

PSYCHOSOCIAL EFFECTS OF PARENTAL LOSS ON CHILDREN ORPHANED BY HIV
AND AIDS: PERSPECTIVES FROM CAREGIVERS

by

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DECLARATION

Student Number: **34808175**

I declare that *PSYCHOSOCIAL EFFECTS OF PARENTAL LOSS ON CHILDREN ORPHANED BY HIV AND AIDS: PERSPECTIVES FROM CAREGIVERS* is my own work and that all sources used or quoted in this report have been indicated and acknowledged by means of complete references.

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ABSTRACT

This study focused on the psychosocial effects of parental loss on children orphaned by HIV/AIDS. The primary aim of the research was to explore the psychosocial effects of parental loss on children orphaned by HIV/AIDS through the eyes of the caregivers. Five participants were selected for this study using convenience sampling. The data was collected using face-to-face semi-structured interviews. The interviews were analysed using thematic content analysis and themes were extracted and presented. The results of this study indicate that children orphaned by HIV/AIDS living in the children's home experience many psychosocial problems. Further research on the psychosocial issues specific to orphaned children raised in children's homes in rural areas is recommended.

Keywords: psychosocial effects, parental loss, children, orphans, HIV/AIDS, caregivers

ACRONYMS AND ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
ASSA	Actuarial Society of South Africa
HIV	Human Immunodeficiency Virus
SAIRR	South African Institute of Race Relations
SSA	Statistics South Africa
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter provides the overall outline of the study and focuses on the problem statement of the research project, the significance of the study, the operational definitions of the concepts used in the study, the research aims and objectives, the research questions, the research design and the chapter outline. The chapter also offers a brief exploration of psychosocial effects of parental loss through death on children orphaned by Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) as seen through the eyes of the caregivers who are directly involved in caring for the orphans.

1.2 Statement of the Research Problem

HIV/AIDS is one of the most communicable diseases in the modern age and impacts strenuously on children (UNAIDS, UNICEF & USAID, 2002). The prevalence of HIV/AIDS has become an international crisis and the only way to effectively deal with it is to treat it as an urgent and long term problem, the United Nations Programme on HIV/AIDS (UNAIDS, 2004). The extent of the pandemic is immeasurable (Hunter, 2003). This research project aimed to investigate the experiences of caregivers working with HIV/AIDS orphans in order to understand the impact of parental loss on children orphaned by HIV/AIDS. This research contributes to the knowledge gap in the context of HIV/AIDS in relation to addressing the psychosocial needs of children orphaned by HIV/AIDS.

According to UNAIDS (2010) South Africa is one of the countries most affected by the AIDS pandemic as it has the highest number of people who are HIV positive of all countries worldwide. It is therefore important that the psychosocial issues impacting children orphaned by HIV/AIDS are addressed. In an attempt to address this problem this study used data

gathered from the caregivers of AIDS orphans as its primary data source. This data source was selected as it was felt that these individuals were well positioned to provide rich and reliable information without any form of bias. In addition, the researcher believes that caregivers are especially relevant in a project of this nature as they are involved in the day-to-day well-being of children orphaned by HIV/AIDS. The study was based on the assumption that caregivers are familiar with the living conditions and daily challenges faced by children orphaned by HIV/AIDS.

The Actuarial Society of South Africa (ASSA, 2011) estimated that during the first half of 2010 South Africa had 1.2 million children below 18 years who were maternal orphans as a result of HIV/AIDS. Statistics South Africa (SSA, 2011) estimated that South Africa has a total of 2.01 million children orphaned due to HIV/AIDS. According to Avert (2011a) half of the orphaned children in South Africa have been orphaned due to HIV/AIDS. It is hoped that this study will address some of the psychosocial issues facing orphaned children and add to the body of knowledge in this area.

