885 331">• Support for school uniform. <li data-bbox="507 600 885 654">• Provision of clothes for social events. 	<p data-bbox="909 304 1458 450">“In 2007, we are introducing a programme whereby we will buy school uniforms for orphaned and vulnerable children because government does not provide for this”. (Doc 2).</p> <p data-bbox="909 483 1458 573">“Our concerns are paying school fees and providing school uniforms, we do not provide for extras such as tracksuits”. (Doc 1).</p> <p data-bbox="909 607 1458 689">“One of our sponsors’ buys clothes for the children in this centre and other people donate clothes individually”. (Doc 3).</p> <p data-bbox="909 701 1458 766">“The organization buys clothes seasonally for needy children in their catchment area”. (Doc 1).</p>

Support for school uniform

According to the findings some organizations provided uniforms for the OVC with extra supplies expected to be provided for by the grandparents. School uniform was found to be instrumental in keeping children at school because school children without school uniform had dropped out of school regardless of adequate provision for school fees and other supplies.

Provision of clothes for social events

Similarly, organizations provided social clothes which were in many instances donated to the organizations. The supply of these depended on donors, so, there was no consistency thereof, and clothes were not targeted for the fit of members of the family. Some organizations got donor funding to buy clothes for every child they support.

Conclusions related to clothing

Clothes have an aesthetic value. They also complement feelings of self-esteem. Children tended to feel good pending on the clothes they wore, that is, the style, the make and the fit. In this study, some of the selected organizations were able to provide clothes including uniform. The organizations did not provide other school supplies like

Provision of food rations

Some organizations provided food rations to as many families as was possible. The food parcels were not enough for the number of needy families and the quantity of food in each parcel was inadequate even for a small family to last for a month. The rations normally consisted of mealie meal, vegetable oil and beans when available. The participants also mentioned that the regularity of the provision of food for some organizations depended on supplies by donors and funding available. Some organizations provided food rations that had Soya meal for those people who were HIV positive and on ART as these are not to be taken on an empty stomach. Alpaslan and Mabutho (2005:292) suggested that there must be consistency in the delivery of food rations by organizations to meet the nutritional needs of OVC.

Apart from inadequate quantities, another problem that was noted by organizations was that of some families receiving food donations directly from donors as well as from the serving organizations. A suggestion that was being made by participants was that donor agencies should channel all the donations through organizations as these normally have lists of the neediest families. In that way, the relevant people would benefit and coverage could be maximized.

Provision of meals

Organizations also supported soup kitchens run by volunteers in the community. In these soup kitchens, the community-based organizations provided one or two meals per day during the week. Surplus food was given to the children to take home. There were no soup kitchens operating on weekends because volunteers were doing their home chores. The challenge reported in this regard was related to children not coming to the soup kitchens for fear of stigmatization by other children. This is supported by Poulsen (2006:52) who reported that children are sometimes stigmatized as a result of programmes that are intended to help them.

Government's contribution to provision of food

School feeding programmes were reported to be in operation in some school. This programme benefits all school children. The main supporters of the programme were stated as the World Food Programme (WFP) and NERCHA. There were challenges that were reported regarding the feeding scheme programme. The first was the preparation of meals at school. The problem was so big such that some schools were not able to provide the programme even though the offer of providing the food at school was extended to them. The second was that of parents who believed that food prepared at school may expose their children to witchcraft. The third was delivery of food supplies that did not last the whole term and thus leaving children to starve.

At the same time participants mentioned that the school drop out increased in schools where there was no school feeding programme as they attested to the fact that learning cannot take place if the child is hungry.

Conclusions related to provision of food

- Food is one of those basic physiological needs that have to be met for survival. In the case of OVC, organizations supplied needy families with food rations. The food rations were not enough for all families and the quantity was not adequate as family composition was not taken into consideration and the food supply was not consistent as it was donor driven. Hot meals were prepared by volunteers five days a week and weekends children starved. The challenges included stigmatization of the children who needed to collect the food and benefit from it and delivery of food supplies that did not last the school term.

4.4.5.4 Category 4: Support for provision of adequate shelter

The support for shelter that was given by the organisations included building structures and repairing dilapidated houses. In their endeavour to do this, the organizations encounter problems such as lack of land and long bureaucratic procedures. Table 4.13 depicts support for shelter.

Table 4.13 Support for provision of adequate shelter

CATEGORY	SUBCATEGORY	MEANING UNITS
Support for shelter	<ul style="list-style-type: none"> • Provision of adequate and good houses. • Repair of dilapidated houses. • Lack of land • Lengthy bureaucratic procedures 	<p>“We usually build 3-room houses, one room for grandparent(s), one for girls and one for boys. It is important that the family has adequate housing. In some instances we have found that a girl is impregnated by her brother when they use one room”. (Doc 1).</p> <p>“The administration of the informal settlements does not allow houses to be built with concrete blocks. Many have lost donations because of that. The organizations repair the present structure”. (Doc 2).</p> <p>“There is an old lady who lives with many orphaned and vulnerable children and we provide food for them. We actually wanted to build her a house. When preparations had advanced, a man emerged who said the land belonged to him. There are many such cases which also include non-Swazis”. (Doc 2).</p> <p>“The administrative structures make it difficult for organizations to build houses for deserving families. The protocols to be followed before putting up a structure are long and demand a lot of money while organizations are supplied with building materials only or money for building material. The donors usually have time frames otherwise they take back the money”. (Doc 2).</p>

Provision of adequate and good houses

According to the responses of participants some organizations build houses for those families who either shared one room or needed dilapidated houses to be repaired. Priority was given to those instances where there was a need to separate adults from children and separate children of different sexes to sleep in different houses or rooms. In this study, it was noted that grandparents lived with their grandchildren in dilapidated houses some of which had holes on the walls. HelpAge International/International HIV/AIDS Alliance (2003:4) confirmed that the poor living conditions compromised the health of the children and that of their grandparents.

Participants also cited the challenge of land ownership. Some grandparents did not own the land where their houses stood and land owners often pitched up to stop the process of building a house sometimes when preparations were at an advanced stage. Similarly some grandparents had lost support from a donor because they did not have legal title deeds to the land or in some instances were of foreign origin and thus did not own the land. Others did not own the house as this was rented. In such instances donors were not keen to proceed with the building or repairs.

In some instances the lengthy bureaucratic procedures and laws governing infrastructure in informal settlements presented as a limitation and in some cases barred families from receiving aid from organizations.

Conclusion related to provision of support for shelter

- Although organizations were able to assist especially in repairing dilapidated houses or making extensions to the existing structures, many obstacles were experienced. These related to administration with regard to the land, legal status of grandparents as well as ownership of existing structures. Clearly these obstacles often took time and as a lot of donors operate on strict criteria and time-frame, these delays were often counter-productive.

4.4.5.5 Category 5: Support for provision of water supply and sanitation

Support for water and sanitation included provision of safe water supply and proper disposal of excreta and refuse. Table 4.14 depicts support for the provision of water and sanitation.

Table 4.14 Support for provision of safe water and proper sanitation

CATEGORY	SUBCATEGORY	MEANING UNITS
Support for water and sanitation	Effects on the health of the children.	“We have approached an international organization to provide water in one of the areas we support because we can’t afford. In this area the council does come to remove refuse and sanitation is bad. We fear so much for the children who may die of diarrhoeal diseases”. (Doc 1).

Effects on the health of the children

This item is very much related to proper housing. The participants reported that the organizations had recognized that children in the informal settlements lived in poor sanitary conditions where safe water was not accessible and sanitary disposal of refuse and excreta did not occur. Provision of safe water supply and good sanitation prevents diseases such as skin diseases and diarrhoea. Organizations had made representations to the municipality in this regard.

Foster (2006:700) has reported the living conditions of most OVC as poor with no clean water and adequate sanitation, putting these children at risk of skin and enteral diseases. The report was in line with the living condition of the selected group of OVC in the study.

Conclusion related to water and sanitation

- According to the findings of this study families of OVC lived in poor sanitary conditions.
- There was no safe water supply for these families and thus predisposing the children to diseases.

4.5 CONCLUSION

The findings revealed that organizations had tried their level best to provide support to OVC but issues such as reliance on donor funds, administrative bureaucracy and protocols, lack of co-ordination between organisations, lack of supervision and monitoring of projects and lack of expertise had compromised service delivery. There was a need for strengthening of partnerships among organizations to counteract these problems.

In the next chapter a conclusive summary of phases 1 and 2 findings using Maslow's Hierarchy of Needs Theory is presented.

CHAPTER 5

A conclusive summary of phases 1 and 2 findings using Maslow's Hierarchy of Needs Theory

5.1 INTRODUCTION

In chapter 3 and 4, the data for phases 1 and 2 were analysed. In this chapter, the findings are interpreted and discussed and related to the applicable levels of Maslow's Hierarchy of Needs Theory. According to Maslow, human needs are arranged in a hierarchical order of importance with the basic physiological needs demanding attention as these are crucial for continued existence.

5.2 DEMOGRAPHIC PROFILE OF GRANDPARENTS

According to the findings in phase 1, grandparents could not afford to support OVC due to their physical and socio-economic status. This notion was supported by the organizations that provided support to the OVC. According to Howard et al (2006:2), Monasch and Boerma (2004:55) and Winston (2006:33), grandparents are parenting almost half of the orphans at a great personal cost because in most instances they are poor, ill and emotionally drained from caring for their sons and daughters during their terminal illness.

