

**PRACTICE GUIDELINES FOR THE INTEGRATION OF CHILD-HEADED
HOUSEHOLDS INTO EXTENDED FAMILIES**

by

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DECLARATION

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I, Luzile Florence Nziyane, declare that **PRACTICE GUIDELINES FOR THE INTEGRATION OF CHILD-HEADED HOUSEHOLDS INTO EXTENDED FAMILIES** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Signed

Ms LF Nziyane

Date

31 May 2010

DEDICATIONS

This thesis is dedicated to my parents, **NELLY NOZIZWE NDLOVU** and **JUDAS BETSANE NZIYANE**, for their feministic teachings to their children (who were all females) that education is important for women to enable them to live independent and self-reliant lives. Their motivating words have inspired and propelled me to attain all my educational successes.

The thesis is also dedicated to my loving daughter, **CORLETTE GABISILE NZIYANE**, for consistently reminding the family that extended family ties are pivotal and should be nurtured.

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ABSTRACT

The family as the basic unit of society plays an important role in the lives of individuals especially children. The HIV/AIDS epidemic has devastated the family structure which is already strained by other detrimental factors such as urbanisation and poverty. The increased death rate of young parents due to AIDS-related diseases has led to an escalating number of orphaned children growing in child headed households (CHH) without adult care.

A qualitative study was undertaken to develop an understanding of the barriers that hinder the integration of orphaned children into extended family folds and to obtain suggestions on how to overcome these barriers. Semi-structured, face-to-face interviews were conducted in Bushbuckridge, Mpumalanga Province, with a sample of children heading CHH, relatives of these children and social workers who were rendering social work services to these client-systems.

The study revealed that the level of suffering faced by CHH began with the illness of the parents. This was further exacerbated by the death of the parents as these children were not absorbed by their extended families. Barriers that hindered the integration of orphaned children into extended family folds go beyond the extended families' economic capacity to absorb the children. There is an interplay of barriers that are poverty related, relational and family related, culturally related, circumstances that are related to the orphaned children as well as limitations in social work service delivery.

The findings indicate that CHH is not a good option to care and protect orphaned children as it exposes them to pervasive adversities with little resources and support. The integration of orphaned children is embraced as a good option to care for the children because of its potential value, amongst others, of enabling the extended families to relieve the CHH from the burden of care. From the findings of this study, practice guidelines were developed to enhance the efficacy of integrating orphaned children into extended families to prevent the CHH phenomenon.

Key words

Children; orphans; orphaned children; child-headed households; HIV/AIDS; extended family; relatives; integration; social work; practice guidelines; barriers; parental responsibilities; children's rights; fundamental needs; psychosocial support; succession planning; resilience.

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired immuno-deficiency syndrome
BHSSC	Bushbuckridge Health and Social Services Consortium
CBO	Community-based organisations
CHH	Child-headed households
CPD	Continuous Professional Development
CRC	Convention on the Rights of the Child
FBO	Faith-based organisation
HIV	Human immuno-deficiency virus
NGO	Non-governmental organisations
NPO	Non-profit organisation
OVC	Orphans and vulnerable children
UN	United Nations
UNICEF	United Nations Children's Fund
UNCRC	United Nations Convention on the Rights of the Child
UNISA	University of South Africa
WHO	World Health Organisation

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CHAPTER ONE

INTRODUCTION AND GENERAL ORIENTATION TO THE STUDY

1.1 GENERAL INTRODUCTION, PROBLEM FORMULATION AND THE MOTIVATION FOR THE STUDY

In this section, a general introduction and problem formulation will be presented, as well as the motivation for the study.

1.1.1 General introduction and problem formulation

Patel (2005:167) states that family is a basic unit of society and it plays an important role in the lives of all people especially children. According to White and Klein (2008:17), people are born into a family that already exists. People belong to a particular family involuntarily in the sense that they do not choose to be born into a particular family. Maskanian (n.d.:1) highlights that family as a social unit usually comprises at least one or two adults taking parental responsibilities over children; this unit sometimes includes other relatives with a willingness to perform the societal functions that the family is expected to perform. Paramount in these functions is that the family continues to be the primary institution in human society which plays a primary role in socializing children and inculcating societal values and morals in children to enable them to become socially responsible individuals in society (Mkhize, 2006:1).

Patel (2005:42) indicates that during pre-colonial times, the Southern African's family structure was a tight-knit unit which took on the form of a traditional set-up of the village with the clan and kinship ties as the most important systems. Members who were vulnerable were supported and taken care of by the extended family. However, the structure of the family and its roles have changed over time. Colonisation which was characterised mainly by migrant labour and slavery threatened the indigenous family life and caused devastating effects for community life. Patel (2005:42) highlights that this led

to changes in the traditional roles of women and men as many single-parent households emerged with many women heading such households. Amoateng and Richter (2007:1-3) confirm that changes in the family structure and its roles were affected by social, economic, cultural and political factors. These factors play a very important role in determining the form which the family might take, i.e. whether the family should become a nuclear family or an extended family. For instance, in South Africa, political factors (such as the institutionalization of racism and political disenfranchisement of the majority indigenous population) in interaction with economic factors (such as institutionalization of wage labour through industrial development and declining agricultural resources) contributed to preventing the formation of extended family households mainly among Africans.

According to Amoateng and Richter (2007:4), Section 10 of the Urban Areas Act of 1945 and the Housing Policy promoted single family units of three or four-roomed houses which forced the establishment of nuclear families. Amoateng and Richter (2007:4) assert that changes in relationships between spouses, parents and children, and among the members of the family also play a role in determining the structure of the family. These changes in relationships are exacerbated by mechanisms such as formal education, wage employment and adoption of Western belief systems. Poverty has led to the replacement of the extended family by the nuclear family (Amoateng & Richter, 2007:1-4). This is confirmed by Patel (2005:165), who asserts that in South Africa family life is disrupted by, amongst other things, poverty, unemployment, and lack of access to social services.

According to Patel (2005:167), family is the basic unit of society and therefore it is important that families should be supported and strengthened to ensure optimal development of their members and enforce the smooth transition of the members from childhood to adulthood. According to Reid (1993:1), the Human Immune Virus (HIV) & Acquired Immune- Deficiency Syndrome (AIDS) epidemic is a major challenge that devastates the family structure which is already strained by, amongst other things, increasing urbanization, poverty, political and economic migration, and the changing roles of women. Whiteside as cited in Smart (2003:7) illustrates the epidemic as a

succession of three waves. The first wave is characterised by the infection rate of HIV and is followed by the second wave of AIDS illness and death. The third wave is characterised by the long-term devastating impacts of the epidemic, including an increased number of orphans and vulnerable children. Smart (2003:7) indicates that historically, large-scale orphanhood occurred as a sporadic, short-term problem related to world wars, famines or diseases. However, HIV/AIDS is producing a rapidly increasing number of orphans on an unrivalled scale globally. The UNAIDS and WHO 2007 global AIDS Epidemic Update Report (2007) and the UNICEF (2008) report on Statistics by area: HIV/AIDS-global and regional trends indicate that in 2007 there were more than 33 million people living with HIV globally and 2.5 million of them were children under 15 years. Sub-Saharan Africa is the epicentre of the global HIV/AIDS epidemic and it accounts for an estimated 22.5 million of the people who are living with HIV globally.

However, UNAIDS & WHO (2007) noted a decline in new infections from 2.2 million in 2001 to 1.7 million in 2007 due to effective prevention programmes and the administration of antiretroviral treatments. Zimbabwe, Kenya and Cote d'Ivoire are countries that have shown a decline in national prevalence. UNICEF (2008) indicates that of the 2.5 million children living with HIV, 90% of these children live in Sub-Saharan Africa. Globally, AIDS is among the leading causes of death and has already caused an estimated 25 million deaths, with 76% of the global two million deaths that occurred in 2007 being in Sub-Saharan Africa.

Studies done by Foster, Makufa, Drew and Kralovec (1997:155) and Patel (2005:165) indicate that the severity of the epidemic is more pronounced amongst young and middle-aged adults so that families are losing caregivers due to AIDS-related diseases. This results in an increased number of orphaned and vulnerable children being in the care of the elderly and young children. UNICEF (2008) estimates that since the advent of the epidemic there were 15 million children under the age of 18 years who had lost one or both parents to AIDS and 11.4 million of those orphaned children live in Sub-Saharan Africa. UNAIDS & WHO (2007) indicate that South Africa is the country with the

highest number of HIV infections in the world. Knight (2006) asserts that there were more than 1, 000 new infections daily in 2005, resulting in a total estimated number of 5.5 million people living with HIV in the country in 2005, of whom 240 000 were children under the age of 15. UNAIDS & WHO (2007) note that prevalence data collected from pregnant women attending antenatal clinics in South Africa suggest that HIV infection rates might be levelling off or declining. Although data show a decrease from a 30% prevalence rate in 2005 to 29% in 2006, there has been an increase in AIDS-related deaths in the country. An analysis of the Actuarial Society of South Africa (2003) statistics indicates that there were 374 655 AIDS-related deaths in 2007 as compared with 282 348 in 2002. This increase causes many children to be orphaned and vulnerable.

It is estimated that there are currently 1.8 million children who have lost one or both parents due to AIDS-related disease in South Africa (Actuarial Society of South Africa, 2003). The advent of HIV/AIDS has changed the world in which children live and has had a negative impact on the lives of children. Some of the children are becoming 'orphans' while their parents are still alive as the parents are dying of AIDS-related diseases and the children assume adult responsibilities by caring for their dying parents and their younger siblings. Donahue (in Foster, Levine & Williamson, 2005:39-47) states that HIV/AIDS puts families with infected family members under huge economic stress. In most families, the epidemic strikes economically active adults who are mostly breadwinners, and as the stages of the disease progress, the infected person is forced to stop working due to illness and the family's income is either reduced or lost.

The economic status of the family is also hit hard by the costs of treatment for the infected family member especially if the family does not know the nature of the illness. Children may be forced to drop out of school due to the family's lost or reduced income and the inability to afford school expenses such as school fees or the cost of school uniforms. Children may also be forced to drop out of school to seek employment in order to generate income for the family. A report by World Vision Canada (2007) confirms that girls in particular are forced into risky activities such as trading sex in order to bring income to the family and risk being exposed to HIV infection, teenage pregnancy and

other sexually transmitted diseases. Furthermore, children may also be forced to drop out of school in order to assist in taking care of sick parents. The children are faced with a situation of watching their sick parents go through the stages of the disease and death. Such children suffer from psychological trauma that haunts them for life. The children also experience stigmatization and discrimination due to the nature of their parents' illness. HIV/AIDS has negative impacts on the learning capacity of children. Kelly (in Foster et al., 2005:75-82) indicates that trauma and psychological distress experienced by children can harm their capacity to learn as the stress impairs their thinking, their ability to respond to environmental stimuli and their performance on school tests.

Psychological stress can also lead to behavioural problems in schools such as class disruption, fighting, ignoring school work, and risky sexual activity. Makoni (2006:128) in her study on factors that impact on learning in orphanhood in Zimbabwe found that pupils who had been ill for at least a year performed badly at school. Children infected by HIV-experience major school-related problems. Studies (Kelly in Foster et al., 2005:67-70; Pollock & Thompson in Boyd-Franklin, Steiner & Boland, 1995:127) point out that as the stages of the disease progress; the children are forced to be more absent from school due to frequent visits to hospitals.

Furthermore, Viinikka (in Batty, 1993:49) and Pollock and Thompson (in Boyd-Franklin et al., 1995:128) state that children who are infected by HIV/AIDS experience enormous psychological stress related to stigmatization and discrimination by school peers and/or teachers, as well as fear and anxiety related to the uncertain future. In addition, Pollock and Thompson (in Boyd-Franklin et al., 1995:128) state that the children are faced with the dilemma of whether or not to disclose their HIV status. This dilemma can erode the child's resilience causing a tremendous amount of psychological stress. The children may eventually drop out of school. Torrance, Lewis, La Brie and Czarniecki (in Boyd-Franklin et al., 1995:144) further state that children who are infected by HIV do not grow optimally as compared with other children. Nutrition is of utmost importance to the children to maintain optimal growth. Although following a proper diet is essential, these children are not able to comply due to their economically disadvantaged circumstances.

Kelly (in Foster et al., 2005:76-77) suggests that HIV/AIDS has led to the emergence of a relatively new sociological phenomenon – the child-headed household, where all adults in the family have died of AIDS-related diseases. The oldest child is generally the one who assumes economic and quasiparental responsibility for the other children in the household. Foster et al. (1997:155) state that the emergence of child-headed households is a recent phenomenon with first cases noted in the late 1980s in Uganda and Tanzania. These households were observed in Lusaka, Zambia, Manicaland and Zimbabwe in 1991, while in 1993/4 there were cases of teenagers caring for younger siblings after having lost their parents to AIDS. However, other researchers take a different position regarding the existence of the child-headed households (CHH) phenomenon.

According to Sloth-Nielsen (2004:2), children used to head households due to parents migrating to urban areas to seek employment before the advent of the HIV/AIDS epidemic. Some parents may abandon their children, thus leaving them without an adult caregiver. Likewise, MacLellan (2005:2) indicates that in countries like Angola and the Democratic Republic of Congo, the CHH phenomenon has emerged as a result of parents dying due to war. The researcher's view is that although the CHH phenomenon was in existence before the HIV/AIDS epidemic, there has been an increase in the number of CHH after the advent of HIV/AIDS as many parents are dying due to the pandemic. These children are inundated by the day-to-day management of household chores, caring for themselves and their younger siblings, as well as making household decisions. The children's circumstances demand rigorous action by Government and Non-Governmental Organizations (NGO) to assist them.

Studies (Mkhize, 2006:2; Rantla, Siwani & Mokoena, 2002:5; Germann, 2005:46) have shown that traditionally most of the African indigenous cultures did not allow orphaned children to grow in CHH. There were no orphans as such because as soon as the surviving parent was buried, the children would be absorbed into the extended family. Families and communities were socialized to practice the philosophy of "every child is my child" that is the embodiment of the spirit of *Ubuntu*. The surrogate family was expected to provide care and protection to the additional children in the same way it

provided for its biological children. The extended families were able to absorb and provide care and protection to the orphaned children even though they did not have sufficient resources. However, now the traditional practice seems to be breaking down since numbers of households that are headed by children have emerged and are escalating (MacLellan 2005:2). Mkhize (2006:3) postulates that factors such as migrant labour, insufficient financial resources, demographic change and westernization contribute to the breaking down of the extended family ties, thus resulting in CHH. However, Foster et al. (1997: 155-156) indicate that these assumptions have not been validated because no studies had been conducted on the CHH phenomenon before the HIV/AIDS epidemic as the phenomenon had always existed at some point in most cultures, primarily due to migrant labour.

The study commissioned by the Department of Social Development (2006a) on perverse incentives and unintended consequences of the social grants system found that 75% of the children in foster care are placed with the extended families. In their study on factors leading to the establishment of CHH in Zimbabwe, Foster et al. (1997:161-163) found that of 43 CHH studied, 30 of them had a relative known to them who could have been able to take care of the children. However, 88% of these households had relatives who were reluctant to absorb the children into their family mainly because of economic constraints. Reasons cited were, amongst other things, lack of space to accommodate the children and the fact that relatives were in need of care themselves.

Rantla et al. (2002:20-21) in their study on orphans and extended families in Bushbuckridge found that all 50 CHH studied had extended families. They found that some of the children chose to remain in the CHH to protect the property left by the deceased parents. Some of the children asserted that the extended families had not played a vital role in their lives while the parents were still alive; their suspicions about the sudden interest of the extended families were associated with the foster child grant. The children felt that the extended families wanted to use them to receive the foster child grant. Similar findings were found by Save the Children UK (2006a: 16) in their case study on children placed with extended families in Pidie, Aceh, following the *tsunami*.

They found that occasional disputes within the extended family regarding the child care occurred and they were motivated by the perceived material benefits that could be obtained when absorbing the displaced child. However, according to the study on perverse incentives and intended consequences of the social grants system (Department of Social Development, 2006a), no conclusive evidence was found regarding the possibility of perverse incentive in foster care by the extended families. In her study, on the social functioning of a child-headed household and the role of social work, Mkhize (2006:3) mentions that, amongst other things, strained relationships between the children and the extended families are a causal factor for the children to remain in CHH. The children therefore chose to be alone in order to provide support to each other.

Soliz, Lin, Anderson and Harwood (in Floyd & Morman, 2006:63) state that family relationships play an important role in family members' lives and affect the quality of interaction which family members have with each other. The extended family is viewed in the context of family relationships that are created through the expansion and extension of the traditional nuclear family either due to genetics or by law through marriage. Soliz et al. (in Floyd & Morman, 2006:66) claim that for many children, the grandparent-grandchild relationship is the most accessible and enduring source of intergenerational interaction. The grandparent-grandchild relationship is regarded as second to the parent-child relationship as the grandparents are important in transmitting family history to grandchildren and thereby reinforcing family identity.

Soliz et al. (in Floyd & Morman, 2006:66) state that grandparents play an important role in the upbringing of grandchildren. They often become primary caregivers or custodial parents of grandchildren when the biological parents are at work or are going through problems such as substance abuse, incarceration or mental illness. Grandparents play an important supportive and emotional role in the lives of grandchildren especially during changes in family structure through divorce of children's biological parents. However, Soliz et al. (in Floyd & Morman, 2006:66) do not show whether the quality of the support that the grandparents provide is influenced by the age of grandparents or grandchildren. Furthermore, these authors do not show whether the quality of the relationship between

grandparents and grandchildren is influenced by the relationship between grandparents and the children's biological parents. Aunts, uncles, nieces and nephews are considered important in family relationships as they form part of the extended family system. Sotirin and Ellingson (in Floyd & Morman, 2006:83) mention that aunts are regarded as "kin keepers" as they maintain family support networks. In their study of kinship foster care among new immigrants, Sotirin & Ellingson (in Floyd & Morman, 2006:83) found that aunts were regarded as second to grandmothers and a preferred foster parent caring for children in their extended family who had to be removed from biological parents' care. The aforementioned authors also found that the relationship between parents and their siblings (i.e. aunts and uncles) plays an important role in how children perceive their aunts as well as their uncles.

Conflicts among siblings have a negative impact on the relationship between children and their aunts or uncles and this deters the aunts from living with the children when they have to be removed from their biological parents. However, aunts who are emotionally attached to the children's parents have a close relationship with the children and find no difficulty in taking these children into their own homes (Sotirin & Ellingson in Floyd & Morman, 2006:83). It is therefore critical through this present study to establish from the extended families' perspectives and those of the orphaned children heading CHH the nature of their relationships and to explore conflict situations that may have caused the existence of the CHH and how these conflicts can be resolved to ensure an optimal integration process.

The researcher argues that conflict is inevitable in any relationships, including those of orphaned children living in CHH and their extended families. This is also confirmed by Grobler, Schenck and Du Toit (2003:225-226) who assert that a conflict situation may arise because people develop themselves in interaction with others and their ideas about what is best may differ. Grobler et al. (2003:72) assert that facilitators (including social workers) should create a climate in which clients or individuals are accepted unconditionally without judgment or condemnation to help them work through their painful experiences that caused such conflict situations. The researcher is of the view that

social workers are in the best position to help clients manage their problem situations and to develop the unused opportunities of their lives. This means that the social work profession should assist both the children and the extended families to identify the problem situations in their interactions with each other with a view to helping them towards an effective integration. It is therefore critical to explore the role of social work in the integration process of these CHH into extended families.

Recent studies (Mkhize, 2006:216; Sloth-Nielsen, 2004:2; Save the Children UK, 2006b; Rantla et al., 2002:57-62) indicate that CHH face a lot of challenges. The challenges include being at risk of sexual abuse by neighbours or relatives, malnutrition, serious threats to their education due to inability to pay school fees, child prostitution and child trafficking. The children heading the households are forced into assuming adult roles early in their lives. Some of the children have nursed their dying parents and are experiencing overwhelming feelings of loss.

Mkhize (2006:216); Sloth-Nielsen (2004:2); Save the Children UK (2006b) also assert that within a CHH, some children may be infected by HIV and therefore require intensive care. When one of the other infected children gets sick, the child who is heading the household sometimes has to miss school in order to be at home to take care of the sick child. Meting out discipline may be a challenge in these households. Older children sometimes find it difficult to have authority over younger siblings, especially girls with younger brothers. It becomes cumbersome for these households where the older child heading the family gets married and moves out of the household, thus passing on the day-to-day responsibilities of the household to the next child.

The Constitution of the Republic of South Africa (Act 108/1996: Sec 28(1) (b)) states that every child has the right “to family care or parental care, or to appropriate alternative care when removed from the family environment”. The Act requires that children should grow in a family where they are cared for by their parents and if this is incompatible with what is in their best interest, an alternative care should be sought. The existence of CHH is a gross violation of the rights of children to parental care (Mkhize, 2006:220). Policies

and programmes have been designed by Non-Government Organisations (NGO) as well as Government in an attempt to support children in CHH, including for instance the Children's Amendment Act (Act 41/2007: Sec 137) which stipulates that a child over the age of 16 years may head a household, and collect and administer any financial assistance for the household. Mkhize (2006:6) also points to examples of organisations that are responding to the plight of orphaned children in KwaZulu-Natal (KZN), namely the Golden Acre and the Amangwe Village. Another example is the Isibindi Model of Care which is run by the National Association for Child Care Workers (NACCCW) in KZN which is implemented nationally. The model develops child and youth care workers to care for orphans and vulnerable children in their households (MacroLan, 2007).

These programmes are designed in a manner that seems to encourage the CHH phenomenon because they focus on providing services to the children in these CHH. There are no programmes or interventions in place that focus on removing the children from these households to integrate them into extended families despite findings that children in CHH are faced with challenges of growing up without an adult person to provide them with care and protection. MacLellan (2005:07) indicates that children in CHH exist without many of the rights that they are promised by governments and international bodies; these include the right to parental care. The researcher argues that it is very important for children to grow up under the supervision of an adult. This is confirmed by Mkhize (2006:222), who found that children that had an adult offering supervision on a daily basis were functioning very well as compared with children who did not have an adult to provide care and support in their lives.

The present researcher therefore argues that the extended families are still available to absorb orphaned children and to provide care and protection to these children. Hence, the researcher proposed to conduct this study in order to establish the barriers preventing extended families from absorbing the children who are in CHH and to find out how these barriers can be overcome with a view to providing practice guidelines to integrate orphaned children into extended families. There is a need to discover and develop an in-depth understanding of the barriers that hinder the effective integration of CHH into

extended families and to establish the need for the children to be integrated into extended families. This will inform the development of practice guidelines for service providers including social workers to ensure that all children are well cared for and are protected.

1.1.2 Problem statement

Smart (2003:7) states that the human and social costs of the HIV/AIDS epidemic have enormous effects on the lives of children. Foster et al. (1997:155) confirm that the emergence of the CHH phenomenon where children as young as 10-12 years old have become quasi-parents to their younger siblings is one of the enormously distressing effects of the HIV/AIDS epidemic. Increasing numbers of orphaned children are growing up in CHH with minimal or no adult supervision as AIDS has robbed these children of their parents. These children are at an increased risk of losing opportunities such as education, health care, shelter, food security and child protection. Some of the children have witnessed the death of their parents and this has profound long-term consequences such as chronic depression, learning disabilities and disturbed social behaviour (Smart, 2003:8).

Mkhize (2006:38) claims that the burgeoning of CHH is a gross violation of children's constitutional right to parental care or an appropriate alternative care if such parental care is not available. Every child has needs which should be met by an adult within a family environment to ensure the child's optimal psychosocial development. Rantla et al. (2002:5) assert that traditionally the extended family did not allow orphaned children to grow in CHH but this seems to have changed as the CHH phenomenon is escalating. Foster et al. (1997:163) state that although many parents wish that their children should be cared for by relatives such as aunts and uncles if the parents become incapacitated, some relatives are not able to absorb the orphaned children mainly due to economic constraints. Mkhize (2006:21) highlights that social workers face a challenge in how to deal with the phenomenon of CHH in their practice, and especially how they should protect the rights of the children in the face of this disaster.

The researcher's intention was therefore to conduct the research with the goal of exploring and describing the barriers that hinder effective integration of CHH into extended families from the perspective of the extended families, the children heading the CHH and social workers, and to request suggestions from them about the integration of children living in CHH in order to formulate practice guidelines to inform the integration process of the orphaned children into extended families.

1.1.3 Motivation for study

The Department of Social Development (2009:22) explains that a family is seen as a unit that plays a primary role in socializing children and transmitting societal values and norms to children in terms of controls and a sense of what is right or wrong. Older family members in the family may serve as positive role models for the young ones to help reinforce acceptable behaviours which are crucial for the well-being of society (Department of Social Development, 2009:23). Although later experiences outside the home also have an important influence on the child's development, the way in which the child will react to situations is strongly affected by what the child has learnt in his/her home (Schor, 2003:219).

The researcher is of the view that in a CHH where there is no adult to socialize the children appropriately, it can be expected that the children will not be well equipped to face the challenges of life in the future and this will be passed on to their next generation as well. Schierhout and Nxumalo (2007:16) note that children fall within the category of the vulnerable group in society as they depend on adults, especially their parents, to care for and protect them. The Department of Social Development has recently been applauded for its new child legislation that seeks to govern the care, protection and development of the child in the country. The two child care pieces of legislation that were signed into law by the President of South Africa in 2005 and 2007 are known as the Children's Act (Act No 38 of 2005) and the Children's Amendment Act (Act No 41 of 2007).

Schierhout and Nxumalo (2007:17) point out that in its effort to address the plight of orphans and vulnerable children in the country, the aforementioned Department has developed and is implementing a number of documents and strategies which include, for example: The National Guidelines for Social Services to Children Infected and Affected by HIV/AIDS, the National Policy on Orphans and Other Children Made Vulnerable by HIV/AIDS, and the National Strategic Framework for Children Infected and Affected by HIV/AIDS. On evaluating and analyzing these documents and strategies, some policy analysts have indicated that these do not address adequately the needs of children who have lost their parents and are living in CHH without adults to care for and protect them (Schierhout & Nxumalo 2007:17).

The present researcher is currently employed by the National Department of Social Development where she is responsible for developing policies, strategies and guidelines for services to children. The researcher is quite aware that there are no programmes or practice guidelines currently in place in the Department that focus on services to CHH and the integration of the children into extended families to ensure that their constitutional right to parental or alternative adult care is realised.

The researcher also recognised that there is a need for practice guidelines on the integration of orphaned children into the extended families to be developed when she was developing the strategy to address the foster care backlog in South Africa. During the consultation process of the strategy, many social workers from the nine provinces indicated that the huge number of children in CHH constituted a major proportion of the children making up the foster care backlog as social workers did not have any practice guidelines on how to deal with the situation. In her search for literature on CHH, the researcher found that there is a plethora of research information on children affected by HIV/AIDS (Barnett & Whiteside, 2006; Mkhize, 2006; Germann, 2005; Kelly in Foster et al., 2005; Nkomo, 2006). The researcher also found that studies on the CHH phenomenon concentrate on the status quo and the social functioning of the households in order to support children in CHH (Mkhize, 2006; Germann, 2005; Sloth-Nielsen, 2004).

There is, however, insufficient quality information available on the integration of orphaned children in CHH into extended families. Foster et al. (1997:155.156) confirm that very little is known about the capacity of the extended families to absorb children in CHH. It is therefore of the utmost importance to explore and describe the extended family systems and their ability to absorb the children to ensure the protection of orphaned and vulnerable children in CHH to enjoy their rights to parental or alternative care as promised to them by the Government.

In the light of the literature reviewed above and the personal experiences of the researcher in working with children's issues, it is evident that orphaned children continue to live in CHH without parental care in South Africa where there is a dearth of strategies, policies, guidelines and qualitative research that focus on strengthening traditional family care (i.e. the extended families) to absorb children living in CHH. It is in view of this that the researcher became motivated to conduct the study to discover and develop an in-depth understanding of the barriers that hinder effective integration of orphaned children into extended families and to find out how these barriers can be overcome in order to formulate practice guidelines to inform the integration process of orphaned children into extended families.

1.2 THE RESEARCH QUESTIONS, PRIMARY GOAL AND OBJECTIVES OF THE RESEARCH

In this section the research questions as well as the primary goal and the objectives for the research will be introduced.

1.2.1 The research questions

Fossey, Harvey, McDermott and Davidson (2002:723), state that in qualitative studies, qualitative research questions are used instead of hypotheses to "identify the initial focus of the inquiry". The research questions are relatively broad questions that depict the aim and the intention of the research as well as providing a direction for the study. These

broad questions serve to guide the researcher on the type of data that should be gathered to investigate and obtain an in-depth understanding of the topic under study. Alston and Bowles (2003:51) assert that qualitative researchers should not begin their studies with ‘empty heads’ but rather with some initial ideas of the direction the research should take. The research questions will be refined into more specific questions as the research progresses so as to promote the gathering of specific data relevant to the research (Alston & Bowles, 2003:66). The broad research questions for the intended study were initially set as follows:

- From the perspectives of extended families, what are the barriers that hinder orphaned children living in CHH from being absorbed into their families?
- From the perspectives of orphaned children heading the CHH, what are the barriers that hinder children in CHH from being integrated into their extended families?
- From the perspectives of social workers rendering services to orphaned children in CHH, what are the barriers that hinder the integration of children from CHH into extended families?
- What are the suggestions to overcome the barriers against integrating children from CHH into their extended families from the perspectives of the extended family, children heading CHH and social workers rendering services to these client systems?
- What are the practice guidelines that can assist social workers on how to integrate CHH into extended families?

1.2.2 Primary goal of the study

A goal is described as something that a researcher wants to achieve (Grinnell & Williams, 1990:60). In other words, it predicts the future status of the researcher’s knowledge. It helps researchers to determine why they want to do the research study and what they intend to accomplish at the end of the study (Creswell, 2003:87). A goal assists

the researcher to know when the study has been completed. The goal of the intended study was set as follows:

- To discover and develop an in-depth understanding of the barriers that hinder effective integration of CHH into extended families from the perspective of the extended families, children heading the CHH and social workers, and to learn from the participant groups (as the experts) how these barriers can be overcome and then to formulate practice guidelines to inform the integration process of the orphaned children into extended families.

1.2.3 Objectives of the study

Babbie (2007:114) indicates that an objective tells researchers what exactly needs to be investigated in practical terms. An objective serves as a means to achieve the aim or goal of the study. In order to fulfil the aforementioned goal the following objectives were stipulated:

- To explore and describe, from the perspective of the extended families, the barriers that hinder extended families from absorbing orphaned children in CHH into their homes.
- To explore and describe, from the perspective of the orphaned children heading the CHH, the barriers that hinder children in CHH from being absorbed by their extended families.
- To explore and describe, from the social workers' perspective, the barriers that hinder social workers from effectively integrating CHH into extended families.
- To explore and describe the suggestions proposed by extended families of orphaned children, orphaned children heading CHH and the social workers rendering services to these client systems to overcome the barriers against integrating children in CHH into the extended family.
- Based on the above findings, to formulate practice guidelines for social workers to assist with the effective integration of CHH into extended families.

1.3 RESEARCH METHODOLOGY

In this section the research approach, research design and the research method will be presented.

1.3.1 The research approach

During her exercise in reviewing literature on the integration of CHH into extended families, the researcher came to the conclusion that this was an exploratory research project or initiative as only limited literature could be found on the topic (Nkomo, 2006:2). According to Donalek and Soldwisch (2004:354), a phenomenon may be approached from a qualitative perspective if very little is known about it. The researcher therefore employed a qualitative research approach in the study since very little was known about the integration of CHH into extended families.

Fossey et al. (2002:717) define qualitative research as methods that “describe and explain person’s experiences, behaviours, interactions and social contexts without the use of statistical procedures or quantification”. This was confirmed by Donalek and Soldwisch (2004:356) in that the qualitative researcher seeks to gain an in-depth understanding of a phenomenon under study from the participants’ point of view because the participants are experts in their experiential worlds and are able to articulate and describe their experiences and feelings until the researcher has attained full understanding of the phenomenon or part of the phenomenon.

The following are some of the characteristics of the qualitative research approach as identified by Creswell (2003:181-183), Fossey et al. (2002:727), Meadows (2003:464-465), Donalek and Soldwisch (2004:354-356):

- Qualitative researchers see data as meaningful when understood within the context and environment in which research participants operate or live rather than in an experimental setting. It is therefore of the utmost importance for researchers to create an enabling environment for both researchers and research participants

in order to understand the meanings of human actions and experiences in relation to the phenomenon under investigation. For the purpose of this study, the researcher sought to understand the meaning which extended families, children heading CHH and social workers attach to their experiences relating to barriers against an effective integration process, as well as to gain an understanding of possible suggestions to overcome these barriers. The researcher intended to create an enabling environment by establishing and maintaining contacts with the participants through face-to-face interviews in order to understand from the participants' point of view how they perceive the barriers against effective integration.

- Qualitative researchers use appropriate research participants who are affected by the phenomenon under investigation as they will be able to describe their human experiences of the phenomenon. The researcher intended to use as participants, children heading the CHH, extended families of the children living in CHH, and social workers who were working with these CHH as they would be able to describe their human experiences of the topic under study.
- Qualitative methods include semi-structured interviews to explore a specific topic by using an interview guide. The researcher proposed to administer an interview guide to collect data from the participants allowing for flexibility and interaction.
- Qualitative methods involve fieldwork. The researcher therefore decided to go to Bushbuckridge in Mpumalanga Province in person to conduct the interviews in person.
- Qualitative methods are explorative and descriptive in nature. The goal of the study was to discover and develop an in-depth understanding of the barriers that hinder effective integration of children living in CHH into extended families from the perspective of the extended families, children heading CHH and social workers, and to learn from the participant groups (as the experts) how these barriers can be overcome and to formulate practice guidelines to inform the integration process of the orphaned children into extended families. The researcher sought to understand the life circumstances of the extended families, the CHH and social workers in relation to the integration process by allowing the

- participants to give an account of their life circumstances from their own point of view.
- Qualitative methods are described as inductive in their approach because findings and conclusions are drawn from the data rather than by formulating hypotheses and then testing them as with quantitative research methods. The researcher also sought to collect data to answer the research questions posed by the research study and then analyse the data and draw conclusions in order to provide a deeper understanding of what hinders effective integration of CHH into extended families and what the suggestions are to overcome such barriers

The study sought to discover and develop an in-depth understanding of the barriers against effective integration of CHH into extended families from the perspectives of the extended families, the children heading CHH and social workers. In other words, appropriate participants who were directly affected by the phenomenon under investigation were studied in their natural environment to enable them to tell their stories, their human experiences, what works for them and the challenges they experience in their daily lives and to make suggestions on how the barriers, specifically relating to integrating children in CHH into the extended family, can be overcome. In light of the aforementioned characteristics of the qualitative approach and the fact that this was exploratory and initiatory research as very little is known about the integration of CHH into extended families, it was evident that the study had to employ the qualitative approach in order to achieve its goal and objectives as outlined under section 1.2 in this chapter.

1.3.2 Research design

Babbie (2007:87) defines research design as a plan or a strategy of scientific inquiry which is used to provide answers to the research questions posed by the research study in order to fulfil the goal and objectives of the study. This is confirmed by Alston and Bowles (2003:65-66) who define a research design as a plan that depicts how a researcher proposes to study the defined problem. Babbie (2007:87) states that there are two major

aspects relating to the research design which researchers should take cognizance of - that is, the researcher should be specific about what needs to be investigated and then determine the best approach for proper investigation. In other words, in the research plan, the researcher should determine what the purpose of the study is, the specific meanings of concepts to be used in the study, the unit of analysis, and the method of observation and analysis. The most common purposes of research are exploration, description, and explanation (Babbie 2007:87).

In this study, the researcher proposed to employ explorative, descriptive and contextual research designs.

According to Grinnell (2001:29), “Exploratory research seeks to find out how people get along in the setting under question, what meanings they give to their actions, and what issues concern them”. Babbie (2007:88-89) explains that an exploratory design is appropriate when a researcher examines a new phenomenon about which little is known in order to generate a foundation of general ideas which can be explored in greater depth at a later stage. Yegidis and Weinbach (2002:106) postulate that researchers should first gather more knowledge about the phenomenon before they can attempt to understand it. Nkomo (2006:2) states that while there is much research on HIV/AIDS and much has been documented on the social functioning of CHH, there is a dearth of qualitative studies on the integration of CHH into extended families. The researcher therefore decided to use the exploratory design for the present study.

The exploratory design was chosen as the study attempted to discover and develop an in-depth understanding of the barriers that hinder effective integration of orphaned children living in CHH into extended families; the capacity of extended families to absorb orphaned children; the needs of both CHH and extended families for integration; as well as how the integration process is perceived by the children heading CHH, the extended families, and social workers. Suggestions on how to overcome these barriers from the aforementioned participant groups also had to be explored. Qualitative data had to be collected from the participants in order to provide answers to the research questions. The

data were intended to generate a foundation of general ideas and information on the barriers that hinder the effective integration process of CHH into extended families which could be confronted later through the use of investigation methods with a high potential for success (Yegidis & Weinbach, 2002:106).

The researcher also decided to use the descriptive research design for the study. Yegidis and Weinbach (2002:109) state that descriptive designs usually follow exploratory designs in the sense that they aim at measuring and describing the variables that were identified through the use of the exploratory research. Descriptive designs enable researchers to gain a better understanding of the phenomenon under investigation. Through this design, the researcher could describe what hinders the effective integration of CHH into extended families, as well as suggestions to overcome such hindrances with a view to formulating practice guidelines for the effective integration process to ensure optimal care and protection of children in South Africa.

The researcher decided to employ a contextual research design or strategy for the proposed study. Mouton and Marais (1990:49-50) highlight that with a contextual research design, phenomena are studied because of their intrinsic interest as contextual design aims at producing an extensive description of the phenomenon within the context of the unique setting of the domain phenomenon. The researcher's intention was to gain an in-depth understanding of the barriers to and solutions for effective integration within the context of the absorption of CHH into extended families.

1.3.3 Research method

In this section, the population and sampling procedures, method of data collection, method of data analysis, method of data verification, and ethical considerations will be introduced.

1.3.3.1 Population and sampling

Strydom (in De Vos, Strydom, Fouché & Delpont, 2005b:193) highlights the distinction between universe and **population**. Universe means “...all potential subjects who possess the attributes in which the researcher is interested”, while population “...refers to individuals in the universe who possess specific characteristics”. In other words, a population is drawn from the universe as it has a narrower connotation of the specific and realistic characteristics that the researcher is interested in studying in order to answer the research questions formulated for the study (Yegidis & Weinbach, 2002:180).

The population for the relevant study was defined as follows:

- All children heading the CHH living in Bushbuckridge in Mpumalanga Province, South Africa.
- All extended families that have orphaned children living in CHH living in Bushbuckridge in Mpumalanga Province, South Africa.
- All social workers employed by the Department of Social Development at Bushbuckridge in Mpumalanga Province, South Africa, who are rendering social work services to orphaned children living in CHH.

Yegidis & Weinbach (2002:181) assert that time and resources usually do not allow researchers to study the whole population which is of interest to the researchers. Alston and Bowles (2003:81-82) confirm that it is for this reason that a **sample** is selected from the total population of interest to researchers. Sampling is defined by Grinnell (2001:207) as a process of selecting participants from the population to take part in the research study in order to learn about the population from which the sample is drawn. Meadows (2003:466) highlights that qualitative research aims at capturing different behaviours, experiences and attitudes of people in relation to a phenomenon under investigation and it is therefore important to select research participants purposively in order to explore a wide range of these different views. This is confirmed by Fossey et al. (2002:726) who state that “qualitative sampling is described as purposive (or purposeful) when it aims to select appropriate information sources to explore meanings...” “Appropriateness” and “adequacy” are the key elements when selecting a qualitative sample. This means that

appropriate research participants who have knowledge of, are familiar with, or are affected by the phenomenon under study should be selected in order to be able to best inform the study. Research participants and places should be adequate to elicit the type of data relevant to answer the research questions posed by the research study as well as to provide a full description of the phenomenon under investigation.

It is in light of the above that the present study was conducted in Mpumalanga Province. This Province is reported to be the second hardest hit with new HIV-infections and the only Province in South Africa for which the infections are increasing from 32.1% in 2006 to 34.6% in 2007 and 35.5% in 2008 (Department of Health, 2008:9-10). Bushbuckridge, a sub-district of Ehlanzeni District was the focal area as a number of CHH were reported in this sub-district, according to statistics submitted by the Provincial Coordinators of Children's Services to the National Department of Social Development's Foster Care Sub-directorate within the Directorate: Child Protection. Another reason for the selection of this sub-district was that the researcher had worked for five years in the sub-district as a social worker and was known to the community of Bushbuckridge.

Devers and Frankel (2000:3) emphasise that good relationships with the research subjects and sites are important for the quality of the research because qualitative research requires a high level of trust by the participants. Negotiating for access to sites and individuals becomes easier when the researcher has existing social networks in the area sampled. The researcher proposed to employ the purposive sampling strategy to consider three sets of appropriate participants who have knowledge and experience in relation to the phenomenon of CHH and the barriers against successful integration in order to allow them to tell their life circumstances in relation to the phenomenon to enable the researcher to gain an in-depth understanding of the phenomenon (Donalek & Soldwisch, 2004:356). The three sets of participants were: children heading CHH, extended family members who are related to the orphaned children heading the CHH, and social workers who are rendering services to these client-systems. Children heading the CHH were selected because they have knowledge and experience of living in these households and could therefore be the appropriate participants to inform the study. The extended families

were selected because they have knowledge and experience of the barriers that hinder them from absorbing the orphaned children into their homes. These participants would therefore be the best informants about what hinders effective integration of CHH so as to provide answers to the research questions identified for this study. The criteria for inclusion in the sample for the study were as follows:

- Orphaned children from CHH who are heading the CHH, who are below the age of 18 and without an adult living in the households. The CHH should be receiving some form of service from the Department of Social Development or Non-Profit Organisation at Bushbuckridge, Mpumalanga Province in South Africa.
- Extended family members who are related to the orphaned children heading the CHH in Bushbuckridge, Mpumalanga Province in South Africa. The extended families do not necessarily have to be residents of Bushbuckridge.
- Social workers who are involved with the CHH mentioned above, who are employed by the Department of Social Development at Bushbuckridge sub-district in Mpumalanga Province, South Africa.

Devers and Frankel (2000:3) maintain that it is important for researchers to understand the gatekeepers of the area of study for negotiating and maintaining access to sites and individuals. Bushbuckridge is one of the rural areas of the Mpumalanga Province where traditional authority still plays an important role in gatekeeping matters affecting the community. The researcher proposed to seek permission and access from the Traditional Authority responsible for the area as well as from the Bushbuckridge Municipality to gain entry to the area. The researcher decided to write a brief proposal explaining in an open way the background to the research project including: purpose of the research project, description of the general research design, resources required, clear description of the researcher's roles and responsibilities, as well as what will be required from the various participant groups (Devers & Frankel, 2000:3). The researcher planned to make appointments with the gatekeepers to meet them in person and be able to answer and clarify any questions they might have had on the research project.

The researcher also decided to write a letter to the Department of Social Development in the district to seek permission to access the participants as the Department had control over the participants, i.e. children and social workers, as well as meeting them in person to answer and clarify any questions they might have on the research project. The researcher intended to request from the Department a list of CHH in the sub-district that were receiving some kind of service from social workers, as well as the names of social workers involved in the cases. The researcher then planned to contact the relevant social workers to obtain their buy-in into the research project and to establish proper contact details of the potential participants as most of them did not have phones and, since Bushbuckridge is a rural area, it was quite cumbersome to locate houses because there were no proper streets to make directions easy.

In order to respect the extended families' cultural practices, the researcher sought to visit each extended family to hold a meeting with the 'head' of the family to introduce the research project and to seek permission to conduct the interviews. The researcher planned to explain to the 'head' of the family the purpose and the procedures of the research and also to determine their willingness to participate in the research. The 'head' of the family had to be given latitude to identify any member of the family to participate in the research. The initial visit to the CHH and potential participants had to be done in person to make formal introductions and to explain the honest purpose and the procedures of the research project. The researcher also intended to determine their willingness to participate in the research processes and requested them to sign a consent form which was first explained to them.

1.3.3.2 Method of data collection

Preparation for data-collection: Donalek and Soldwisch (2004:354) highlight that it is important for researchers to create and maintain relationships with participants when conducting qualitative research to ensure that participants feel comfortable about sharing their stories which can sometimes be sensitive. This is confirmed by Devers and Frankel (2000:4) who maintain that in qualitative research, knowing the participants and

establishing rapport should precede data collection. The researcher therefore conducted home visits to the CHH and extended families and visited social workers in their offices. This enabled the participants to get to know the researcher and to establish trust in their natural environment where they felt comfortable to explore and describe their life experiences.

During the initial visit, the researcher planned to explain the purpose and the procedures of the research and establish the participants' willingness to participate in the research. The principle of confidentiality was explained to the participants and the fact that their actual identity would not be disclosed when the research report is written and disseminated. The use of a digital voice recorder and note taking were negotiated with the participants. The researcher explained to the participants that information collected would be used only for the purpose of this study.

The content of the consent form was explained to the participants and when they accepted participation in the research, they were encouraged to sign the consent forms (see Appendices 1, 2 and 3 for consent documents for each of the three different participant groups). Although children heading the CHH were expected to formally assent to participating in the research, their extended families were requested to sign the consent forms on behalf of the children. The researcher negotiated a date and time with the participants for a follow-up visit to collect data for the research.

Method used for the purpose of data collection:

Donalek and Soldwisch (2004:354) maintain that one of the main purposes of conducting qualitative research is to gain an understanding of the issues under study at the individual level. Tutty, Rothery and Grinnell (1996: 52) state that an interview is one of the methods that can be used to collect qualitative data from participants that aim at gaining understanding of a phenomenon from the participants' point of view. This is confirmed by Fossey et al. (2002:727) who assert that qualitative research interviews enable participants to articulate stories of their lives in an interactional and conversational manner with the researcher to allow the researcher to gain understanding of their

experiential worlds and social worlds. These qualitative research interviews can be structured, unstructured or semi-structured.

According to Alston and Bowles (2003:116), semi-structured interviews can be useful methods for exploratory and descriptive designs where there is little knowledge on a research topic. They fall between structured and unstructured interviews as they are usually conducted with the use of a schedule which allows the researcher to explore additional information which the participant has raised outside the interview schedule or interview guide. This is affirmed by Fossey et al. (2002:727) who point out that an interview guide is an instrument that guides the interview in a more focused way and yet allows participants to be flexible and conversational. Schurink (in De Vos, Strydom, Fouché, Poggenpoel & Schurink, 1998:299-300) explains that the interview guide or a schedule contains a list of questions that are related to the phenomenon under investigation that are most important to the research. Greeff (in De Vos et al., 2005:296-297) explains that having an interview guide beforehand forces the researcher to think explicitly about what the interview should cover to ensure that specific information required for the purpose of the research is collected.

For the present study, it was proposed that semi-structured interviews using an interview guide should be employed to collect data from the children heading the CHH, the extended families and social workers. Meadows (2003:465) explains that semi-structured interviews use open-ended questions that are less structured and focus on the phenomenon that is being explored. Babbie (2007:246) states that open-ended questions are questions that allow the participants to provide their own answer to the question. They help people to fill in gaps in their stories with regard to their experiences, behaviours or feelings. Participants are given an opportunity to express themselves in their own words and in the language that they understand best. Open-ended questions also allow the researcher to use probes to encourage participants to provide more depth on the issues under study (Meadows, 2003:466). Supplementary to the semi-structured interviews, the researcher also decided to employ participant observation, as another

qualitative method of data collection, to observe the non-verbal behaviour of the participants.

The researcher sought to use a digital voice recorder and note-taking techniques to capture the information, with the consent of the participants, to ensure that all verbal and non-verbal articulations of the participants were recorded. Fossey et al. (2002:728) assert that note-taking and tape-recording are useful when used together because they provide a holistic analysis of the information and give details about specific components of the interviews. The researcher sought to conduct the interviews in Xitsonga, which is the language used in Bushbuckridge. Data were then translated from Xitsonga into English. An expert in translation for the language, Xitsonga, had to be engaged to ascertain whether the English translation reflected what the participants had articulated in their home language of Xitsonga.

The researcher sought to pose the following questions to the participants to explore and describe, from their perspective, the barriers to effective integration of CHH into extended families and to elicit their suggestions about the integration of CHH into extended families in order to formulate practice guidelines to inform the integration process:

Questions for the extended families:

- What are your views about the integration of orphaned children who are living by themselves into extended families?
- How do you feel about taking these orphaned children into your home?
- What are the factors/things hindering you from taking these orphaned children into your home?
- What do you think can be done to overcome these obstacles? Any suggestions?
- How would you like the social worker to assist you with the integration of these orphaned children into your home?

Questions for children heading the CHH:

- What do you think would be nice or good for orphaned children to live with their relatives?
- How would it make you feel to live with your relatives in their home?
- What worries or makes you afraid about the idea of going to stay with your relatives?
- What do you think would help you to make it easier to go and stay with your relatives?
- How would you like the social worker to help you so that you can go and stay with your relatives?

Questions for social workers rendering services to CHH:

- What are your perceptions about the integration of CHH into extended families?
- From your point of view, what are the factors hindering the effective integration of CHH into extended families?
- From your point of view, what can be done to overcome these obstacles? Any suggestions?
- What do you think is your role as a social worker in this process of integrating the CHH into the extended family?

Mkhize (2006:96) asserts that certain interviewing skills and techniques are necessary for a researcher to be able to enter into the participants' experiential and social world. Such techniques will help participants to give an account of their subjective world and enable the researcher to gain an understanding of these worlds and be able to gather relevant data to answer the research questions for the study. The researcher sought to use the following interviewing skills to collect data from the children, extended families and social workers, as outlined by Creswell (1994:71-74); Babbie (2007:245-268); Meadows (2003:465-466):

- **Good appearance and demeanor.** The researcher must dress in accordance with the acceptable standards of the participants in order to make participants feel comfortable and enable the researcher to obtain good cooperation and responses

from them. For instance, the researcher did not intend to dress in trousers when she interviewed the extended families as this is viewed as unacceptable by most of the elderly community of Bushbuckridge.

- **Creating an enabling environment.** The researcher sought to create an atmosphere of trust and build rapport with participants to lessen interpersonal anxiety and make participants feel comfortable and speak openly about their sensitive life experiences. The researcher informed the participants regarding the time set for the interviews and when the time to conclude the session would come to ensure that all relevant data were gathered.
- **Asking relevant questions.** Questioning is a prerequisite skill for gathering relevant data to answer the research questions. The researcher sought to ask relevant questions to guide the flow of the interview properly and yet be flexible so as to achieve a productive outcome. The researcher decided to ask questions that are clear, not too long and can be easily understood by the participants and also to use probes to encourage participants to generate more information on any particular aspect being discussed. Verbal and non-verbal cues were also appropriate to encourage participants to speak openly, for instance nodding of the head, or saying 'I see' or 'uh-huh'.
- **Empathy as a communication skill.** The researcher especially sought to apply empathy to communicate her understanding of the participants' experiential world. This was intended to assist the researcher to gather accurate information as perceived by the participants. Participants would be encouraged to share their sensitive life stories when they realized that the researcher is on the same wavelength and understands them.
- **Attending skills.** The researcher sought to use a body language that would help participants to feel comfortable and talk openly.
- **Listening skills.** Active listening is of paramount importance when collecting qualitative data. People use both verbal and non-verbal communication to get their messages across. The researcher therefore intended to listen attentively to the words spoken by the participants as well as paying attention to their non-verbal

behaviour such as bodily behaviour, facial expressions and voice-related behaviour.

1.3.3.3 Method of data analysis

Fossey et al. (2002:728) define qualitative data analysis as "... a process of reviewing, synthesizing and interpreting data to describe and explain the phenomena or social worlds being studied". Alston and Bowles (2003:206) indicate that as qualitative researchers are interested in studying the complexities of people's social worlds, their methods of data analysis are interested in capturing the meanings and relationships that are involved in these complexities. Data analysis is aimed at seeking the meanings which people attach to their life experiences. De Vos (in De Vos et al., 2005:335) states that data analysis in qualitative research does not wait until the data collection process is complete as done in quantitative research; instead it starts during the data collection process. This is confirmed by Alston and Bowles (2003:204-207) who point out that the qualitative researcher is flexible in that during the data collection process, important emerging themes can be identified to allow the researcher to seek more information on a particular aspect until such aspect becomes saturated and no further new information is generated.

For the present study, the researcher decided to use the two common methods of qualitative methods of data collection, namely: semi-structured interviews and participant observation (Fossey et al., 2002:726) to gain insight into the barriers that affect the effective integration of CHH into extended families. The researcher decided to conclude the data collection process when the data required had become saturated in that no new information was being generated on a particular aspect (Alston & Bowles, 2003:2007).

It was decided that field notes and a digital voice recorder would be used to capture data for the semi-structured interviews and the participant observation. Raw field notes data would be converted into write-ups to ensure eligibility and accuracy for the analysis of the data. The researcher decided to play back the tape recording and listened to it carefully in order to transcribe it accurately into text as highlighted by Miles &

Huberman (1994:51). Data were collected and transcribed in Xitsonga and later translated into English with the assistance of a translator.

The researcher proposed to use the following eight steps as outlined by Tesch as cited in Creswell (2003:192-193) to analyse the data as follows:

- The researcher read all transcripts carefully in order to get a sense of the whole, while jotting down some ideas that may come to mind.
- The researcher chose one transcript from on top of the pile to read and try to find an underlying meaning in what she was reading and then wrote thoughts in the margin as they came to mind.
- After several transcripts have been read, the researcher made a list of all topics identified. The topics were clustered according to similarities were marked as “major topics”, “unique topics”, and “left-overs”.
- The researcher took the list of marked topics and reverted to the data. The topics were abbreviated as codes, and the codes were written next to the appropriate segments of the text. While using this preliminary organizing scheme, the researcher looked for new categories and codes that emerged.
- The researcher found the most descriptive wording for the topics and turned them into themes or categories. Topics that were related to each other were grouped in order to reduce the total list of categories. Interrelationships between categories were shown by lines.
- The researcher made a final decision on the abbreviation for each category and gave these categories alphabetical codes.
- Data material that belonged to each category was assembled in one place and a preliminary analysis was then performed.
- The researcher recoded the existing data if necessary.

1.3.3.4 Method of data verification

According to Creswell (2003:196, 1994:157), data verification in qualitative research means a process of checking the accuracy and credibility of research findings from the

standpoint of the researcher, the research participants or the readers of the account. Krefting (1991:214-215) states that data verification for qualitative research differs from that in quantitative research because the nature and purpose of the two research methods are different as qualitative research seeks to describe accurately the experiences of the phenomenon in natural settings. Terms like reliability and validity in data verification are relative to the quantitative research methods but in qualitative research these terms are replaced by such terms as accuracy and credibility.

The researcher sought to use Guba's model of trustworthiness of qualitative data as outlined by Krefting (1991:215-222) to verify the data. The model identifies four aspects that seek to ensure trustworthiness, namely truth value, applicability, consistency, and neutrality.

- **Truth value**

Krefting (1991:214) states that truth value seeks to check how confident the researcher is with the truth of the findings based on the research design, participants and the context within which the study was conducted. It is obtained when the findings represents the human experiences as they are perceived by participants. This is termed 'credibility' which is established through a number of methodological strategies. The researcher will employ different strategies to ensure that the findings are a true reflection of the participants' experiences. The following methodological credibility strategies were decided upon for utilisation in this study:

- **Triangulation**

According to Krefting (1991:219), triangulation is a strategy that seeks to establish the credibility of findings by comparing multiple perspectives for mutual confirmation of data. Data sources are compared to cross-check data and interpretation. The researcher employed the method of triangulation of data sources to compare data collected from different groups of participants, that is, children heading CHH, the extended families and social workers.

- **Peer examination**

This strategy involves discussing the research process and findings with researchers who are conversant with and have experience of qualitative methods to share understanding and to debrief about problems that are encountered during the research process (Krefting, 1991:219). The researcher consulted regularly with the promoter of her study who is an expert in qualitative methods.

- Interview technique

The researcher's interview techniques decided upon were intended to enhance the credibility of the findings. The researcher utilised different interviewing techniques during the interviews which included creating rapport with participants, asking relevant questions, reframing of questions, using probes, empathy and attending skills, and summarizing of important facts (Krefting, 1991:220).

- Authority of the researcher

Krefting (1991:220) indicates that authority is a strategy that views the researcher as a measurement tool. Miles and Huberman (in Krefting, 1991:220) identified four characteristics to check the trustworthiness of the human instrument, that is, the degree of familiarity with the participants and the setting under investigation, strong interest in conceptual and theoretical knowledge and the ability to conceptualise large amounts of qualitative information, the ability to take a multidisciplinary approach, and good investigative skills.

The researcher's interviewing experience and skills obtained through her studies as a student social worker and through her practical experience as a social worker the past nine years served to her advantage. The researcher practised generic social work and worked with clients of all ages who presented with different social problems. She is familiar with the CHH phenomenon under study as she worked extensively with CHH when she was coordinating the HIV/AIDS programme for Bohlabela district of which Bushbuckridge was a sub-district. The mandate of the Department of Social Development for the HIV/AIDS programme concerned the protection, care and development of orphans and vulnerable children.

The researcher facilitated and participated in most of the research projects in the Department of Social Development where she is currently working as a deputy director. The research projects included the status quo of foster care in South Africa, the study on the cost-effectiveness of home community-based care support programmes and the situational analysis on CHH in South Africa. The researcher conducted a study on the perceptions of the extended families towards community caregivers of people living with HIV/AIDS for her Master's Degree with the University of South Africa. The researcher is familiar with the area earmarked for the study, Bushbuckridge. She lived in Bushbuckridge where the study was conducted and she had practised as a social worker working with this community for five years.

- **Applicability**

Krefting (1991:216) states that applicability refers to the extent to which the findings can be applied to other contexts and settings or to other groups. In qualitative research, applicability does not necessarily seek to generalize findings to larger populations because the research is conducted in a natural setting of individuals with few controlling variables. Applicability is thus established through the strategy of transferability or fitness. Transferability is achieved when the research findings fit into contexts other than that of the study situation but which have some degree of similarity. For the purpose of transferability, to other similar contexts, settings or groups, the researcher provided dense background information on the research methodology used to allow others to check the degree of the transferability of the findings.

- **Consistency**

Krefting (1991:216) states that consistency is achieved when the study is replicated using the same participants or a similar context and still produces the same findings. In qualitative research, consistency is defined in terms of dependability. The researcher established the dependability of the results by deciding upon using two strategies. Firstly, the researcher provided a dense description of the exact research methods of data collection, analysis and interpretation. Secondly, the researcher conducted a code-recode

procedure during the data analysis phase. Upon completion of coding the data, the researcher waited for at least two weeks and then went back and recoded the same data and compared the results to assess consistency (Krefting, 1991:221).

- **Neutrality**

Krefting (1991:216-217) highlights that neutrality refers to the extent to which the research procedures and findings are free from bias. In other words, the research findings are solely a function of the participants and conditions of the research free from other biases, motivations and perspectives. In qualitative research, neutrality of the data is given more emphasis than neutrality of the researcher and it is established through the strategy of confirmability. The researcher achieved this by establishing the truth value and applicability of the findings. The researcher regularly engaged with the study's promoter who followed through the research project in order to gain insight and to provide input on decisions taken to ensure confirmability of the procedures and findings (Krefting, 1991:221).

1.3.3.5 Ethical considerations

Grinnell and Williams (1990:23), define ethics as "...a discipline dealing with what is good and bad or right and wrong or with moral duty and obligations". According to Yegidis and Weinbach (2002:26), most of social work research depends on human beings to provide the information required for knowledge-building. Researchers therefore have an ethical obligation to ensure that participants are treated well and their health and well-being are safeguarded. The researcher proposed to consider the following ethical aspects at the outset of the study:

- **Informed consent**

Yegidis & Weinbach (2002:36) state that being informed means that participants should have a fairly clear understanding of what it means to them to participate in a particular study; and consent refers to a written agreement between the researcher and the participant to participate in a particular study. Strydom (in De Vos et al.,

2005a:59) highlights that participants should be provided with accurate and complete information to ensure that they are able to make voluntary well-thought-through decisions about their participation in a particular study. The researcher ensured that participants were fully and accurately informed about the process of the research.

Participants such as social workers and extended families who are legally and psychologically competent were utilized in the study to ensure that they were able to give voluntary consent to participate in the study. The participants were at liberty to withdraw from the study at any time they wish (Strydom in De Vos et al., 2005a:59). The researcher designed a consent form (see Appendices 1, 2 and 3 for the consent documents for each of the three different participant groups) which the participants had to sign after they were verbally and in writing informed about the aim of the study and what were expected of them, and their rights in relation to the study had been explained to them. The consent form served as a legal protection for the researcher pointing to the fact that participants voluntarily participated in the study (Yegidis & Weinbach, 2002:36). The researcher also had to seek consent to conduct the study in Bushbuckridge from the Department of Social Development, Bushbuckridge Municipality and the Traditional Authority in Bushbuckridge, Mpumalanga Province.

The researcher had to write letters to each of the offices mentioned above to explain in full and accurately the process of the research and what is expected from each office. The researcher is aware that children are regarded as incapable of giving informed consent (Yegidis & Weinbach, 2002:38). The researcher therefore had to seek consent from the Department of Social Development and the extended families to interview children living in CHH. The consent form had to be signed by representatives of the Department of Social Development and the extended families when consent to interview the children was granted.

- **Violation of privacy**

Sieber (quoted by Strydom in De Vos et al., 2005a:61) defines privacy as “that which normally is not intended for others to observe or analyse”. It implies that participants

have the right to decide when, where, to whom, and to what degree they want their personal experience to be disclosed. A researcher has to ensure that the privacy and the identity of participants is safeguarded as outlined by Yegidis and Weinbach (2002:40) who also insist that data should be edited before disseminating findings to remove all names of participants and replace these with pseudo names to ensure that there can be no association of data with any of the participants.

At the outset of this study the researcher decided to store the data containing the participants' real names in a safe place and only the researcher, translator and the study's promoter had access to this information. Once data had been coded and alphabets assigned, the names were destroyed. The information gathered would be used only for the purpose of the research study.

- **Actions and competence of the researcher**

According to Strydom (in De Vos et al., 2005a:63), researchers should be competent and adequately skilled to conduct research to ensure that they are able to deal with sensitive issues when they arise. The researcher expected that sensitive issues could arise from the participants during the data collection phase utilized her therapeutic skills as a social worker to deal with such issues. In this regard, the researcher, at the outset of the study, made arrangements with the local social work office in the district for further therapeutic intervention as this may be required by the participants after the interviewed conducted.

The researcher's promoter supervised the research project to ensure that it ran its course in an ethical way. The researcher refrained from making value judgements about the views of the participants even if they were in conflict with those of the researcher. Cultural customs of the participants were respected by the researcher to ensure that participants are able to participate in a safe environment (Strydom in De Vos et al., 2005a:64).

1.4 CLARIFICATION OF KEY CONCEPTS

Babbie (2007:124-125) defines “conceptualization” as “a process through which researchers specify exactly what they mean when they use particular terms”. De Vos (in De Vos et al., 1998:41) confirms that conceptualization involves refining and specifying abstract terms which is then followed by a process of explaining concrete definitions of the concepts to clarify their operational meaning in specific relation to the research study.

The researcher clarified the conceptual meaning of the concepts as well as their operational meaning relevant to this research study, in the section below, with reference to the following concepts: “practice guidelines”, “integration”, “child”, “child-headed household”, and “extended family”.

1.4.1 Practice guidelines

According to Peters and McKeon (1998:168), practice guidelines are defined in clinical terms by the National Institute of Health as “...systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances”. Peters & McKeon (1998:168) state that guidelines are activity guiders which are meant to recommend a course of action in the practice of care that can be rendered to defined groups in defined situations. Practice guidelines seek to improve the quality and effectiveness of care by providing standardization to reduce variation in the provision of care. Peters and McKeon (1998:168) stipulate that guidelines should be derived from a synthesis of the best scientific evidence and expert opinion.

In the context of the study, practice guidelines are defined as systematically developed statements of recommended activities to assist social workers and other practitioners working with children living in CHH in ensuring that the rights of children are protected in the face of the scourge of the HIV/AIDS epidemic. The guidelines presented in Chapter 4 are based on the findings of the present study and are informed by participants

who are affected by the guidelines, i.e. children heading CHH, extended families and social workers who participated in the study.

1.4.2 Integration

According to Soanes and Stevenson (in the Concise Oxford Dictionary, 2006:738), the word integrate means to “combine or be combined to form a whole” or “...come into equal participation in an institution or social group”. According to Rantla et al. (2002:10), the family provides the best institution within which members attain maximum opportunity to realize their human potential. Porto, Parsons and Alden (2007) in their study of the social, economic and political reintegration of UNITA ex-combatants in post-war Angola, found that ex-combatants with extended families were reintegrated into communities effectively. Social networks played an important role in helping ex-combatants decide where they wanted to settle. A high proportion of ex-combatants chose to be reintegrated with their family members or in areas of their place of origin where they had previous ties. The extended family helped ex-combatants to be reintegrated by facilitating aspects including land access and formal employment or other economic activities such as agriculture. This is confirmed by Rantla et al. (2002:31) who point out that an enabling environment is critical for the integration process to be effective.

In the context of this study, the researcher defined integration as a process of placing children living in CHH with an adult family member from the extended family. This can be done by either removing the children from their place of residence and placing them with the extended family in the extended family member’s home, or placing the extended family with the children in the children’s home.

1.4.3 Child

According to Smart (2003:3), the majority of international and national instruments define a child as “either a boy or a girl up to the age of 18 years”. In South Africa, a child

is defined by the Children's Act (Act No 38 of 2005) as "any person who is under the age of 18 years". Smart (2003:3) states that the age of 18 years is primarily related to the accepted age of majority although in all countries there are legal exceptions to the age of majority especially those related to the age at which a child may be married, make a will, or consent to medical treatment. For instance, in Sri Lanka, Sri Lankan Kandyan and Muslim laws allow a girl of 12 years to be married without parental consent.

The Policy Framework on Orphans and Other Children made Vulnerable by HIV/AIDS of the HIV/AIDS Chief Directorate, Department of Social Development (2007:10) indicates that in South Africa, the legal exceptions to the age of majority include the age at which a child may be married, make a will, consent to treatment, attain legal capacity to inherit, or conduct certain transactions. It should however be noted that even if a child may attain the legal exception to the age of majority, the child should not be excluded or constrained regarding the other rights of a child as defined. For instance, according to the Children's Amendment Act (Act No 41 of 2007), a child heading a household is legally allowed to make day-to-day decisions relating to the household as if the child is an adult caregiver as well as receiving a social grant on behalf of the household if the child is 16 years old. However, the child should continue to enjoy the other rights of the child as he/she will need continued support.

In the context of the present study, a child was defined as any person under the age of 18 years who lives in a CHH in the absence of an adult person from the household.

1.4.4 Child-headed household

Mkhize (2006:13) defines a household "as a group of individuals who are sharing a residence and are involved in continuous and intense social interaction, which is based on loyalty and authority". Mkhize (2006:13) notes that in the past, many households were based on parents and child relations because society has prescribed rights and responsibilities for parents to socialize children, whether biological, adoptive or surrogate parents. Reid (1993:1) asserts that the HIV epidemic has struck families more than other

things. This has resulted in new forms of households which include grandparent-headed households, adolescent households as well as child-headed households.

MacLellan (2005:4-6) acknowledges that the definition of a child-headed household differs from country to country. Some countries define a child-headed household as a household where a child under the age of 18 years has assumed adult responsibilities in relation to all members of the family, mainly due to the death of the parent or incapacity or unwillingness of any available adult in the household to take responsibility for the household. In South Africa, the Children's Amendment Act (Act No 41 of 2007) stipulates that a child-headed household is recognized if:

- a parent, guardian or caregiver of the household is terminally ill, has died or has abandoned the children in the household,
- no adult family member is available to provide care for the children in the household,
- a child over the age of 16 years has assumed the role of a care-giver in respect of the children in the household, and
- it is in the best interest of the children in the household.

In the context of the present study, a child-headed household is defined as a household in which a child under the age of 18 years has assumed the role of an adult caregiver in respect to the household and the siblings. The child makes day-to-day decisions in respect of the child and the siblings. It is a household which comprised children who are siblings and are all under the age of 18 years who have no surviving parent to take care of them. The children are residing alone in the absence of any adult caregiver in the household.

1.4.5 Extended family

The extended family is defined in the context of family relationships that are created through the expansion and extension of the traditional nuclear family either due to genetics or by law through marriage (Soliz et al. in Floyd & Morman, 2006: 63). Makoni

(2006:26) notes that the extended family comprises grandparents, aunts, uncles, and cousins from both one's family of origin as well as in-laws.

Makoni (2006:26-27) made an observation in Zimbabwe that married couples often reside with the paternal extended family who then assist with the upbringing of children. Jacobson, Liem and Weiss (in Stone, 2001:230-231) confirm that in societies with unilateral descent groups, functions of the nuclear family, in particular parenting, are not solely the responsibility of the biological parent but are shared across different individuals in the larger kin group, i.e. the extended family. Members of the kinship group often reside together either in multigenerational households and/or in neighbouring houses which are regarded as a single social unit although in essence they are physically separate from each other.

Soliz et al. (in Floyd & Morman, 2006:70) in their study on extended family relationships found that geographical proximity enhances family relationships as it promotes contacts and interaction among family members. However, Soliz et al. (in Floyd & Morman, 2006:70) also indicate that they believe that emotional closeness among family members is the determining factor in family relationships rather than distance.

In the context of this study, the researcher defined the concept "extended family" as consisting of grandparents, aunts, uncles and cousins who may not be sharing a common household or living together in the same house or same yard; who are related to the children living in CHH through blood ties from either paternal or maternal family. The extended family's geographical proximity was not a feature of the household; however, the most important feature was that the extended family should be residing in a separate yard from that of the CHH.

1.5 CHAPTER-WISE OUTLINE OF THE RESEARCH REPORT

The outline of the research report, chapter-wise, is as follows:

- Chapter 1 This chapter provides the introduction and general orientation to the study with specific focus on the introduction, problem formulation and the motivation for the study; research questions, goal and objectives of the research; research methodology; clarification of key concepts; chapter-wise outline of the research report and dissemination of research results.
- Chapter 2 A description of the application of the qualitative research process for investigating the research topic under discussion is provided in this chapter.
- Chapters 3 and 4 In these chapters the research findings are presented and discussed and compared and contrasted with the existing literature related to the integration of CHH into extended families.
- Chapter 5 Summary of the research findings and outline of the overall conclusions and recommendations of the study as well as the limitations of the study will be covered in this chapter.

1.6 DISSEMINATION OF RESEARCH RESULTS

Yegidis and Weinbach (2002:244) assert that the reason for conducting research is to contribute to the knowledge base of practice and this requires interpretation and communication of research findings to interested audiences and individuals in the practice community who can contribute to better client service. At the outset of the study the researcher decided that the research findings will be presented in the form of a report to those who assisted with the study and to individuals in the community of practice in order to aid them and to contribute to (further) improve the quality of services to children to ensure that the rights of the children are protected. The research findings will also be disseminated through presentations at professional conferences and symposia. Articles focussing on the research process followed in view of the research project and the

research findings that emerged from it will be prepared and submitted for review and possible publication in a professional journal.

1.7 SUMMARY OF THE CHAPTER

In the preceding chapter the reader was provided with a general orientation and introduction to the chapter whilst it focussed on an introduction, problem formulation and motivation for the study. An outline of the methodology that was included in this study has been provided, as well as ethical considerations and the key concepts related to this study. Chapter-wise, an outline of the research report was also provided.