Several studies on HIV/AIDS orphans have been conducted in South Africa and beyond (Bray, 2004; Richter & Desmond, 2008; Richter & Muller, 2005; Shetty & Pawell, 2003). Some of these studies focused on the psychosocial issues faced by HIV/AIDS orphans in other countries (Delva et al., 2009; Foster, 2002; Madavanhu, 2008; Richter, Foster & Sherr, 2006; Rusakaniko, Chingono, Mahati, Mupambireyi & Chandiwana, 2006; Thwala, 2008), while others explored the psychosocial issues facing orphaned children in South Africa (Bray, 2003; Cluver, Gardner & Operario, 2008; Germann, 2004). However, there appears to be a gap in the literature regarding the perspectives of caregivers in rural areas. Ohnishi, Nakamura, Kizuki, Seino, Inose and Takano (2008) study of caregivers' and non-caregivers' knowledge of, and attitude toward, HIV/AIDS and orphans was conducted in Nigeria and is

therefore not directly relevant to the psychosocial needs of children in South Africa. Cluver, Operario and Gardner (2009) conducted a study focusing on parental illness, caregiving factors and psychological distress among children orphaned by AIDS in South Africa. However, this study focused on children in Cape Town and may therefore not be applicable to the psychosocial needs of orphaned children in the Limpopo province.

1.3 Significance of the Study

Although various studies have focused on the psychosocial issues facing AIDS orphans both in South Africa and other countries (Behrendt & Mbaye, 2008; Bray, 2003) relatively few studies have focused on the psychosocial effects of parental loss on children orphaned by HIV/AIDS in rural areas. In addition, this study is significant in that it explored the psychosocial issues facing children orphaned by HIV/AIDS from the perspective of the caregivers rather than directly from the perspective of the children themselves.

It seems likely that the issue of parental loss due to HIV/AIDS is a painful and sensitive topic that would be difficult to discuss with orphaned children. The findings of this study clearly indicate that many children underwent traumatic experiences because of their parental loss and the stigmatization associated with this loss. It is likely that some of these children have not yet dealt with their loss and that talking to them about their experiences could therefore potentially further complicate their feelings. It was thus decided that it would be appropriate to explore the perspectives of the caregivers in order to access rich information. The researcher hopes that this study will motivate prospective researchers to further investigate the impact of HIV/AIDS on orphans in rural areas.

1.4 Operational Definition of Key Concepts

The key concepts used for the purpose of this study are defined below.

1.4.1 Acquired Immune Deficiency Syndrome (AIDS).

Van Dyk (2008) defined “AIDS as a syndrome of opportunistic diseases, infections and certain cancers, each or all of which has the ability to kill the infected persons in the final stages of the disease” (p. 4).

1.4.2 Human Immune Virus (HIV).

Van Dyk (2008) defined HIV as the retrovirus with the ability to cause AIDS.

1.4.3 Orphan.

According to UNAIDS (2004) an orphan is a child below 18 years who has lost either one or both parents through death. A maternal orphan is a child who has lost his/her mother through death while a paternal orphan is a child who has lost his/her father as a result of death. A double orphan is defined as a child whose parents have both died. According to The South African Children’s Bill, an orphan is a child who does not have any living parents looking after him or her (Van Dyk, 2008).

1.4.4 AIDS Orphans.

The World Health Organisation (WHO, 2002) defined an AIDS orphan as a child of 15 years and younger who has lost either a mother or a father as a result of HIV/AIDS.

1.4.5 Caregivers.

The South African Children’s Act No. 38 of 2005 describes a caregiver as a person who looks after a child and is neither the child’s parent nor guardian. In this study, caregivers were defined as full time workers working in institutions caring for children orphaned by HIV/AIDS and other vulnerable children (Van Dyk, 2008).

1.4.6 Child.

The South African Children's Act No. 38 of 2005 describes a child as any person who is 18 years and younger. This definition was used in this study.

1.4.7 Psychosocial Development.

Psychosocial development entails the progressive development of psychological and social behaviours in humans during the lifespan as a result of different social interactions (including social status) in which people are involved (Bergh, 2006). According to Richter, Foster and Sherr (2006), psychosocial well-being can be defined as the positive age and stage appropriate effects of children's physical, social and psychological growth (p.15). Psychosocial needs are common to all individuals. These needs are particularly important for young children as they are still developing, both physically and socially, and they require assistance in order to be content and inventive, to build their social connections so that they gain a sense of belonging and to be optimistic about the future. When these needs are compromised, especially for a continuous period of time, it becomes crucial for the children to be loved and re-assured.