The support they required was to ensure that their grandchildren survive and grow to become productive adults capable of self care. Therefore they needed support with food, clothes, safe and healthy living environment, with clean water, good sanitation, clean air, no overcrowding, well disciplined grandchildren that have been to school.

5.3 NATURE OF SUPPORT ORGANIZATIONS

The OVC were supported and cared for by community based, faith based, non-governmental organizations and to a certain extend the government. These

organizations had various roles. The organizations provided food, clothes, and assisted with payment of school fees and provision of counselling services. The organizations supported the keeping of the children in their familiar environments with their families as suggested by Stover, Bollinger, Walker & Monasch 2007:21; Floyd, Crampin, Glynn, Madise, Mwenebabu, Mnkhondia, Ngwira, Zaba & Fine 2007:21). Some organizations were willing and capable to support housing in terms of repairing and/or building habitable houses but were not able to do that due to bureaucratic processes in the government system of the country. To comply with the need for shelter, the organizations had to provide institutional care, even though they did not approve of it.

5.4 APPLICATION OF MASLOW'S HIERARCHY OF NEEDS THEORY TO THE FINDINGS OF THE STUDY

Maslow's Hierarchy of Needs theory is applied to arrange the children's needs in order of importance. According to this theory there are five levels of needs, starting with those crucial for survival and ending with self actualization which is the top most. According to Maslow (1970:38), needs are arranged in hierarchical order and that the lowest level needs must be satisfied before an individual can strive for the next level. The physiological needs are the most important and necessary for the survival of an individual. The next level is safety and security needs, followed by needs for love and belonging and esteem needs. The four lower level needs are called deficiency needs. The fifth level is self-actualization needs and is called growth needs as these seek to satisfy personal growth or development of full personal potential (see chapter 1 figure 1.1). Only the three lower levels were applicable to the study.

In this study the findings of phases 1 and 2 are summarized in figure 5.1 and discussed thereafter.

Maslow's Hierarchy of Needs as related to the findings

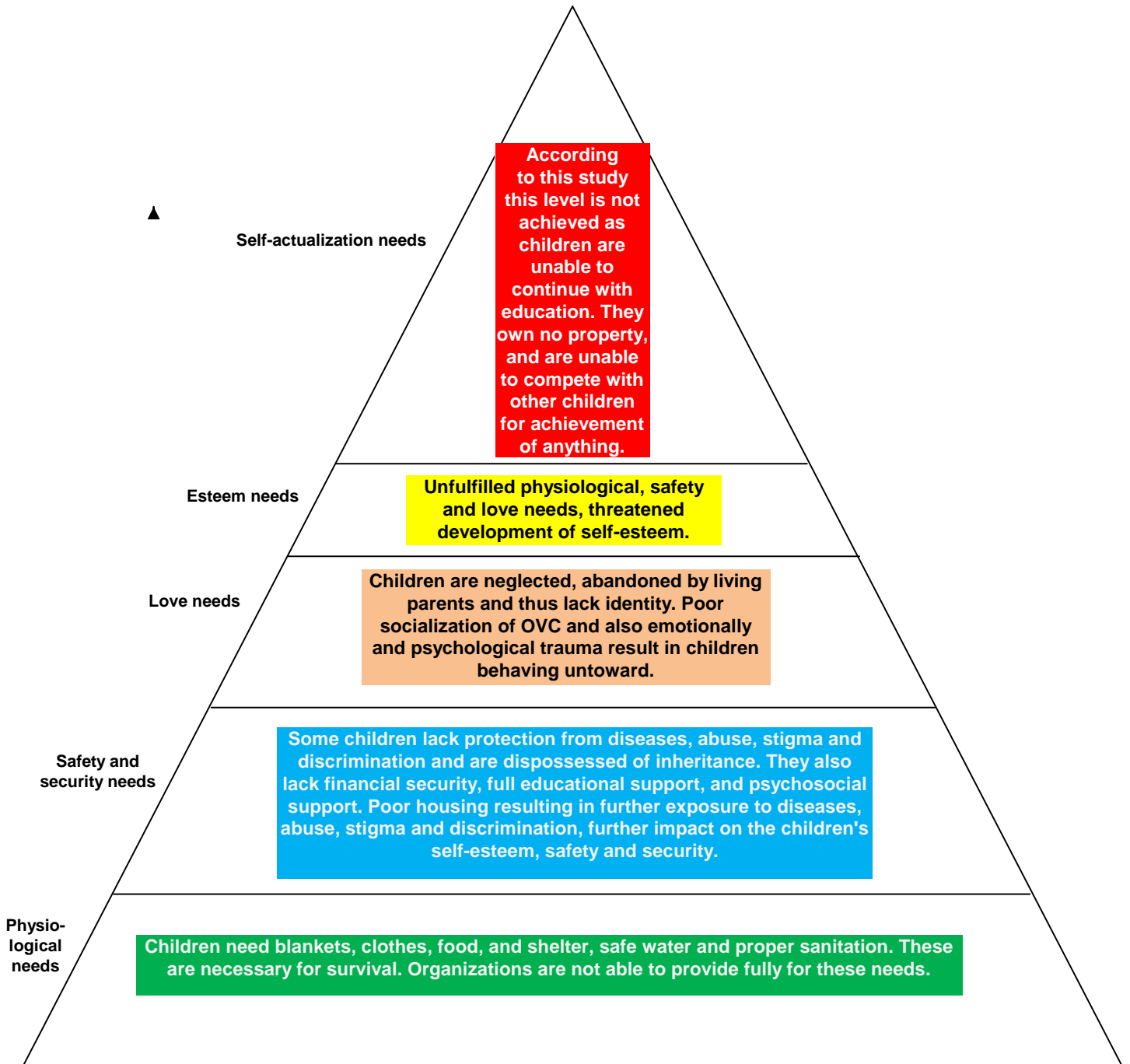


Figure 5.1 Pyramid depicting Maslow's Hierarchy of Needs as applied to the findings of this study

(Adapted from Maslow 1970)

5.4.1 Physiological needs

In phases 1 and 2 of the study, physiological needs were identified as need for blankets, clothes, food, shelter, clean water and good sanitation.

The support for blankets, clothes, including uniforms was inadequate and inconsistent. Lack of these has led to risky sexual behaviour, school dropout and failure to attend church services where good moral values are learnt and emphasized. Organizations did not have enough food parcels to go round to all needy families and even those families receiving food parcels, the supply was inadequate and inconsistent.

Lengthy bureaucratic procedures by local government had prevented repairing and/or construction of houses for OVC even though organizations were willing to undertake this task. This compromised shelter as the grandparents and their grandchildren were living in dilapidated houses with poor sanitation. The fulfilment of these needs is necessary for the survival of individuals. This notion was supported by Maslow (1943:375) who stated that physiological needs control the thoughts and behaviour of the individual. According to Maslow (1970:37), physiological needs are the strongest and most demanding and if they are not met the individual's energy tends to be focused entirely on their satisfaction.

5.4.2 Safety and security needs

According to the findings of this study lack of financial security had led to the failure of OVC in accessing essential services such as health, education, legal and counselling services. The most affected children were those on ART as few organizations provided support in this regard and this threatened the safety and security of these children who might die prematurely.

Concerning education, grandparents did not have money to top up the school fees as many organizations paid part of school fees resulting in children dropping out of school. Lack of support for pre-school education deprived children an opportunity to enrol in primary school and thus the children's future was jeopardized. Maslow (1971:169) states that the ultimate goal of education is self-actualization, that is, becoming a better person in terms of self-development and self-fulfillment. Education is a facilitator for

individuals to become the best of what they want to be in the future. The author also adds that an individual cannot strive for self-actualization if his/her lower level needs are not fulfilled. In the face of what the OVC are experiencing, for most of the children educational achievement will end up being a dream that will never come true.

Children who were abused lacked legal support as organizations sometimes did not have skilled counsellors and advisers on how to take the issues forward. There were also no Half-way-houses to accommodate the affected children and One-Stop centres to provide comprehensive services. This compromised services provided to abused children. The OVC were also dispossessed of their inheritance and did not have forums to defend their rights. In many instances the children lacked protection from exploitation, stigma and discrimination.

According to Maslow (1970:39), children, unlike adults, react immediately to unsafe environment and this is demonstrated by poor growth and development, poor response to discipline and performance at school. Children need a consistent, orderly, accounted for and predictable environment, any deviation from this unravels the child's stability, making her or him feel anxious and unsafe. Johnson and Webber (2001:92) support the notion that environment should be physically and socially predictable to allow for proper growth and development of the child.

Safety and security needs are about protection from emotional and psychological harm (Johnson & Webber 2001:92). The OVC were emotional and psychologically traumatized and distressed due to parental loss. To this effect few organizations provided bereavement counselling services to counteract this problem.

5.4.3 Love and belonging needs

The findings of this study revealed that the OVC lacked identity as they were often abandoned and neglected by living parents and were left in the care of grandparents. The need for love and belonging had forced some children to drop out of school to join especially their paternal relatives in search of identity. This is an indication that children have a need to be loved and to belong to their own family. The findings have also revealed that the peers, teachers and community tended to stigmatize the children who attended the NCPs and Drop-in centres, calling them 'BoMahlatsini'. This often resulted

in poor attendance in these facilities with children not eager to come forward for available assistance.