In the chapter to follow, the researcher will describe how the research methodology was applied in this study, as well as the limitations experienced during this research endeavour.

CHAPTER TWO

A DESCRIPTION OF THE APPLICATION OF THE QUALITATIVE RESEARCH PROCESS FOR INVESTIGATING THE RESEARCH TOPIC UNDER DISCUSSION

2.1 INTRODUCTION

In the previous chapter of the research report the researcher provided a research plan outlining the research methodology she proposed to use for investigating the topic under discussion. In this chapter of the report a description will be provided of how the qualitative research process was applied in the study.

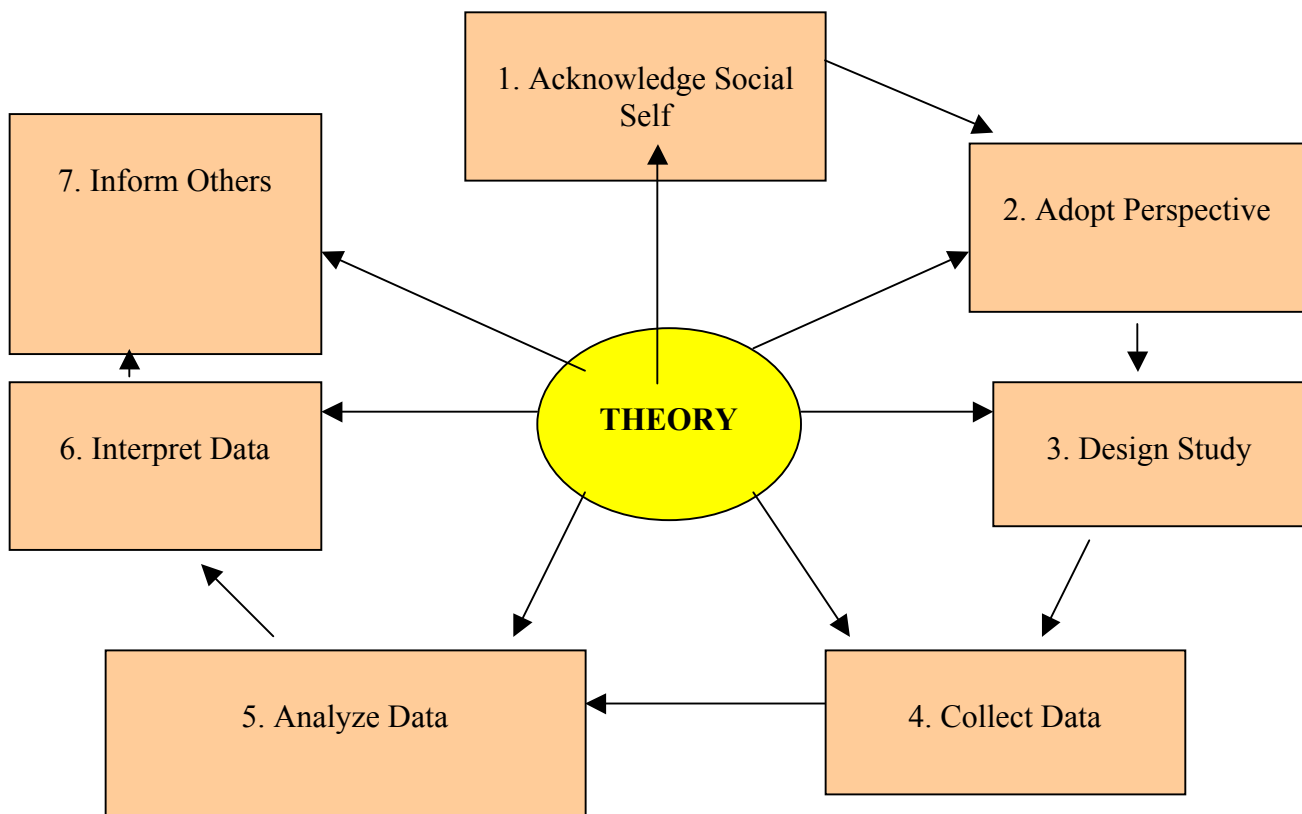
Henning, Van Rensburg and Smit (2004: 36) define the concept “methodology” within the context of research as a “coherent group of methods that complement one another” and that have the “goodness of fit to deliver data and findings that will reflect the research question and suit the research purpose”. Billig (in Seale, 2004:13-15) affirms that the concept “methodology” implies and involves presenting impersonal rules and procedures to be followed by researchers when conducting a study. This implies that if two researchers conduct the same study and follow the same set of procedures, they should both arrive at the same results. Methodology, therefore, seeks to standardize the practice of social sciences and to eradicate quirkiness (Billig in Seale, 2004:14).

A qualitative research approach was followed to realize the goal formulated for the study as set out under section 1.3.1 in the previous chapter of the report.

With reference to a framework depicting the research process with a qualitative approach, Merriam and Associates (2002:14) assert that there is no standard format in qualitative research, but within this research approach various frameworks portray the qualitative research process. In presenting how the qualitative research methodology was applied in

this research endeavour, the researcher chose Neuman's (2006:15) framework as it provides a coherent and a logical structure of the qualitative research process by depicting a clear relationship between the steps of the research process. The framework comprises the following steps: acknowledge social self, adopt a perspective, design the study, collect the data, analyse the data, interpret the data and inform others. All these steps must be underscored by relevant theory. Figure 2.1 provides an illustration of the various steps. However, it should be noted that the process is not strictly linear because in qualitative research, the collection of data, and analyzing and interpreting the data could be done simultaneously (Neuman, 2006:15).

Figure 2.1: Steps in the qualitative research process according to Neuman's (2006:15) framework



The above framework proposed by Neuman (2006:15) depicting the steps in the qualitative research process will be used as framework or backdrop against which a

description will be provided of how the qualitative research methodology was applied in this study.

2.2 ACKNOWLEDGE SOCIAL SELF

Step one in the qualitative research process in Neuman's framework relates to "Acknowledge Social Self". Neuman (2006:14-15) asserts that before embarking on a study, qualitative researchers should begin with a self-assessment and reflections about their position in society. In other words, qualitative researchers should acknowledge their experience, knowledge, position, as well as their contributions to the society. The researcher's (who conducted this study) knowledge of research started during her undergraduate studies for the BA (SS) Social Work with UNISA where she conducted research on factors that cause children to be uncontrollable, as a requirement for the degree.

During her work around the phenomenon of HIV& AIDS in Mpumalanga, she conducted research in one school to establish the level of knowledge of HIV&AIDS amongst high school learners in 2002. The researcher also conducted situational analysis in six communities where she established home/community-based care projects. She also conducted research on the perceptions and attitudes of family members of people living with HIV&AIDS in Bushbuckridge, Mpumalanga for her MA (SS) degree with UNISA. She also facilitated a research project on the status quo of foster care which was done through a consultant. The researcher has participated in a number of steering committees in the Department to oversee research projects that were conducted by consultants.

2.3 ADOPT A PERSPECTIVE (I.E. RESEARCH APPROACH)

The activity of adopting a perspective relates to the second step of the qualitative research process according to the framework of Neuman (2006:15) depicted in section 2.1 in this chapter. The phrase "adopt a perspective" refers to making a decision whether a qualitative and/or quantitative research approach or perspective should be used to

investigate a topic under investigation. According to Neuman (2006:15 & 106), this step requires researchers to ponder the different research approaches (perspectives) to social science research in an inquisitive and open-ended process in order to make an informed decision about the approach to choose based on the nature and the purpose of the study. The purpose of the study assists researchers to choose an approach that is best-fitted to answer the basic research questions of the study (Neuman, 2006:104). The purpose of this research endeavour is depicted by the goal and objectives. These will be presented in the next sub-sections. This will be followed by a discussion and motivation for choosing the qualitative perspective as the approach appropriate to the study.

2.3.1 Research questions

Badenhorst (2007:25) explains that research questions are broader questions that unpack the purpose statement (goal) of a research project in an order that allows researchers to build up knowledge in a systematic manner because they are interrelated as one question leads to another, with a final question pulling it all together. The questions guide the research process as they suggest the scope of the project and determine the type of data that should be collected.

Badenhorst (2007:25) points out that research questions are not the questions the researchers use to interview participants when they collect data. The initial research questions are refined and rephrased into specific questions which are then used to collect data from participants (Alston & Bowles, 2003:66). Research questions for this study were posed as follows:

- ◆ From the perspectives of extended families, what are the barriers that hinder orphaned children living in CHH from being absorbed into their families?
- ◆ From the perspectives of orphaned children heading the CHH, what are the barriers that hinder children in CHH from being integrated into their extended families?

- ◆ From the perspectives of social workers rendering services to orphaned children in CHH, what are the barriers that hinder the integration of children from CHH into extended families?
- ◆ What are the suggestions to overcome the barriers against integrating children from CHH into the extended families from the perspectives from the extended family, children heading CHH and social workers rendering services to these client systems?
- ◆ What are the practice guidelines that can assist social workers on how to integrate CHH into extended families?

2.3.2 Goal and objectives of the study

Creswell (2007:103) defines the concept “purpose” as “a statement that provides the major objective or intent, or road map to the study”. It is the most important statement in the entire study and it should be clearly constructed and written (Creswell, 2007:103).

The goal for the study was accordingly set as follows: *To discover and develop an in-depth understanding of the barriers that hinder effective integration of CHH into extended families from the perspective of the extended families, children heading the CHH and social workers, and to learn from the participant groups (as the experts) how these barriers can be overcome and then to formulate practice guidelines to inform the integration process of the orphaned children into extended families.*

In order to achieve the above goal, the objectives (i.e. the steps to take to realize the goal) for the study were set as follows:

- ◆ To explore and describe, from the perspectives of the extended families, the barriers that hinder CHH child-headed households into their homes.
- ◆ To explore and describe, from the perspectives of the orphaned children heading the CHH, the barriers that hinder children in child-headed households from being absorbed by their extended families.

- ◆ To explore and describe, from the social workers' perspectives, the barriers that hinder social workers from effectively integrating CHH into extended families.
- ◆ To explore and describe the suggestions proposed by extended families of orphaned children, orphaned children heading CHH and the social workers rendering services to these client systems on how to overcome the barriers against integrating children in CHH into the extended family.
- ◆ Based on the above findings, to formulate practice guidelines aimed at social workers to assist with the effective integration of CHH into extended families.

2.3.3 The motivation for choosing the qualitative perspective (approach)

Neuman (2006:104) highlights that there are different approaches to social science research based on the purpose and the nature of the study. Each ideal-type approach will answer the basic research questions of the study differently (Neuman, 2006:104). This is confirmed by Meadows (2003:464) who postulates that in the social sciences, phenomena under investigation can be approached from either a quantitative or qualitative perspective/approach (or even a combination of both perspectives).

As indicated in Chapter 1 and in the introduction to this chapter, the researcher opted to approach this research project from a qualitative perspective. According to Denzin and Lincoln (2005:2-3), qualitative research can be defined “as a field of inquiry which focuses on the study of phenomena in their natural settings in order to make sense of them in terms of the meanings people bring to them”.

Schutz (in Seale, 2004:213) postulates that the primary aim of any social science inquiry is to obtain knowledge about the social worlds of individuals as experienced by the individuals themselves as they interact with others. Merriam and Associates (2002:3-4) affirm that qualitative researchers are interested in learning how people experience and interact with their social worlds and the meaning which these social worlds have for them. In other words, in order to understand a phenomenon from a qualitative point of view or perspective, the researcher needs to understand the individual's experiences of

the phenomenon from that individual's perspective. This is confirmed by Denzin and Lincoln (2005: 18) who claim that qualitative research seeks to tell the life story from the participant's point of view.

In view of the fact that the researcher wished to discover and develop an in-depth understanding of the barriers that hinder effective integration of CHH into extended families from the perspectives of the extended families, children heading the CHH and social workers rendering services to these client-systems, and to find out from the participant groups how these barriers can be overcome in order to formulate practice guidelines to inform the integration process of the orphaned children into extended families, the qualitative approach adopted for this study (as outlined above) fitted and blended well with the goal of the study. The researcher chose the qualitative approach to gain an in-depth understanding of meanings which participants have constructed about their social worlds and their experiences from their own point of view rather than from the researcher's perspective (Merriam & Associates, 2002:4-5).

Another reason for employing a qualitative approach is to be found in what Denzin and Lincoln (2005:19) refer to as the "hallmark of qualitative research". The hallmark of qualitative research is the fact that qualitative research involves itself in the investigation of topics that are emotion laden and layered, focusing specifically on issues that are close to the people and are practical. This topic of investigation can be viewed as a typical example of the aforementioned in that the CHH phenomenon is an emotional and sensitive subject world-wide which is burgeoning mainly due to death of parents through HIV&AIDS and it affects the most vulnerable group in society, i.e. children (Greenberg, 2007:13-15). The literature reviewed indicates that some of these orphaned children have witnessed the death of their parents and this has profound long-term consequences such as chronic depression and disturbed social behaviour (Smart, 2003:8; Greenberg, 2007:15; Subbarao, Mattimore & Plangemann, 2001:4).

Another motivation for utilising the qualitative research approach was founded on a recommendation from Ritchie and Lewis (2005:32) who stated the following as reasons

for opting for a qualitative research approach: Where the purpose of a research project is to: 1) explore and describe an experience, a context, a process, or perspectives; 2) discover or learn more about a phenomenon; 3) develop an understanding of an experience or context, and 4) report on an experience, context or process.

The characteristics of qualitative research as identified by Creswell (1994:145, 2003:181-183) and Merriam and Associates (2002:4-6) (identified below) further prompted the researcher to follow the qualitative approach:

- ◆ Qualitative researchers strive to understand the meaning people have constructed about their social worlds and their experiences. The study sought to understand the process in view of integrating CHH back into the fold of the extended family from the perspectives of children heading households, extended families and social workers and the unique meanings they attach thereto.
- ◆ Qualitative research uses appropriate participants that are affected by the phenomenon. The study allowed children heading CHH, extended families and social workers who were affected and had first-hand experiences with regard to the CHH phenomenon, to air their views in relation to the topic under investigation.
- ◆ Qualitative research uses the researcher as the key instrument for data collection and data analysis. In order to understand the participants' experiential worlds through verbal and non-verbal communication, the researcher conducted face-to-face semi-structured interviews herself to collect data from the participants, using open-ended questions. The researcher used interviewing skills to explore accurate and relevant information to answer the research questions posed for the study.
- ◆ Qualitative research is explorative by nature; the researcher wanted to explore the phenomenon under investigation.
- ◆ Qualitative research is descriptive in that the researcher is interested in process, meaning and understanding gained through words and pictures. The words and pictures, instead of numbers, are used to convey what was learnt about the phenomenon. The researcher collected data from participants as words. These were recorded and transcribed verbatim to be used as quotations and story lines to

support the findings of the study. (See Chapters 3 & 4 of this report for an account of this.)

- ◆ Qualitative process is inductive in nature. The study first collected data from which conclusions were drawn to build theories. Hypotheses were not formulated to be tested from the outset of the study as done in quantitative studies; however, research questions were formulated and relevant data were gathered and analysed in the form of themes and sub-themes.

2.4 DESIGN THE STUDY

The activity of designing the study relates to the third step of the qualitative research process according to the framework of Neuman (2006:15) depicted in section 2.1 in this chapter. The phrase “designing the study” implies the concept of “research design”. Denzin and Lincoln (2005:25) explain that the concept “research design” refers to “a flexible set of guidelines that depicts how the study will be conducted. It seeks to connect theoretical paradigms first to strategies of inquiry and second to methods for collecting empirical materials”. In other words, research design guides researchers on how they should go about, throughout the research process, obtaining appropriate information to achieve the purpose of the study. This entails making decisions about the type of sample to choose as well as the research techniques to employ to collect, analyse and verify the data (Neuman, 2006:14).

In view of the explorative and descriptive nature and characteristics of qualitative research as referred to under the previous sub-heading, qualitative researchers employ an explorative and descriptive design in their research endeavours.

In this study, the researcher employed *an explorative, descriptive and contextual research* design. According to Neuman (2006:33-34), the primary purpose of using an exploratory design is when researchers seek to examine a new topic or phenomenon where little is known in order to generate more precise research questions for future research. In view of the fact that little was known about the integration of CHH into

extended families, the exploratory mode of inquiry was selected as research design for the study. According to Mkhize (2006:26), the CHH phenomenon is relatively new particularly in South Africa. Although various studies have been conducted on CHH, there is no empirical evidence on factors that hinder extended families from absorbing children living in CHH (Meintjes & Giese, 2006; Foster et al., 1997:155-156). The study sought to understand the life experiences of CHH towards integration with their extended families as well as how this is perceived by their extended families. Based on this exploration, the study sought to generate guidelines in view of the integration of CHH back into the fold of the extended families in order to inform future planning, policies and interventions in this regard.

The descriptive design was also used to achieve the purpose of this study. Neuman (2006:33) highlights the possibility that the exploratory design could be used as a first step in a sequence of inquiries. Researchers may employ an exploratory study in order to know enough to execute a second design which is more systematic and extensive. It is for this reason that the researcher, in this study, employed a second more extensive research design in order to describe the aspects that were identified as a result of the exploration carried out. Neuman (2006:34-35) states that a descriptive design paints a picture of specific details of a situation, social setting, or relationship. While the exploratory design focuses on answering the “what” question, the descriptive design focuses on answering questions such as “who”, “when”, “where” and “how” (Neuman 2006:35).

For this study, the descriptive design was employed in order to describe and present a word picture with specific details portraying the lived realities of children heading CHH as well as the perspectives, views, fears and needs towards the integration of children from CHH back into the care of the extended family from the perspectives of the children heading CHH, the members of their extended families and social workers rendering services to these client-systems.

A contextual research design was also employed for this research endeavour. According to Craig and Baucum (2002:6), context refers to the immediate and extended settings in

which a phenomenon occurs. The settings include the physical or socio-cultural context such as practices, language, ethnicity or other aspects of personal and group identity shared by the individuals concerned. Neuman (2006:158) explains that a contextual research design is used in a qualitative research study to understand the social meaning and significance of an event or social action from the social context in which it appears. Evidence about a person's social world cannot be isolated from the context in which it occurs or the meanings assigned to it by the person involved (Neuman, 2006:92). Qualitative researchers can assign appropriate meaning to an act or statement only if they take into account the social context within which the act or statement occurs because the same event or action can have different meanings in different contexts (Neuman, 2006:92). The researcher explored and described the barriers against effective integration within the context of the absorption of CHH into extended family folds.

As part of the research design, the researcher must find answers to questions such as: Where and when should the research be conducted? What information should be collected? From whom should it be obtained in the best way? How will the researcher get hold of participants to include in this study? (Yegidis & Weinbach, 1996:89). These questions relate to the research population, sampling and sampling techniques which will be presented in the next sub-section.

2.4.1 The research population, sampling and sampling technique

In this section, the population from which a sample was drawn for inclusion in the study as well as the sampling techniques used to realize the former will be presented.

2.4.1.1 Population from which the samples were drawn

Silverman (2005:129) explains that population is a term that sets parameters on the study units from which a sample is chosen. In other words, a population outlines specific and realistic characteristics that the researcher is interested in studying in order to answer research questions posed at the outset of the study (Yegidis & Weinbach, 2002:180). The

purpose of defining a population for qualitative research differs from that of a quantitative study. Creswell (2007:126) asserts that one general guideline of qualitative studies is to elucidate a specific issue which is of interest to the researcher, rather than generalizing information to the population (as in quantitative studies), because qualitative studies place more emphasis on collecting extensive information about a particular phenomenon. This is affirmed by Bryman as cited in Silverman (2005:130) who postulates that in qualitative studies, information should be generalized to theoretical propositions rather than to populations or universes.

The population of this study was defined as follows:

- ◆ All children heading CHH living in Bushbuckridge in Mpumalanga Province, South Africa.¹
- ◆ All extended families that have orphaned children living in CHH in Bushbuckridge in Mpumalanga Province, South Africa.
- ◆ All social workers employed by the Department of Social Development at Bushbuckridge in Mpumalanga Province, South Africa, who are rendering social work services to orphaned children living in CHH.

2.4.1.2 Sampling and sampling technique

Silverman (2005:130) states that sampling in qualitative research is theoretically grounded, rather than statistical. In other words, groups or settings are selected to be studied on the basis of their relevance to the study in order to gather relevant information from which conclusions can be drawn to develop or build theories. The purpose of sampling is described by Becker (in Silverman, 2005:136), who asserts that it is not feasible for researchers to study every case which is of interest to the researcher owing to time constraints and shortage of resources.

Since it is not possible to study every case or individual, it is important that qualitative researchers should choose a sample which is representative of the population which they

¹ The motivation for why Bushbuckridge was chosen as research site will be presented further on in this discussion.

are interested in so that they can be able to learn about the population (Mason as cited in Silverman, 2005:131; Grinnell, 2001:2007). Creswell (2007:128) postulates that researchers can use criterion sampling to select or choose participants that can represent people who have experienced the phenomenon being studied. With reference to selecting a sample for qualitative study, Merriam and Associates (2002:12) explain that random sampling is not of relevance as it is not interested in knowing 'how much' or 'how often'. In view of the fact that qualitative research seeks to understand the meaning of a phenomenon from the participants' point of view, qualitative researchers use non-probability sampling in exploratory research (Alston & Bowles, 2003:87).

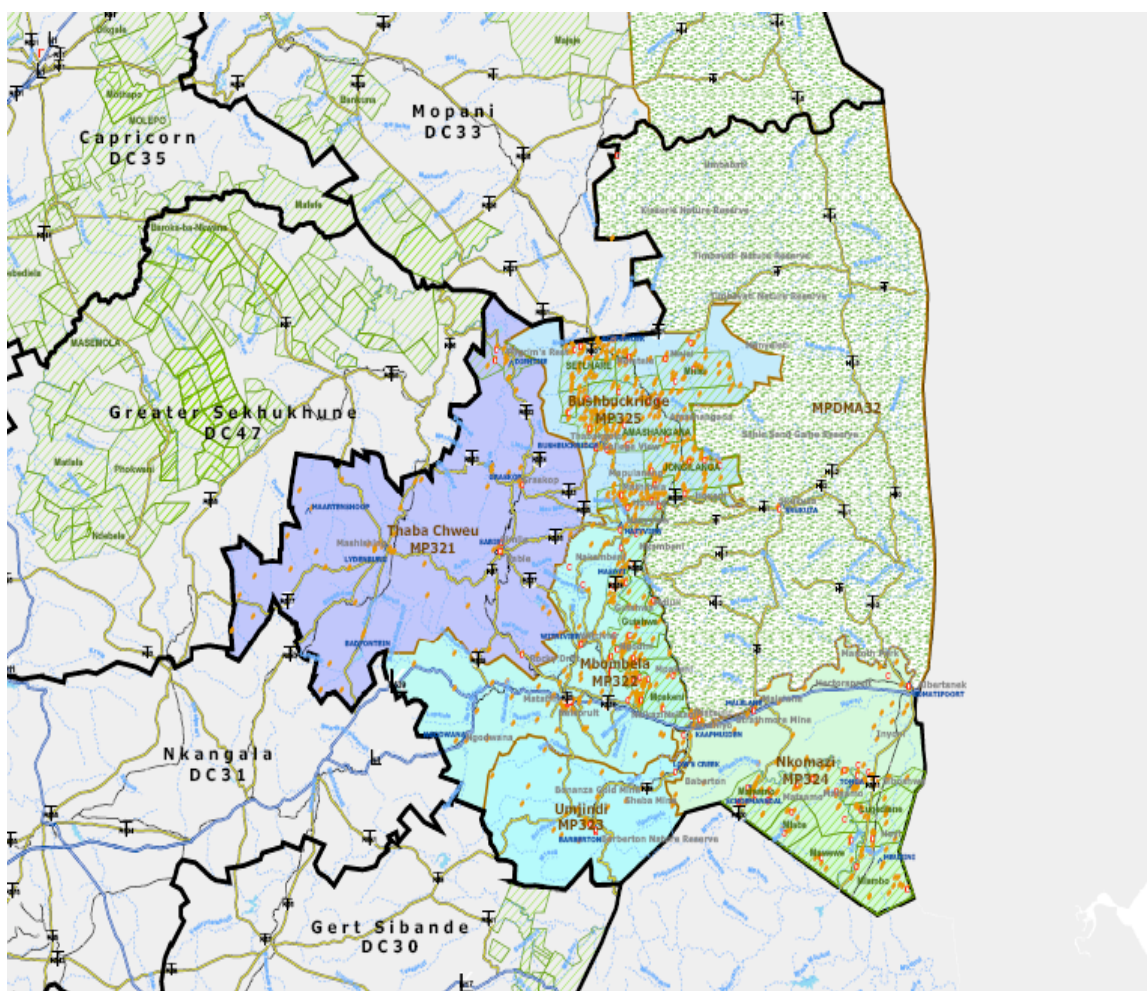
Alston and Bowles (2003:87) note that non-probability sampling is very useful and justifiable when the researcher is seeking information in a new or under-researched area and targets subjects or cases who typify the issue to be studied. In view of the former it is of the utmost importance that qualitative researchers should purposely select participants for inclusion in the sample that will enable them to learn the most from participants (i.e. purposive sampling needs to be employed.)

Neuman (2006:222) defines purposive sampling as a "non-random sampling method in which the researcher uses a wide range of methods to locate all possible cases of a highly specific and difficult-to-reach population". Purposive sampling implies the deliberate choice of participants (Whittaker, 2002:259), i.e. participants who are information rich (who have a firsthand knowledge and experience of the phenomenon under investigation and who can best inform the study by comprehensively answering the research question) (Fossey et al., 2002:726).

Merriam and Associates (2002:12) state that to begin with the process of selecting a sample purposively, the researcher should first decide upon the **site** to be studied. The site should be an area in which most could be learnt about the phenomenon under investigation. This is confirmed by Denzin and Lincoln (2005:378) who postulate that qualitative researchers employ purposive sampling as it seeks individuals or settings where the processes being studied are more likely to happen.

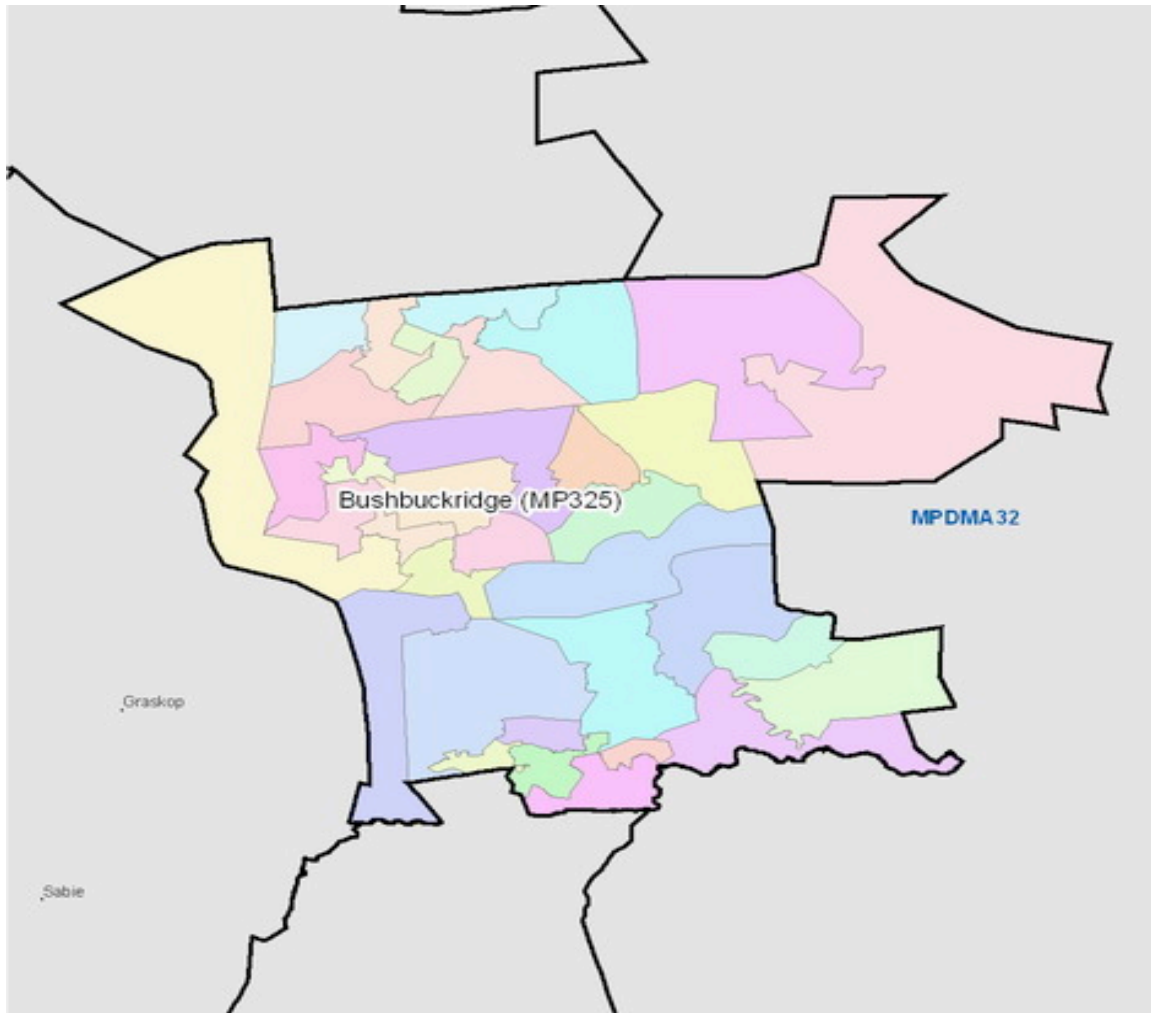
The site chosen for the research to be conducted in was Bushbuckridge Local Municipality in the north-eastern part of Mpumalanga Province. Mpumalanga Province is divided into three municipal districts, namely Ehlanzeni, Gert Sibande, and Nkangala. Bushbuckridge is one of the five sub-districts or local municipalities of Ehlanzeni District Municipality. The map below depicts the three district municipalities of Mpumalanga Province (as mentioned above) and some of the neighbouring district municipalities of Limpopo Province.

Figure 2.2: Map depicting the location of Ehlanzeni District Municipality and Bushbuckridge (MP325)



The following map is the map of Bushbuckridge Local Municipality where the study was conducted:

Map 2.1: Bushbuckridge Local Municipality



www.demarcation.org.za

Bushbuckridge is a residential nodal point located in the north-eastern part of Mpumalanga Province. According to Lisa (2008), Bushbuckridge is the largest local municipality in the Ehlanzeni District and it covers approximately 25, 586. 76ha of land. It is composed of agricultural land in which a variety of farmers conduct farming activities with the remaining portions of land being used for residential purposes and water bodies. The Community Survey (2007) points out that in 2007 the Municipality had a population of 509, 970, of whom 507, 492 were African, 1, 631 were Coloureds, 208

were Indian/Asian, and 639 were Whites. The Municipality has a high rate of unemployment with only 18% of the total population being employed (Community Survey, 2007). The HIV-prevalence rate has been increasing since 1996 from 6% to 24.6% in 2006 and 28.2% in 2007 (Mpumalanga Department of Health and Social Services, 2007). Bushbuckridge was selected because a number of CHH were reported in this local municipality. The Community Survey (2007) indicates that out of 124, 595 households in the Bushbuckridge Local Municipality, approximately 4, 377 of these households were headed by children in 2007. When compared with all the local municipalities in Mpumalanga Province, Bushbuckridge had the highest prevalence of CHH followed by Nkomazi Local Municipality with 2,355 CHH (Community Survey, 2007). The researcher was cognizant of the fact that CHH statistics, like any other statistics, are not inert as some of the households exist for a shorter period while other arrangements to absorb the children are made by the children's relatives. The estimates of CHH nevertheless served as a point of departure in selecting the study area.

2.4.1.3 Sampling of research participants

Since the approach of the study was qualitative, the researcher used the purposive sampling technique to select participants who were affected by the phenomenon under investigation. The research participants selected for the study were children heading households, the 'heads' of the extended families, and social workers working with these client-systems. Neuman (2006:222) states that in purposive sampling, qualitative researchers use their own judgment as experts on the topic to select participants. The researcher's judgment was that these participants had life experiences and firsthand knowledge about what it was like to be heading a CHH, or whose relatives or clients headed a CHH and were adequately informed to provide answers to the research questions posed for the study.

Children heading households were selected because they lived in CHH without adults while they had relatives who were not living with them. The children were therefore the best informants to provide accurate information on factors that hindered them from being

integrated into their extended families. Extended families of these children were selected because they were the appropriate information sources to share their life experiences and knowledge on factors that hindered them from absorbing the children into their homes. Social workers were selected as they had experience of working with orphaned children living in CHH and they possessed knowledge with regard to the barriers that might complicate integration and the challenges they face when integrating these children into their extended families. It was of the utmost importance, as a qualitative researcher, to purposely select appropriate participants who had knowledge, experience, and were familiar with the phenomenon under study in order to gain an in-depth understanding of the phenomenon (Donalek & Soldwisch, 2004:356 and Henning et al., 2004:3).

Merriam and Associates (2002:12) note that when using purposive sampling, the researcher should first determine the criteria participants should meet in order to be included in a sample. Henning et al. (2004:71) highlight that the criteria to select desirable participants come from the researcher's knowledge of the research topic. The criteria which the research participants had to meet in order to be included in the sample were as follows:

- ◆ Orphaned children living in CHH who were heading the CHH without an adult living in the household; the child heading the household was under the age of 18. All CHH were in the area of Bushbuckridge and were receiving some form of service from either the Department of Social Development or Bushbuckridge Health and Social Services Consortium (BHSSC), which is a non-profit organisation rendering care and support services to orphans and vulnerable children in Bushbuckridge.
- ◆ Extended family members who were relatives of the orphaned children heading households who participated in the study. All extended families who participated in the study were residing in Bushbuckridge.
- ◆ Social workers who had experience of working with CHH who were employed by the Department of Social Development at Bushbuckridge sub-district, Mpumalanga Province.

2.4.1.4 The determination of the sample size through the principle of data saturation

Since this study was qualitative in nature, the sample size was not determined at the outset of the study, but the principle of “data saturation” was applied to determine the sample size in the end. In relation to the principle of data saturation informing the eventual sample size, Fossey et al. (2002:726) write: “...sampling in qualitative research continues until themes emerging from the research are fully developed, in the sense that diverse instances have been explored, and further sampling is redundant. In other words, patterns are recurring or no new information emerges”. Once the former become apparent, the data are then said to have achieved “saturation”, meaning the researcher senses that a full understanding has been reached (Donalek & Soldwisch, 2004:356).

Glaser and Strauss (in Seale, 2004:229) concur with the above and state that the criterion for judging when to stop collecting data on the categories is when a particular category becomes theoretically saturated. They elaborate by explaining that “data saturation” means that no additional data are being found as the researcher finds similar instances over and over again. Once the information begins to repeat itself, the researcher can be empirically confident that a category or a theme is saturated.

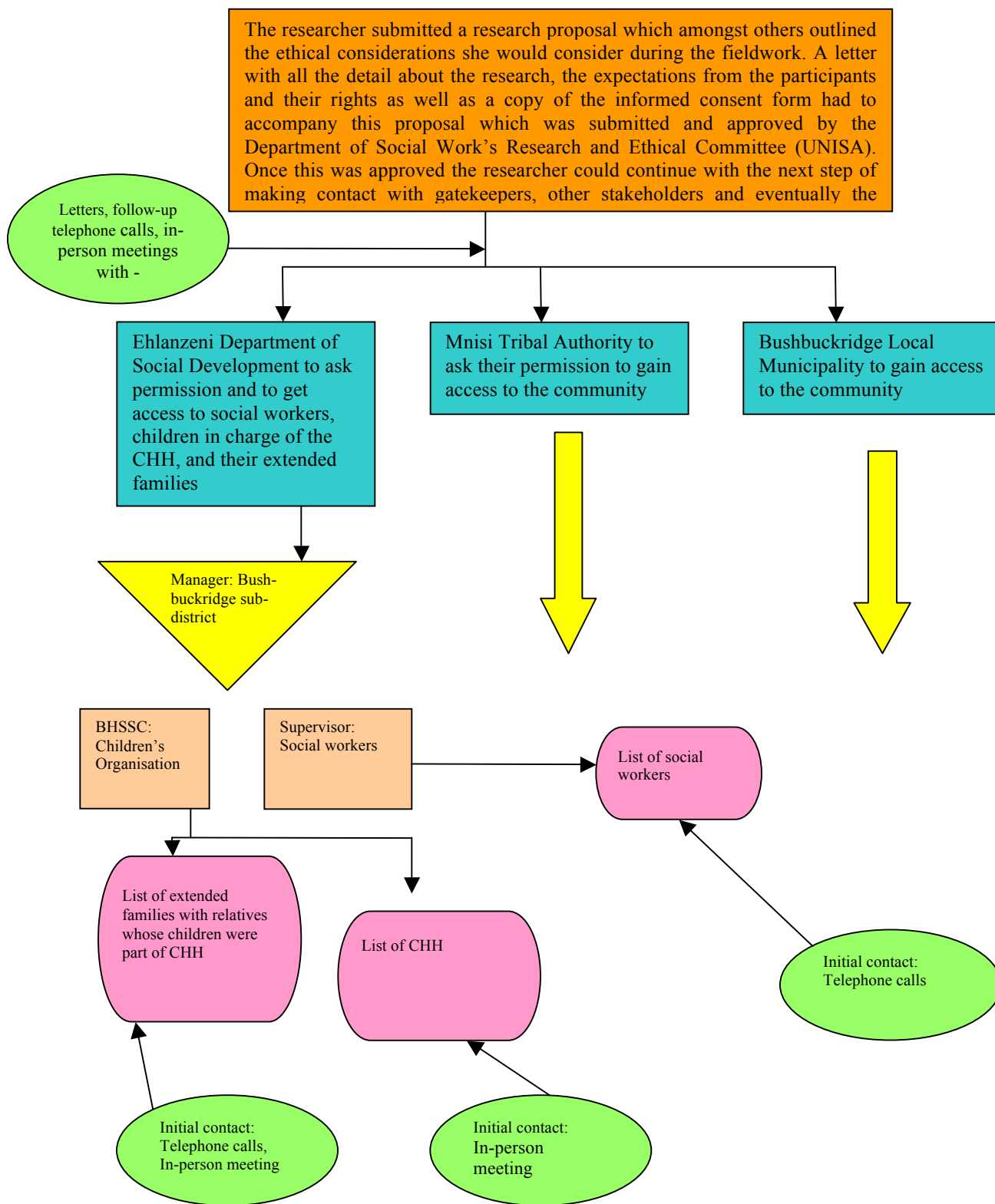
The researcher continued interviewing participants until she was empirically confident that no new insights were being gained from the interviews. Consequently the data collection process was discontinued and all data that had been audio-taped were transcribed and translated into English for data analysis purposes. Ten children heading households, eight family members from eight extended families related to the children, and seven social workers were interviewed for the study.

In the next section, the researcher will present a description of how she gained access to the study area and the research participants with a view to collecting data required for the purpose of the study.

2.4.1.5 Gaining access to the study area and participants

The following is a diagrammatic representation of how the researcher gained access to the study area, the gatekeepers and the research participants. This will be followed by a description elaborating on the diagrammatic presentation.

Figure 2.3 Diagrammatic representation of gaining access to the study area and the participants



The process of gaining access to the study area and the participants for the research being conducted was carried out in accordance with Feldman, Bell and Berger's (2003) practical and theoretical guide for qualitative researchers for gaining access to different field settings. Feldman et al. (2003:vii) assert that access is a critical part of conducting qualitative research as it is more than just to "get in" in order to collect information but because it is a process of "getting in" which affects how information required for the research will be provided to the researcher. In other words, access is not a once-off thing but a process of entering the study area, and building relationships with individuals who have the information required throughout the period of the study and sometimes beyond the researcher's exit from the study area.

Feldman et al. (2003:ix-x) mention that what has been written about gaining access depicts the process of accessing "a door which leads to a rich environment where there is much to be learned." Gaining access is a relational process in that there are people or a person behind each door who can either open (i.e. allow you entrance) or close the door (i.e. refuse entrance). For the door to be opened requires that the researcher should convince the person behind the door to open it wide and allow the researcher to stay for a while.

Feldman et al. (2003:38) explain that identification with the researcher, his or her intentions and the goal and value of the research are all important in gaining access as they have a major influence on whether a person will open or close the door. When people identify positively with the researcher, it is more likely that they will open their doors to allow access for the researcher. This is confirmed by Miller and Glassner (in Silverman, 2004:127-128) who postulate that the way in which participants respond to a researcher is based on who the researcher is. Aspects related to identity include the researcher's previous or current profession, geographic affiliation, gender, class or race.

The researcher is currently employed by the National Department of Social Development and has worked extensively with the Mpumalanga Provincial Department of Social Development in regard to services to children. The researcher also worked as a social

worker at Bushbuckridge Local Municipality and she was well known to the gatekeepers and the community of Bushbuckridge and had a good previous working relationship with them. This facilitated easy access to the study area and the research participants.

Feldman et al. (2003:31) highlight that gaining access through gatekeepers makes research easier as the gatekeepers can vouch for the legitimacy of the research to the participants. Hence it was important for the researcher to identify gatekeepers in the study area in order to obtain permission and their buy-in to conduct the study. The researcher used her knowledge of the community to identify key and pivotal gatekeepers (i.e. employees of the Department of Social Development and the Bushbuckridge Local Municipality, as well as members of the Mnisi Tribal Authority).

Feldman et al. (2003:23) state that writing a letter to gain access is an opening step in developing a new relationship as it determines whether the recipient will be motivated to open the door for the researcher. It is also of the utmost importance that the background to the research as described in the letter should be succinct as it provides an opportunity to introduce both the researcher and the research. The researcher wrote a letter to the Senior Manager of Ehlanzeni District, as Bushbuckridge is one of the sub-districts of Ehlanzeni, to get access to the study area and permission to interview social workers and children.

The letter explained who the researcher was, the purpose of the study, the area of study, the study's sample (i.e. who the researcher wanted to involve in the study), what the sample groups would be required to do or become involved in (i.e. the method of data collection, the number of interviews to be conducted, length of each interview, as well as the roles and responsibilities of the researcher). Furthermore, the rights of the prospective participants were also indicated (see Appendix 4). The Senior Manager forwarded the letter to the Social Work Manager of the Bushbuckridge sub-district to oversee the research process because the study was conducted in the sub-district which falls under that Manager. The Social Work Manager phoned the researcher to acknowledge receipt of the letter, and this afforded the researcher an opportunity to discuss the research

process in detail as well as making an appointment for an in-person meeting to discuss the research process in detail. Bushbuckridge is a rural area that upholds its traditional authorities. This necessitated that letters to seek permission to conduct the study, with the same content as mentioned above, be written to the Mnisi Traditional Authority (addressed to the Chief) which plays an important role as part of the local governance in the area (see Appendix 5), as well as the Bushbuckridge Local Municipality (addressed to the ward councillor) which was also identified as an important gatekeeper of the study area (see Appendix 6).

Letters were followed-up by telephonic conversations to ascertain receipt and to further explain the background to the research as well as to make appointments for in-person meetings with the gatekeepers prior to the data collection phase. Feldman et al. (2003:24) confirm that in most cases, follow-up calls are necessary as it is not always easy for recipients to get back to the researcher. Permission for the researcher to conduct the study in Bushbuckridge was granted in writing (see Appendices 7, 8 and 9 for the permission letters from the three gatekeepers stated above).

In-person meetings were held with each identified gatekeeper separately (i.e. Social Work Manager of Bushbuckridge sub-district, Secretary of Mnisi Traditional Authority, and the ward councillor of Bushbuckridge Local Municipality), to discuss in detail the background to the research. The Social Work Manager of Bushbuckridge sub-district identified one supervisor for social workers to assist the researcher with gaining access to research participants, i.e. social workers. BHSSC was also identified by the Social Work Manager as an organisation that would assist in gaining access to the extended families and CHH, because this organisation was funded by the sub-district to provide care and support services to orphans and vulnerable children in the sub-district.

a. Selection of children heading households and the extended families

Eder and Fingerson (in Holstein & Gubrium, 2003:33) assert that interviewing children is important when studies on children are conducted as it allows them to give voice to their

own interpretations and thoughts on topics that are salient to them rather than relying on adults' interpretations of these topics. It is for this reason that children were selected to participate in this study in order to allow them to give their own voice on how they interpret the phenomenon studied. A sample of children heading households and their extended families was selected through BHSSC. The researcher made an initial contact with the Manager of BHSSC telephonically to introduce the researcher, to discuss the background to the research and to make an appointment for an in-person meeting to discuss the research processes in detail.

The BHSSC organisation and its staff were well known to the researcher as she had worked with this organisation during her tenure as a social worker in the sub-district from 1999 to 2004. This made it easier to build trust and rapport with the staff in the organisation. During the initial meeting with BHSSC, the Manager of the organisation identified and introduced the coordinator of the orphans and vulnerable children (OVC) programme (referred to as OVC Coordinator in this report) to the researcher as an appropriate person to work with the researcher. The OVC Coordinator assisted the researcher with the selection of research participants (i.e. children heading households and the extended family members), locating research participants' homes, and introducing the researcher to the research participants.

Children heading households: The organisation had a list of CHH that were receiving care and support services from the organisation. When the researcher scrutinised the list, it became apparent that both CHH and youth-headed households were included in the same list. The organisation's "in-house" definition of a child-headed household referred to a CHH as any household consisting of siblings without a surviving parent with the youngest sibling being under the age of 18. The age of the eldest sibling was not regarded as a determining factor in this definition of a CHH; however, the age of the youngest sibling was regarded as a criterion for inclusion in the definition, i.e. where the youngest sibling was under the age of 18, the household was regarded as a 'child-headed household' even if the eldest sibling was over the age of 18. The definition of a CHH for the purpose of this study was different from the definition used by the organisation. For

the purpose of the study, a CHH household was defined in Chapter 1 under section 1.4.4 as a household which comprises orphaned siblings who are all under the age of 18 years, who are residing alone without an adult caregiver in the household. In order to comply with the purpose of the study, the researcher and the OVC Coordinator drew up a 'new' list of potential participants from the existing list which consisted of CHH which met the definition used for the purpose of the study to ensure that children that met the criterion for inclusion were selected to participate in the study. The criterion for inclusion as indicated earlier was that the child heading the household should be an orphaned child under the age of 18.

Drawing up the aforementioned list was easy because the organisation's initial list had a profile of all members of each household; totalling a number of 65 CHH. The researcher's assumption was that the eldest sibling in each household was the head of the household, and if the eldest sibling was under the age of 18 years, that household was selected to constitute the potential list of participants. The assumption turned out to be correct because the eldest siblings that were contacted to participate in the study stated to the researcher that they were heading their households. The list of potential participants was thus reduced to 47 CHH. Ten of these CHH were interviewed as it is customary in qualitative research that the sample size is determined once data from the interviews becomes repetitive (Donalek & Soldwisch, 2004:356).

Extended families: For every CHH selected for the study, the related extended family was selected to participate in the study. Drawing up a list of the children's extended families was not cumbersome since the list of CHH at BHSSC contained detailed information on at least one extended family member for each household. The challenge was that the information provided in the list did not indicate whether the extended family member captured in the list was the 'head' of that particular extended family. It was of utmost importance for the researcher to respect the extended families' cultural practices by accessing each extended family through its 'head' of the family. This is supported by Wenger (in Holstein & Gubrium, 2003:125) who warns that researchers should be sensitive to the different values, concerns, and expectations of participants. In order to

identify the appropriate 'head' of each extended family, the researcher used the contact details provided in the list to phone each relative in the list. The researcher introduced herself, the purpose of the research as well as the importance of identifying the 'head' of the extended family. Contact details of each 'head' identified were recorded and later used to contact them to make an appointment for a home visit to introduce the research project and to seek permission to conduct interviews with them as the 'heads' of the households or with any other family member of their choice. All family members identified as 'heads' of the households agreed to participate in the study. Eight family members identified as 'heads' from eight extended families that were related to the children were interviewed.

b. Selection of social workers

The selection of social workers to participate in the study was not random. The study used purposive sampling, as mentioned earlier, to select social workers to participate in the study. The researcher had a meeting with the supervisor, who was identified by the Social Work Manager of Bushbuckridge sub-district, to introduce the researcher and the research project as well as its implications regarding children who might require referrals to social workers after the interviews due to the nature of the project. A list of all social workers who met the criterion for inclusion in the study (i.e. social workers who had experience in working with orphaned children living in CHH) was drawn up with the supervisor. Selection of social workers was easy because the sub-district had a list of all social workers working in the sub-district.

The social workers were not specializing in any particular field, but they were doing generic social work which included services to orphaned children living in CHH. In order to curb duplication of services, each social worker operated within a demarcated area which comprised a number of villages. All social workers selected to participate in the study were providing services to those villages from which came the children heading households and their extended families who participated in the study. Since the approach of the study was qualitative in nature, it was not possible to predict the sample size of

social workers at the outset of the study, but the principle of data saturation (as described earlier in this chapter) eventually determined the number. After interviewing seven social workers the researcher became empirically confident that no new insights were being gained from this sample group and the data collection process for this particular interest group was discontinued.

2.5 COLLECT DATA

Data collection relates to the fourth step of the qualitative research process according to the framework of Neuman (2006:15) depicted under sub-section 2.1 in this chapter. Creswell (2007:118) states that the aim of data collection is to gather good information to answer emerging research questions. In order to gather good information for the study, the researcher first conducted a pilot study to test the interview guide and the research methods for the study. This will be described in the following sub-section. After the pilot study had been conducted, the researcher embarked on the process of preparing the participants for the interviews. An account of the preparations for data collection and the methods of data collection will be presented in the following sub-sections in this chapter.

2.5.1 Pilot study

Van Teijlingen and Hundley (2001:1) explain that a pilot study is a specific pre-testing of research instruments including questionnaires or interview schedules which is done in preparation for their full-scale use to see if the envisaged methods are valid in the practical research environment. In other words, a pilot study follows once the researcher has a clear vision of the research topic and questions as well as the techniques and methods which will be applied to conduct the study.

In this research endeavour, the preparation for data collection began with the pilot study. The aim of the pilot study was to test the interview guide and the procedures or methods for data collection outlined in Chapter 1, section 1.3.3.2 to determine whether the proposed questions and procedures would be adequate and appropriate to elicit data

required to answer the research questions that prompted the study. The researcher conducted the pilot study in Bushbuckridge where the actual study was to be conducted. It was of importance to use the same geographical area of the study in order to obtain accurate feedback on the adequacy of the interview guide informed by individuals who had a similar background to the actual participants. Since pilot study is conducted on a smaller scale (Van Teijlingen & Hundley, 2001:1), the researcher selected one participant from each of the three sets of participants, that is, children heading households, extended families, and social workers. In selecting these participants, the researcher used the same criteria for inclusion in the study as outlined in Chapter 1, section 1.3.3.1

The researcher also used similar research procedures for the actual data collection process as outlined in Chapter 1, section 1.3.3.2, that is, face-to-face interviews, participant observation and the use of digital voice recorder and note-taking. The pilot study provided insight into the intensity and the complexity of the issues under investigation. The data also provided insight regarding the practicality of the envisaged research procedures which assisted in planning properly for the actual data collection phase. The researcher also used the pilot data to enhance her interviewing skills to allow for deeper exploration and to generate more information on any particular aspect under investigation. It should be noted that participants who were interviewed in the pilot study, were not included as part of the sample, and the information obtained from these interviews were not analysed.

2.5.2 Preparation for data collection

Houtkoop-Steenstra (2000:128) holds that research participants are social and emotional beings who cannot be coerced to provide information that is required by the interviewer. It is pivotal that researchers should prepare participants to establish a relationship with them that may improve the participants' willingness and ability to co-operate. The idea of preparing participants for data collection also finds favour with Miller and Glassner (in Silverman, 2004:133-134), who affirm that in order to understand the social worlds of individuals; interviewees should feel comfortable and competent to interact with the

interviewer. Rapport building is primary to this process and there must be a level of trust between the interviewer and the interviewee. Miller and Glassner (in Silverman, 2004:133) emphasise that rapport can be established by assuring confidentiality in an explicit and implicit way, by increasing the level of familiarity with the researcher, and by showing genuine interest in the participant. This is confirmed by Jones (in Seale, 2004:259), who asserts that establishing trust with the interviewees will ensure that good data are obtained. It was for these reasons that the researcher held first contacts with all research participants to establish working relationships with them for the sake of this research endeavour and to prepare them for the process of how the data would be collected.

2.5.2.1 Preparing the extended family members for the interviews

Two home visits were conducted with the 'heads' of the extended families. The purpose of the first visit was to allow the researcher to introduce herself in order to establish rapport with the extended families, to obtain their consent to participate in the study or to identify any other family member to participate in the study, and to prepare them for data collection. The second home visit was to conduct interviews to collect data required to answer research questions posed for the study. Locating the homes of the extended family members was not difficult as the researcher was accompanied by one of the staff members of BHSSC who knew the residential homes of the potential participants. The organisation, as part of its outreach programme, conducts home visits to the consumers of its services.

Being in the company of the staff member facilitated the acceptance of the researcher by the extended families because they knew the staff member from BHSSC. The first encounter was done with the 'heads' of the extended families to introduce the researcher as well as to establish rapport and trust. Jones (in Seale, 2004:259) asserts that establishing trust with interviewees, informing interviewees about the research project and assuring them that data will not be used against them, will ensure that good data are obtained. It was for this reason that the researcher engaged the 'heads' of the extended

families in discussions about the research project, the value of the study, confidentiality issues and the use of a digital voice recorder, questions that would be asked, permission to interview them or any other family member of their choice, and permission to interview the children heading households. All family members identified as 'heads' of the extended families agreed to participate in the study. Once participants agreed to participate in the study, the researcher proceeded to discuss with them the details of the consent forms and all ethical issues outlined in the consent forms (see Appendix 1). All extended family members signed the consent forms.

Permission to interview children heading households was sought from the extended families. The researcher explained to the extended families the importance of gathering data from the children as well as informing them about the questions that would be posed to the children. She also explained the confidentiality issues and the use of a digital voice recorder for the purpose of the study only. Extended family members were also reassured that confidentiality would be maintained with regard to information gathered from them about the phenomenon and that this would not be divulged to the children. Extended families were requested to sign consent forms (see Appendix 3) for children to participate in the study after verbal consent had been given. Appointments for collection of data were made with each participant, emphasizing the date, venue where the interview would be done, the length of the interview and the time for the interview.

2.5.2.2 Preparing the children for the interviews

Miller and Glassner (2004:128) advise that it is of critical importance that researchers should, before collecting data, establish research relationships with adolescents to build rapport and trust. This is confirmed by Eder and Fingerson (in Holstein & Gubrium, 2003:35) who contend that creation of a natural context before interviewing children ensures a familiar environment for the children and minimizes the power difference between children and the researcher. Children who participated in the study were all in the adolescence stage. Craig and Baucum (2002:5) state that the adolescence stage includes individuals from the ages of 12 to 18 or even up to 21 years depending on the

culture of a particular community. According to Craig and Baucum (2002:385), adolescents experience and exhibit major changes in their appearance which are mainly attributed to biological factors such as increases in hormones released by the endocrine glands. Such bodily changes may cause both pain and pleasure to the adolescents. The adolescence stage is also characterised by an emerging need for autonomy and self-definition, and the adolescents often use conflict and rebelliousness as a means of achieving this autonomy and independence (Craig & Baucum, 2002:407 & 412). It was of importance for the researcher to take into cognizance these critical dimensions marking the adolescence stage and also prepare the children for the interviews to ensure that they felt comfortable to share their experiences from their own perspectives.

Two contacts were made with the children during the process of data collection. The first contact with the children took place in their respective schools, except for one child who was visited at her home because she was not attending school. The purpose of the first contact was to prepare the children for the interviews. It focused on building rapport with the potential participants and obtaining their permission to conduct the study. The second contact with the children took place in their respective homes after they consented to participate in the study. The purpose of the home visits was to collect data from the children.

The OVC Coordinator from BHSSC played a major role in organizing the first contact with the children as this was the most challenging and daunting task because the data collection phase took place at a time when all schools were in full operation. All potential participants, except one, were still attending school. BHSSC had existing networks and good working relationships with all the schools in the study area because they liaised with school principals to request exemption for orphans and vulnerable children from paying school fees. This made it easier for the researcher to make contact with the children. The OVC Coordinator arranged with the school principals to meet with the children. Prior to the meeting with the children, the researcher accompanied by the OVC Coordinator met with the school principals to explain the research project and to emphasise the importance of confidentiality and privacy when they called the children

from their classrooms for the meetings with the researcher. The school principals made available an office in their schools which was conducive to meeting the children as it was free from distractions. Children were called from their classrooms, individually, by their teachers in a manner which did not expose them to potential ridicule by their school mates. The researcher met with the children, individually, in the office provided by the school principal. The OVC Coordinator, who was well known to the children, introduced the researcher to each child. This facilitated trust and acceptance of the researcher by the children.

The researcher explained to the children the purpose of the research project and that their participation in the study would help in gaining an in-depth understanding of their views and perceptions with regard to factors that hinder their integration into their relatives' homes. Furthermore, their contribution would help to address the plight of CHH in the country and internationally as practice guidelines on effective integration of CHH would be developed using their contributions.

The researcher also explained the principle of confidentiality and the use of a digital voice recorder to capture information to be used for the purpose of the study only; they were made aware of the questions which the researcher would ask them. The researcher explained to them that their extended families would participate in the study, but their contributions would be treated confidentially and would not be divulged to the extended families. These assurances were made in accordance with what Miller and Glassner (in Silverman, 2004:133) mentioned that in order to establish trust with adolescents, assurances of confidentiality should be explicitly made.

Enough information was provided to the children to raise their interest and to enable them to judge whether or not they would like to participate. All children selected to participate in the study voluntarily agreed to participate in the study. After verbal consent was given by the children, the researcher discussed the consent forms and requested all children to sign them (see Appendix 3). It was also explained to the children that their extended families had signed these consent forms for them to participate in the study only because

it is required by law as they are below legal age; however, the extended families' consent was not imposed on the children, and therefore their voluntary participation was sought for. Appointments to conduct interviews to collect data were made with each child, emphasizing the date, venue, the time and the length of the interview.

2.5.2.3 Preparing social workers for the interviews

Feldman et al. (2003:3) emphasise that acquiring endorsement by managers of a particular organization where research is intended to be conducted is important as it can encourage participants to open their doors to the researcher; however, it is still important that the researcher should negotiate access to the individuals in order to obtain useful information. Although the Social Work Manager of Bushbuckridge sub-district had endorsed the research project, the researcher also sought permission from social workers to collect data from them.

The nature of the study required data to be collected from social workers as they have experience and knowledge of the integration of CHH into extended families. As already mentioned, the researcher was well known to the social workers as she had worked in this study area as a social worker herself. This facilitated trust and acceptance of the researcher by the social workers. The supervisor, who was identified by the Social Work Manager of Bushbuckridge sub-district, also prepared the social workers through telephonic conversations to create an auspicious environment for the researcher and for the data collection process to take place.

The researcher's first contact with the social workers was done telephonically with each social worker, as a follow-up to the supervisor's telephonic conversation with them, to establish rapport and trust, and to seek permission to participate in the study. The researcher engaged in discussions about the research project with each social worker, highlighting the elements of the letter requesting their participation (see Appendix 2) such as the purpose of the research, the value of the study, the importance of their participation in the study, questions that would be asked, the principle of confidentiality

and the use of a digital voice recorder, and their voluntary participation in the study. After verbal consent had been given by social workers, appointments were made to visit their offices to conduct interviews with emphasis on the date, time and length of the interview. Further preparation was done on the day of data collection prior to the interview to create an auspicious environment and to set the participants at ease. Each participant was taken through the letter requesting their participation and was requested to sign the consent form. All social workers selected to participate in the study agreed to voluntarily participate in the study and they signed the consent forms.

2.5.3 Method of data collection

Jones (in Seale, 2004:257) explains that people are the constructors of their own social worlds which qualitative researchers are interested to explore and understand. In order to understand the constructions of these social worlds and the meaning which they attach to their realities, researchers need to ask them in a manner that enables them to tell them; one way of doing this is through in-depth interviews (Jones in Seale, 2004:258). Denzin and Lincoln (2005:643) define the concept “interview” as “a conversation – the art of asking questions and listening”.

This is confirmed by Holstein and Gubrium (in Silverman, 2004:140-141) who indicate that interviewing is a technique in qualitative research that provides a way of generating empirical data about the social worlds of individuals as it is conversational and interactional, and this is done by asking individuals to talk about their lives. Merriam and Associates (2002:12-13) agree that interviews are useful when researchers are interested in understanding the experiences of participants of a particular phenomenon from the participants’ own perspectives.

It was in view of the above factor that the researcher selected interviews (i.e. semi-structured in format) as a method of collecting data from the participants, complemented by participant observation as another common method of qualitative data collection. Face-to-face interviews were conducted by the researcher with all three interest groups to

gain an in-depth understanding of the barriers that hinder effective integration of CHH into extended families from the research participants' point of view. Heath (in Silverman, 2004:277) indicates that face-to-face interactions are important in understanding participants' social worlds because they create an environment in which researchers record both participants' talk and bodily conduct. Bodily conduct (non-verbal communication) gives a sense and sequential significance to participants' stories because it forms an integral part of the stories which participants are telling. Jones (in Seale, 2004:260) agrees that researchers should also pay attention to the crucial non-verbal data.

The researcher selected the face-to-face interview technique in order to exploit the opportunity of listening to participants' verbal accounts, and used participant observation as well to be able to observe non-verbal communication complementing these verbal accounts. Face-to-face interviews were also conducted as they are better for research that involves sensitive questions and this research explored sensitive issues related to the death of a parent or a family member (Shuy in Holstein & Gubrium, 2003:182). Semi-structured interviews were used specifically to break new ground as little was known about the process of integration of orphaned children into extended families. Brewer (2000:63) highlights that semi-structured interviews are a combination of structured or formal interviews and unstructured interviews.

The use of semi-structured interviews enabled the participants to be in touch with their experiential and subjective worlds and they were able to articulate and give account of their lives, feelings, views, attitudes, and apprehensions regarding the integration process. The participants were also requested to create an ideal world by providing suggestions on how a 'perfect' integration process should evolve. Three different sets of interview guides or schedules were used for each of the three different sets of participants. Neuman (2006:276) defines an interview schedule "as a set of questions which an interviewer asks participants while recording responses". This is confirmed by Creswell (2007:133) who refers to an interview guide as an interview protocol which consists of approximately five open-ended questions designed before the actual collection of data to be used when interviewing participants. All three interview guides used for the study (i.e. for social

workers, extended family members and children heading households) had a maximum of five different open-ended questions. The open-ended questions sought to explore and describe each participant's perception about the integration of orphaned children into their extended families, to explore their feelings towards the integration process, to explore and describe factors that hinder an effective integration process, as well as possible suggestions for establishing an effective integration process. The open-ended questions were asked in a more asymmetrical organisation of talk whereby the researcher asked the questions and spoke less while encouraging the participants to talk more (Baker in Silverman, 2004:168-169). The open-ended questions posed for the participants were as follows:

Questions for the extended families:

1. What are your views about the integration of orphaned children who are living by themselves into extended families?
2. How do you feel about taking these orphaned children into your home?
3. What are the factors/things hindering you from taking these orphaned children into your home?
4. What do you think can be done to overcome these obstacles? Any suggestions?
5. How would you like the social worker to assist you with the integration of these orphaned children into your home?

Questions for children heading the CHH:

1. What do you think would be nice or good for orphaned children to live with their relatives?
2. How would it make you feel to live with your relatives in their home?
3. What worries or make you afraid about the idea of going to stay with your relatives?
4. What do you think would help you to make it easier to go and stay with your relatives?
5. How would you like the social worker to help you so that you can go and stay with your relatives?

Questions for social workers rendering services to CHH:

1. What are your perceptions about the integration of CHH into extended families?
2. From your point of view, what are the factors hindering the effective integration of CHH into extended families?
3. From your point of view, what can be done to overcome these obstacles? Any suggestions?
4. What do you think is your role as a social worker in this process of integrating the CHH into the extended family?

All interviews were conducted in Xitsonga, which is the language that is understood best by the participants. Feldman et al. (2003:54) affirm that conducting interviews in the language that is understood by the interviewees increases sharing of information because it makes interviewees feel comfortable. This enabled participants in this study to express themselves freely verbally and non-verbally, e.g. crying, sighing and fidgeting. Interviews were conducted in settings where participants felt comfortable and relaxed. Holstein and Gubrium (in Silverman, 2004:141) highlight that interviews that are conducted in propitious settings encourage individuals to convey the desired information. Interviews with the extended families and children heading households were conducted in their respective homes, except for five interviews that were conducted at BHSSC owing to the inaccessibility of the homes as roads had been washed away by torrential rains.

BHSSC provided an office which was utilized by the Manager of the organisation, to conduct the interviews. The office was suitable for the interviews as participants were familiar with the setting and it was free from noise interference. Interviews with the extended families and children heading households that took place in their homes were conducted either inside the house or outside the house under a tree, as preferred by the participants. All interviews with social workers took place in their respective offices. The length of the interviews varied from one hour to two hours. Various factors affected the length of the interviews. These included interruptions by family members, people passing by, telephones and cell phones ringing, and participants sobbing. One interview was

conducted with each participant, bringing the total number conducted to 25 interviews. A digital voice recorder was used, with the consent of the participants, to record narrative responses made by all participants. The idea of using a voice recorder and transcripts is affirmed by Perakyla (in Seale, 2004:325) since voice recorders provide highly detailed and accessible representations of social interaction. Note-taking was used minimally to capture important aspects, for instance, issues that required further exploration or recording non-verbal communication since voice recorders are not able to capture this kind of communication. The use of notes to capture information for further exploration is supported by Lofland (in Seale, 2004:234-235) since an account may lack adequate description of a person's behaviour or conscious intentions; these can be recorded and serve as a reminder for later exploration.

The use of a digital voice recorder facilitated the smooth flow of the interview as the researcher was able to maintain eye contact with the participants and this encouraged them to talk knowing that the researcher was interested in what they were saying. It also helped in instances when some of the participants cried because the researcher was able to put her hands on the participant's back as a sign of comfort. Data were transcribed from the voice recorder word-for-word in Xitsonga and later translated into English for data analysis purposes. As the data were transcribed from the voice recorder, the researcher identified some gaps in the information provided by some of the participants as some aspects had not been explored enough by the researcher. Relevant participants were phoned to obtain more information in order to close the gaps identified (Feldman et al., 2003:114). Closing these gaps was not difficult because the researcher informed the participants when she concluded the interviews that they could be contacted if there was a need to acquire more information for the study.

Appropriate interviewing skills were important to enable the researcher to enter into the participants' experiential worlds and encourage them to give accounts of their life experiences regarding the phenomenon studied. Miller and Glassner (in Silverman, 2004:127-128) point out that researchers should exercise caution when interviewing adolescents. Researchers should be cautious in assuming that they have an understanding

of adolescents' cultures because the meaning systems of adolescents are different from those of adults. Researchers should also remember that the adolescents are in a transitional period of life and are increasingly becoming oriented to adult worlds. The researcher took this into cognizance when she interviewed the children heading households, as they were all at the adolescence stage, to ensure that the children's meaning systems were understood from their own perspectives. Gathering appropriate data from all participants required versatility and ability on the part of the researcher to be non-judgmental throughout each interview.

The following interviewing skills were used to gather relevant data from the children heading households, extended families and the social workers:

- ◆ **Good appearance and demeanour:** The researcher dressed appropriately to ensure that she was an integral part of the participants' world to make them feel comfortable. Miller and Glassner (in Silverman, 2004: 133) warn that social distances or differences can result in suspicion and lack of trust. The researcher avoided wearing trousers when conducting interviews with the extended families as most elderly people view this as unacceptable. In order to make children feel more at ease, the researcher dressed casually, while formal wear was used for interviews with social workers.
- ◆ **Starting the interview:** The researcher engaged participants in marginal discussions such as how they were feeling that morning as well as asking demographic data questions (see Appendix 10 for the demographic data questions posed to the different participant groups) in order to make them feel at ease before embarking on the questions for the study.
- ◆ **Asking relevant questions:** Questioning was a central skill to elicit appropriate data from the participants. Probes were used to generate more information on a particular aspect under discussion. Probes were also used for more precision when participants cited contradictory views on an issue; for instance where one participant indicated that the children did not have relatives to absorb them, but later indicated that the children did have relatives. The researcher used probes to highlight such discords because it was important for the researcher to know and understand the

correct state of affairs regarding the aspect being explored. Verbal and non-verbal cues were used to encourage participants to provide more depth on an issue being explored such as nodding of the head, or saying 'okay' or 'uh-huh'. Probes were also used to revert to the content in order to allow participants to elaborate on certain aspects which were of importance to the study. For instance, "You said that children who stay alone can do unacceptable things. Can you please tell me more about what you mean by *unacceptable things*?" Reflective statements were also used to allow for deeper exploration for example: "In other words it becomes difficult for the eldest child if there are smaller children in the household?" Jones (in Seale, 2004: 260) emphasises that researchers should check meanings of concepts as construed by interviewees to ensure that interviewees are indeed understood and should not just assume that they were understood.

- ◆ **Summarizing:** The researcher used summarizing skills frequently to encourage deeper exploration of a certain aspect before moving to a new aspect. For instance, "You mentioned that factors that hinder integration are...and...; are there any other factors that you think may hinder integration?" This allowed participants to provide all relevant information on a particular aspect. The researcher only moved to the next question after all the relevant information had been exhausted. This was realized when participants responded with a 'no' answer to the summarizing question.
- ◆ **Attending skills:** The researcher used eye contact, openness, a relaxed posture, leaning forward, and prompts with the participants to show that she was interested in what they were saying in order to encourage them to talk freely.
- ◆ **Listening skills:** Jones (in Seale, 2004:260) highlights that listening is an essential skill in interviewing as it allows the researcher to hear what seems to be significant to the participant and to explore this further. It helps the researcher to judge when information being provided is off the track. The researcher applied her listening skills in order to take full control of the interview and ensure that participants focused on the relevant topics or questions asked. Reflective skills were used to re-focus participants towards a particular issue when they drifted away from the particular subject.

- ◆ **Ending the interview:** The researcher thanked each participant for the time given and valuable contributions made. The researcher also indicated to the participants that further contacts could be made should there be a need for more information related to the study (Feldman et al., 2003:x).

2.6 ANALYSE AND INTERPRET DATA

The activities of analysing and interpreting data relate to the fifth and sixth steps of the qualitative research process according to the framework of Neuman (2006:15) depicted in sub-section 2.1 in this chapter. Neuman (2006:15) asserts that in qualitative research, the steps of data analysis and data interpretation can take place simultaneously because the researcher tends to build new theory and draw on existing theory during these steps. This is confirmed by Creswell (2007:150) who sees the process of data collection, data analysis and interpreting, and report writing as a spiral (i.e. the steps are interrelated and often occur simultaneously rather than in a strictly linear way). While analysing data, qualitative researchers engage in interpreting data to make sense of the data through forming larger meanings of what is going on in the situations or sites (Creswell, 2007:154). In view of this, the researcher also analysed and interpreted the data (i.e. giving meaning to the data) simultaneously.

The concept of data analysis was defined in Chapter 1. However, to refresh our understanding, it may be mentioned that Brewer (2000:105) defines it as “the process of bringing order to the data, organizing what is there into patterns, categories and descriptive units, and looking for relationships between them”. This is confirmed by Neuman (2006:467) in pointing out that data analysis involves searching for patterns in data. Brewer (2000:104-105) asserts that in qualitative research, data are collected in the form of extracts of natural language and tend to be voluminous in scale. In order to work a way through this sheer volume of information, skilful and proper analysis is required so that patterns, themes and relationships can be discovered.