1.4.8 Parental loss.

Parental loss can be due to many causes but for the purpose of this study the researcher limited the concept of parental loss to the loss of a parent through death due to HIV/AIDS.

1.5 Aims and Objectives

The primary aim of the research was to explore the psychosocial effects of parental loss on children orphaned by HIV/AIDS from the perspective of their caregivers. In line with this aim the study was premised on the assumption that exploring the views of caregivers would contribute to the understandings of the psychosocial effects of parental loss on children

orphaned by HIV/AIDS. The researcher's intention was to provide the caregivers with an opportunity to talk about their daily experiences of caring for children orphaned by HIV/AIDS. It was hoped that exploring the caregivers' perspectives would assist in ensuring that the needs of children orphaned by HIV/AIDS are properly addressed. Understanding the needs of children orphaned by HIV/AIDS in rural areas is particularly important as most previous studies have been conducted abroad or in other areas. In order to achieve the aims of the study, the following specific objectives were adopted:

- To investigate the experiences of caregivers directly involved in taking care of children orphaned by HIV/AIDS within an orphanage setting.
- To investigate the caregivers' perceptions regarding the psychosocial effects of parental loss on children under their care.

1.6 Research Questions

This study represents an attempt to bridge the gap in knowledge regarding caring for children orphaned by HIV/AIDS. The study attempted to identify some of the children's experiences from the perspectives of their caregivers. In order to achieve the aims and objectives set out in this study the following specific research questions were formulated and addressed:

- What are the experiences of caregivers directly involved in taking care of children orphaned by HIV/AIDS within an orphanage setting?
- What are the caregivers' perceptions regarding the psychosocial effects of parental loss on children orphaned by HIV/AIDS under their care?

1.7 Research Design

This study made use of a phenomenological approach as well as a qualitative research method. This research design was selected and deemed appropriate as the study aimed to understand psychosocial effects of parental death on children orphaned by HIV/AIDS from

the perspectives of the caregivers. The participants in the study were five caregivers who currently work at Takalani Children's Home, an orphanage situated in Limpopo province, South Africa. Data collection took the form of semi-structured face-to-face interviews that were designed to capture the caregivers' narratives.

1.8 Chapter Outline

This study consists of the following six chapters:

Chapter One serves as the outline of the study. In addition, it discusses the problem statement, research aims and design and the definition of concepts.

Chapter Two contains a literature review that focuses on literature relating to the psychosocial effects of parental loss on children orphaned by HIV/AIDS. The chapter also presents the theoretical framework that informs this study by discussing Erikson's psychosocial stages of human development.

Chapter Three discusses the research method employed in this study. The chapter provides a detailed explanation of the research design, data collection methods, procedures, method of data analysis and ethical issues.

Chapter Four presents the results of the study. The themes extracted from the data related to the psychosocial effects of parental loss on children orphaned by HIV/AIDS are briefly described.

Chapter Five discusses the themes obtained in chapter four and ties them together in a descriptive interpretation.

Chapter Six provides an overview of the study and also discusses the strengths and limitations of the study and makes recommendations for further research.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

While chapter one introduced the study and provided a description of the study, this chapter explores the literature on the psychosocial effects of HIV/AIDS on orphans. The chapter also examines the theoretical framework that informs this study by drawing from Erikson's theory of psychosocial development.

The issue of psychosocial factors impacting children orphaned by HIV/AIDS has been the topic of much research in South Africa and abroad. It is hoped that arriving at a greater understanding of these psychosocial issues will lead to a solution to the HIV/AIDS crisis (Kheswa, 2006). By now, Sub-Saharan Africa has witnessed a multitude of children becoming orphaned due to HIV/AIDS. In 2003 UNICEF projected that 20 million children between the ages of 15 years and younger would be orphaned by HIV/AIDS by 2010.

2.2 The Prevalence of HIV/AIDS

This section briefly discusses the background of HIV/AIDS. In addition HIV/AIDS prevalence is discussed in terms of global, national and provincial trends. The global statistics regards AIDS orphans are also briefly examined.