Society and family are central in the socialization of children because it is within these structures that children grow and learn best and thus grandparents needed to be reminded about good parenting.

There was a need for partnership to ensure good collaboration and coordination among organizations so that they could complement each other, share good practices and provide comprehensive services to OVC.

According to Maslow (1970:43), the need for love and belonging emerge after the gratification of both physiological and safety and security needs. The love and belonging need seeks to overcome loneliness and alienation. The individual has a need to give and receive love from other people, need supportive and communicative family, need intimacy and friendships. The author further stated that threatened love needs are demonstrated by maladjustment and behavioural problems in children. The individual feels lonely, anxious and depressed.

5.4.4 Esteem needs

The environment where OVC lived with their grandparents was not supportive to the development of self-esteem. The physiological needs, safety and security needs, love and belonging are fundamental to the development of self-esteem in children. The findings revealed that the OVC were neglected, rejected and abandoned by living parents thus lacked sense of identity and belonging. This brought about a feeling of being unwanted and unappreciated by the people they belonged with and they felt worthless. The lack of support for attending NCPs and Drop-in centre resulted in them not being accepted at school. For those who were at school, the poor condition of their uniform or lack of uniform, the confrontation by teachers in front of their peers about school fees lowered the children's self-esteem. Lack of support for physiological needs bruised the children's ego. The lack of nice casual clothes made those children not to want to go to church. The death of parents traumatized the children emotionally and

psychologically and lack of counsellors to support these children further compromised their confidence.

Maslow (1970:45) states that individuals gain self respect from people around them as they achieve things in life, being appreciated, gaining independence and developing self-confidence. The satisfaction of the lower level needs forms an integral part in the development of self-esteem. Safety and security needs are a prerequisite for self-esteem. The stressful conditions experienced by these children are a barrier towards satisfying higher level needs.

Fulfilment of esteem needs brings feelings of self-confidence, worth, strength, adequacy, being useful and important in the society (Maslow 1970:45). Unfulfilled esteem needs produce feelings of inferiority, weakness and helplessness and the children become discouraged with life in general. Children are helpless without self-confidence.

5.4.5 Self-actualization

According to the findings of this study, this level was not achieved by many children as children drop out of school due to lack of basic needs. Development of full personal potential cannot be achieved under such circumstances as confirmed by Johnson and Webber (2001:92). Maslow (1970:47) and Maslow (1971:43) mentioned that individuals are eager to explore more things in life which are unknown to them. They strive to reach out for higher level needs only if the lower level needs have been met.

5.5 CONCLUSION

The grandparents in this study expressed the desire to meet the basic needs in caring for their grandchildren who were vulnerable and/or orphaned. The organizations that provided support to these children depended on donor funding for supplies, hence the inadequate and inconsistent supplies. For this reason, it could not be guaranteed that these children would develop and reach their full personal potential under such circumstances. This calls for good partnership among organizations that support OVC in order to provide comprehensive care and support to these children. Partnership

based on good networking would ensure collaboration and coordination among support organizations to extend their reach.

In the next chapter guidelines on support of OVC were developed from the findings of phases 1 and 2 of this study and consultation with grandparents caring for OVC and managers of organizations that provide support for these children.

CHAPTER 6

Development of guidelines for support of orphaned and vulnerable children cared for by their grandparents in the informal settlements of Swaziland (phase 3)

6.1 INTRODUCTION

In chapter 5 a conclusive summary of phases 1 and 2 findings using Maslow's Hierarchy of Needs Theory were presented. In this chapter, the guidelines for the support of OVC are developed based on the data from phases 1 and 2. Both the grandparents and the managers of the organizations that provide support to the OVC were consulted to make contributions in the development of these guidelines. The guidelines are developed for consideration by the government in the Department of Health and Social Welfare in Swaziland, as this department amongst other functions is charged with child care. The development of guidelines addresses the third objective of the study.

6.2 PROCESS OF DEVELOPING GUIDELINES

This section below discusses the steps that were followed in the development of the guidelines for support of OVC and also the reasoning process or logical reasoning followed in the development process.

6.2.1 Steps followed in the formulation of the guidelines

Two steps were followed in the development of the guidelines for support of OVC in the informal settlements of Mbabane, Swaziland. In step 1 the researcher drew evidence for the formulation of guidelines from the summary of the conclusions of phases 1 and 2 findings whereupon the conclusion statements from each category as indicated in the text were summarized. Similar conclusion statements from both phases were combined to form one conclusion. These were grouped according to themes as

identified in phases 1 and 2 (see section 6.3). The recommendations for implementation of these guidelines were generated from the conclusion statements and literature review, and could be used to formulate procedure manuals in the implementation of the guidelines.

For step 2, two separate meetings with grandparents and the managers of organizations that participated in the study were conducted to present the findings of phases 1 and 2, provide a platform to discuss these findings in an effort to enriched the guidelines developed in step 1 and also to present the draft of the guidelines to these stakeholders. According to Squire (2007:2) evidence provided by participants and verified by them is experts' account. Furthermore, McIntyre and Thomlinson (2003:87) mention that evidence that makes a meaningful change is from the people experiencing the phenomena and the context within which it occurs. The information from the meetings with the two groups was incorporated into the guidelines already developed by the researcher in step 1. Some aspects of these were adjusted or removed in accordance with recommendations made by the two groups. The process followed in the development of the guidelines included logical reasoning that guided formulation of guidelines.

6.2.2 Logical reasoning process

Logical reasoning is the processing and organizing of ideas in order to reach a logical conclusion. According to Polit and Beck (2008:13), logical reasoning combines experiences, intellectual faculties and formal systems of thoughts in solving prevailing problems and is useful in understanding and organizing a phenomenon (Burns & Grove 2005:7; Polit & Beck 2008:13). Logical reasoning consists of two systems of reasoning which are inductive and deductive reasoning. Both inductive and deductive reasoning were used in the formulation of the guidelines.

The inductive reasoning is the process that starts with the details of the experience (observations) and moves to the general picture of the phenomenon to provide a highly probable conclusion (Babbie & Mouton 2001:643; Burns & Grove 2005:7; Polit & Beck 2008:13; Streubert Speziale & Carpenter 2003:10). In the context of this study, inductive reasoning was used when the conclusion statements drawn from the findings

of phases 1 and 2 were summarized and then merged to form one concluding statement under each theme and category. The deductive reasoning process starts from a general premise to a more specific situation (Brink et al 2006:6). According to this study the deductive reasoning was used when the guidelines were developed from the merged conclusions which were greater than individual conclusions and were truthful. The recommendations were also developed from the conclusion statements and enriched by the information from the meetings with those who participated in phases 1 and 2 of the study and relevant literature.

6.2.3 Explanation of the guidelines

Guidelines are systematically developed statements intended to assist service providers and clients with procedures, processes and decisions to make or follow in the provision of services generally and in specific circumstances (DiCenso, Guyatt & Ciliska 2005:511). Good guidelines serve as quality improving strategies which bring together the best evidence and other knowledge necessary for decision making about management of systems and problems within systems (University of Minnesota 2002:1). While guidelines can only be successfully implemented when adequate planning, resources, organizational and administrative support and facilitation exist, they simultaneously provide for good planning as they indicate what is to be done, how, by who, when and why (Registered Nurses Association of Ontario 2002:12). Guidelines assist service providers to be effective in service delivery especially if developed from validated research findings (DeBourgh 2001:491). In this study the guidelines were developed from the research findings in phases 1 and 2 of the study and enriched by information from formal meetings of participating stakeholders.

6.3 FORMULATION OF GUIDELINES FOR SUPPORT OF ORPHANED AND VULNERABLE CHILDREN

The guidelines presented here are a synthesis of guidelines developed by the researcher from the summary of conclusion statements of phases 1 and 2 of the study and enriched by the information from the meetings with those who participated in phases 1 and 2 of the study. The guidelines presented hereunder are not necessarily in any order of importance.

6.3.1 Theme 1: Guidelines on support for the development of orphaned and vulnerable children

Guidelines for developmental support include education and vocational training and socialization of OVC.

6.3.1.1 Category 1: Guideline on support for education

This guideline addresses the inadequacies in the allocation of resources which aims at satisfying the educational needs of OVC.

Box 6.1: Summary of conclusion statements for educational and vocational needs and support

- Grandparents lacked financial resources to meet the educational need of OVC and were not aware of available financial assistance. Those who knew did not get the assistance they required.
- Organizations provided part sponsorship for school fees. The fee structure was not regulated and as such schools charged high fees.
- School environment not supportive partly because children's backgrounds and health status were unknown to teachers or teachers lacked training in the provision of support to OVC.
- Not all organizations provide support for vocational training and only a few had vocational training centres.

GUIDELINE 1: Provide comprehensive educational and vocational support to orphaned and vulnerable children

Rationale for implementation of the guideline

It is envisaged that implementation of this guideline will enable OVC to access education.