Since the study was qualitative in nature, data were collected from the participants in the form of words. This is supported by Denzin and Lincoln (2005:647) since qualitative researchers study spoken words and written records of people's experiences. As already explained in section 2.5.3 in this chapter; the researcher used semi-structured interviews as the primary method of data collection to collect data from all participants. These interviews were voice-recorded and further supplemented by note-taking to capture non-verbal cues which could not be recorded by the digital voice recorder. All interviews were transcribed from the tape recorder in a verbatim form and translated into English as all interviews had been conducted in Xitsonga. The researcher numbered each line of the transcripts to ensure that data were well organised.

The information collected from the participants was voluminous in scale and necessitated a coherent analytical approach that encapsulates and describes participants' life experiences as perceived by the participants. The researcher used the descriptive analysis technique of Tesch's eight steps as cited in Creswell (2003:192-193), as already stated in Chapter 1, section 1.3.3.3. The idea of using steps when analysing data finds support from Brewer (2000:109), who asserts that researchers should consider data analysis as a series of processes or steps which are time consuming and laborious but produce an exhaustive and comprehensive analysis. To ensure that the correct meaning is attached to the data, the researcher focused the analysis of the data on the original research questions that prompted the study as well as the insights about analysis that occurred during the data collection phase (Brewer, 2000:109). The descriptive analysis technique of Tesch's eight steps as cited in Creswell (2003:192-193) was applied as follows:

- ⇒ The researcher read through all the transcripts to get a sense of the whole and jotted down some ideas as they came to mind.
- ⇒ The researcher chose one transcript which was shorter and read through it while writing down in the margin the underlying meaning of what was being read. The researcher proceeded to read through all the other scripts in the same manner.
- ⇒ After all scripts had been read, the researcher made a list of all topics identified. These topics were then clustered according to their similarities

and classified into columns marked as “major topics”, “unique topics”, and “leftovers”.

- ⇒ The researcher assigned appropriate abbreviations for each topic identified and reverted to the data to put abbreviations next to each appropriate segment of the data.
- ⇒ The most descriptive wording for each topic identified was found and turned into themes. Related themes were grouped together to reduce the total list of themes.
- ⇒ The researcher made a final decision on the abbreviation for each theme and wrote them in alphabetical order.
- ⇒ Using the “cut-and-paste” method, the researcher assembled in one place the data material, including story lines or quotations, which belonged to each appropriate theme and sub-theme and conducted a preliminary analysis.
- ⇒ The researcher recorded the existing data as it seemed necessary.

Transcripts were also given to an independent coder who had experience in qualitative research methods, to conduct a qualitative data analysis to ensure trustworthiness of the study. Findings from the independent coder’s report were compared with the researcher’s findings during a consensus discussion facilitated by the researcher’s promoter. Themes and sub-themes with story lines or quotations could then be compared to assess consistency. (See Chapters 3 and 4 for the detailed description of the themes and sub-themes.)

2.7 INFORM OTHERS

“Informing others” relates to the last step of the qualitative research process according to the framework of Neuman (2006:15) depicted in sub-section 2.1 in this chapter. According to Neuman (2006:490) this is a critical step in the research process as it communicates the results of the study and how the study was conducted to others; it usually takes the form of a written report. Creswell (2007:177) asserts that “writing and

composing the narrative report brings the entire study together”. Neuman (2006:491) suggests that researchers should not wait until the study is completed to start writing the research report. It is for this reason that the researcher began to document the research process for this research endeavour once each step of the qualitative research process in Neuman’s framework had been completed. The researcher organized the steps into five chapters.

The first chapter reflects the general introduction and preliminary reasoning and decisions; Chapter 2 provides a description of the application of the qualitative research process for investigating the topic under investigation; Chapters 3 and 4 present the findings of the study, and Chapter 5 presents a summary of the research, outlining the overall conclusions and recommendations of the study. Once each chapter had been completed, the researcher sent it to the promoter to shape the writing to ensure that it was professional in manner; as Silverman (2005:274) puts it, during the writing phase, the supervisor assists with the writing style to ensure that it meets the expectations of the target audience. An account of how the research findings will be communicated to others is presented in Chapter 1, section 1.6 of this research report.

Neuman (2006:490) asserts that conducting a study and reporting its findings can create controversy. Qualitative research reports face even more controversy and skepticism than quantitative reports because they use less standardised methods in their research endeavours and seek to present the subjective worldview and meaning system of a social system (Neuman, 2006:499). It is essential that qualitative researchers should ensure that readers believe the recounted events and enable them to accept the interpretations as credible (Neuman, 2006:499). This relates to data verification and ethical considerations which will be presented in the next sub-sections.

2.7.1 Data Verification

Denzin and Lincoln (2005:18) assert that qualitative researchers seek to tell the life story of people from the people’s own point of view. It is for this reason that qualitative

researchers are concerned with presenting a candid portrayal of social life which is the true reflection of the experiences of the people being studied (Neuman, 2006:196). Creswell (2007:201) emphasises that during or after the study, qualitative researchers should constantly ask themselves questions such as: “Did we get it right?” (Stake as cited in Creswell, 2007:201). “Did we publish a ‘wrong’ or inaccurate account?” (Thomas as cited in Creswell, 2007:201). In order to provide answers to these questions, researchers should look at themselves, their participants as well as the readers in order to evaluate the quality of their study (Creswell, 2007:201). According to Creswell (2003:196, 1990:157), data verification in qualitative research means a process of checking the accuracy and credibility of research findings from the standpoint of the researcher, the research participants or the readers of the account. It is important that researchers should provide readers with an account of the procedures they used to conduct the research to ensure that the methods were credible and the findings of the research are accurate (Silverman, 2005:209-210).

In Chapter 1, section 1.3.3.4, the researcher presented a comprehensive plan on how data would be verified to check the accuracy and credibility of research findings using Guba’s model of trustworthiness of qualitative data as outlined by Krefting (1991:215-222). In this section, the researcher presents how the requirements to ensure trustworthiness were met. Guba’s model identifies four aspects that seek to ensure trustworthiness, namely truth value, applicability, consistency, and neutrality.

◆ **Truth value**

Krefting (1991:214) alludes to the fact that truth value seeks to check the credibility of the research findings. Brewer (2000:188-189) states that credibility involves an assessment of whether any truth claim is likely to be accurate given the nature of the phenomenon investigated, the circumstances of the research and the characteristics of the researcher. The researcher used the following methodological credibility strategies to achieve the truth value of the findings:

⇒ Triangulation

Denzin as cited in Brewer (2000:75) explains that triangulation refers to the use of multiple methods, researchers or theoretical frameworks in

order to extend the accuracy of data. Data triangulation was achieved for the present study as the researcher collected data from multiple data sources, namely children heading households, extended families, and social workers. The criteria for selecting research participants were defined and allowance was made for the comparison of data from multiple sources. All extended family members who participated in the study were related to the children who also participated in the study. The questions which were used to collect data from the various data sources allowed for comparison of responses from the data sources. The research also utilized multiple methods of collecting data from the participants (i.e. semi-structured interviews and participant observation). The researcher used a digital voice recorder to capture verbal responses from participants, while observations were also made of the participants' non-verbal forms of communication and these were captured using the note-taking method. Multiple researchers were utilized to analyse and interpret the data. Data was analysed by an independent coder and the researcher under the guidance of the promoter.

⇒ Peer examination

Krefting (1991:219) explains that peer examination involves discussing the research process and findings with researchers who are experts in qualitative research. Throughout the research process, the researcher consulted with the promoter who is an expert in qualitative research methods. Tape recordings for the study were transcribed word-for-word and translated into English to allow for critical assessment of the interpretations from the direct quotations. An independent coder was also used to compare the interpretations. The researcher also used her pastor and work colleagues who had experience of qualitative research methods and the phenomenon investigated to share their understandings and to debrief about the problems she encountered during the research process.

⇒ Interview technique

The researcher prepared participants prior to the collection of data to ensure that participants felt comfortable about sharing their life experiences in an honest manner. Rapport and trust were established by conducting initial visits to the participants accompanied by a person who was known to the participants. Ethical considerations were identified and discussed with participants. The researcher maximized her interviewing skills to encourage participants to accurately articulate their life experiences. The skills which the researcher utilized are comprehensively discussed in section 2.5.3 in this chapter.

⇒ Authority of the researcher

Krefting (1991:220) indicates that authority is a strategy that views the researcher as a measurement tool to ensure that data are presented as portrayed by the participants. The researcher was well known to the study area as she had worked extensively as a social worker and this facilitated trust and acceptance of the researcher by the participants. The researcher's profession as a social worker also ensured trust and enabled participants to share their life encounters in an honest manner. The researcher's experience and knowledge of the phenomenon investigated allowed for appropriate research participants to be selected for the study, and also ensured that appropriate and accurate information was gathered from participants. This is discussed extensively in Chapter 1, section 1.3.3.4.

⇒ Member checking

According to Lincoln and Guba as quoted by Krefting (1991:219), member checking "is a technique that consists of continually testing with informants the researcher's data, analytic categories, interpretations, and conclusions." Krefting (1991:219) asserts that member checking involves the assessment of the data with research participants to see if the data have been accurately translated and also to check whether the data make sense,

and this decreases the chances of misrepresentation. For this study, the researcher did member checking during the transcription and translation of data as there were gaps in some of the transcribed interviews and some of the data had not been clearly articulated. The researcher phoned the relevant research participants to ensure that complete and accurate meanings are attributed to the data collected and that the presentation of the data accurately reflected the participants' experiences (Krefting, 1991:219).

◆ **Applicability**

Krefting (1991:216) indicates that applicability refers to the extent to which the findings can be applied to other contexts and settings. Applicability does not seek to generalize findings to a larger population as the study is conducted in the natural settings of individuals. This is confirmed by Denzin and Lincoln (2005:378-379) who assert that there is no utterance that is representative of other utterances because the sampling technique that is used in qualitative research, that is purposive sampling, takes each instance of a phenomenon as an occurrence that evidences the operation of that particular group of people.

Krefting (1991:216) indicates that in qualitative research, applicability is established through the strategy of transferability, that is, the ability of the research findings to fit into contexts other than that of the study situation, which have some degree of similarity. In order to ensure transferability of the research findings, the researcher used purposive sampling with clear parameters on how participants were included in the study. Demographic data of participants are presented in Chapter 3, section 3.2. The study also used a contextual research design, in conjunction with exploratory and descriptive designs, to produce an extensive description of the integration process of children into extended families within the context of the unique setting of the CHH phenomenon (Mouton & Marais, 1990:49-50). The researcher also provided dense background information

on the research methodology used to allow others to check the transferability of the findings.

◆ **Consistency**

Krefting (1991:216) explains that consistency is achieved when the study is replicated using the same participants or similar contexts and still produces the same findings. Consistency is achieved through the strategy of dependability. In this chapter, the researcher has provided a dense description of how the study was conducted to ensure consistency of research findings. The researcher presented the exact research methodology, that is, research approach, research design, sampling procedures and gaining access, preparation of data collection and methods of data collection, data analysis, and interpretation of the data. An independent coder was used to analyse the data. The researcher also analysed the data independently, and gained consensus with the independent coder on the themes and sub-themes to assess consistency. The code-recode procedure as outlined by Krefting (1991:221) was employed to assess consistency. The researcher re-coded the same data after two weeks and compared the results to check consistency.

◆ **Neutrality**

Krefting (1991:216-217) explains that neutrality is the extent to which the research procedures and findings are free from bias. This is achieved through the strategy of confirmability. The researcher used a literature control to compare and confirm data collected in this study with data from similar studies. Credibility strategies to establish the truth value of the study, as explained above in this section, namely triangulation, peer examination, interview technique, and authority of the researcher as well as the applicability of the study, were used to achieve neutrality of the study. Neutrality was also achieved through the guidance of the promoter. The research was conducted under the supervision of the promoter who provided guidance on decisions taken for each phase of the research process.

2.7.2 Ethical considerations

The ethical considerations underpin all the steps in the qualitative research process outlined by Neuman (2006:15) as diagrammatically depicted in section 2.1 in this chapter.

Christians (in Denzin & Lincoln, 2005:144) explains that ethics are viewed as a set of considerations which determine what researchers ought morally to do. Neuman (2006:129) emphasises that researchers have a moral and professional obligation to be ethical even if research participants are not aware or not concerned about these ethics. Denzin and Lincoln (2005:21) assert that the main object for qualitative researchers is a real individual who is present in the empirical world to report on his/her own experiences. Therefore researchers should take extreme care to avoid any harm to the individuals (Fontana & Frey in Denzin & Lincoln, 2005:715).

Christians (in Denzin & Lincoln, 2005:144-145) emphasises that social science's ethical position is to maximize the general happiness of individuals when conducting studies. In other words, researchers should ensure that the consequences of the study do not preclude the happiness of the individual taking part in the empirical study. It is for these reasons that the researcher adopted the following ethical considerations when conducting the study as outlined by Neuman (2006:135-141), Henning et al., (2004:73-74), Strydom (in De Vos et al., 2005a:59-64) and Christians (in Denzin & Lincoln, 2005:144-145):

- ◆ **Informed consent:** All participants in this study were fully informed about the research project and their role in the study. Based on this information they made an informed decision to participate in the study. During her initial contact with each of the participants, the researcher engaged them in the discussion during which she introduced herself, the goal of the research and the need for and value of the research. Furthermore, she outlined the process of the research project and their right to withdraw their participation. Consent for children to participate in the study was given by the extended families. The

researcher did not force this consent on the children; their consent to participate voluntarily in the study was also requested. The researcher proceeded with data collection only once all research participants had agreed voluntarily to participate in the study without any coercion and had signed the consent forms.

- ◆ **Privacy and confidentiality:** Christians (in Denzin & Lincoln, 2005:145) insists on safeguards to protect participants' identities. The researcher maintained confidentiality, as a primary safeguard against unwanted exposure, in this study. Information was gathered from children heading households and their extended families; the researcher did not divulge the information to any of the participants. In order to protect participants' real identities, the researcher removed participants' identifying particulars from transcripts, notes and audiotapes and replaced them with pseudonyms. It was only the researcher who was able to link participants' real names with the pseudonyms used in the transcripts. The information will be made public behind a shield of anonymity using alphabetical references during the dissemination of the research findings.

- ◆ **Management of information:** Neuman (2006:140) suggests that participants' information should be seen as private property because like other "intellectual" property it continues to have value after it is exchanged. Therefore participants should have rights over the information to ensure that it is not used in ways they would disapprove of if they were fully informed. The researcher sought permission from all research participants to use a digital voice recorder and notes to capture the data. She explained to the research participants that the audiotapes, notes and transcripts would be coded to disguise their identifying particulars and also that information would be used only for the purpose of the study. In order to safeguard participants' information, the researcher kept the voice recorder, notes and transcripts in a locked cupboard in the researcher's house where only the researcher had access to the information. The researcher destroyed the real names of participants once data had been coded and alphabetical references assigned. The researcher will erase all recordings on the

voice recorder and destroy all notes and transcripts once the research is complete.

- ◆ **Accuracy:** Data accuracy is a cardinal principle in social science. Researchers should particularly guard against inaccuracy as fabrications, fraudulent materials or contrivances are unethical. For this study, the researcher used a voice recorder to record the actual narratives of all participants to ensure that the data presented are accurate and are a true reflection of what participants said. This is confirmed by Perakyla (in Seale, 2004:325) who points out that using tapes and transcripts eliminates problems regarding the accuracy of data collected.

- ◆ **Actions and competence of the researcher:** The research unravelled some unresolved issues for some of the children who participated in the study. To ensure that the flow of the interview was not disrupted, the researcher used her social work skills to identify these problems and referred the participants, with their permission, to the local social workers who were prepared at the outset for such referrals.

- ◆ **Debriefing:** The interviews evoked intense emotions as participants shared their difficult life accounts and experiences of the phenomenon being studied. Some of the participants had had traumatic experiences such as multiple losses of their loved ones, and near-rape experiences by community members which were re-lived during the interviews. With a view to minimising emotional or psychological harm, debriefing of research participants was done by the researcher immediately after each interview with each participant to enable them to work through the experiences of the interviews and emotions that surfaced as a result of the interviews. As mentioned above, the researcher also referred some of the participants to the local social workers for counselling and other appropriate interventions.

2.8 SUMMARY OF THE CHAPTER

This chapter presented a description of how the qualitative research process was applied in the study using the seven steps of Neuman's framework. The first step of the qualitative research process in Neuman's framework was presented as 'acknowledge social self' where the researcher acknowledged her position, experience and knowledge of research. This was followed by adopting a perspective (or research approach) for the study. The researcher opted to approach the research project with a qualitative approach as it sought to discover and describe an in-depth understanding of the barriers that hinder effective integration of CHH from the perspective of children heading households, extended families, and social workers, and to find out from/learn from the participant groups (as the experts) how these barriers can be overcome in order to formulate practice guidelines to inform the integration process of the orphaned children into extended families.

Exploratory, descriptive, and contextual research designs were used to depict how the study was conducted. The chapter also discussed the research population, sampling and sampling technique used. Purposive sampling was used to select appropriate participants who had knowledge and experience of the phenomenon investigated. The principle of data saturation was explained. The protocol for gaining access to the study area and participants was described and explained. The study was conducted in Bushbuckridge, Mpumalanga Province, as it was reported to have a high prevalence of the CHH phenomenon. The researcher discussed the processes followed in preparing participants for data collection as well as the methods used to collect data from the participants.

Data were analysed using the descriptive analysis technique of Tesch's eight steps and the process was described in this chapter. The last step of the qualitative process in Neuman's Framework was described, namely 'inform others' which entails writing a research report and communicating the research findings to others. The chapter also described Guba's model of trustworthiness of qualitative data and how the researcher applied the model to verify the research findings. The chapter concluded by elucidating

the ethical considerations for the study and how the researcher's moral and professional obligation to protect participants was achieved.

The following chapter will present the research findings and the literature control. This will be done in the form of themes and sub-themes that emerged from the data analysis process.

CHAPTER THREE
THE PRESENTATION AND DISCUSSION OF THE RESEARCH
FINDINGS COMPLEMENTED BY A LITERATURE CONTROL ON
THE REALITIES OF ORPHANED CHILDREN LIVING IN CHH
AND THE PARTICIPANTS' VIEWS ON THE INTEGRATION OF
CHH INTO EXTENDED FAMILIES
(SECTION 1)

3.1 INTRODUCTION

The aim of the study being presented was to develop an in-depth understanding of the barriers that hinder effective integration of CHH into extended families from the perspective of the extended family members, children heading CHH and social workers in order to formulate practice guidelines to inform the family integration process of these orphaned children. In order to realise this aim a qualitative approach was followed whereby the researcher used semi-structured interviews to collect data from the children heading CHH, their extended family members, and the social workers who participated in the study.

Data were analysed using Tesch's eight steps as cited in Creswell (2003:192-193) of data analysis. Data presented in this chapter were validated through the use of an independent coder who analysed the data independently from the researcher. Upon completion of these independent processes of data analysis, the researcher and independent coder engaged in a consensus discussion facilitated by the study's promoter to compare and consolidate the themes, sub-themes, categories and sub-categories which emerged from the data-analysis processes. (See Chapter 2 of this research report for a detailed description of how the qualitative research process was applied in the study.) Four themes with related sub-themes, categories and sub-categories (where applicable) emerged from the data analysis processes and are set out in Table 3.8 under section 3.3 in this chapter.

Due to the voluminous scale of the data collected, the findings of the study will be presented in two sections. Each section will be presented in a separate chapter, i.e. this chapter (Chapter 3) and the next chapter (Chapter 4). Section 1 in Chapter 3 will present the first and second themes, while Section 2 in Chapter 4 will present the third and the fourth themes. The findings will be presented according to themes, sub-themes, categories as well as sub-categories (where applicable) as mentioned above and confirmed or underscored by direct quotations or storylines from the transcribed interviews. This method of reporting is supported by Neuman (2006:181) who asserts that data for qualitative research are mostly presented in the form of written words or spoken words from the participants.

The identified themes, sub-themes, categories and complementing storylines from the transcripts will be compared and contrasted with existing theories and previous literature² in order to establish the credibility and the trustworthiness of the study (Creswell, 2003:196). This activity is referred to as a “literature control” (Creswell, 1994:23). It is worth mentioning that the sub-themes do overlap as the study was conducted with a contextual approach (Neuman, 2006:158).

The researcher will first present the demographic data of the participants (i.e. children heading CHH, the extended family members and the social workers). Since the research topic dealt with a sensitive phenomenon, the researcher used pseudonyms and letters of the alphabet in order to protect the participants’ identities (Christians in Denzin & Lincoln, 2005:145). The overview of the themes, sub-themes, categories and where applicable the sub-categories will also be presented in the chapter. The researcher will then present the first theme, namely the realities of orphaned children living in CHH. The chapter closes with the presentation of the second theme, namely the participants’ views on the potential value of integrating orphaned children into extended families.

² The literature will either be used by way of introduction to introduce a section, a theme, sub-theme, category or sub-category, or will be provided as a means of comparison or confirmation once a theme, sub-theme, category or sub-category and its underscoring storylines have been provided.

3.2 DEMOGRAPHIC DATA ON THE RESEARCH PARTICIPANTS

In this section, the demographic data concerning children heading the CHH, their extended family members and social workers who participated in the study will be presented.

3.2.1 Demographic data of children heading households

A total of ten children who acted as head of CHH were purposively selected for participation in this study. The demographic data of the children heading households are portrayed by focusing on their ages at the time of conducting the study; when they commenced being heads of the households, their gender and educational status, their ethnicity and the household size.

3.2.1.1 Ages of the children heading the child-headed households

Table 3.1 below depicts the dispersed ages of children who were heading households at the time of conducting the study and the ages of commencement as heads of the households.

Table 3.1: **Dispersed ages of children heading households**

Participant (Pseudonym)	Age	Age of commencement as head of the household
Andries	16	13
Godfrey	16	15
Collen	16	13
Fikile	16	14
Peter	16	13
Pretty	16	14
Philile	17	13
Ntombi	17	15
Musa	17	15
Rhandzu	17	14

The dispersion of scores in Table 3.1 on the ages of children heading households at the time of conducting the study indicates that the children's ages ranged from 16 to 17. There were six children who were 16 years old and four children who were 17 years old. The Children's Amendment Act (Act 41/2007: Sec 137(1)(c)) stipulates that a child who is 16 years old may be considered as head of a household and bear rights and responsibilities as a caregiver. It is evident from the ages of the children who participated in the study that they were within the age limit for being heads of these households according to this Act.

However, Table 3.1 also indicates that the children's ages when they commenced as heads of the households were all below this age. Four of the children were 13 years old when they took up the responsibility as heads of their respective households; three were 14 years old while the remaining three were 15 years old. This indicates that the children were exposed to their present life circumstances at an early age, which is currently regarded as "unacceptable" by the Children's Amendment Act (Act 41/2007: Sec 137(1)(c)). The significance of age to the study is that it provides an analytical framework for understanding the relationship between the children's life experiences as heads of households at a tender age and their need for integration with their extended families, taking into consideration the developmental tasks for this age group.

The ages of the children at the time of conducting the study indicate that the children fall within the "adolescence stage". This stage includes persons who are about 12 years to 18 years or even up to 21 years of age (Craig & Baucum, 2002:5). According to Craig and Baucum (2002:407), adolescents must confront the following two major developmental tasks: achieving autonomy and independence from parents and family (although the form this takes varies across cultures); and forming an identity, which means creating an integrated self that harmoniously combines different elements of the personality. As the study sought to develop an in-depth understanding of the barriers that hinder effective integration of CHH into extended families, understanding the developmental tasks for this age group provides a better understanding of the children's need for being integrated with their extended families. Craig and Baucum (2002:440) caution that chronological

age (i.e. the number of years of life) of an individual has relatively little meaning when it is understood by itself. The age of a person should be understood in relation to emotional maturity (Craig & Baucum, 2002:380). In his study on the coping strategies of orphans in CHH, Germann (2005:247) found that one of the important reasons that made children living in CHH cope with their life circumstances was their resilience, which was partly reflected in the children's high level of self-esteem.

3.2.1.2 Gender of the children heading the child-headed households

Table 3.2 depicts the gender of the children who participated in the study and acted as heads in their respective CHH.

Table 3.2: **Gender of children heading households**

Participant (pseudonym)	Gender
Andries	Male
Godfrey	Male
Collen	Male
Musa	Male
Peter	Male
Rhandzu	Female
Pretty	Female
Philile	Female
Ntombi	Female
Fikile	Female

Five of the children who participated in this study and acted as heads in their respective CHH were male, and five were female. This equal distribution between the genders in respect of being the head in a CHH indicates that there has been a shift in the patterns of gender and family care. Germann (2005:90) highlights that in most African countries before the onset of HIV/AIDS, most girl children provided care to their younger siblings whereas boys were less likely to provide care to their siblings. This was attributed to the gender stereotypes that women were perceived as the caretakers of the family (i.e. occupied with cleaning, cooking, and taking care of the sick), whereas men were seen as

breadwinners of their families. Both girls and boys were heading their households and were responsible for performing all household chores including taking care of their younger siblings (see section 3.3.1.2 in this chapter).

3.2.1.3 Educational status of children heading the households

The educational status of the children is significant to the study as it provides an insight into the children's life experiences as heads of households and the effect of these experiences on their access to educational opportunities.

Table 3.3: Educational status of children heading households

Participant (pseudonym)	Grade
Rhandzu	11
Godfrey	10
Collen	10
Ntombi	10
Musa	10
Philile	10
Andries	09
Peter	09
Pretty	09
Fikile	Drop-out Grade 08

Nine out of the 10 children who participated in the study were attending school. One of the children was doing grade 11, five were doing grade 10 while the remaining three were doing grade nine. One of the ten children who participated in the study had dropped out of school when she was 14 years old which is a compulsory school attendance age according to the South African Schools Act (Act 84/1996: Sec 3(1) (6)). According to this Act, it is compulsory for all children up to the age of 15 to attend school. The child was forced to drop out of school in order to take care of her sick mother as the mother did not have any one else to take care of her, especially after the maternal grandmother refused to assist. This finding is supported by Smart (2003: 7) and Foster (2004:5) who state that the human and social costs of HIV&AIDS are enormous for children as some

children, especially girls, are forced to drop out of school in order to provide care and support to their sick parents.

3.2.1.4 The household size of the child-headed household

The number of children in the CHH is significant to the study as it depicts the burden of care which the children heading households are exposed to with regard to taking care of their younger siblings and how this can affect their need for integration with their extended families. Germann (2005:67) highlights that, as a result of AIDS, an increased number of orphaned children will grow up in households headed by adolescent caregivers as they lose their parents to the disease. Craig and Baucum (2002:395), discussing the effects of early parenthood, indicate that even with their own children, teenagers find it difficult to care for the needs of these children as they are still struggling to meet their own developmental needs. Mkhize (2006:96) asserts that these children are forced into becoming primary caregivers for their younger siblings while they are still children who have an equal right to parental care.

Table 3.4: **Number of children in the child-headed households**

Participant (pseudonym)	Number of children the child-headed household
Andries	02
Godfrey	02
Musa	02
Peter	02
Rhandzu	02
Philile	02
Collen	03
Ntombi	03
Pretty	03
Fikile	04

Table 3.4 above shows the total number of children in the household. It is worth mentioning that the number of children as depicted in Table 3.4 includes the children who were heading these households. There were six households with two children, three

households with three children, and one household with four children. It is evident that the majority of the households involved in the study contained two children. Similar findings were found by Richter & Desmond (2008:1023) in their analysis of five comparable household surveys conducted by Statistics South Africa, namely that the majority of CHH (82%) consisted of one or two children while 18% had more than two children in the household. This is contrary to the findings of the situational analysis of CHH in South Africa commissioned by the Department of Social Development and conducted by the University of South Africa. The situational analysis found that the average number of children who were living in CHH was four (Department of Social Development, 2008:148).

3.2.2 Demographic data on extended family members of the children heading the child-headed households

A total of eight³ members of the extended families of eight of the 10 children heading CHH who participated in the study were purposively selected for the study. The demographic data of these extended family members of the children heading the CHH will be presented in terms of the former's ages, gender, occupation and their relation to the children heading the CHH.

3.2.2.1 Ages and gender of the extended family members

Germann (2005:67) highlights the fact that, in most African countries, the extended family system was the traditional social security system as relatives were responsible for the protection and care of orphaned children. However, due to HIV&AIDS, the number of caregivers who are breadwinners has been reduced. The age and gender of the relatives is significant to the study as the information provides an understanding of the family members' ability to care for the orphaned children.

³ Since this study was qualitative in nature, the researcher applied the principle of "data saturation" wherein the researcher continued to interview the extended family members until the information began to repeat itself. After she completed eight interviews with members of the extended families, the researcher discontinued the interviews as she was empirically confident that no new insights were being gained from this participant group (see Chapter 2, section 2.4.1.4).

Table 3.5: Ages and gender of the extended family members

Participant	Age	Gender
A	65	Female
B	29	Female
C	40	Female
D	55	Female
E	67	Female
F	59	Female
G	42	Male
H	65	Female

Table 3.5 above depicts the ages and gender of the extended family members who participated in the study. Using Craig and Baucum's (2002:5) human life span, participant B finds herself in the "young adulthood stage" which comprises 18-21 years to 40 years of age, while four extended family members (Participants, C,D G and F) were in the "middle adulthood" stage which comprises the ages between 40 years to 60 years of age, and three extended family members (Participants A,E and H) were in the "older adulthood stage" which comprises ages from 60-65 years of age to death. Looking at these figures, it is evident that many of the CHH participants in the study had relatives who were in the stages of middle adulthood and older adulthood as compared with the young adulthood stage (which was represented by only one relative).

Craig and Baucum (2002:479) reveal that the main important tasks of people in young adulthood include finding a partner, building a close emotional relationship and making a long-term commitment with the partner. Parenthood may bring challenges for young adulthood couples because introducing a new family member can dilute the closeness and companionship of the couple as it makes them feel that their freedom has been curtailed (Craig & Baucum, 2002:485). Taking care of orphaned children could be expected from the middle adulthood people. Craig and Baucum (2002:539) indicate that people in middle adulthood usually adopt their young grandchildren when the children's parents are not able to care for them. Erikson (in Craig & Baucum, 2002:540) highlights that people in the middle adulthood stage are faced with the basic issue of generativity versus

self-absorption. With regard to generativity, people find meaning by giving and responding to the needs of the next generation and they provide care for the next generation. Self-absorption is characterised by failure to find value in helping the next generation. The placement of orphaned children with their grandparents who are in the older adulthood stage could be challenging. Craig and Baucum (2002:604) assert that the most important developmental task for older adulthood is the ability to maintain a balance between consistency of identity and openness to new experiences from the older people's earlier periods of their lifespan. The process of maintaining consistency entails the older people's ability to adapt to new events and changing circumstances (in the face of major chronic illnesses) in their existing self-concepts, as well as accommodating life-threatening events that cannot be assimilated (Craig & Baucum, 2002:603).

Older people are faced with a reality of confronting the problems of sensory decline or ill-health and this result in their being preoccupied with their health, restricted circumstances, hardships, and an increasing lack of autonomy (Craig & Baucum, 2002:607). This is consistent with the view of Foster (2004:3), who asserts that the capacity of elderly people to provide long-term care and protection to orphaned children is limited due to their age and deteriorating health. Conversely, Craig and Baucum (2002:614) state that taking care of grandchildren is seen as one of the most satisfying roles for people who are in the older adulthood stage as studies have shown that many grandparents develop strong companionable relationships with their grandchildren.

This is confirmed by Norman, Kadiyala and Chopra (2005:5), who, in their study on placing HIV-positive mothers at the centre of planning for orphans and vulnerable children in South Africa, found that these mothers were opposed to identifying elderly grandmothers as potential caregivers as the mothers felt that the children would be a burden on the elderly grandmothers: however, the grandmothers were enthusiastic about taking on the challenge of succeeding the mothers as caregivers of the children. Table 3.5 above also depicts the gender of the extended family members who participated in the study. There were seven female extended family members and one male member of the extended family who participated in this study. It is evident that the majority of the

extended family members were females. This is corroborated by Howard, Phillips, Matinhure, Goodman, McCurdy and Johnson (2006:4) that most of the orphaned children's primary givers are women.

3.2.2.2 Occupation of the extended family members

The occupational status of the extended family members is significant to the study as it provides an understanding of the family members' capacity to absorb the orphaned children into their homes. Heymann, Earle, Rajaraman, Miller & Bogen (2007:342) in their study on balancing essential work and care giving in Botswana, indicate that family members who are employed face difficult challenges in balancing the demands of a job that is required to bring in income and meeting the health and well-being needs of the orphaned children. These challenges were exacerbated by the greater physical health care needs of orphaned children who had HIV-infection or long-term exposure to infectious agents caused by living with a parent who died of AIDS-related diseases because caregivers had to take unpaid leave as these children required prolonged visits to hospitals or clinics.

Foster (2004:4) points out that taking in orphaned children by extended families into their homes also means adding economic responsibilities to the extended families which are already battling to meet the basic needs of their own members. Foster (2000:55) in his paper on the capacity of the extended family as a safety net for orphans in Africa asserts that the extended family is not a social sponge with unlimited capacity to care for the orphaned children. This is confirmed by Heymann et al. (2007:342) who, in their study, found that relatives who were caring for orphaned children in their households reported financial difficulty compared with relatives who cared for orphaned children outside their households. Table 3.6 below depicts the occupational status of the extended family members.

Table 3.6: **Occupational status of the extended family members**

Participant	Occupation
A	Pensioner
B	Unemployed
C	Unemployed
D	Unemployed
E	Pensioner
F	Unemployed
G	Administrator
H	Pensioner

Four of the extended family members of the children heading CHH who participated in the study were unemployed and were depending on their husbands who were earning an income. One extended family member was formally employed as an administrator while the remaining three extended family members were receiving government social grants.

3.2.2.3 Relationship of the extended family members to the children heading the child-headed households

Table 3.7 below depicts the relationship between the extended family members and the children who were heading the CHH.

Table 3.7: **Relation of the extended family members to the children heading households**

Participant	Relationship
A	Maternal grandmother
B	Maternal aunt
C	Maternal aunt
D	Maternal aunt
E	Maternal grandmother
F	Maternal grandmother
G	Paternal uncle
H	Maternal grandmother

With reference to the relation of the extended family members to the children, four were maternal grandmothers, three maternal aunts and one a paternal uncle. This finding concurs with Foster (2004:3) and Adato, Kadiyala, Roopnaraine, Biermayr-Jenzano and Norman (2005:1) who provide evidence that the main caretakers for orphaned children are grandparents, especially grandmothers, and other elderly guardians. Germann (2005:93) concurs with these authors and further adds that families where the grandparents do not have strong ties with the extended families are more vulnerable to becoming CHH when the grandparents die.

The research findings indicate that most of the extended family members who participated in the study were maternally related to the children. Seven of the extended family members were maternal relatives while one of the participants was a paternal relative to the children. These profile data indicate that there is a shift from the traditional and cultural expectations of caring for orphaned children which prescribe or expect that paternal relatives are expected to care for orphaned children to keep and preserve the patrilineage. Foster (2000:56) highlights that patrilineal kinship systems are the epicentre of most traditional African cultures. In the past, the man had the responsibility of gathering around him all members of the same patrilineage and forming a residential group in which the extended family members would give security and support to each other. Orphaned children were often cared for by paternal aunts and uncles, unless if the bridal price (*lobola*), which is a prerequisite for the recognition of the traditional marriage, had not been paid by the husband, in which case the paternal family would have no claim on the children of that particular marriage (Foster, 2000:56).

3.2.3 Demographic data of social workers

A total of seven social workers who were rendering generic⁴ social services (including services to children and families) were purposively selected for participation in this

⁴ Social workers were rendering services to all client groups such as children and families, statutory services, older persons, people with disabilities, people affected and infected by HIV/AIDS, and early childhood development.

study. Table 3.8 below depicts the demographic data of the social workers focusing on their ages, gender, the number of years in social work practice and the educational level.

Table 3.8: Demographic data of social workers

Participant	Age	Gender	Number of years in social work practice	Educational level
L	34	Female	07	A basic degree in social work
M	26	Male	03	A basic degree in social work
N	31	Female	07	A basic degree in social work
O	36	Female	07	A basic degree in social work
P	24	Female	03	A basic degree in social work
Q	33	Female	04	A basic degree in social work
R	36	Female	07	A basic degree in social work

The dispersion of scores in Table 3.8 above on the ages of the social workers who participated in the study indicates that their ages ranged from 24 to 36. Six of the social workers were females, and one was male. This unequal distribution between the genders suggests that women are dominating the social work profession. This is supported by Baines (in Lovelock, Lyons and Powell, 2004:73) with the suggestion that the view of social work as a “women’s profession” was exacerbated by the past pattern and perceptions that the “caring” functions which women learned and practised at home played a role when women made a choice of profession and this resulted in women choosing professions such as nursing, teaching and social work. Table 3.8 above also shows that all social workers who participated in this study were qualified social workers with substantial years of experience in social work practice. In this regard their broader knowledge and experience of rendering generic social work services added value to the credibility of the findings of this study.

This section focused on the demographic data of the children who were heading the CHH, extended family members and social workers who participated in the study. In the next section of this chapter the themes, sub-themes, categories and sub-categories (where applicable) which emerged from the processes of data analysis and the consequent

consensus discussion between the researcher, the independent coder and the researcher's promoter will be presented.

3.3 OVERVIEW OF THEMES, SUB-THEMES AND CATEGORIES

Four themes with accompanying sub-themes, categories and where applicable sub-categories emerged from the data gathered from participants during the in-depth semi-structured interviews and the resultant processes of data analysis by the researcher and the independent coder, as well as the consequent consensus discussion between the independent coder, the study's promoter and the researcher. An overview of the themes, sub-themes and categories is presented in Table 3.9 below.

Table 3.9: Themes, sub-themes, categories and sub-categories which emerged from the data analysis processes

Theme1: Realities of orphaned children living in CHH		
Sub-themes	Categories	Sub-categories
1. Children acted as care providers to their sick parents		
2. Orphaned children assumed the responsibility as heads of households		
3. Orphaned children in CHH lived without adult care	1. Orphaned children in CHH experienced inadequate food supplies 2. Orphaned children in CHH experienced education-related difficulties 3. Orphaned children in CHH experienced unsafe living conditions 4. Orphaned children in CHH experienced sexual abuse and exploitation 5. Orphaned children in CHH lived without advocacy from adults 6. Orphaned children in CHH lived without proper guidance, discipline and control	
4. Orphaned children in CHH experienced multiple losses		
5. Resilience of and survival strategies employed by orphaned children in CHH		
Theme 2: Participants' (i.e. children heading CHH, extended families and social workers) views on the potential value of integrating orphaned children in CHH into extended families		
Sub-themes	Categories	Sub-categories
1. Integrating the CHH into		

the extended family will relieve burden on the caring child		
2. Integrating the CHH into the extended family will meet the orphaned children's fundamental needs	1. The need for subsistence	<ol style="list-style-type: none"> 1. The extended family will have the responsibility to satisfy the need (provide) for food 2. The extended family will have the responsibility to satisfy the need (provide) for accommodation 3. The extended family will have the responsibility to satisfy the need (provide) for clothing
	2. The need for protection	<ol style="list-style-type: none"> 1. The extended family will have the responsibility to satisfy the need (provide) for physical protection 2. The extended family will have the responsibility to satisfy the need (provide) for health care
	3. The need for understanding	<ol style="list-style-type: none"> 1. The extended family will have the responsibility to satisfy the need (provide) for education
	4. The need for idleness	<ol style="list-style-type: none"> 1. The extended family will have the responsibility to provide opportunities to satisfy the need for play
3. Integrating the CHH into the extended family will help with the provision of guidance regarding developmental stages, values and social norms		
4. Integrating the CHH into the extended family will provide psychosocial support for the orphaned children		
5. Integrating the CHH into the extended family will provide adult supervision, management of household order and boundaries	<ol style="list-style-type: none"> 1. Integration into extended family will secure adult supervision to regulate the orphaned children's routine and discipline 2. Integration into extended family will secure adult supervision to prevent orphaned children from engaging in prostitution and early sexual debut as a means of survival 	

6. Integrating the CHH into the extended family will preserve identity, culture and “ubuntu”	<ol style="list-style-type: none"> 1. Integration into extended family will provide a sense of belonging and personal identity 2. Integration into extended family will assist the orphaned children to be regarded as normal children by communities 	
Theme 3: Barriers hindering effective integration of CHH into extended families		
Sub-themes	Categories	Sub-categories
1. Poverty-related challenges as barriers to integrating the CHH into the extended family	<ol style="list-style-type: none"> 1. Inability to meet fundamental need for subsistence as a barrier to integrating the CHH into the extended family 2. Unemployment of relatives as a barrier to integrating the CHH into the extended family 3. Inadequate accommodation as a barrier to integrating the CHH into the extended family 4. Abuse of grants by the extended families as a barrier to integrating the CHH into the extended family 5. Inability to take in more orphaned children as a barrier to integrating the CHH into the extended family 	
2. Relational and family-related challenges as barriers to integrating the CHH into the extended family	<ol style="list-style-type: none"> 1. Conflict between maternal and paternal families as a barrier to integrating the CHH into the extended family 2. Past relational feuds as a barrier to integrating the CHH into the extended family 3. Interference by and criticism from relatives towards relatives willing to integrate children from CHH as a barrier to this integration 4. Abuse of the orphaned children by the extended family as a barrier to integrating the CHH into the extended family 5. Unsuitability of relatives to integrate orphaned children living in CHH as a barrier to integrating the CHH into the extended family 6. Lack of contact with the extended family as a 	

	barrier to integrating the CHH into the extended family	
3. Cultural factors as barriers to integrating the CHH into the extended family	<ol style="list-style-type: none"> 1. Patriarchal social organisation as barrier to integrating the CHH into extended family 2. Cultural beliefs as a barrier to integrating the CHH into extended family 	
4. Child-related circumstances as barriers to integrating the CHH into the extended family	<ol style="list-style-type: none"> 1. Different lifestyles (children coming from homes with different rules) as a barrier to being integrated into the extended family 	
	<ol style="list-style-type: none"> 2. Children's preference not to be integrated as a barrier to being integrated into the extended family 	<ol style="list-style-type: none"> 1. Children having a place to stay on their own 2. Children having support in staying on their own 3. Children wanting to keep and care for parents' property 4. Children preferring an independent life style 5. Children's previous negative relationships and experiences with the extended family 6. Children's fear and experience of unfair treatment 7. Negative attitude of children of extended family towards orphans from CHH 8. Children's unwillingness to relocate 9. Splitting of orphaned children
	<ol style="list-style-type: none"> 3. Children's unacceptable behaviour as a barrier to being integrated into the extended family 	
	<ol style="list-style-type: none"> 4. Children's age as a barrier to being integrated into the extended family 	
	<ol style="list-style-type: none"> 5. Stigmatisation of orphaned children as a barrier to being integrated into the extended family 	
5. Limitations in social work services and service delivery towards orphans and extended families as barriers to integrating the CHH into the extended family	<ol style="list-style-type: none"> 1. Social workers' high caseloads hinder efforts and initiatives for integrating the CHH into the extended family 2. Pressure from management to place orphaned children into foster care as a hindrance to integrating the CHH into the extended family 3. Lack of adequate resources as a hindrance to integrating the CHH into the extended family 4. Lack of monitoring and support to extended 	

	families living with orphaned children as a hindrance to integrating the CHH into extended families 5. High turnover of social workers as a hindrance to integrating the CHH into the extended family	
Theme 4: Suggestions to overcome hindrances to integrating orphaned children from CHH into extended families		
Sub-themes	Categories	Sub-categories
1. Poverty relief (subsistence support)		
2. Advocacy by social workers on behalf of orphaned children		
3. Discipline, reprimand and direct orphaned children living with extended families		
4. Suggestions on how to deal with specific challenges hindering the integration of the CHH into the extended family	1. Suggestion for dealing with conflict between paternal and maternal families 2. Suggestion for dealing with cultural beliefs hampering the integration of the CHH into the extended family	
	3. Suggestions for dealing with children who preferred not to be integrated	1. Suggestion for dealing with older children who do not want to relinquish their freedom and independent lifestyle 2. Suggestions for dealing with children who already have adequate housing 3. Suggestions for dealing with children who want to safe-guard their parents' house
	4. Suggestion for dealing with lack of suitable or willing relatives to integrate the CHH	
5. Suggestions on alternative placement options for orphaned children who could not remain/be integrated into	1. Placement of orphaned children with non-relatives as an alternative placement option 2. Institutionalisation as an alternative placement option 3. Cluster foster care schemes as an alternative	

the care of their extended families	placement option	
6. Practice guidelines on the integration of orphaned children in CHH into extended family folds	<ol style="list-style-type: none"> 1. Community campaigns with a view to enhancing social work service visibility and the community's responsibility towards orphaned children 2. Biological parents' succession planning for the children's care after the former have passed on 	
	<ol style="list-style-type: none"> 3. Practice guidelines on social work services for the extended families of orphaned children living in CHH 	<ol style="list-style-type: none"> 1. Identify and locate members of the extended family 2. Conduct family conference 3. Explain integration and its implications 4. Identify and assess or screen potential foster parents
	<ol style="list-style-type: none"> 4. Practice guidelines on social work services for orphaned children with a view to family integration 	<ol style="list-style-type: none"> 1. Child participation during the planning phase of integration of orphaned children into extended families 2. Child participation during the monitoring and support phase of the placement of orphaned children with extended families 3. Bereavement counselling of orphaned children living with extended families
	<ol style="list-style-type: none"> 5. Social work services aimed at the extended families that have integrated orphaned children 	<ol style="list-style-type: none"> 1. Counselling for extended families living with orphaned children 2. Support on how to raise, discipline, and deal with challenges in raising orphaned children 3. Give priority to and facilitate grant application and payout 4. Supervise and monitor the placement of children in the extended family folds

In the remainder of this chapter, the first two themes with their accompanying sub-themes and categories and where applicable sub-categories will be presented and confirmed by providing direct quotations from the interviews conducted with children in charge of CHH, extended family members of these children, as well as social workers rendering services to these client systems. The identified themes, sub-themes, categories and the complementing excerpts from the interviews will be discussed and compared with the body of knowledge available (i.e. a literature control will be provided).

3.3.1 THEME 1⁵: REALITIES OF ORPHANED CHILDREN LIVING IN CHH

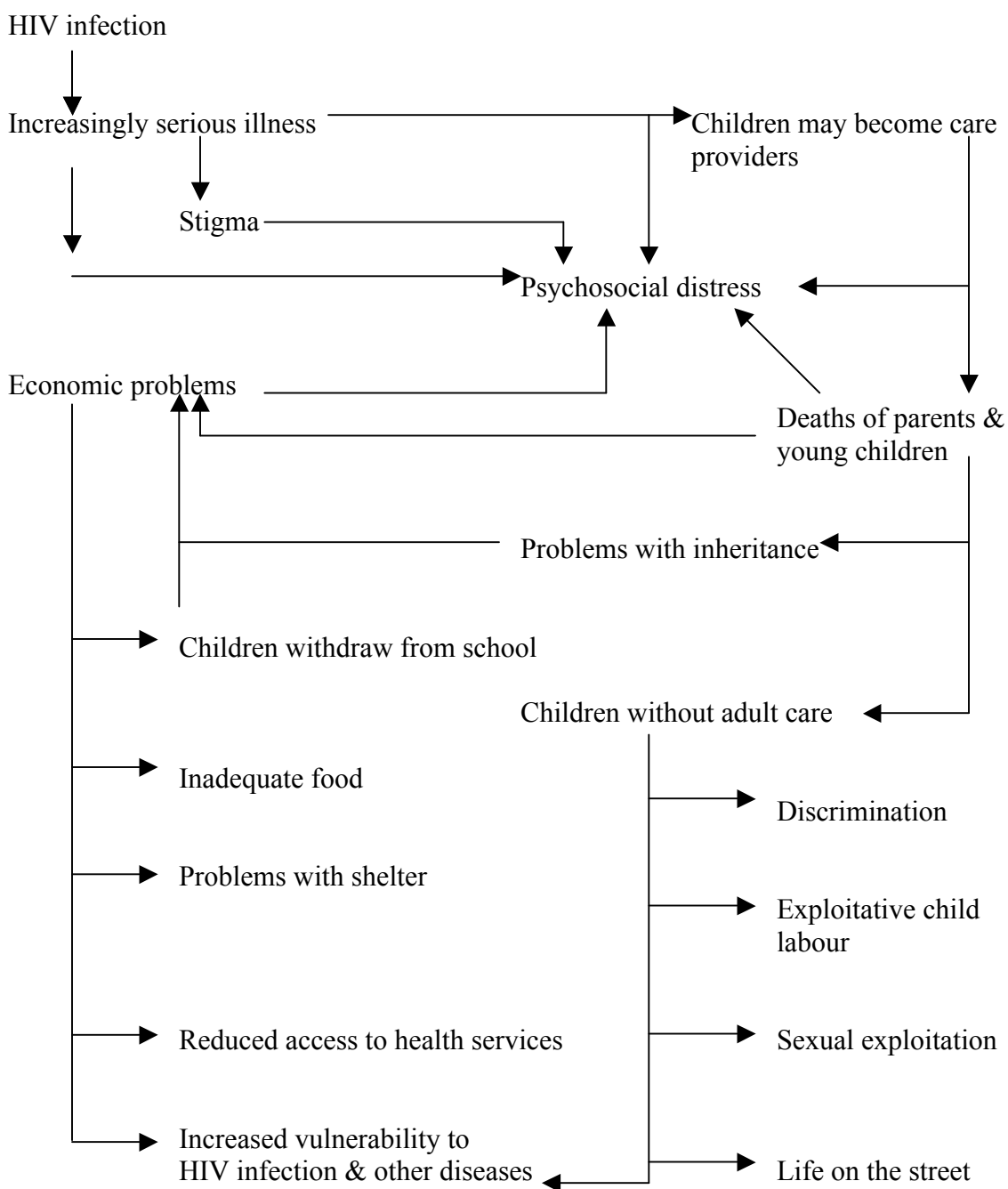
Studies by Gruskin & Tarantola (in Foster et al., 2005:135) and Kidman, Petrow & Heymann (2007:362) reveal that the HIV&AIDS epidemic has drastically changed the lives of children. As a leading cause of adult mortality, the epidemic has led to many children becoming orphans world-wide. This disrupts children's social roles, rights and obligations because as children become orphaned, there is often a premature entrance into the burdens of adulthood without the rights, privileges and strengths associated with adult status (Barnett & Whiteside, 2006:223).

Although most of these orphaned children are often absorbed by their extended families, some of them do slip through the extended family safety net and end up in extremely vulnerable situations including living by themselves in CHH (Foster, 2004:3). This is confirmed by Kidman et al. (2007:326) who contend that extended families struggle to meet the needs of orphaned children under their care and this results in many orphans living on their own. Children living in CHH often live in perilous conditions and often experience difficult challenges (Foster, 2004:3). The children's lives are increasingly circumscribed by economic problems, lost or limited educational opportunities,

⁵ [Readers are requested to note and accept that, for the sake of readability, the descriptions and discussions on themes and sub-themes below do not adhere strictly to a consistent sequence of tenses, as some events are reported historically, but some remarks reflect conjectures or universal opinions.]

psychosocial distress, abuse and sexual exploitation (Levine, Foster & Williamson in Foster et al., 2005:6-7; Germann, 2005; Barnett & Whiteside, 2006:229). Foster (2004:4) asserts that although children living in CHH experience problems that are common to other vulnerable children living in destitute households, their experiences are extreme and unrelenting because they face such problems without the assistance of an adult. Levine et al. (in Foster et al., 2005:6-7) highlight that the suffering which these children experience unfolds gradually and in many directions starting from the time when the parent is infected with HIV and ultimately culminates in a situation where children live alone without adult care due to the death of the parent. Figure 3.1 below provides a schematic representation of the level of suffering which children experience due to the HIV&AIDS epidemic.

Figure 3.1: **The cascading impacts of HIV/AIDS on children (adopted from Levine et al. in Foster et al., 2005:7)**



The level of suffering and difficulties experienced by the children who participated in this study concurred largely with what the literature reviewed above depicts as the

experiences of children living in CHH (as presented in Figure 3.1 above). It is worth mentioning that there was no specific question among the open-ended questions in the interview guide used during the data collection phase which was posed to the participants to specifically explore the realities of children living in CHH. The participants (i.e. children in charge of CHH, extended family members and the social workers) made use of the opportunity while answering the questions in the interview guide to intersperse their responses with descriptions of the realities and experiences of children living in CHH. Understanding these realities will provide an insight into the magnitude of the problem to motivate an urgent response to address the phenomenon.

Some of the children described their experiences beginning from the time when their parents were seriously ill, highlighting the trauma and stress which they had experienced as they were caring for these sick parents. The realities experienced by the children heading CHH will be discussed in the next section focusing on the following sub-themes which emerged from the participants' responses during the data collection phase as well as the consequent processes of data analysis:

- Children acted as care providers to their sick parents
- Orphaned children assumed the responsibility as heads of households
- Orphaned children in CHH lived without adult care
- Orphaned children in CHH experienced multiple losses
- Resilience of and survival strategies employed by orphaned children in CHH

In the next sub-sections of this chapter, each of these sub-themes will be presented and compared with existing theories and previous literature.

3.3.1.1 Sub-theme: Children acted as care providers to their sick parents

As mentioned earlier, Levine et al. (in Foster et al., 2005:6) state that the impact of HIV/AIDS on children and families begins with the parent's HIV-infection which then progresses to full-blown AIDS and ultimately results in death due to AIDS-related illnesses. The psychosocial damage that orphaned children endure therefore starts before

the death of their parents when they are cast in caregiving roles for their sick parents (Gilborn, Nyonyintono, Kabumbuli & Jagwe-Wanda, 2001:1; Subbarao et al., 2001:4; Webb in Foster et al., 2005:239; Foster, 2004:1-2). Under normal circumstances children are cared for by their parents and only later when these children are older may they then provide support for those parents (Barnett & Whiteside, 2006:210). However, due to the advent of HIV/AIDS, such roles have been switched as many children are forced into becoming primary caregivers for their sick parents (Germann, 2005:239; Barnett & Whiteside, 2006:223).

Barnett and Whiteside (2006:223) explain that the switch in caring roles does not occur suddenly, but is characterised by slowness and pain because the prolonged period of parental illness exposes children not only to a parent who is weak and requires food to be cooked, but also to parents' severe diarrhoea and declining mental functioning. Young children are exposed to tremendous stress when they care for their sick parents and assume other family responsibilities (Subbarao et al., 2001:4). Germann (2005:238 & 240) agrees that prolonged parental illness creates an emotional roller-coaster for the children as it exposes them to high levels of anxiety and depression as they watch their parents die. Barnett and Whiteside (2006:223) sum it up by saying that children who are faced with the responsibility of caring for their sick parents may experience a world gone seriously awry.

The findings of this study concur with the literature reviewed above. The study confirms that the level of suffering and difficulties which children who participated in the study were faced with began with the illness of their parents. One of the children who participated in the study revealed her experiences in how she provided care to her sick mother. The following excerpt encapsulates the child's emotional pain, psychological distress and anxiety as she carried out her caring responsibilities: *"...my mother was sick for a very long time and she was admitted in hospital for T.B. When they discharged her she was still very sick and she was unable to do anything. At first it was better because we were able to help her to walk to the toilet with my younger sister... And when she was completely unable to do things for herself including going to the toilet...I used to take a*

big basin and pour water inside it every midday and put her in the basin to bath her. I also cleaned her when she soiled herself... I stayed with my mother doing all sorts of things for her, (with a soft voice) a-a-all sorts of things ... so because the day for her to die had arrived, she passed away and I accepted it, but I did everything for her (tears rolling down her eyes). I have seen my mother's sickness ...She was sick for a very long time, so the day and time had arrived... I had to do a job that was too big for me as a child, taking care of my mother doing all sorts of things as a little child; always worried whether my mother was going to get better or not, waking up every night at 12 midnight to pray for my mother, and I was still a little child, until God took her... When my siblings came back from school they helped me with the cooking because I had to rest so that I can be able to wake up at night to feed her. When she ate all the soft porridge I had to wake up that night and cook so that she can be able to eat”.

Kelly (in Foster et al., 2005:70-72) asserts that schooling is important to children affected by HIV/AIDS. Since these children are exposed to a life of suffering, pain, bewilderment, confusion and anxiety, schooling can help them develop a renewed sense of efficacy in relation to life and its circumstances and restores some lost confidence. Studies by Mkhize (2006), Kelly (in Foster et al., 2005:72), and Smart (2003:22) show that dropping out of school may have a serious impact on the children's future as school also offers an environment in which children can develop socially and emotionally and gain knowledge and skills that will enable them to progress through adolescence to adult life.

Research literature on the impact of HIV/AIDS on children indicates that most children who have to take on the role of providing care to their sick parents often drop out of school due to the overwhelming need to provide care and support to their terminally ill parents (Germann, 2005:104-105; Kelly in Foster et al., 2005:73; Donahue in Foster et al., 2005:39; Foster, 2004:5). In their study to assess the impact of an orphan support programme on the physical, educational, and emotional wellbeing of children, Gilborn et al. (2001:18) also found that school attendance for older children (i.e. 13-18 years) who were providing care to their sick parents was lower than that of orphaned children. The aforementioned study showed that parental illness can hinder access to school as 21.9%

of these older children reported that their school attendance improved when they moved into foster homes (Gilborn et al., 2001:18).

The finding of this study confirms the literature reviewed above. The child participant whose experience was described above revealed how her situation of taking care of her sick mother forced her to drop out of school in order to provide care to her terminally ill mother as she was not getting assistance from her grandmother. The child expressed herself as follows: *“...I was the only one cooking soft porridge for her and she called me whenever she wanted something. I had to drop out of school so that I can help her because my grandmother was not helping her... I had to drop out of school to help my mother because she didn't want to help her. I had to do everything for her because she was unable to go to the toilet...”*

Barnett and Whiteside (2006:223) assert that children who are caring for their sick parents also become uncommonly familiar with death. The children become familiar with dead bodies since the parents for whom they are providing care often die at home in their presence. This concurs with the experience of the participant quoted above when her mother whom she was nursing died during the night when she was sleeping with her younger siblings. This created confusion and trauma for the child participant and her siblings as they lacked the mature knowledge to be able to discern whether their parent was asleep or had passed away as demonstrated by the following excerpt: *“Even when she died we were the four of us in the house [referring to the participant and her siblings], the fifth one was my mother; and we were asleep. I was used to cooking porridge and put it in a flask so that when she wakes up during the night I will be able to feed her, I will feed her. The night she passed away, she didn't wake up in the night; she used to wake me up in the middle of the night so that I can feed her ... but that night she didn't wake up. When I woke up and touch my mother because I wanted to help her to sit; so when I tried to pull her into a sitting position her eyes were still closed and I asked myself what was wrong with her. I then went out and called my uncle who is living close-by. When my uncle arrived he tried to wake her up by calling her name and she didn't wake up or*

respond; my uncle then went to get my grandmother and they told us that she passed away...”

It was also evident from the participant’s experience that she had suffered pain over the loss of her mother. The following utterance made by her bears testimony to this: *“I stayed with my mother doing all sort of things for her, [saying this with a soft voice] aaall sort of things; so because the day for her to die had arrived, she passed away and I accepted it, but I did everything for her [tears rolling down her cheeks]. I have seen my mother’s sickness because she was sick for a very long time, so the day and time had arrived.”*

Germann (2005:240) confirms that the loss of a highly important person, such as a parent, is one of the most painful experiences for any human being. The experience is even far more intense for children who care for their sick parents since they have to watch their parents die. The children can suffer from anxiety and depression (Subbarao et al., 2001:4). Germann (2005:241) concurs that if the parent is suffering from AIDS-related diseases (and in the absence of antiretroviral treatment); children may become aware of the inevitable loss and may start grieving before the actual loss takes place, especially if children are in the adolescence stage. Subbarao et al. (2001:4) affirm that children who lose their mothers suffer immense grief over the loss of motherly love and nurturing while the death of a father only entails the loss of income for the household. After the death of the parent, children are further traumatised as they may be forced to take the responsibilities of heading the household and providing care to their younger siblings (Subbarao et al., 2001:4; Mkhize, 2006:82).

The next sub-theme provides an analysis of children’s experiences as heads of households which entail assuming parental responsibilities for their younger siblings.

3.3.1.2 Sub-theme: Orphaned children assumed the responsibility as heads of households

All children who participated in the study were heads of their household. The study revealed that the eldest child, after the death of the parents and irrespective of gender, assumed parental responsibilities for the younger siblings. The finding concurs with Kelly (in Foster et al., 2005:76) who asserts that the concept of CHH is a relatively new sociological phenomenon which emerged as a result of the HIV/AIDS pandemic when all adult members of the household have died leaving the oldest child to assume economic and quasi-parental responsibility for other members in the household, most of whom are siblings or at least are close blood relations. However, UNICEF (2004:5) points out that although older boys may take responsibility for the household when parents die, it is mostly girls (even when they are younger) who perform household chores such as cleaning and cooking.

In many instances CHH exist for shorter periods while families make arrangements to absorb the children (Foster, 2004:3). The continued existence of these households may be attributed to, amongst other things, the weakening of the extended family or others in the community to absorb the children, the fact that government's social services are not well developed, or the knowledge in the community that support for these households is available and outweighs support for orphaned children in families (Subbarao et al., 2001:vii; Foster, 2004:3; UNICEF, 2004; Greenberg, 2007:13).

Studies by UNICEF (2004:5), Kelly (in Foster et al., 2005:77) and Germann (2005:335) concur that these households have a number of advantages and disadvantages associated with them. The advantages are: they allow siblings to remain together after the death of the parents which is applauded by some children, and they allow orphaned children to retain the family home. The disadvantages which are associated with CHH as a form of care include: CHH face difficulties in earning a sufficient livelihood, they are likely to lack experience in dealing with problems, and they are more vulnerable to abuse and exploitation.

The legitimisation of CHH as a recognised form of care for orphaned children is still debated in many countries (UNICEF, 2004:5). In South Africa, as mentioned in Chapter 1 of this research report, this debate was concluded in 2007 when the President of the Republic of South Africa signed into law the Children's Amendment Act (Act No 41 of 2007) which legitimises a CHH if:

- the parent, guardian or caregiver of the household is terminally ill, has died or has abandoned the children in the household;
- no adult family member is available to provide care for the children in the household;
- a child over the age of 16 years has assumed the role of caregiver in respect of the children in the household; and;
- it is in the best interest of the children in the household.

According to the Children's Amendment Act (Act No 41 of 2007), a child heading a household is legally allowed to make day-to-day decisions relating to the household as if the child is an adult caregiver as well as receiving a social grant on behalf of the household if the child is 16 years old. Although the aforementioned Act allows the child heading a household to make day-to-day decisions, Mkhize's (2006:74) study found that children in CHH view decision-making as an enormous task which they are faced with on a daily basis.

Decisions which children make range from being trivial such as decisions on doing household chores, to crucial decisions with serious consequences such as dropping out of school in order to provide economically for the household (Mkhize, 2006:74). Germann (2005:261) attributes children's difficulties in making decisions to a lack of information. In his study, he found that children in CHH do not have adequate access to appropriate information that will help them make informed decisions about issues such as household management and care of younger siblings. The children thus experience difficulties in performing adult roles due to the nature of the roles versus their tender age (Germann, 2005:364).

The roles which children perform include taking care of younger siblings, providing psychological support for one another, providing economic needs, making decisions on how to spend the money as well as household management (Mkhize, 2006:74-82; Department of Social Development, 2008:141). Due to the adversities which children in CHH face on a day-to-day basis as they take on parental roles, UNICEF (2004:5) suggests that CHH should not be considered as a “care option”, although those spontaneously-established CHH need to be supported and protected.

The study found that all children who participated in the study performed parental responsibilities. The following excerpts demonstrate how the children performed the roles on a day-to-day basis:

“...the younger one...I have to bath her, and take her to my aunt every morning before going to school and picking her up when I come back from school, because we don't have money to pay crèche.”

“...when I come back from school I need to cook... then clean the house then wash the dishes...”

“Like for instance, when I come back from school tired... [I] do all household chores like cleaning, cooking, or maybe go and fetch water.”

In the African context, these roles might be perceived as children's work (Mkhize, 2006:85-86). Foster (2004:5) confirms that it is often difficult to draw a line between children's work that is regarded as a ‘normal’ part of childhood development and work which is exploitative and harmful to children. However, children should be allowed to perform roles and responsibilities that are compatible with their age, gender and developmental level. Roles and tasks that are age-appropriate contribute towards strengthening resilience in children (Germann, 2005:250).

However, once these roles impact on prioritising other child appropriate issues like education or even play, such roles should be considered inappropriate for children (Mkhize, 2006:86). Killian as cited in Germann (2005:250) cautions that with the advent of the HIV/AIDS pandemic and poverty, it is important to assess what constitute age-

appropriate tasks for children as ‘children need time to be children’. Children who are required to perform caring responsibilities for their younger siblings have their childhood truncated as normal activities such as play often give way to basic needs of survival (Webb in Foster et al., 2005:239). Play is important for children as it enables them to develop the necessary skills required for adult life (Webb in Foster et al., 2005:240). Some of the children who participated in the study concurred with this literature review finding that the caring responsibilities had taken away their time to play as these next quotations convey:

“I don’t have time to play now because when I come back from school I have to wash the dishes and then cook... and then clean the house.”

“It was okay when my mother was still alive because when I come back from school I used to get cooked food and I’ll eat, after eating I will then go and play with my friends.”

One of the social workers participated in the study confirmed as follows:

“[referring to carrying adult responsibilities] ...it hinders the eldest child to be a child and do what he/she was supposed to do as a child like playing...”

This finding is also consistent with findings by Nkomo (2006:70-71) that the loss of childhood from having to assume adult roles at an early age may be described as a feeling of losing a distinct and separate identity.

With children in charge of households (especially girls), the increased hardships which they face and the need to produce income for the household can lead to potentially exploitative sexual relationships with older men (Subbarao et al., 2001:2; Webb in Foster et al., 2005:240; UNICEF, 2004:2; Foster, 2004:4). Such forms of exploitation expose girls to the risk of contracting HIV (UNICEF, 2004:2; Webb in Foster et al., 2005:240).

The following excerpt from an extended family member concurs with the literature reviewed above as it encapsulates how economic adversities experienced by children in CHH may lead girls in charge of households to engage in exploitative sexual relationships: *“...as the eldest child, if there are smaller children. ...when they [smaller*

children] wake up they look at their sister to give them food and she had to come up with a plan. So, you find that she end up doing things that are unacceptable and end up having affairs with older men because they use money to propose love from them; she will look at the money and remember that there is no food at home and then decide to take the money and have an affair with the man.”

One of the social workers who participated in the study also confirmed that children heading households may engage in exploitative sexual behaviours in order to take care of their younger siblings and stated: “...she might become a prostitute, and not stay at home because she will be living a life of prostitution so that she can be able to take care of herself and her siblings.”

Mkhize (2006:82) in her study on the social functioning of CHH found that children who assumed the parental role to their younger siblings found the role to be very difficult, challenging and demanding. Mkhize’s finding confirms the findings of this study in that all children perceived the role as being burdensome. Some of the children articulated this as follows:

“...my situation of being a parent to my siblings is too heavy for me...”

“...the burden that I am carrying (tears rolling from her eyes), especially when it comes to food... because right now the mealie-meal that we are having is too little and when I look at it and see that it won’t last us beyond this week, I ask myself a question: ‘what are we going to eat after?’ Even when I want to put food in my mouth my heart becomes very painful for my siblings because they are still very young.”

“...it is difficult for me...I don’t have time to play now because when I come back from school I have to wash the dishes and then cook for myself and then clean the house.”

Some of the children in charge of the household perceived this role to be challenging when there are smaller children in the household as they are unable to understand the children’s behaviour, for instance at night when the child cries or is terrified. One participant referred to this matter as follows: “I am the eldest at home and there are younger children, there is a child who was born in 2002 and is in grade 2 and the other

one is in grade 7. You find that sometimes at night they cry and do things which I don't understand, and I end up being afraid not knowing what to do, you see, maybe she is dreaming about something terrifying..."

Some of the children also find the parenting role to be difficult when the younger siblings become sick and hysterical at night. One participant explains that the situation makes her and her other younger siblings helpless: *"...here at home we are four and I am the eldest, and the last born child who was born in 2001 is schooling at...primary school; so when this last born child is sick, like for instance he had rash on his body, there is no one to help us, and since he was discharged from the hospital he cries during the night and it is just the four of us at home; and when my siblings see that I am awake at night to help him they also wake up and we all just sit there and don't know what to do."*

Taking parental responsibility for younger siblings is also frustrating to children in charge of households as they are unable to meet the younger siblings' financial needs. The following excerpt demonstrates the frustrations that one child experienced as she took on a parental role to her siblings: *"...sometimes he cries in the mornings when he goes to school saying that he wants money to buy food at school. He always asks for R1 in the morning and when I tell him that there is no money he cries, and I think that maybe in his heart he is saying that 'if my mother was still alive she would give me R1 to buy food during lunch break'. So, where am I going to get the money?"*

The role of heading a household is perceived not only as being difficult but also as interfering with their schooling. Kelly (in Foster et al., 2005:71) asserts that school attendance is one of the greatest antidotes to orphaned children's anxiety and pain over the loss of their parents as it helps them to cope with disturbing and bewildering events because it provides an ordinary environment in which children can relate to peers and teachers. Most of the children who participated in this study mentioned that heading a household affects their school attendance because sometimes they oversleep and when they wake up late for school they still have a responsibility to prepare younger siblings before they go to school (this aspect is further discussed under section 3.3.1.3, category b in this chapter). The following storylines refer to this:

“It was difficult for me at first because my younger sister was still very young, and every morning I had to bath her before we go to school...”

“...especially the younger one, because now I have to bath her...So, this is time consuming because sometimes you find that I wake up late in the morning, and I still have to go to my aunt first to drop her.”

Another child explained (very close to tears) that performing the role has negatively affected her in that she even failed her school grade: *“...is difficult for us (voice breaking) and this has affected me a lot, as a result I have failed at school; and we are three in the family and the youngest one is still very young and has not yet started school.”*

Some of the social workers who participated in the study confirmed that in their contact with CHH they had many cases where the need to provide economically for younger siblings takes precedence to the need for education as the following excerpts demonstrate:

“...these children drop out of school with a reason that they want to take care of their siblings...”

“Sometimes...they drop out of school...the eldest child, when parents have died, he/she leave school so that he/she can find a job at the nearest farms to maintain the smaller children. I have many such cases, where you find that the eldest child has left school and when I ask them they say ‘I left school because there was no one to take care of my siblings’.”

The findings above are confirmed by Foster (2004:3-4) that as children takes on adult roles, some of them, especially girls, also have to give up school in order to generate an income for the household.

In addition to interference with their schooling, performing parental roles also compromises children’s health. One participant, who was epileptic, explained that performing parental roles compromises his pills intake and this may have an adverse effect on the child’s life: *“...you find that I have woken up late in the morning to go to*

school and I still have to make sure that the children are ready to go to school; so you find that I don't have enough time left to prepare food because I'm afraid to get to school late, and that's why I'm not able to drink my pills."

Despite the challenges which children face as heads of households, some of the children have learnt to accept their fate. Webb (in Foster et al., 2005:241) postulates that the need for children to head their households and provide care to their younger siblings in order to preserve their household structure indicates minimum viability of such households as a 'caring model'. Nkomo (2006:89) alludes to this acceptance as 'fatalism' in that the children have resigned themselves to the reality and circumstances presented to them which make them perceive such a situation as fate or predestination. The following excerpts from two children who participated in this study demonstrate the children's acceptance of their fate and a strong feeling of responsibility towards their younger siblings:

"Well, that's how God wanted it to be, I end up saying to myself that I need to accept it; they are my siblings, to whom must I throw this task to, there is no one I can throw this task to..."