According to Van Dyk (2008), AIDS was first identified in America in 1981. In South Africa, the first case was reported in 1983 (Abdool Karim & Baxter, 2010). Despite copious amounts of speculation regarding the origin of HIV, the exact origin of the virus remains unknown (Van Dyk, 2008). According to Avert (2011a) in South Africa HIV is mainly transmitted through sexual intercourse between persons of opposite sex, although it can also be

transmitted by an HIV positive mother to the child during pregnancy and childbirth. This is also another major source of infection. According to the WHO (2002) adults infected by HIV may live for long periods before they develop AIDS. However, this is not the case with children who are normally infected during pregnancy and the birth process. Children only remain free of symptoms for short periods and some children become sick and die early in their lives. HIV/AIDS has a greater impact on children than on adults because their needs differ in terms of prevention, care, support and management. This makes young children more vulnerable to the disease (Fonseca, O’Gara, Sussman & Williamson, 2008).

HIV/AIDS currently has a significant global presence. UNAIDS (2011) estimated that about 34 million (between 31.6 million and 35.2 million) people globally were HIV positive in 2010, as compared to about 28.6 million (between 26.7 million and 30.9 million) in 2001. This represents a 17% increase in ten years. UNAIDS (2011) also reported that sub-Saharan Africa continues to carry the heavy burden of the pandemic as the bulk of new HIV infections continue to occur in this region. In 2010, 70% of the people newly infected by HIV were living in Sub-Saharan Africa.

The HIV/AIDS pandemic is especially severe in the southern parts of Africa, especially in South Africa. South Africa has the highest number of HIV positive individuals (approximately 5.6 million) of all countries worldwide (UNAIDS, 2011). In 2011, 31% of the people died in South Africa as a result of HIV/AIDS (SAIRR, 2012). SSA (2011) estimated that 16.6 % of people between the ages of 15 and 49 years old in South Africa are living with HIV. The South African Department of Health (2011) estimated that 30.2% of pregnant women were living with HIV in 2010. In 2011 it was predicted that 316 900 people in South

Africa aged 15 years old and older were newly infected, with women at a much higher risk for infection than men (SSA, 2011).

The nine provinces in South Africa have been affected differently by the HIV/AIDS pandemic (ASSA, 2008). These differences are addressed in the discussion that follows. According to the South African Department of Health (2011), Kwazulu-Natal had the highest prevalence in 2010 at 39.5%, followed by Mpumalanga at 35.1%. The Free State had a prevalence of 30.6%, Gauteng a prevalence of 30.4%, the Eastern Cape a prevalence of 29.9%, the North West a prevalence of 29.6%, and Limpopo a prevalence of 21.9%. The provinces with the lowest prevalence were the Northern Cape (18.4%) and the Western Cape (18.5%).

Limpopo province has approximately 400 000 people living with HIV/AIDS. In 2008 roughly 7% of the people residing in Limpopo province were living with HIV/AIDS; this number is still growing (ASSA, 2008). The South African Department of Health (2011) estimated the HIV prevalence among pregnant women in Limpopo province to be 14.5% in 2001, 21.5% in 2005 and 21.9% in 2010. This represents an overall increase of 0.5% between 2009 and 2010. The highest prevalence of HIV positive status in Limpopo province among pregnant women was in the age category of 30 to 34 years old, at 31.9% in 2010. In the Vhembe district, where the current research was conducted, statistics indicated HIV prevalence among pregnant women of 14.7% in 2008, 14.3% in 2009 and 17.0% in 2010. These figures indicate the importance of addressing the psychosocial effects of parental loss on children orphaned by HIV/AIDS. ASSA (2011) predictions suggest that Limpopo will soon have a total of 98 219 AIDS orphans under the age of 18 years.

Curley, Ssewamala and Han (2010) reported that in comparison to other parts of the world, Sub-Saharan Africa has the highest incidence of HIV/AIDS. The AIDS epidemic has orphaned large numbers of children all over Africa. The statistics on HIV/AIDS estimate that in 2009 16.6 million children between the ages of 18 years and younger were orphaned due to HIV/AIDS. Statistics also show that approximately 90% of these children are living in Sub-Saharan Africa (Avert, 2011b). Based on the statistics above, it is therefore of vital importance that the psychosocial needs of these children are addressed.