Recommendations for implementation of the guideline

- At the beginning of school term all children should complete an appraisal form that indicates the child's situation at home in relation to the socio-economic status of parents/caregiver. This, is envisaged would monitor the child's situation throughout the schooling period.
- School legislation to be revisited whereby exemption from fees for vulnerable children could be legislated and enforced to enable the OVC to benefit from the education system.
- Compulsory school attendance for children and skill training for youth should be legislated so that Swaziland's young population can benefit from this dispensation.
- Monitoring of the implementation of legislation relating to access to education as stated in the Constitution of the Kingdom of Swaziland, 2005, section 29(1), to ensure that children are not disadvantaged because of their vulnerability (Swaziland Government 2005:9).
- Teachers to be empowered to deal with the issues of HIV and AIDS among pupils and provide relevant support needed by these children.
- Policies on HIV and AIDS at schools to be developed to enable effective school attendance.
- The government and other support organizations should monitor the progress of OVC in schools and take serious action against the school administration that victimizes the children because they are orphaned and vulnerable, like denying them access because of financial constraints.
- The government should monitor schools closely to ensure that there is adherence to policies, especially those related to admission and retention in schools.
- The government should ensure that schools have adequate recreational facilities for the OVC to participate fully in sports.
- Awareness campaigns on the availability of support and assistance provided to OVC and how it is accessed to be undertaken on a continuous basis to enable grandparents and other marginalized communities to learn about the support and assistance.

- Grandparents should be provided with financial support as well to cater for incidentals.
- Children who are not making adequate academic progress to have access to vocational training.
- Government should build enough vocational training centres and skill centres so that those who are not able to continue with formal education can enrol and pursue their preferred vocations. These training centres should work closely with the private sector to open internship opportunities for students to gain experience.
- The government and NGOs should support OVC who have undergone and completed vocational training to start income-generating projects or set up small businesses by giving them small loans. This will help them to support themselves and their families.
- Vocational information and guidance should be made available and accessible to all children including OVC).
- Pre-vocational training should be encouraged and promoted in all schools countrywide.

6.3.1.2 Category 2: Guideline for support in the socialization of orphaned and vulnerable children

Guideline for support on socialization of OVC includes teaching children good moral values to shape their behaviour to be socially acceptable.

Box 6.2: Summary of conclusion statements for the needs and support for the socialization of orphaned and vulnerable children

- Grandparents lack the capacity to adequately socialize OVC because of the generation gap and thus external assistance in this regard is imperative.
- Not all organizations empower their volunteers with skills to socialize OVC.
- Community members such as women's groups and church members socialize OVC through home visits.

GUIDELINE 2: Empowerment of grandparents and volunteers in the socialization of orphaned and vulnerable children

Rationale for implementation of the guideline

Implementation of this guideline will shape the moral values and build character of OVC.

Recommendations for implementation of the guideline

- Organizations should provide deliberate information sessions for grandparents on recent advances and developments so that grandparents can appreciate changes that have and are occurring. This will help in breaching the gap between grandparents and grandchildren.
- Community members who volunteer to assist grandparents in the care of OVC should be recognized and incentivized in the form of a stipend.
- Child discipline to be a community issue and not an individual matter.

6.3.2 Theme 2: Guidelines for partnership among organizations that support orphaned and vulnerable children

Guidelines for partnership among organizations include collaboration, coordination and networking.

6.3.2.1 Category 1: *Guideline on collaboration among organizations*

Guideline for collaboration will ensure proper utilization of resources and reduce duplication of activities as organizations would know what the others are doing.

Box 6.3: Summary of conclusion statements on collaboration among organizations that support orphaned and vulnerable children

- Effective and efficient use of resources is not possible because organizations do not work synergically in providing services to OVC.
- Inability to collaborate effectively among support organizations has led to poor utilizations of scarce resources thus duplication of activities.
- It is imperative for organizations that provide support to OVC to commit themselves to each other through signing the memorandum of agreement to work collaboratively.

GUIDELINE 3: Promote collaboration among organizations that support orphaned and vulnerable children

Rationale for implementation of the guideline

Implementation of this guideline will ensure that organizations develop expertise as they share experiences, resources and good practices which will improve coverage. Duplication of activities will be reduced as organizations will complement each other.

Recommendations for implementation of the guideline

- Organizations to sign memoranda of understanding to ensure commitment from all those involved in the provision of care and support to OVC.
- Proposed collaboration should not threaten the autonomy and internal functioning of organizations or organizational culture but should enable organizations to share resources and good practices. Organizations should work hand-in-hand on the areas agreed upon. The organizations should explicitly state the areas of interest among them and set boundaries. Thus organizational strength can be extended (Lippitt & Van Til 1981 in De Beer & Swanepoel 1998:64).

- Regular meetings between organizations should be conducted to continuously share ideas, expertise and monitor relationship.

6.3.2.2 Category 2: Guideline on coordination of activities and networking among support organizations

Guideline on coordination will ensure smooth running of activities among organizations and people will work together effectively.

Box 6.4: Summary of conclusion statements on coordination among organizations that support orphaned and vulnerable children

- The phenomenon of OVC being cared for by grandparents cannot be addressed by one organization. Coordinated efforts and networks are required. Lack of networking among the organizations has a negative effect as organizations cannot exchange information on care and support they provide for OVC.

GUIDELINE 4: Establishing of a coordinating body among organizations that support orphaned and vulnerable children

Rationale for implementation of the guideline

Implementation of this guideline will ensure that organizations work together effectively to strengthen the care and support provided for OVC.

Recommendations for implementation of the guideline

- The government should ensure that a good coordination mechanism is put in place and supported fully and that all organizations that support OVC are aware of this mechanism (Lippitt and Van Til 1981 in De Beer & Swanepoel 1998:64).
- The coordination should be negotiated carefully through relevant structures and the process should be non-threatening to all involved (Lippitt & Van Til 1981 in

De Beer & Swanepoel 1998:64).

- The coordinating body should work collaborately with the National child coordinating unit.
- A Call-Centre for dissemination of information should be established by government in collaboration with support organizations.
- Each and every organization should have a focal person who will be responsible for collecting information to be shared with other organizations. In turn, if there is new information received, the focal person will disseminate it within the organization.
- A profile should be developed for organizations that support OVC indicating postal and email address, telephone and location of each one of them for easy networking.

6.3.3 Theme 3: Guidelines to ensure protection of orphaned and vulnerable children

The guidelines for protection of OVC include access to health care services and legal rights.

6.3.3.1 Category 1: Guideline on support for health care services

This guideline focuses on access to preventive, promotive, curative and rehabilitative health care services of all OVC.

Box 6.5: Summary of conclusion statements for health care needs and support

- Orphaned and vulnerable children lacked access to health care services because of grandparents' financial constraints and the organizations' support in this regard was insufficient to meet the health care and medical needs of OVC.

GUIDELINE 5: Provide accessible health care services to all orphaned and vulnerable children

Rationale for implementation of the guideline

The implementation of this guideline may improve the health status of the OVC.

Recommendations for implementation of the guidelines

- The government should develop a fee exemption policy for OVC where these can access free health services in clinics and hospitals to ensure accessibility of health services. This will ensure that the children's rights to health care are protected, promoted and respected as stated in the Constitution of the Kingdom of Swaziland, 2005, section 29 (1) (Swaziland Government 2005:9).
- Home-based care services should be strengthened to provide health support to OVC.
- The government and other support organizations should promote and support formation of health awareness clubs, training of peer educators and lay counsellors.
- Campaigns on prevention of sexual abuse and violence against children to be conducted by both government and organizations.
- There should be collaboration of the Ministry of Health with the traditional healers sector to ensure that clients who need services from both sectors are referred freely.
- The government should roll out antiretroviral therapy fully to reach affected OVC.

6.3.3.2 Category 2: Guideline on legal support

Guideline for legal support addresses the issues of the rights to inheritance, protection from abuse, discrimination, stigma and exploitation of OVC.

Box 6.6: Summary of conclusion statements for legal needs and support

- The OVC's rights are not promoted, protected or respected in most instances and these include rights to inheritance and protection from abuse, discrimination, stigma and exploitation.
- The OVC are at risk of psychological trauma due to lack of quality counselling as a result of unavailability of skilled counselors after abuse and for those living with HIV and AIDS.

GUIDELINE 6: Provide legal support to all orphaned and vulnerable children

Rationale for implementation of the guideline

Implementation of this guideline will ensure that the rights of the OVC are promoted, protected and respected.

Recommendations for implementation of the guideline

- The government to ensure inventory of property immediately after the death of parents. The information can be obtained from the family, relatives, community and workplace of the deceased. Legislation on protection of children's' property after parents death should be strengthened.
- The government and organizations should educate communities about making wills. The community should be a watchdog in such matters and report them promptly to relevant law enforcement agencies.
- Communities should establish legal structures for child protection in the informal settlements to look into the rights of OVC including rights to inheritance, land and protection from all forms of abuse, discrimination, stigma and exploitation.
- The government should set up proper referral systems for abused, discriminated and exploited children from the community to law enforcement agencies.
- The organizations which provide care and support to OVC should work

collaboratively with law enforcement agencies when dealing with all forms of abuse.