"...We were the unfortunate ones to lose our parents and we have to accept..."

The study revealed that children heading households perform caring roles for their younger siblings which include bathing them, cooking, cleaning or fetching water and providing food for younger siblings. The children perceived these roles as difficult, frustrating and challenging, especially when there are small children in the household.

The role of heading a household is perceived as having negative consequences for their schooling as well as compromising their childhood as it interferes with their time to play. Although the children's experiences on caregiving show some degree of burnout, some of the children have learnt to accept their conditions and to continue providing care to their siblings. This is affirmed by Bauman and Germann (in Foster et al., 2005:103) who state that despite the negative impact which parental roles have on children, they can yield positive results for children in charge of households such as increased maturity and

coping skills. Webb (in Foster et al., 2005:242) highlights that the area of the experiences of caregiving is very crucial. However, there are very limited studies in this area despite the urgent need to understand the nature and the extent of caregiver burnout. It is important that children's experiences on caregiving should be understood as they provide insight into how to respond effectively to their plight.

The next sub-theme further presents the realities for orphans living in CHH of being without adult care.

3.3.1.3 Sub-theme: Orphaned children in CHH lived without adult care

This study revealed that all children who participated in the study lived without an adult in the household to provide care and protection for them. Two of the children attested as follows: *"I don't like staying here alone without an adult person; it's just that I don't know what to do, hence I would like to live with my relatives."*

"...it is not nice that we are living alone because we are all still children, and we are living a hard life; no one is helping us."

Schor (2003:219) and Greenberg (2007:4&10) indicate that because of their evolving physical and mental immaturity, children depend on parents or adults for protection and to have their needs met. The needs which only parents or adults can provide include social support, socialization, coping and life skills. This is endorsed by the United Nations Convention on the Rights of the Child (CRC) (referred to in Greenberg, 2007:39-40) which provides a protective framework for children. Articles 18 and 20 accord each child the right to be cared for by his or her parents, and the right to be brought up by a parent or guardian whose basic concern is the child's best interests.

However, it is evident from this research that these rights are being violated as all the children who participated in the study were growing in CHH without adult care. Barnett and Whiteside (2006:228) assert that HIV/AIDS has contributed to the violation of these rights in that it erodes the adult population in an unprecedented manner leaving children

to fend for themselves. Smart (2003:1) accentuates that the epidemic is “shattering children’s lives and reversing many hard won children’s rights gains”. Parental unavailability may have negative consequences on the child’s development in that the child may fail to develop cognitive, academic, social, or emotional skills (Bauman & Germann in Foster et al., 2005:103). Foster (2004:4) states that children who grow up without parental or adult care face unrelenting problems such as: food insecurity, problems of access to education and skills training, the struggle to meet material needs, the absence of psychosocial support, poor life skills and knowledge, abuse and exploitation, absence of an extended family network, poor housing conditions and insecurity of tenure, and poor access to health care.

The realities experienced by the children who participated in this study concurred largely with what Foster (2004:4) mentioned above as problems faced by children living in CHH. These challenges will be discussed according to the following categories as emerged from the data analysis processes:

- ⇒ Orphaned children in CHH experienced inadequate food supplies
- ⇒ Orphaned children in CHH experienced education-related difficulties
- ⇒ Orphaned children in CHH experienced unsafe living conditions
- ⇒ Orphaned children in CHH experienced sexual abuse and exploitation
- ⇒ Orphaned children in CHH lived without advocacy from adults
- ⇒ Orphaned children in CHH lived without proper guidance, discipline and control

a. Category: Orphaned children in CHH experienced inadequate food supplies

According to Barnett and Whiteside (2006:229), Greenberg (2007:13), and Subbarao et al. (2001:3), orphaned children are at greater risk of malnutrition than any other children. This is attributed to the causal relationship between orphaning and HIV/AIDS in that many orphans result from parental death caused by HIV and eventually AIDS-related deaths which puts economic stress on affected households, for instance, when the parent

become seriously ill with AIDS-related diseases, the family depletes all its financial reserves in an attempt to get the parent better (Greenberg, 2007:13; Donahue in Foster et al., 2005:39; Smart, 2003:8). According to Smart (2003:8), this results in CHH becoming poorer and eventually destitute and unable to sustain themselves financially after the death of their parents.

The drop in household income may result in a worsening of their diet and inadequate nutrition (Greenberg, 2007:13; Subbarao et al., 2001:3). Gilborn et al. (2001:19) confirm that hunger was reported as a problem by the orphaned children who participated in their study. In her study, Mkhize (2006:80) found that another cause of economic stress among CHH is that parents (when they were still alive) were unable to contribute to any pension fund as they were either unemployed or in casual employment. However, in households where parents were permanently employed, the children's financial needs were met adequately by their parents' work organisations and the children had enough food to survive (Mkhize, 2006:80).

The findings of this study confirmed the literature reviewed above in that all children who participated in the study had experienced severe economic stress in their households with lack of food being a major indicator of their destitution. The children stated that it was difficult for them to live without adult care as it exposed them to living without adequate food as the following three excerpts demonstrate:

"It is difficult for us... because we don't have food..."

"Sometimes you find that there is no more food, you see, maybe we were able to cook in the afternoon and there is no more food to cook in the evening..."

"...sometimes we spend a lot of time without having food...because it takes a long time for the food from the social worker to be available."

One of the extended family members confirmed that children do lack food in their households: *"...there is no food at all in the house..."*

Some of the children heading the households mentioned that they often go to school hungry due to a lack of food in the house and this could impact on their ability to learn.

The following two quotations are provided in support of this:

“...sometimes there is no food at home and I go to school hungry”

“...right now I go to school without money to buy food and when I come back from school I still need to cook; and sometimes you find that there is no food to cook...I go to school on an empty stomach and come back from school at 16H00 very hungry...”

Subbarao et al. (2001:9) note that inadequate nutrition may impede children’s ability to learn.

Some of the children’s negative experience caused by the lack of food is worsened when there are smaller children in the household as clearly verbalised through the following statements:

“When there is no food they [referring to the younger siblings] tell me that there is no food, and I tell them that ‘what can I do, there is no food!’”

“...you find that we just sit there looking at each other and for them [the younger siblings] to go to bed without food, eish, you won’t fall sleep, and ... I find myself thinking and asking myself: ‘why it has to be me whose parents have to die?’ You see, things like that, so it is not good. I ask myself why? What have we done that our parents have to leave us? If they were still here, we would get the things that we need, and now they are no longer here and we have needs, there are lot of things that I need and I don’t get them, you see.”

“...he [the youngest sibling] cries every morning... because sometimes he goes to school without having eaten anything and sometimes when he comes back from school there is no food at home; and when he is at school and sees other children buying food, it is difficult for him.”

One of the extended family members attested as follows: *“...when they [referring to the younger siblings in the CHH] wake up they look at their sister to give them food and she had to come up with a plan.”*

Some of the child participants indicated that when there is no food at home they often ask their relatives for some who then give them food if they have enough. The following quotations testify to this:

“...what’s happening now is that I need to go to my aunt and ask for food.”

“...sometimes we spend a lot of time without having food and I then have to go and ask from my aunts... she gives us, unless if she doesn’t have enough, then she doesn’t give us.”

“...my brother does help us a lot when we go and ask for things; because when we go to him crying and he has what we are asking for, he does give it to us; like for instance on Sunday I went to his home and he asked me how far will the mielie-meal last us, I told him that it can only last us until Friday, and he said that if he had money he would give me so that I can buy a bag of 50kg so that it can last us for a month.”

“...we always ask [food] from my aunt but she stays far from us...”

“My grandmother...when she gets her grant she tells me to go to her to get food...”

Some of the extended family members who participated in the study confirmed that they do provide food for the children as the following excerpts indicate:

“I told them that if they run out of food they must come and get it from me so that they can be able to go to school.”

“...when these children say ‘granny, we are dying of hunger’, I tell them ‘come and take a little bit from what I’m having so that you too can be able to live’...”

“...they even tell me their problems that they don’t have food, and I tell them to come and take from my place although I don’t have enough as well...”

A grandmother of one of the children who participated in the study shared how she would take food without her husband’s approval and give it to the children: *“When they come to me to ask for food I do steal and give them [without the approval of the husband] so that they can eat; or when he gives me money to buy food, I take some and give it to them that they may be able to buy some food.”*

The extended family members' responses as well as the grandmother's willingness to risk her relationship with her husband to take food without the husband's approval led the researcher to infer that while extended families are willing to help orphaned children; their limited financial capacity prohibits them from providing appropriate care and support to the children. Some of the extended family members' financial capacity is strained and this makes it difficult for them to provide assistance to orphaned children as the financial needs of their own children increase. This is confirmed by Foster (2004:4) who states that many CHH receive little support from their relatives because these relatives do not have enough financial capacity and are also struggling to feed, clothe and educate their own children.

With the following statement, one child participant explained how her uncle who used to assist them with food suddenly stopped as he was no longer able to cope with the added financial responsibility of taking his own children to university and his own children's education had to take precedence: *"My uncle was helping us but now he told us that he is taking care of his eldest child who has started university this year and he has another child who is doing grade 12 this year and when he pass he will need to go to university as well next year. My uncle then told us that he will not be able to help us with food because of this."*

This participant's grandmother explained as follows: *"...their uncle...is having his own challenges now about his own children...and he is no longer able now, the money is unable to do what it used to do for these children. We don't want to lie; he was able to do everything for these orphaned children. Now that his son went to the University, and you know things are now expensive it is not easy where he is staying; so he is no longer able to do what he used to do."*

Some of the children declared that they do not get positive responses from their relatives when they ask them for food. These children felt hurt and discouraged by their relatives' responses and decided to stop asking for assistance from them in order to protect

themselves from further disappointment as expressed through the following two utterances:

“On Sunday I went to their place to ask for salt and she [sister-in-law] answered bad things to me saying that how can we not afford to buy salt that only cost R2 meanwhile we receive child support grant for my younger brother.”

“My grandmother also talks too much when we go and ask her for food, so it is better not to go and ask her for food.”

An aunt to one of the children confirmed that she has never offered assistance to the children in the form of food due to financial constraints as she is not employed: *“...I have never helped these children with food or anything since their mother died...”*

Another aunt confirmed the children’s restraint in asking for food from her and stated: *“The problem with these children is that even if they are hungry they don’t come to my place to ask for food...”*

In such instances, neighbours play an important role in providing children in CHH with food. One child explained that he asks his neighbour for food as an alternative to relatives as they were not willing to help him in the past: *“...but sometimes there are the Sibuyis⁶ [neighbours] that I go to and if they have some money they do give it to me so that I can be able to buy bread.”*

The findings above are confirmed by Foster (2004:5) who states that “seeking relief from relatives, friends and neighbours is a common response to economic crises”. Relatives, friends and neighbours provide moral and material support to vulnerable individuals on the assumption of future reciprocation (Foster, 2004:5). Culture also encourages this kind of reciprocal assistance as demonstrated by the Xitsonga idiom: *“Mavoko mahlantswana”* translated as “Hands wash each other”, meaning that the assistance offered to a particular person should be reciprocated by that particular person in future. Phiri and Tolfree (in Foster et al., 2005:17) confirm that providing support to the needy also emanates from a

⁶ Not the real name

sense of religious obligation. The Bible and the Quran enjoin the believers to do good by caring for widows, orphans, and the poor (Phiri & Tolfree in Foster et al., 2005:17).

This study revealed that the Department of Social Development plays an important role in providing children with food parcels, thus relieving relatives and neighbours of the burden. Mkhize (2006:80) in her study also found that social security grants served as a supplementary measure for the care of orphaned children in CHH. Foster (2004:6) confirms that when families and communities fail, become overburdened or require supplementing in the assistance they provide to orphaned children, the State is often the final port of call. Government supports orphaned children through the provision of access to basic services such as free basic education, good health care, feeding schemes and the provision of social grants (Foster, 2004:6). Foster (2004:6) states that South Africa has one of the most well-developed statutory social support services for children in Africa.

The country offers the following benefits (in the form of grants) for children in terms of the Social Assistance Act (Act No 13 of 2004):

- ⇒ The child support grant is a means-tested grant that currently targets children under the age of 16,
- ⇒ The foster child grant is for children in need of care who are placed in foster care through the children's court,
- ⇒ The care dependency grant caters for children with severe mental or physical disabilities who require permanent home care,
- ⇒ The social relief of distress (usually in the form of food parcels for a period not exceeding three months) is given to households while awaiting their grant applications to be finalised.

Some of the children who participated in the study confirmed the literature reviewed above that social assistance from the Government provides relief in their life circumstances as demonstrated by the following excerpts:

“What is helping us now is the food that we get from the social worker...”

“My grandmother then took us to the social worker to apply for a foster care grant and the social worker gave us food and school uniforms, and we are now receiving the foster care grant...”

“...sometimes the social worker does give us food because my aunt has applied for foster care...”

The following account testifies to how one CHH lived off the child support grant to minimise the shortage of food: *“...when we get the child support grant we buy 25kg mielie-meal and we keep R100 to buy seshebo, and I also keep R20 to buy bread but I don't eat the bread because I want them to at least be able to eat one loaf of bread for two days but, on Fridays they don't eat because I buy two loaves of bread per week which lasts them for two weeks; and then the other two weeks they go to school without having eaten anything.”*

Foster (2004:7) postulates that although the Government has made available the mechanisms to support children living in vulnerable circumstances, problems exist that cast doubt on the ability of the system to meet the needs of these children as many eligible children do not receive the necessary support. The problems include lack of relevant documents, shortage of administrative personnel, poor attitude of some administrative personnel, and administrative delays in processing grant applications (Foster, 2004:7; Loffell in Richter, Dawes & Higson-Smith, 2005:253). Adato et al. (2005:2) confirm that these problems result in a low uptake rate of grant applications as people become discouraged to apply for the grants based on observations of widespread failure across their social networks.

The Department of Social Development (2008:123) in its situational analysis of CHH in South Africa also found that community members were not very enthusiastic about the social security system. They perceived administrative personnel, especially social workers, as being non-committed and ‘downright rude and useless.’ Foster (2004:7) indicates that sometimes it may take several months or even years for children to receive the state benefits. This is evident from the following excerpt by one of the children

heading a household: *“...sometimes the social worker does give us food because my aunt has applied for foster care in 2007 and we are still waiting for the social worker to take us to see the magistrate...”*

One of the children indicated that food parcels are not provided to them on a monthly basis. It often takes them a few months to receive the food parcels from the social workers as is evident from the following quotation: *“...sometimes we spend a lot of time without having food and have to go and ask from my aunts, because it takes a long time for the food from the social worker to be available...”*

When all attempts to get food from relatives, neighbours or social workers fail, children become helpless and go to bed hungry. The following account encapsulates the child's helplessness over his condition, ending up questioning why they are in such condition: *“...you find that we just sit there looking at each other and for them [referring to the younger siblings] to go to bed without food,, you won't fall sleep, and I find myself thinking and asking myself: 'why it has to be me whose parents have to die? You see things like that; it is not good. I ask myself: 'why? What have we done that our parents have to leave us; because if they were still here, we would get the things that we need, and now they are no longer here and we have needs, there are lot of things that I need and I don't get them, you see.’”*

Some of the extended family members who participated in the study agreed that children do go to bed hungry. The following two quotations are provided in support of this:

“Food is very important because right now you find that they go to bed on empty stomachs because there is no one buying them food. The most difficult thing is the food.”

“...and there is no food. Most of the time they go to sleep without having eaten anything and the youngest child is only 11 years old. It is not fair for them, (pause), it is not fair.”

Although some of the extended family members seem to be aware of the children's challenges regarding the lack of food; their own financial circumstances prevent them from offering appropriate assistance to the children as noted by the following

grandmother: “...if their uncles [her two sons] were working I would be able to help them with everything they need. The problem is that their uncles are not succeeding in getting jobs. They are trying but they don't get jobs.”

Apart from the experiences of living without adequate food supplies, orphaned children living in a CHH without adult care also experience education-related difficulties. This aspect will be presented as a category in the next section.

b. Category: Orphaned children in CHH experienced education-related difficulties

According to Smart (2003:22), the school system plays an important role in the development of orphaned children as it provides an opportunity for children to receive psychosocial support which is one of the needs of these children that is often neglected in favour of economic, nutritional and other physical needs. Educational opportunities also prepare children for adult life as they help them to be more literate and productive members of society (Subbarao et al., 2001:9). Children who live in communities that are affected by HIV/AIDS are at an increased risk of losing opportunities such as schooling, health care, growth and development (Smart, 2003:7; Subbarao et al., 2001:9). Children without parental care often drop out of school due to a lack of school fees and money to buy books and school uniforms (Foster, 2004:3-4; Subbarao et al., 2001:9).

As many children lose out on educational opportunities, many countries will be negatively affected in the long term as they will experience a reduction in literate and productive human capital resulting from a poorly educated population (Subbarao et al., 2001:9). Smart (2003:21) suggests that in order to increase orphaned children's access to educational opportunities, the State should provide support to the children in the form of exemption from school fees and school feeding schemes. This is confirmed by Subbarao et al. (2001:26) who note that countries that have implemented fee waivers have noticed a dramatic increase in school enrolments.

South Africa is one of the countries that provide such support in its effort to realise the right of children to basic education as enshrined in the Constitution of the Republic of South Africa (Act No 108 of 1996). The Department of Education has developed the “No School Fee Policy” which makes provision for all orphans and vulnerable children to apply for exemption from paying school fees. Learners require an affidavit from a traditional leader to confirm their status of orphanhood and/or destitution. Currently, the Department has recognised 3000 schools as “No school fee schools” (Department of Social Development, 2008:85). The aforementioned Department also implements a nutrition programme which provides for feeding schemes for all learners in school (Department of Social Development, 2008:85).

As confirmed by the literature reviewed above, some of the children who participated in the study indicated that they did not have school necessities such as school uniforms and money to buy food at school as demonstrated by the following excerpts:

“I don’t even have proper school uniform; the uniform that I have is a skirt and shoes which I have asked my uncle’s daughter to give me, and my neighbour gave me a shirt and socks...”

“...right now I go to school without money to buy food at school meanwhile I leave home without having eaten anything...”

The absence of an adult in the household also compromises children’s education in that they miss school because they have no one to wake them up. The following storyline refers to this: *“...sometimes we would miss school because there was no one to wake us up in the morning.”*

A social worker explained that some of the children she was in contact with got despondent about their education as they lack adults to assist them with their school work: *“...when there is no one who can help them with their homework, they get discouraged and give up on school.”* One child participant confirmed this as follows: *“...I need to be helped with homework, because sometimes teachers tell us to go and ask at home, as I stay alone you find that I don’t know whom to ask...”*

Apart from the orphaned children's difficulties in maximising their educational opportunities, living in a CHH without adult care also compromised their safety as they lived in unsafe conditions. This will be discussed in the next section of this chapter.

c. Category: Orphaned children in CHH experienced unsafe living conditions

The Constitution of the Republic of South Africa (Act 108/1996, Sec: 26 (1) & 28 (1) (c)) stipulates that everyone has the right to have access to adequate housing and every child has a right to shelter. De Vos (2005:102) argues that the right to have access to adequate housing is more than just a 'right to housing' in that it entails more than just bricks and mortar. De Vos (2005:102) asserts that this right means that every individual should have access to land, services, and a dwelling. In ensuring that this right is met, the State must take into cognisance the economic conditions and capabilities of all individuals (De Vos, 2005:98). In other words, those who can afford to pay for their own housing should do so and the State has a duty to unlock the system through legislation and measures to ensure that the poor have access to adequate housing.

In addition to the right to have access to adequate housing, children have the right to shelter. De Vos (2005:104) explains that the right to shelter is subject to immediate implementation and the State and its parties should not use resource limitations to justify failure to implement the right. However, the Constitutional Court as cited in De Vos (2005:104) argues that the right to shelter is imposed on the child's parents; the State's obligation is to provide shelter to children when they are removed from their parents through a court order. This is endorsed by Article 27 of the Convention on the Rights of the Child which recognises the right of children to an adequate standard of living and places emphasis on parents to provide the shelter (Greenberg, 2007:40).

The aforementioned Article states that: "While parents and caregivers have the primary responsibility to secure the conditions required to ensure adequate development, the State's duty is to take measures to support the parents and caregivers and provide material assistance and programmes as needed" (Greenberg, 2007:40). Since many

children have lost their parents and are living in CHH with no proper shelter, the researcher postulates that the right for these children to shelter should be imposed to the State. In order to ensure that the poor have access to adequate housing, the Department of Provincial and Local Government (DPLG) developed a policy (i.e. Indigent Policy) in 2005 to provide free or subsidised services to poor households (Department of Provincial and Local Government, 2005:1). The Indigent Policy provides a basis for all municipalities to provide free basic services to indigent households (including CHH) such as basic water supply, sanitation, electricity, refuse services, and access to housing (Department of Provincial and Local Government, 2005:3-4).

According to the Handbook for the Protection of Internally Displaced Persons (2007:269), shelter is a key protection requirement for any individual and it needs to be treated as a priority from the list of life-sustaining essentials. Children from CHH can be at a greater risk of being sexually abused or exploited when they live in shelters without proper walls, partitioning or malfunctioning door locks (Handbook for the Protection of Internally Displaced Persons, 2007:271).

The findings of this study revealed that children in CHH households require an urgent response from the State and its parties to realise their right to shelter as they live in unsafe housing conditions which expose them to further harm and danger. The researcher found that it is not safe for children when they stay alone without adult care as illustrated by the following excerpts from the children's responses:

"...when we live alone as children we are not safe..."

"...and we are not safe".

One of the children expressed his ordeal of living in a house which was in a bad state as follows: *"...this house is not safe because the moths have eaten the poles and it can fall anytime; and also when I look, you find that when it rains it gets into the house and mess up everything in the house. I also have a problem of mosquitoes, they get into the house through these openings (pointing the holes) and they bite me throughout the night."*

This finding is confirmed by the Ingwavuma Orphan Care Project in KwaZulu-Natal, South Africa, which focuses mainly on building secure homes for CHH on their family land in Ingwavuma (Ingwavuma Orphan Care Project, n.d.:1). The project found that many children living in CHH were living in unsafe mud huts which were left to them by their parents and these huts were falling down due to rain and wind exposing the children to extreme danger. The Ingwavuma Orphan Care Project (n.d.:2) also found that the unsafe state of these houses led to physical security issues in that some of the children were raped in their homes. Lingalo (2007:7) in his submission to the Free State Children's Amendment Bill Parliamentary Hearings attests that the children living in CHH who participated in their project complained about their safety and security as their homes were in an unsafe condition.

Similar findings were evident in this study. A 17 year-old girl shared with the researcher her experience of almost being raped by someone from her community who got access to house as the door of the house did not close properly as follows: *"...a man came into our house the other night (voice changed and became slower, while her eyes were on the floor), and he came and entered the house, and when he entered (stammering) the house, he entered the house during the night when we were sleeping. When I woke up, when I woke up I found him standing. I asked him what he wanted, and he said 'nothing, go to sleep'. He then slapped me on my face and most of the time my younger sister says that she is afraid to sleep here at home and that night she was sleeping over at my grandmother's place. He then hit me and he told me that he wanted to sleep with me by force. I then screamed calling my neighbours, so my neighbours came and that man ran away..."*

Another 17 year- old girl had a similar experience where two strangers tried to break into her room but failed as it was secured. Even if the house can be safely secured, the knowledge that the children were living without adult care exposed them to potential harm by strangers and this impacts negatively on the children. In the following account the child expressed how the fear of being raped has affected her as the strangers always targeted her bedroom window: *"...sometimes strangers break into our house because*

they know that we are staying alone ... The first day when this person came to break into the house, I heard him, and when I screamed he ran away, and even the second day when he came I heard him, and he ran away again.The first person who broke into the house stole our food only because the windows are secured and he was unable to get into the house. He broke the window, and took the food through the window because there was a table next to that window which had food on top of it. I heard him when he tried to open my bedroom window ... I then screamed and he ran away. The second person as well, I heard him when he tried to open my bedroom window and when I screamed he then ran away. I am afraid to go to sleep since these happened, because they are targeting my bedroom, because every time they come they want to open my bedroom window; maybe they want to rape me or maybe they just want to steal. I don't know why they want to break into the house. It makes me afraid to go to sleep at night..."

Children who live without adult care are not only exposed to harm by strangers from their communities but also from their relatives. Since these children are living on their own, they expect their relatives to offer protection and show care towards them. The children become despondent when the relatives expose them to further adversities. The following is an account of a child's experience of her relatives who do not respect their home as well as of her uncle who broke into their house to steal their food: *"...sometimes people can come from the side and you find that they don't respect our home, they just come in, in fact, anybody just come in because there is no one to tell them that they should go away...My uncle used to enter our house through a window and we didn't tell anyone about this, and it was supposed to be him taking care of us. Even our other relatives also come into the house and eat our food. When we are visiting my grandmother they (referring to relatives) come in and sleep with their boyfriends in our house. My aunt's children come in and sleep with their boyfriends, and when we confront them they go and tell their parents and cause a tension between us. So my uncle come into the house when we are at school or when we are watching T.V. at my neighbour; he comes in and eat (with an angry voice) when we have cooked food or maybe he takes with him the food that he needs through the window. This does not make me feel good because when I cook food I want to eat it with my siblings. When he comes and takes the food it makes me*

angry. And it is obvious that it is he because we know the shoes that he wears and his shoes leave a trail. Even the container that he uses to take the food with, I found it at his place. When I asked his wife how it got there, his wife said my uncle brought it with a cooked tin fish. The day he came to steal our food is the day that I cooked tin fish.”

One of the social workers who participated in the study shared her experiences of being in contact with children in CHH which affirmed the children’s experiences of having their valuables stolen: “...*their things are stolen including furniture and the food that we give them.*”

Living in CHH without adult care especially in unsafe conditions further exposes the orphaned children to sexual abuse and exploitation. This will be discussed in the next section of this chapter.

d. Category: Orphaned children in CHH experienced sexual abuse and exploitation

UNICEF (2002:3) defines sexual abuse as “...actual or threatened physical intrusion of a sexual nature, including inappropriate touching, by force or under unequal or coercive conditions.” The perpetrator uses authority and power to impose the sexual act on a child which is in sharp contrast to the child’s age, dependency and subordinate position (Sgroi as quoted by Townsend & Dawes in Richter et al., 2005:61). Although sexual abuse can occur in any family, the risks are heightened when a parent is ill or absent from the family (UNICEF, 2001a:32; United Nations, 2006:5; Greenberg, 2007:4). UNICEF (2001a:32) highlights that children may be sexually abused by their family members, family friends, neighbours, employers, caregivers, and classmates.

Both boys and girls are victims of sexual abuse; however, adolescent girls are more vulnerable to sexual abuse (UNICEF, 2001a:32; Greenberg, 2007:17-18). The impact of sexual abuse on children is often grave and damaging (United Nations, 2006:11-12). Children who have been sexually abused may be withdrawn, moody, anxious, depressed, self-destructive and sometimes suicidal (UNICEF, 2001a:32; United Nations, 2006:12). Sexually abused children are more likely to be sexually exploited than non-abused peers.

This is evident from the study on sexual exploitation in Costa Rica which revealed that 83% of boys and 79% of girls reported that they were sexually abused before they were 12 years old (UNICEF, 2001a:32). Sexual exploitation is seen as a pervasive form of sexual abuse (UNICEF, 2001b:1). UNICEF (2002:3) defines sexual exploitation as “...any abuse of a position of vulnerability, differential power, or trust for sexual purposes; this includes profiting monetarily, socially or politically from the sexual exploitation of another.” UNICEF (2001a:20) identifies three forms of commercial sexual exploitation, i.e. trafficking and sale of children across borders and within countries for sexual purposes, child prostitution, and child pornography. Children who are used for commercial sexual purposes are at an increased risk of unwanted pregnancies and contracting HIV and other sexually transmitted diseases (UNICEF, 2001b:1-2).

The underlying causes of sexual exploitation include gender discrimination, social inequalities, corruption, cheap labour practices and poor educational opportunities (Higson-Smith & Richter in Richter et al., 2005:143). Myths such as the belief that HIV/AIDS can be cured through sex with a virgin also expose children to sexual abuse and exploitation (UNICEF, 2009:2; Loffell in Richter et al., 2005:250). Poverty and the increasing adult mortality due to AIDS-related illnesses are creating a potentially dangerous situation for children to be sexually exploited as children from poor communities and dislocated parental care (e.g. CHH and street children) are generally targeted (Higson-Smith & Richter in Richter et al., 2005:143). This is confirmed by Greenberg (2007:4) who assert that parents are the first line of protection towards children and without parental or adult care children are at an increased risk of being abused or exploited.

Greenberg (2007:29) emphasises that while all children require protection, state agencies in partnership with communities should be more vigilant in protecting children in CHH as they are at greater risk of being sexually abused and exploited. Various international and national instruments on the protection of children have been developed and adopted (United Nations, 2006:22). The United Nations Convention on the Rights of the Child (1995) is the principal framework enunciating the protection of all children and has been

ratified by 192 States (Greenberg, 2007:39; United Nations, 2006:22; Gallinetti in Richter et al., 2005:210). Articles 19, 34 and 36 of the CRC oblige State parties to protect all children from all forms of sexual exploitation, sexual abuse and all other forms of exploitation (Gallinetti in Richter et al., 2005:210). South Africa ratified the CRC in 1995 thus committing the country to complying with the requirements of this instrument (Gallinetti in Richter et al., 2005:210).

In its effort to comply with the CRC, South Africa has dedicated a section in its Constitution that focuses on the rights of children (The Constitution of the Republic of South Africa, Act No 108 of 1996: Sec 28). The Constitution of the Republic of South Africa (Act No 108 of 1996: Sec 28 (1) (d) stipulates that all children have the right to be protected from maltreatment, neglect, abuse or degradation. Principles and procedures in relation to the care and protection of children have been set out in the Children's Act (Act No 38 of 2005) and the Children's Amendment Act (Act No 41 of 2007) to give effect to the rights of children as contained in the Constitution. The Sexual Offences Act (Act No 23 of 1957) is another piece of legislation in South Africa that seeks to protect children from sexual abuse by consolidating and amending the laws relating to brothels and unlawful carnal intercourse.

Most studies concur that although instruments that seek to protect children are in place, commitments to the implementation and enforcement of these instruments are far from being fulfilled (United Nations, 2006:24; Van Niekerk in Richter et al., 2005:264; Gallinetti in Richter et al., 2005:226). Most communities have little faith and confidence in their local police service and the criminal justice system and this result in under-reporting of sexual abuse cases (Van Niekerk in Richter et al., 2005:264; United Nations, 2006:8-9; UNICEF, 2001a:32). Many children or adult caregivers are afraid to report child abuse or exploitation especially if the perpetrator is a family member or high-profile community member (UNICEF, 2001a:32 & United Nations, 2006:8-9). Failure to report these cases distorts the extent of the problem and the urgency to address this phenomenon (Van Niekerk in Richter et al., 2005:263-265). Neighbours could be utilised to report

such cases because in most cases neighbours are key protective agents to prevent child abuse which is committed by external community members (Germann, 2005:314).

The findings of this study revealed that children living in CHH are exposed to being sexually abused and exploited. It is evident from the following accounts of two children who participated in the study that adolescent girls without adult care are at an increased risk of being sexually abused and exploited. The impact of the experience is evident from the following girl's account. The depth of her pain was evident in the tone of her voice and non-verbal expression of her emotions as she was crying when she relived her experience: *"...a man came into our house the other night (voice changed and became slower, while her eyes were on the floor), and he came and entered the house, and when he entered (stammering) the house, he entered the house during the night when we were sleeping. When I woke up, when I woke up I found him standing. I asked him what he wanted, and he said: 'nothing, go to sleep'. He then slapped me on my face... he then hit me and he told me that he wanted to sleep with me by force. I then screamed calling my neighbours, so my neighbours came and that man ran away... My neighbours said that they will open a case with the police so that he can be arrested, but they didn't open the case, it just ended there (tears rolling down her eyes while speaking with a very soft voice).. This has affected me a lot and I stopped going to people's houses and I always stay at home... (Sobbing, voice breaking) I stayed for a long time being unhappy. I saw that if I leave this place my younger sister won't have anyone to look after her and she is still very young. I hate being in the company of people..."*

The following account of another girl who participated in this study also confirms that children without adult care are at an increased risk of being sexually abused and exploited: *"...sometimes strangers break into our house because they know that we are staying alone ...The first day when this person came to break into the house, I heard him, and when I screamed he ran away, and even the second day when he came I heard him, and he ran away again. ...The first person who broke into the house stole our food only because the windows are secured and he was unable to get into the house. He broke the window, and took the food through the window because there was a table next to that*

window which had food on top of it. I heard him when he tried to open my bedroom window ... I .then screamed and he ran away. The second person as well, I heard him when he tried to open my bedroom window and when I screamed he then ran away. I am afraid to go to sleep since these happened, because they are targeting my bedroom, because every time they come they want to open my bedroom window; (pause) maybe they want to rape me or maybe they just want to steal, I don't know why they want to break into the house. It makes me afraid to go to sleep at night..."

Orphaned children who live in CHH have to fight for themselves as they lack adults to advocate for them on their behalf. This will be discussed in the following section of this chapter.

e. Category: Orphaned children in CHH lived without advocacy from adults

According to the Advocacy Resource Exchange (2008:1), advocacy is defined as “a tool that is used to ensure that the voices of the minority and disadvantaged groups are heard and their needs are met”. Advocacy is guided by the principle that “every person should be valued”, and ensures that people are not ignored or excluded because of the prejudices they face which subject them to being disrespected by other people (Advocacy Resource Exchange, 2008:1). The Advocacy Resource Exchange (2008:1) asserts that most people can act as advocates and use advocacy on a daily basis; for instance, when parents listen and respond to the needs and wishes of their children or when friends stand by each other and offer each other support.

According to Nyamugasira (1998:7), although children in CHH need a voice to help them articulate their needs, in most cases their voices are not heard. Nyamugasira (1998:8) highlights that children who participated in a qualitative needs-assessment study on children living in CHH which was conducted in Rwanda revealed their need to be heard and represented. When asked to draw pictures, these children drew pictures of people without mouths, signifying that they no longer want to speak as no one is listening to them. This is confirmed by Richter and Desmond (2008:1019) who assert that children,

especially those living in CHH, remain in the margins with respect to advocacy. Civil society organisations in Africa tend to follow the well-trodden path of providing care and support for children in difficult circumstances instead of promoting the rights of these children through advocacy; the few advocacy initiatives that exist are primarily led by international organisations (Richter & Rama, 2006:25-26).

Schierhout and Nxumalo (2007:18) argue that South Africa has a strong civil society which has taken the lead in increasing awareness and understanding around the issue of orphans and vulnerable children at many levels of society. For instance, in 2001, the Alliance for Children's Entitlement to Social Security (ACCESS) was formed. This umbrella organisation represented over 45 organisations that were calling for increased social security for orphans and vulnerable children. These researchers acknowledge that the advocacy initiatives are driven at a national level, and there is still a gap with regard to community level advocacy for the rights of orphans and vulnerable children.

Sloth-Nielsen (2004:iv & 37) emphasises the importance of advocacy in societies. She asserts that advocacy can promote a better legal framework to overcome the barriers that children living in CHH face. Therefore, efforts to improve children's health and well-being should be approached in a holistic manner to include advocacy (Richter & Rama, 2006:38). Civil society organisations (especially at a community-level) are in a better position to advocate for children to ensure their protection and the fulfilment of their best interest (Richter & Rama, 2006:28).

The findings of this study echoed the literature reviewed above in that the children who participated in this study shared experiences (see storylines further on) pointing to the fact that they do not have anyone to advocate for their rights. Some of the children's experiences of living without adult care also included that they had to fight for themselves when they encounter difficulties in their lives as expressed by one of the social workers as follows: “...*there is no one to fight for them because they cannot fight for themselves...*”

The study of CHH on commercial farms in Zimbabwe (Walker, 2007:2) confirms this finding that children living in CHH have no one to turn to for mediation when they are faced with difficult situations.

Reflecting on the account of the 17 year-old girl, presented above in the preceding section, who almost got raped by a man from her community, it is evident that children without adult care experience a very difficult life without someone to advocate for them. Although the man was known to the girl and the neighbours, charges were not laid against the man as neighbours were against playing the advocacy role. The following excerpt illustrates how the lack of advocacy negatively affected the child's life: *"...he then hit me and he told me that he wanted to sleep with me by force. I then screamed calling my neighbours. My neighbours came and that man ran away, and my neighbours said that they will open a case with the police so that he can be arrested, but they didn't open the case, it just ended there (tears rolling down her cheeks while speaking with a very soft voice). So, I thought that because they are the elders they will open the case against him because we all know him. So, and people started talking saying that I was raped meanwhile he didn't rape me (sobbing). That man went to Jo'burg but people are still making fun of me saying that I am his wife because I didn't open a case with the police, and this means that I agreed to sleep with him..."*

Another child participant articulated her lack of people to advocate for the orphaned children as follows: *"Even if we get a problem we try and resolve it ourselves because we do not have anyone to help us."*

When orphaned children live in CHH without adult care, they live without the proper guidance, discipline and control required to prepare them for adult life. This will be discussed in the next section.

f. Category: Orphaned children in CHH lived without proper guidance, discipline and control

Schor (2003:218) asserts that families are the most central and enduring influence in the lives of children. They transmit and interpret values to their children and prepare children to interact with the larger world. Schor (2003:219) emphasises that although schools provide formal education, families teach children how to become socially acceptable adults. This is confirmed by Dalen (2009:70) who contends that when children's socialisation process become compromised due to the death of parents, children may develop a behaviour which is unwanted or different from what is expected in a particular society.

In this study, the researcher found that children living alone without adult care lacked proper guidance, discipline and control. The findings are supported by Richter (2004:11) who pointed out that children affected by HIV/AIDS and especially children in CHH may receive poorer care and supervision. The Department of Social Development (2008:123) in its situational analysis also found that supervision was identified as one of the needs of children living in CHH. According to one of the extended family members who participated in this study, lack of proper guidance can lead the girl children to engage in exploitative sexual behaviour as she narrated: *"Sometimes you find that when they see other children in school having nice things, there is no one to explain to them that it won't be the same with them because they don't have parents. There is no one to guide them and to tell them that ...So, you find that these children end up doing bad things like prostitution so that they can have nice things like the other children, like clothes and other things."*

This is confirmed by one of the social workers who contended that the absence of proper guidance and care in the household may result in children engaging in prostitution: *"...when these children live alone, they might become prostitutes, and not stay at home because she will be living a life of prostitution..."*

These findings are supported by Foster (2004:4) who asserts that children who grow up without adult support are particularly vulnerable to sexual exploitation as a result of destitution and a lack of adult supervision and guidance.

Children who grow up without adult care also lack proper discipline in their lives as demonstrated by the following excerpt from a statement made by one of the children who participated in the study: *“...we don't even stay at home because there is no one to discipline us.”*

One of the extended family members shared the observation she had made regarding children who were growing up without proper discipline in her community as they were living alone without adult care as follows: *“You find that there is no discipline in the home – they go to Lower Hotel [it is a shebeen] the way they like and the house is always full with boys. Anyone can see that these children are doing all these things because there is no one to discipline them. If they don't feel like going to school they don't go, because there is no one to ask them why they didn't go to school...”*

Mkhize (2006:83) found that in the CHH she studied, conflict was inevitable as siblings interacted as a unit. She found that sibling rivalry was a result of difference of opinions among children on the allocation of household chores. In this study, one social worker attested that conflict was inevitable in the CHH they were in contact with. This was caused mainly by a lack of respect among the children in the household because as the younger siblings become teenagers the head of the household lost control over them as demonstrated by the following excerpt: *“In some cases we found that the child who heads the family does not have control over the children. Sometimes they do not respect each other. When the children get into a teenage stage sometimes they become uncontrollable and they start to demand that the head of the household should use the grant money to buy them cell phones and clothes even if it is not necessary for them to get new clothes.”*

In this sub-theme the realities experienced by orphaned children who live in CHH without adult care have been presented; the next sub-theme further presents the realities of orphaned children who experienced multiple losses in their lives.

3.3.1.4 Sub-theme: Orphaned children in CHH experienced multiple losses

This study also revealed that some orphaned children experience multiple losses in their lives. One of the child participants expressed feelings of depression due to the deaths of his significant others and he was afraid that he might die anytime as well. The feelings of anxiety affected him and this was exacerbated by his fear that it might result in a stroke.

“Like with me, (pause) my grandmother died first, then she was followed by my aunt, followed by my mother and my father, then my two siblings and I was left alone here at home... so I sit and think when I’m at school that my parents have died and I don’t have any plan at home, because my parents died and everyone at home has died and I’m left alone, so sometimes I think that I will also die just like them; so when I’m sitting alone I think a lot and I’m afraid that it will result in stroke.”

Bauman and Germann (in Foster et al., 2005:100) agree with this finding that some orphaned children experience multiple losses in their young lives as they may have watched for months or years the deterioration in and eventually the death of their parents and cherished relatives. The surviving children are faced with a task of adjusting to such major losses and may have difficulty in coping with their feelings of sadness, survivor guilt, and resentment (Bauman & Germann in Foster et al., 2005:100). Craig and Baucum (2002:644) indicate that multiple losses may lead to bereavement overload which is “a stress reaction experienced by people who lose several friends or loved ones during a short period of time. Often characterised by depression”.

In spite of the realities experienced by the orphaned children as they acted as caregivers to their sick parents, assuming adult responsibilities as heads of households, living without adult care and the experience of losing many significant others in their lives, the children displayed resilience and employed survival strategies to deal with those adversities. This will be discussed in the next section.

3.3.1.5 Sub-theme: Resilience of and survival strategies employed by orphaned children in CHH

Williams, Alexander, Bolsover and Bakke (2008:338) define resilience as “the ability of an individual to remain competent despite exposure to stressful life experiences and pervasive adversity”. Bonanno (2004:20) asserts that many people are exposed to loss or potentially traumatic events at some point in their lives and yet continue to function optimally and show positive emotional experiences. Foster (2004:5) explains that even the most vulnerable or poorest people have resilient and coping mechanisms that enable them to deal effectively with their life situations. For instance, most poor communities in the African continent have established voluntary associations such as burial associations and *stokvels* (savings clubs) that provide essential support when misfortune befalls them (Foster, 2004:5).

Williams et al. (2008:338) state that recent research confirms that even children, who are exposed to stressful life experiences, although being vulnerable to the psychological effects of their life circumstances, still have the capacity to thrive amidst those aversive circumstances. Germann (2005:248) confirms that despite an array of gruelling life circumstances which children in charge of households experienced, they still find ways to survive and show resilience over their life situations. In dealing with life circumstances, resilient children use dispositional proactive coping strategies such as high self-efficacy and self-esteem, and they have inner control and a positive self-concept which makes them more responsible, achievement-oriented, assertive, and independent (Bauman & Germann in Foster et al., 2005:109).

Grotberg as cited in Germann (2005:249) identifies three sources of resilience from which children draw. These sources are labelled as “I AM” referring to an internal disposition, “I CAN” referring to an interpersonal dimension, and “I HAVE” referring to external support. Table 3.10 below describes what children may draw from each of the three sources. Williams et al. (2008:338) refer to these sources as support systems and

further mention that consistent interplay of these support systems helps children to be resilient.

Table 3.10: Three sources of resilience according to Grotberg as cited in Germann (2005:249)

Source	Practical application / description
I AM (Internal make up, beliefs, attitudes)	<ul style="list-style-type: none"> - A person people can like and love - Glad to do nice things for others and show my concern - Respectful of myself and others - Willing to be responsible for what I do - Sure things will be all right
I CAN (Interpersonal skills)	<ul style="list-style-type: none"> - Talk to others about things that frighten me or bother me - Find ways to solve problems that I face - Control myself when I feel like doing something not right or dangerous - Figure out when it is a good time to talk to someone or to take action - Find someone to help me when I need it
I HAVE (External support and resources)	<ul style="list-style-type: none"> - People around me I trust and who love me, no matter what - People who set limits for me so I know when to stop before there is danger or trouble - People who show me how to do things right by the way they do things - People who want me to learn to do things on my own - People who help when I am sick, in danger or need to learn

The findings of this study confirm that despite the stressful life which children were exposed to, they were able to remain positive about life. It is evident from some of the children's responses that the interplay of different support systems such as children's attitudes, sports, neighbours, church and friends contributed towards the strengthening of their resilience. The following 16 year-old boy who is in charge of the household expressed his optimism about life and also explained that soccer helps him forget about his other needs: *"...life is very important; even if you don't have parents there are lots of things that you can do to make you enjoy life...when I'm having my soccer practice, I forget about a lot of things, like for instance if there is no food, when I am still playing soccer I forget about this..."*

The above finding is confirmed by Gilborn et al. (2001:22) who also found that sports and recreation maintain children's happiness and give them a positive outlook on life.

In order to protect themselves from potential sexual abuse and rape, one of the children designed a survival strategy to protect her and her sibling and to remain positive about life as the following excerpt demonstrates: *“...because right now I sleep at my neighbour’s house with my younger sister whom we call ‘grandmother’. We got acquainted to this old lady when my mother was still alive; so this old lady agreed that we can go and sleep at her house at night but we don’t eat at her place, we just sleep at her place and every morning we come back here at home. She helps me with food sometimes when I don’t have food.”*

The 17 year-old girl who feared strangers wanting to break into her house to rape her as they were targeting her bedroom window (her account was presented above), came up with a strategy of swapping bedrooms at night in order to be safe. She stated: *“...sometimes I change bedrooms so that if the person does get into the house, he shouldn’t find me in my bedroom; so I sleep with my siblings in their bedrooms...”*

Reflecting on the 17 year-old who almost got raped by a man from her community, her participation in the church served as a refuge and provided her with a safe environment to deal with her ordeal and pain. She spoke about this as follows: *“...and then my neighbour told me that I should go to church; I felt better when I was at church because the people at the church doesn’t know about this, and they were not talking about me...”*

In order to escape a life of going to bed hungry, an 11 year-old boy established a social support system with his neighbour, on his own, and the neighbour ended up taking him in. One of the extended family members articulated as follows: *“They [referring to the children living in the CHH] have told me that most of the time he [the 11 year-old boy who is living in the CHH] lives with the people next door because he needs to eat. There were no arrangements for him to go and stay there. He started by going there to play and then decided to sleep over few times and the next thing he took his clothes to stay there full-time. These people are not related to us but they didn’t chase him away. ...He decided on his own to go and stay next door because he saw that he will die of hunger if he continued to live with his siblings.”*

The availability and utilisation of neighbours as a survival strategy for CHH is consistent with the findings of Mkhize (2006:19) and Germann (2005:224) who also found that neighbour-support is a source of coping mechanisms for orphaned children living in CHH.

A child who did not have a proper school uniform came up with the following strategy to keep herself in school: *“... [I] don't even have proper school uniform; the uniform that I have is a skirt and shoes which I have asked my uncle's daughter to give me, and my neighbour gave me a shirt and socks, she passed grade 12, and this uniform is very old and no longer good but I have no choice because I want to go school; I don't want to drop out of school hence I wear it anyway.”*

In order to survive hunger all children mentioned that they asked their relatives to help them with food as portrayed by the following utterances:

“...sometimes we spend a lot of time without having food and I then have to go and ask from my aunts...”

“Sometimes when we go to her [the aunt] to ask for food she gives us unless if she doesn't have enough, then she doesn't give us.”

“I have to go to my brother's wife to ask for a bath soap and when they have it they give it to me.”

“...my brother does help us a lot when we go and ask for things; because when we go to him crying and he has what we are asking for, he does give it to us

“My grandmother...when she gets her grant she tells me to go to...get food...”

“...she [sister in-law] is not our blood relative...but she always helps us a lot and she shows us love a lot. She is the one who buys school uniforms for my siblings...”

Budgeting is also a survival strategy which some of the children use to ensure that the grant they receive sees them through the month. The following excerpt from one of the children who participated in the study attested to this: *“When we get the child support grant we buy 25kg mealie-meal and we keep R100 to buy seshebo, and I also keep R20 to buy bread but I don't eat the bread because I want them to at least be able to eat one loaf of bread for two days but, on Fridays they don't eat because I buy two loaves of bread*

per week which lasts them for two weeks; and then the other two weeks they go to school without having eaten anything.”

Getting support from the social workers through the provision of food parcels and grants also helped the children to cope with their adversities as demonstrated by the following excerpts:

“Sometimes the social worker does call us to go and get food when it is available... “

“What is helping us now is the food that we get from the social worker.”

“We are now receiving the foster care grant through my grandmother... Things are better now because when we want to buy things we are able to buy and life goes on...”

The children’s acceptance of their circumstances also helped them to cope with their adversities as portrayed by the following utterances:

“But anyway, I have told myself that even if my relatives do not love me, I must just face the problems that I come across and accept them. Like when my uncle told us that we must leave his home and find our own place. I didn’t try to plead with him. I just asked my friend to help me move.

“Even if we get a problem we try and resolve it ourselves because we do not have anyone to help us.”

“Well, that’s how God wanted it to be, I end up saying to myself that I need to accept it; they are my siblings, to whom must I throw this task to. There is no one I can throw this task to...”

“...We were the unfortunate ones to lose our parents and we have to accept...”

Having a place of their own and living next to the grandmother who was able to offer assistance to the children on a daily basis also helped some of the children to cope with their adversities as portrayed by the following utterances:

“...my grandmother...bought a stand for us next to where she is staying and she built a house for us ...It is good for us because we now have a place of our own which we call home and people also know that this is our home...we don’t have any problems...because my grandmother helps us because she stays next to us...”

“...my grandmother helps us because she stays next to us... manages ... day-to-day life.”

The survival strategies and coping mechanisms which the orphaned children developed to deal with their adversities are consistent with findings by Nkomo (2006:114-115), who in his study on the experiences of CHH found that the children used a number of coping mechanisms that helped them to deal with their difficult life situation. The coping mechanisms were: fatalism (i.e. accepting their situation as being predestined by God), faith and religion, a positive outlook and attitude towards life, deriving meaning out of their hardship, restored sense of purpose and meaning through assistance from neighbours, and relatives and community-based organisations. This is also confirmed by Germann (2005:295) who in his study on the coping strategies of CHH found that the availability of support such as social, material, informational, spiritual, and emotional support from friends, relatives and neighbours boosts the ability of orphaned children to cope with their adversities.

In this section the realities of orphaned children living in CHH were presented. In the next part of this chapter the perceptions of the participants on the potential value of integrating orphaned children living in CHH into their extended family folds will be presented. This will be presented according to sub-themes, categories and sub-categories (where applicable) which emerged from the processes of data analysis.

3.3.2 THEME 2: PARTICIPANTS’⁷ VIEWS ON THE POTENTIAL VALUE OF INTEGRATING ORPHANED CHILDREN IN CHH INTO EXTENDED FAMILIES

The potential value of integrating orphaned children into their extended family folds is supported by many studies. Foster (2004:7) asserts that “when parents die there is no ideal placement for the children, just better or worse options. Enabling siblings to remain together in the care of family members they already know and are prepared to accept as

⁷ The views on the potential value of integrating orphaned children were mainly from the children heading CHH and their extended family members.

new, permanent caregivers are the best option and maintaining orphans in families should be our highest priority.” Subbarao et al. (2001:24) concur that informal fostering of orphaned children within the extended family is the best intervention, provided that the care that is provided by the relatives is of an acceptable level.

A quantitative cross-sectional survey to explore the barriers to and possible incentives for orphan care which was conducted in Zimbabwe by Howard et al. (2006:6) revealed that more than 80% of the foster caregivers and non-foster caregivers who participated in the study agreed that orphaned children will probably live good and successful lives if they are placed in good homes. Subbarao et al. (2001:24) assert that placing orphaned children with their next of kin promotes their integration into mainstream society, reduces their risks of being marginalised, and promotes their psychological and intellectual development. Another potential value of placing orphaned children with their extended family members is that family members are most likely to act in the best interest of the orphans (Subbarao et al., 2001:24).

In his study on the coping strategies of orphans in CHH, Germann (2005:327) explored the perceptions or views of community members (including social workers and guardians of children in CHH) and children living in CHH on the existence of CHH by conducting focus group discussions with these participants. The participants were asked to identify positive and negative aspects of having children living in CHH. Germann (2005:328) found that community members identified a small number of positive aspects in allowing children to live in CHH. In other words, most community members were against the idea of CHH as an alternative form of care for orphaned children (Germann, 2005:331). Positive aspects which community members identified were:

- CHH allows siblings to stay together,
- Children are in a better position to benefit from the parental estate when they are on their own (Germann, 2005:331).

On the other hand, Germann (2005:328) indicates that the discussion on the negative aspects of allowing children to live in CHH generated a large number of responses from

the community members. Negative aspects and risks attached to CHH which community members identified were: the possibility of the children being abused; the lack of material support; health concerns; conflict among siblings; lack of adult care; bad behaviour amongst the children living on their own; children in CHH experiencing stigma and discrimination; vulnerability to HIV-infection, and lost educational opportunities and socialisation.

The perceptions or views of participants (i.e. social workers, children heading CHH and the extended family members) in this research endeavour on the potential value of integrating CHH into extended families affirmed the literature reviewed above. In answering the question of ‘What are your views or perceptions on the integration of CHH into extended families?’ participants reported on the advantages and disadvantages of integrating CHH into extended family folds. In other words, participants were against the idea of having children living in CHH by themselves thus confirming Germann’s (2005:328) findings as stated above. In this section, the advantages or the potential value of family integration of orphaned children will be discussed.

There was an overlap between the disadvantages of integrating orphaned children into extended family folds which the participants identified and the barriers which participants identified as hindrances to the effective integration of orphaned children into extended family folds. It is in view of this overlap, that the disadvantages of integrating orphaned children into extended family folds will be presented in the next chapter that describes the barriers that hinder effective integration of orphaned children into extended families (see Chapter 4, section 4.2). The potential value of integrating CHH into extended families will be examined according to the following sub-themes:

- Integrating the CHH into the extended family will relieve the burden of the caring child
- Integrating the CHH into the extended family will meet the orphaned children’s fundamental needs
- Integrating the CHH into the extended family will help with the provision of guidance regarding developmental stages, values and social norms

- Integrating the CHH into the extended family will provide psychosocial support for the orphaned children
- Integrating the CHH into the extended family will provide adult supervision, management of household order and boundaries
- Integrating the CHH into the extended family will preserve identity, culture and “ubuntu”

In the next sections of this chapter, each of these sub-themes will be presented and compared with the existing theories and previous literature.

3.3.2.1 Sub-theme: Integrating the CHH into the extended family will relieve the burden of the caring child

Some of the children participants mentioned that integrating CHH into extended families will relieve the child heading the CHH from the burden of care. As mentioned earlier under section 3.3.1.2 in this chapter, the children heading CHH experienced the caring responsibilities as “taxing”, “difficult” and “challenging”. Some of the children expressed their need for family integration as they believed that being integrated with their relatives would help in relieving them of the burden of providing care to their siblings as demonstrated by the following excerpts from three children who participated in the study:

“... if there is a relative who is willing to carry this burden that is too heavy for me; it will be okay because he/she will relieve me from this burden... because right now everything is upon my shoulders, when there is no bath soap they look at me, they want to go to school clean...”

“...if there was an adult here at home, it would be better because when I come home from school I would find a cooked meal and this will save me from having to come back from school and start cooking the food.”

“...where you find that the children [referring to his siblings] are still smaller and are not able to bath themselves; the relatives can help... bathing the children.”

Another child indicated that being integrated with his extended family will help him because the relatives will be able to understand smaller children’s behaviour. He stated:

“It is good for orphaned children to stay with relatives...you find that sometimes at night they (younger children) cry and do things which I don’t understand, and I end up being afraid not knowing what to do, you see, maybe she is dreaming about something terrifying; so if there is an adult person, it will be better because the person will be able to understand that if the child does this [crying at night]. The relative will know what to do or to go somewhere like a sangoma to understand why the child does this.”

The need for the orphaned children to be integrated with their extended family members was also evident in the next section as participants perceived family integration as an opportunity to meet the orphaned children’s basic needs.

3.3.2.2 Sub-theme: Integrating the CHH into the extended family will meet the orphaned children’s fundamental needs

Max-Neef, Elizalde and Hopenhayn (1991) have developed a taxonomy of human needs and a process by which communities can identify their ‘wealths’ and ‘poverties’ according to how these needs are satisfied. According to Max-Neef et al. (1991:16-17), there is a difference between “needs” and “satisfiers”. For example, food and shelter (which are generally regarded as needs) are not needs but they are satisfiers of the fundamental need for subsistence. Another example is that education (which is also regarded as a need) is not a need but a satisfier of the fundamental need for understanding.

Max-Neef et al. (1991:31-37) highlight that satisfiers have different characteristics, namely: violaters or destroyers, pseudo-satisfiers, inhibiting satisfiers, singular satisfiers, and synergic satisfiers. For example, certain satisfiers which are perceived to be satisfying a particular need may simultaneously violate or destroy the possibility of satisfying other needs, e.g. commercial television; while ostensibly satisfying the need for idleness, it interferes with the needs for understanding, creativity and identity (Fisher, 2003:3). Max-Neef et al. (1991:16-17) dismiss the traditional view of human needs which believed that human needs are infinite, they change all the time and that they are different in each culture or environment and historical period. Max-Neef’s et al.’s (1991:18) theory

on human needs postulates that fundamental human needs are finite, few and classifiable; and that they are the same in all cultures and in all historical periods – what changes both over time and through cultures is the way or the means by which the needs are satisfied (i.e. each culture's choice of a satisfier).

Furthermore, Max-Neef et al. (1991:17) assert that all human needs are interrelated and interactive and should be understood as a system (except for the need for subsistence) rather than a hierarchy as postulated by Western psychologists such as Maslow. In other words, there is no one-to-one correspondence between needs and satisfiers; the process of satisfying the needs can be simultaneous, complementary or trade-offs. For instance, one satisfier may satisfy more than one need, or, conversely, one need may require several satisfiers in order for that particular need to be met. For example, when a mother breastfeeds her baby, she is simultaneously satisfying the baby's needs for subsistence, protection, affection and identity.

Max-Neef's et al.'s (1991:18) theory on human needs redefines the concept of poverty from its restricted and limited economist perspective where poverty refers exclusively to the predicaments of people who fall below a certain income threshold. Max-Neef et al. (1991:18-19) suggest that there is more than one kind of poverty (i.e. poverties). Any fundamental human need which is not adequately satisfied results in a poverty or pathology. For instance, poverty of subsistence is caused by insufficient income, food or shelter; and poverty of protection is a result of bad health systems or violence (Max-Neef et al., 1991:18-19). It is important that pathologies or poverties should be understood in order to generate transdisciplinary research and action (Max-Neef et al., 1991:23).

Max-Neef et al. (1991:32-33) have identified nine fundamental human needs, namely subsistence, protection, affection, understanding, participation, idleness, creation, identity and freedom which are classified according to the existential categories of *being*, *having*, *doing and interacting*, and from these dimensions, a 36 cell matrix is developed which can be filled with examples of satisfiers for those needs (Fisher, 2003:2). See Table 3.11 below for the tabulation of these needs.

Table 3.11: Matrix of needs and satisfiers according to Max-Neef et al. (1991:32-33)

Fundamental human needs	Being (qualities)	Having (things)	Doing (actions)	Interacting (settings)
Subsistence	1/ Physical health, mental health, equilibrium, sense of humour, adaptability	2/ Food, shelter, work	3/ Feed, procreate, rest, work	4/ Living environment, social setting
Protection	5/ Care, adaptability, autonomy, equilibrium, solidarity	6/ Insurance systems, savings, social security, health systems, rights, family work/	7/ Cooperate, prevent, plan, take care of, cure, help	8/ Living space, social environment, dwelling
Affection	9/ Self-esteem, solidarity, respect, tolerance, generosity, receptiveness, passion, determination, sensuality, sense of humour	10/ Friendships, family, partnerships, relationships with nature	11/ Make love, caress, express emotions, share, take care of, cultivate, appreciate	12/ Privacy, intimacy, home, space of togetherness
Understanding	13/ Critical conscience, receptiveness, curiosity, astonishment, discipline, intuition, rationality	14/ Literature, teachers, method, educational policies, communication policies	15/ Investigate, study, experiment, educate, analyse, meditate	16/ Settings of formative interaction, schools, universities, academies, groups, communities, family
Participation	17/ Adaptability, receptiveness, solidarity, willingness, determination, dedication, respect, passion, sense of humour	18/ Rights, responsibilities, duties, privileges, work	19/ Become affiliated, cooperate, propose, share, dissent, obey, interact, agree on, express opinions	20/ Settings of participative interaction, parties, associations, churches, communities, neighbourhoods, family
Idleness	21/ Curiosity, receptiveness, imagination, recklessness, sense of humour, tranquillity, sensuality	22/ Games, spectacles, clubs, parties, peace of mind, commercial televisions	23/ Daydream, brood, dream, recall old times, give way to fantasies, remember, relax, have fun, play	24/ Privacy, intimacy, spaces of closeness, free time, surroundings, landscapes

Fundamental human needs	Being (qualities)	Having (things)	Doing (actions)	Interacting (settings)
Creation	25/ Passion, determination, intuition, imagination, boldness, rationality, autonomy, inventiveness, curiosity	26/ Abilities, skills, method, work	27/ Work, invent, build, design, compose, interpret	28/ Productive and feedback settings, workshops, cultural groups, audiences, spaces for expression, temporal freedom
Identity	29/ Sense of belonging, consistency, differentiation, self-esteem, assertiveness	30/ Symbols, language, religion, habits, customs, reference groups, sexuality, values, norms, historical memory, work	31/ Commit oneself, integrate oneself, confront, decide on, get to know oneself, recognise oneself, actualise oneself, grow	32/ Social rhythms, everyday settings, settings which one belongs to, maturation stages
Freedom	33/ Autonomy, self-esteem, determination, passion, assertiveness, open-mindedness, boldness, rebelliousness, tolerance	34/ Equal rights	35/ Dissent, chose, be different from, run risks, develop awareness, commit oneself, disobey	36/ Temporal/spatial plasticity

Fisher (2003:4) asserts that Max-Neef's theory is fundamental for human development in that it forms the basis of an explanation for many problems and challenges that arise from a dependence on mechanistic economics, and contributes to understandings that are necessary for a paradigm shift that incorporates systemic principles. The theory also provides a useful approach that meets the requirements of community-centred processes that have the effect of allowing deep reflection about one's individual and community situation which could result in deeper understanding and awareness of problems to effect action for change at the local level (Fisher, 2003:4).

In view of the present study, it is important to understand the fundamental needs of children living in CHH and their extended family members in relation to the family integration of orphaned children living in CHH. It is worth mentioning that there was no specific question posed to the participants to explore the needs of the children and their

extended families in line with Max-Neef's theory of fundamental human needs. In answering the question: What are your views or perception on the integration of CHH into extended family folds?, the participants made use of the opportunity to reflect on the potential value of family integration in relation to the satisfaction or non-satisfaction of orphaned children's basic needs.

Max-Neef's theory of fundamental human needs is, however, relevant to this study as it forms a basis to understand the **poverties or pathologies** that result when the orphaned children's fundamental needs are not adequately satisfied. It is important to understand how satisfaction or non-satisfaction of the orphaned children's fundamental needs affects their need for family integration. Max-Neef's theory provides a useful approach for understanding **problems that impede** the realisation of fundamental human needs.

This study focused on understanding the barriers that hinder family integration of orphaned children and that, on the basis of Max-Neef's theory, impede the actualisation of children's fundamental needs. Max-Neef's theory is also based on the premise that understanding of the impediments that cause poverties should **generate action** to address consequent poverties. With relevance to Max-Neef's theory, this study explored and described suggestions from the participants to address hindrances to family integration and these suggestions were considered in an attempt to develop practice guidelines for effective family integration of CHH into extended family folds. The hindrances and the suggestions will be presented in Chapter 4 of this research report.

The findings of this study revealed that integrating CHH into extended family folds has a potential value of meeting orphaned children's fundamental needs. The situational analysis of CHH in South Africa which was commissioned by the Department of Social Development (Department of Social Development, 2008:22) found that the main needs of children living in CHH were socio-economic needs such as nutrition (food), safety and shelter in terms of housing and clothing, health, hygiene, education and learning, supervision and money.

The fundamental human needs which participants, especially children heading CHH mentioned in this study concurred with the findings of the aforementioned situational analysis. They mentioned that the fundamental needs which could be met through the integration of orphaned children into extended family folds were subsistence, protection, understanding and idleness. These needs will be presented according to the following categories and sub-categories:

a. The need for subsistence

- The extended family will have the responsibility to satisfy the need (provide) for food.
- The extended family will have the responsibility to satisfy the need (provide) for accommodation.
- The extended family will have the responsibility to satisfy the need (provide) for clothing.

b. The need for protection

- The extended family will have the responsibility to satisfy the need (provide) for physical protection.
- The extended family will have the responsibility to satisfy the need (provide) for health care.

c. The need for understanding

- The extended family will have the responsibility to satisfy the need (provide) for education.

d. The need for idleness

- The extended family will have the responsibility to provide opportunities to satisfy the need for play.

In the following sub-sections in this chapter, each of these categories and sub-categories will be presented.

a. Category: The need for subsistence

The participants⁸ identified three satisfiers of the fundamental need for subsistence which they believed could be provided through family integration. These satisfiers will be presented as follows:

➤ **Sub-category: The extended family will have the responsibility to satisfy the need (provide) for food**

Some of the children heading CHH who participated in the study reported that being integrated with their extended families will help them in that relatives will have to take the responsibility of ensuring that there is always food in the house as demonstrated in the following utterances made by the children who participated in the study:

“... it [referring to integration into the extended family] can also help me with food.”

“It [referring to integration into the extended family] can help to relieve the burden that I am carrying (tears rolling down her cheeks), especially when it comes to food. I will be very happy to see that there is food without having to worry where this food came from; because right now the mealie-meal that we are having is too little. When I look at it and see that it won't last us beyond this week, I ask myself a question of what are we going to eat after; even when I want to put food in my mouth my heart becomes very painful for my siblings because they are still very young.”

One of the extended family members who participated in the study confirmed that integration of CHH into extended families will assist in that relatives will buy food for the children as illustrated by the following assertion: *“When they stay with relatives, they will be able to buy mealie-meal so that they can be able to eat; so if they stay alone, there is no one to help them...”*

⁸ Unless otherwise indicated the use of the concept “participants” refers to all interest group included in the study (i.e. children heading CHH, the extended family members and the social workers).

Another child perceived integration with his extended family as a good option as it will help him find cooked meals when he comes back from school: “...when I come back from school with my siblings, we wouldn't be having a problem of not having food at home...if there was an adult here at home, it would be better because when I come from school, I will find a cooked meal and this will save me from having to come back from school and start cooking...”

- **Sub-category: The extended family will have the responsibility to satisfy the need (provide) for accommodation**

Although accommodation or shelter is an obvious satisfier of the fundamental need for subsistence for orphaned children living in CHH, it was not mentioned by any participants as something that would be provided through integration of orphaned children into the extended family folds. It was however mentioned as a barrier that deters orphaned children from living with their extended families in that extended family members with inadequate accommodation were unable to take in orphaned children as this could result in overcrowding (see Chapter 4, section 4.2.1.3).

- **Sub-category: The extended family will have the responsibility to satisfy the need (provide) for clothing**

Some of the children participants mentioned that integration with the extended family members will ensure the provision of clothing as illustrated by the following excerpts:

“...they [referring to relatives] can buy us clothes.”

“...when we stay with relatives they can be able to help with...buying us clothes.”

b. Category: The need for protection

The participants identified two satisfiers of the need for protection which they believed relatives would provide through the family integration. The satisfiers will be presented as follows:

➤ **Sub-category: The extended family will have the responsibility to satisfy the need (provide) for physical protection**

According to Nkomo (2006:79), female children living in CHH often have concerns and fears regarding their personal safety as they have no adults to protect them from being sexually molested. The need for integrating CHH into extended family folds was perceived as a good option to care for orphaned children as it would help in protecting the children from being sexually abused. The following storylines from two children who participated in the study attest to this:

“We would be safe and ... people will respect our home”

“...protect us from [being sexually abused by] older men...”

One of the extended family members confirmed that integrating children with their relatives may protect the children from being sexually abused and stated: *“...someone older than them can rape them in their home because they are staying alone; they are not safe and there is no adult person in the house that can protect them.”*

One of the social workers confirmed that integration will also help in protecting children’s belongings from being stolen by thieves as follows: *“...they will have someone to help take care of their belongings...”*

➤ **Sub-category: The extended family will have the responsibility to satisfy the need (provide) for health care**

Integrating CHH into the extended families was perceived as a good option in that it will help in managing the younger siblings’ sicknesses as demonstrated by the following statement from one of the children who participated in the study: *“...when we live with relatives it can help us with a lot of things... I am saying this because ... when this last born child is sick, like for instance he had rash on his body, there is no one to help us, and since he was discharged from the hospital he cries during the night and it is just the four of us at home; and when my siblings see that I am awake at night to help him they also wake up and we all just sit there and don’t know what to do.”*

Some of the extended family members also concurred that integration will help in early detection or identification of sicknesses to prevent these sicknesses from becoming severe or fatal as demonstrated by the following excerpts:

“Maybe the child is sick and she doesn’t tell the other children; a relative will be able to see that. If an illness is not detected early it will become strong and makes it difficult to be cured and the child could die.”

“...if there is someone who is not feeling good in the body or if maybe there is some changes in the child’s body, things like that; if there is a relative staying with them, that relative will be able to notice that this child is not the way I know him; for instance if the child is raped, the child will start to behave differently...”

“...if he is sick... he [the orphaned child] will be able to go to him [the relative] and tell him that ‘I don’t feel well, I won’t be able to go to school because I am sick’. The relative will be able to take him where it is necessary so that they can check what is wrong with him, because as an adult you know that such and such diseases want this kind of treatment. Sometimes they don’t even need to tell you because you will know as an adult person when you hold them that their body temperature has changed, or you can tell that the child is not feeling well if he doesn’t have appetite for food or he looks unhappy. The relative will then be able to take him to hospital so that they can check him.”

c. Category: The need for understanding

According to Max-Neef et al. (1991:32), understanding is a fundamental human need that can be satisfied by education, early stimulation or meditation. Education was identified by some of the participants in this study as a satisfier of the children’s fundamental need for understanding that would be provided through family integration.

➤ Sub-category: The extended family will have the responsibility to satisfy the need (provide) for education

Some of the children who participated in the study were willing to be integrated with their extended families in order to increase access to educational opportunities. Family

integration was perceived as a good option in that relatives would be able to take responsibility to provide school necessities as illustrated by the following utterance from a child participant: *“They can also pay for our school fees and ... make sure that we are able to further our studies. The most important thing is to go school; otherwise others might find themselves dropping out of school because they are constantly thinking about their deceased parents...”*

Family integration was also perceived as a good option as relatives will give the children a motivation and encouragement to attend school as depicted by the following storyline from one of the child participants: *“They can also encourage me to go to school and when I go to school they can see that I am trying...”*

This was confirmed by one of the extended families who further indicated that integration will also give children hope: *“...it will help them to get encouragement to go to school... [if a child lives in a CHH] he doesn't have anything to live for and this won't encourage him to go to school because he will think that there is no one whom he can make feel proud when he goes to school or he does well in school...”*

One of the children also reported that living with relatives will help them with their home work:

“...when I need to be helped with homework ... because ... sometimes teachers tell us ‘to go and ask at home’, so if you ...have a relative who is educated he/she will be able to help so that you are able to do your homework.”