2.3 Legislation on Children in the Context of HIV/AIDS

This study centered on children orphaned due to HIV/AIDS and it is therefore important to understand the main principles guiding the convention regarding Children's Rights. Some of these rights might be violated in the context of parental loss due to HIV/AIDS. These rights include the natural right to healthy living and development. In addition, every child has the right to equal treatment with no discrimination. On this basis, irrespective of the nature of decisions and/or policies made with regard to children, the best interests of children should remain the highest priority. More importantly, children's views should be valued and considered in all matters pertaining to them (Van Dyk, 2008).

The overwhelming effect of HIV/AIDS endangers every child's rights to education, well-being, the United Nations International Children's Emergency Fund (UNICEF, 2006a) and protection (UNICEF, 2007a). According to UNICEF (2010) children's right to education is not only about going to school but also applies to remaining in school and being equipped with good education that serves as a basis for their progress throughout life. HIV/AIDS has major consequences for children as it threatens their rights to safety and security and leaves them vulnerable to various types of discrimination and exploitation, including sexual,

emotional and physical exploitation. HIV/AIDS further deprives children of their privilege to be raised by their own families and realize their full potential (UNICEF, 2006a).

2.4 Parental Loss

Although parental loss can occur for many reasons, this study focused specifically on parental loss as a result of death due to HIV/AIDS. Carson (1984) postulated that life presents various experiences to children, which acclimatizes them to dealing with the loss of a parent. Examples of such experiences are the loss of pets and toys. Brown (1999) argued that, unlike in the early part of the past century, people are now less inclined to recognize death as an acceptable part of life. It is important to note that during the 1960s many researchers did not look favourably on conducting research on subjects relating to death (Grollman, 1995).

According to Arthur and Kemme (in Siegel & Freund, 1994) the death of a parent or parents is an overwhelming experience for children and it impacts children in different ways. One of the most common effects is that children develop a fear that someone close to them might also die. These fears are intensified in the context of the death of the parent/s due to AIDS, as the nature of the HIV/AIDS pandemic means that children may witness the death of many other family members due to HIV/AIDS (Siegel & Freund, 1994).

Parental loss due to HIV/AIDS during childhood causes children to experience significant emotional pain. The grieving process starts when the parent or family member who is infected with HIV becomes sick. Children find it difficult to grieve the death of their parents because of the stigma attached to dying of AIDS and people's lack of knowledge regarding the spread of AIDS, which increases stigma and results in the isolation of orphaned children (UNICEF, 2006a).

Children's understanding of death varies according to their developmental level. Young children may perceive death as something that can be changed. Although these children do not recognize that death is irreversible they however react to death. These children can sense the change of moods displayed by the way in which those around them are responding to their needs. Children may react to this by showing some emotional as well behavioral problems (Grollman, 1995).

UNAIDS, UNICEF and USAID (2004) suggested that because young children do not understand that death is permanent, they may be convinced that the deceased will come back someday. Young children may even be frightened that they are responsible for the death of someone they love. Wood, Chase and Aggleton (2006) argued that the way children respond to parental loss is very complicated and depends on factors such as their developmental age, survival drives, sensitive caring, and the amount of comfort and encouragement they receive from their social environment. For children the grieving process normally includes a series of experiences starting with parental sickness until the time of the parent/s death as well as the consequences they face due to their status as orphans.

2.5 Effects of HIV/AIDS on children

It is clear that parental loss through death can alter children's lives in many ways. The situation is even more complicated if the parental loss is the result of HIV/AIDS as this may severely affect orphaned children psychologically, socially and economically. Li , Naar-King, Barnett, Stanton, Fang and Thurston (2008) reported that although children orphaned due to HIV/AIDS are already overwhelmed by the loss of their parents, they often face further psychosocial problems that may interfere with the grieving process. Not enough attention is given to children's psychosocial needs, especially in very poor countries. The discussion below focuses on psychological, social and economic factors impacting HIV/AIDS orphans.