- The government should ensure that a mechanism for birth registration of OVC is in place in order for these children to access public and welfare services that will benefit them.
- Community should set up structures and forums in the informal settlements where children can assert and defend their rights. The children's views and opinions should be taken seriously.
- National and community awareness campaigns on abuse should be carried out every year and government to provide financial support. The media should always talk about abuse to sensitize communities.
- Children should be consulted and involved in planning, organizing, implementation and evaluation of the campaigns that create awareness of their plight.
- The non-governmental organizations should empower OVC to protect themselves from sexual abuse and grandparents empowered on how they could identify and report abuse of these children.
- The government should build Half-way houses in all four regions of the country, to ensure prompt removal of abused children from perpetrators to a place of safety.
- One-stop houses should be built, one in each region and sub-region respectively to ensure that abused children get comprehensive services under one roof. More staff should be recruited to provide efficient and effective services in these centres.
- Kagogo Centres (traditional centres) for counselling and reporting of abuse should be strengthened by government through financial support.
- The organizations should ensure that counselling of abused survivors is always done by trained child counsellors in all organizations.
- Parliamentarians and other decision makers should be lobbied on child related legislation such as law on abuse of children. Outdated children's bills should be revised by government and there should be a ratification of relevant children's rights conventions such as "The Girls and Women's Protection Act 39 (1) of 1920" (Swaziland Government 1920:13). The legislation criminalises and prohibits any form of sexual intercourse, immoral or indecent dealing by males

with girls that are under the age of 16 years.

- The government should ensure that domestic violence units and children protection units are petitioned to provide child counselling in a friendly manner and in separate facilities to avoid having children and old people reporting their cases in the same service area.
- The Master of the High Court should be lobbied to speed up the estate distribution process to prevent children suspension from school because of late payment of school fees.
- Grandparents and organizations also felt that children should be admitted to schools nearer their home to ensure that they do not have to travel long distances and sometimes fall prey to sexual abuse and kidnappers.

6.3.4 Theme 4: Guidelines for provision of psychosocial support to orphaned and vulnerable children

Guidelines for provision of psychosocial support include emotional, psychological and spiritual support.

6.3.4.1 Category 1: Guidelines on emotional and psychological support

The guideline on emotional and psychological support will ensure that children have a sense of personal identity, feel loved and are able to share experiences with each other. These guidelines ensure that OVC develop self-esteem and hope for the future.

Box 6.7: Summary of conclusion statements for emotional and psychological needs and support

- The OVC lack emotional and psychological support by skilled personnel and grandparents also lack knowledge in providing such support.
- The support groups that provided child-to-child support were not monitored.

GUIDELINE 7: Provide skilful personnel to provide emotional and psychological support to orphaned and vulnerable children

Rationale for implementation of the guideline

Implementation of this guideline will result in OVC that are emotionally and psychologically healthy, aspects which are fundamental for the development of self-esteem.

Recommendations for implementation of the guidelines

- The government should train adequate child counsellors including volunteers to address the psychological and emotional needs of OVC especially in the NCPs and Drop-in centres.
- The organizations should strengthen the ability of grandparents to provide emotional and psychological support to OVC by providing training in this respect.
- The organizations should promote and support formation of child-to-child support groups in the community and schools and monitor their progress.
- The community would like to see the social worker taking a very active role in these activities.

6.3.4.2 Category 2: Guideline on spiritual support

The guidelines on spiritual support focus on ways which will ensure that OVC have access to social structures where religious education is taught and children learn good values.

Box 6.8: Summary of conclusion statements for spiritual needs and support

- Lack of access to social structures that teach good values deprive OVC of belonging to a social group that gives hope for a better future, which comes as a result of believing in God.
- Faith-based organizations play a pivotal role in promoting and providing spiritual support through volunteers in the NCPs and child-to-child support groups.
- Faith-based organizations work collaboratively with some communities to ensure continuity of psychosocial support.

GUIDELINE 8: Provide support to faith-based organizations and other organizations to enable them to assist orphaned and vulnerable children access to social structures where spiritual support is provided

Rationale for implementation of the guideline

Implementation of this guideline will enhance understanding of godly principles that will enable OVC to relate well with other people.

Recommendations for implementation of the guideline

- The non-governmental organizations should promote and strengthen the formation of the child to child support groups to enable children to support each other spiritually within these groups.
- Women's groups in different churches to provide scripture lessons to all children in the community and encourage integration of these in the church services (Sunday school) for spiritual growth. The women's groups should pay home visits to families of OVC to provide spiritual, material and psychosocial support and assist grandparents in their activities for daily living.
- The provision of good clothes for church purposes is vital in encouraging children to attend church services.

6.3.5 Theme 5: Guidelines for provision of support to orphaned and vulnerable children to meet survival needs

The guidelines discussed pertained to the provision for survival needs such as blankets, clothes, food, shelter, water and sanitation.

6.3.5.1 Category 1: Guideline on provision of blankets

This guideline addresses the basic needs for survival in terms of providing blankets to OVC and other family members to protect them from adverse weather conditions and sexual abuse.

Box 6.9: Summary of conclusion statements of the needs and support for blankets

- Not all OVC are provided with blankets by organizations and sharing of blankets has led to sexual abuse and spread of communicable diseases.

GUIDELINE 9: Provision of adequate blankets for the families of orphaned and vulnerable children

Rationale for implementation of the guideline

Implementation of this guideline will enhance the protection of OVC from elements and sexual abuse to ensure safety and security.

Recommendations for implementation of the guideline

- The organizations that support OVC including government structures should provide families of OVC with enough blankets according to the number of family members to ensure that family members do not share blankets.

6.3.5.2 Category 2: Guideline on provision of clothes

The guideline on providing support for clothes focuses on the way that organizations including government could meet this need and reduce social problems related to lack of clothes.

Box 6.10: Summary of conclusion statements on the needs and support for clothes

- Unfulfilled needs for clothes have affected the physical, psychological, social and spiritual well-being of OVC.
- Provision for clothes by organizations was inadequate, inconsistent and poorly managed in terms distribution, size and seasons whereupon clothes did not match the seasons, occasion and were not particularly the correct size.

GUIDELINE 10: Provide enough decent clothes appropriate for the seasons, occasion and well fitting in terms of size

Rationale for implementation of the guideline

Implementation of this guideline will protect OVC from elements, improve their self-esteem and encourage integration with other children in church, at school and in play.

Recommendations for implementation of the guideline

- The Social Welfare department and non-governmental organizations should be tasked with the responsibility of ensuring that OVC are supplied with enough, decent clothes appropriate for all occasions and seasons including shoes and school uniform packages.
- Communities to be sensitized on the plight of OVC and encouraged to donate clothes for distribution to those children.
- Empowerment of grandparents with skills to generate income so that they are

able to buy clothes for OVC they care for should be encouraged. The extension workers from the Ministry of Agriculture and Cooperatives could assist the grandparents concerning income-generating projects such as poultry farming and establishment and maintenance of vegetable gardens.

6.3.5.3 Category 3: Guideline for provision of food

Food is one of the most important survival need as well as an indicator for poverty. Providing adequate food supply not only answers survival but restores the child's dignity and self-esteem.

Box 6.11: Summary of conclusion statements on needs and support for food

- Organizations and grandparents were not able to provide enough food for the OVC and living parents could not maintain their children who were living with their parents especially when they remarry.
- Food was also poorly managed at the NCPs while in schools quantity of food delivered was not monitored and thus did not last.
- Not all schools provided feeding schemes even though this was promoted and supported by government.

GUIDELINE 11: Provision of adequate food supply to orphaned and vulnerable children

Rationale for implementation of the guideline

Implementation of this guideline will improve OVC health status, academic performance at school, restore the children's dignity and escalate the need level to that of self-esteem.

Recommendations for implementation of the guideline

- Government and non-governmental organizations to provide adequate and consistent nutritious food rations to all OVC. Food parcels distribution to take household occupancy into consideration.
- The government should promote and support income- generating projects like Capitalization with assistance from the Ministry of Agriculture and Cooperatives such as 'Moya Centre' as these are long-term solution to food security and mechanisms for poverty reduction.
- Government should also provide material and expertise on indigenous poultry farming and fish farming for both consumption and commercial purposes.
- Organizations should ensure that the operation of the NCPs is monitored to ensure that food last for the intended period of time.
- The government through agricultural extension workers should facilitate backyard gardening by providing fencing, seedlings and other agricultural supplies to encourage eating healthy balance food. The NCPs and schools should have gardens to grow vegetables to balance the meals.
- Government should enforce law on child support/maintenance "Child Care Service Order of 1977" which state that parents are responsible to support persons under the age of 18 years who are unable to maintain themselves (Swaziland Government 1977:61).
- Government should encourage and support schools to provide school feeding schemes so that needy children get at least one meal a day. The nutritional value and the quality of the food supply should be such that stigma associated with school feeding meals is removed.
- The government to provide incentives to people who volunteer to cook in the NCPs so that there will be enough people to cook even on weekends.
- Monitoring mechanism for food delivery should be put in place by both government and other organizations to ensure that correct supply reach intended schools and social centres and it lasts for the intended time.

6.3.5.4 Category 4: Guideline on provision of shelter

The guideline relating to support for shelter will address the problem of proper and inadequate houses that not only affect the social life of OVC but their physical and mental health as well.

Box 6.12: Summary of conclusion statements of the needs and support for shelter

- Children are raised under poor housing conditions and organizations that could be providing assistance with housing were hindered by the long bureaucratic processes in the legal system of the country such as title deeds and land ownership.

GUIDELINE 12: Provide adequate and proper housing for orphaned and vulnerable children

Rationale for implementation of the recommendations

Implementation of this guideline will ensure the safety and security of OVC, improve on their health status, prevent sexual abuse and raise their self-esteem.

Recommendations for implementation of the guideline

- The communities should be encouraged to fundraise and seek donations for building materials and motivate the youth to form clubs that will assist in building new houses and repair dilapidated houses for the OVC. The community members who have skills in building houses can be motivated to volunteer to work with the youth and teach them how to build or repair houses.
- The government to provide for housing that caters for privacy and space for the various activities in the household such as the kitchen and study.