One of the social workers added that integration will help in keeping children at school as they will have an adult relative to take care of their economic needs. She claimed that *“...it will help them not to drop out of school to look for a job...”*

The following excerpt from one of the social workers encapsulates how integration of CHH can increase children's access to educational opportunities: *“...it is good that they should stay with their relatives so that they can pay for their school fees; get*

encouragement to go to school, and help them with their homework, ...even if the relative is not educated, he/she can advise them to go to such and such teacher in that community to ask for help on their homework.”

d. Category: The need for idleness

The participants mentioned that family integration will help to meet the orphaned children’s fundamental need for idleness through play.

➤ Sub-category: The extended family will have the responsibility to provide opportunities to satisfy the need for play

In section 3.3.1.2 of this chapter, some of the children mentioned that heading CHH truncates their childhood as activities such as play give way to performing adult responsibilities. Some of the social workers and some child participants (see storylines below) reported that integrating CHH into extended families will restore this childhood by ensuring that children are protected from missing out on childhood experiences that facilitate their development. Two social workers who participated in the study explained this as follows:

“...it will give the child who is heading the household an opportunity to develop and grow...”

“...when they stay with an eldest sibling who is still young, it becomes a problem and it has a lot of disadvantages because it hinders the eldest child to be a child and do what he/she was supposed to do as a child like playing and all that...”

Two of the children who participated in the study confirmed what the social workers said as follows:

“...is not nice that we should live alone because we are all still children...”

“It was okay when my mother was still alive because when I come back from school I used to get cooked food and I’ll eat, after eating I will then go and play with my friends.”

The need for restoring the children's loss of childhood finds support from Nkomo (2006:70-71) who also found that children heading CHH felt excluded and deprived from participating in activities that were appropriate to their age as they were forced to perform adult responsibilities.

This sub-theme focused on meeting the orphaned children's fundamental needs as the potential value of family integration. The next sub-theme will focus on the provision of guidance regarding orphaned children's developmental stages, values and social norms as a potential value of family integration of children living in CHH.

3.3.2.3 Sub-theme: Integrating the CHH into the extended family will help with the provision of guidance regarding developmental stages, values and social norms

Bauman and Germann (in Foster et al., 2005:101) state that children who live without day-to-day parenting and nurturing from an adult may lack the sustained guidance of a parent as they grow up. Parental unavailability, especially for younger children, may result in the children's inability to develop cognitive, academic, social, or emotional skills (Bauman & Germann in Foster et al., 2005:103).

Integration of CHH into the extended family folds was perceived by some of the participants from the three cohorts interviewed⁹ in this study as having a potential value of creating an environment in which children will be socialised to develop appropriate social skills required for adult life. Some of the children who participated in the study mentioned that relatives will guide them on how they should live as demonstrated by the following excerpts:

"...to guide us on how we should live."

"...we would live right..."

"...relatives will be able to give us advice...show us that what we are doing is not right..."

"... try and do this-and-this so that you can have a better future'."

⁹ Children heading CHH, extended family members and social workers

One of the social workers added that integration will also help children to learn good rules from their relatives because relatives will model good behaviour to the children: *“...relatives will tell them the rules that they will practise so that children can also learn from them, because they will be able to learn some of the things from the relatives so that they can grow up with good rules.”*

Some of the extended family members confirmed that integration of CHH into extended family folds could benefit the children in that the children will be able to receive trustworthy guidance and teachings from their relatives because the relatives will be known to the children as demonstrated by the following excerpts:

“... relatives...will teach them about life...and talk to them about rules.”

“...they will get good guidance and advice from this relative because he is older than them and he is related to them and they can trust him easily...”

Foster (2004:7) agrees with the findings above that enabling orphaned children to remain together in the care of the extended family members who are already known to the children and whom the children are prepared to accept as their ‘new’ permanent caregivers is the best option of care for the children.

Some of the children also perceived integration with their relatives as a good option as relatives will teach them to have respect for older people. One of the children expressed herself as follows: *“...relatives can help me do good things like respecting people who are older than me, because if I don’t respect other people I can become a person who is not lovable by people. They can teach me to respect older people even if they are not my family so that I can respect them as though they were my parents.”*

This was supported by one of the social workers who expressed herself as follows: *“...will have an adult person who can teach them about respect...”*

Family integration of CHH into extended family folds was also perceived to be a good option as it will enable relatives to guide children through their developmental stages as the following excerpt from one of the social workers illustrates: *“...they will have someone who can teach them about their developmental stages...because as they are growing up, they need to go through the developmental stages. There is a stage which*

also catches up with them. That is the adolescent stage. When there is no adult in the family, the child won't have anyone to tell him/her that when they go to that stage...and also when she gets into a stage when she starts her menstrual cycle, the relative will be able to explain to her that she shouldn't be afraid because it happens to every woman..."

One of the extended family members echoed the sentiments of the social worker above about the fact that integration of the CHH into the extended family will aid children with changes taking place as part of their development into becoming adults and stated: *"...when children are growing up, there are certain changes in their bodies like girls can start to menstruate, and if there is a relative staying with the girl, he/she can explain that this is normal she mustn't be afraid because it happens to anyone, it is not a surprise; so the relative will teach her how to take care of herself when this happens."*

Family integration of orphaned children living in CHH will create an environment in which the children's psychosocial needs will be met. This will be discussed in the next section.

3.3.2.4 Sub-theme: Integrating the CHH into the extended family will provide psychosocial support for the orphaned children

Bandwidth (2009a) asserts that all children need psychosocial support as it promotes not only their psychological and emotional well-being but also their physical and mental development. Bandwidth (2009a) defines psychosocial support as "the process of meeting a person's emotional, social, mental and spiritual needs which are essential elements of positive human development". Studies consistently indicate that children who have lost their parents especially due to AIDS-related diseases require additional psychosocial support as they have experienced extreme trauma or adversity (Bandwidth, 2009a; Subbarao et al., 2001:4; Smart, 2003:7-8).

In their study on the psychological well-being of children orphaned by AIDS in Cape Town, South Africa, Cluver and Gardner (2006) investigated the mental health of 30

orphaned children by comparing them with 30 matched controls using standardised questionnaires on emotional and behavioural problems, peer and attention difficulties, and prosocial behaviour. On questions relating to post-traumatic stress, Cluver and Gardner (2006:5) found extremely high levels of post-traumatic stress disorder as 73.3% of the orphans fulfilled the criteria for suffering from post-traumatic stress disorder. According to Cluver and Gardner (2006:6) this is extremely high; however, these researchers caution that instruments used to measure the stress levels were drawn from Western countries.

Germann (2005:276-277) also notes that the measuring and assessment of the psychological well-being of children and adolescents is currently a challenge because, amongst other things, the Western tools or instruments that are currently used to measure psychological well-being are not culturally appropriate to the Eastern and Southern African context. For instance, translating complex psychological and social concepts into local or native languages is a challenge for researchers. Germann (2005:277-278) notes that the engagement of research bodies such as the Human Sciences Research Council and the Children's Institute in the area of psychosocial support for vulnerable children could accelerate the development of culturally appropriate psychometric tools.

Despite the challenge of a lack of culturally appropriate psychometric instruments to assess the psychological well-being of orphaned children, studies are consistent about the orphaned children's need for psychosocial support (Germann, 2005:71; Mkhize, 2006:21; Nkomo, 2006:95; Levine et al. in Foster et al., 2005:6-7). Cluver and Gardner (2006:7) assert that post-traumatic stress disorder among orphaned children may be related to the death of a parent from AIDS-related illnesses as many orphaned children witnessed the slow, painful death of their parents. The stress could be exacerbated as children would be forced to move into foster care or CHH. Subbarao et al. (2001:4) agree that children who lose their mothers suffer immense grief over the loss of motherly love and nurturing.

Some of this study's participants perceived integration as having a potential value of providing orphaned children with emotional care and support. One child who participated

in the study mentioned that being integrated with their extended families would allow them to receive motherly love from their relatives and expressed herself as follows: *“I can also get the motherly love which is very important because every child needs love...”*

This was affirmed by one of the social workers who also added that the blood relationships that exist between the children and the relatives would create an environment in which children would feel comfortable: *“Family members will provide the children with emotional support, the caring heart of family members, the love that they will get from family members and the warmth and the knowledge that they are related to each other through blood relations can make the children feel comfortable...”*

The above findings are supported by Nkomo (2006:74) who contends that the need for the children to feel loved and connected to their relatives is indicative of a need for the children to be connected to their past and family roots.

Family integration of CHH was also perceived as a good option in that it will enable children to share their problems with their relatives. One of the children expressed himself as follows: *“...if there was an older person at home whom I live with and who takes care of me, that person will be able to help me solve the problems that I am having because I will be able to share my problems with him/her.”*

Two extended family members confirmed that integration could help children deal with their personal problems as demonstrated by the following excerpts:

“When they live with relatives is very good because even when they meet challenges in life that trouble their minds or make their life difficult, they can be able to talk to their relatives and let out everything that is troubling them so that they can live a peaceful life...”

“...maybe she [the child] will become sad and wants to be alone; the other children will think that maybe this is our way of life because they won't be able to understand this; but a relative can question the child until the child discloses because she will notice that there are changes in that particular child.”

These findings are supported by Bandwidth (2009a) who stated that families and communities are best placed to provide psychosocial support to children and they should be strengthened so that they can be able to provide support to children and to keep children in supportive and caring environments.

Family integration was perceived as having a potential value in maintaining household order and defining boundaries within which orphaned children should live. This will be discussed in the next section.

3.3.2.5 Sub-theme: Integrating the CHH into the extended family will provide adult supervision, management of household order and boundaries

In his study on the experiences of CHH, Nkomo (2006:79) found that children heading CHH often have difficulty in controlling and instilling discipline in the household and this results in children growing up without proper discipline. Family integration was perceived by the participants of this study as having a potential value in maintaining order and defining boundaries in the CHH. This sub-theme unfolded into the following two categories:

- a. Integration into the extended family will secure adult supervision to regulate the orphaned children's routine and discipline.
- b. Integration into the extended family will secure adult supervision to prevent orphaned children from engaging in prostitution and early sexual debut as a means of survival.

In the following sub-sections, each of these two categories will be presented.

a. Category: Integration into the extended family will secure adult supervision to regulate the orphaned children's routine and discipline

One of the children mentioned that family integration could benefit orphaned children as they will have an adult relative to supervise their coming and going as demonstrated by

the following excerpt: *“...and when we stay out from home at night they would tell us that it is wrong; because I used to stay out at night even when my aunt (uncle’s wife) tells me that it is wrong, I say that ‘you are not my mother’ when she tells me and my friend that it is wrong, because she was not helping me with food or money when I asked her and I then told myself that I don’t have to listen to her because she doesn’t help me with anything.”*

Two extended family members also confirmed that integration of CHH could benefit the children as they will be able to supervise them as demonstrated by the following excerpts:

“...the relative should know where these children are and what time will they come home... when they live alone they can just go anywhere with their friends, even if she can be away from home for the whole week, there is no one to ask her; she will think that it is okay; but if she left her relative in the home, she will be afraid to come home late at night because she will have to explain where she was.”

“... relatives... will keep an eye on them, whether they are at home during the night; and they won’t get into doing unacceptable things like drinking alcohol or wandering about at night, because they will be having someone who will teach them about life...and talk to them about rules.”

b. Category: Integration into the extended family will secure adult supervision to prevent orphaned children from engaging in prostitution and early sexual debut as a means of survival

As discussed under section 3.3.1.2 in this chapter, economic hardships for children heading CHH can lead the children to engage in exploitative sexual behaviours in order to provide for their younger siblings. Some of the extended family members mentioned that integrating of the orphaned children into extended families could prevent the children from engaging in exploitative sexual relations for survival and teenage pregnancies as demonstrated by the following excerpts:

“Sometimes you find that they don’t have food at home and then the elder child will think of prostitution so that she can be able to buy food for the little ones, because these little

ones are looking at her as the eldest when there is no food at home that she should do something so that they can eat, and she doesn't have any one to look at but to look at herself that she need to do something so that the little ones can eat."

"...it will be good when they stay with relatives because it will help them not to get pregnant at an early age while they are still in school."

The findings are consistent with Bauman and Germann (in Foster et al., 2005:103) contention that a lack of guidance or supervision for orphaned children may increase their risk for involvement in early sexual debut, cigarette use, alcohol and drug use.

This sub-theme focused on the provision of supervision by relatives to the orphaned children as a potential value of family integration. In the next section of this chapter, preservation of the orphaned children's identity, culture and "ubuntu" will be presented.

3.3.2.6 Sub-theme: Integrating the CHH into the extended family will preserve identity, culture and "ubuntu"

This sub-theme will be presented according to the following two categories:

- a. Integration into the extended family will provide a sense of belonging and personal identity.
- b. Integration into the extended family will assist the orphaned children to be regarded as normal children by communities.

a. Category: Integration into the extended family will provide a sense of belonging and personal identity

Most social workers perceived integration of CHH with the extended family members as a good option to help orphaned children with a sense of belonging and personal identity as well as enabling relatives to inculcate family norms, values and culture. The following storylines attest to this:

“Family members will provide the children with ... the warmth and the knowledge that they are related to each other through blood relations, it can make the children feel comfortable...”

“Kinship family placement is right because children need a sense of identity, they need to identify themselves with a certain family; and this will help them to know their family values and norms; there will be a stability when they are placed with family member.”

“...family is the best support system because it will provide the children with the family values and norms and the children will know these values and norms through their family members, because every person needs a sense of belonging, we all belong in a family; so when they stay alone they won't know all these...”

“...their relatives will teach them about their culture...”

“...it is a good idea for orphaned children to live with their relatives because a relative will teach them about their culture, because you find that children don't know about their own culture...”

The findings are supported by Phiri and Tolfree (in Foster et al., 2005:16) who assert that kinship ties are important especially in Africa as they form the foundation for people's sense of connectedness and continuity and they are the basis upon which social, cultural and skills for navigating the complexity of life are built.

b. Category: Integration into the extended family will assist the orphaned children to be regarded as normal children by communities

In his study on the experiences of children carrying responsibility for CHH in Gauteng and KwaZulu-Natal, Nkomo (2006:84-86) revealed that children living in CHH were treated differently by people because of their destitute circumstances. The children who participated in his study indicated that they were treated differently by their teachers who used them as examples during class discussions on poverty simply because they were going through a similar situation of poverty (Nkomo, 2006:84).

The need for the integration of orphaned children into extended family folds was perceived by some of the children heading CHH and one extended family member who participated in this study as a prospect for orphaned children to live a life similar to that of non-orphaned children as they felt that relatives would take care of their basic needs to ensure that they are not treated differently by people. Some of the children expressed strong feelings regarding the importance of being integrated with their extended families to ensure that they are regarded as normal children and not perceived differently from other children who are not orphans as portrayed by the following excerpts:

"[To stay with relatives] ... can make life appear as if you haven't lost your parents"

"... so that I can be like other children."

"... take care of us so that we can be like other children."

"If we stay with relatives we can be like other children and we can be able to get pocket money or lunch boxes especially for my younger siblings."

One of the extended family members concurred with what the children said, namely that integration could help orphaned children to be like other children who are not orphans and stated: *"... but if he lives with a relative, it will make him think that he is like other children he just had bad luck of losing parents."*

These findings are supported by Nkomo (2006:78), who, in his study, also found that children heading CHH were confronted with the predicament of having to satisfy the need to conform or fit in with their peers which was difficult for the children to fulfil due to their financial challenges. Failure to fulfil this need resulted in orphaned children being labelled as 'orphans' by community members and this caused feelings of distress in the children (Nkomo, 2006:86).

3.3.3 SUMMARY OF THE CHAPTER

In this chapter the research findings have been presented. The researcher first provided the demographic data of the children heading households, the extended family members and social workers who participated in the study. An overview was presented of the four

themes with related sub-themes, categories and where applicable the sub-categories which emerged during the data analysis processes. Two of the four themes with their accompanying sub-themes, categories, sub-categories and complementing storylines from the transcripts were subjected to literature verification.

The first theme presented the realities of orphaned children living in CHH according to five sub-themes, namely: the realities of orphaned children who acted as care providers to their sick parents, the realities of orphaned children who assumed the responsibility as heads of households after the death of their parents, the realities of orphaned children who grew up without adult care, the orphaned children's experiences of multiple losses, and the orphaned children's resilience and survival strategies to deal with the adversities associated with heading households.

The second theme presented the participants' views on the potential value of integrating orphaned children living in CHH into their extended family folds. The participants' views were presented according to six sub-themes that emerged during the data analysis processes, namely: family integration had a potential value of relieving the burden on the caring child, family integration will meet the orphaned children's fundamental needs, family integration will ensure that orphaned children receive guidance from their relatives regarding their developmental stage, it will meet the orphaned children's need for psychosocial support, orphaned children will receive adult supervision regarding the management of their households, and family integration will ensure preservation of orphaned children's identity, culture and the spirit of "ubuntu".

The following chapter will further present the findings of the study focusing on the two remaining themes that emerged during the data analysis processes, namely barriers that hinder effective integration of orphaned children living in CHH into their extended families, and the suggestions for overcoming hindrances to integrating orphaned children into extended family folds.

CHAPTER FOUR
THE PRESENTATION AND DISCUSSION OF THE RESEARCH
FINDINGS COMPLEMENTED BY A LITERATURE CONTROL ON
BARRIERS AND SUGGESTIONS FOR EFFECTIVE INTEGRATION
OF CHH INTO EXTENDED FAMILIES
(SECTION 2)

4.1 INTRODUCTION

The presentation and discussion of the findings which were introduced in the previous chapter will be continued in this chapter. As mentioned in Chapter 3, under section 3.1 of this research report, four themes with accompanying sub-themes, categories and where applicable sub-categories emerged from the data analysis processes and were set out in Table 3.9 (See Chapter 3, section 3.3 of this research report). Two of the four themes were presented in the aforementioned chapter.

In this chapter, the remaining two themes with related sub-themes, categories, sub-categories, complementing storylines or quotations from the transcripts will be compared with the available body of knowledge (i.e. a literature control will be provided). The researcher will first present the third theme: barriers hindering the effective integration of orphaned children living in CHH into extended family folds. The chapter will close with the presentation of the fourth theme: suggestions to overcome hindrances to integrating orphaned children living in CHH into extended family folds. As part of this theme, the researcher will also present practice guidelines proposed by the participants (i.e. children heading CHH, extended family members and social workers) for the effective integration of orphaned children living in CHH into their extended families.

4.2 THEME 3: BARRIERS HINDERING EFFECTIVE INTEGRATION OF CHH INTO EXTENDED FAMILIES

This theme and its accompanying sub-themes presented in this section were derived from the answers given by children in charge of CHH, extended family members, and social workers in relation to the direct question about factors or obstacles hindering the effective integration of CHH into extended families.

Foster (2004:2) emphasises that even with the advent of the HIV/AIDS epidemic, the “...extended family safety net is still by far the most effective response to economic and social crises throughout sub-Saharan Africa.” Webb (in Foster et al., 2005:241) agrees that the extended family system, especially in sub-Saharan Africa, generally serves as an alternative arrangement to provide care to orphaned children. However, Foster (2004:2) states that the extended family system is becoming stressed and its capacity to care for orphans may be weakening due to the dramatic increase in the number of orphans and the consequent reduction in the number of prime-age caregivers such as aunts and uncles which is caused by the HIV/AIDS epidemic.

The existence of the CHH could be an indication that the extended family safety net is weakening (Foster, 2000:59). Germann (2005:68) and Foster (2000:58) state that, as the extended family safety net weakens, children slip through this safety net and often end up in a variety of extremely vulnerable circumstances. Foster (2000:56) highlights that in order to protect these children from slipping through the safety net, it is important to understand the extended family system’s capacity to develop appropriate methods to support this traditional method of orphan care.

The present study sought to understand the extended family’s capacity by exploring and describing barriers that hinder family integration of orphaned children in order to develop appropriate practice guidelines with a view to supporting this traditional method of orphan care. In her quest to review literature that seeks to understand the extended family’s capacity to absorb orphaned children, the researcher was unable to source

adequate literature on barriers that hinder the extended families from taking in their orphaned child relatives. However, a quantitative cross-sectional survey of caregivers was conducted by Howard et al. (2006) that sought to explore barriers and possible incentives to orphan care in Zimbabwe. That survey explored the circumstances, needs, perceptions, and experiences of 371 primary caregivers of orphaned children including 212 foster parents who were already living with orphaned children.

Although the focus of the aforementioned survey slightly differs with the focus of the present study (i.e. to discover and develop an in-depth understanding of the barriers that hinder effective integration from the perspectives of the children heading CHH, social workers, and the extended family members who were not living with orphaned children), it complements the aim of this study as it provides an understanding of barriers to fostering (or integrating) orphaned children and solutions on how such barriers could be overcome to strengthen the capacity of families to care for their own orphaned child relatives. The key findings of Howard et al.'s (2006:1) survey were:

- Foster caregivers are disproportionately female, older, poor, and without a spouse
- Ninety-eight percent (98%) non-foster caregivers are willing to foster orphaned children, many from outside their kinship network
- Poverty is the primary barrier to fostering orphaned children
- Financial, physical, and emotional stress levels were high among current and potential foster parents
- Financial need may be greatest in single-orphan AIDS-impooverished households
- Struggling families lacked external support

In view of this study and the findings presented here, the barriers that hinder the extended family system from absorbing orphaned children living in CHH are described against the backdrop of and should be understood from the perspectives of the participants (i.e. children heading households, their extended family members, and social workers providing services to these client systems). These findings are consistent with the findings stated above by Howard et al. (2006:1). The barriers that hindered effective

integration of CHH into the extended family folds will be presented according to the following sub-themes:

- Poverty-related challenges as barriers to integrating the CHH into the extended family
- Relational and family-related challenges as barriers to integrating the CHH into the extended family
- Cultural factors as barriers to integrating the CHH into the extended family
- Child-related circumstances as barriers to integrating the CHH into the extended family
- Limitations in social work services and service delivery towards orphaned children and extended families as barriers to integrating the CHH into the extended family

In the following sections in this chapter, each of the sub-themes will be presented and compared with the existing theories and previous literature.

4.2.1 Sub-theme: Poverty-related challenges as barriers to integrating the CHH into the extended family

Foster (2004:2&5) states that in the past extended family members were able to take in orphaned children even though they did not have sufficient resources to care for existing members; however, factors such as poverty have caused the capacity of the extended family to take in orphaned children to decline. This is supported by Gilborn et al. (2001:17) in their study on making a difference for children affected by AIDS in Uganda. The aforementioned researchers found that although prospective guardians (who were appointed by the orphaned children's deceased parents when they were still alive through the succession planning programme) were willing to take in the orphaned children after the death of their parents, they were not prepared to take the children as they doubted their ability to provide for the children due to a lack of adequate resources to provide all the assistance that the children needed. Similar findings were found by Howard et al. (2006:7) and Adato et al. (2005:2) in that a lack of financial capacity was ranked as a top barrier by the foster parents and non-foster parents, which hindered them from absorbing the orphaned children.

The findings of the present study confirmed that poverty-related challenges hindered the extended family members from absorbing the orphaned children living in CHH. The poverty-related challenges which participants identified as a barrier to family integration of orphaned children living in CHH will be discussed according to the following categories:

- Inability to meet fundamental need for subsistence as a barrier to integrating the CHH into the extended family
- Unemployment of relatives as a barrier to integrating the CHH into the extended family
- Inadequate accommodation as a barrier to integrating the CHH into the extended family
- Abuse of grants by the extended families as a barrier to integrating the CHH into the extended family
- Inability to take in more orphaned children as a barrier to integrating the CHH into the extended family

These categories will provide a detailed description of the barriers or obstacles related to poverty that hinder effective integration of CHH into the extended family.

4.2.1.1 Category: Inability to meet fundamental need for subsistence as a barrier to integrating the CHH into the extended family

Phiri and Tolfree (in Foster et al., 2005:17) note that families are increasingly feeling the strain of shouldering a disproportionate burden in absorbing more children into their homes as they are strangled by pervasive poverty which pushes them to live in extremely difficult circumstances. The ability to meet children's fundamental needs plays a critical role in supporting and maintaining a family. The extended family's inability to provide food and clothing was perceived as a hindrance for some of the extended families to absorbing orphaned children into their homes. Two of the extended family members attested to this as follows:

"I won't be able to buy them food..."

“...we wanted their grandmother to stay with them but it failed because she doesn’t get a grant...”

Some of the children who participated in the study also mentioned that the challenges associated with inadequate food could be a hindrance for their extended families to absorbing them as expressed by two children as follows: *“I think it will be a problem for them [to absorb us into their homes] because they might think that we are finishing their food when we eat their food...”*

“At my grandmother’s place, everyone eats his/her own food because they are many and there are many children, so my aunts and uncles won’t want to stay with us because each buys his/her own food for their own children...even if we may want to go and stay with them, it means that we will have to eat our own food.”

Most of the social workers confirmed that the financial status of the extended family members plays an important role in integrating orphaned children into the extended family folds. In their experiences of being in contact with these client systems, social workers found that extended families that experienced financial constraints were unable to absorb orphaned children; however, the knowledge that there is State support motivated them to absorb the children. The following excerpts from two social workers indicate that due to challenges related to unemployment, most extended family members experience financial constraints and therefore depend on State assistance to provide care to children:

“Financial constraint is the most important thing, but when they become aware that there is a grant, foster care grant, they become more willing to take the children.”

“...most people [relatives of orphaned children] here depend on child support grants.”

Some of the social workers emphasised the importance of the State support as an enabler for the extended families to absorb children as follows:

“...sometimes I think that if it was not for the grant, they would not want to take the children. They take these children because of poverty.... there are many cases where

relatives fight in our presence, fighting over who should take the children because of the benefits involved...”

“...the grant doesn’t cater for the [orphaned] children only because the relative is not working and she has her own children as well, so you find that the grant caters for the relative’s children as well ... they use the money to buy food for the entire family.”

Central to the inability of relatives to provide for orphaned children’s fundamental needs was the fact that relatives were unemployed which posed a challenge to the family integration of CHH. This will be discussed in the next section.

4.2.1.2 Category: Unemployment of relatives as a barrier to integrating the CHH into the extended family

Unemployment of relatives was identified as a major hindrance in the family integration of orphaned children living in CHH. The children who participated in the study mentioned that their relatives were unable to take them into their homes as they were not working. The following storyline from one of the children attests to this: *“...my other relatives are not working...”*

Most of the extended families expressed strong feelings regarding unemployment as a deterrent to their taking in orphaned children as illustrated in the following excerpts:

“...we were not going to be able to stay with them [the children] because we are not working...”

“...my younger brother ... said ... he would go and live with these children because their house is big enough – my sister [referring to the mother of the orphaned children] left a three-bedroom house – ... if he was working he would go and stay with them so that he can be able to buy food for them to eat because these children are suffering.”

“I would take these children; the only challenge would be that I am not working and I don’t get a grant, because they will be too many and I would not be able to buy enough food for all of them because I don’t receive a grant and I am not working.”

“If I was...working, I wouldn’t have any problem; I would take these children and live with them...”

One of the extended family members was unable to contain her pain associated with her inability to take in the children as demonstrated in the following excerpt: *“If I was employed I would take them. ... So, the problem is that I am not working [tears rolling down from her eyes].”*

Two social workers (through the following utterances) also confirmed that unemployment played a major role in the integration of CHH:

“Unemployment as well is a big problem.”

“When we interview these families they say: ‘we don’t care about the grant, we just want the children’, but when we give her the children, she comes back at a later stage... to apply for the grant. ...In these families you find that there is no one who is working and R650 per child is a lot of money to them, because if they take four children, it is a lot of money. So, they think that if they can take the children they will get enough to buy groceries and pay for their accounts and take care of their own children.”

4.2.1.3 Category: Inadequate accommodation as a barrier to integrating the CHH into the extended family

This study found that relatives with inadequate accommodation were unable to take in orphaned children. Some of the children who participated in the study mentioned that the relatives’ houses did not have enough living space to accommodate both the extended family’s members as well as the orphaned children as demonstrated by the following excerpts from two children’s responses:

“I think that we will be [too] many at her house and it won’t be able to accommodate us properly...”

“..my grandmother, her house is small and it won’t be able to accommodate us all”.

In some instances, some relatives did communicate to the children that inadequate living space was a deterrent to their taking in the children. They referred to this as follows:

“... but one of them [the relatives] said she doesn't have space in her house...”

“My other brother and his wife both want us but they don't have enough space to accommodate us, his house is small and he doesn't have enough money to build a bigger house. “

The shortage and the inability of the extended families' living space to accommodate their members as well as the orphaned children were also mentioned by some of the social workers (in the quotations below) as an obstacle preventing the extended families from absorbing children:

“...relative's houses are overcrowded...”

“...the issue of accommodation; most of the people in our communities have houses that are not complete; and you find that the children sleep in a room that is used as a bedroom, a kitchen and everything, and you find that they are congested in that room, and you find that there are six children sleeping in that room, you understand. So, accommodation is a problem as well.”

“The houses are so bad they can fall anytime; when it rains it is as if the house would fall...”

In some instances, some of the children's houses were in a better condition as compared with their relatives' houses and this caused a hindrance as children were discouraged from being integrated into those relatives' homes as the following excerpt from one of the social workers indicates: *“...the relative's house is not safe, it is a mud house which can fall anytime or water comes in when it rains; so it makes the children refuse to be integrated with their relatives because their house is better than their relatives.”*

These findings are supported by Rantla et al. (2002:21) who, in their pilot project on orphans and extended families' reintegration, found that children were not willing to be integrated with relatives as relatives were poorer than themselves and in some instances

the orphaned children's homes were structurally more solid and beautiful than the relatives' mud houses.

Of significance is that none of the extended family members who participated in the study mentioned inadequate accommodation as a hindrance to their absorbing the children, however, assistance with housing was mentioned as a suggestion to help them take the children into their homes (see section 4.3.1 of this chapter).

4.2.1.4 Category: Abuse of grants by the extended families as a barrier to integrating the CHH into the extended family

The issue of relatives abusing orphaned children's grants came out very strongly from the social workers as a hindrance to the family integration of orphaned children living in CHH. From their experiences of being in contact with the children, most social workers found that due to poverty-related challenges, relatives were motivated by social grants to take in orphaned children with a view to providing for their own families' needs. In utilising the foster child grants, relatives were found to be prioritising their own financial needs rather than those of the orphaned children and this discouraged the orphaned children from living with their relatives as demonstrated in the following excerpts from the social workers:

"Some of the relatives... are just after the foster care grant."

"What they care about is the grant yet they abuse the grant because you find that they don't use the grant for the child's needs."

"...these days you find that a person decides without the consent of the other family members because of the grant, and you find that when she gets that grant she uses it for herself and not for the children's benefits. We have seen it happening a lot even in our community where you find that the person just wants the grant and then uses it for her own benefits."

"... [Some] get the foster care grant and in the long run they abuse the money, they are no longer taking care of the children, because those extended families are having their

own children to look after; so you find that they use the money for their own children and not the orphaned children.”

“...the aunt is getting the foster grant of three children, that becomes her only income, yet she has five children of her own, and they use this money to survive, there is no other plan; even yourself, you won't get the grant and only use it for the orphaned children and neglect your own children; so this result in that the best interest of these orphaned children are not met in that case.”

In some instances, relatives threaten or mistreat children when they confront the situation with a view to trying to address it as is illustrated by the following utterance from one of the social workers: *“...relatives do not use the money for the benefits of the children, and when the children protest, they say that ‘we will give you the money and you will see what you can do with the money’ ...”*

Relatives who were motivated by the children's social grant rather than love for the children ended up ill-treating the children which resulted in the disintegration of the placements as illustrated in the following excerpt from one of the social workers who participated in the study: *“...the relatives are ill-treating them, and this makes some of the children to run away. You find that the foster parent is still receiving the grant but he/she doesn't know where the children are.”*

One of the children who participated in the study (who was the only recipient of the foster child grant of all the children participating in the study) also cited possible abuse of her foster child grant as a hindrance to her being integrated with her grandmother and she expressed herself as follows: *“It will also gives us problems because it means that we will have to use our money to help in buying food because for instance, if we were to live with my grandmother, my uncles [grandmother's children] are not working; this will result in having our money having to buy them food and it won't be enough to buy us things that we want as well as building material to finish building the house. So, we won't be able to finish this house yet we want to see it complete very soon. My grandmother might also decide not to use her old age grant to buy food but to use our*

money if we decide to go and stay with her at her house; so that she can be able to buy her sons what they want with her grant, because right now when she buys food there is not much left to buy her sons what they want.”

4.2.1.5 Category: Inability to take in more orphaned children as a barrier to integrating the CHH into the extended family

The reluctance of the extended families to integrate orphaned children who were living in CHH was characterised by their inability to take on further responsibility for accommodating more children in their homes. Most of the participants mentioned that taking in orphaned children caused a burden to the relatives who were already struggling to take care of their own families. These findings are consistent with findings by Gilborn et al. (2001:17) who in their study found that the capacity of guardians to provide care to orphaned children is affected by the number of dependent children which relatives have in their care. The following excerpts from some of the children who participated in this study confirm this:

“My uncle [father’s younger brother] was helping us but now he told us that he is taking care of his eldest child who has started university this year and he has another child who is doing grade 12 this year and when he passes he will need to go to university as well next year. My uncle then told us that he will not be able to help us with food because of this.”

“...my aunt’s husband doesn’t want us, maybe that’s because they also have their own children to take care of so we were like causing a burden to them.”

“Two years ago we used to live with my aunt [mother’s elder sister] and her husband. Her husband didn’t want us to live at his home, and he was constantly complaining about food that it was too much for him to buy us food and his family as well.”

“I feel that I will be a burden to them because I am not their child they are just my relatives.”

The overwhelming responsibility which extended families experience when they take in orphaned children was also confirmed by one of the social workers as follows:

“...relatives feel that it will be a burden to them to take the children into their homes.... You find that they have their own families, their own children that they need to take care of and if they add these ones, they feel that it is going to be too much for them...”

The following excerpt encapsulates one of the social workers’ experiences when she tried to integrate orphaned children with their uncle: *“...he refused saying that he has many children of his own and he is not even able to meet his children’s needs currently and it is going to be an added responsibility for him...”*

These findings are supported by Foster et al. (1997:163) who, in their study on factors leading to the establishment of CHH, found that the reluctance of relatives to take in orphaned children was prompted by their concern that it would reduce their own biological children’s standards of living.

Some of the extended family members who were already living with other orphaned children were unable to take in more children as the responsibility of taking care of all children in their care was perceived as overwhelming as the following quotations from some of the extended family members reveal:

“For me to take these children and stay with them it won’t be possible because I am now living with four other orphaned grandchildren...”

“There are other orphans besides these ones. Now I live with my other grandchildren who lost their mother last year.”

“...if I take Philile¹⁰ and her sibling it means that I will be having eight grandchildren to look after and this will give him [husband] a big problem; because he is not even able to buy clothes for my two grandchildren.”

Some of the children who participated in the study also confirmed that the extended family members who were already staying with other orphaned children were unable to absorb them as demonstrated by the following quotations:

“We are not the only orphaned grandchildren she has...”

¹⁰ Not her real name

“My aunt [father’s sister] is staying with her husband’s relatives who have lost their parents and I think that we will be many at her house...and she will require that we buy our own food.”

“...we are not going to stay with her [grandmother] because she is living with the other orphans...”

One of the social workers also confirmed as follows: *“...the grandmother is taking care of other orphans”*

The findings presented above are consistent with findings by Foster (2004:2) that although the extended family system has in the past proved to be effective in taking in orphaned children, it is now becoming stressed due to the dramatic increase in the number of maternal and double orphans who require alternative care.

This sub-theme focused on poverty-related challenges as a hindrance to the family integration of orphaned children living in CHH. In the next section another of the barriers to integration of the CHH into extended families will be presented by focusing specifically on relational and family-related challenges.

4.2.2 Sub-theme: Relational and family-related challenges as barriers to integrating the CHH into the extended family

Relational and family-related challenges will be discussed according to the following categories:

- Conflict between maternal and paternal families as a barrier to integrating the CHH into the extended family
- Past relational feuds as a barrier to integrating the CHH into the extended family
- Interference by and criticism from relatives towards relatives willing to integrate children from CHH as a barrier to this integration
- Abuse of the orphaned children by the extended family as a barrier to integrating the CHH into the extended family

- Unsuitability of relatives as a barrier to integrating the CHH into the extended family
- Lack of contact with the extended family as a barrier to integrating the CHH into the extended family

These categories will now be introduced and discussed one after the other.

4.2.2.1 Category: Conflict between maternal and paternal families as a barrier to integrating the CHH into the extended family

The research findings of this study suggest that conflicts between maternal and paternal families were a result of diversion from cultural practices related to the recognition of traditional marriages. Foster (2000:56) states that in most traditional African cultures, marriage is decided upon a brideprice (i.e. *lobola* in isiZulu) which in the past was paid in the form of cattle to the bride's family by the husband's family. The payment of this brideprice led to the recognition and legitimisation of future children which also ensured that these children became not only the responsibility of the father but of his family as well.

Foster (2000:57) notes that currently the payment of a brideprice is made in the form of a cash payment earned by the husband-to-be. This cash payment is often imposed with a high monetary value which makes it almost impossible for most husbands-to-be to afford it. This leads to unions frequently being established without the payment of such brideprice and this results in non-recognition of such unions including the children born from such unions (Foster, 2000:57). Foster et al. (1997:163) attest that relatives may consider themselves free of responsibilities towards orphaned children if the children were not legitimised by marriage or payment of the brideprice. In such instances, relatives may not recognise the orphaned children and this may justify their actions of not providing support to the children after the death of the parents (Foster et al., 1997:163). Some of the social workers who participated in this study mentioned that the non-recognition of such unions by the extended families becomes an obstacle that hinders the

integration of orphaned children into their extended families. The following quotations from two social workers attest to this:

“The people here, you find that they live together without lobola. So you find that the maternal family refuses the paternal family to take the children because the children’s father didn’t pay lobola; and you find that children end up living alone...”

“[The maternal family] say that the paternal family didn’t pay lobola and the maternal family refuses that the paternal family should take the children, you see. So, the children remain in the middle because two families are fighting over them...”

Non-recognition of these unions led to conflicts between maternal and paternal families which hindered the integration process as the families fought over who should take the children. The following excerpt from one of the social workers testifies to this: *“You find that these families are fighting and this also hinders the integration process.”*

One of the extended family members attested to the fighting between paternal and maternal relatives over children. He shared his experience that had led him not to take his deceased brother’s children into his home as follows: *“Some other things makes it difficult too, for instance, these children have two sets of relatives. They have their maternal relatives and they have us, and in fact it is not two sets of relatives there are many relatives involved, there are the mother’s relatives, father’s relatives, grandmother’s relatives, and grandfather’s relatives, there are many relatives involved... When these children’s parents died, there were lot of fighting in between because this one wanted to take the children and that one wanted to take the children. It was like a tug of war, and it made me think that if I take the children, the other relatives will come and say that I’m ill-treating the children, and they can do better than what I’m doing; especially because the government gives grants to such children. It becomes a problem for the other relatives because they think that I will benefit from the grant, or when they get food parcels, meanwhile I buy my own food, so when the food parcels add to the food that I’m buying, the relatives think that I will be having a lot of food in my house. So, this made me decide not to take the children into my home.”*

These findings correspond with findings by Germann (2005:376) that family conflict is a key contributing factor to the establishment of CHH in Zimbabwe due to the lack of community care, NGO, Faith-based organisations (FBO), or statutory child support intervention to help families resolve conflicts with the aim of reconnecting CHH with their extended family folds.

4.2.2.2 Category: Past relational feuds as a barrier to integrating the CHH into the extended family

Bad relationships that existed between deceased parents of orphaned children and the extended family members hindered the extended families from absorbing the children into their homes. Most social workers mentioned that past relational feuds were a major obstacle which they experienced during their contact with CHH and their extended family members. They shared their experiences as follows:

“...family relations become a hindrance for relatives to take the child.”

“...even when we ...plead with them to accommodate the children, they refuse, and they often cite issues like they were not getting along well with the children’s parents- things like that. In some families you find that they never had a good relationship with the children’s parents when they were still alive; so it is not easy for them to take the children...”

“...one [relative] said she was not on speaking terms with the mother of the child.”

“...they were not in good relationship with the deceased parents, so you find that they leave the children alone to suffer.”

In some instances, children chose not to be integrated with their relatives as they were aware of the feuds between their deceased parents and the relatives. The following excerpts from two of the social workers attest to this:

“...and you find that they [children] do have relatives; and the children don’t want to stay with them because they [relatives] were fighting [with their parents] when the parents were still alive, there was no good relationship between their deceased parents and their relatives, they were fighting.”

“...the children were aware that the relationship was not good and they don’t feel comfortable to live with these relatives because even when the parents were still alive, these relatives were not supportive.”

Some of the children who participated in the study concurred with the social workers in that they were not enthusiastic about being integrated with their extended families due to past relational feuds between their deceased parents and the relatives as demonstrated by the following excerpts:

“...grandmother didn’t love us even when my mother was still alive; so she won’t be able to love us now that my mother has passed away.”

“Even when my mother was still alive, they didn’t love her, hence they don’t help me when I ask for their help.”

The following quotation from one of the social workers provides an explanation for the source of the bad relations between the relatives and the deceased parents: *“Most of these bad relations are caused when the father insists to marry the children’s mother even when his family is against it- This makes the mother of the children to cut ties between her and her in-laws and sometimes even tell her husband to stop contacting his family; so because of the lack of contact between them, it causes a stumbling block because when they pass away. The matter continues between the children and their relatives and causes the children not to want to live with them, and also the relatives sometimes refuse to take the children saying that the children have their mother’s attitude and they don’t want to live with them.”*

This is confirmed by one of the extended family members as follows: *“...even when my sister was still alive, the paternal family didn’t like her, they didn’t want her to be their daughter-in-law. They don’t talk to us and we don’t talk to them either. The problem is that they are not helping these children. I don’t have a problem if they don’t talk to us but these are their children and they don’t want to stay with them.”*

The following sad story from the grandmother who participated in the study encapsulates the source of family conflicts and how the conflicts can hinder the extended family from absorbing orphaned children if the conflicts are not resolved: *“Like now, my son who lives there has died; after his death, his wife stopped talking to me; his children have also stopped talking to me; but before my son died, we were talking to each other very well; but now, even if we can meet each other on the way and I greet her, she just keeps quiet. So, what can you do if things like these happen, it doesn’t make me feel good my child. When my son died, she refused to wear mourning clothes; and now that she has taught her children not to talk to me, what is going to happen to her children in case she dies, because she has taught them that they shouldn’t talk to us. We will just look at these children because they are not talking to us and we will be afraid to talk to them as well. Even when I go to visit them, when they see me they close their door and ignore me; when I call them they keep quiet until I go back. So, do you see that this is painful! I have tried to find out what the problem is but I am not succeeding. She doesn’t talk to my sons as well; so if she dies we won’t get involved because we will be afraid to come near her house; and even her children, we will be afraid to come near them. The death of my son has destroyed the relationship that we had with her, and it doesn’t make me feel good because these children are my grandchildren, they are my son’s children; maybe she thinks that I am the one who killed her husband, but how can I give birth to a child and kill him! I have decided to stop going to her house because if I can insist, she might end up reporting me to the police to arrest me; I decided to look at them and keep away from them.”* It is evident from the story that the pain which she felt as a result of being suddenly rejected by her son’s wife and her grandchildren will have an impact when she makes future decisions about her grandchildren.

The findings above are consistent with findings by Nkomo (2006:73-74) that unresolved family disputes and past histories result in children being neglected and rejected by their relatives.

4.2.2.3 Category: Interference by and criticism from relatives towards relatives willing to integrate children from CHH as a barrier to this integration

Interference by and criticism from other relatives towards relatives who were willing to integrate orphaned children caused a hindrance for the willing relatives from absorbing the children into their homes. Some of the extended family members mentioned that lack of cooperation from other relatives in raising the orphaned children made it difficult for them to maintain the integration of the children as demonstrated by the following excerpts:

“Sometimes it is difficult because the children are a combination of two surnames [i.e. maternal and paternal surnames]; and you find that the two families are not cooperative. When you scold the child, the maternal family doesn’t give you support and they tell the children that you are ill-treating them meanwhile you are trying to help the children to do the right thing.”

“Sometimes the children’s uncles [deceased mother’s brothers] do come to me and blame me that what I’m doing is not right when I scold the children. They dictate to me how I should discipline the children.”

In some instances, the interference and criticism stemmed from community members. One of the extended family members testified as follows: *“Sometimes it is not only maternal relatives; other people in the community as well will interfere.”*

4.2.2.4 Category: Abuse of the orphaned children by the extended family as a barrier to integrating the CHH into the extended family

Abuse of orphaned children by their extended family members was identified by some of the participants as a hindrance to effective integration of CHH into extended family folds. These findings concur with Howard et al.’s (2006:7) survey on barriers to and incentives for orphan care where primary caregivers identified maltreatment of orphaned children by their new families as a barrier to orphan care. One of the extended family members

who participated in this study attested to this as follows: *“Some relatives, you find that they [relatives] ill-treat orphaned children just because they buy them food to eat...”*

With reference to this category, two social workers spoke vividly about how some of the extended family members abused orphaned children with whom they were living. The following quotations attest to this:

“...they [relatives]... abuse the children. The child’s work will be to clean, and there is no moral support to the child. They don’t care about the child.”

“...many children are abused... when we integrate them with relatives, many children are abused....”

In some instances, extended family members forced the orphaned children to miss out on school in favour of their own children as demonstrated by the following quotations from two social workers:

“...relatives are ill-treating the children and you find that their children go to school but she expects the orphaned children to do this and that and then miss school.”

“...abuse by relatives. When the relative’s child drops out of school; the orphaned child is also expected to drop out and to look for a job.”

These findings are supported by Howard et al.’s (2006:7) view that primary caregivers of orphaned children, including foster parents, believe that their biological children should be given preference (before fostered children) when they make decisions about school and food, especially when the available resources are inadequate to cater for all the children in their care.

In other instances, extended family members abused orphaned children physically, emotionally or sexually which also became a hindrance to effectively integrating the children with those extended family members as demonstrated by the following excerpts from most of the social workers who participated in the study:

“... the children were staying with their sister [in foster care], but the sister in the long run abused the children ...physically and emotionally. She was not buying them food or clothes, she beats them and ...eish... [while shaking her head].”

“...the uncle was raping the girl repeatedly...”

“Sometimes you find that the child was once abused sexually and she is afraid to say it. When you ask her why she doesn't want to be integrated with her uncle she just says: 'I don't want to be integrated'. Even when you try to probe her she doesn't mention the reasons. You will not know what's happening, but with other children you find that they were abused previously.”

“Some of the hindrances you find that the girl child has once accused the relative especially the uncle about sexual abuse, so when the parents pass away the uncle refuses to take the children because there were charges levelled against him and maybe he was even arrested for this.”

Foster (2004:2) concurs with the findings presented above that cases of abuse, mistreatment or exploitation of orphaned children living with the extended family members have been reported. Foster (2004:2) states that girls in particular may be taken in by relatives due to their economic value in carrying out household chores or for the possibility that they will bring a brideprice into the family. However, there is a dearth of evidence to demonstrate significant differences in the ways in which relatives treat their own biological children compared with the orphaned children who live with them (Foster, 2004:2). He further asserts that although such cases undoubtedly occur, for the most part relatives make a lot of sacrifices to keep orphaned children in school, including borrowing money through informal networks and selling their own assets.

The children who participated in the study also identified fear of possible ill-treatment by relatives as a hindrance to effective family integration. As this hindrance (i.e. fear and experience of unfair treatment) relates to barriers that were mentioned specifically by the children, it will be discussed in detail under the sub-theme: Child-related circumstances as barriers to integration (see section 4.2.4 of this chapter).

4.2.2.5 Category: Unsuitability of relatives to integrate orphaned children living in CHH as a barrier to integrating the CHH into the extended family

Placement of orphaned children is done by social workers in line with the Child Care Act (Act No 74 of 1983). The placement procedures for children who are in need of care will be presented in detail in sections 4.2.5 and 4.3.6 in this chapter because due to the nature of this study most sub-themes can be seen as overlapping.

The children's choice of relatives who were unsuitable in terms of the aforementioned Act hindered the family integration process. The following excerpts from some of the social workers confirm this:

"...unsuitability of relatives to take care of the children hinders integration."

"Sometimes you find that the child chooses the relative she wants to be integrated with and you find that in terms of the Child Care Act ... you find that her choice contradicts with the Act because the child must stay in an environment which is conducive, the place must be safe."

"...sometimes you find that the family composition is about 13 and it is difficult to integrate the children."

Some of the extended family members who participated in the study confirmed that some of the relatives that were 'available' to take in orphaned children were not suitable for the integration of the children. They said:

"...their aunt...is unable to take care of her own children...when she comes home [from her workplace], she doesn't even ask how her sister's children are, or whether they have food to eat."

"We once requested their uncle to go and stay with them [the orphaned children] and we found that he was not taking good care of them and we decided that he should go back to his own place to live there."

"They don't have any relatives. Their grandmother has died, even their grandmother's sibling has died, and four of their uncles have died; they are left with one aunt [father's

sister]...and she has three children who do not have ID books and they are wandering around, they live in other people's homes because their mother is irresponsible..."

4.2.2.6 Category: Lack of contact with the extended family as a barrier to integrating the CHH into the extended family

Lack of contact between the orphaned children and the extended family members was identified as a barrier to effective integration. Lack of contact resulted in poor relationships between the children and their relatives which would be necessary to facilitate integration. The following quotations from two extended family members confirm this:

"...there is no relationship between the paternal relatives and these children. They don't visit the children and these children don't visit them as well; hence it won't be possible that these children can go and live with them..."

"The children's paternal grandparents are not near, they live very far...They do not have love towards these children and it is clear that they won't treat the children well, because they are unable to build a relationship with these children..."

Some of the children who participated in the study also perceived relatives who did not keep in contact with them as ones who lacked the ability to care, love and support and they were not willing to be integrated with such relatives as portrayed by the following excerpts:

"Since my father's burial in 2006, they have never been to visit us although they are not staying far from us, they only pass by the path to where they are going... From my mother's side we are only left with my grandmother who does not visit us as well. She is a person who does not care much about us..."

"...My grandmother didn't love us...she doesn't come to visit us to check if we have food or whether we are in good health. Even now that I took my younger brother to hospital because of the rash, she has never been to check on us to see how he is doing..."

"My aunts who are my father's sisters are staying very far...We are not in contact with each other... I have never had any contact [with them]."

“...I don’t want to [be] force[d] to live with them. I have accepted it now that they don’t want me. Anyway, they didn’t love my mother either because even when she was still sick, they didn’t come to visit us... they are not caring...”

One of the social workers who participated in the study attested as follows: *“...the mother of the children...cut ties between her and her in-laws and sometimes even tell her husband to stop contacting his family... the lack of contact between them, it causes a stumbling block, because when they pass away...causes the children not to want to live with them, and also the relatives sometimes refuses to take the children...”*

The findings above concur with the view of Foster (2000:58-59) that children from families that have little contact with their extended families are at risk of being abandoned by their relatives when they become orphaned. Rantla et al. (2002:21) assert that children interpret such distances or lack of contact as an indication of rejection by the relatives.

This section focused on the relational and family-related challenges which hindered effective integration of orphaned children living in CHH into their extended family folds. In the next section, another hindrance to integrating the CHH into the extended family will be presented, namely: cultural factors that act as a barrier to effectively integrating the CHH into the extended family.

4.2.3 Sub-theme: Cultural factors as barriers to integrating the CHH into the extended family

Cultural factors which were identified as barriers to family integration of orphaned children living in CHH will be presented in this section according to the following categories:

- Patriarchal social organisation as a barrier to integrating the CHH into the extended family
- Cultural beliefs as a barrier to integrating the CHH into the extended family

In the following sections, each of these categories will be presented and compared with the available literature.

4.2.3.1 Category: Patriarchal social organisation as a barrier to integrating the CHH into the extended family

As mentioned above, Foster (2000:56) states that most traditional African cultures are built around patrilineal kinship systems. Such a kinship system (i.e. the extended family system) is made up of all members from multiple generations who belong to the same patrilineage mainly through marriage. He asserts that the extended family system shares many assets and it acts as a traditional social security system whereby its members are responsible for the protection of its vulnerable and needy members. When parents belonging to this patrilineal kinship system die, the paternal aunts and uncles traditionally take on the caregiving functions for the children (Foster, 2000:56).

The findings of this study concurred largely with the literature reviewed above. Some of the extended family members who participated in the study confirmed that relatives who belong to the same patrilineage with the orphaned children were the rightful owners of those children and were expected to assist the children. They articulated this as follows:

“...if you have relatives they are supposed to help you.”

“...and according to the law, they [paternal grandparents] are the rightful owners of these children.”

One of the children who participated in the study attested as follows: *“...they are my relatives and they are the people whom when I lack something were supposed to help me...”*

The patrilineal system was identified as an obstacle to the family integration process as children who did not belong to the same patrilineage were rejected by the relatives concerned. In many instances, the aunts (i.e. the deceased mother's sisters) were willing to absorb their deceased sister's children, but their husbands were not willing to integrate

the children because the children did not belong to the husbands' patrilineage. The following excerpts from two children attest to this:

"My aunts indicated that they are married and their husbands won't allow us to stay with them."

"My aunt also told us that she is afraid of her husband to take us because he doesn't want us to live with them. She said that he wants to stay with his relatives only."

One of the social workers who participated in the study also attested as follows: *"...the husband [of the deceased mother's sister] didn't want the children to come and stay with them in his family, but the wife wanted to take the children because she is close to the children because they are her late sister's children."*

Some of the extended family members (i.e. the aunts) also confirmed that their husbands were not willing to absorb the orphaned children due to their patriarchal social organisation, as follows:

"If it was in my power, I would have taken these children to stay with me; so, this is not my home, I am in other people's home by marriage; and my husband is the one who is working, and he doesn't want to take them."

"... it is not easy for me to take him [orphaned child] to stay with me because this is not my home, I am married here; and we are two women married to my husband with that other woman [pointing to a house next to her house]. It is even difficult when Godfrey¹¹ comes to ask for food; you find that this other wife complains that our food doesn't last because I give Godfrey food."

"...that's because I am not staying at my own place, this is my mother-in-law's home, my husband and I lives with her. My husband is not working full-time, he just gets temporary jobs like when they need someone to build a house, like that; the person who buys food here is my mother-in-law because she gets a grant."

One of the children's grandmothers also experienced patriarchal challenges because she had remarried and the orphaned children in question were from her previous marriage.

¹¹ Not his real name

Her current husband was not willing to take the children as they did not belong to his patrilineage. The grandmother expressed herself as follows: “...*my husband doesn't want them living here because they are grandchildren from my ex-husband, so he doesn't want them because they are not his grandchildren.*”

Family integration of orphaned children is also hindered when the patriarchal social organisation's cultural or traditional practices are not properly followed as this results in maternal family members denying the paternal family members access to the children. This finding is corroborated by Swartz and Bhana (2009:65) in their recent study on teenage fatherhood amongst 27 black and coloured young fathers in the Western Cape and KwaZulu-Natal, South Africa, who found that cultural practices can either help or hinder the unmarried teenage father's quest to be present in his child's life in that his access to the child depended on his family paying 'damages' to the pregnant girl's family. The following quotation from one of the social workers who participated in the present study depicted the challenges of cultural practices as follows: “*The people here, you find that they live together without lobola. So you find that the maternal family refuses the paternal family to take the children because the children's father didn't pay lobola; and you find that children end up living alone...*”

Foster (2000:57) indicates that, in the past, traditional marriages were decided upon the payment of a brideprice which was paid in the form of cattle by the husband-to-be's family to the bride's family. This method of brideprice payment enforced the joining together of two families rather than two individuals which placed the responsibility of taking care of orphaned children on the extended families. However, currently the payment of the brideprice is made in the form of a cash payment earned by the husband-to-be rather than his family and this joins together the two individuals rather than two families which in turn leads to weaker linkages between and within the extended families and this weakens the extended families' responsibility to take in orphaned children (Foster, 2000:57). The findings of the present study revealed that some of the wives were not willing to take in the orphaned children. The researcher, however, did not establish whether the wives' unwillingness to take in the children (who were related to their

husbands) stemmed from the brideprice being given by the husband to the wife's family in the form of a cash payment. Two children articulated the unwillingness of their brother's wives to take them as follows:

"My brothers have wives and their wives are controlling them; that's why it is not easy for them to take care of these children."

"The person who told us that we can go and live with him is my eldest brother, but his wife doesn't have love... he does want to help us but he is afraid of his wife."

One of the extended family members confirmed this as follows: *"...if I take these children and stay with them, should God takes me, these children will suffer because my sons will marry and their wives will chase the children from my home and the children won't have a place to stay, because you know how wives are, they won't want to live with the children; so that's why I decided not to take the children to live with me in my home."*

4.2.3.2 Category: Cultural beliefs as a barrier to integrating the CHH into the extended family

This study revealed that cultural beliefs played an important role in the integration of orphaned children into extended family folds. Cultural beliefs which relatives and orphaned children upheld with regard to the deceased parents' wishes were identified as a hindrance to the integration process. There is a saying in Xitsonga : *"Ra mufi a ri tluriwi"*, which means that no one should deviate from the deceased person's wishes which he/she made when he/she was still alive. Some of the social workers who participated in this study mentioned that this saying hindered relatives from absorbing the orphaned children as their deceased father had mentioned (when he was still alive) that he wanted his children to remain in the house and the relatives were afraid to defy his wishes. The following utterances testify to this:

"...there was a relative who wanted to take them but was afraid of the deceased father of the children. She attempted to take the children once; after she took the children, the father of the children came to her through a dream at night and say: "Betty, what did I say about my children, didn't you hear me!" So, she had no choice but to take the

children back to their own home. So, cultural beliefs also hinder effective integration, because you find that relatives are willing to take the children but they are afraid.”

“Other things you find that the children don’t want to stay with the relatives because their deceased parents told them that they should live in their home, they mustn’t leave. You see, the father told them that whoever wants to take care of you should just come and stay with you here The relatives mustn’t take them...they feel that when they leave their parent’s house they won’t get blessings from their deceased parents...”

“Some of the children say that they don’t want to be integrated with their grandparents because their grandparents are witches...”

Similar findings were found by Foster et al. (1997:165) in that some orphaned children prefer to remain in the child-headed or adolescent-headed household to fulfil promises which they made to their dying parents. Orphaned children who make deathbed promises to their dying parents resist reasonable strategies for integrating them with their relatives (Foster et al., 1997:165). Phiri and Tolfree (in Foster et al., 2005:17) confirm that in African traditional cultures, respect for ancestors connects the extended family to the past.

The following utterance from one of the extended family members reveals the role played by cultural practices when families make decisions: *“...even when Godfrey’s ¹² mother [participant’s sister] died he [husband] treated me badly. He stopped coming into my house when she was still sick, saying that because I am taking care of my very sick sister it will give him bad luck. He continued to stay in the other wife’s house, and when my sister passed away, he said that because I touched a dead body, it is not culturally correct for him to come into my house...”*

This section focused on the cultural factors which hindered the integration of orphaned children in CHH. The next section will present another factor that hinders the integration of the CHH into the extended family and relates to the orphaned children’s circumstances as a barrier.

¹² Not his real name

4.2.4 Sub-theme: Child-related circumstances as barriers to integrating the CHH into the extended family

The participants identified specific barriers that were related to the orphaned children living in CHH which hindered the effective integration of these children into their extended family folds. The child-related circumstances as barriers to integration will be presented according to the following categories:

- Different lifestyles (children coming from homes with different rules) as a barrier to being integrated into the extended family
- Children's preference not to be integrated as a barrier to being integrated into the extended family
- Children's unacceptable behaviour as a barrier to being integrated into the extended family
- Orphaned children's ages as a barrier to being integrated into the extended family
- Stigmatisation of orphaned children as a barrier to being integrated into the extended family

In the following sections, each of these categories will be presented and subjected to literature verification.

4.2.4.1 Category: Different lifestyles (children coming from homes with different rules) as a barrier to being integrated into the extended family

Previous exposure to family rules and parenting style affected effective integration of children into extended family folds. Some of the extended family members found it difficult to integrate orphaned children who were raised in families that had adhered to a set of family rules and a parenting style that was different from that of the extended family members. The following storylines speak of this:

"...it is difficult to take them because they will come with their own family rules."

"... it's just that these children grew up in a different family, ... different family rules... only girls that does household chores, so if... the boys are expected to mop the floors and

cook and do such things ... the boys will feel that I am ill-treating them and I am making them slaves.”

“Another problem is that their parents taught them that a girl child should only talk to the mother, so I find it difficult when I need to talk to her because she doesn’t want to interact with me...”

One of the children who participated in the study confirmed that having a lifestyle that is different from their relatives would cause tension if they were integrated with their relatives, as demonstrated by the following excerpt: *“...like now maybe if the church that they go to is not the same with the one that I go to...like for instance if they go to this church and I go to that church, it will be a problem because if I go and stay with them and still continue to go to that church, they will keep quiet and not say anything about it meanwhile they are talking behind my back that I am not good.”*

4.2.4.2 Category: Children’s preference not to be integrated as a barrier to being integrated into the extended family

The literature on children’s preferences to remain in CHH is inadequate, especially literature from the South African context. Foster et al. (1997:155) conducted a study on factors leading to the establishment of CHH which involved 43 child and adolescent-headed households in Zimbabwe. That study sought to examine factors surrounding the establishment of such households, and the degree to which they were supported by relatives, and to explore reasons why relatives did not absorb the orphaned children into their own families (Foster et al., 1997:156). Foster et al. (1997:164) found that the orphaned children chose to remain in the child-headed or adolescent-headed households for the following reasons:

- To avoid being split up between various relatives
- To stay in their own residence in familiar surroundings
- To avoid being ill-treated by relatives
- Relatives only agreeing to absorb younger siblings
- Being concerned about losing their inheritance rights to property and land

- Being concerned about possible neglect, abuse and exploitation by certain relatives
- Being concerned about their standard of living being compromised should they live with poor relatives
- Unwillingness to relocate

The findings of the present study concurred largely with the literature reviewed above. The children's preference of not wanting to be integrated with their extended families was identified as a hindrance to family integration. The participants, especially the children, identified a list of reasons that led to the children's choice to remain in the CHH. These reasons will be discussed according to the following sub-categories:

- a. Children having a place to stay on their own
- b. Children having support in staying on their own
- c. Children wanting to keep and care for parents' property
- d. Children preferring an independent life style
- e. Children's previous negative relationships and experiences with the extended family
- f. Children's fear and experiences of unfair treatment
- g. Negative attitudes of children of extended family towards orphans from CHH
- h. Children's unwillingness to relocate
- i. Splitting of orphaned children

In the following sub-sections, each of these sub-categories will be presented and compared with the available body of knowledge.

a. Sub-category: Children having a place to stay on their own

Children preferred to remain in the CHH as they had a place of their own and it made them to feel proud to have a place that they could call 'home'. The children perceived the place to be appropriate as it was next to their grandmother's place where she was able to oversee their day-to-day needs. One of the children who participated in the study

articulated the situation as follows: “...my grandmother...bought a stand for us next to where she is staying and she built a house for us. ...My grandmother said that it is better for us to have our own place to stay so that even if she dies we will have our own place to stay...things are okay now that we are staying alone. It is good for us because we now have a place of our own which we call ‘home’ and people also know that this is our home...We don’t have any problems...because my grandmother helps us because she stays next to us...”

Some of the extended family members confirmed that children who had their own places preferred to stay in the CHH and this was a hindrance against the relatives integrating the children. The following storylines refer to this:

“I also think that they don’t want to leave their home because their parents have left them a very big house with furniture and everything in the house, maybe they think that we want to take their mother’s house or maybe they think that we want their mother’s furniture.”

“When their parents died, we thought of selling their house and take them to live with their grandmother. They stopped us to sell their house, saying that it is their house they would rather stay there...”

One of the social workers also attested as follows: “...sometimes you find that the children do not want to leave the house which their parents have left for them because they feel comfortable in that place...”

These findings are supported by Foster et al. (1997:165). In their study on factors leading to the establishment of CHH in Zimbabwe, they found that in urban areas in Zimbabwe where parents rented accommodation, it was less likely for CHH to be established as CHH were unable to hold on to their accommodation after parental death.

b. Sub-category: Children having support in staying on their own

The study revealed that children who were receiving support in staying on their own preferred not to be integrated with their extended family members. This is borne out by the following storylines from some of the children who participated in the study:

“...my grandmother then bought a stand for us next to where she is staying and she built a house for us.”

“When my grandmother gets our grant, she keeps it safe for us and when we want to buy things we tell her and she accompanies us to go and buy the things that we want.”

“...my grandmother helps us because she stays next to us... manages ... day-to-day life.”

These findings are consistent with findings by Germann (2005:4) that CHH that received support from relatives, neighbours and the community were able to cope and to function well in the CHH.

c. Sub-category: Children wanting to keep and care for parents’ property

Foster et al. (1997:165) state that the right of orphaned children to own property and to continue living in their parents’ house after the death of the parents determines whether a CHH would be established. Some of the children’s preference for not wanting to be integrated with their extended families was motivated by their need to keep and care for the property which had been left to them by their deceased parents. These children wanted to remain in the CHH as they felt responsible for taking care of their family property and they wanted to protect it from being stolen as portrayed by the following quotations:

“The problem is that who is going to take care of things here at home because there is a problem of crime in our village and people might steal the things here at home; there are lot of things like our furniture...”

“I just want to take care of our house to make sure that our home doesn’t become ruined...”

“I am also worried about who will take care of my mother’s house...”

“...but the problem will be that there won’t be any one to take care of this house.”

“...if we leave our home there won't be anyone to clean it and bush is going to grow because we won't be able to clean the yard of our relatives as well as here at home. So, I want us to remain here at home and not to go and stay with relatives.”

One of the social workers who participated in the study confirmed that the children's need to keep and care for parent's property hindered integration. She shared her experience as follows: *“Sometimes you find that the children don't want to be integrated saying that: ‘we want to remain at our parents’ house’; they feel that this is their mother's house...and they feel compelled to take care of their parents’ house.”*

Complementing findings were reported by Rantla et al. (2002:21) that the need for orphaned children to remain in their family home is also characterised by fear that relatives could dispossess them of what their parents had left for them. It is evident from the findings presented above that the children's preference to remain in the CHH is largely propelled by their concern for their future. The children were concerned about what would happen to their inheritance when they grew up and reached a stage when they had to leave their relatives' home; they felt that they might not have a place which they could call their own. This is supported by Reid's (1993:3) contention that orphaned children's continued access to the family house, land and goods is critical to their survival and well-being.

d. Sub-category: Children preferring an independent life style

The findings of this study revealed that prolonged exposure to an independent life in a CHH hindered effective integration of children into extended family folds. Some of the children who were exposed to living alone became accustomed to their independent lifestyle and were not willing to give-up this lifestyle for integration with their extended families. The following excerpts from the children's statements confirm this:

“I won't want to stay with relatives because I am now used to staying alone, but it is good to stay with relatives...”

“...because I am now used to living alone with my siblings and I am now used to doing things that I want, like for instance if I don't want to do household chores, I don't do them.”

“...I am now used to staying alone and it will give me a problem to stay with relatives.”

These findings are consistent with findings by Rantla et al. (2002:26) that children who have lived in a CHH for more than a year become used to their ways of living and they are not willing to be integrated with their relatives. For family integration to be effective, it should be done immediately after the death of the parents (Rantla et al., 2002:26).

Some of the orphaned children preferred to remain in the CHH because they wanted to be free from being told what to do and when to do things as demonstrated by the following assertion: *“I am free when I stay alone and I do things which make me satisfied. There is no one to scold me like when I come home late from school or when I haven't clean the house. I have set my own time of cleaning the house and when I am done I do my homework. I have set my own time which I am able to control and put my own plans, I can say I have my own plans and no one can come between them because I have set them myself. So I am free to know that when I finish this I can do that and there's no one to stop me. So I choose to stay without relatives and I can only visit them.”*

Some of the social workers confirmed that older children preferred to remain in the CHH as they wanted to be free from the rules prescribed by their relatives. The social workers articulated this as follows:

“...children choose to stay alone because they need freedom. You find that he is aware that if he can go and live with relatives, he won't be able to do as he pleases like wandering around with friends, because the relative will expect him to be home at a certain time. He feels that if he stays alone he will be able to do anything he wants. You find that when we interview him he will say his relatives aren't good meanwhile he just wants to live alone, especially when they are 15 years old upwards, though they live with younger siblings.”

“Most of the time children, especially teenagers, do not relate well with the relatives’ parental style as some of the children want to do as they please anytime they want to...”

These findings are consistent with findings by Rantla et al. (2002:20), who also found that older children were unwilling to be integrated with their extended families as they felt that they were capable of fending for themselves.

e. Sub-category: Children’s previous negative relationships and experiences with the extended family

The children’s previous experiences with regard to the manner in which relatives related to them or their deceased parents caused a barrier in their integration with the extended families. Most of the children mentioned that they were not willing to be integrated with their relatives as the relatives had failed to show love or care to them and their deceased parents. They expressed themselves as follows:

“I wouldn’t want to live my grandmother. It won’t make me feel good to live with my grandmother because she doesn’t love us... She doesn’t care about us, she doesn’t care about us. When you go and ask for food and she gives you, the whole village is going to know about it that we eat her food...Even when my mother was sick, my mother was sick for a very long time... when she was completely unable to do things for herself including going to the toilet, my grandmother said that she is not going to bath her...”

“I wouldn’t want to live with my relatives because they are people who do not take us into consideration.”

“Even when my mother was still alive, they didn’t love her, hence they don’t help me when I ask for their help. It is not because of money because they are all working well...They all have money but they don’t want to help me, and they don’t do anything for me.”

“My grandmother didn’t love us even when my mother was still alive; so she won’t be able to love us now that my mother has passed away. That’s why we don’t want to force to be loved by her because even when we go and ask things at her place she doesn’t like it.”

Some of the social workers also confirmed that the past negative relationships and experiences between children's deceased parents and their relatives caused barriers in integrating these children with the extended families. Two social workers attested as follows:

"... and you find that they do have relatives, and the children don't want to stay with them because they were fighting when the parents were still alive. There was no good relationship between their deceased parents and their relatives, they were fighting..."

"Sometimes it is family history or family past, they are not in good terms with each other. You find that the children refuse to be integrated saying that: 'why today you want to take care of me but when my mother was still alive you never came to visit her, she was sick and you never came to help her but now you want to take care of me!' So, family problems and past histories [nodding her head]."

In some instances, some of the children were previously integrated with their relatives; however, strained relationships which emanated from the manner in which relatives treated them resulted in the disintegration of such placements. This is confirmed by the following quotations from some of the children who participated in the study:

"I used to live with my uncle, [married to mother's sister]...he then told us that we should leave his home because he didn't want to live with us anymore."

"When I look [back], I realise that it is a good thing that we live alone because now we eat properly and better than when we were staying with my aunt... When we were still living with my aunt sometimes you find that there was no food. Food and clothes were a very big problem, but now we are able to use the grant to buy ourselves food and clothes and some building material to finish this house."

"You see, I did stay with my uncles when I was doing grade 5 until grade 7... we came back because they were ill-treating me, they were beating me, sometimes they will lock me outside the house, other days they were not giving me food saying that I have misbehaved".

Previous negative relationships and experiences caused mixed feelings in some of the children. Although they wanted to be integrated with the relatives, they also had strong

negative feelings against the integration because of the past negative realities they had experienced with those relatives. The following excerpts testify to this:

“I would want to live with my relatives...because they are all educated and they are all working. I could get good care from them but they pretend to love me...they didn’t love my mother either because even when she was still sick, they didn’t come to visit us... It could be good to stay with them; I don’t know how I can explain this, they are not caring; they are only concern about their families...”

“They do not even ask us what we ate or whether we have food. I do not hate them but I cannot live with them...I will not mind staying with them. But there is no one amongst them who cares about us.”