2.5.1 Psychological issues relating to HIV/AIDS orphans.

Children orphaned by HIV/AIDS experience many psychological difficulties throughout their development. Holland (2001) suggested that parental death during childhood may have potentially negative consequences for children later in their lives. A study by Cluver, Gardner and Operario (2007) found that children orphaned by HIV/AIDS generally show a higher degree of psychological problems than non-orphaned children. In addition, the study found that children orphaned by HIV/AIDS were more likely than other children to internalize symptoms of depression and stress related disorders. These children were also found to have suicidal thoughts. Children orphaned by HIV/AIDS also exhibit higher levels of delinquent behavior and other behavioral problems than non-orphaned children.

In addition, UNAIDS, UNICEF and USAID (2002) reported that many children orphaned by HIV/AIDS suffer severe mental and physical pain as a result of trying to assist their sick parents back to health and then being forced to watch them as they die, often one after the other. Issues relating to children's loss of parents due to HIV/AIDS are very serious and difficult because children are frequently faced with the difficulties of having to witness the process of dying as well as their parent/s' growing inability to carry out their duties as parents. This has severe consequences for the child as he or she has to take over the role of a parent while at the same time witnessing the parent/s' pain and suffering (Loening-Voysey, 2002).

According to Schonteich (2002) children who witness the process of parents dying as a result of HIV/AIDS are more severely affected psychologically than children who lose their parents through other means. Dane (1994) stated that the death of a parent/s is a very long and painful process for children because many parents experience long periods of illness before finally

succumbing to the illness. When parent/s die the family may experience financial difficulties which may lead to children's withdrawal from school. For some children parental loss can result in permanent psychological problems. Given the trauma associated with parental death, it seems likely that children who lose their parents may also lose trust in their environment and this may have an influence on their adult lives. The section below focuses on issues of trust versus mistrust in childhood and adulthood.

Mikulincer (in Newman and Newman, 2006) reported that adults consider a trusting relationship to be a relationship in which people feel appreciated and believe that they can rely on those they love and trust to remain sensitive to their feelings. According to Newman and Newman (2006), when people are in a relationship with each other they discover certain qualities about one another and in this way they start developing feelings of trust and start revealing things about themselves that they would not normally share with anyone. Confiding sensitive aspects about their lives with others allows the strength of the trust developed earlier in the relationship to be tested in order to determine whether the relationship will continue or face rejection. If the relationship survives difficult times, people's trust increases. Rejection occurs as a result of a lack of willingness to accommodate a certain individual in one's life for any reason. Trust in adults' relationships is therefore about believing that regardless of what happens the other's feeling will remain constant. This trusting belief begins in childhood. When children develop trust early in their lives they are later able to enjoy trusting relationships with others.

In contrast to adults, for babies trust is an emotional experience that gives children faith in their caregivers. The confidence that children develop in their caregivers and others around them later expands to other relationships outside their families and community. When

children learn that they can trust others, they develop trust in themselves. In childhood, children can develop feelings of mistrust if they believe that their caregivers are unreliable or if they doubt that they are worthy of their love. Children who undergo unpleasant experiences may later develop feelings of mistrust and doubt towards others in their environment (Newman & Newman, 2006). A child's sense of trust can be severely affected when he or she loses their parents due to HIV/AIDS.

Gabriel, Cheboswony, Kodero and Benard (2009) reported that HIV/AIDS is the leading cause of orphaning in many poor countries. Children orphaned by HIV/AIDS often experience trauma as a result of significant losses of their family members, which leave them bereaved, stigmatized and isolated . Andrews, Skinner and Zuma (2006) noted with concern that many children orphaned by HIV/AIDS are faced with the trauma of being separated from their families and as a result find themselves reorganizing in various ways in order to respond to the difficulties in their lives.