- Community leadership should identify and submit the list of families that need proper housing to government and support motivation from organizations to assist with repair or even building of houses for OVC.
- Selection criteria for those families who need houses should be determined by organizations that provide support to OVC not donors.
- The government should lobby for families looking after OVC who do not own land to be allocated national land for building proper houses.
- The government should set up a coordinating mechanism for the activities of support organizations and promote collaboration among these organizations including Municipal council to prevent loss of donor funding for building housing.

6.3.5.5 Category 5: Guideline for provision of adequate safe water supply and proper sanitation

The guideline would ensure that all OVC are provided with safe water supply and proper sanitation in terms of disposal of excreta and refuse to prevent nuisance and diseases.

Box 6.13: Summary of conclusion statements for provision of adequate safe water supply and proper sanitation

- The OVC lived in an environment where there was no safe water supply and sanitary conditions were poor.

GUIDELINE 13: Provide adequate safe water supply and proper sanitation to orphaned and vulnerable children

Rationale for implementation of the guideline

Access to safe water supply and proper sanitation will promote cleanliness and prevent water borne diseases and hazards.

Recommendations for implementation of the guideline

- The Municipal council should ensure that each household has access to enough litres of water per day to ensure adequate water for drinking, cooking and cleaning.
- The Municipal council should ensure that proper mechanism for refuse removal from the informal settlements to a safe place of disposal is put in place.
- The government should assist families of OVC with material to build adequate toilets to ensure that each homestead has a hygienic toilet that does not encourage the breeding of flies.

6.4 CONCLUSION

In phase 3 of this study, guidelines for support of OVC were developed from the conclusion statements of phases 1 and 2 of this study using inductive and deductive reasoning processes. These guidelines were enriched by participants. Experts in guideline development evaluated the guidelines for conciseness, clarity, completeness, comprehensiveness, feasibility and applicability in the context of the country. The expert's recommendations were incorporated in the final set of guidelines. In the next chapter conclusions will be presented, recommendations made based on the conclusions and limitations stated.

CHAPTER 7

Conclusions, recommendations and limitations

7.1 INTRODUCTION

In this chapter conclusions were drawn from the findings of this study. Limitations which were identified during the study are presented. Recommendations for further research, practice or service and nursing education are made to address the needs of OVC.

7.2 AIM AND OBJECTIVES OF THE STUDY

The aim of the study was to generate scientific information on the needs and support of orphaned and vulnerable children cared for by grandparents in the informal settlements of Mbabane, Swaziland in order to develop guidelines that can be followed in providing support for OVC. The objectives of the study were to

- identify the needs of orphaned and vulnerable children cared for by their grandparents in the informal settlements of Swaziland
- analyze the nature of the existing support structures and the type of support they provide for orphaned and vulnerable children cared for by grandparents in the informal settlements of Swaziland
- develop guidelines for the support of orphans and vulnerable children under the care of grandparents

7.3 RESEARCH DESIGN AND METHODS

The research design for this study was qualitative, exploratory, descriptive and contextual in nature. The research methods that were used to conduct the study included the study population, sampling, data collection and analysis, trustworthiness of the data and ethical consideration. The assumptions on which the study was based were meta-theoretical, ontological, theoretical and methodological. The study was conducted in three phases whereupon in phase 1 the needs of OVC cared for by their

grandparents in the informal settlements of Mbabane, Swaziland were explored and described. A non-probability sampling approach was employed, using snowball sampling technique where twelve (12) grandparents caring for OVC in the informal settlements were selected to participate in the study. This phase served to address the first objective of the study as indicated in chapter 1 section 1.7 of the text.

In phase 2 the nature of existing support structure and the type of support provided by organizations for OVC cared for by grandparents in the informal settlements of Mbabane, Swaziland were also explored and described. A probability sampling approach, using simple random sampling technique was used to select seven organizations that support OVC and non-probability sampling approach using purposive sampling technique was used to select managers in these organizations. This phase served to address the second objective of the study (see chapter 1 section 1.7).

The guidelines for support for the support of OVC cared for by grandparents in the informal settlements of Mbabane, Swaziland were developed in phase three which was to address objective three of the study as indicated in chapter 1 section 1.7 of the text. The guidelines were developed in two steps. In the first step, the findings for phases 1 and 2 were used by the researcher to develop draft guidelines. In step two these draft guidelines together with the findings from phases 1 and 2 were presented in two separate meetings to the grandparents and the organizations' managers who participated in the study. The aim was to engage these two stakeholders to enrich the guidelines and use this as a consultation platform. Discussions from these meetings provided pertinent information in terms of terminology, and putting together the document as well as emphasis and clarity on the needs of OVC. The guidelines were evaluated by experts in policy and guidelines development and the two study promoters.

7.4 CONCLUSIONS OF THE STUDY

In this section, conclusions were drawn according to themes and categories on needs and support of OVC cared for by grandparents in the informal settlements of Mbabane, Swaziland. A detailed discussion of themes and categories was presented in chapters 3 and 4 of this study.

7.4.1 Conclusions for phase 1

The conclusions for phase 1 addressed objective 1 of the study.

7.4.1.1 *Biographical profile for phase 1 (see section 3.3.1)*

The grandparents caring for OVC were themselves vulnerable as they were mostly of low socio-economic status and suffered from chronic conditions related to aging. This state of affair made it difficult for grandparents to meet the needs of their grandchildren. Even though the aunts and uncles of these children are sometimes still alive, they refuse responsibility for orphan care which means the burden of caring for OVC rests solemnly with the grandparents. Arnab and Serumaga-Zake (2006:221) and Clark (2008:1) support the findings that grandparents form the majority of caregivers are in most instances incapable of providing adequately for OVC.

7.4.1.2 *Theme 1: Developmental needs of orphaned and vulnerable children (see section 3.3.2.1)*

Financial constraints experienced by grandparents in paying school fees for their grandchildren and lack of a supportive school environment were a barrier to successful learning. Bennell (2005:468) emphasized that the ability of OVC to succeed in their academic performance will depend on the level of material and psychosocial support they receive from their caregivers, the school, the community and government. Concerning vocational training not all grandparents were in favour of such and this inhibited older children from obtaining life skills and thus created dependency on the side of these children who would otherwise be generating their own income. According to Williamson et al (2004:23) and USAID (2003:6) education increases potential for future vocational and academic success for young children and it is also associated with access to economic opportunities and security.

Another issue in child development was poor socialization of OVC because in some instances grandparents were not able to discipline these children. This bred an antisocial group of individuals. Grandparents often needed assistance in this regard. Socialization of children especially OVC should be the responsibility of the community and not an individual.

7.4.1.3 Theme 2: Need for protection of orphaned and vulnerable children (see section 3.3.2.2)

The OVC lack access to health care and legal services. These children are prone to different health conditions including HIV and AIDS. Some are already on ART and this affects their school attendance as they miss classes on the days for check-up, and teachers do not tolerate this kindly. Grandparents' lack of financial resources was an underlying factor in children missing their medical check-up. Bell and Binagwaho (2006:1851) confirmed that OVC need protection from diseases and vigilant follow-up for those on treatment is very important.

The OVC lack legal representation and forums to communicate their needs as their rights are often infringed. These children are abused, exploited and discriminated against. They often are dispossessed of their property by their relatives and strangers. Living parents abandoned their children for various reasons such as physical disability, to get married, for employment and diseases such as AIDS. This affects the emotional, physical and mental well-being of these children. Rubenstein and Friedman (2004:1) asserted that children need legal assistance to protect them from abuse and to secure property rights.

7.4.1.4 Theme 3: Psychosocial needs (see section 3.3.2.3)

The emotional and psychological needs of OVC are mostly neglected. Few children were counselled to cope with parental loss. Children also needed counselling because of separation from siblings or being removed from familiar environment as these actions often led to emotional and psychological distress. Therefore, grandparents needed training to understand this need and to provide counselling when it was necessary. This notion is supported by O'Hare, Venables, Nalubeg, Nakakeeto, Kibiridge and Southall (2005:443) who stated that counselling empowers children to deal with losses and develop self-reliance. The need for identity was observed when children made sacrifices such as dropping out of school to join their paternal relatives indicating a need for belonging which is important in the development of self-esteem. According to Barnett and Whiteside (2002:11) it is the right of a child to have identity and family

relations. Therefore these children needed to make these sacrifices to, at least, gain blood relations.

The spiritual needs of OVC were not fulfilled, as lack of decent clothes prevented children from attending church where Godly principles are learnt and emphasized. This meant that children would not have a good framework upon which right choices would be made. Larimore (2001:36) and Mauk and Schmidt (2004:16) confirmed the importance of spiritual well-being in the life and health of an individual, as it brings meaning and purpose for existence. Religious or Christian values need to be instilled while children are still young to promote peace of mind and well-being.

7.4.1.5 Theme 4: Survival needs (see section 3.3.2.4)

The grandparents could do little to provide for food, clothes and shelter for the OVC due to financial constraints as there are no child support social grants in Swaziland. Unfulfilled survival needs have affected the social life of OVC. Provision for survival needs would ensure good health, proper growth and development, good academic performance and school retention, and involvement in social activities. Involvement in early sexual and criminal activities could be reduced among girl and boys respectively. Laws on maintenance should be enforced to ensure that living parents support their children. Lack of food was viewed as the most pressing need affecting the physical and social aspects of OVC as confirmed by De Witt & Lessing (2005:13). Furthermore, Ghosh and Kalipeni (2004:311) assert that maternal orphans lose financial support for food when father remarries. Concerning lack of clothes Abebe (2005:38) mentioned that poor clothing including lack of school uniform was one of the causes of school drop out while Altman (2006:10) posits that lack of clothes can lead to low self-esteem, encouraging engagement in those untoward activities for getting money such as prostitution.