Similar findings are reported by Nkomo (2006:73) who, in his study on the experiences of children carrying responsibility for CHH in Gauteng and KwaZulu-Natal in South Africa, found that children who did not receive love and support from their relatives felt a sense of abandonment and neglect from these relatives as the relatives failed to play a significant role in the children’s life as the children had expected.

In addition to previous negative relationships between orphaned children and their relatives, fear of possible maltreatment of the orphaned children by their relatives was perceived as a hindrance to effective integration of CHH into extended families. This will become the focus of discussion in the next section of this chapter.

f. Sub-category: Children’s fear and experiences of unfair treatment

Some participants in all the interest groups interviewed expressed fear of unfair treatment of the orphaned children when being integrated into the extended family and in this context this was highlighted as a hindrance to family integration. Similar sentiments were found by Gilborn et al. (2001:22). In their study on making a difference for children affected by AIDS by identifying effective ways to meet the needs of children affected by HIV/AIDS in Uganda, it was found that older orphaned children were not willing to stay

with their relatives. These older children expressed feelings of sadness and they feared that their relatives could ill-treat or abuse them (verbally or physically).

Most children who participated in the present study also expressed feelings of worry and sadness associated with being integrated with their relatives as they feared that they could be treated unfairly by their relatives as demonstrated by the following excerpts:

“I worry that they might treat me bad... you might find that when I stay with my relatives, they might not treat me well. I might find myself always crying because of their constant scolding even if I haven't done anything wrong.”

“It will make me feel sad because I might find that if there are other boys in that family, but when I join them they might end up making me do the chores while they completely sit and do nothing as if the reason of staying with them is to do the work on their behalf as if I'm getting a salary, and if I try and complain they will say that: “we took you from your home where you were suffering and didn't have anything’.”

“If they don't take good care it will make me feel bad, like for instance when I come home from school and they tell me to do a lot of things yet there are other children in the family who can also do some of the work, because you might find that sometimes I write exams and I should study my books.”

“If I go and to stay in their homes they will use me as their worker because they do not take us into consideration and they always put their needs first. What worries me the most is that my relatives do not have love towards us even during the time when my mother was still alive...They only remember us when they want us to help them with some work in their homes. “

One of the children who participated in the study mentioned that some of the repercussions of being ill-treated by relatives could be fatal. The following excerpt encapsulates how ill-treatment by relatives could adversely affect the orphaned children:

“if they don't treat us well, they make us think about our parents. ...One might ask himself what is the purpose of living because I don't have parents, and the people whom I thought that they will replace my parents are ill-treating me; and you find that I still need parents yet I have them [relatives] as parents; it might make a person want to kill himself

because of that, you might hear that a certain child has killed himself because of being ill-treated by relatives.”

While articulating their fears, some of the children also reflected on the realities and experiences of their previous maltreatment by their extended family members. The following excerpt from a statement by one of the children who participated in the study reveals her experience of how she was ill-treated by her aunt at the time she and her sibling were living with the aunt: “...*they will make me do a lot of work, because we once stayed with my aunt [mother’s younger sister] here at home and she had a husband and a child. She was working but during weekends she did not work. When she woke up in the morning to go to work, she left without having done any chores here at home, yet we were attending school; she came back from work at 3 pm, while we came back from school at 2 pm; when she arrives she would find us washing dishes and she then sent my younger sister who was still very young to go and fetch water, and this didn’t make me feel good at all.; Before I finished washing the dishes she told me to sweep the floor inside the house and mop the kitchen so that she can cook; when I finish doing everything she ... then told me to go and pick up her child from the crèche, when I came back she told me to make the fire outside with firewood yet it was still very hot outside, when I finished she told me to give her child a bath, while she was sitting and not doing anything except putting a pot on the fire that I made. She expected me to make sure that I keep the fire burning. So it felt like a burden to me; even when her husband returned from work, she told me to boil water and pour it in a basin and take it to his bedroom so that he can bath. Sometimes she wanted me to make their bed in the morning when they woke up, if I forget she will shout at me when she returns from work.”*

The findings above receive corroboration in the work of Gilborn et al. (2001:22) who also found that orphaned children living in guardian-headed households experienced more household responsibilities than when they were still living with their parents.

Most of the social workers concurred with what children articulated above that fear of unfair treatment by the extended family members hindered effective integration. They indicated this as follows:

“What hinders orphaned children to live with their relatives, based on my experience, is that most relatives take advantage that the children do not have parents. I found that sometimes they make them work very hard and they do not treat them the same way they treat their own children.”

“...you find that when children lose their parents, they choose to stay alone because they are afraid that they can be ill-treated by their relatives as well, because they can see that it is happening to other orphaned children.”

“...sometimes you find that the children are being ill-treated by the relatives, they become the workers of that family. You find that the child doesn't even go to school anymore because the relative wants him/her to take care of the relative's smaller children...such things hinder this integration process to take place.”

“...relatives are ill-treating the children and you find that their children go to school but she expects the orphaned children to do this and that and then miss school.”

“I have few cases where children came to my office to say that they don't want to live with their relatives anymore because their relatives make them to do many household chores, of which I don't think it is wrong when they give them chores to do...orphaned children are very sensitive, when you tell them to do something they feel that they are being abused; but there are cases where you find that the relatives are ill-treating the children and you find that their children go to school but she expects the orphaned children to do this and that and then miss school.”

“...they need special attention; and if you scold them...for instance even if you scold them with the rest of the relatives children, the orphaned child will be hurt more than the relative's children because it will make him/her think that ‘they are scolding me because I am not their child’. I have many cases of this nature where children come to my office to report that the relatives are ill-treating them, and this makes some of the children to run away and you find that the foster parent is still receiving the grant but he/she doesn't know where the children are.”

Some of the extended family members also concurred as follows:

“...the problem is that they don’t want to be scolded; you will hear them saying that ‘our aunt [mother’s younger sister] is very strict, she ill-treats us meanwhile she is not our mother and if our mother was here she wouldn’t scold us’; and you find that they don’t come straight to tell you, they go around saying these things to other people; so you find that sometimes even when I see them doing wrong things I just keep quiet because I am afraid that they will go around and talk about me to other people.”

“I have three sons and should my sons get married, these children won’t get proper care; when something is not right in the family, these wives will blame these children; so if they stay in their own place they won’t be ill-treated by these wives.”

“Some relatives, you find that they ill-treat orphaned children just because they buy them food to eat...”

These findings are consistent with the findings by Howard et al. (2006:7) who also found that participants in their study had mixed views on fostering orphaned children as some relatives ill-treated orphaned children who were placed in their care and the participants felt that it would be better for the children to remain in CHH to avoid possible maltreatment by their relatives.

The negative attitude of the extended family members’ children also deterred orphaned children from being integrated into extended family folds. This will be discussed in the next section.

g. Sub-category: Negative attitude of children of extended family towards orphans from CHH

The participants mentioned that the negative attitude of the relatives’ biological children hindered the integration of CHH into extended family folds. One of the children who participated in the study mentioned that the relatives’ children were territorial, mean and aggressive towards them as demonstrated by the following statement: *“...if the children*

in the family can tell me that it is not my home and I shouldn't act as if it is my home, like when, for instance when I eat food they might say that it is not my home there."

Two extended family members confirmed this as follows:

"...the relatives' children are not treating her well, they always remind her that that's their home and also that these are not her parents but their own parents."

"...sometimes they [orphaned children] fight with these children [extended family members' children] and say 'you, who have no father and no mother, you are orphans'!"

One of the extended family members also mentioned that the integration of orphaned children living in CHH into their homes had caused tension between their biological children and the orphaned children. The following utterance testifies to this: *"Sometimes you find that it creates tension on your own children, like your child can develop hatred towards these children. When they [referring to the orphaned children] ask you to buy them something, you find that your own child also ask for the same thing. When you buy it for your own child that other one becomes angry. Sometimes when they are alone you find that your own child will boast to the other one and say: 'my father is going to buy me this or that and remember that he is my dad, whom are you going to tell because your dad is dead?'"*

Some of the social workers who participated in the study also agreed that the negative attitude of the extended family members' children hindered integration. They shared their experiences as follows:

"I have a case where the child refused to stay with the relatives. When I probed, she said that the relatives' children are not treating her well. They always remind her that that's their home and also that these are not her parents but their own parents."

"Sometimes we come across cases where children of these relatives do not treat these orphaned children well. They tend to remind these children that it is not their home and that their parents have died. In most cases the relatives do not reprimand their children when they say these things. It then becomes obvious that these orphans are not their real children".

“...most of the orphaned children do come and report to our offices that the relatives’ children are not treating them well, they say hurtful things to them, for instance, that it is not their home and that they should... not participate in any of the family’s plans or decisions. So we try to call them to our offices to talk to them as a family.”

h. Sub-category: Children’s unwillingness to relocate

Unwillingness to relocate was identified as a hindrance to integration. One of the children who participated in the study preferred to remain in the CHH as he was unwilling to be removed from an environment with which he was familiar and comfortable. The participant articulated this as follows: *“I will have a problem regarding schooling because it will mean that I have to be removed from my school and I would love to see myself finishing my high school at my current school, so I will have a problem when I leave my school. I will have a problem with teachers if I change schools because these are teachers who know me and my situation especially because they knew my mother... and most teachers are like friends to me because of my mother... In the new school I will have a problem of not knowing the teachers and they will not know me and my background as an orphaned child.”*

This finding is supported by Foster et al. (1997:164) that some orphaned children may prefer to remain in CHH or adolescent-headed households as they wish to remain in familiar surroundings rather than changing schools, friends, home and neighbourhood.

i. Sub-category: Splitting of orphaned children

Germann (2005:244) notes that orphaned children are often dispersed among the extended family members as a coping mechanism within families. Splitting of orphaned children lessens the economic burden of caring for the children in that the responsibility for providing for the children is shared among the relatives (Germann, 2005:244). In his exploratory study on the coping strategies of CHH in Zimbabwe, Germann (2005:244) found that sibling relationship is important as it provides essential support within the

CHH. The aforementioned study also found that in CHH where siblings lived together, children coped better than in CHH where siblings were dispersed (Germann, 2005:244). Nampanya-Serpell as cited in Cluver & Gardner (2006:2) conducted a study on children orphaned by HIV/AIDS in Zambia using structured interviews with families of rural and urban Zambian orphaned children affected by HIV/AIDS and found that orphaned children who were separated from each other and placed in different extended family homes experienced emotional disturbances as they were unable to secure a meaningful attachment relationship with each other.

In the present study, some of the social workers who participated in the study identified splitting of orphaned children as a barrier to effective family integration as children preferred to remain in the CHH rather than being dispersed among different relatives' homes. Two of the social workers shared their experiences as follows:

“One of the things that I have observed is that, you find that the orphaned children are four, and I don't think we can solve this, when the parents die, you find that the children were four, and the relative will say: ‘I won't be able to take all these children, brother take two and I will take two’, and you find that the children don't want to be separated...”

“That's because they are not working and they are not able to take all the children.”

These findings are consistent with findings of the situational analysis on CHH in South Africa (Department of Social Development, 2008:196) that children themselves preferred to stay in their homes as they did not want to be dispersed among relatives or separated from each other through placement in extended families, with foster parents or in institutions.

4.2.4.3 Category: Children's unacceptable behaviour as a barrier to being integrated into the extended family

Phiri and Tolfree (in Foster et al., 2005:18) assert that caring for someone else's children, especially children who have had psychologically damaging experiences, is not the same

as caring for one's own child as these damaging experiences may manifest as emotional or behavioural problems in the lives of the orphaned children. Caregivers of such children experience difficulties and are often at a loss to understand and deal with such behaviours (Phiri & Tolfree in Foster et al., 2005:18). Some of the social workers and the extended family members of the orphaned children interviewed in this study identified orphaned children's behavioural problems as a barrier to family integration. The social workers mentioned that orphaned children exhibited behavioural problems which were perceived as unacceptable by the extended family members. The inability of the extended family members to deal with the children's behavioural problems discouraged them from absorbing the children. The following quotations from the social workers attest to this:

"...the children are uncontrollable in a sense that you find that they have behavioural problems which are unacceptable to the relatives. You find that relatives feel as if it won't be easy for them to mould the children and make them adapt to the kind of behaviour that is seen as acceptable to that relative's family."

"It is easy for a person to understand his/her own child, and it is easy for a person to put up with whatever the child is doing if that child is his/her biological child; he/she can persevere any child's behaviour because the child is his/hers. It is difficult if it is not your child especially when the child misbehaves..."

"Most of the time children, especially teenagers, do not relate well with the relatives' parental style as some of the children want to do as they please anytime they want to. As they know that their parents are deceased, they feel that no one can tell them what to do including their relatives because they are not their biological parents".

Some of the extended family members mentioned that the manner in which the orphaned children responded when they spoke with them made it difficult for them to stay with these children as demonstrated by the following excerpts:

"...it is difficult...they will say that 'our mother has died, why do you want to control us?'... That's the problem because some of the children when they are grown up they want to control themselves..."

"It was difficult for me to stay with them because when they started going out with boys they replied me things that were not good. Their answers were not good because they

answered me knowing that I am not their mother, I am their grandmother. They answered me badly... I won't be able to stay with them."

"Children are children; a person might speak to them and they reply things that are hurtful, and that person will not like it...I am their grandmother, I can go and stay with them, but I know that it will torture me... it will make me leave because the things that they are going to say to me will hurt me, yes, children's responses are painful."

"Sometimes you might find that they don't reply you well when you talk to them, and this can make you angry...Sometimes when you scold him he says: 'You are not my father, don't you see your children; there they are, why don't you scold them?' Sometimes he talks to you harshly and say: 'why have I asked you to buy me something and you haven't bought me, but you have buy so-and so this, is it because I'm not your child?' ..."

4.2.4.4 Category: Orphaned children's ages as a barrier to being integrated into the extended family

The age of the orphaned children also played an important role in determining family integration. Some of the extended family members mentioned that it was difficult for them to integrate older children as they felt that it would not be easy for them to assist such children to adapt to the extended family's rules. The following excerpts from the interviews conducted with members of the orphans' extended families point to this:

"It is easy if children are still very little, but if they are grown up it is difficult..."

"...it is better to stay with a child who is below 10 years because he doesn't have much memory of his parents and he might end up thinking that you are his real parent..."

"...if the child is 15 years old... it is difficult to take them because they will come with their own family rules..."

These findings are consistent with findings in the study conducted by Howard et al. (2006:5) that some caregivers took orphaned children's age and gender into consideration before they made a decision on fostering orphaned children. Contrary to the findings presented above, Howard et al. (2006:5) found that the caregivers preferred to foster children who were older than two years.

Foster et al.'s (1997:163) findings, on the other hand, confirm the findings of the present study as he also found that orphaned children who were under five years old were absorbed by their relatives while older children were not taken in. Rantla et al. (2002:20), in their pilot project on orphans and extended families' reintegration amongst orphaned children and their extended families in Mpumalanga, South Africa, also found that families were more willing to take in younger children that they said were more adaptable and amenable to discipline and supervision.

4.2.4.5 Category: Stigmatisation of orphaned children as a barrier to being integrated into the extended family

Aggleton, Wood, Malcolm and Parker (2005:7) state that the HIV-related stigma is multi-layered and tends to build upon and reinforce negative connotations through the association of HIV and AIDS with behaviours and practices that are already marginalised such as sex work, drug use, and homosexual and transgender sexual practices. Aggleton et al. (2005:7) define stigma broadly as “a dynamic process of devaluation that significantly discredits an individual in the eyes of others. The qualities to which stigma adheres can be quite arbitrary — for example, skin colour, manner of speaking, or sexual preference. Within particular cultures or settings, certain attributes are seized upon and defined by others as discreditable or unworthy”. HIV-related stigma is therefore a process by which people living with HIV are discredited which includes people who are infected or suspected of being infected with HIV and those affected by HIV/AIDS such as orphans or the children and families of people living with HIV (Aggleton et al., 2005:8).

In their study on understanding HIV and AIDS-related stigma and discrimination in Vietnam, Khuat and Nguyen (2004:14) found that lack of knowledge and not fully trusting the knowledge which people had (as some of the messages on HIV-transmission were vague and terrifying) exacerbated the stigma as people feared that they could contract HIV from people who were infected and affected by HIV/AIDS. According to the Social Tract module on HIV-related stigma, stigma creates barriers to HIV/AIDS

prevention and care as it creates an environment in which people are not comfortable with talking openly about the pandemic (Department of Health, n.d.:3).

One of the social workers who participated in the present study identified stigma related to the death of orphaned children's parents as a barrier to family integration of orphaned children. The social worker mentioned that in her contact with orphaned children and extended families, she came across relatives who were not willing to absorb orphaned children whose parents had died of AIDS-related diseases. Relatives who lacked knowledge on HIV-prevention feared that the orphaned children could be HIV-positive and they could contract the virus from the children. The following excerpt from the social worker attests to this: *"...in some cases but they are few, you find that maybe the parents were...maybe they died of HIV-related diseases, and you find that some of the children that are left behind are also HIV-positive, so you find that it is the stigma attached to HIV; some that do not have knowledge on how HIV is contracted, you find that they have fear that they could get infected, things like that; to some families it is like that."*

This finding is supported by Foster et al. (1997:163) who note that some relatives may be concerned about integrating orphaned children when they suspect that the parent died from AIDS-related disease as they fear that they might contract HIV from the children, or they may be afraid that bringing the children into their home may lead to stigmatization. Similar findings were also reported by Rantla et al. (2002:21). In their pilot project on orphans and extended families' reintegration, they found that children experienced open or subtle rejection from their relatives due to the stigma associated with the cause of their parents' death. Gilborn et al. (2001:24) postulated that the prevalence of stigmatizing and discriminating against orphaned children warranted the training of communities to sensitise people about HIV/AIDS issues.

The limitations in the social work services towards orphaned children living in CHH and the extended families hindered the family integration process. This will be discussed in the next section.

4.2.5 Sub-theme: Limitations in social work services and service delivery towards orphans and extended families as barriers to integrating the CHH into the extended family

This sub-theme presents factors relating to the quality of social work services and service delivery that hindered the integration of orphaned children into extended family folds. It is worth mentioning that at the time of conducting this study, the social workers who participated in the study were still providing social work services to orphaned children in terms of the Child Care Act (Act No 74 of 1983).

Although new child care legislation to replace the aforementioned Act was already in place when this study was conducted, sections that were specific to the placement of children into foster care had not yet been implemented by the Department of Social Development both nationally and provincially. The new child care legislation includes the Children's Act (Act No 38 of 2005) and the Children's Amendment Act (Act No 41 of 2007). The findings of this study and the ensuing discussions will be presented in accordance with the provisions of the Child Care Act (Act No 74 of 1983).

According to the Child Care Act (Act No 74 of 1983), the legislative mandate for statutory services towards children is given only to social workers who are registered under the Social Work Act (Act No 110 of 1978) and are operating in the service of a state department or a provincial administration or a prescribed welfare organisation.

The Child Care Act (Act 74/1993: Sec 14 (4)) identifies children who are in need of care and who require alternative placement. Relevant to this study, Section 14 (4)(a) of the aforementioned Act stipulates that a child who has no parent or guardian is a child in need of care and it is the responsibility of a registered social worker to bring the case to the attention of the Children's Court to make a determination regarding the alternative placement of the child.

Within the formal child care system in South Africa and according to the Report on South Africa's Children Made Vulnerable or Orphaned by AIDS (2000:713), foster care is considered to be the preferred form of alternative care for children who cannot remain in the care of their biological parents.

The Gauteng Provincial Task Team on Foster Care (n.d.:4) defines foster care in the Foster Care Procedure Guideline as “the legal substitute care provided in a family setting to children who cannot be cared for by their biological parents on a short, medium or long term basis, while parents receives services to improve their situation to have their children returned to them within a certain period. It is the placement of a child by means of an order of the children's court, in the custody of a suitable family or individual, willing to act as foster parents to the child”. The aforementioned Task Team outlines the following roles for a social worker who works within the field of foster care (n.d.:8):

- To work within the framework of the Child Care Act and related legislation
- To protect all children in the child and youth care system in partnership with role players
- To coordinate and monitor the activities of the foster care team
- To screen, train and support foster families, children and biological families throughout the process
- To regard children, foster families and biological families as members of the team at all times and keep them up to date with all developments through sharing of relevant information
- To provide the necessary support and counselling to children and their biological families where appropriate
- To record, document and safeguard all information regarding the child, his biological family and the foster family
- To prepare and assess every child going into foster care
- To render supervision services

It is evident from the definition of foster care and the roles of social workers presented above that the current foster care system does not highlight the placement of orphaned

children with their extended families. Although the Child Care Act (Act No 74 of 1983) recognises orphaned children as children who could be in need of care, both the definition and the aforementioned guidelines on foster care emphasise the placement of children who have biological parents with non-relatives. This is supported by Meintjes, Budlender, Giese and Johnson (2003:6) who confirm that the current placement procedures for children in foster care imply that the placements are intended to service children in the short-term rather than a standard form of care for children who have lost their parents who require stability. The findings of the Report on South Africa's Children Made Vulnerable or Orphaned by AIDS (2000:714) indicate that this compromises the quality of social work services to orphans and relatives in that social workers are forced to apply the current foster care procedures to accommodate orphaned children and their relatives; meanwhile the placement of orphaned children with their relatives makes up a substantial proportion of the caseloads of many child and family social workers.

However, the Children's Amendment Act (Act 41/2007: Sec 180 (2) (b) does recognise the placement of children who are in need of care (including orphaned children) with their relatives as it stipulates that "a children's court may place a child in foster care with a family member who is not the parent or guardian of the child." The researcher is of the view that as the aforementioned Act recognises the placement of orphaned children with their relatives; hopefully this will result in the aforementioned foster care guidelines being reviewed to include guidelines for the placement of orphaned children with their relatives.

Apart from the limitations in social work services for orphaned children and the extended families highlighted in the legislation referred to above, the participants in this study identified the following relating to social work services and service delivery as hindrances to the effective family integration of orphaned children which will for the purpose of a structured discussion be presented according to the following categories:

- Social workers' high caseloads hinder efforts and initiatives for integrating the CHH into the extended family

- Pressure from management to place orphaned children into foster care as a hindrance to integrating the CHH into the extended family
- Lack of adequate resources as a hindrance to integrating the CHH into the extended family
- Lack of monitoring and support to extended families living with orphaned children as a hindrance to integrating the CHH into the extended family
- High turnover of social workers as a hindrance to integrating the CHH into the extended family

These categories will now be introduced and discussed one after the other.

4.2.5.1 Category: Social workers' high caseloads hinder efforts and initiatives for integrating the CHH into the extended family

Central to factors related to the quality of social work services and service delivery hindering the integration of children from a CHH into extended family folds were the huge caseloads of social workers that require foster care services. Most of the social workers who participated in the study mentioned that due to the high caseloads they were unable to do their work appropriately. This resulted in placing children with unsuitable relatives which resulted in the disintegration of such placements as illustrated by the following excerpts:

“It is important that we should conduct a thorough investigations and screening, because the way we are doing things now [are]: when a relative comes to our offices and says that there are children of my late sister, we just accept it like that and make her a foster parent of the children. I don't think that what we are doing is screening. Honestly, we are not screening. We just collect information that a person was born on which year and where, and where did he attend school, where is he working and stuff, we don't look at the idea that there could be another relative that could become a better foster parent than this one. We just collect information. We found it like this. This is how the previous social workers were doing things. I think that's where we are doing things wrong. So, it requires that if we want to do things right, we should do proper screening.”

“...but this [referring to their role in educating orphaned children about the importance of growing up in a family setting] won't be possible because of the backlog that we are having

“...as social workers we need to first investigate more or assess more because this is lacking in our work currently because of high caseload of foster care cases, and according to me I think we don't do it properly... because we end up putting a child with a relative that is not suitable due to lack of time to do thorough investigations. If we can investigate thoroughly on who should take the children, we can avoid placing children with wrong people who ill treats them.”

“Although we do supervision but it is not enough and it is not done properly because we have a huge backlog of foster care placements. Its like supervision versus backlog...we are not able to do proper checks...”

One of the social workers who participated in this study mentioned that social workers were unable to provide counselling to orphaned children due to the high caseloads that they were faced with as illustrated by the following storyline: *“The role of the social worker that we were supposed to do but we are not able to do because of the backlog is counselling. Obviously when children lose their parents they need counselling, but we are not doing it because of the backlog.”*

The huge number of orphaned children who require alternative care forces managers in the Department of Social Department to put pressure on social workers to prioritise and expedite the placement of these children in foster care which further compromised the quality of social work services to orphaned children and the extended families. This will be discussed in the next section.

4.2.5.2 Category: Pressure from management to place orphaned children into foster care as a hindrance to integrating the CHH into the extended family

Due to pressure from management to expedite placements of orphaned children, social workers were unable to provide optimal social work services as they were forced to focus

on meeting targets that were set for a particular month. The following utterances from two of the social workers who participated in the study point to this:

“...there is pressure from our supervisors that we need to push numbers of foster care placements and we want to reach the target that is set for a month.”

“Because right now we are just doing it just for the sake of investigating and get excited that I have placed so many children with their relatives on that particular month, whereas the person whom I have given the children to is not a suitable person.”

Subsequent to the aforementioned limitations voiced by the social worker participants, this participant group was faced with a shortage of resources required to expedite the integration of orphaned children into extended family folds. This will be discussed in the next section.

4.2.5.3 Category: Lack of adequate resources as a hindrance to integrating the CHH into the extended family

One of the social workers mentioned that lack of adequate resources compromised the quality of social work services and service delivery towards integrating the children from the CHH into the fold of the extended family. The following storyline bears testimony to the lack of resources: *“...we don't have enough resources as well, like when I want to type a report, I need to go to...office to do that because I don't have a computer. We have only one car which is used by four social workers and eight social auxiliary workers. We are not able to do our job effectively. We just come to work because we need money but our working conditions are not good.”*

As social workers required vehicles to conduct home visits in order to supervise and monitor placements, the shortage of resources (in addition to huge caseloads) also resulted in the majority of placements being not properly supervised or monitored. This will be discussed in the next section.

4.2.5.4 Category: Lack of monitoring and support to extended families living with orphaned children as a hindrance to integrating the CHH into extended families

Lack of supervision and support to extended families after placement of orphaned children with them was identified as a major detriment to the family integration process. Some of the social workers mentioned that their inability to supervise and support these placements had resulted in orphaned children being abused by their relatives and this hindered the family integration of orphaned children as demonstrated by the following excerpts:

“Another thing that I think is the role of the social worker in this [integration] process is supervision of the placements. Right now it [referring to supervision of placements] is also a challenge. Supervision is not happening currently. Once we place children it ends there. You find that months or even years can pass without the social worker knowing what is happening in a particular family.”

“...although we do supervision but it is not enough and it is not done properly because we have a huge backlog of foster care placements. Its like supervision versus backlog, we are not able to do supervision thoroughly. We are not able to do proper checks to ascertain whether the relatives are motivated by money or love when they take the children, because we are not able to cover all the clients in a month... According to me it will be appropriate to visit each family at least once per week or once per month to check whether they have bought groceries. We are not able to do this.”

“...and this [referring to lack of supervision and support after placement of orphaned children with relatives] result in that the children end up being abused and ill-treated, and social workers, you find that they are not aware...”

“...because we are not able to visit them to do supervision...you find that the children become confused and leave those placements; that is the situation because we are not able to do follow-ups.”

Due to the lack of supervision and monitoring of placements by social workers, extended family members felt unsupported as expressed in the following utterance: “...the

government will just give the children grant and then stand very far from the children. The government doesn't know how we feel when we take care of these children..."

4.2.5.5 Category: High turnover of social workers as a hindrance to integrating the CHH into the extended family

The high turnover of social workers was identified as a hindrance to the integration process as newly appointed social workers were unaware of placements that required supervision due to a lack of proper handover procedures from the exiting social workers. The following utterances from two social workers attest to this:

"...there is a huge turnover of social workers in our office..."

"Sometimes our services are disjointed, when a social worker resigns or get transferred, there is no proper handover to the new social worker who is taking over the office, and it becomes difficult for the new social worker to know where to begin cases that need supervision..."

The findings presented in this sub-theme were consistent with the findings from the situational analysis of CHH in South Africa (Department of Social Development, 2008:26) that the number of social workers to render social work services to communities was not adequate in South Africa and, due to the huge caseloads which social workers have, some of the social workers demonstrated behaviour associated with burnout. There is a high turnover of social workers, especially in the rural areas, and the social workers are seldom helpful and are not supportive when organisations report cases of CHH (Department of Social Development, 2008:26).

In this section, the barriers that hinder effective integration of orphaned children living in CHH into their extended family folds were presented. In the next section of this chapter, suggestions and practice guidelines to enhance the integration of orphaned children into their extended families will be presented.

4.3 THEME 4: SUGGESTIONS TO OVERCOME HINDRANCES TO INTEGRATING ORPHANED CHILDREN FROM CHH INTO EXTENDED FAMILIES

In the preceding section 4.2 above, the barriers which participants perceived as hindrances against the effective integration of CHH into extended family folds were presented. This section will present the participants' suggestions on how these hindrances could be overcome to improve the efficacy of the integration process.

According to Donalek and Soldwisch (2004:356), participants are viewed as experts in their own experiential worlds and they are able to articulate and describe their needs. In view of this, these suggestions are regarded as 'expert advice' as they were provided by the participants on what they perceived could help them to make the integration process of children from CHH into the extended family to be effective. The direct and implied suggestions which participants provided were related to the role which they want social workers to play in enabling and supporting the integration process. These suggestions emanated from the participants' responses to the following questions:

Questions to extended family members:

- What do you think can be done to overcome these obstacles? Any suggestions?
- How would you like the social worker to assist you with the integration of these orphaned children into your home?

Questions to children heading households:

- What do you think would help you to make it easier to go and stay with your relatives?
- How would you like the social worker to help you so that you can go and stay with your relatives?

Questions to social workers rendering services to CHH:

- From your point of view, what can be done to overcome these obstacles [that hinder effective integration of CHH into extended family folds]? Any suggestions?
- What do you think is your role as a social worker in this process of integrating the CHH into the extended family?

Phiri & Tolfree (in Foster et al., 2005:16) postulate that “the foundation of an effective response to the problems of orphan care must be the families and communities that are on the front lines of response”. They are of the opinion that while claims are often made in public forums that families and communities have disintegrated and they are no longer able to care for their orphaned children, such claims are unfounded as the majority of orphaned children are being cared for by their extended families and these families and communities need help to enable them to cope with the strain of shouldering the burden of taking in orphaned children (Phiri and Tolfree in Foster et al., 2005:16-17).

This is consistent with findings by Howard et al. (2006:5) in their cross-sectional survey of caregivers in Zimbabwe who found that all except for eight of the 357 foster caregivers and non-foster caregivers who participated in their survey were willing to take in orphaned children. The aforementioned survey further indicated that 98% of non-foster caregivers were willing to take orphaned children into their homes (Howard et al., 2006:1).

Similar findings were reported by Rantla et al. (2002:20) in their pilot project on orphans and extended families’ reintegration in Mpumalanga, South Africa, who also found that relatives of the orphaned children were willing to absorb the children and they needed additional support to avoid a strain on their daily limited sources of livelihood.

Phiri & Tolfree (in Foster et al., 2005:24) state that governments and national and international organisations should provide a supportive and facilitating programme environment that will assist families and communities to take care of their orphaned

children. Consistent with the literature reviewed, the present study discovered and developed an in-depth understanding of the barriers that hindered the extended families from absorbing their orphaned children who were living in CHH (the barriers were presented in section 4.2 of this chapter.) Suggestions on how to address these barriers were also explored and considered with a view to developing practice guidelines that would help families and communities that are on the front line to respond effectively to the CHH phenomenon through family integration of orphaned children. The suggestions which the participants identified will be presented in accordance with the following sub-themes:

- Poverty relief (subsistence support)
- Advocacy by social workers on behalf of orphaned children
- Discipline, reprimand and direct orphaned children living with extended families
- Suggestions on how to deal with specific challenges hindering the integration of the CHH into the extended family
- Alternatives to family integration
- Practice guidelines on integrating CHH into extended family folds

A detailed discussion of each of these sub-themes will be presented in the following sections.

4.3.1 Sub-theme: Poverty relief (subsistence support)

In their study on making a difference for children affected by AIDS in Uganda, Gilborn et al. (2001:17) asked guardians who participated in the study to identify services that would help them to better provide for the orphaned children who were in their care. The guardians (participants) identified and prioritised material assistance as the main service that would enable them to take in orphaned children.

The findings of the present study are consistent with the findings by Gilborn et al. (2001:17) noted above. The need for poverty relief as a suggestion to improve the efficacy of the integration process was strongest among the children who participated in

the study followed by the extended family members. Poverty relief which the participants identified included assistance with food and food parcels, social grants, clothes, and housing as demonstrated by the following utterances from some of the children:

“I think that when we stay with our relatives, social workers should give us food so that we can take it to our relatives. This is what can help us because our relatives would want us to help them with food and this will make them accept us and be happy to stay with us, because they won’t be able to buy us food because we will be many.”

“Social workers should help us with food or grant so that it can help our relatives to take care of us.”

“Social workers can help us with food so that we can be able to eat and go to school. They can also help us with clothes and school uniforms.”

Most of the extended family members affirmed that subsistence support would enable them to integrate orphaned children into their homes as articulated in the following utterances:

“Social workers should help with food parcels because food is very important and things are expensive nowadays; and the grant so that these children can be able to go school. They can pay school fees and also buy school uniforms because you find that the school principal sometimes chase them from school and tell them to bring their relatives to the school. So, it is important that they should be helped with money for school fees and school uniforms. Another thing, social workers should also help them with money for university because I won’t be able to pay, and they need to further their studies.”

“I think it can help if social workers can give them a grant, and social workers must not stop to give them food parcels and say that ‘because they live with their aunt, their aunt must try and make sure that they eat’, because there is nothing I can try to feed them. If they stop to give them food they will create a burden for us as the children’s relatives. Even if the relative is someone who is working and is able to buy food, social workers mustn’t stop to give them food parcels because if the food gets finished, it becomes a problem...”

“Maybe if ... [the] social worker can give them a grant or food parcels on a monthly basis it will be better and he [the children’s uncle] wouldn’t have anything to say against

them because he is complaining that he won't be able to maintain them with his current salary."

"They [referring to the social workers] should also help us with clothes for the children because things are now expensive..."

"...social worker to increase the children's grant because food is now expensive...should also help us with clothes for the children..."

One of the social workers who participated in the study also attested as follows:

"We should support them with food parcels to assist in integration to be effective..."

The storylines above match the findings by the conference report on strengthening coordinated action for orphans and other children made vulnerable by HIV and AIDS (Department of Social Development, 2006b:14) where orphans and vulnerable children who participated in the conference mentioned that government and other stakeholders must provide orphaned children with food parcels on a regular basis.

Assisting the children and their extended family members with adequate accommodation could improve the efficacy of the integration process. The following utterances from two of the children who participated in the study refer to this:

"They should also help us by building us an RDP house at our relatives because at my grandmother, her house is small and it won't be able to accommodate us all."

"My other brother wants to take us as well it is just that his house is small, maybe if he can be helped with money to build a bigger house that can help because we are four and we won't fit in his house."

One of the extended family members who participated in the study made mention of this when stating: *"...social workers can help to build a house for these orphaned children."*

Some of the social workers pointed to the fact that adequate housing could enable the extended family members to absorb orphaned children and stated:

"We can write a report and recommend for an RDP house from the Municipality because it is true, you find that some of the families don't have proper houses."

“I think that if there could be a partnership with the Municipality, that they should build RDP houses for the orphaned children, it can help.”

Donahue (in Foster et al., 2005:38-39) concurs with the sentiments presented above that orphaned children and families require active support as they are experiencing extreme economic hardship and difficulty. Efforts to help them deal with the poverty effectively and appropriately should build on their capacities rather than focus on them as helpless and hopeless victims. He concludes that although there is no single strategy that poor households can implement in order to deal with economic crises successfully, the following strategies had enabled poor households to adapt to economic risk and crises (Donahue in Foster et al., 2005:47-54):

- Micro-finance in the form of small loans that assist people to establish and strengthen their own income-earning activities
- Savings schemes (these are called *stokvels* in the South African context) which can help households with inappropriate credit records to borrow money from the scheme. These schemes include two types of associations. The first type is called “a rotating savings and credit association” (RSCA); it is made up of a voluntary self-selected group in which all members put in equal amounts of money that is pooled and rotated equally in turn to each person in the group. The second association is called “an accumulating savings and credit association” (ASCA) and it is similar to the RSCA mentioned above, except that when members in the group receive the pooled money, they must treat it as they would treat a loan and pay it back with interest.
- Business development services which include training, introducing improved technology that adds value to business activities, and facilitating better linkages of micro-enterprises to growing markets or to more economic sources of raw materials in order to increase their profits.

This section focused on the need for poverty relief as a suggestion to enhance the integration of the CHH into the extended family. The next theme will focus on advocacy

on behalf of orphaned children as a suggestion to enhance the integration of CHH into the fold of the extended family.

4.3.2 Sub-theme: Advocacy by social workers on behalf of orphaned children

Mkhize (2006:231) states that social workers should play an advocacy role as this will ensure that children's rights are not violated and the children's needs are met. She further states that as advocates social workers should act as intermediaries between children and other social systems with a view to protecting the rights of the children. The need for social workers to advocate on behalf of orphaned children could enhance effective integration of CHH into extended family folds. The following utterances from some of the children who participated in the study emphasised that social workers should talk to extended family members to create an understanding of the importance of family integration:

“Social workers can talk to them so that they can take us because they are aware that we are suffering and we are not safe; sometimes there is no food at home...”

“Maybe social workers can also help to talk to my aunt's husband and tell him that he should stay with us, maybe he can agree to stay with us. And also if my relatives can take care of us, buy us food and clothes; this can help.”

“Social workers should talk to them, especially to talk to my sister-in-law because she is the one who has a problem, my brother doesn't have a problem. Social workers must find out from them why they don't want to take us...”

Most of the extended family members also expressed the need for social workers to talk to relatives who are reluctant to absorb children as demonstrated by the following utterances:

“I think it will be good that social workers should bring members of the family together and tell them that ‘here are the children, they don't have parents, so as relatives we would want you to take these children and care for them because you are their relatives’. Social workers need to bring the family members together and talk to them and agree with them.”

“Maybe social workers can talk to him [i.e. her husband who was reluctant to take the children] and explain that these children don’t have parents anymore and there is no one to buy food and clothes for them. Maybe he will listen to the social workers because they are from the law.”

“Maybe social workers can talk to them it can help these children. It’s just that we [referring to the maternal relatives] didn’t think of reporting to the social worker that they don’t want to be involved in the lives of these children because I think this could have helped. They would have listened to the social workers because they are social workers. Social workers should talk to them and find out from them why are they not interested in building a relationship with these children because they are the rightful owners of the children, they have the same surname with these children not us.”

“Maybe if social workers can go and talk to her [grandmother] she can listen to them, maybe they can be able to help. My brothers have tried to talk to her and still she doesn’t want to change.”

“Social workers should talk to the relatives so that they can air the things that are eating them inside; like now you (referring to the researcher) are here and you helped me to talk about things that are eating me inside, things that are painful to me which were caused by these children.”

Some of the social workers also agreed that advocating on behalf of children could enhance family integration of CHH as conveyed by the following excerpts/storylines:

“...in a sort of counselling, we [social workers] explain to them [extended family] about the importance of protecting children, that children shouldn’t live alone.”

“We need to do family awareness campaigns on family preservation so that people should know that it is important to belong in a family and to preserve family ties.”

“We explain to them the disadvantages of children staying alone, negative things that can happen when children live alone.”

The need for advocacy on behalf of orphaned children is supported by the conference report on strengthening coordinated action for orphans and other children made vulnerable by HIV and AIDS (Department of Social Development, 2006b:14),

emphasising that communities must advocate for orphaned children as they cannot speak for themselves.

The need for most of the participants to have social workers play an advocacy role in resolving the conflicts epitomises the need for orphaned children to live with extended families as demonstrated by the following excerpts from two of the children who participated in the study: *“I feel sad that our relatives do not want to take us and live with us; I feel so sad because they are our relatives and they were supposed to stay with us and take care of us so that we can be like other children.”*

“...it makes me sad because my grandmother stays alone with her two sons and one of them has a wife; so I don’t know what makes her not to take us because she has a three roomed house, and we could occupy the other room.”

This sub-theme presented suggestions on how the social workers could enhance the family integration of orphaned children living in CHH through advocacy. The next theme further presents suggestions on how family integration of orphaned children living in CHH could be enhanced through disciplining, reprimanding and directing the orphaned children.

4.3.3 Sub-theme: Discipline, reprimand and direct orphaned children living with extended families

Some of the extended family members and some social workers participants mentioned that raising orphaned children was very difficult and challenging for the extended families (see section 4.2.4.3 in this chapter). Some of the extended family members expressed the need for support from social workers to discipline, reprimand and direct orphaned children so that they can be able to live with these orphaned children as illustrated by the following quotes:

“I cannot say that I can be able to discipline them on my own. I won’t be able to discipline them. It is important that social workers should help me.”

“[referring to social workers]... Don’t be afraid to tell them that they should respect people who are older than them and also respect each other. Don’t be afraid to show them where they are doing right things as well as where they are doing wrong things... they are still at school, so tell them that they should do what is right... You must talk to them and discipline them so that they can walk on the right way, because they don’t have parents. When you help them you should help them knowing that they are doing the right thing and stop doing wrong things.”

The sentiments articulated above find support from Gilborn et al. (2001:17) who note that guardians of orphaned children need advice and training on how to talk to and counsel orphaned children who have been affected by HIV/AIDS. Further details on how social workers could support the extended family members in raising orphaned children will be presented in section 4.3.6.5 of this chapter.

Additional suggestions on how to address specific issues which hindered the effective family integration process with a view to enhancing the family integration of orphaned children living in CHH will be presented in the next section.

4.3.4 Sub-theme: Suggestions on how to deal with specific challenges hindering the integration of the CHH into the extended family

This sub-theme presents suggestions which were made by the participants to address specific challenges which they identified as hindrances to the integration of orphaned children from CHH into the extended family. The sub-theme will be discussed in accordance with the following categories:

- Suggestion for dealing with conflict between paternal and maternal families
- Suggestion for dealing with cultural beliefs hampering the integration of the CHH into the extended family
- Suggestions for dealing with children who preferred not to be integrated
- Suggestions for dealing with lack of suitable or willing relatives to integrate the CHH

In the sub-sections below, each of these categories will be presented and compared with the literature reviewed.

4.3.4.1 Category: Suggestion for dealing with conflict between paternal and maternal families

From the accounts of the participants in this study it became evident that conflict between paternal and maternal relatives was a hindrance to family integration of orphaned children living in CHH (see section 4.2.2.1 in this chapter). One social worker specifically suggested that family advocates should be utilised to address such family conflict as they could be able to make an appropriate determination with regard to the placement or custody of the orphaned children, and spoke about this as follows: *“Some of the cases, we refer them to family advocates, where you find that a social worker is expected to conduct investigations on both families and compile reports on both families, and the court will decide on which family to take the children.”*

4.3.4.2 Category: Suggestion for dealing with cultural beliefs hampering the integration of the CHH into extended family

One of the social workers emphasised the importance of acknowledging and respecting the cultural beliefs of the orphaned children and their extended families in order to enhance the family integration process. The social worker articulated this as follows:

“I think that one, according to my view, because it is a cultural thing, or maybe the relatives and the children need to go to the father’s grave to plead with him, they should go and phahla [a ritual of communicating with the dead people] and explain to him that it will be in the best interest of the children when we take them. They need to go and plead with him through this ritual because that’s what they believe in. I think the social workers should advice them and give them this option as part of intervention in this particular situation.”

In connection with the topic of cultural beliefs, Phiri and Tolfree (in Foster et al., 2005:26) are of the view that for placements to advance orphaned children's rights they must be based on thorough cultural understandings with an acknowledgement of the potential risks as well as benefits of that particular culture in relation to children.

4.3.4.3 Category: Suggestions for dealing with children who preferred not to be integrated

The participants mentioned that some orphaned children preferred to remain in the CHH for various reasons such as being used to an independent lifestyle, having adequate housing or wanting to take care of their deceased parents' property (see section 4.2.4.2 in this chapter). Suggestions on how these hindrances could be addressed will be presented in accordance with the following sub-categories:

- a. Dealing with older children who do not want to relinquish their freedom and independent lifestyle
- b. Dealing with children who already have adequate housing
- c. Dealing with children who want to safeguard their parents' house

In the following sub-sections, each of these sub-categories will be presented and compared with the available body of knowledge.

a. Sub-category: Suggestion for dealing with older children who do not want to relinquish their freedom and independent lifestyle

One of the social workers mentioned that older children who were used to living alone without adult care were not willing to give up their freedom for integration. In order to address this challenge, the social worker suggested that younger siblings should be removed and be integrated with their extended families while older children could remain in the CHH under constant monitoring and supervision by social workers and their relatives. The following utterance illustrates how she dealt with older children who were not willing to be integrated: *"I removed the younger siblings and place them with their*

relatives because these children were still young to be cared for by a 15 year old. I left the eldest children who refused to be integrated because they wanted to have their freedom. I monitor these eldest children to check on them if they have problems, and then continue providing them with support because in this area there is a high incidence of juveniles committing crime and these children could easily be involved in such crimes if they are not monitored.”

b. Sub-category: Suggestions for dealing with children who already have adequate housing

Some of the orphaned children who participated in this study were not willing to be integrated with their extended families as they had better housing than the relatives could provide (see section 4.2.1.3 in this chapter). As depicted by the storylines below, some social workers suggested that a relative could either be placed in the children’s home or be requested by the social workers to keep an eye on the CHH:

“...so they [the family] bring a relative to go and live with the children in their own place...”

“What we do we talk to the relatives of these children ... and ask them to monitor the children and to check on them how they are living. Sometimes we ask them to bring a relative that can go and stay with the children in their house...”

“...a relative who can go and stay in that house...taking care of these children, to see how they are doing, whether they go to school, whether they follow rules, and to teach them about other required things, rather than taking the children to go and live at her home.

“...we ask them to bring a relative that can go and stay with the children in their house where you find that the children want to take care of their parents’ house or where you find that their house is better than their relative’s house. They [referring to the extended family] bring a relative to go and live with the children in their own place; because it is not good for the children to live alone, it is not safe.”

c. Sub-category: Suggestions for dealing with children who want to safeguard their parents' house

Some of the children preferred to remain in the CHH in order to take care of their parents' property (see section 4.2.4.2, sub-category c in this chapter). One of the extended family members mentioned that a relative could be lawfully contracted to safeguard the children's property until the children are old enough to live on their own as illustrated by the following excerpts from the extended family member:

"I think it can be better if we can find a relative who can go and stay in that house and take care of it on behalf of the children until the children are of certain age and be able to give it back to them...and it is important that when we find such a person, we need to... go to the people who deal with law issues and enter into an agreement with the person, we need to write down all the things that are in the house and he should agree that he will take proper care of these things..."

In support of this category, one of the child participants stated: *"...get someone to come and stay here to take care of this house because people will vandalise the house, and if like when I want to come back and stay here it will be ruined. So, this is a problem you understand, my grandmother should find someone to come and stay here."*

4.3.4.4 Category: Suggestions for dealing with lack of suitable or willing relatives to integrate the CHH

Some of the social workers mentioned that some of the orphaned children had relatives who were not suitable to be integrated with the children in terms of the Child Care Act (Act No 74 of 1983). In other instances some of the relatives could be suitable in terms of the aforementioned Act, but the relatives might be unwilling to integrate the children for reasons such as patriarchal social organisation. In order to address such challenges, some of the social workers suggested that community-based care organisations could be utilised to provide care and support to children who do not have relatives to absorb them. These organisations could receive and manage children's social grants and monitor the

children while social workers monitor the compliance of these organisations. The following utterances from the social workers relate to this:

“...also we should encourage...NGOs; these NGOs will assist by having caregivers who can monitor the children while they stay in their own places...”

“...sometimes we use the home based caregivers to come and assist only in getting the grant; we are strictly monitoring the grant how it goes We must make sure that the children are clothed, they go to school, and every month we check the post office book because we told them [referring to home-based care givers] that they should save some money for the children at the post office, but we don't tell them how much they must save because sometimes it depends on the needs of the children.”

“...place of safety parents... can help us when we have child headed households who doesn't have relatives who are willing to take them.; This will give us more time to help the children and their relatives to solve their problems in order to integrate these children, because we don't want to force the relatives to take the children while they still have unresolved issues.”

The use of community-based care organisations as suggested by the social workers quoted above in assisting orphaned children finds support from Nkomo (2006:93) who, in his study on the experiences of children carrying responsibility for CHH in Gauteng and KwaZulu-Natal in South Africa, found that orphaned children who received assistance from community-based care organisations reported that they had had their purpose and confidence in life restored.

The Department of Social Development: Chief Directorate's Policy Framework on Orphans and other Children made Vulnerable by HIV and AIDS (2007:4), also supports community-based care as an option for orphaned children and it refers to it as a type of care that encourages the participation of people within communities to respond to the needs of others including orphaned children as it strengthens mutual aid opportunities and social responsibilities. Phiri and Tolfree (in Foster et al., 2005:11) are of the opinion that family-based and community-based care are the most child-centred sources of care and the only practical means of responding to the scale of the CHH phenomenon. Community

is seen as a kind of ‘extended-extended family’ in that it provides care to orphaned children when extended families are not able to do so (Phiri & Tolfree in Foster et al., 2005:16). Germann (2005:376) concurs that community support especially neighbourhood support is critical in sustaining and assisting CHH to cope and to have quality life. External agencies such as NGOs, international organisations and governments should assist families and communities through capacity building, resources and skills to strengthen their existing care efforts towards orphaned children rather than undermining the capabilities of communities by providing direct support to CHH (Germann, 2005:376-377; Phiri & Tolfree in Foster et al., 2005:17-19).

In the next section, the researcher will further present suggestions which were identified by the participants to overcome hindrances to integrating orphaned children from CHH into extended families focusing specifically on the alternative placement options for orphaned children who could not remain in the care of their extended families.

4.3.5 Sub-theme: Suggestions on alternative placement options for orphaned children who could not remain/be integrated into the care of their extended families

Some of the social workers who participated in the study mentioned that family integration was not a best option of care for orphaned children as relatives were abusing the children who were under their care. The social workers identified the following three alternative care arrangements for orphaned children who could not be integrated with their extended families:

- Placement of orphaned children with non-relatives as an alternative placement option
- Institutionalisation as an alternative placement option
- Cluster foster care schemes as an alternative placement option

In the following sub-sections, each of these categories will be presented and compared with the available literature.

4.3.5.1 Category: Placement of orphaned children with non-relatives as an alternative placement option

Placement of orphaned children with non-relatives was identified as an alternative care arrangement for children in CHH who cannot be integrated with their extended family, possibly due to the reality of having no relatives. The social workers who gave rise to this category also mentioned that this placement option is the best, especially to protect orphaned children from being exposed to feuds between their paternal and maternal relatives. In confirmation of the aforementioned the following is provided:

“I would prefer that these children should live with people who are not their relatives...”

“...find a non-relative person to take the child because there are many non-relative people who want to take the children, we can find that person and place the children and I think it is a good option sometimes...”

“...when you find a non-related person, I think it is the best because there is no fighting.”

One extended family member viewed placement of orphaned children with non-relatives as an option, especially for children who did not have relatives as demonstrated by the following utterance: *“I do think of getting a person to live with them even if that person is not our blood relation because we don’t have relatives...”*

Findings from Howard et al.’s (2006:1) cross-sectional survey of caregivers in Zimbabwe indicate that many of the caregivers who participated in the survey were willing to take in orphaned children who were not from their kinship network. Although kinship obligation is the most important motivation for families to take in orphaned children, where no viable extended family exists, caregivers indicated that their financial capacity mattered more than relatedness (Howard et al., 2006:9). Placement of orphaned children with non-relatives is also supported by Foster (2004:7) who writes that if it is not possible for the children to be placed with their family members, the next best option is to place the children through fostering or adoption by a non-relative. Placing orphaned children in a place of safety was identified as another alternative care arrangement for orphaned

children who could not be integrated with their extended families. This will be the focus of the discussion in the next section.

4.3.5.2 Category: Institutionalisation as an alternative placement option

Institutional care as an alternative for children whose care and protection cannot be met within their families has been criticized over the years. Germann (2005:89) notes that institutional care undermines the traditional system of orphan care by removing children and the responsibility of care away from the extended families and most institutions do not instil an understanding of traditional culture in the children. Phiri and Tolfree (in Foster et al., 2005:12) postulate that in many countries, the idea of institutional care was imported from the industrialized world with the belief that it was modern and therefore a better option of care for children in need of care.

Paradoxically, most western countries such as the United States and the United Kingdom have abandoned this form of care in favour of family-based care as an alternative care option (Phiri & Tolfree in Foster et al., 2005:12). This is attributed to the finding that many institutional defects have been identified in residential care over the past years (Germann, 2005:89). Phiri and Tolfree (in Foster et al., 2005:13) state that these defects include lack of stimulation and personal care and affection, institutional dependence, and difficulties for children to adjust to the outside world when they become adults.

Some of the social workers who participated in the present study confirmed that placement of orphaned children in a place of safety resulted in a lack of personal care and affection due to the high number of children in the place of safety. From the accounts of some of the social workers it became clear that orphaned children were placed in places of safety as a last resort when social workers could not succeed in making suitable alternative care arrangements and also in emergency cases where they had to remove the children immediately. The following excerpts from the social workers underscored this:

“We end up not knowing with whom to place the children, but some of the children we removed them and place them at the place of safety...”

“...at the place of safety the environment is not conducive because they are too many and they don't get enough attention.”

“Another problem with our place of safety, it is always full and it gives us problems when we have to remove children immediately.”

In view of the high number of orphaned children that need alternative care, one social worker interviewed mentioned the need for more residential care to be built and stated: *“If the government can build many centres for orphaned children where you find that the children do not have relatives because currently our place of safety is full.”*

Subbarao et al. (2001:28-29) also provide a dichotomous view on institutional care, supporting the findings of this study. These authors concur that institutional care may be inevitable to address the swelling number of orphaned children in Africa, especially in countries where foster care is not implemented. However, Subbarao et al. (2001:28) caution that institutional care is not the best solution to meet the emotional needs of orphaned children as it provides less individual care due to the large number of orphaned children in the institutions. Institutional care is an expensive option in responding to the needs of children as the costs of maintaining the institutions are more expensive than foster care or community-based care options (Subbarao et al., 2001:28-29; Foster, 2004:8).

Both Subbarao et al. (2001:28) and Foster (2004:8) are of the view that institutional care should be considered as a short term alternative only when capable and willing foster families cannot be found. The need for building more institutional care facilities is not supported by Phiri and Tolfree (in Foster et al., 2005:13) who postulate that institutional care facilities have a tendency to act as a magnet to draw orphaned children without potential family caregivers and thus undermine traditional family and community responsibility for orphaned children. Phiri and Tolfree (in Foster et al., 2005:11) suggest that the State and international organisations should mobilize and strengthen families and communities to take care of their own orphaned children. The aforementioned viewpoint

is supported by Foster (2004:8) who confirms that children need affection, attention, security and social connections which can only be provided by families and communities.

Subbarao et al. (2001:29) indicate that one promising option for the existing institutions is to convert them into community-based facilities such as children's villages as they have some characteristics of home or family life. The present study also revealed that cluster foster care schemes, which are community-based care, offer a suitable alternative care option for orphaned children who cannot be cared for within their families. This will be discussed below.

4.3.5.3 Category: Cluster foster care schemes as an alternative placement option

One of the social workers who participated in the study mentioned that cluster foster care schemes were a better alternative care option for orphaned children who could not be integrated with their extended families than placing them in institutional care as demonstrated by the following utterance: *"I also think that cluster foster care schemes can also help for orphaned children who don't have relatives to take care of them than putting them in a place of safety because in a place of safety they don't get attention, whereas cluster foster care schemes are houses which are in the same place, and there is a house mother in each house so children will get attention."*

Cluster foster care schemes as an alternative form of care for children whose care cannot be met within their families are supported by many studies (Foster, 2004:7; Desmond & Kvalsvig, 2005:51; Phiri & Tolfree in Foster et al., 2005:31). Foster (2004:7) states that this model of care provides relatively affordable care as up to six children are cared for within a family either in their communities of origin or a similar social context. This model of care is recognised within the South African child care system.

The Children's Amendment Act (Act No 41 of 2007) recognises a cluster foster care scheme and defines it as "a scheme providing for the reception of children in foster care, managed by a non-profit organisation and registered by the provincial head of social

development for this purpose”. According to the Children’s Amendment Act (Act 41/2007: Sec. 183), a cluster foster care scheme must be managed in the following manner:

- The organisation operating or managing the cluster foster care scheme must be a non-profit organisation (NPO) registered in terms of the Non-profit Organisations Act, 1997 (Act No. 71 of 1997). The NPO must:
 - comply with the prescribed requirements
 - have been approved for providing cluster foster care by the provincial head of social development
- The cluster foster care scheme must:
 - comply with the prescribed requirements of how to manage cluster foster care schemes
 - have been registered with the provincial head of social development in the prescribed manner
- The management of a cluster foster care scheme must be monitored by the provincial head of social development.

Foster (2004:7) postulates that this model of care encourages communities to take care of their orphaned children in that the community is involved to select, assess and train appropriate community members to become full-time ‘parents’ to the groups of children. Sibling groups are accommodated together and ‘new families’ are created for children who have no contactable relatives. Foster (2004:8) further notes that unlike in a regular foster care where the house belongs to the foster family, accommodation for the children in cluster foster care is either provided by the community-based organisations administering the cluster foster care scheme or by the government.

In 2006 when the researcher was managing the foster care programme for the National Department of Social Development, she had an opportunity to be part of the team that visited an example of this form of care in Bloemfontein which was run by the Apostolic Faith Mission Executive Welfare Department (i.e. one of the child welfare organisations that administer cluster foster care schemes in South Africa). The purpose of the visit was

to explore and assess the cluster foster care scheme with a view to legislating it as one of the acceptable forms of alternative care for children within the child care system in South Africa. The model was recommended for replication and it was legislated in the Children's Amendment Act as outlined above. The following key findings were observed during the visit and were adapted from the report compiled for the Department of Social Development (Nziyane, 2006):

- Children were raised within a home environment in communities.
- Community members participated in the care of children in need of care.
- More than one home or unit existed either on the same premises or were dispersed within the same community.
- The houses were provided by the organisation and most of the houses were donated by the former mine that was operating in the area.
- Single prospective foster parents or couples were recruited, screened, trained and placed in each house.
- Siblings stayed together and children with the same needs were grouped together.
- Foster child grants were paid to the organisation and were also administered by them.
- A monthly stipend was paid to foster parents.
- Monitoring and supervision of the placements was done by the organisation as well as social workers working within the jurisdiction of the cluster foster care homes.

The above section presented suggestions on alternative care options for orphaned children who could not be integrated with their extended family members. The next theme presents suggestions made by the participants which were identified as practice guidelines to enhance the integration process of CHH into the extended family.

4.3.6 Sub-theme: Practice guidelines on the integration of orphaned children in CHH into extended family folds

Besides the suggestions made by the participants on how to address barriers which they perceived as hindrances to the effective integration of orphaned children into extended families (which were presented in sections 4.3.1 to 4.3.5 above), some of the participants from all three cohorts interviewed¹³ suggested practices which they felt would enhance the process of integrating orphaned children living in CHH into extended family folds. The researcher has compiled the suggestions which will be presented logically and chronologically in this section as practice guidelines for dealing with and enhancing the integration of CHH into extended family folds. It is worth mentioning that the proposed practical steps are also concurrent with each other.

The concept 'practice guidelines' was defined in Chapter 1 under section 1.4.1, but to refresh the reader's memory the definition will be provided again. According to Peters and McKeon (1998:168), practice guidelines are defined in clinical terms by the National Institute of Health as "...systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances". In the context of the present study, practice guidelines refer to systematically developed statements of recommended activities to assist social workers and other practitioners working with children living in CHH to integrate orphaned children in CHH into extended family folds.

The guidelines for practice which social workers are currently using in dealing with the placement of CHH into extended families will be presented to serve as a point of departure for the proposed practice guidelines. As mentioned earlier in section 4.2.5 above, there are no specific guidelines for practice to guide the placement of orphaned children living in CHH with the extended families. This is confirmed by the Department of Social Development (2008:33) which also identified a gap in this regard in that there is

¹³ Children heading CHH, extended families and social workers

currently a lack of any national and coordinated strategy to deal with issues affecting CHH in South Africa.

In dealing with the placement of orphaned children living in CHH with their extended families, the social workers currently apply the practice guidelines that were designed for the foster care placement of non-orphaned children with non-relatives. The researcher is of the view that this 'blanket' approach exacerbated the emergence of CHH in that it ignored the proactive role which social workers could play in mobilising communities and families to care for and protect orphaned children.

The current guidelines for practice stipulate that foster care applications should be brought to the attention of the social worker at the social worker's office by the clients. This results in social workers having to wait until CHH cases are brought to their attention, thus undermining the proactive role which social workers could play by engaging with communities to identify CHH cases. The situational analysis of CHH in South Africa which was commissioned by the Department of Social Development (Department of Social Development, 2008:26) found that in many instances social workers were office-bound and communities felt that these social workers were seldom helpful and that they were not knowledgeable about what is happening in the communities and were thus unsupportive to community-based organisations which were working with CHH.

Some of the social workers who participated in the study confirmed that the current practice entails that a case regarding CHH should be brought to the attention of social workers who then conduct home visits to investigate the matter, place children through the Children's Court, facilitate grant applications, monitor the placement, and review the placement every two years. The following statements by the social workers underscored this:

"...when the case is reported to us, we visit the family to investigate the case, and we ask children if they have relatives or not. If they have relatives, we visit the relatives to find out from them why the children are living alone and we then try and address the

situation. We then open the Children's Court inquiry and remove the children to live with their relatives. Then [we] finalise the case and give them a grant and ... monitor the placement."

"...two years [after placement] we check if the children are still well taken care of, and also if the children are still okay to stay there, and we then write a Section 16(2) report and recommend that the child can still stay in that placement."

In addition to the current guidelines for practice, some of the participants from the three cohorts¹⁴ suggested practices that they felt could enhance the implementation of the family integration of orphaned children from CHH. The proposed practice guidelines emphasise the proactive role which social workers need to play in mobilising communities and families to take care of orphaned children and suggested that the integration of orphaned children with the extended families should begin with community mobilisation. The practice guidelines will be presented in accordance with the following categories:

- Community campaigns in a view to enhancing social work service visibility and the community's responsibility towards orphaned children
- Biological parents' succession planning for the children's care after the former has passed on.
- Practice guidelines on social work services towards extended family members of orphaned children living in CHH in view of family integration
- Practice guidelines on social work services towards orphaned children who are integrated with the extended families
- Practice guidelines on social work services towards extended families that have integrated orphaned children

These categories will each be discussed in detail in the sub-sections below.

¹⁴ Children heading CHH, extended families and social workers

4.3.6.1 Category: Community campaigns with a view to enhancing social work service visibility and the community's responsibility towards orphaned children

Some of the social worker participants suggested that community campaigns should be conducted in order to enhance visibility of social work services, explain the need for succession planning by the biological parents with a view to care for their children after they have died, sensitise communities about their social responsibilities towards orphaned children, and educate communities about the basic knowledge on HIV/AIDS. The following statements by the social workers testify to this:

"...our office should conduct workshops or campaigns to explain [succession planning by the biological parents with a view to care for their children after they have passed on] to people in communities."

"I think community work can also help because we can teach communities the importance of taking care of orphaned children; we can even do it in churches where we can talk to church members about the importance of taking care of orphaned children."

"...educating people on the importance of staying with orphaned children; even the children need to be educated to know that every family has problems; however, these problems need to be resolved by talking..."

"I also think that we need to invite a family advocate during our campaigns that can make a presentation and teach the community on how custody cases are handled."

"...to encourage...them to have ubuntu principles because you find that some don't have that compassion for other family members. They need to know that 'I am because you are, and you are because I am'. We belong and we need each other because life is life."

"...we need to educate the relatives about the basic knowledge of HIV so that they know the modes of transmission, how HIV can be contracted, because if a person lacks knowledge, of course he/she will be afraid. If he/she has knowledge on how it is transmitted and what precautionary measures to use in dealing with a person who is HIV- positive, it becomes better. Fear is reduced; so we need to educate people about such things..."

One of the extended family members concurred that social workers should conduct community campaigns to increase their visibility in communities by stating: “...it is important that social workers should give themselves chance to avail themselves because you find that children don’t know where to find them.”

Phiri and Tolfree (in Foster et al., 2005:28) underscore in their work the utterances made above and also note that family integration should begin with: effective community mobilisation to raise awareness and identify separated children; raising awareness and advocating for family-based care and protection; identifying families that are willing to take in orphaned children, and mobilising networks of support for both orphaned children and families.

The need for networks to be established and strengthened to support CHH is also emphasised by the Department of Social Development (2008:200). Rantla et al. (2002:32 &35) concur that mobilising communities and establishing a cadre of ambassadors to advocate for family integration will enhance the protection of children as CHH will be identified very early after the parents’ burial and to reduce time delay between the burial and the integration.

The social workers emphasised that during the community campaigns, people should also be educated about the importance of biological parents doing succession planning with a view to care for their children after they have passed on. This category will be presented in the next section of this chapter.

4.3.6.2 Category: Biological parents’ succession planning for the children’s care after the former have passed on

Bandwidth (2009c:1) refers to succession planning as “planning for what will happen to children after their parents have died”. Gilborn et al. (2001:1) concur that succession planning is an intervention that reaches children before the death of their parents. The

intervention includes helping parents to write wills and appoint guardians who will take care of the children after the death of their parents (Gilborn et al., 2001:1).

In their study on succession planning in Uganda, Gilborn et al. (2001:13) found that HIV-positive parents who participated in their study believed that there is a need for them to make explicit arrangements to appoint a guardian in order to ensure optimal future care for their children. These HIV-positive parents believed that succession planning would reduce children's anxiety associated with their deaths, allow prospective guardians to prepare themselves, and also help them (as HIV-positive parents) to reduce their own worries about their children's future.

Gilborn et al. (2003:4) further conclude that succession planning also encouraged the HIV-positive mothers to disclose their HIV-status to at least one child with a view to helping the children to prepare for the future. It encouraged them to discuss familial property and to seek children's assistance during times of parental illness. Norman, Kadiyala and Chopra (2005:3-4) confirm that maternal disclosure of HIV-positive status leads to proper planning for care giving to children and it helps children to be well-adjusted and prepared for the future. Bandwidth (2009c:2) and Colgan (2009:2) identify the following as challenges when succession planning for the children's care after the death of the parents is absent:

- Children do not understand what has happened or what will happen to them after parental death
- Adults (who are left behind) are unclear about who will care for the children and act as their guardian
- Property that was suppose to go to the children is taken by relatives
- Fighting over who has the right to inherit the property of the deceased person seems to be a common occurrence.
- People are take advantage of the confusion and claim rights of inheritance when they have no such rights
- Children are not being provided for after their parents have died

- Elderly relatives are forced to take care of orphaned children with little or no available resources.
- Trauma occurs while the ones left behind try to imagine the wishes of the deceased

Although succession planning is important for preparing for the children's future, Gilborn et al. (2001:13) in their study found that only half of the HIV-positive parents who participated in their study had arranged for a guardian. Bandwidth (2009c:2) puts forward the following as barriers that impede succession planning for the care of the children after the parents have passed on but she does not indicate whether these barriers occur across all cultures or are specific to a particular culture:

- The belief that writing wills and preparing for death can cause death
- The tradition that property is only distributed after death by senior people within the extended family
- The tradition that women and young children cannot inherit property
- The tradition that wills are verbal not written
- Limited knowledge and enforcement of laws
- Limited literacy
- Limited experience of legal issues among NGOs in rural areas

Gilborn (2003:2) and Bandwidth (2009c:3) propose the following as suggestions to encourage succession planning in communities by biological parents in terms of the care of their children after they have passed on:

- Counselling HIV-positive parents to disclose their status to their children and families.
- Creating memory books or boxes to keep the memories of the family in the form of stories, personal objects or memorabilia.
- Supporting the appointment of a standby guardian to take on the responsibilities of a parent for a child if the parent is no longer able to do this
- Training for standby guardians.

- Providing education to parents on legal matters, including practical support in writing wills.
- Providing assistance with school fees and supplies.
- Training in income generation and funds to get activities started for the HIV-positive parents and the standby guardians.
- Community sensitisation on the needs of children affected by HIV and AIDS

It is worth mentioning that the Department of Social Development in partnership with UNICEF has recently developed a Succession Planning Guide to assist biological parents to plan for the future care of their children after the former have passed on. This guide focuses on building capacity in communities and civil society organisations that deal with home based care issues to enable them to help biological parents to plan for the future of their children. Hopefully the challenges that hinder succession planning as presented above will be resolved.

One of the social workers who participated in this study emphasised that succession planning should be the first step in the integration process to prevent the conflicts and fights which extended family members have over the custody of orphaned children. Biological parents should be encouraged to make a will and nominate a person who will be entrusted with the guardianship of their children when they are deceased as this will facilitate effectiveness in the family integration process. The following utterance from the social worker attests to this: *“I think it should begin with succession planning (with parents before death); planning is about preparing for your life after death... I am talking about something like a will; writing something even through an induna (head man) ... and signed maybe before the police officer in a form of an affidavit, which states that the children will live with so - and – so, when the person dies. This will help us as social workers because we won’t beat-about-the –bush on who should stay with the children.”*

This sentiment is supported by the conference report on strengthening coordinated action for orphans and other children made vulnerable by HIV and AIDS, emphasising that parents must prepare their children before they die, and talk to the children about what

will happen to them and make the children aware of their inheritance (Department of Social Development, 2006b:14).

Practice guidelines will be presented in the next section focusing on social work service delivery to children from the CHH in view of integration and the extended families after integrating these children into their folds.

4.3.6.3 Category: Practice guidelines on social work services for the extended families of orphaned children living in CHH

The participants suggested practical steps which social workers should follow in working with the extended families of orphaned children living in CHH with a view to preparing the extended families for integrating orphaned children from CHH. The practical steps will be presented in the following sub-categories:

- a. Identify and locate members of the extended family
- b. Conduct family conferences
- c. Explain integration and its implications
- d. Identify and assess or screen potential foster parents

In the following sub-sections, each of these sub-categories will be presented and compared with the available body of knowledge.

a. Sub-category: Identify and locate members of the extended family

Identification and locating of the orphaned children's relatives should be done by social workers when they become aware that there are children living in CHH without adult care as demonstrated by the following quotations from the social workers:

*"...the first thing when we found that children are staying alone... we should ask the children whether they have relatives. If they have relatives, [we need to find their relatives] distance shouldn't matter to us, whether the relatives are in *¹⁵Pretoria we*

¹⁵ Real name changed

*should go there or whether they are in *Soweto we should go there and talk to these relatives...*”

“...we should trace the relatives and when we find them we...educate them...help them to understand the importance of family because family is important...”

Linking up with this sub-category and with reference to children left orphaned due to armed conflict in war-torn countries such as Eritrea, Subbarao et al. (2001:27) mention that the tracing of family members may only be the first step in protecting orphans and vulnerable children provided that relatives are found, that they are willing to take in the children, and that they have the means to absorb the children. Tracing of relatives should be complemented with other forms of child care such as temporary foster families or institutional care while tracing of relatives is still under way (Subbarao et al., 2001:28).