If families split up during the time when a child was beginning to acquire independence, this process might be interrupted. According to Erikson's (1980) developmental theory children between one and three years who are at autonomy versus shame and doubt stage are striving for independence but still remain very dependent on their parents. At this point the child is still in the stage of learning how to use and control his/her muscles. The child achieves this by learning to control his/her bowels. The child needs his/her caregiver to help him/her to develop independence. During this stage the child aspires to become independent and do what is necessary to achieve this independence. This is a very critical period between the caregiver and the child in terms of how the caregiver in the child's life responds to the child's needs as he/she becomes more independent and strives to do things on his/her own. This becomes a mutual process that needs to be handled with extreme care (Erikson, 1980). This

stage may be a challenge for children orphaned by HIV/AIDS if they are looked after by caregivers who are not sensitive to their needs.

Furthermore, when families split up children are often separated from their siblings. UNICEF (2003) reported that of the many traumas experienced by children orphaned by HIV/AIDS, being separated from their siblings is one of the major traumas. Children of all ages are disturbed by this experience. In a study conducted in Uganda concerning children who were separated from their brothers and sisters, 44% reported depressive feelings about the separation and 17% reported feeling alone. According to Germann (2004), separation of children is partly responsible for their psychological difficulties.

HIV/AIDS poses a unique challenge in terms of parental loss as there is a high likelihood that if one parent is HIV positive the other parent will also be HIV positive. As a result, children are faced with the possibility of losing both parents within a very short space of time (UNICEF, 2006b). The situation is further worsened when the person caring for the children also dies due to AIDS, thereby causing the children to suffer multiple losses. The children may also suffer further loss as they are separated from one another (UNAIDS, 2004). As a result of these traumatic events many children experience sadness, develop angry feelings towards others, blame themselves and worry about what the future holds for them as they face life on their own. All these negative experiences can cause children to develop serious emotional problems and lead them to engage in inappropriate behavior such as excessive use of substances, aggressive tendencies and even suicidal thoughts (Foster, 2002, cited in UNAIDS, 2004).

Another worrying factor facing children orphaned by HIV/AIDS is the lack of emotional support from adults. Sengendo and Nambi (1997) observed that although many children

orphaned by HIV/AIDS experience serious psychological difficulties, these difficulties are often neglected. This is partially due to lack of information regarding the nature and severity of the problem. In addition, many adults consider children to be immune to emotional problems and, as a result, children often do not receive attention from caregivers in relation to their emotional problems. Children's psychological problems are often not easily identified and as a result adults caring for orphans are unable to recognize these problems. Even if adults are able to recognize the problems they frequently lack expertise regarding the appropriate manner in which to deal with these problems. According to UNAIDS (2004) orphaned children are faced with the challenge of their caregivers' inability to understand the emotional suffering they experience as a result of witnessing the death of their parents.

Howard, Matinhure, McCurdy and Johnson (2006) found that children orphaned by HIV/AIDS lack emotional support to help them in dealing with the loss of their parents. Although the remaining parent or foster parents may take care of the child's basic needs, emotional needs are often not addressed at all. In addition, children may further face financial difficulties as a result of the death of their parent/s (Howard, Matinhure, McCurdy & Johnson, 2006).

According to Dane (1994) children orphaned by HIV/AIDS find it more difficult to live with the thought of their parents having died of AIDS than the actual experience of death. Some children experience endless grief while others feel angry and blame themselves at the same time. A study in Uganda by Foster and Williamson (2000) found that for many orphaned children parental illness provokes angry feelings and feelings of sadness coupled with feelings of fear of losing the parent. Due to these confusing emotions many of the children in Foster and Williamson's (2000) study were depressed and lacked ambition for the future.

Grodney (1994) suggested that older children who are aware of how a person becomes infected with HIV may be extremely disappointed and angry with their parents for not taking responsibility and may find themselves asking a lot of questions relating to their parents' decisions. Van Dyk (2008) observed that anger is one of the most common reactions to a considerable loss. When a person loses a significant other, he/she may bargain with God asking for answers and even direct his/her anger towards God for not intervening. In addition, the grieving person may feel anger at their dead loved one for dying (Van Dyk, 2008).