Buchel (2006:80) and Hayden and Otaala (2005:14) confirmed that OVC live in hazardous conditions which are not conducive to coping with school life, leading to poor academic performance, and predisposes them to communicable diseases. Families of OVC lose donor funding for building houses due to lengthy bureaucratic procedures by local government. This indicates a need for collaboration between the support organizations and local government. This notion was supported by Gertholtz and

Richter (2004:910) who stated that the documentation that is required to prove ownership of house and land is often difficult to access and in the face of such difficulties donor funding lapses.

7.4.2 Conclusions for phase 2

The conclusions for phase 2 addressed the second objective of the study. The organizations that provided care and support to OVC were Community based, faith based and non-governmental organizations. The organizations used reactive, community based and institutional care approach which preferable should be used as a last resort (see sections 4.3.1.1 and 4.3.1.2).

7.4.2.1 Theme 1: Developmental support for orphaned and vulnerable children (see section 4.4.1)

Developmental support included support for education, vocational training and socialization of OVC. There was a need for organizations to provide full support in this regard. Organizations did not provide full sponsorship for education of OVC. Many expected grandparents to top up the school fees. Grandparents did not have money to top up the school fees and thus children were finally excluded from school. Children often lost the opportunity to enrol for primary education, due to lack of support for pre-school education which is a prerequisite for primary school entry in many schools. Therefore, a large number of OVC would not have access to education, thus limiting future job opportunities for these children. This is supported by Dlamini (2007:10) who reported that children are sent home by teachers due to insufficient grants provided by organizations. Not all organizations provided support for vocational training and thus some children missed life skill training. Bhargava and Bigombe (2003:1387) pointed out that vocational training increases productivity among adolescents as they gain skills in generating income which promotes self-reliance.

Social centres such as NCPs and church groups provided some form of socialization to these children by instilling good moral values. However, church attendance was not regular and NCPs are not well patronized by these children who are stigmatized by attending these and referred to as *boMahlatsini* (the children of the bush).

7.4.2.2 Theme 2: Partnership among the organizations (see section 4.4.2)

Partnerships between and/or among organizations was not very strong because there was no memorandum of understanding committing these organizations, though a few were in the process of drafting this during the course of the study. As a result there was no forum for exchange of information which would otherwise strengthen the working relationship. Lack of strong collaboration and coordination among organizations has led to ineffective and inefficiency in providing support for OVC. This notion is supported by (Huni 2005:4) who reported on the strength of sharing information.

7.4.2.3 Theme 3: Support for protection (see section 4.4.3)

The support for health care was inadequate as few organizations provided this support directly from their organizations or provided financial assistance to OVC. Even so children sometimes lacked supervision for taking medication by grandparents and some did not keep appointments because of financial constraints and/or due to lack of understanding, did not maintain follow up in the clinic if the children were responding well to treatment. Grandparents needed financial assistance to send children for medical care and they also needed health education on the importance of drug adherence. USAID (2004:4) confirmed that grandparents need financial assistance to access medical care for OVC. In Swaziland health care is not free and OVC do not get any support for medical care.

Legislations on dispossession of inheritance, negligence and abuse were not enforced and skilled personnel providing counselling of abused children were few and this compromised the services provided in this regard. There was a need for Half-way houses to ensure that abused children did not remain with the abusers even after abuse has been reported as this could be dangerous for the children. Provision of One-stop centres would ensure that abused children do not report their stories to different service providers which could be traumatic. Roby and Shaw (2006:201) confirmed that OVC who are abused should be moved immediately from abusive environments to a safe place to prevent continued abuse, emotional and psychological trauma. Another aspect that was raised at various quarters was lack of correct identification whereupon children often lost essential services because they lacked documents to identify them.

7.4.2.4 Theme 4: Psychosocial support (see section 4.4.4)

Psychosocial support included emotional, psychological and spiritual support. The death of parents brought separation of siblings and removal from familiar environment which led to emotional and psychological distress to OVC. The child-to-child support through formation of kids clubs and bible studies which allow children to share their experiences has been established by faith-based organizations. But the lack of adult guidance and monitoring due to shortage of personnel is a big threat to these clubs. This good endeavour should be supported by government and all organizations. Williamson et al (2001:7) asserted that organizations or clubs that allow children to talk among themselves about problems are developmental and assist children to solve their problems much easily. The authors are of the opinion that such clubs must be supported.

Few organizations provided bereavement counselling and counsellors were few and this compromise provision of quality services. Goodman (2006:1) confirmed that children need to be helped with grieving. The grandparents need skills in providing bereavement and adolescents counselling to assist them (grandparents) in managing the children in their households. Disclosure of HIV status by the ill parent or parents to their children and family members was necessary to prepare them to cope with the loss and prevent suspicions that the death was due to witchcraft. This led to loss of support system as most suspects were people who would otherwise assist these children and their grandparents. Disclosure of parental diagnosis need to be encouraged to prevent suspecting witchcraft as a course of parental illness and/or death.

Lack of love and belonging, and knowledge on family background has led to poor identity which emotionally traumatized the child. Even though organizations provided support in this regard, success in tracing relatives was limited. Lack of identity lowers the self-esteem of the child.

The OVC attended vacation camps organized by faith based organizations as a form of recreation and here the children receive spiritual education and child-to child support. This addressed their emotional, psychological and spiritual needs. Because not all organizations provided this type of support, many children did not benefit from such support. After the camp, children were attached to local churches for continuous

support and constant supervision by church members. Furthermore, the churches also provided for material needs. Rogers (2007:12) pointed out that faith based organizations provide spiritual support to OVC.

7.4.2.5 Theme 5: Support for survival needs (see section 4.4.5)

The support for survival included provision of blankets, clothes, food, shelter, water and sanitation. Support to OVC in this regard was inadequate and inconsistent. The safety and security of these children was threatened as children were predisposed to sexual abuse, risky sexual behaviour, diseases, poor academic performance leading to school drop out and self-esteem lowered. Therefore, the OVC needed to be consistently supplied with enough blankets to avoid sharing, clothes for all occasion and seasons and monthly food rations.

Organizations that assisted in building or renovating houses for OVC were frustrated by lengthy processes administered by an increasingly overstretched system. Therefore, collaboration among support, donor organizations and municipal council was necessary to prevent loss of funding earmarked for building houses for OVC. There was a need for the municipal council to take responsibility for providing safe water and proper sanitation to prevent diseases amongst children who live in overcrowded houses with poor safe water supply and inadequate sanitation (Foster 2006:700; Simbayi et al 2006:5). Concerning living parents who fail to maintain their children, maintenance law need to be enforced by government.

7.4.3 Conclusions for phase 3 (see section 6.3)

The conclusions for phase 3 address the third objective of the study. The conclusions for the guidelines are presented in table 7.1. These guidelines also serve as recommendations for practice.

Successful implementation of these guidelines will ensure that needs of OVC are adequately addressed. Government commitment is fundamental and forms an integral part for the successful implementation of the guidelines. Political will is necessary for approval of budget for accomplishment of these tasks.

Table 7:1 Summary of the guidelines for support of orphaned and vulnerable children

GUIDELINE	JUSTIFICATION	KEY FINDINGS	RECOMMENDATIONS FOR IMPLEMENTATION(PRACTICE)
<p>1. To address the development of orphaned and vulnerable children.</p> <ul style="list-style-type: none"> • Comprehensive educational support to orphaned and vulnerable children. • Socialization of orphaned and vulnerable children. 	<p>To ensure that children have a better future.</p> <p>To access education and acquire life skills for future sustainability of OVC.</p> <p>To teach moral values to shape the behaviour of OVC to be social acceptable.</p>	<p>3.3.2.1 4.4.1</p> <p>3.3.2.1.1 3.3.2.1.3 4.4.1.1 4.4.1.3</p> <p>3.3.2.1.2 4.4.1.2</p>	<ul style="list-style-type: none"> • Monitoring of the implementation of legislation relating to access to education as stated in the Constitution of the Kingdom of Swaziland 2005 section 29(1) to ensure that children are not disadvantaged because of their vulnerability. • School legislation to be revisited whereby exemption from fees for vulnerable children could be legislated and enforced to enable the OVC to benefit from the education system. • Children who are not making academic progress to have access to vocational training. • Organizations should provide deliberate information sessions for grandparents on recent advances and development so that grandparents can appreciate changes that have and are occurring. This will breach the gap between grandparents and grandchildren. • Grandparents and volunteers to be provided with training to be able to deal with discipline of the children they are caring for.
<p>2. To address issue of partnership among organizations that support orphaned and vulnerable children.</p> <ul style="list-style-type: none"> • Collaboration among organization that support orphaned and vulnerable children. • Coordination and networking. 	<p>To enable organizations to work synergically</p> <p>To ensure proper utilization of resources and reduce duplication of activities and thus improve coverage.</p> <p>To enable organizations to work together effectively and strengthen the care and support provided to OVC.</p>	<p>4.4.1</p> <p>4.4.1.1</p> <p>4.4.1.2 4.4.1.3</p>	<ul style="list-style-type: none"> • Organizations should sign memoranda of agreement to ensure commitment from all those involved in the care and support of OVC. • Regular meetings between organizations should be conducted to continually share ideas, expertise and monitor relationship. • Coordinating mechanisms for support of OVC should be put in place and fully supported by organizations including government. All organizations that support OVC should be aware of these mechanisms. • A Call centre for dissemination of information should be established in the community for easy networking.
<p>3. To address support for protection.</p>	<p>To improve, promote and protect the rights of rights of children.</p>	<p>3.3.2.2 4.4.3</p>	<ul style="list-style-type: none"> • Monitoring the implementation of the Constitution Kingdom of Swaziland 2005 section 29(1).