The identification of the extended family members paves the way for social workers to engage these family members in a family conference to deal with challenges that may exist among the family members. This will be discussed in the next section.

b. Sub-category: Conduct family conference

Subsequent to the identification and locating of the extended family members, social workers should conduct family conferences involving all members of the extended families (including paternal and maternal families). Some of the social work participants mentioned that family conferences will enhance the implementation of the family integration process as it will give all members of the extended families an opportunity to deal with their differences, sensitise them about the importance of family integration, and afford them an opportunity to decide on and choose a suitable relative for integration. The following excerpts are provided in confirmation of the above:

“...we need to bring the maternal family and the paternal family together because sometimes these families fight over the children...”

“I think we need to bring families together and talk to them about their problems and help them to solve these problems...”

“We can involve both families, and talk to them and show them the importance of integrating children. We shouldn’t talk to them once because when we speak to them once it will be fok- fok and we will end up without any solution. So, we need to engage them on continuous counselling. I think at a long run they can be able to reach an amicable solution. They will end up realising that children are important on earth and they need to have an adult who can look after them and take care of them - supervise them. I think this could help the children to live with their relatives. So, conducting such family meetings can help. We can do this through conducting group work with such families, grouping families with the same problems together and then tackle topics that are related to their situations, and hear from them what their views are, and also listen to them how they would like to be helped in order to deal with their problems.”

“We must encourage the families that they must sit together and agree amongst themselves on who should take the children.”

Some of the children who participated in the study agreed that family conferences are important to enable their extended family members to take decisions together regarding their placement and to sensitise them about their need for family integration as demonstrated by the following quotes:

“Social workers should bring our relatives together so that they can talk and agree on how to take care of us. Then we can go and stay with them ... they should help each other in taking care of us so that it is not the responsibility of one relative to take care of us.”

“...maybe if social workers can talk to them it can help because they can be able to listen to social workers when they explain our situation and the things that we come across when we stay alone.”

Some of the extended family members strongly emphasised that family conferences are important in facilitating family integration. The following utterances testify to this:

“First of all, social workers need to meet with the children’s relatives, because relatives, even if they are many, they are able to explain and advice social workers who can be right for the children and who is not right to take the children; because as a family we

know each other better in terms of who is right or who is wrong, you see. Then they can take the children and give them to the one who is right, who can be able to take care of these children. They mustn't just take any relative and integrate the children..."

"...social workers [should] ... come and talk to...everyone who is closer to the children's lives; check from all the relatives who could be able to give proper care to the children without a motivation of a grant because that's what made us to fight over the children."

"...because when one relative sits with the social worker alone, he/she will convince them that he/she will be able to take care of the children and yet end up abusing the children; and you find that she doesn't even give the children food."

"Some relatives do not wait for the social worker to come, when death has occurred in the family, they come together as a family and decide on who should take these children and when the family has agreed on this, you find that the person is able to take good care of the children. So, these days you find that a person decide without the consent of the other family members because of the grant, and you find that when she gets that grant she uses it for herself and not for the children's benefits. We have seen it happening a lot even in our community where you find that the person just wants the grant and then uses it for her own benefits."

Some of the social workers and members of the children's extended families mentioned that during the family conferences social workers should explain to the extended family members what integration entails as well as its implications. This will be elaborated upon in the next section.

c. Sub-category: Explain integration and its implications

Phiri and Tolfree (in Foster et al., 2005:27-28) emphasise that preparing the extended family members for their responsibilities towards the integration of the children from the CHH into their fold will lead to more favourable outcomes as such preparation will sensitise them to the needs and rights of orphaned children. Such preparation should promote an understanding of the emotional issues faced by orphaned children who may have witnessed their parents' illness and death and may need emotional support to grieve

and come to terms with their changed situation. The preparation should also include considerations of the behavioural reactions of children to death, loss, and change and it should also address the skills and techniques required to manage these behaviours (Phiri & Tolfree in Foster et al., 2005:28).

The need for social workers to explain to the extended family members what integration of the children from the CHH into their fold entails and its implications was identified by one of the social work participants as well as some members of the extended families of the orphaned children in the present study. They mentioned that being aware of the implications of integrating orphaned children will assist the extended family members to make informed decisions regarding the placement of orphaned children in their homes, and also help them to be prepared to deal with any possible interference as demonstrated by the following excerpt from one of the social workers:

“...so we tell them that the government needs a person who is suitable and explain to them the requirements of a suitable foster parent e.g. a person who knows how to protect the children; how they should take care of these children- ensure that children go to school, they eat, they are safe... the kind of support they can get from the government when they take the children, the consequences of abusing the grant or the children-that the grant can be stopped or the person can be arrested when he/she abuses the children. We explain everything to them so that the person takes this decision knowing all the consequences.”

In support of the sub-category the extended family members stated:

“...we need to be made aware... about the challenges that we could face when we stay with these children.”

“It is important that we need to know from the beginning that maternal relatives will interfere... if we don't know that, when we come across such situations it will make us want to quit being involved in the children's lives.”

The assessment or screening of prospective foster parents should be conducted when relatives have made an informed decision about integrating orphaned children. This will be discussed in the next section.

d. Sub-category: Identify and assess or screen potential foster parents

The importance of the screening of suitable relatives to live with the orphaned children came out very strongly in the statements of some of the social workers and some members of the extended families. Proper screening of potential foster parents was perceived as a method of protecting orphaned children from possible abuse by their relatives who could just be after their grant. The participants emphasised that proper assessment of potential relatives will ensure that orphaned children are placed with relatives who will be able to love and care for the children. The following excerpts from the social workers point to this sub-category and the above precautions:

“Don’t just integrate them just because they are their relatives assuming that they will treat the children well the same way their parents did...”

“...as social workers our role is to make sure that we conduct proper investigations to check whether the relatives are suitable so that we give the children to the right person; not just to do it as a matter of fact...”

“...it requires that if we want to do things right, we should do proper screening...”

“We need to assess ...we can then place the children with this relative...”

“...need to assess and look at whether the relative has her own income, how many dependants she has. It is important that we should conduct a thorough investigations and screening...”

“...first of all we need to investigate when we want to integrate the children with the extended families, we must ... find out what kind of people are these relatives... whether they are suitable to take the children.”

Some of the extended family members also agreed that social workers should conduct proper screening of potential foster parents to ensure that children are placed with suitable relatives. The following utterances convey their sentiments in this regard:

“It is important that social workers should intervene so that the children end up with the right people who don’t want to use them for the grant.”

“...social workers [should] ... come and...check from all the relatives who could be able to give proper care to the children without a motivation of a grant because that’s what made us to fight over the children.”

“...to first check if they [relatives] have love for these children.”

In the section above, practice guidelines were presented on social work services focusing on the extended family members. In the next section, practice guidelines on social services that focus on the orphaned children will be presented.

4.3.6.4 Category: Practice guidelines on social work services for orphaned children with a view to family integration

Since orphaned children are at the epicentre of the family integration process, some of the participants from each of the three cohorts interviewed suggested guidelines of practice to be followed when working with the orphaned children to involve them in the family integration process. The proposed practice guidelines on working with the orphaned children will be presented in the following categories:

- a. Child participation during the planning phase of integration of orphaned children into extended families.
- b. Child participation during the monitoring and support phase of the placement of orphaned children with extended families.
- c. Bereavement counselling of orphaned children living with extended families.

In the following sub-sections each of these sub-categories will be presented and compared with the existing body of knowledge.

a. Sub-category: Child participation during the planning phase of integration of orphaned children into extended families

The need for involving the orphaned children in the planning phase of the family integration process was strongly expressed by some of the children and some members of the extended families who participated in this study. Some of the child participants strongly emphasised that the social workers and the extended family members should listen to their voices before making any decision regarding their placement. The following excerpts from the children affirm this:

“It is important that social workers should first ask us if we want to go and stay with relatives because there are children who don’t want to stay with relatives. The social worker should find out from these children why they don’t want to stay with their relatives and then try and help them... there are children who wants to stay with relatives but you find that relatives don’t want to stay with the children. It is important that social workers should talk to the children to see if they want to stay with their relatives.”

“Social workers should talk to us...”

Some of the extended family member participants echoed the children’s suggestions that children should be given an opportunity to participate in making decisions regarding their integration with the extended family members as illustrated by the following storylines:

“...social workers to come and talk to the children...”

“[Social workers]...need to listen to what the children want and allow them to decide whether they want to stay with relatives or not.”

“[Social workers] need to sit down with these children and talk to them...if they don’t want to live with us, it must come from them, even if they want to stay with relatives, it will be coming from them too; because we need to do what these children want.”

This sub-category and the storylines are supported by Phiri and Tolfree (in Foster et al., 2005:16) who are of the view that children have considerable insight into their problems, needs, resources, and priorities and they should participate in making decisions that affect them. Children have clear and well-informed opinions with regard to choosing a

particular caregiver and they may be resentful if adults fail to seek their views in making such choices (Phiri & Tolfree in Foster et al., 2005:23). The conference report on strengthening coordinated action for orphans and other children made vulnerable by HIV and AIDS also emphasises that children must be given an opportunity to choose a preferred family member to stay with them (Department of Social Development, 2006b:14).

Preparing the extended family's biological children for the integration of orphaned children may enhance the efficacy of the integration process. Some of the extended family members also emphasised the importance of hearing the voices of both the orphaned children as well as their own biological children in the integration process as demonstrated by the following utterances:

"...social workers [should] ... come and talk to the children and everyone who is closer to the children's lives. Social workers need to also check if my children are ready to live with these children and whether they have love for these children.

"We need to give ourselves chance to talk to our children and explain this situation [envisaged integration]...we also need to sit down and talk to these other children [the orphaned children] and find out from them how they feel about us as their new parents. Also find out from them what they desire in life, what kind of children are they. We must try and get to know them the way we know our own children, because our own children are able to sit down with us or their mothers in the kitchen and talk...We must give ourselves chance...to play with them so that they can get used to us and draw closer to us, and not be a parent by just giving them food and things and just talk to them when they have done something wrong only."

The need to involve the orphaned children when social workers conduct monitoring and supervision of the family integration was also identified as a solution to prevent possible disintegration of such placements. This will be elaborated upon in the next section.

b. Sub-category: Child participation during the monitoring and support phase of the placement of orphaned children with extended families

Some participants in all three interest groups (i.e. children heading CHH, extended families and social workers) mentioned that social workers should involve children when they monitor and support the placements. Involvement of the children will assist social workers to identify and address problems and challenges which may arise during the integration period of the children with their extended family members and which could threaten the placement. The early identification of the problems will also avert potential abuse of the orphaned children and enhance the sustainability of the placements. The following utterances from some of the extended family members refer to this sub-category and the above suggestions:

“...social workers ... should then talk to these children and get to know what their challenges are when they live with us, because you might find that they have problems in their lives which make it difficult for them to live with us. It is better that when social workers talk to them, they should call them to their offices so that they [the children] can be able to open up with them.”

“Social workers should also ask the children themselves to find out from them if they are well taken care of; the children will be able to tell if they are being ill-treated...”

“Social workers must also ask the children to tell them everything when they come to check on the children because if they [referring to the children] hide something from social workers, life will be difficult for them.”

One of the children who participated in the study echoed that social workers should talk to them and ascertain from their own perspective their views on the placement as this will enhance family integration. The child articulated this as follows: *“The social workers must also find out from us what is bothering us most regarding our relatives and then try and solve the problems for us so that we are able to live in harmony with our relatives.”*

Two of the social workers also concurred as follows:

“...we even ask the child how he feels; whether he has what he wants [needs]...”

“...we must specifically ask the child how they are and ask them to tell us if there is something which is not right...”

Child participation can be facilitated in various ways. Some of the social workers suggested that they can involve the children through support groups; life skills programmes, and moral regeneration programmes as portrayed by the following utterances:

“...organise support groups for the children, so that they can be able to present their problems; and this will help us to find out what exactly are the problems that lead to all these obstacles...”

“We should also facilitate moral regeneration programmes to help the children know that the principles of ubuntu are still important.”

“We can educate the children and engage them in life skills programmes, something that can modify their behaviour...”

The need for involving children in life skills programmes was echoed by some the extended family members as revealed by the following excerpt: *“...it is therefore important that social workers should teach the children about child abuse and life skills so that the children can be able to protect themselves from such people [i.e. sexually abusive people]; and they should know that if things like these happen, they should know where to report.”*

The former utterances are consistent with findings by the conference report on strengthening coordinated action for orphans and other children made vulnerable by HIV and AIDS (Department of Social Development, 2006b:14) where orphans and vulnerable children who participated in the conference mentioned that children should speak to their guardians about the things they do not like as guardians might not be aware that they are abusing them and that children should be helped to understand the difference between child abuse and discipline. The aforementioned children also emphasised that orphaned children should be encouraged to join support groups in order to share their problems with other children who are in similar situations.

c. Sub-category: Bereavement counselling of orphaned children living with extended families

Coping with the death of a loved one can be difficult for adults who are perceived as strong and it is even more difficult and confusing for children (Lifewatch, 2007:1). Craig and Baucum (2002:643 & 649-650) explain that grief work and bereavement enable individuals to deal with emotional reactions that emanated from the loss of a loved one with the aim of “accepting the reality of the loss and re-channelling the emotional energy previously invested in the deceased”. Craig and Baucum (2002:635) state that Elisabeth Kübler-Ross was one of the first researchers to study death and dying and she identified five stages which people go through in the process of adjusting to death, namely shock and denial, anger, bargaining, depression, and acceptance.

Bauman and Germann (in Foster et al., 2005:114) explain that children’s bereavement reactions are different from those of adults because children’s reactions are influenced by their developmental status. This is supported by Lifewatch (2007:1) in that children, depending on their age, have different understandings of what it means to be dead and how to cope with loss. Children between the ages of nine and twelve can fully comprehend the meaning and reality of death, while very young children may experience death as a loss without being able to verbalise such loss, and children who are between the ages of two and six may also have difficulty in understanding the permanence of death (Lifewatch, 2007:1). Bauman and Germann (in Foster et al., 2005:114) highlight that some general bereavement reactions by children include:

- Shock and denial of the loss.
- Feelings of guilt as the child feels responsible for the death.
- Anger which may be targeted at the deceased parents or significant others.
- Somatic expressions of grief such as stomach or other pains, headache, weakness, or breathlessness.
- Depression which is characterised by fear that they or other significant others will also die.
- Curiosity about the death and what happens after death.

- Copying, in which the child adopts behaviours or mannerisms of the deceased person.

Bandwidth (2009b:1) suggests the following principles in counselling children to help them cope better with their emotions and feelings, and to help them make positive choices and decisions:

- Establishing a relationship with the child.
- Helping the child to tell their story.
- Listening carefully.
- Providing correct information.
- Helping the child to make informed decisions.
- Helping the child to recognise and build on their strengths.
- Helping the child to develop a positive attitude to life.

Bandwidth (2009b:1) cautions counsellors to guard against making decisions for the child; judging, interrogating, blaming, preaching, lecturing or arguing with the child; making false promises to the child; and imposing personal beliefs on the child.

Although bereavement counselling is important for orphaned children, the children who participated in the present study did not mention it as a need. However, some of the social workers suggested that it is important that they should conduct counselling for the orphaned children as demonstrated by the following quote: *“The role of the social worker that we were supposed to do but we are not able to do because of the backlog is counselling. Obviously when children lose their parents they need counselling...”*

Craig and Baucum (2002:644) confirm the finding above that social support plays an important role in helping individuals deal with their grief. Bauman and Germann (in Foster et al., 2005:122-123) agree that it is critical for the children to have adult support in the grieving process to encourage the children to talk about the deceased person, as well as their feelings of loss, as this enhances the adjustment of children to parental death. Bereavement programmes, either individually or at group-level, should also be

offered to children who have experienced loss of a family member or friend to help them grieve and adjust (Bauman & Germann in Foster et al., 2005:122).

This section focused on practice guidelines related to working with orphaned children in the family integration process. The next section will focus on practice guidelines relating to working with the extended families as they live with the orphaned children in their homes.

4.3.6.5 Category: Social work services aimed at the extended families that have integrated orphaned children

In section 4.3.6.3 in this chapter, practice guidelines for social work services to the extended families of orphaned children in CHH *before* the integration of these children in their homes were presented. In this section, the practice guidelines on social work services aimed at the extended families *after* the placement of orphaned children (i.e. when orphaned children are living with the extended families) will be presented. The practice guidelines for working with the extended families that have integrated orphaned children will be presented in the following sub-categories:

- a. Counselling for extended families living with orphaned children.
- b. Support on how to raise, discipline, and deal with challenges in raising orphaned children.
- c. Give priority to and facilitate grant application and payout.
- d. Supervise and monitor the placement of children in the extended family folds.

In the following sub-sections, each of these sub-categories will be presented and compared with the available body of knowledge.

a. Sub-category: Counselling for extended families living with orphaned children

Providing counselling to the extended families living with orphaned children could enhance and sustain family integration of orphaned children. One social worker and one

member of the extended family participants mentioned that social workers should conduct family therapy sessions in order to deal with conflicts and problems that could arise when orphaned children live with their extended families. The following storyline from the social worker attests to this: “...*family therapy sessions are needed where there are family conflicts in order to address these problems.*”

The need for counselling was supported by one of the extended family members as demonstrated by the following quotation from the children’s grandmother who once lived with her orphaned grandchildren: “*Social workers should talk to the relatives so that they can air the things that are eating them inside; like now you are here and you helped me to talk about things that are eating me inside, things that are painful to me which were caused by these children.*”

These utterances quoted above are consistent with findings by Phiri and Tolfree (in Foster et al., 2005:18) who postulate that families who take in orphaned children should be given additional psychosocial support to enable them to cope with challenges posed by the inclusion of children who are traumatised by their experiences of losing their parents.

The need for the provision of counselling to the extended families is also supported by Rantla et al. (2002:35) who state that volumes of counselling are compulsory at this stage because the integration process is still at the brink of either fruition or total breakdown as relatives could have doubts regarding the family integration decision they have made. In addition to counselling, the extended families need support on how to raise, discipline, and deal with challenges in raising orphaned children in their care. This will be discussed in the next section.

b. Sub-category: Support on how to raise, discipline, and deal with challenges in raising orphaned children

This study revealed that the extended families found it difficult to raise orphaned children. Lack of support from social workers on how to raise the children contributed to

the breaking down of some of the placements (see section 4.2.5.4 of this chapter). Some of the social workers and some of the extended family member participants expressed the need for social workers to assist the extended family members in disciplining the children as the following utterances from some of the extended family members portray: *“I cannot say that I can be able to discipline them on my own; I won’t be able to discipline them; it is important that you as social workers should help me.”*

“Social workers must talk to the children and discipline them so that they can walk on the right way...”

“...there were times when they [referring to the children] start doing things that were unacceptable... my heart became sore to scold them because I didn’t know how to scold them because they don’t have parents.”

Some of the social workers strongly expressed the need for social workers to facilitate support groups and parenting programmes for the extended families to help them deal with children’s unacceptable behaviour and to raise the children optimally as illustrated by the following excerpts from the social workers:

“...we should also organise sessions with the relatives so that we can be able to talk to them, and brief them...time and again...organise support groups of some kind where we can meet the relatives and talk to them, and listen to their problems and stuff.”

“...in these support groups we should also teach them on how to take care of children.”

“...need to facilitate parenting programmes where we can call these relatives to teach them about parenting.”

“...and also on how they can deal with the children’s uncontrollable behaviour. We should also teach them that parenting is not only about money but it is more... even us as parents to our own children we know that parenting is not only buying our own children clothes and food. Children have emotional needs, they need someone to love, someone to cuddle them and show them that he/she loves them. Even these orphaned children need exactly that, they don’t just need money and food or what. Their emotional needs must be fulfilled as well.”

“We can... and assist them in terms of budgeting and other things.”

c. Sub-category: Give priority to and facilitate grant application and payout

This study has revealed that some of the extended family members were reluctant to integrate orphaned children because of their inability to provide financially for the children due to economic challenges (see section 4.2.1.1 of this chapter). Some of the participants (i.e. children heading CHH, extended families and social workers) expressed the need for social workers to expedite the foster child grant application and payout to relieve the extended families of the financial burden of taking care of the orphaned children as illustrated by the following quotation from one of the social workers: “...to provide support to them and to give them assurance that there is going to be a grant that will help them so that the children do not become a burden to them.”

Most extended family members attested as follows: “...if social worker can give them [referring to the orphaned children] a grant...on a monthly basis it will be better...”

“...if social workers can give these children a grant it can help because my husband complains about food; he says that he is not able to buy food for many children.”

“I would like social workers to help them [referring to the orphaned children] with...grants so that they can be able to go to school with a full stomach. The grant will also help them to pay for school fees and to buy necessary things that are needed at school.”

“...it can help if social workers can give them [referring to the orphaned children] a grant...”

“Social workers should help with...grant so that these children can be able to go school, they can pay school fees and also buy school uniforms because you find that the school principal sometimes chase them from school...”

“...if social worker can give them the...grant I won't have a problem and I don't think my husband will have a problem because his concern is money to buy them food.”

Some of the children echoed the need for social workers to expedite the foster child grant as follows: “Social workers should help us with a grant because my grandmother applied for the grant in 2007 and we haven't received the grant yet.”

“Social workers should help us with food or grant so that it can help our relatives to take care of us.”

“...if social workers can help us with the grant...because then they won't have to use their money to help us...”

This sub-category is consistent with findings by the conference report on strengthening coordinated action for orphans and other children made vulnerable by HIV and AIDS (Department of Social Development, 2006b:14) where orphans and vulnerable children who participated in the conference mentioned that the government must prioritise foster care applications.

d. Sub-category: Supervise and monitor the placement of children in the extended family folds

The study revealed that orphaned children living with the extended family members could be exposed to abuse and maltreatment due to a lack of supervision and monitoring of such placements (see section 4.2.5.4 in this chapter). Some of the extended family members and social worker participants strongly expressed the need for ongoing supervision and monitoring by social workers to support the placement of the children in extended family folds. These participants emphasised that the focus of supervision and monitoring of placements should include assessment of the children's well-being and the proper spending of the grant. They mentioned that social workers should also interview neighbours and school teachers where the orphaned children are enrolled to ensure veracity of the information that they have gathered from the children and their extended families. The following utterances from the extended family members confirm this:

“After social workers have placed these children with a particular family, it is their duty to regularly go and check on the children to see what is happening with the children they have placed with that family [slowly with an emphasis]; and to check if the grant that they are giving them is used properly. If social workers can do it like that, you will see their work [of integrating the children] will go smoothly.”

“They [social workers] should make sure that they always visit this family to check if the children are in good care ... When they visit, they must also ask the neighbours because neighbours are able to see if the children are suffering or whether the child still goes to school or not, and if the child is always dirty, and if the child is not given money to buy food at school or the child is not given a lunch box when he goes to school. So, neighbours are able to see these things and they can report these things.”

The social workers concurred as follows:

“After integration... we should do supervision and follow-up sessions to see if everything is still okay.”

“For me it will be appropriate to visit each family at least once per week or once per month...”

“We should then monitor the placement, and enter into the children’s bedrooms and if we found that the child doesn’t have anything, he doesn’t have a bed, we ask what is happening, what have they done with the grant, we even ask the child how he feels, whether he has what he wants; we even go to school without the knowledge of the relatives and interview the teachers to find out how the child is, the teachers will be able to tell us if the child is not well taken care of.”

Phiri and Tolfree (in Foster et al., 2005:27) agree that the involvement of respected members of the community in monitoring and supporting family placements is a key component in facilitating protection and adequate care of orphaned children.

Some of the social workers indicated that the assistance of social auxiliary workers will ensure that supervision and monitoring of placement are conducted regularly and properly as demonstrated by the following storylines:

“We now have ... social auxiliary workers ...[who can] monitor and supervise these families ...; because what they are doing currently is to monitor early childhood development centres and they are doing a great job in this area.”

“...and also social workers should monitor them and this will be viable because our numbers are increasing now and we have social auxiliary workers, we will be able to visit them to see what is happening with them.”

This sub-category is consistent with findings by Phiri and Tolfree (in Foster et al., 2005:26) that supervision and support of family placements could avert the maltreatment of fostered children by their foster parents.

This section has presented the suggestions and practice guidelines to enhance the implementation of family integration of orphaned children living in CHH into extended family folds. In the next section, a summary to this chapter will be provided.

4.4 SUMMARY OF THE CHAPTER

In this chapter the presentation and discussion of findings that started in Chapter 3 of this report was continued while the findings were compared with the existing body of knowledge by means of a literature review. The chapter began with the presentation of findings pointing to barriers that hinder effective integration of orphaned children living in CHH into their extended families. The capacity of the extended families to absorb orphaned children has been weakened by many hindrances which include poverty, negative relationships that exist among the extended family members, conflict between the paternal and the maternal families, maltreatment of orphaned children by relatives, and cultural beliefs and practices which challenged the family integration of orphaned children. Barriers to family integration which were related to children's specific circumstances were also presented in this chapter which include children's age, children's unacceptable behaviour, and children's previous socialisation which was different from the relatives' way of socialising children.

Some orphaned children chose to remain in the CHH rather than being integrated with their extended families. The reasons which the children cited were presented in this chapter and include having a place of their own to stay, wanting to take care of their

parents' property, previous negative relationships and experiences with their extended families, fearing possible unfair treatment from the extended family members, unwillingness to relocate, and avoiding being split up amongst the extended family members.

In this chapter suggestions and practice guidelines to strengthen and enhance the family integration of orphaned children living in CHH have been provided. Community mobilisation was identified as the first step and a key strategy to enhance family integration through succession planning for the children's future care by their biological parents. The chapter also provided chronological and yet concurrent practical steps to enhance social work services towards the extended families which include the tracing of the extended family members, conducting family conferences with the extended family members to sensitise them about family preservation, preparing the extended families for their responsibilities towards family integration, and assessing or screening of potential relatives who will be identified by the extended families and the orphaned children as prospective foster parents.

This chapter also provided practical steps for social work services for the orphaned children living in CHH which include involving the orphaned children and the relatives' biological children during the family integration process through child participation. The chapter concluded by providing guidelines to support and maintain the family integration through monitoring and supervision of the placements by providing continual support and counselling to the children and the extended families. The role of pertinent community members such as teachers and neighbours to sustain family integration during monitoring and supervision stage was also highlighted.

These findings will be discussed further in the next chapter which will present the conclusions, limitations and recommendations of the study.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The preceding chapter presented the findings of this qualitative study in accordance with themes, sub-themes, categories and sub-categories that emerged during the process of data analysis and these findings were confirmed or underscored by storylines from the transcribed interviews. The findings illuminated by supportive storylines were either introduced and/or complemented by a literature control, that is, the findings were compared and contrasted with the existing body of knowledge. This final chapter concludes this qualitative research endeavour by demonstrating how the goal of the study was achieved.

The chapter will first present a summary, followed by conclusions and recommendations arising from the qualitative research process which was employed to investigate the research topic. This will be followed by the final summary and conclusions of the research findings which emerged as a result of the implemented qualitative research process in relation to the four themes that came to the fore as a result of the data analysis processes and the consequent discussion between the researcher, the independent coder and the study's promoter. The chapter closes by presenting recommendations for future research and interventions to ensure that orphaned children are embraced within the fold of the extended family.

5.2 RE-STATING THE RESEARCH QUESTIONS, GOAL AND OBJECTIVES OF THE STUDY

Before concluding this qualitative study, it is important to restate the research questions, goal and the objectives of the study formulated at the outset of the study (See Chapter 1, section 1.2). The research questions of the study were posed as follows:

- ◆ From the perspective of extended families, what are the barriers that hinder orphaned children living in CHH from being absorbed into their families?
- ◆ From the perspective of orphaned children heading the CHH, what are the barriers that hinder children in CHH from being integrated into their extended families?
- ◆ From the perspective of social workers rendering services to orphaned children in CHH, what are the barriers that hinder the integration of children from CHH into extended families?
- ◆ What are the suggestions to overcome the barriers of integrating children from CHH into the extended families from the perspective of the extended family, children heading CHH and social workers rendering services to these client systems?
- ◆ What are the practice guidelines that can assist social workers on how to integrate CHH into extended families?

The above research questions depicted the goal of this study which was formulated as follows: *To discover and develop an in-depth understanding of the barriers that hinder effective integration of child-headed households into extended families from the perspective of the extended families, children heading the child-headed households and social workers, and to find out from/learn from the mentioned participant groups(as the experts) how these barriers can be overcome and to formulate practice guidelines to inform the integration process of the orphaned children into extended families.*

In order to achieve the above goal, the following research objectives were set:

- ◆ To explore and describe, from the perspective of the extended families, the barriers that hinder extended families from absorbing orphaned children in CHH into their homes.
- ◆ To explore and describe, from the perspective of the orphaned children heading the CHH, the barriers that hinder children in CHH from being absorbed by their extended families.
- ◆ To explore and describe, from the social workers' perspective, the barriers that hinder social workers from effectively integrating CHH into extended families.

- ◆ To explore and describe the suggestions proposed by extended families of orphaned children, orphaned children heading CHH and the social workers rendering services to these client systems on how to overcome the barriers of integrating children in child-headed households into the extended family.
- ◆ On the basis of the above findings, to formulate practice guidelines aimed at social workers to assist with the effective integration of CHH into extended families.

The researcher concludes that the study was able to answer the research questions which were articulated in goals and objectives referred to above. In the next sections of this chapter, the researcher will demonstrate how this was achieved.

5.3 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS ON THE QUALITATIVE RESEARCH PROCESS APPLIED TO INVESTIGATE THE RESEARCH TOPIC UNDER DISCUSSION

In this section, the summary and conclusions of the qualitative research process or methodology which was followed for this study will be presented to demonstrate the usefulness and the appropriateness of the qualitative approach.

The research process employed for this study followed the seven steps of the qualitative research framework as outlined by Neuman (2006:15). The framework comprises the following steps: acknowledge social self¹⁶, adopt a research perspective, design the study, collect the data, analyse the data, interpret the data and inform others. The framework indicates that all these steps must be underscored by the relevant theory (see Chapter 2 of this research report for a presentation of the application of the qualitative research process using Neuman's framework). In reflecting back on this research framework, the researcher concludes that the coherent and logical nature of the framework proved to be a useful and appropriate tool for this qualitative study as it enabled the researcher to remain focused throughout this research endeavour.

¹⁶This means the researchers' self-assessment, self-awareness and reflections about their position in the society, and their knowledge and experience of research and the phenomenon under investigation (Neuman, 2006:14-15).

In the following sub-sections, a summary and conclusions for each of the aforementioned steps will be presented.

5.3.1 Acknowledge social self

In applying Neuman's (2006:14-15) first step of the qualitative research framework to this research endeavour, specifically, the researcher began with a self-assessment and reflections about her knowledge and experience in relation to the CHH phenomenon and research as well as her position in society (see Chapter 2, section 2.2).

The researcher concludes that this self-assessment and reflection on the researcher's social self has proved to be an appropriate exercise as it granted the researcher the opportunity to reflect on her knowledge and experience of the research topic, research approach and technique. The researcher was able to identify her knowledge gaps in relation to the qualitative research process. At the outset of the study, the knowledge gaps pertaining to the qualitative research process centred around understanding qualitative research approaches and principles, research designs, sampling and sampling techniques, interviewing techniques, and assessment of trustworthiness of research findings.

Through constant consultations with the study promoter and by studying the relevant qualitative research methodology literature, the researcher was able to address these gaps to ensure that methodologically the study was conducted as soundly as possible and in an ethical and accountable manner. The researcher's knowledge about and previous practice experience on the CHH phenomenon enabled her to deal with the complexity of the issues investigated. Her position as a social worker (in that she was known in the area where the fieldwork was conducted as she had previously been employed as fieldworker in that geographical area) facilitated easy access to the study area and the research participants concerned and it also enabled the research participants to share their experiential worlds with the researcher (cf. Miller & Glassner in Silverman, 2004:127-128).

On the basis of the former conclusions it is recommended that before embarking on a qualitative study, novice researchers should first conduct a self-assessment and reflect on their knowledge and experience regarding the proposed research topic they are planning to investigate, as well as their level of knowledge about and expertise in the research approach they intend to follow with the sole purpose of identifying any knowledge gaps that may exist.

A plan of action on how to address any knowledge deficiencies should be drawn up and it is recommended that they envisage enhancing their knowledge by studying the relevant literature on the research topic and the research approach. These efforts will ensure that they have insight into the phenomenon under study as well as the principles, designs and research methods of the research approach selected for the particular study.

It is also recommended that novice researchers should acknowledge their position in the society or communities where they wish to conduct their study as it is easy for research participants to share their experiential worlds with researchers whom they know and trust and with whom they can positively identify (cf. Feldman et al., 2003:38).

5.3.2 Adopt a perspective (i.e. research approach)

In studying the literature on the qualitative research methodology the researcher learned that the nature of the information or evidence required will indicate the choice of the research approach. From Green and Thorogood's (2009:5, 38) viewpoints, the researcher was informed that the goal of a study will (amongst other factors) determine whether one should use the qualitative approach as the principal or sole research approach. These authors write: "[If your aim is] to [develop an in-depth] understand[ing of] the perspectives of participants, explore the meaning they give to phenomena, or observe a process in depth, then a qualitative approach is properly appropriate". To further elaborate and illuminate, if the purpose of your research is to: (1) explore and describe an experience, a context, or a process; (2) discover or learn more about a phenomenon; (3) develop an understanding of an experience or context, and (4) report on an experience,

context or process, a qualitative approach might well suffice (cf. Ritchie and Lewis, 2005:32). For this reason this research endeavour was approached from a qualitative perspective as the purpose of the study was to gain an in-depth understanding of the barriers that hinder effective integration of CHH into extended families from the various participant groups' perceptions and experiences, to explore suggestions to overcome these barriers, and to formulate practice guidelines to inform the integration process of the orphaned children into extended families.

The researcher concludes that the qualitative research approach proved to be an appropriate choice for this study as qualitative research seeks to understand the individual's life worlds from that individual's perspective (cf. Denzin & Lincoln, 2005:18). The qualitative approach was well suited to the purpose of fostering a better understanding of the barriers that hinder the integration of CHH into their extended family folds from the abovementioned participant groups' perspectives and to derive from them and their perspectives solutions to overcome these barriers with a view to the formulation of practice guidelines for the integration of orphaned children into the extended family folds.

From the conclusive learning described above, the researcher recommends that (especially the novice) researchers must look at the purpose of the research and nature of information or evidence required when setting out on a specific research journey. Where the purpose is as stated above to (1) explore and describe an experience, a context, or a process; (2) discover or learn more about a phenomenon; (3) develop an understanding of an experience or context, and (4) report on an experience, context or process, a qualitative approach is recommended (cf. Ritchie and Lewis, 2005:32).

5.3.3 Design the study

According to Neuman's (2006:15) framework, "designing the study" focuses primarily on aspects relating to the research design, defining the population and drawing a sample from the population.

In this study, the researcher employed *an explorative, descriptive and contextual research design*. The exploratory design was used as little was yet known about the barriers that hinder the integration of CHH into extended families (cf. Babbie, 2007:88-89). The descriptive design was employed to describe aspects identified as a result of the exploration initially executed for the study (cf. Neuman, 2006:34-35). A contextual research design was employed to understand the meanings of the participants' life accounts within their specific social context (cf. Neuman, 2006:158).

With reference to the research design employed the researcher arrived at the conclusion that it had proved to be well-suited: an effective means of exploring and describing the barriers to and solutions for effective integration of CHH into extended family folds in terms of the meanings which the participants have constructed about their experiences imbedded in their specific contexts.

From this conclusion, the researcher wants to make the following recommendation, specific to the use of an explorative, descriptive and contextual research design: Where the objectives of a research endeavour are to explore and describe the perceptions, and experiences of participants seen against and understood from a particular context and when the phenomenon being investigated: (1) is ill-defined/not well understood, (2) deeply rooted within the participants' personal knowledge or understanding of themselves, (3) needs to be understood from the vantage point of an particular individual or group, (4) is of a delicate and sensitive nature and when target populations are vulnerable (cf. Ritchie and Lewis, 2005:32-33), then the mentioned research design is suggested and recommended.

The sampling technique (*i.e. purposive sampling*) employed by the researcher to obtain a sample from the stated population who had a first-hand knowledge about and who were being directly affected by the phenomenon investigated, proved to be effective in that being "information rich", the participants were able to provide information to answer the research questions posed at the outset of the study. The researcher accordingly suggests

to other researchers that if they want research questions comprehensively answered, they should hand-pick their participants by employing the purposive sampling technique.

With reference to *gaining access to the study area and the research participants* the researcher arrived at the conclusion that being known in the area where the fieldwork was conducted, the use of gatekeepers and being knowledgeable about cultural customs, practices and protocol prevailing amongst the inhabitants of the area and respecting these benefited and assisted her to gain the buy-in of research participants to participate in the study because the gatekeepers vouched for the legitimacy of the research to the participants.

Accordingly the researcher wants to advise researchers who seek to investigate topics of a delicate and sensitive nature amongst vulnerable populations, to establish contact and relationships with gatekeepers who could introduce them to possible participants. Furthermore, such researchers should become educated about the cultural customs and protocol prevailing amongst the interest group and try to respect this so as not to offend anybody in anyway. The researcher must always adopt the stance of being “the ill-informed” and an appreciative enquirer, while the participants are “the experts”.

5.3.4 Collect data

Under this heading a conclusion and recommendation pertaining to the pilot study, preparation for data collection and the process of data collection will be formulated:

The pilot study: The researcher undertook a pilot study before embarking on a full-scale process of data collection to assess the interview guide and the procedures or methods for data collection which were proposed for this study in Chapter 1 of this research report to see if the envisaged questions and methods would be valid in the practical research environment (cf. Van Teijlingen and Hundley, 2001:1). The pilot study proved to be appropriate as it enabled the researcher to identify and address gaps in her interviewing skills and to plan properly for the full-scale data collection phase. It is recommended that

qualitative researchers should conduct a pilot study in preparation for a full-scale study to see if questions contained in the interview guide to focus the semi-structured interview are clear and at the participant's level of comprehension; this will aid the effort of comprehensively answering the over-arching research questions, and determine whether the envisaged procedures and methods are user-friendly.

Preparation of participants: Prior to implementing the interview guide (i.e. conducting the interviews specifically focusing on the topic of investigation), the researcher orientated all research participants regarding the research project, its goal, what their participation would entail and their rights in order to gain their consent to participate in the study. During this contact, a considerable amount of time was allocated to explaining to them the process of how the data would be collected. In view of this, the researcher conducted an initial home visit with the 'heads' of the extended families who had been identified by the researcher as potential participants in this study, to obtain their consent to participate in the study or to nominate any other family member to represent the extended family in the study. The permission to interview the children heading CHH was also sought from the 'heads' of the extended families. Initial contacts were also made with each CHH to gain the consent of the children heading the CHH to participate in the study and to prepare them for the interviews. Preparation of social workers for data collection and obtaining their consent to participate in the study was done telephonically.

Upon reflection the time spent and procedures followed in preparing the participants to gain their individual consent to participate in the study and to consequently interview them proved to be a useful exercise. It assisted with establishing a relationship of trust with the participants and it made it easier for the data collection process as the participants were aware of what was expected of them and what questions would be asked during the interviews. It also assisted the researcher to collect relevant data required to answer the research questions of the study because the participants had had an opportunity to prepare beforehand the responses to the open-ended questions which were used to collect the data. This also saved time during the interview sessions as the participants knew what was expected of them.

This exercise of investing time and effort in preparing participants for the process of data collection, is strongly recommended when employing qualitative data collection methods (such as face-to-face interviews), as this assists in establishing a well-focused partnership characterized by mutual trust and respect, and also puts both the researcher and participant at ease and thus benefits the information gathering process to be able to answer the research questions.

Method of data collection: Semi-structured, face-to-face interviews focused by the use of an interview guide containing questions relating to the topic under investigation were used to conduct interviews with ten children who were heading CHH, eight extended family members who were related to the CHH who participated in the study and seven social workers who were rendering social work services to these client-systems. For each interest group, a special interview guide was developed comprising a maximum of five open-ended questions which were used to collect data from the participants. All interviews were conducted in the participants' language (i.e. Xitsonga) and they were conducted in settings where the participants felt comfortable and relaxed (i.e. participants' respective homes, BHSSC¹⁷, and participants' offices).

A digital voice recorder was used to record all interviews, with the consent of the interviewees; and this was complemented by note-taking to capture salient issues that required further exploration during the interviews, as well as capturing the non-verbal communication of the participants. It must be noted that while the face-to-face semi-structured interview was the primary method of data collection, observation (as a means of qualitative data collection) was used as supplementary method of data collection. The researcher used appropriate interviewing skills to enter into the life worlds of the participants.

After reflection on the methods of data collection used, the researcher concluded that the qualitative methods of data collection utilized, and the open-ended questions used to aid

¹⁷ An organisation which rendered care and support services to the children and the extended families participated in the study

the semi-structured interviews were particularly well suited to this study as they afforded the participants an opportunity to share (i.e. explore and describe) their subjective experiences and/or perceptions relating to the topic under investigation in an asymmetrical manner whereby the researcher spoke less while encouraging the participants to talk more. The open-ended questions were appropriate in view of providing information to feed into answering the overarching research questions.

Upon reflection, the researcher has concluded that the use of digital voice recorder which was complemented by the note-taking was also an appropriate choice for this study as it enabled the researcher to reflect upon and to understand the participants' verbal and non-verbal accounts in a holistic manner. It also increased the accuracy of the data collected and granted the participants the luxury of the researcher's undivided attention. Conducting the interviews in the spoken language of the participants in settings with which the participants were familiar also proved to be appropriate for this study as it enabled the participants to express themselves freely and with ease.

The methods and procedures used to collect the data were appropriate and meaningful to gain an in-depth understanding of the barriers to and solutions for the integration of CHH into extended families from the perspectives of the children heading CHH, the extended family members and the social workers concerned. It is recommended that qualitative researchers who aim to come to an in-depth understanding of a specific phenomenon should consider employing interviewing (aided by open-ended questions contained in an interview guide) and participant observation (in a complementary manner) for the purpose of data collection as it enables researchers to enter into the life worlds of participants to understand the participants' social worlds and to understand the meanings which the participants attach to these worlds.

5.3.5 Analyse and interpret data

All interviews were audio-taped and transcribed verbatim and translated from Xitsonga to English. Data were analysed according to the descriptive analysis technique of Tesch's

eight steps as cited in Creswell (2003:192-193). This method of data analysis was appropriate for the data gathered from the participants as it provided a coherent and systematic approach to analysing the data. This technique also assisted the researcher to reduce the voluminous information that was gathered into themes, sub-themes, categories and sub-categories as well as generating patterns and relationships among the data.

This technique is recommended for qualitative researchers as it provides a coherent and systematic approach to analysing a great volume of data and generates themes and relationships regarding the data.

5.3.6 Data verification

The researcher applied Guba's model for the trustworthiness of qualitative data as outlined by Krefting (1991:215-222), to verify the research findings. The findings were assessed against Guba's four aspects that seek to ensure trustworthiness, namely: truth value, applicability, consistency, and neutrality. The credibility of the research findings was also ensured through the use of an independent coder who had experience in qualitative research methods, and who conducted the data analysis independently from the researcher. Findings from the independent coder's report were compared with the researcher's findings during a consensus discussion facilitated by the study's promoter.

In conducting this study, the researcher experienced an array of emotions such as feelings of sadness, despondency and being distraught due to the perverse conditions to which children heading CHH were exposed. The saddest part was the fact that most of the children were not receiving financial support from the Government (i.e. the foster child grant) yet they were eligible for such support. The researcher used her colleagues who were social workers in the Department of Social Development, the study's promoter and her pastor to debrief her concerning these emotions. It is recommended that qualitative researchers who investigate research topics which are sensitive in nature should employ the peer examination strategy as one of Guba's methodological credibility strategies outlined by Krefting (1991:219), to identify experts in the field of the phenomenon under

investigation to debrief them when they encounter problems during the study. Guba's model of trustworthiness (Krefting, 1991:215-222) was appropriate in establishing the accuracy and the credibility of the research findings as it provided clear criteria and strategies which enabled the researcher to successfully implement the research process.

This model is recommended for qualitative researchers as it provides criteria which serve as a backdrop against which methodological strategies can be implemented to achieve the trustworthiness of qualitative studies.

Ethical considerations: The researcher's moral and professional obligation to protect the research participants was evident from the ethics she upheld during the research process. The following ethical considerations were upheld by the researcher in conducting the study: adequately informing potential participants about the research project before obtaining their consent to participate, privacy and confidentiality, management of information, accuracy of data collected, actions and competence of the researcher, and debriefing of the participants. Upon reflection the researcher concludes that these ethical considerations adhered to during this research project were particularly appropriate as people were being approached as the main subjects to report on their own life worlds (cf. Denzin & Lincoln, 2005:21).

The ethical considerations ensured that accurate data to answer the research questions of the study were collected because the ethical considerations created a safe environment for the participants in which to share their sensitive information and experience. They therefore participated in the study voluntarily with the knowledge that their identities would be protected. The ethical considerations also proved to be useful to this study as the researcher made prior arrangements with the local social workers for the possible referral of participants who required the intervention of a social worker. This enabled the interview process to proceed smoothly as unresolved sensitive issues that emerged during the interviews were identified and both the researcher and the relevant participant paused and reflected on those sensitive issues with a view to referring the participant to a social worker, with the permission of the participants.

It is recommended that qualitative researchers should adhere to ethical principles when they conduct qualitative studies to create an enabling environment for the participants in which to share accurate information about their life experiences without any fear of potential harm. It is further recommended that qualitative researchers, who engage in research projects focusing on sensitive issues and vulnerable populations, should make arrangements with local counselling agencies to refer participants who could require counselling interventions as qualitative studies of this nature are more likely to evoke unresolved psychological issues which could hamper the flow of data collection if these issues are not managed properly during the interview sessions and can also lead to secondary traumatisation.

In the next section of the chapter the limitations of the study will be discussed.

5.4 LIMITATIONS OF THE STUDY

The researcher used her judgment to purposively sample children heading CHH as best informants on the phenomenon studied (Creswell, 2007:128). In this manner the perspectives of the other orphaned children or siblings in the CHH were excluded from this study and could be highlighted as a limitation.

A sample of CHH and their extended families was selected by using the list of the possible participants which was provided by the BHSSC¹⁸ organisation. This implies that CHH and extended families who were not receiving care and support from this organisation in particular¹⁹ were not included in the list and they were thus excluded from this study. The family representatives of the extended families who were in the list were mostly from the maternal family clan of the CHH. This implies that valuable perspectives of family representatives from the paternal relatives of the CHH were not broadly captured as only one family member from the paternal family clan participated in this

¹⁸ This organisation was identified by the social work manager of the sub-district as it was funded by the sub-district (See Chapter 2, section 2.4.1.5).

¹⁹ There were other organisations in the study area that were rendering care and support services to orphaned children living in CHH apart from those that were being cared for and supported by BHSSC.

study and this could be cited as another limitation. The extended families' perspectives on the phenomenon studied would have been richly described and informative if the paternal and the maternal families of the CHH had been evenly represented in this study. In view of the qualitative nature of the study and the non-randomised sampling technique that were used, the findings from this study cannot be generalised and this is also indicated as a limitation of study.

Despite the limitations noted above, the methodology chosen in this study was effective in gaining an in-depth understanding of the barriers to and solutions for effective integration of CHH into extended family folds as well as formulating practice guidelines to inform this integration process. The methodology used multiple perspectives from different data sources (i.e. children heading CHH, extended family members who were related to the children who participated in this study and social workers who were rendering services to these client-systems) for mutual confirmation of the data (Krefting, 1991:219), and this resulted in the richness of the data.

In the next section of the chapter a summary of the research findings will be presented, as well as a conclusion followed by recommendations.

5.5 SUMMARY AND CONCLUSIONS ARISING FROM THE RESEARCH FINDINGS

In this section, the summary and conclusions of the research findings will be presented according to the four themes that emerged during the data analysis processes. The first two themes, though they do not relate directly to the goal of the study, have been included because of their prominence in the study and in the data gathered from the participants. The last two themes relate directly to the goal of the study and demonstrate how the objectives of the study were achieved.

5.5.1 Theme 1: Realities of orphaned children living in child-headed households

This study revealed that the level of suffering and realities faced by orphaned children heading CHH began with the illness of the parents (See Chapter 3, section 3.3.1.1). One of the children who participated in the study whose mother was terminally ill and eventually died shared her story revealing how she received no support from the extended family members and was forced to act as a caregiver to her sick mother at a very young age. This compromised the child in terms of being child because as the mother's sicknesses worsened, her dependency on the child for care and support increased and this forced the child to drop out of school in order to provide the 'full-time' care required by the terminally ill mother. Caring for her terminally ill mother and watching her die exposed the child to high levels of anxiety, psychological distress and emotional pain. These findings have been verified in the literature (cf. Levine et al. in Foster et al., 2005:6; Germann, 2005:238 & 240; Subbarao et al., 2001:4).

This study also found that the death of the parents further exacerbated the psychological trauma experienced by the children because they had to remain in their households to assume parental responsibilities as heads of the household since they had not been taken in by their extended families,. The responsibilities included a variety of household chores and tasks which were taxing on the children and took a toll in various spheres of the children's lives (see Chapter 3, section 3.3.1.2 and cf. Mkhize, 2006:74-82; Germann, 2005:364).

The assumption of parental responsibilities by the children heading CHH is an indication of the children's need for family preservation. All children who participated in the study had been thrust into parental responsibilities from an early age (cf. Barnett & Whiteside, 2006:223; Germann, 2005:364). Both boys and girls who were heading the CHH assumed parental responsibilities for their households (cf. Kelly in Foster et al., 2005:76; UNICEF, 2004:5). Since this was a qualitative study which focused on gaining an in-depth understanding of the barriers to and solutions for effective integration of CHH into extended families, the study did not explore the extent to which gender roles were

performed by the boys and the girls who were heading CHH. However, the study found that some of the boys performed roles which had previously been stereotyped as ‘female roles’ such as cooking, cleaning and bathing younger children. The parental responsibilities which the children had to perform included household management, taking care of younger siblings, financial management, decision-making and providing for the economic needs of the household (cf. Mkhize, 2006:74-82; Department of Social Development, 2008:141). All children who participated in the study mentioned that performing these roles was burdensome, difficult, challenging, stressful and frustrating, especially when there were smaller children in the family. The assumption of these parental roles took a toll on the children’s lives. This included interference with the children’s schooling, compromising the children’s need for play, and exposing the children to sexual exploitation as the need to provide for younger siblings became imperative (cf. Webb in Foster et al., 2005:239-240; Foster, 2004:3-4).

The study revealed that children who live in CHH without adult care face unrelenting problems such as:

- All children who participated in the study referred to the fact that as CHH, they experienced inadequate food supplies (see Chapter 3, section 3.3.1.3, category a and cf. Foster, 2004:4; Barnett & Whiteside, 2006:229; Greenberg, 2007:13; Subbarao et al., 2001:3). Food is a basic need for survival and as such all children who participated in the study, complemented by some of the extended family members and social workers, expressed strong emotions regarding the children’s adverse experiences of having a shortage of food. This study revealed three pillars of support for their food supply which orphaned children leaned on in order to survive. The sources of support were identified by some of the participants (i.e. the children heading the CHH, the members of the extended family and the social workers) as follows: relatives, neighbours and social workers. The relatives were identified as the first pillar of support which children approached to seek assistance with food. Some of the children and the extended families mentioned that although relatives were willing to assist the children with food, their own financial challenges made it difficult to offer such assistance consistently (cf.

Foster, 2004:4). In these instances, the orphaned children tapped on their second pillar of support (i.e. the neighbours) who played an important role in standing in for the relatives to assist the children (cf. Foster, 2004:5); however, like the orphaned children's relatives, their assistance was also subject to the availability of food in their homes. Assistance with food parcels from the social workers was the third pillar of support to the children (cf. Mkhize, 2006:80). The food parcels also brought some relief for the relatives and the neighbours. The challenge with the food parcels was that they were not provided consistently.

Although the orphaned children mentioned that they sought assistance with food supplies from the said 'pillars', there were times when all these pillars were unable to provide such assistance. This left the children with feelings of hopelessness and resignation and thus they went to bed hungry. Although all children heading CHH mentioned that they had applied for foster child grants, with one of the children having applied as far back as 2005, only one CHH was receiving the grant. This could be attributed to the realities on the limitations of service delivery articulated by social workers as barriers to the integration of CHH into extended families (see Chapter 4, section 4.2.5 and cf. Foster, 2004:7; Department of Social Development, 2008:123).

- The children also experienced education-related challenges such as lack of a proper school uniform, lack of adults to assist them with their homework, and sometimes they missed school as they did not have adults in the household to wake them up in the morning (see Chapter 3, section 3.3.1.3, category b and cf. Foster, 2004:3-4; Subbarao et al., 2001:9).
- Some of the children lived in unsafe houses which exposed them to further harm and danger (cf. Ingwavuma Orphan Care Project, n.d.:1; Lingalo, 2007:7). Some of the children lived in dilapidated houses which exposed them to sexual abuse, anxiety about the house falling on them, and break-ins into their homes by

- strangers and some relatives to steal their belongings (see Chapter 3, section 3.3.1.3, category c).
- Some of the participants who were mainly social workers and extended family members mentioned that living in CHH without adult care exposed the children to living without proper guidance, discipline and control from adults. One of the social workers and one extended family member mentioned that lack of respect among the siblings made it difficult for the child heading CHH to mete out discipline to the younger siblings (cf. Mkhize, 2006:83; Department of Social Development, 2008:123). This may result in girl children engaging in exploitative sexual behaviour or prostitution (see Chapter 3, section 3.3.1.3, category f and cf. Foster, 2004:4).
 - Some of the orphaned children heading CHH experienced sexual abuse and exploitation as they lived without adults to protect them in their homes (cf. UNICEF, 2001a:32; Greenberg, 2007:4&17-18; Nkomo, 2006:79). Two of the five girls who participated in the study shared their poignant experiences of being exposed to sexual abuse. One of the girls shared that she had been almost raped by a man who broke into her house in the middle of the night wanting to rape her and she was rescued by her neighbours when she screamed for help (see Chapter 3, section 3.3.1.3, category d).
 - Another reality which the orphaned children who participated in the study experienced was that they lived without adults to advocate for them (see Chapter 3, section 3.3.1.3, category e and cf. Richter and Desmond, 2008:1019). For instance, although the girl (mentioned above) who was almost raped knew the man who broke into her home, charges were not laid against the man as she did not have any one to facilitate the process of reporting him as neighbours were not willing to take the risk involved.

In addition to the myriad adversities experienced by orphaned children living in CHH, some of the children had to cope with the reality of multiple losses of the significant others in their lives which included their parents, siblings and cherished relatives. One example in this study revealed that this causes a tremendous amount of stress on the surviving children which leads to depression.

One of the reassuring findings and conclusions of this study relates to the remarkable resilience and resourcefulness of all children in dealing with their pervasive adversities (see Chapter 3, section 3.3.1.5). This finding has been verified in the literature (cf. Williams et al., 2008:338; Germann, 2005:248). The main sources of resilience from which children drew their coping mechanisms include:

- Children's internal positive attitude towards life, acceptance of their circumstances, and sports and recreation.
- Children's interpersonal skills such as budgeting to ensure that the monthly social grant which they received would last them for the entire month, and their willingness and ability to seek assistance from neighbours, friends, relatives and social workers.
- Children's external support systems such as neighbours, churches, friends, relatives, and the Government support.

5.5.2 Theme 2: The participants' views on the potential value of integrating orphaned children in CHH into extended families

From the research findings it became clear and it can be concluded that the extended family members and the social workers who participated in the study identified few disadvantages of having orphaned children integrated into extended family folds. In other words, these participants did not want orphaned children to live in CHH and they supported the idea of having orphaned children being integrated into extended families (cf. Germann, 2005:328). **Of significance, was the finding that most of the children heading the CHH who participated in this study identified more disadvantages related to the integration of orphaned children into extended families**

as compared with social workers and extended family members (cf. Germann, 2005:335). Fear of possible maltreatment of the children by the relatives, as well as previous negative experiences relating to the unfair treatment of the children at the hand of members of the extended families, were cited by the children heading the CHH as the main disadvantages of integration (see Chapter 4, section 4.2.4.2, sub-category f). This fear resulted in some of the children heading the CHH having mixed views on the integration of orphaned children into extended families (cf. Howard et al., 2006:7).

The researcher concluded that these mixed views were further exacerbated by the fact that the children who participated in the study were the ones who were affected by and torn between the reality of living in a CHH where they are faced with varying levels of suffering and having to shoulder adult responsibilities at their tender age, and the fear of living with the extended families who could ill-treat them and subject them to even more psychological trauma and stress.

A research finding (and conclusion) that clearly surfaced was the child participants and their siblings' need to be loved, cared for and protected by their extended families (see Chapter 4, section 4.3). This need was also echoed and confirmed in the literature (cf. Nkomo, 2006:73).

It can be further concluded that the potential value of integrating CHH into their extended family folds was motivated mainly by the children's need to escape the pervasive adversities which they experienced in CHH (see Chapter 3, section 3.3.1 for a presentation on the realities experienced by orphaned children living in CHH). Most of the children expressed their need to be integrated with their extended family members as they believed that the relatives would help them in shouldering the burden of performing parental responsibilities which the children perceived as "heavy" and burdensome (see Chapter 3, section 3.3.2.1 for a presentation on the potential value of integrating CHH into extended families as a means to relieve the burden from the caring child).

Another finding and conclusion arrived at was the fact that the existence of the CHH phenomenon was an indication of the violation of children's fundamental rights as orphaned children's needs were not adequately met in CHH (see Chapter 3, section 3.3.1 and cf. Foster, (2004:4); Smart, (2003:8) and Greenberg, (2007:13)). All participants perceived integration of CHH into the extended families as a means to meet the children's fundamental needs in that the relatives would have the responsibility to satisfy or provide the following children's fundamental needs: subsistence (i.e. food, accommodation and clothing), protection (i.e. physical protection and health care), understanding (i.e. education) and idleness (i.e. children would have time to play as relatives would relieve them of having to perform adult roles) (see Chapter 3, section 3.3.2.2 for a detailed presentation on the potential value of integrating CHH into extended families to meet the orphaned children's fundamental needs).

From the research findings, it became clear that integrating CHH into extended families was perceived as a good alternative care option for orphaned children as relatives will provide guidance to the children with regard to the developmental stages, values and social norms (cf. Bauman & Germann in Foster et al., 2005:101-103). Some of the children mentioned that relatives will create an environment in which they will be socialized to develop appropriate social skills required for adult life. Some of the extended families and the social workers articulated the view that integration of CHH into extended families will also help the children to learn appropriate social and family rules, and also teach and guide them through the adolescent stage and also with regard to the changes in their bodies as they grow up, for instance, menstruation (see Chapter 3, section 3.3.2.3 for a detailed presentation on this).

The study revealed that most of the children heading CHH experienced psychological tension and stress due to the myriad problems with which they were faced as heads of households. Psychosocial support was identified by some of the participants as one of the benefits of integrating the CHH with their extended families (see Chapter 3, section 3.3.2.4 for a detailed presentation on psychosocial support and cf. Germann, 2006:71; Mkhize, 2006:21; Nkomo, 2006:95; Levine et al. in

Foster et al., 2005:6-7). One of the social workers mentioned that the blood relationships that exist between the children and their relatives will create an enabling environment for the children to receive emotional support, care and love. Some of the children and the extended family members mentioned that being integrated with their relatives will ensure that they receive motherly love which is missing in their lives as a result of the death of their parents, and it will also provide them with an opportunity to vent their personal problems as relatives will help in managing these problems for them.

Another potential value of integrating CHH into the extended families was evident in the perceptions of some of the children and the extended family members in that relatives would provide adult supervision with regard to the management of household order and setting boundaries in the household (see Chapter 3, section 3.3.2.5 for a discussion of this aspect). The integration of CHH will secure adult supervision to regulate the children's routine and discipline as well as to prevent the children from engaging in prostitution as a means for survival, as well preventing teenage pregnancies.

The preservation of identity, culture and “ubuntu” was also identified by most social workers as a potential value of integrating CHH into extended families (see Chapter 3, section 3.3.2.6 for a presentation on this aspect). The extended family folds were seen as a backdrop against which orphaned children could identify themselves and be able to learn about their family values, norms and culture. Kinship placements were viewed by some of the social workers as a means to provide orphaned children with a sense of belonging and connectedness with their family roots (cf. Phiri & Tolfree, in Foster et al., 2005:16). The restoration of personal identity was also depicted in some of the children's strong feelings and need to be regarded as ‘normal’ children. These children mentioned that being integrated with their relatives would restore their lives to a position where it was before they lost their parents because the relatives would provide for their fundamental needs to ensure that communities do not see them as different from other children who are not orphans (cf. Nkomo, 2006:84-86).

The participants' positive views on the potential value of the integration of orphaned children in CHH into extended families is an indication that the participants embrace the principle of family preservation which is embodied in the integration of orphaned children into extended families. However certain barriers exist which threaten the principle of family preservation. The barriers that hindered the integration of orphaned children into extended families will be presented in the next section.

5.5.3 Theme 3: Barriers hindering effective integration of CHH into extended families

The existence of the CHH is an indication that the extended family system is struggling to absorb orphaned children and this results in orphaned children having to cope with the pressures and burdens of carrying out adult responsibilities without the strengths and mental capacity to deal with such responsibilities. The study sought to gain an in-depth understanding of barriers that hinder the integration of these orphaned children into the extended family folds from the perspectives of the children heading CHH, the extended family members and the social workers who participated in the study.

Table 5.1 below presents an overview of the barriers that hinder effective integration of CHH into extended families as articulated by participants from all the interest groups interviewed in this study. (See Chapter 4, section 4.2 for a presentation of these barriers.) The researcher has categorized and clustered these barriers according to the circumstances that are related to each of the three interest groups of participants. It is worth mentioning that the barriers presented in each of the column represent the perspectives of all three of the participant groups and not only the perspectives of the participant grouping in the heading for each column.

The table below also provides an answer to the following questions formulated at the outset of the study:

- ◆ From the perspective of the extended families, what are the barriers that hinder orphaned children living in CHH from being absorbed into their families?

- ◆ From the perspective of the orphaned children heading the CHH, what are the barriers that hinder such children from being integrated into their extended families?
- ◆ From the perspective of social workers rendering services to orphaned children in CHH, what are the barriers that hinder the integration of such children into extended families?

The researcher views this to be the realisation of part of the research goal formulated at the outset of the study which read: *“To discover and develop an in-depth understanding of the barriers that hinder effective integration of child-headed households into extended families from the perspective of the extended families, children heading the child-headed households and social workers”*

Table: 5.1: **Barriers hindering effective integration of CHH into extended families**

Barriers that hinder effective integration of CHH into extended family folds which are related to circumstances of the children heading CHH	Barriers that hinder effective integration of CHH into extended family folds which are related to the extended family members' circumstances	Barriers that hinder effective integration of CHH into extended family folds which are related to service delivery by social workers
<ul style="list-style-type: none"> • Children coming from homes with rules different from those of the extended family members. • Children having a place to stay on their own. • Children having support in staying on their own. • Children wanting to keep and care for parents' property. Children preferring independent lifestyle. • Children's previous negative relationships and experiences with the extended families. • Children's fear and experience of unfair treatment. • Children's unwillingness to relocate. • Children's unwillingness to be dispersed among the extended family members. Children's behavioural problems being unacceptable to the extended family members. • Children's age (i.e. difficulty in integrating older children). • - Stigmatizing children whose parents died of HIV/AIDS. 	<p><u>Poverty -related challenges</u></p> <ul style="list-style-type: none"> • Extended family members were unable to take in orphaned children as they were unable to meet the orphaned children's fundamental needs. • Extended family members who were unemployed were unable to take in orphaned children. • Extended family members with inadequate accommodation were unable to live with orphaned children. • Abuse of orphaned children's social grants by the extended family members deterred orphaned children from being integrated with their relatives. • Extended family members were unable to take in more orphaned children as they were already living with other orphaned children. <p><u>Relational and family challenges</u></p> <ul style="list-style-type: none"> • Unresolved conflicts between maternal and paternal families led to the existence of CHH. • Unresolved past relational feuds between the orphaned children's deceased parents and relatives deterred the integration of orphaned children into extended families. • Interference by and criticism from relatives towards relatives who are willing to take in orphaned children deterred the willing relatives from taking in the children. • Abuse of orphaned children 	<p><u>Limitations in service delivery towards integration of CHH into extended families</u></p> <ul style="list-style-type: none"> • Social workers' high caseloads led to poor assessment (by social workers) of relatives to integrate orphaned children. • Pressure from social work managers to place orphaned into foster care. • Lack of adequate resources such as vehicles to conduct home visits to do assessment of relatives for integration purposes, and computers to type assessment reports. • Social workers' inability to monitor and support extended families that have integrated orphaned children. • High turnover of social workers led to unsuccessful handover of cases for follow up.

	<p>by extended family members led to the existence of the CHH.</p> <ul style="list-style-type: none"> • Lack of suitable extended family members to take in orphaned children led to the existence of the CHH. • Lack of contact between orphaned children and the extended families perpetuated distances between orphaned children and their relatives. • Negative attitudes of children of the extended family members towards the orphaned children. <p><u>Cultural beliefs and practices</u></p> <ul style="list-style-type: none"> • Patriarchal social organisation inhibits extended family members from taking in orphaned children outside their patrilineage. • Paternal families' unwillingness to take in orphaned children born out of traditional marriages. • Cultural beliefs – respecting deceased parents' wishes for non-integration of the children. 	
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The barriers to the integration of CHH back into the fold of the extended family as articulated by the participants in this research project brought the researcher to the conclusion that the aims and efforts of integrating orphaned children from CHH into the fold of the extended family are complex, multifaceted and multi-sphered.

This study revealed that the barriers that hinder the integration of orphaned children into extended families go beyond the extended families' economic capacity to absorb orphaned children into their homes. There is an interplay of barriers that are poverty related (see Chapter 4, section 4.2.1 and cf. Howard et al., 2006:7; Adato et al., 2005:2; Phiri & Tolfree in Foster et al., 2005:17), relational and family-related (see Chapter 4, section 4.2.2 and cf. Foster, 2000:56; Germann, 2005:376; Nkomo, 2006:73-74), culturally related (see Chapter 4, section 4.2.3 and cf. Foster et al., 1997:165; Foster, 2000:56-57) and barriers that are related to the circumstances of the orphaned children

(see Chapter 4, section 4.2.4 and cf. Foster et al., 1997:163-165; Rantla et al., 2002:20-21&26; Gilborn et al., 2001:22; Department of Social Development, 2008:196). Social workers were perceived to be key delivery agents in the integration process. The limitations in social work service delivery also posed a huge challenge in the integration process because poor quality service delivery, especially through lack of support to family integration placements, led to the disintegration of family placements (see Chapter 4, section 4.2.5). This disintegration was then used as a backdrop against which orphaned children, extended families and social workers determined future family integration attempts (see Chapter 4, sections 4.2.4.2 category f and 4.2.5.4). The limitations in social work service delivery were confirmed in the literature (cf. Department of Social Development, 2008:26; Meintjes et al., 2003:6).

5.5.4 Theme 4: Suggestions to overcome hindrances to integrating orphaned children from CHH into extended families

Based on the research findings pertaining to this theme, the researcher concluded that the suggestions proposed by the participants on how to overcome the barriers²⁰ that hinder effective integration of orphaned children living in CHH into extended families are indicative of the expertise and capacities which the participants possess in making their own decisions regarding how they want to improve their own lives.

Several suggestions were proposed by the aforementioned participants. **From the findings it can be further concluded that most of these suggestions emphasised the role which social workers should play in the integration of orphaned children into extended families. This reflects the expectations which the participants, especially the children heading CHH and the extended families, cherish regarding social workers as key role-players in enabling and facilitating interventions which focus on the care and protection of orphaned children and families.**

Poverty relief or subsistence support was identified as a major determinant for improving the efficacy of the integration of orphaned children into extended families. This was an

²⁰ See Chapter 4, section 4.2 for the presentation on these barriers

indication of the magnitude of the poverty which CHH and the extended families were exposed to which was identified as a barrier against the extended families absorbing orphaned children. All children heading CHH and the extended families and some of the social workers suggested that social workers should assist the extended families with food, food parcels, social grants, clothes and housing to improve their capacity to absorb orphaned children into their families (see Chapter 4, section 4.3.1 for a presentation on poverty relief and cf. Gilborn et al., 2001:17; Department of Social Development, 2006b:14; Donahue in Foster et al., 2005:38-39).

The advocacy role of social workers was also identified by most participants as a critical ingredient in enhancing the integration of orphaned children in CHH into extended families (see Chapter 4, section 4.3.2). This study revealed that social workers should act as intermediaries between the orphaned children and their extended families in order to highlight the plight of these children with a view to sensitising the extended families to absorb the children (see Chapter 4, section 4.3.2 for the presentation on the role of social workers as advocates for children in CHH). This will ensure that the orphaned children's right to parental care or alternative care is protected. The role of social workers as advocates was also confirmed in the literature (cf. Department of Social Development, 2006b:14; Mkhize, 2006:231).

This study also revealed that the orphaned children's behavioural problems acted as a barrier to the integration of the orphaned children into extended families as relatives were unable to deal with such behavioural problems (see Chapter 4, section 4.2.4.3). Some of the extended family members suggested that social workers should play a supporting role in disciplining, reprimanding and directing orphaned children when they are integrated with them to ensure stability of the placements (cf. Gilborn et al., 2001:17).

Other suggestions which were proposed by the participants on how to deal with specific challenges which were identified as barriers to the integration of orphaned children in CHH with their extended families are depicted in Table 5.2 below and these suggestions must be viewed as answers to the research question formulated at the outset of the study:

“What are the suggestions to overcome the barriers against integrating children from CHH into the extended families from the perspectives from the extended family, children heading CHH and social workers rendering services to these client systems?”, and the section of the research goal described as follows: to find out from/learn from the participant groups (as the experts) how these barriers can be overcome.

Table 5.2: Suggestions on how to deal with specific challenges hindering the integration of orphaned children in CHH into extended families

Specific challenges	Suggestions
Dealing with conflict between paternal and maternal families	<ul style="list-style-type: none"> • Social workers should intervene through counselling to help resolve the conflicts. • Family advocates should be utilised to make a determination regarding the custody of the orphaned children.
Dealing with cultural beliefs hampering the integration of CHH into extended families	<ul style="list-style-type: none"> • The cultural beliefs of the orphaned children should be acknowledged and respected.
Dealing with older children who do not want to relinquish their freedom and independent lifestyle	<ul style="list-style-type: none"> • To remove younger siblings and integrate them with the extended families. • Social workers should provide constant monitoring of older children who choose to remain in their parents' houses.
Dealing with orphaned children who already have adequate housing	<ul style="list-style-type: none"> • To place a relative in the orphaned children's home • To identify a relative who will monitor the orphaned children on a day-to-day basis while these children remain in the CHH.
Dealing with orphaned children who want to safeguard their parents' house	<ul style="list-style-type: none"> • To identify a relative who will be lawfully contracted to safeguard the orphaned children's property until the children are old enough to live on their own.
Dealing with lack of suitable or willing relatives to integrate the CHH	<ul style="list-style-type: none"> • To utilise community-based care organisations to provide care and support to the orphaned children. • These organisations should be utilised to receive and manage the orphaned children's social grants. • Social workers should monitor compliance with these organisations.

As mentioned earlier in 5.5.2 in this chapter, some of the participants had mixed views with regard to the integration of orphaned children into extended families as a form of care for CHH. The mixed views were a direct or indirect result of the aspects which the participants identified as barriers to the integration of CHH into extended families (see Chapter 4, section 4.2 for a presentation on barriers hindering effective integration of CHH into extended families, and also Chapter 3, section 3.3.2 on the potential value of the integration of CHH into extended families).

Some of the social workers' mixed views pertaining to this issue of integrating the children from the CHH into the extended family's folds were perpetuated by their

previous social work service delivery experiences where the foster care placements of orphaned children of CHH with their relatives disintegrated due to the maltreatment of the children (see Chapter 4, section 4.2.4.2, category f) and the abuse of the children's social grants by relatives to meet their own financial needs instead of those of the orphaned children (see Chapter 4, section 4.2.1.4). The social workers thus suggested alternative care options to protect orphaned children who could not (for reasons mentioned earlier in this report) be integrated with their extended families. The alternative care options will be summarised as follows:

- Placement of orphaned children with non-relatives. This was perceived by some of the social workers as a best option for the protection of orphaned children who do not have relatives or have relatives who are using the children to advance their battles related to patriarchal social organisation. One extended family member attested that placing orphaned children who do not have relatives with non-relatives is a good option (see Chapter 4, section 4.3.5.1).
- Placement of orphaned children in places of safety (institutionalisation). The unavailability of relatives to take in orphaned children when an urgent need arises leaves social workers with little choice but to place them in a place of safety. The social workers who identified this alternative option of care had varied views on its efficacy in promoting the care and protection of children. These views emanated from the overcrowded status of the current places of safety due to the swelling numbers of orphaned children who need alternative care and this was perceived as a deterrent for children to receive optimal personal care (see Chapter 4, section 4.3.5.2).
- Placement of orphaned children in cluster foster care schemes. This option was perceived as a best option for the protection of orphaned children who do not have relatives instead of placing the children in institutional care. This option was embraced due to its principle of allowing orphaned children to live together as siblings in a family setting environment (see Chapter 4, section 4.3.5.3).

The findings above were also noted in the literature used as part of the literature control (cf. Foster, 2004:7-8; Phiri & Tolfree in Foster et al., 2005:11-13; Subbarao et al., 2001:28-29; Germann, 2005:89; Howard et al., 2006:1&9).

In addition to the suggestions presented above, and **deduced from the research findings, the participants suggested practices to enhance the process of integrating orphaned children into extended families** and assisted the researcher to realise the last part of the research goal, reading as follows: “*and to formulate practice guidelines to inform the integration process of the orphaned children into extended families.*” The researcher has indeed used the suggested practices to formulate practice guidelines to inform the integration process of orphaned children into extended families. It is worth mentioning that the proposed practice guidelines augment the current protocol for practice which social workers in the Department of Social Development and Child Protection Organisations are currently using to place orphaned children with their extended families and should therefore be considered as an expansion of the current protocol for practice.

The suggested practices highlighted the importance of community awareness campaigns as a first step in the integration process (cf. Phiri & Tolfree in Foster et al., 2005:28). The campaigns should be conducted to enhance visibility of social workers, sensitise communities about the importance of biological parents having succession planning for the children after the former have passed on, to educate communities with the basic knowledge of HIV/AIDS, and to sensitise communities about their social responsibilities towards orphaned children (see Chapter 4, section 4.3.6.1). Succession planning was seen as a good intervention to curb disputes and conflicts among the extended families with regard to the custody of orphaned children as it will enable biological parents to appoint guardians who will take care of their children after they have passed on (see Chapter 4, section 4.3.6.2 and cf. Gilborn et al., 2001:13).

Suggested practices which were **related to the role of social workers towards the extended families** highlighted that **identification and locating members of the extended**

families should be done by social workers as soon as they become aware of the existence of a CHH in the community. **This should be followed by family conferences with all members of the extended families** (i.e. paternal and maternal families) to identify and deal with challenges that led to the existence of the particular CHH, to enable all members of the extended families to decide collectively with regard to the custody of the orphaned children, and to explain the integration process and its implications (cf. Phiri & Tolfree in Foster et al., 2005:27-28). After this, **social workers should screen or assess relatives who have been identified as potential foster parents by the extended family members**. Screening and assessment of potential foster parents was perceived as a good practice for protecting orphaned children from possible maltreatment or abuse by their relatives (see Chapter 4, section 4.3.6.3 for the suggested practices).

Suggested practices related to the role of social workers towards the orphaned children emphasised **the need for orphaned children to be included in all endeavours** and that their voices be heard by all key role players **in the integration process** as the process directly affects them. Hearing the voices of the orphaned children will ensure that the children's felt needs and decisions regarding the integration process are respected (see Chapter 4, section 4.3.6.4 and cf. Phiri & Tolfree in Foster et al., 2005:16; Department of Social Development, 2006b:14).

This study highlighted the psychological trauma and stress which children experienced subsequent to the death of their parents and the pervasive adversities of heading CHH (see Chapter 3, section 3.3.1). Bereavement counselling for orphaned children was perceived as an important element in the integration process to help them deal with their grief (see Chapter 4, section 4.3.6.4, category c and cf. Bauman & Germann in Foster et al., 2005:114&122).

Further practices were suggested to support the extended families after they have taken orphaned children into their homes. If implemented, the practices would prevent disintegration of placements of orphaned children with the extended families as they seek to maintain and ensure stability of family integration of orphaned children (see Chapter 4,

section 4.3.6.5). The practices include counselling for the extended families to deal with challenges that may arise when orphaned children live with their extended families (cf. Rantla et al., 2002:35; Phiri & Tolfree in Foster et al., 2005:18).

The study also highlighted that **supporting the extended family members on how to raise, discipline and deal with challenges in raising orphaned children** would equip the extended family members with knowledge, skills and attitude to enable them to deal with the orphaned children's unacceptable behaviours (see Chapter 4, section 4.3.6.5, sub-category b). The need for social workers to facilitate and expedite the application and payment of foster child grants was highlighted as a support mechanism to relieve the extended families of the financial burden that comes with the integration of orphaned children into their homes (see Chapter 4, section 4.3.6.5, sub-category c and cf. Department of Social Development, 2006b:14).

The social workers' role in supervising and monitoring the placements of orphaned children in their respective extended family homes was emphasised as a support mechanism to avert possible abuse and maltreatment of orphaned children by their extended family members which could lead to the disintegration of such placements (see Chapter 4, section 4.3.6.5, sub-category d and cf. Phiri & Tolfree in Foster et al., 2005:26-27). In order to ensure that supervision and monitoring of these family placements is done regularly, the utilization of social auxiliary workers to supervise and monitor family placements was highlighted.

The suggestions which the participants proposed above on how to improve the efficacy of the integration of orphaned children with their extended families reflected the participants' hope that something can be done to ensure that orphaned children are protected and cared for in families and within communities.

5.6 RECOMMENDATIONS

The conclusions arising from the qualitative research findings of this study are many and varied, but the underlying essence is that CHH is not a good option for the care and protection of orphaned children as it exposes the children to pervasive adversities and perilous conditions with little resources and support. The integration of orphaned children into extended families was embraced because of its potential value of enabling the extended families to relieve the burden which children heading CHH were experiencing in assuming parental responsibilities, to meet the orphaned children's fundamental needs, to provide guidance regarding developmental stages, values and norms, to provide psychosocial support, to provide adult supervision in relation to management of household order and boundaries, and preserve identity, culture and "ubuntu".

However, barriers exist that threaten the integration process and thus perpetuate the CHH phenomenon. The suggestions proposed by the participants highlight the prospect of overcoming these barriers with a view to having orphaned children being cared for by their extended families. Based on the research findings and the subsequent conclusions arrived at, the following recommendations are made as regards: (1) practice in terms of practice guidelines for the integration of orphaned children into extended families, (2) social work education, (3) social policy and (4) further research:

5.6.1 Recommendations for practice

The recommendations for practice will focus on the practice guidelines on the integration of orphaned children into extended families, and the continuum of alternative care options for orphaned children.

5.6.1.1 Practice guidelines on the integration of orphaned children into extended families

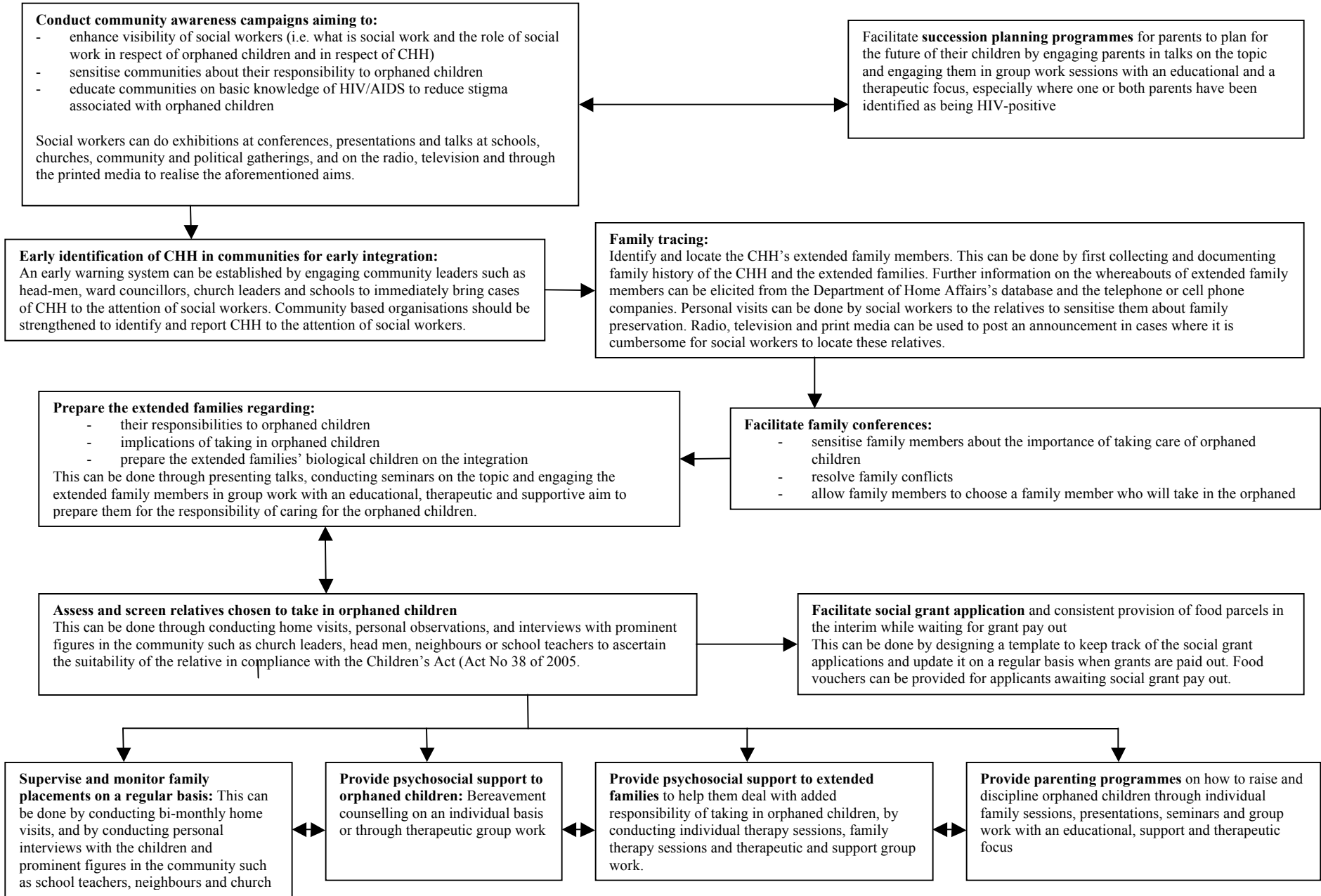
The following practice guidelines were derived from the participants' suggested practices to improve the efficacy of the integration of orphaned children into extended families. It is recommended that the practice guidelines should be used in conjunction with the current protocol of practice which social workers in the Department of Social Development and Child Protection Organisations are currently implementing to place children who are in need of care into foster care.

It is worth mentioning that some of the steps in the practice guidelines can be implemented concurrently. The implementation of these practice guidelines will enable service providers to protect the rights of orphaned children, especially the children's right to parental care by ensuring that orphaned children are protected and cared for by their extended families with whom they are familiar. Figure 5.1 below presents a schematic overview of the practice guidelines.

The guidelines are presented in detail in Chapter 4, section 4.3.6.

Figure 5.1: Recommended practice guidelines for the integration of orphaned children into extended families²¹

²¹ Figure 5.1 below is too large and this made it difficult to insert this title on top of the figure itself.



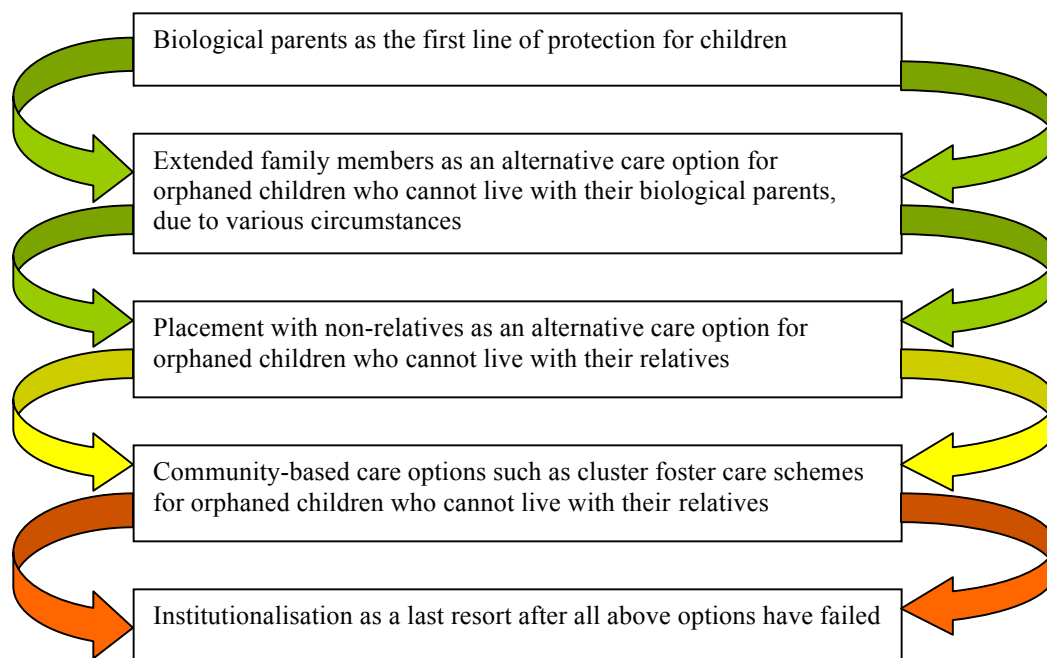
5.6.1.2 Recommendations on the continuum of alternative care options for orphaned children

The CHH phenomenon has violated most of the orphaned children's right to parental or alternative care and this results in orphaned children having to live with their fundamental needs being unmet. In order to ensure that orphaned children grow up in families where there are adults who will protect them and respond to their needs, a continuum of alternative care options is recommended. This continuum of care must be brought to the attention of policy makers and social workers at conferences, workshops and through publications. It is recommended that this continuum of care be assimilated in policies aimed at the protection of children.

The recommended continuum of care will assist social workers to protect the orphaned children's right to parental or alternative care as it depicts the levels of alternative care options according to their preferences. It provides a picture of better options for the care and protection of children which social workers should first tap into before proceeding to the next option. This continuum of alternative care options has been derived from the research findings of this study and the literature reviewed for the purpose of providing a literature control (cf. Subbarao, 2001:24-29; Foster, 2004:3&8; Germann, 2006:385; Phiri & Tolfree in Foster et al., 2005:11). It denotes that parents are the first line of protection for children.

However, in instances where children are not able to live with their parents due to factors such as the death of the parents, the extended families should provide protection, care and support to the children. In instances where the extended families' safety net is weakened, the children can be placed with non-relatives and community-based options such as cluster foster care schemes as these alternative care options enable children to grow up in a family environment in communities with which they are familiar. Institutionalisation should be regarded as a last resort when all the alternative care options mentioned have been exhausted and have failed. Figure 5.2 presents a schematic overview of the continuum of alternative care for orphaned children.

Figure 5.2: **Continuum of alternative care options for orphaned children**



5.6.2 Recommended strategic interventions for the integration of orphaned children into extended families

The following strategic interventions are recommended to improve the efficacy of the integration of orphaned children into extended families.

➤ **Provide extended families with poverty relief support.**

Provision of food parcels and assistance with obtaining documentation and its completion in applying for social grants, the provision of recommendations to assist with the provision of social grants are recommended as extended families experience an added economic burden by taking in orphaned children into their homes. Food parcels should be provided as an interim measure while the extended families wait for the social grants to be paid out and the food parcels should be provided consistently by the Department of Social Development in all of the nine provinces of South Africa.

In order to expedite social grant applications and the integration of orphaned children into extended families, there is a need for specialization by social workers who are currently

doing generic social work. Having social workers who will be specializing in child and family work will increase knowledge and skills on service delivery towards children and families and this will ensure that quality services are rendered.

There is a need for Local Municipalities to prioritise the housing needs of the extended families which have taken in orphaned children. Social workers should include in their family placement assessment reports the extended families' needs for housing and compile a report to the Local Municipality to assist them to prioritise the extended families in acquiring houses.

Income-generating programmes should be facilitated by social workers for the extended families that are unemployed and have taken in orphaned children. The programmes should aim at developing the capacities and potential of the extended families to establish and manage cooperatives which will enable them to generate income; hence it is important that the extended families should be allowed to decide on the type of income-generating projects of their choice.

➤ **Social workers should advocate and mediate on behalf of orphaned children.**

Social workers should play an advocacy role and act as intermediaries between orphaned children and their extended families to sensitise the extended families about the plight of orphaned children living in CHH. They should mediate between orphaned children's paternal and maternal relatives to resolve conflicts that perpetuate the existence of the CHH. This can be done through conducting family conferences where all relevant members of the two families can be involved to enable the social workers to gain a sense of the whole issues involved by listening and understanding each family member's feelings, experiences and perceptions.

There is a need for advocacy programmes to be facilitated by social workers to enable communities to promote the rights of orphaned children, especially those in CHH. Communities should be encouraged to establish and implement advocacy groups or organisations that will aim at representing the voices of the orphaned children in respect

of issues such as social grants, birth registration documents, education and alternative care placements.

➤ **Other strategic interventions to support the integration of orphaned children into extended families:**

- **Parenting programmes are recommended** to support the extended families who have taken in orphaned children. Social workers should develop and present such programmes. Social group work is recommended for this purpose, but educating parents about their parental role can also be done through talks, exhibitions, articles on the topic in printed material, and through plays. The programmes should aim at enhancing the extended families' and the children's communication skills, equipping extended families with knowledge and skills on how they should raise, treat and discipline orphaned children; deal with possible interferences from other relatives and community members who do not agree with their parental style; and how they should deal with the orphaned children's unacceptable behaviour.
- **Continuous family therapy sessions** are recommended for the extended families who have taken in orphaned children to help them cope with the additional responsibility of taking in orphaned children. The therapy sessions should also aim at helping the extended families and the orphaned children to deal with any problems that may arise as they live with the orphaned children in their homes. The therapy sessions should also include the extended families' biological children to help them deal with the reality of having to share their living space with the orphaned children.
- It is recommended that **social workers assist orphaned children and the extended families through a family conference to identify a person who will safeguard the children's property until they are old enough to live alone. Social workers should design a user-friendly template**

which will be legally binding to serve as an agreement which will be entered into by that particular person, the child heading the household and the extended family member.

- It is recommended that **community-based organisations be encouraged to establish and manage cluster foster care schemes** in line with the Children's Amendment Act (Act No 41 of 2007). These schemes will ensure that orphaned children who do not have extended families are placed with non-relatives within their communities.

- **Psychosocial therapeutic support programmes for orphaned children are recommended** which should include bereavement counselling for the orphaned children to help them deal with their grief at losing their parents and other significant others in their lives. The programmes can be delivered at an individual level or through group work which will give the children an opportunity to share their experiences and emotions and obtain support from their peers.

- A further recommendation is for **the development and implementation of succession planning programmes by social workers** to assist biological parents to plan for the future of their children before they pass on. It is recommended that social auxiliary workers, NGOs and community-based organisations be utilised to facilitate and help biological parents, especially those that are HIV- positive, to write wills and appoint a guardian who will take care of the children after their death. Social workers can design a user-friendly template which will include identifying particulars of the biological parents, the children, the appointed guardian, and assets or properties and how these assets will be distributed.

➤ **Recommendations on other related areas concerning the integration of children from the CHH into the fold of the extended family and social work service delivery**

It is recommended that:

- The cultural beliefs and practices of orphaned children and the extended families should be acknowledged and respected by social workers with a view to integrating orphaned children into the extended family folds. They should be allowed to perform rituals related to the removal of orphaned children into extended families as they see fit. Social workers and social auxiliary workers should be educated in respect of these cultural beliefs and practices and be furnished with skills on how to embrace this in practice.
- It is critical that social workers should identify orphaned children living in CHH immediately after the death of the last parent to facilitate early integration into extended families as this will prevent orphaned children from becoming accustomed to their independent lifestyle.
- The participation of the orphaned children in making decisions which will directly affect their lives should be encouraged. The orphaned children should be present and participate when social workers facilitate family conferences to choose a relative who will live with them. The orphaned children should be given an opportunity to decide on the extended family member with whom they prefer to live and their decision should be understood and respected.
- The extended families' biological children should be involved in the decision of their parents to take the orphaned child relatives into their family fold as they are also directly affected by the integration of orphaned children into their homes. Social workers should conduct individual counselling sessions with the children or family therapy sessions which will include the children and their biological parents to help them deal with the reality of having to live with the orphaned children in their homes.

5.6.3 Recommendations for social work education

Social workers were identified as key role players in the process of integrating orphaned children into extended families in this study. This can be attributed to their distinct role in the protection and care of children as mandated by child care legislation such as the Children's Act (Act No 38 of 2005) and the Children's Amendment Act (Act No 41 of 2007). The study has revealed that the barriers that perpetuate the existence of the CHH phenomenon are complex and multifaceted. For social workers to be able to play an effective role in mitigating the impacts of the CHH phenomenon on orphaned children and to promote the rights of orphaned children such as the right to parental or alternative care, they require specialized knowledge and skills that will enable them to respond effectively to the needs of the children.

In view of this it is recommended that the Departments/Schools at Universities focusing on the training of social work students develop modules as part of their curricula or continuous professional development activities/programmes for practising social workers and social auxiliary workers which will focus on the CHH phenomenon. Such modules/programmes could be incorporated into any existing programme that focuses on child and family care. Such modules and Continuous Professional Development (CPD) training endeavours and activities will ensure that social workers are equipped with appropriate knowledge and skills to redress and prevent the effects of the CHH phenomenon and to create an enabling environment for orphaned children to be cared for and protected in families.

It is further recommended that Departments/Schools at Universities focusing on the training of social work students develop and present capacity building programmes for social workers and social auxiliary workers to build their capacity to implement the recommended practice guidelines for the integration of orphaned children into extended families. The programmes should also capacitate these cadres of staff on conducting community awareness campaigns that aim at sensitizing communities about the importance of family preservation to enable communities to take care of their orphaned

children, family tracing skills, early identification of CHH, assessment of potential foster care parents, and facilitating family conferences.

In view of the shortage of social workers in rural areas and the need for supervision and monitoring of the extended families where children are placed with relatives, **(continuous) professional development training for social auxiliary workers is recommended** to train them with a view to utilising them to supervise and monitor the placements of orphaned children with their relatives. The training should focus on equipping the social auxiliary workers with skills and knowledge on how to assess and identify problems within these placements, enhancing their communication and interviewing skills which are essential when they assess and gather data from the children, relatives, neighbours and school teachers.

5.6.4 Recommendations for social policy

The extended families that take in orphaned children are currently supported through a foster child grant which is paid to the foster parent for each orphaned child placed through the Children's Court. In families where the extended family members are unemployed and have minor children of their own, the foster child grant becomes the only income for the entire household. This creates a challenge for orphaned children who are taken in by these extended family members because the grant becomes inadequate to meet their (the orphaned children's) financial needs as it is spread over the needs of the entire household. This demotivates orphaned children from living with the extended families because they know that the grant will be insufficient to cater for their needs as well as those of the extended families, and the children thus prefer to remain in the CHH with a view to preserving the grant for their needs only.

In view of these considerations it is recommended that the Social Assistance Act (Act No 13 of 2004) be reviewed to introduce a family grant that will cater for the extended families which take in orphaned children. The family grant should be varied and be paid

out according to the number of the orphaned children being taken in as well as the number of biological children of the extended families.

Since the CHH phenomenon is relatively new especially in South Africa, there are currently no coordinated policies or strategies in South Africa to deal with issues related to the CHH (cf. Department of Social Development, 2008:33). The CHH phenomenon has just been brought into legislation by the new Children's Amendment Act (Act No 41 of 2007) which came into full operation on 1 April 2010. There is a need for Child Protection Organisations and the Department of Social Development to develop policies and strategies on CHH with a view to implementing the aforementioned Act.

It is recommended that the practice guidelines proposed in section 5.6.1.1 in this chapter should be considered and assimilated when policies and strategies on CHH are developed in order to redress or prevent the CHH phenomenon and ensure that the orphaned children's rights are protected. To assist in this regard the researcher plans to disseminate the research findings and the proposed guidelines in professional social work journals, and at information sessions and workshops, as well as in other publications.

It is further recommended that the continuum of alternative care options for orphaned children proposed in section 5.6.1.2 in this chapter should be assimilated in policies aimed at the protection of children to ensure that orphaned children's right to alternative care is realised by child protection practitioners.

5.6.5 Recommendations for further research

The conclusions arrived at in this study present avenues for future research. The following recommendations for further research are proffered:

- This study has explored and described the barriers that hinder the integration of orphaned children living in CHH into extended families from the perspectives of children heading CHH, extended family members and social workers. The study has also explored suggestions from these participants on how to overcome such

barriers which led to the formulation of practice guidelines to inform the process of integrating orphaned children into extended families. The study was conducted in a rural community of Bushbuckridge in Mpumalanga province, South Africa. The results of the study cannot owing to the qualitative nature of the study be generalised to other contexts and settings. In view of this it is recommended that similar qualitative studies should be conducted in other contexts in order to generate broader and more comprehensive perspectives and understanding of the integration of orphaned children into extended families.

- This study highlighted that one of the realities experienced by orphaned children living in CHH is that orphaned children have to live without proper guidance, discipline and control which could have adverse effects on the children when they grow into adulthood as they will lack proper skills required for their adult life. It is recommended that longitudinal studies should be conducted on children living in CHH to explore the impact of growing up in CHH without adult care on adulthood.
- Carrying adult or parental responsibilities was perceived as taxing and burdensome to children heading CHH. On reviewing the literature on this aspect, the researcher found that there was a dearth of evidence on the experiences of orphaned children heading CHH in carrying parental responsibilities. There is a need for further in-depth research to explore the experiences of children heading CHH in carrying out parental responsibilities.
- Disintegration of placements of orphaned children with extended families was identified as a detrimental factor in the integration of orphaned children into extended families. Further qualitative studies are needed in order to gain in-depth understanding of the factors that lead to the disintegration of family placements from the perspectives of orphaned children who were previously integrated with their extended families, and these extended families.

- The orphaned children's unacceptable behaviour was identified as a deterrent to extended families absorbing these children into their homes. More qualitative studies are needed to gain understanding of this behaviour and the role of the extended family members in managing this behaviour.
- This study also highlighted that the maltreatment of orphaned children by their extended family members led to the children's apprehensiveness about living with their extended families. This research did not explore the perspectives of the extended families' biological children to obtain comparative data on how the extended families' treatment differed in relation to their own children. There is a need for a comparative study with the orphaned children and the biological children of the extended families to explore how treatment is effected regarding the children in family placements.

5.7 SUMMARY OF THE CHAPTER

This final chapter concluded the qualitative research project by demonstrating how the goal of the study was achieved. The chapter began by re-stating the research questions, goal and objectives of the study. This was followed by a presentation of the summary, conclusion and recommendations on the qualitative research process applied to investigate the research topic under discussion. The qualitative research methodology employed for this study was well-suited to realising the goal of the project. The limitations of the study were also highlighted in this chapter.

The chapter included a summary of the research findings and conclusions according to the four themes that emerged during the data analysis process. The themes have demonstrated how the goal and the objectives of this study were achieved. This study revealed that CHH is not a good option in caring for orphaned children as it truncates the children's childhood and exposes them to a myriad adversities. The integration of orphaned children into extended families was embraced as a good option for the care and protection of orphaned children. Barriers that hamper this integration were identified and

suggestions on how to overcome these barriers were suggested with a view to ensuring that orphaned children are well cared for in families with adults to protect them.

The chapter closed by presenting recommendations that aim at practice in terms of practice guidelines for the integration of orphaned children into extended families, social work education, social policy and further research.

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APPENDICES

APPENDIX 1: A preamble to an information and informed consent document for the extended family members

A PREAMBLE TO AN INFORMATION AND INFORMED CONSENT DOCUMENT
FOR THE EXTENDED FAMILY MEMBERS

Dear Participant

I Luzile Florence Nziyane, the undersigned, am a social worker in service of the National Department of Social Development in Pretoria, and also a part-time doctoral student in the Department of Social Work at the University of South Africa. In fulfilment of requirements for the doctoral degree, I have to undertake a research project and have consequently decided to focus on the following research topic:

Practice guidelines for the integration of child-headed households into extended families.

In view of the fact that you are well-informed about the topic, I hereby approach you with the request to participate in the study. To enable you to decide whether or not to participate in this research project, I am going to give you information that will help you to understand the study (i.e. what the aims of the study are and why there is a need for this particular study). Furthermore, you will be informed about what your involvement in this study will entail (i.e. what you will be asked/or what you will be requested to do during the study, the risks and benefits involved by participating in this research project, and your rights as a participant in this study).

This research project originated as a result of the escalating number of children living in child-headed households without proper parental care. Children as young as ten years old are heading households and this is in violation of the children's rights as these children are exposed to severe forms of abuse. The aim is to explore and describe the barriers that hinder effective integration of child-headed households into extended families from the perspectives of the extended families, child headed households and social workers, and to find out from the mentioned participant groups how these barriers can be overcome. The

information gathered from this study will help with the formulation of practice guidelines to inform the integration process of the orphaned children into extended families in order to assist social services professionals to protect the children.

Should you agree to participate, you would be requested to participate in two face-to-face interviews that will be conducted at your home from 10H00 to 11H00. It is estimated that the interviews will last approximately one hour. During the interviews the following questions will be directed to you:

- 1) What are your views about the integration of orphaned children who are living by themselves into extended families?
- 2) How do you feel about taking these orphaned children into your home?
- 3) What are the factors/things hindering you to take these orphaned children into your home?
- 4) What do you think can be done to overcome these obstacles? Any suggestions?
- 5) How would you like the social worker to assist you with the integration of these orphaned children into your home?

With your permission, the interviews will be audiotaped. The recorded interviews will be transcribed word-for-word. Your responses to the interview (both the taped and transcribed versions) will be kept strictly confidential. The audiotapes will be coded to disguise any identifying information. The tapes will be stored in a locked office at 135 Melles Village, Hilton Street, Eldoraigne and only I will have access to them. The transcripts (without any identifying information) will be made available to my research supervisor(s)/promoter(s), a translator to be translated into English, and an independent coder²² with the sole purpose of assisting and guiding me with this research undertaking. My research supervisor(s)/promoter(s), the translator and the independent coder will each sign an undertaking to treat the information shared by you in a confidential manner. The audiotapes and the transcripts of the interviews will be destroyed upon the completion of the study. Identifying information will be deleted or disguised in any subsequent publication and/or presentation of the research findings.

²² The independent coder is someone who is well versed and experienced in analysing information collected by means of interviews and is appointed to analyse the transcripts of the interviews independently of the researcher to ensure that the researcher will report the participants' accounts of what has been researched.

Please note that participation in the research is completely voluntary. You are not obliged to take part in the research. Your decision to participate, or not to participate, will not affect you in any way now or in the future and you will incur no penalty and/or loss to which you may otherwise be entitled. Should you agree to participate and sign the information and informed consent document herewith, as proof of your willingness to participate, please note that you are not signing your rights away.

If you agree to take part, you have the right to change your mind at any time during the study. You are free to withdraw this consent and discontinue participation without any loss of benefits. However, if you do withdraw from the study, you would be requested to grant me an opportunity to engage in informal discussion with you so that the research partnership that was established can be terminated in an orderly manner.

As the researcher, I also have the right to dismiss you from the study without regard to your consent if you fail to follow the instructions or if the information you have to divulge is emotionally sensitive and upsets you to such an extent that it hinders you from functioning physically and emotionally in a proper manner. Furthermore, if participating in the study at any time jeopardises your safety in any way, you will be dismissed.

Should I conclude that the information you have shared left you feeling emotionally upset, or perturbed, I am obliged to refer you to a counsellor for debriefing or counselling (should you agree).

You have the right to ask questions concerning the study at any time. Should you have any questions or concerns about the study, contact these numbers 082 920 3662 / 012 312 7110 (Work telephone).

Please note that this study has been approved by the Research and Ethics Committee²³ of the Department of Social Work at Unisa. Without the approval of this committee, the study cannot be conducted. Should you have any questions and queries not sufficiently addressed by me as the researcher, you are more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department of Social Work at Unisa. His

²³ This is a group of independent experts whose responsibility it is to help ensure that the rights and welfare of participants in research are protected and the study is carried out in an ethical manner.

contact details are as follows: Dr AH (Nicky) Alpaslan, telephone number: 012 429 6739, or email alpasah@unisa.ac.za.

If, after you have consulted the researcher and the Research and Ethics Committee in the Department of Social Work at Unisa, their answers have not satisfied you, you might direct your questions/concerns/queries to the Chairperson, Human Ethics Committee²⁴, College of Human Science, PO Box 392, Unisa, 0003.

Based upon all the information provided to you above, and being aware of your rights, you are asked to give your written consent should you want to participate in this research study by signing and dating the information and consent form provided herewith and initialling each section to indicate that you understand and agree to the conditions.

Thank you for your participation.

Kind regards

Signature of researcher

Contact details: (O) 012 312 7110
(Fax) 086 617 5944
(Email) luzilen@dsd.gov.za

²⁴ This is a group of independent experts whose responsibility it is to help ensure that the rights and welfare of participants in research are protected and the study is carried out in an ethical manner.

INFORMATION AND INFORMED CONSENT DOCUMENT FOR THE EXTENDED FAMILIES
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TITLE OF THE RESEARCH PROJECT:

Practice guidelines for the integration of child-headed households into extended families.

REFERENCE NUMBER: 829 1 888.

PRINCIPAL INVESTIGATOR/RESEARCHER: Ms Luzile Florence Nziyane

ADDRESS: P.O Box 10528, Centurion, 0046.

CONTACT TELEPHONE NUMBER: 082 920 3662 or 012 312 7110 (Work).

<p>DECLARATION BY THE PARTICIPANT:</p> <p>I, THE UNDERSIGNED, _____, [ID No: _____]</p> <p>_____</p> <p>_____ (address)</p> <p>A. I HEREBY CONFIRM AS FOLLOWS:</p> <p>1. I was invited to participate in the above research project which is being undertaken by Ms Luzile Florence Nziyane of the Department of Social Work in the School of Social Science and Humanities at the University of South Africa, Pretoria, South Africa.</p>	
<p>2. The following aspects have been explained to me:</p> <p>2.1 Aim: The researcher is studying the barriers that hinder effective integration of child-headed households into extended families from the perspectives of the extended families, child-headed households and social workers.</p>	

<p>The information will be used to formulate practice guidelines to inform the integration process of the orphaned children into extended families.</p>	
<p>2.2 I understand that I will participate in two face-to-face interviews at my place for the duration of one hour each. I understand that I will be asked questions regarding the topic of the research and my responses will be audiotaped and coded to disguise my identifying information and kept strictly confidential. I understand that my participation is completely voluntary and I can withdraw this consent and discontinue my participation without any loss of benefits.</p>	
<p>2.3 Risks: I understand that there are no anticipated risks for this study. I also understand that should my participation in the study leaves me feeling emotionally upset or perturbed, the researcher will refer me to a counsellor for debriefing or counselling.</p>	
<p>2.4 Possible benefits: As a result of my participation in this study, practice guidelines to inform the integration process of the orphaned children into extended families will be formulated. These guidelines will assist social services professionals to protect orphaned children from all forms of abuse.</p>	
<p>2.5 Confidentiality: My identity will not be revealed in any discussion, description or scientific publications by the investigators/researchers.</p>	
<p>2.6 Access to findings: Any new information/benefit that develops during the course of the study will be shared with me.</p>	
<p>2.7 Voluntary participation/refusal/discontinuation: My participation is voluntary. My decision whether or not to participate will in no way affect me now or in the future.</p>	
<p>3. The information above was explained to me by Ms Luzile Florence Nziyane in Xitsonga and I am in command of this language. I was given the opportunity to ask questions and all these questions were answered satisfactorily.</p>	
<p>4. No pressure was exerted on me to consent to participate and I understand that I may withdraw at any stage from the study without any penalty.</p>	
<p>5. Participation in this study will not result in any additional cost to me.</p>	

B. I HEREBY CONSENT VOLUNTARILY TO PARTICIPATE IN THE ABOVE PROJECT.	
Signed at _____ on _____ 20__	
_____	_____
Signature or right thumbprint of participant	Signature of witness



CONSENT FORM REQUESTING PERMISSION TO PUBLISH PHOTOGRAPHS, AUDIOTAPES AND/OR VIDEOTAPES OR VERBATIM TRANSCRIPTS OF AUDIOTAPE/VIDEOTAPE RECORDINGS ²⁵	
As part of this project, I have made a photographic and audio-recording of you. I would like you to indicate (with ticks in the appropriate blocks next to each statement below) what uses of these records you are willing to consent to. This is completely up to you. I will use the records only in ways that you agree to. Names will not be identified.	Place a tick [✓] next to the use of the record you consent to
1. The records can be studied by the research team and photographs/quotations from the transcripts made of the recordings can be used in the research report.	
2. The records (i.e. photographs/quotations from the transcripts made of the recordings) can be used for scientific publications and/or meetings.	
3. The written transcripts and/or records can be used by other researchers.	
4. The records (i.e. photographs/quotations from the transcripts made of the recordings) can be shown/used in public presentations to non-scientific groups.	
5. The records can be used on television or radio.	
_____	_____
Signature of participant	Date

²⁵ Adopted and adapted from Silverman, D. 2001. *Interpreting qualitative data. Methods for analysing talk, text and interaction*. London: Sage Publications

STATEMENTS AND DECLARATIONS

<p>STATEMENT BY INVESTIGATOR</p> <p>I, Luzile Florence Nziyane, declare that</p> <ul style="list-style-type: none"> • I have explained the information given in this document to _____ ; • he/she was encouraged and given ample time to ask me any questions; • this conversation was conducted in Xitsonga and no translator was used. <p>Signed at _____ on _____ 20__</p> <p>_____ Signature of investigator</p> <p style="text-align: right;">_____ Signature of witness</p>	
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IMPORTANT MESSAGE TO PARTICIPANT

<p>Dear Participant</p> <p>Thank you for your participation in this study. Should at any time during the study</p> <ul style="list-style-type: none"> • an emergency arise as a result of the research, or • you require any further information with regard to the study, kindly contact Ms Luzile Florence Nziyane at telephone number 082 920 3662 	
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APPENDIX 2: A preamble to an information and informed consent document for social workers

A PREAMBLE TO AN INFORMATION AND INFORMED CONSENT DOCUMENT
FOR SOCIAL WORKERS

Dear Participant

I Luzile Florence Nziyane, the undersigned, am a social worker in service of the National Department of Social Development in Pretoria, and also a part-time doctoral student in the Department of Social Work at the University of South Africa. In fulfilment of requirements for the doctoral degree, I have to undertake a research project and have consequently decided to focus on the following research topic:

Practice guidelines for the integration of child-headed households into extended families.

In view of the fact that you are well-informed about the topic, I hereby approach you with the request to participate in the study. To enable you to decide whether or not to participate in this research project, I am going to give you information that will help you to understand the study (i.e. what the aims of the study are and why there is a need for this particular study). Furthermore, you will be informed about what your involvement in this study will entail (i.e. what you will be asked/or what you will be requested to do during the study, the risks and benefits involved by participating in this research project, and your rights as a participant in this study).

This research project originated as a result of the escalating number of children living in child-headed households without proper parental care. Children as young as ten years old are heading households and this is in violation of the children's rights as these children are exposed to severe forms of abuse. The aim is to explore and describe the barriers that hinder effective integration of child-headed households into extended families from the perspectives of the extended families, child-headed households and social workers, and to find out from the mentioned participant groups how these barriers can be overcome. The information gathered from this study will help with the formulation of practice guidelines

to inform the integration process of the orphaned children into extended families in order to assist social services professionals to protect the children.

Should you agree to participate, you would be requested to participate in two face-to-face interviews that will be conducted at your home from 10H00 to 11H00. It is estimated that the interviews will last approximately one hour. During the interviews the following questions will be directed to you:

- 1) What are your perceptions about the integration of child headed households into extended families?
- 2) From your point of view, what are the factors hindering the effective integration of child headed households into extended families?
- 3) From your point of view, what can be done to overcome these obstacles? Any suggestions?
- 4) What do you think is your role as social worker in this process of integrating the child headed households into extended families?

With your permission, the interviews will be audiotaped. The recorded interviews will be transcribed word-for-word. Your responses to the interview (both the taped and transcribed versions) will be kept strictly confidential. The audiotapes will be coded to disguise any identifying information. The tapes will be stored in a locked office at 135 Melles Village, Hilton Street, Eldoraigne and only I will have access to them. The transcripts (without any identifying information) will be made available to my research supervisor(s)/promoter(s), a translator to be translated into English, and an independent coder²⁶ with the sole purpose of assisting and guiding me with this research undertaking. My research supervisor(s)/promoter(s), the translator and the independent coder will each sign an undertaking to treat the information shared by you in a confidential manner.

The audiotapes and the transcripts of the interviews will be destroyed upon the completion of the study. Identifying information will be deleted or disguised in any subsequent publication and/or presentation of the research findings.

Please note that participation in the research is completely voluntary. You are not obliged to take part in the research. Your decision to participate, or not to participate,

²⁶ The independent coder is someone who is well versed and experienced in analysing information collected by means of interviews and is appointed to analyse the transcripts of the interviews independently of the researcher to ensure that the researcher will report the participants' accounts of what has been researched.

will not affect you in any way now or in the future and you will incur no penalty and/or loss to which you may otherwise be entitled. Should you agree to participate and sign the information and informed consent document herewith, as proof of your willingness to participate, please note that you are not signing your rights away.

If you agree to take part, you have the right to change your mind at any time during the study. You are free to withdraw this consent and discontinue participation without any loss of benefits. However, if you do withdraw from the study, you would be requested to grant me an opportunity to engage in informal discussion with you so that the research partnership that was established can be terminated in an orderly manner.

As the researcher, I also have the right to dismiss you from the study without regard to your consent if you fail to follow the instructions or if the information you have to divulge is emotionally sensitive and upsets you to such an extent that it hinders you from functioning physically and emotionally in a proper manner. Furthermore, if participating in the study at any time jeopardises your safety in any way, you will be dismissed.

You have the right to ask questions concerning the study at any time. Should you have any questions or concerns about the study, contact these numbers 082 920 3662 / 012 312 7110 (Work telephone).

Please note that this study has been approved by the Research and Ethics Committee²⁷ of the Department of Social Work at Unisa. Without the approval of this committee, the study cannot be conducted. Should you have any questions and queries not sufficiently addressed by me as the researcher, you are more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department of Social Work at Unisa. His contact details are as follows: Dr AH (Nicky) Alpaslan, telephone number: 012 429 6739, or email alpasah@unisa.ac.za.

If, after you have consulted the researcher and the Research and Ethics Committee in the Department of Social Work at Unisa, their answers have not satisfied you, you might

²⁷ This is a group of independent experts whose responsibility it is to help ensure that the rights and welfare of participants in research are protected and the study is carried out in an ethical manner.

direct your questions/concerns/queries to the Chairperson, Human Ethics Committee²⁸, College of Human Science, PO Box 392, Unisa, 0003.

Based upon all the information provided to you above, and being aware of your rights, you are asked to give your written consent should you want to participate in this research study by signing and dating the information and consent form provided herewith and initialling each section to indicate that you understand and agree to the conditions.

Thank you for your participation.

Kind regards

Signature of researcher

Contact details: (O) 012 312 7110
 (Fax) 086 617 5944
 (Email) luzilen@dsd.gov.za

²⁸ This is a group of independent experts whose responsibility it is to help ensure that the rights and welfare of participants in research are protected and the study is carried out in an ethical manner.

INFORMATION AND INFORMED CONSENT DOCUMENT FOR SOCIAL WORKERS

TITLE OF THE RESEARCH PROJECT:

Practice guidelines for the integration of child-headed households into extended families.

REFERENCE NUMBER: 829 1 888.

PRINCIPAL INVESTIGATOR/RESEARCHER: Ms Luzile Florence Nziyane

ADDRESS: P.O Box 10528, Centurion, 0046.

CONTACT TELEPHONE NUMBER: 082 920 3662 or 012 312 7110 (Work).

<p>DECLARATION BY THE PARTICIPANT:</p> <p>I, THE UNDERSIGNED, _____, ID No: _____ _____ (address)</p> <p>A. I HEREBY CONFIRM AS FOLLOWS:</p> <p>1. I was invited to participate in the above research project which is being undertaken by Ms Luzile Florence Nziyane of the Department of Social Work in the School of Social Science and Humanities at the University of South Africa, Pretoria, South Africa.</p>	
<p>2. The following aspects have been explained to me:</p> <p>2.5 Aim: The researcher is studying the barriers that hinder effective integration of child-headed households into extended families from the perspectives of the extended families, child-headed households and social workers.</p>	

<p>The information will be used to formulate practice guidelines to inform the integration process of the orphaned children into extended families.</p>	
<p>2.6 I understand that I will participate in two face-to-face interviews at my place for the duration of one hour each. I understand that I will be asked questions regarding the topic of the research and my responses will be audiotaped and coded to disguise my identifying information and kept strictly confidential. I understand that my participation is completely voluntary and I can withdraw this consent and discontinue my participation without any loss of benefits.</p>	
<p>2.7 Risks: I understand that there are no anticipated risks for this study. I also understand that should my participation in the study leaves me feeling emotionally upset or perturbed, the researcher will refer me to a counsellor for debriefing or counselling.</p>	
<p>2.8 Possible benefits: As a result of my participation in this study, practice guidelines to inform the integration process of the orphaned children into extended families will be formulated. These guidelines will assist social services professionals to protect orphaned children from all forms of abuse.</p>	
<p>2.5 Confidentiality: My identity will not be revealed in any discussion, description or scientific publications by the investigators/researchers.</p>	
<p>2.6 Access to findings: Any new information/benefit that develops during the course of the study will be shared with me.</p>	
<p>2.7 Voluntary participation/refusal/discontinuation: My participation is voluntary. My decision whether or not to participate will in no way affect me now or in the future.</p>	
<p>2. The information above was explained to me by Ms Luzile Florence Nziyane in Xitsonga and I am in command of this language. I was given the opportunity to ask questions and all these questions were answered satisfactorily.</p>	
<p>3. No pressure was exerted on me to consent to participate and I understand that I may withdraw at any stage from the study without any penalty.</p>	
<p>4. Participation in this study will not result in any additional cost to me.</p>	

B. I HEREBY CONSENT VOLUNTARILY TO PARTICIPATE IN THE ABOVE PROJECT.	
Signed at _____ on _____ 20__	
_____	_____
Signature or right thumbprint of participant	Signature of witness



CONSENT FORM REQUESTING PERMISSION TO PUBLISH PHOTOGRAPHS, AUDIOTAPES AND/OR VIDEOTAPES OR VERBATIM TRANSCRIPTS OF AUDIOTAPE/VIDEOTAPE RECORDINGS ²⁹	
As part of this project, I have made a photographic and audio-recording of you. I would like you to indicate (with ticks in the appropriate blocks next to each statement below) what uses of these records you are willing to consent to. This is completely up to you. I will use the records only in ways that you agree to. Names will not be identified.	Place a tick [✓] next to the use of the record you consent to
6. The records can be studied by the research team and photographs/quotations from the transcripts made of the recordings can be used in the research report.	
7. The records (i.e. photographs/quotations from the transcripts made of the recordings) can be used for scientific publications and/or meetings.	
8. The written transcripts and/or records can be used by other researchers.	
9. The records (i.e. photographs/quotations from the transcripts made of the recordings) can be shown/used in public presentations to non-scientific groups.	
10. The records can be used on television or radio.	
_____	_____
Signature of participant	Date

²⁹ Adopted and adapted from Silverman, D. 2001. *Interpreting qualitative data. Methods for analysing talk, text and interaction*. London: Sage.Publications

STATEMENTS AND DECLARATIONS

<p>STATEMENT BY THE INVESTIGATOR</p> <p>I, Luzile Florence Nziyane, declare that</p> <ul style="list-style-type: none"> • I have explained the information given in this document to _____ ; • he/she was encouraged and given ample time to ask me any questions; • this conversation was conducted in Xitsonga and no translator was used. <p>Signed at _____ on _____ 20__</p> <p>_____</p> <p>Signature of investigator</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Signature of witness</p>	
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IMPORTANT MESSAGE TO PARTICIPANT

<p>Dear Participant</p> <p>Thank you for your participation in this study. Should at any time during the study</p> <ul style="list-style-type: none"> • an emergency arise as a result of the research, or • you require any further information with regard to the study, kindly contact Ms Luzile Florence Nziyane at telephone number 082 920 3662 	
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APPENDIX 3: A preamble to an information and informed consent document for the children heading the CHH

A PREAMBLE TO AN INFORMATION AND INFORMED CONSENT DOCUMENT
FOR THE CHILDREN HEADING CHILD-HEADED HOUSEHOLDS

Dear Participant

I, Luzile Florence Nziyane, the undersigned, am a social worker in the service of the National Department of Social Development in Pretoria, and also a part-time doctoral student in the Department of Social Work at the University of South Africa. In fulfilment of the requirements for the doctoral degree, I have to undertake a research project and have consequently decided to focus on the following research topic:

Practice guidelines for the integration of child-headed households into extended families.

In view of the fact that you are well-informed about the topic, I hereby approach you with the request to participate in the study. To enable you to decide whether or not to participate in this research project, I am going to give you information that will help you to understand the study (i.e. what the aims of the study are and why there is a need for this particular study). Furthermore, you will be informed about what your involvement in this study will entail (i.e. what you will be asked/or what you will be requested to do during the study, the risks and benefits involved by participating in this research project, and your rights as a participant in this study).

This research project originated as a result of the escalating number of children living in child-headed households without proper parental care. Children as young as ten years old are heading households and this is in violation of the children's rights as these children are exposed to severe forms of abuse. The aim is to explore and describe the barriers that hinder effective integration of child-headed households into extended families from the perspectives of the extended families, child-headed households and social workers, and to find out from these participant groups how these barriers can be overcome. The information gathered from this study will help with the formulation of practice guidelines

to inform the integration process of the orphaned children into extended families in order to assist social services professionals to protect the children.

Should you agree to participate, you would be requested to participate in two face-to-face interviews that will be conducted at your home from 10H00 to 11H00. It is estimated that the interviews will last approximately one hour. During the interviews the following questions will be directed to you:

- 1) What do you think would be nice or good for orphaned children to live with their relatives?
- 2) How would it make you feel to live with your relatives in their home?
- 3) What worries or make you afraid about the idea of going to stay with your relatives?
- 4) What do you think would help you to make it easier to go and stay with your relatives?
- 5) How would you like the social worker to help you so that you can go and stay with your relatives?

With your permission, the interviews will be audiotaped. The recorded interviews will be transcribed word-for-word. Your responses to the interview (both the taped and transcribed versions) will be kept strictly confidential. The audiotapes will be coded to disguise any identifying information. The tapes will be stored in a locked office at 135 Melles Village, Hilton Street, Eldora, Iowa and only I will have access to them. The transcripts (without any identifying information) will be made available to my research supervisor(s)/promoter(s), a translator to be translated into English, and an independent coder³⁰ with the sole purpose of assisting and guiding me with this research undertaking. My research supervisor(s)/promoter(s), the translator and the independent coder will each sign an undertaking to treat the information shared by you in a confidential manner. The audiotapes and the transcripts of the interviews will be destroyed upon the completion of the study. Identifying information will be deleted or disguised in any subsequent publication and/or presentation of the research findings.

Please note that participation in the research is completely voluntary. You are not obliged to take part in the research. Your decision to participate, or not to participate, will not affect you in any way now or in the future and you will incur no penalty and/or loss to

³⁰ The independent coder is someone who is well versed and experienced in analysing information collected by means of interviews and is appointed to analyse the transcripts of the interviews independently of the researcher to ensure that the researcher will accurately report the participants' accounts of what has been researched.

which you may otherwise be entitled. Should you agree to participate and sign the information and informed consent document herewith, as proof of your willingness to participate, please note that you are not signing your rights away.

If you agree to take part, you have the right to change your mind at any time during the study. You are free to withdraw this consent and discontinue participation without any loss of benefits. However, if you do withdraw from the study, you would be requested to grant me an opportunity to engage in informal discussion with you so that the research partnership that was established can be terminated in an orderly manner.

As the researcher, I also have the right to dismiss you from the study without regard to your consent if you fail to follow the instructions or if the information you have to divulge is emotionally sensitive and upsets you to such an extent that it hinders you from functioning physically and emotionally in a proper manner. Furthermore, if participating in the study at any time jeopardises your safety in any way, you will be dismissed.

Should I conclude that the information you have shared left you feeling emotionally upset, or perturbed, I am obliged to refer you to a counsellor for debriefing or counselling (should you or your representative agree).

You have the right to ask questions concerning the study at any time. Should you have any questions or concerns about the study, contact these numbers 082 920 3662 / 012 312 7110 (Work telephone).

Please note that this study has been approved by the Research and Ethics Committee³¹ of the Department of Social Work at Unisa. Without the approval of this committee, the study cannot be conducted. Should you have any questions and queries not sufficiently addressed by me as the researcher, you are more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department of Social Work at Unisa. His contact details are as follows: Dr AH (Nicky) Alpaslan, telephone number: 012 429 6739, or email alpasah@unisa.ac.za.

³¹ This is a group of independent experts whose responsibility it is to help ensure that the rights and welfare of participants in research are protected and the study is carried out in an ethical manner.

If, after you have consulted the researcher and the Research and Ethics Committee in the Department of Social Work at Unisa, their answers have not satisfied you, you might direct your questions/concerns/queries to the Chairperson, Human Ethics Committee³², College of Human Science, PO Box 392, Unisa, 0003.

Based upon all the information provided to you above, and being aware of your rights, you are asked to give your written consent should you want to participate in this research study by signing and dating the information and consent form provided herewith and initialling each section to indicate that you understand and agree to the conditions.

Thank you for your participation.

Kind regards

Signature of researcher

Contact details: (O) 012 312 7110
 (Fax) 086 617 5944
 (Email) luzilen@dsd.gov.za

³² This is a group of independent experts whose responsibility it is to help ensure that the rights and welfare of participants in research are protected and the study is carried out in an ethical manner.

<p>INFORMATION AND INFORMED CONSENT DOCUMENT FOR THE CHILD HEADING THE CHILD-HEADED HOUSEHOLD</p>
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TITLE OF THE RESEARCH PROJECT:

Practice guidelines for the integration of child-headed households into extended families.

REFERENCE NUMBER: 829 1 888.

PRINCIPAL INVESTIGATOR/RESEARCHER: Ms Luzile Florence Nziyane

ADDRESS: P.O Box 10528, Centurion, 0046.

CONTACT TELEPHONE NUMBER: 082 920 3662 or 012 312 7110 (Work).

<p>DECLARATION ON BEHALF OF THE CHILD PARTICIPANT:</p>	
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<p>I, THE UNDERSIGNED, _____, [ID No: _____] in my capacity as _____ of the participant [ID No _____] of _____ _____ _____ (address)</p>	
--	--

A. I HEREBY CONFIRM AS FOLLOWS:

<p>1. The child was invited to participate in the above research project which is being undertaken by Ms Luzile Florence Nziyane of the Department of Social Work in the School of Social Science and Humanities at the University of South Africa, Pretoria, South Africa.</p>	
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<p>2. The following aspects have been explained to me and the child:</p>	
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<p>2.9 Aim: The researcher is studying the barriers that hinder effective integration of</p>	
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<p>child-headed households into extended families from the perspectives of the extended families, child-headed households and social workers.</p> <p>The information will be used to formulate practice guidelines to inform the integration process of the orphaned children into extended families.</p>	
<p>2.10 I understand that the child will participate in two face-to-face interviews at his/her home for the duration of one hour each. I understand that the child will be asked questions regarding the topic of the research and his/her responses will be audiotaped and coded to disguise his/her identifying information and kept strictly confidential. I understand that the child's participation is completely voluntary and he/she can withdraw this consent and discontinue his/her participation without any loss of benefits.</p>	
<p>2.11 Risks: I understand that there are no anticipated risks for this study. I also understand that should the child's participation in the study leave him/her feeling emotionally upset or perturbed, the researcher will refer him/her to a counsellor for debriefing or counselling.</p>	
<p>2.12 Possible benefits: As a result of the child's participation in this study, practice guidelines to inform the integration process of the orphaned children into the extended families will be formulated. These guidelines will assist social services professionals to protect orphaned children.</p>	
<p>2.5 Confidentiality: The child's identity will not be revealed in any discussion, description or scientific publications by the investigators/researchers.</p>	
<p>2.6 Access to findings: Any new information/benefit that develops during the course of the study will be shared with me and the child.</p>	
<p>2.7 Voluntary participation/refusal/discontinuation: The child's participation is voluntary. The child's decision whether or not to participate will in no way affect him/her now or in the future.</p>	
<p>3. The information above was explained to me and the child by Ms Luzile Florence Nziyane in Xitsonga and we are in command of this language. We were given the opportunity to ask questions and all these questions were</p>	

answered satisfactorily.	
4. No pressure was exerted on me to consent on behalf of the child to participate and I understand that the child may withdraw at any stage from the study without any penalty.	
5. Participation in this study will not result in any additional cost to the child.	
<p>B. I HEREBY CONSENT VOLUNTARILY ON BEHALF OF THE CHILD TO PARTICIPATE IN THE ABOVE PROJECT.</p> <p>Signed at _____ on _____ 20__</p> <p>_____</p> <p>Signature or right thumbprint of participant's Representative</p> <p>_____</p> <p>Signature of witness</p>	



CONSENT FORM REQUESTING PERMISSION TO PUBLISH PHOTOGRAPHS, AUDIOTAPES AND/OR VIDEOTAPES OR VERBATIM TRANSCRIPTS OF AUDIOTAPE/VIDEOTAPE RECORDINGS ³³	
As part of this project, I have made audio-recordings of the child. I would like you to indicate (with ticks in the appropriate blocks next to each statement below) what uses of these records you are willing to consent to. This is completely up to you. I will use the records only in ways that you agree to. Names will not be identified in any of these records.	Place a tick [✓] next to the use of the record you consent to
11. The records can be studied by the research team and photographs/quotations from the transcripts made of the recordings can be used in the research report.	
12. The records (i.e. quotations from the transcripts made of the recordings) can be used for scientific publications and/or meetings.	
13. The written transcripts and/or records can be used by other researchers.	
14. The records (i.e. quotations from the transcripts made of the recordings) can be shown/used in public presentations to non-scientific groups.	
15. The records can be used on television or radio.	
_____	_____
Signature of participant's representative	Date

³³ Adopted and adapted from Silverman, D. 2001. *Interpreting qualitative data. Methods for analysing talk, text and interaction*. London: Sage Publications

STATEMENTS AND DECLARATIONS

<p>STATEMENT BY INVESTIGATOR</p> <p>I, Luzile Florence Nziyane, declare that</p> <ul style="list-style-type: none"> • I have explained the information given in this document to _____ and his/her representative _____ ; • he/she was encouraged and given ample time to ask me any questions; • this conversation was conducted in Xitsonga and no translator was used. <p>Signed at _____ on _____ 20__</p> <p>_____ Signature of investigator</p> <p style="text-align: right;">_____ Signature of witness</p>	
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IMPORTANT MESSAGE TO PARTICIPANT

<p>Dear Participant</p> <p>Thank you for your participation in this study. Should at any time during the study</p> <ul style="list-style-type: none"> • an emergency arise as a result of the research, or • you require any further information with regard to the study, kindly contact Ms Luzile Florence Nziyane at telephone number 082 920 3662 	
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CHILD CONSENT FORM

I, _____, understand that my parents/guardian have given permission for me to participate in a study concerning the barriers that hinder effective integration of child-headed households into extended families under the direction of Ms Luzile Florence Nziyane.

My involvement in this project is voluntary, and I have been told that I may withdraw from participation in this study at any time without penalty and loss of benefit to myself.

Signature

APPENDIX 4: Request for permission to conduct research: Department of Social Development, Mpumalanga Province



P.O.Box X901, Pretoria, 0001, 134 Pretoria Street, HSRC Building, Pretoria
Tel: (012) 312 7110, Fax: (086) 617 5944, e-mail: Luzile.Nziyane@dsd.gov.za

26 November 2008

Mr DE Mkhize
Director: Department of Social Development
Ehlanzeni District
Nelspruit
1200

ENQ: Nziyane LF
TEL: 012 312 7110
FAX: 086 617 5944

Dear Mr Mkhize

RE: PERMISSION TO CONDUCT RESEARCH


Ms Luzile Florence Nziyane is a registered social worker employed by the National Department of Social Development in Pretoria. She is also a part-time doctoral student in the Department of Social Work at the University of South Africa. In fulfilment of requirements for the doctoral degree, she has to undertake a research project and has consequently decided to focus on the topic: *Practice guidelines for the integration of child-headed households into extended families*. The purpose of the study is to explore factors that prevent effective integration of child-headed households into extended families from the perspective of social workers, extended families and children living in child-headed households; to find out how these factors can be overcome in order to formulate practice guidelines to inform the integration process of orphaned children into extended families. She is therefore expected to interview social workers, extended families of children in child-headed households as well as children who are heading households in Bushbuckridge, Ehlanzeni District.

Ms Nziyane will conduct two interviews for a period of one hour each with the social workers in their offices and children and extended families in their own homes on dates and at times suitable to the participants. She will only require access, from the participants, to their homes or offices as well as their time to respond to the research questions set for the purpose of the study and they will be expected to sign a consent form to participate voluntarily in the study. Ms Nziyane's roles and responsibilities are, among other things, to explain to the participants the purpose of the study, to ensure that the identity of each participant as well as the information shared with participants is kept confidential, and to ensure that the research findings are used only for the purpose of the study.

It is required that permission be granted to conduct the study in your district to interview social workers, extended families of children living in child-headed households and children living in child-headed households.

Your cooperation is always appreciated.

Yours faithfully


LF Nziyane (Ms)
Researcher

Lefapha la Thabotolo ya Leago, Lefapha la Ntshetsopele ya Sejhaha, umhanyo weseNtshukuko yeBanu, Mhahlo wa zwi Mvelaphanda ya Vhathu,
Departement van Maatskaplike Ontwikkeling, Kgoro ya Thabotolo ya Leago, Ntshetso ya Ntshukuko wa Vanhu, Ufko leTantshukuko yeBanu, isobe loPhuhliso
leentlalo yoLuntu, Umhanyo weTshukuko kezoKholoatlana

APPENDIX 5: Request for permission to conduct research: Mnisi Traditional Authority



P.O.Box X901, Pretoria, 0001, 134 Pretoria Street, HSRC Building, Pretoria
Tel: (012) 312 7110, Fax: (086) 617 5944, e-mail: Luzile.Nziyane@dsd.gov.za

26 November 2008

ENQ: Nziyane LF
TEL: 012 312 7110
FAX: 086 617 5944

Chief P. Mnisi
Mnisi Traditional Authority
Islington
Bushbuckridge

Dear Chief Mnisi

RE: PERMISSION TO CONDUCT RESEARCH


Ms Luzile Florence Nziyane is a registered social worker employed by the National Department of Social Development in Pretoria. She is also a part-time doctoral student in the Department of Social Work at the University of South Africa. In fulfilment of requirements for the doctoral degree, she has to undertake a research project and has consequently decided to focus on the topic: *Practice guidelines for the integration of child-headed households into extended families*. The purpose of the study is to explore factors that prevent effective integration of child-headed households into extended families from the perspective of social workers, extended families and children living in child-headed households; to find out how these factors can be overcome in order to formulate practice guidelines to inform the integration process of orphaned children into extended families. She is therefore expected to interview social workers, extended families of children in child-headed households as well as children who are heading households in Acornhoek, Bushbuckridge, Ehlanzeni District.

Ms Nziyane will conduct two interviews for a period of one hour each with the social workers in their offices and children and extended families in their own homes on dates and times suitable to the participants. She will only require access, from the participants, to their homes or offices as well as their time to respond to the research questions set for the purpose of the study and they will be expected to sign a consent form to participate voluntarily in the study. Ms Nziyane's roles and responsibilities are, among other things, to explain to the participants the purpose of the study, to ensure that the identity of each participant as well as the information shared with participants is kept confidential, and to ensure that the research findings are used only for the purpose of the study.

It is required that permission be granted to conduct the study in your area to interview social workers, extended families of children living in child-headed households and children in charge of child headed households.

Your cooperation is always appreciated.

Yours faithfully


LF Nziyane (Ms)
Researcher

Lefapha le Thabollo ya Leago, Lefapha le Nkhetsopele ya Saphaba, umnyango wesebutshuko yeBantu, Mhesho wo zwa Mvelaphanda ya Vhatshu.
Departement van Maatskappijle Ontwikkeling, Kgoro ya Thabollo ya Leago, Nkhetsole ya Mhesho wo Vhatshu, LITko leTentshuko yeBantu, laabe loPhutsheo.
leMhesho yoLuntu, Umnyango weTshuko kwezoshushane

18 Days of Activism

APPENDIX 6: Request for permission to conduct research: Bushbuckridge Local Municipality



P.O. Box X901, Pretoria, 0001, 134 Pretoria Street, HSRC Building, Pretoria
Tel: (012) 312 7110, Fax: (086) 617 5944, e-mail: Luzile.Nziyane@dsd.gov.za

26 November 2008

ENQ: Nziyane LF
TEL: 012 312 7110
FAX: 086 617 5944

Mr Denty Makhubele
Bushbuckridge Local Municipality
Private Bag X449
Acornhoek
1360

Dear Mr Makhubele

RE: PERMISSION TO CONDUCT RESEARCH

Ms Luzile Florence Nziyane is a registered social worker employed by the National Department of Social Development in Pretoria. She is also a part-time doctoral student in the Department of Social Work at the University of South Africa. In fulfilment of requirements for the doctoral degree, she has to undertake a research project and has consequently decided to focus on the topic: *Practice guidelines for the integration of child-headed households into extended families*. The purpose of the study is to explore factors that prevent effective integration of child-headed households into extended families from the perspective of social workers, extended families and children living in child-headed households; to find out how these factors can be overcome in order to formulate practice guidelines to inform the integration process of orphaned children into extended families. She is therefore expected to interview social workers, extended families of children in child-headed households as well as children who are heading households in Acornhoek, Bushbuckridge, Ehlanzeni District.

Ms Nziyane will conduct two interviews for a period of one hour each with the social workers in their offices and children and extended families in their own homes on dates and times suitable to the participants. She will only require access, from the participants, to their homes or offices as well as their time to respond to the research questions set for the purpose of the study and they will be expected to sign a consent form to participate voluntarily in the study. Ms Nziyane's roles and responsibilities are, among other things, to explain to the participants the purpose of the study, to ensure that the identity of each participant as well as the information shared with participants is kept confidential, and to ensure that the research findings are used only for the purpose of the study.

It is required that permission be granted to conduct the study in your area to interview social workers, extended families of children living in child-headed households and children in charge of child headed households.

Your cooperation is always appreciated.

Yours faithfully

LF Nziyane (Ms)
Researcher

Lefapha la Thabolo ya Loagi, Lefapha la Ntshetsopele ya Setjhaba, uminyango wenzelutshuko yeBantu, Muxaho wa zwa Mvelaphanda ya Vhathu, Department van Masakapike Ontwikkeling, Kgoro ya Thabolo ya Loagi, Ntshetso ya Ntshetso wa Vathu, LiTao leTentluthuko yeBantu, Isabe loPhuntso leWhitelo yalutshi, Umnyango weTuthuko kwenzelutshuko

16 Days of Activism

APPENDIX 7: Permission for field entry from Department of Social Development, Mpumalanga Province

MPUMALANGA PROVINCIAL GOVERNMENT

Stand No : 1706
Thulamahashe next to the new stadium
Thulamahashe
1365
South Africa



Private Bag X 1347
Thulamahashe
1365
Tel: (013) 773-0350
Fax: (013) 773-0691

Department of Social Development

**EHLANZENI DISTRICT
BUSHBUCRIDGE SUB-DISTRICT**

Litiko Lelenhloakahle Nentfutuko

UmNyango Wezenhloakahle Nezeffuthuko

Departement van Maatskaplike Ontwikkeling

Enq : Mathebula D.D.T
Tel No. 013-773-0350
TO: Ms L.F Nziyane
DATE : 12 December 2008

RE: PERMISSION TO CONDUCT RESEARCH


Your letter dated 26th November 2008 is acknowledged.

Permission is granted to conduct interviews with the Social Workers and the identified Child Headed Families around Bushbuck ridge

If it is possible after the completion of the research, the outcomes can be shared with the Sub-District to improve Service Delivery

Hope the above will be valued

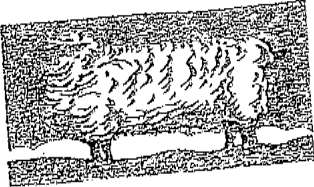
Thanks,


Mathebula D.D.T
Sub-District Head

APPENDIX 8: Permission for field entry from Mnisi Traditional Authority

MNISI TRADITIONAL AUTHORITY

REF: 5/2/02
 NO: Sibayi UM
 TEL: 013 7355834
 FAX: 013 7355844



PRIVATE BAG X1403
 HLUVUKANI
 1363
 DATE: 2008/12/02

Attention: Nziyane Florence.

1.1. Permission is hereby granted by Mnisi Traditional Council as requested by you to conduct Research on child headed households

1.2. Wishing you well on your research.

Secretary C. Sibayi

MNISI TRADITIONAL AUTHORITY
 PRIVATE BAG X1403
 HLUVUKANI 1363

2008 -12- 0 2

MNISI TRADITIONAL AUTHORITY
 TEL : 013 - 735 5400
 BUSHBUCKRIDGE REGION

APPENDIX 9: Permission for field entry from Bushbuckridge Local Municipality

BUSHBUCKRIDGE MUNICIPALITY

ACORNHOEK REGIONAL OFFICE

TEL: (013)795-5630 ACORNHOEK REGIONAL OFFICE
(013) 795-5617 PRIVATE BAG X449
FAX: (013)795-5005 ACORNHOEK 1360

**ENQ: Makhubela RD
CELL: 079 874 3394**

15/

11 FEBRUARY 2009

ATT: LUZILE FLORENCE NZIYANE

The permission is hereby granted to you to conduct the interview with the participants targeted in order to fulfil your area of research.

We will be glad if the research findings are going to assist the community.

RD Makhubela.

APPENDIX 10: List of demographic data questions posed to participants**LIST OF DEMOGRAPHIC DATA QUESTIONS POSED TO PARTICIPANTS***Questions for children heading CHH:*

1. What is the child's gender?
2. How old are you?
3. How old were you when you became the head of the household?
4. What grade are you currently in?
5. How many are you in the household?

Questions for the extended family members:

1. What is the gender of the participant?
2. How old are you?
3. What is your source of income?
4. How are you related to the children living in the CHH?

Questions for the social workers:

1. What is the gender of the participant?
2. How old are you?
3. How long have you been practising as a social worker?
4. What is your highest educational qualification?