GUIDELINE	JUSTIFICATION	KEY FINDINGS	RECOMMENDATIONS FOR IMPLEMENTATION(PRACTICE)
<ul style="list-style-type: none"> Health care. Legal support. 	<p>To improve the health status of the OVC</p> <p>To ensure that OVC are protected from abuse, stigma, discrimination, exploitation and dispossession of property.</p>	<p>3.3.2.2.1 4.4.3.1</p> <p>3.3.2.2.2 4.4.3.2</p>	<ul style="list-style-type: none"> Fee exemption policy for OVC should be developed to ensure access to health care services in clinics and hospital. Review of “The Girls and women’s’ protection Act number 39(1) of 1920” to be inclusive and specific about children and those suffering living with HIV and AIDS. Communities should establish legal structures for child protection in the informal settlements to look into the rights of OVC including rights to inheritance, land and protection from all form of abuse, exploitation and discrimination.
<p>4. To address psychosocial support.</p> <ul style="list-style-type: none"> Emotional and psychological support. Spiritual support. 	<p>To ensure the well-being of OVC.</p> <p>To promote the emotional and psychological health of OVC and the well-being of these children.</p> <p>To instill good values so that children make right choices in life and relate well with other people.</p>	<p>3.3.2.3 4.4.4</p> <p>3.3.2.3.1 4.4.4.1 3.3.2.3.2 4.4.4.2</p> <p>3.3.2.3.3 4.4.4.3</p>	<ul style="list-style-type: none"> Strengthening of the grandparents’ ability to provide psychosocial support. Training of adequate counselors including grandparents and volunteers to address the psychological and emotional needs of OVC especially in the NCPs and Drop-in centres. The organizations should promote and support formation of child-to-child support groups in the community, schools and monitor their progress. The non-governmental organizations should promote and strengthen the formation of child-to-child support groups to enable children to support each other spiritually. The provision of clothes for church purposes is vital in encouraging children to attend church. Women’s groups in different churches should be encouraged to pay home visits to families of OVC to provide spiritual, material and psychosocial support and assist grandparents in their activities for daily life.
<p>5. To address support for survival.</p> <ul style="list-style-type: none"> Support for provision of blankets. 	<p>To ensure safety and security of the OVC.</p> <p>To protect OVC from adverse weather conditions and sexual abuse.</p>	<p>3.3.2.4. 4.4.5</p> <p>4.4.5.1</p>	<ul style="list-style-type: none"> The organizations should ensure that in-come generating projects geared towards improving the life of OVC are supported fully. The families of OVC should be provided with enough blankets according to family members to ensure that members do not share blankets.

GUIDELINE	JUSTIFICATION	KEY FINDINGS	RECOMMENDATIONS FOR IMPLEMENTATION(PRACTICE)
<ul style="list-style-type: none"> Support for provision for clothes. 	<p>To protect children from elements, improve their self-esteem and encourage integration with other children in church, at school and in play.</p>	<p>3.3.2.4.1 4.4.5.2</p>	<ul style="list-style-type: none"> Grandparents should be empowered with skills to generate income to buy appropriate clothes for children. Organizations should supply enough decent clothes appropriate for all occasions and seasons including shoes and school uniform packages.
<ul style="list-style-type: none"> Support for provision for food 	<p>To improve the health status, academic performance at school, restore child's dignity and raise self-esteem.</p>	<p>3.3.2.4.2 4.4.5.3</p>	<ul style="list-style-type: none"> Organizations should provide adequate and consistent nutritious food rations. Food parcels to take household occupancy into consideration. Government to enforce law on child support/maintenance "Child Care Order of 1977". School feeding scheme should be encouraged and supported and stigma associated with school feeding removed. Monitoring mechanism for food delivery and distribution should be put in place by both government and other organizations to ensure correct supply reach intended schools and social centres and it last for intended time.
<ul style="list-style-type: none"> Support for provision of shelter 	<p>To ensure the safety and security of OVC, improve health status, prevent sexual abuse and raise their self-esteem.</p>	<p>3.3.2.3.3 4.4.5.4</p>	<ul style="list-style-type: none"> Housing provided for OVC should cater for the privacy and space for the various activities in the household. The community should be encouraged to assist in building and repairing of dilapidated houses especially those housing grandparents and OVC.
<ul style="list-style-type: none"> Support for safe water supply and proper sanitation. 	<p>To promote cleanliness, prevent diseases and hazards.</p>	<p>4.4.5.5</p>	<ul style="list-style-type: none"> The families of OVC should have access to enough litres of water adequate for drinking and cleaning. Proper mechanism for refuse removal from the informal settlements should be put in place. Material to build hygienic toilets should be provided for families of OVC.

7.5 RELATING THE FINDINGS OF THE STUDY TO EXISTING THEORY

The findings of phases 1 and 2 of this study were finally related to Maslow's Hierarchy of Needs Theory. This was to ensure the trustworthiness of the findings (Polit & Beck 2008:202). The major concepts of this theory according to the hierarchy are: Physiological, safety and security, love and belonging, self-esteem and self-actualization needs. These concepts were related to the themes of the study which are survival, developmental, protection and psychological needs and support.

The survival needs and support relate to the physiological or basic human needs. These needs were inadequately and inconsistently met. According to Maslow unfulfilled basic human needs threaten the safety needs. This was true of the findings where children were involved in risky sexual behaviour to fulfil basic needs such as clothes and food.

Developmental and protection needs and support which according to Maslow are Safety and security needs were often not met. If children lack protection from diseases, abuse and their rights are not respected including those of access to education, feelings of insecurity would set in.

In this study psychosocial support includes emotional, psychological and spiritual needs. These needs deals with love and belonging needs which include affection and acceptance by family, friends and enduring intimacy (Maslow 1970 in Johnson & Webber 2001:92). Children lack identity as they are neglected, rejected and abandoned by living parents and this emotionally and psychologically traumatize the children. Organizations have few skilled personnel to provide adequate support in this regard.

Fulfilment of physiological, safety and security, and love and belongingness are a prerequisite to meeting self-esteem needs. The OVC are not able to reach self-actualization as the four lower level needs are not met (see chapter 5 figure 5.1). The four lower level needs are fundamental in the development of full personal potential as stated by Maslow (1970) in Johnson and Webber (2001:92).

7.6 RECOMMENDATIONS

The recommendations made are based on the conclusions drawn from the findings of the study. These include recommendation for further research, nursing practice and guidelines.

7.6.1 Recommendations regarding future research

The findings of the present research pointed out a number of areas of the needs and support of OVC that needed in-depth research. The themes that need to be investigated in further research are:

- The experience of the orphaned children cared for by their grandparents in the informal settlements. This could bring insight and understanding concerning their experience which will ensure that support provided to these children meet their needs in a holistic way.
- Investigation on empowerment strategies necessary for grandparents in childrearing.
- Empowerment strategies for children to cope with the trauma experienced in the event of parental death and the problems associated with that loss. The older children could share information on how best they can be assisted in handling parental loss before complications set in.
- Challenges faced by organizations in the provision of adequate support to OVC and lasting solutions to address these.
- A qualitative study should be undertaken to explore the themes identified in this study.

7.6.2 Recommendations regarding nursing education

- Education should place emphasis on the cultural way of providing emotional and psychological support to OVC (that is through storytelling) which would benefit even small children who are often left out during bereavement.

7.6.3 Recommendations for guidelines

- The guidelines could be adapted and tested in other areas as the findings of the study apply to the informal settlements of Mbabane, Swaziland.
- The guidelines together with the results of the study should be communicated to the stakeholders through meetings, seminars and workshops. The stakeholders include government, non-governmental organizations, Municipal councils, training institutions and communities.

7.7 LIMITATIONS OF THE STUDY

The following limitations have been identified:

- The study was conducted within the qualitative paradigm and therefore findings cannot be generalized to the whole population. Generalization was not the aim of the study, but rather an understanding of the phenomenon from the perspective of the participants.
- At times grandparents may have overemphasized the needs as they were the beneficiaries.
- The sample (selected through a snowball sampling technique) lacked diversity in terms of age, education level and gender of the grandparents as referral was made by acquaintances.

7.8 CONCLUSION

The identification of the needs of OVC being cared for by grandparents and the nature of support provided by organizations for these children formed the basis for the development of the guidelines. Implementation of the guidelines would ensure that relevant, effective and efficient care and support is provided to OVC in the informal settlements of Mbabane, Swaziland. This will improve the quality of life of OVC cared for by grandparents in the informal settlements. Furthermore, partnership between and among support organization forms an integral part in the successful implementation of these guidelines.

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