Grodney (1994) found that children experience suicidal thoughts after parental death. At times this ideation is related to identification with the parent who passed on due to AIDS. At times these suicidal thoughts may be a way of communicating a wish to reunite with the dead parent. A study conducted by Behrendt and Mbaye (2008) found that children who lost both parents as well as girls who lost a maternal figure had a much higher risk of committing suicide than non-orphans. Due to the severe difficulties in their lives 40% of the children in the Behrendt and Mbaye's (2008) study had suicidal thoughts and had on several occasions considered committing suicide. The children stated that the terror of going through the pain stopped them from actually attempting to take their own lives and as a result limited their suffering to thoughts of committing suicide.

2.5.2 Social issues relating to HIV/AIDS orphans

Children orphaned by HIV/AIDS are influenced by various social factors, beginning with the onset of parental illness and continuing until the death of the parent/s. These social factors continue to influence orphaned children after their parent/s's death and have an impact on their development. Some of these social factors are discussed below.

According to Foster and Williamson (2000) addressing the socioeconomic issues in relation to children orphaned by HIV/AIDS has always been considered more important than attending to the psychological problems facing orphaned children, especially in less developed countries. It is difficult for societies to focus on psychological needs, which are not often direct or observable, when essential needs are not being met. In most cases, it is considered more relevant to provide an orphan with basic needs such as food and clothing than to attend to his/her psychological needs.

In the past orphaned children were cared for by family members. However, as UNICEF (2007a) noted, the overwhelming power of HIV/AIDS has crippled the extended family system's ability to assist one another with child rearing in times of need. As a result of this failure children are exposed to all forms of abuse, sexual exploitation, stigmatization and discrimination.

Sub-Saharan Africa has been heavily impacted by the HIV/AIDS pandemic, resulting in major economic and social problems for orphans. When parents die the extended family assumes responsibility for the overwhelming majority of children orphaned by HIV/AIDS. This has an overwhelming effect on these families, to the point where they are finding it more and more difficult to manage. The sheer numbers of orphaned children needing to be sheltered and supported combined with the increasing numbers of the adult population becoming sick due to HIV/AIDS has a devastating impact on these families. Many of these families are unable to provide for the children's essential needs which are crucial for every child's healthy development. As a result children's health and education are compromised. The situation can be exacerbated as the caregivers may also die as a result of HIV/AIDS (UNICEF, 2003).

Foster and Williamson (2000) highlighted several ways in which the HIV/AIDS pandemic impacts children and families. Many children experience the impact of HIV/AIDS long before the death of their parent/s because as soon as a parent becomes sick children are forced to assume new responsibilities. These responsibilities include domestic errands such as preparing food for the family, cleaning, washing and assisting the sick family member to bath and go to the toilet, administering medicine and taking the sick family members to the hospital for treatment. Women often carry the heavy burden of looking after the sick member of the family (Poku, 2005).

Richter et al. (2006) found that poverty remains a major concern for children orphaned by HIV/AIDS. This is because poverty deprives children of things that are necessary for every child's healthy development and as a result poverty has the potential to influence all aspects of the child's development, ranging from basic needs not being met to living with caregivers who are discouraged and overworked as they struggle to make ends meet. When children are exposed to these conditions for a prolonged period of time they may fail to reach optimal development. All of these factors can have a negative effect on orphaned children's education.

Education is a major concern for children orphaned by HIV/AIDS. Children orphaned by HIV/AIDS drop out of school for various reasons. UNAIDS (2002) noted that although education is important for every child's successful development, many children are unable to remain in school following the loss of their parents. In addition, many families impacted by the pandemic may remove children from school due to financial difficulties, causing children to fall behind in comparison to their peers. Girls are frequently more disadvantaged than boys as they are expected to assist with parental care and other household tasks (Poku, 2005).

According to UNAIDS and UNICEF (2005) children are being deprived of education in countries that are greatly impacted by the pandemic. This deprives these children of the opportunity to be confident, responsible and productive members of society. In many cases the children's caregivers have already exhausted all available resources and are unable to support them educationally. Bicego, Rutstein and Johnson's (2003) study of the dimensions of the emerging orphan crisis in Sub-Saharan Africa found that, when compared to non-orphans, orphaned children are less likely to be at the right grade for their age due to the loss of their parents to HIV/AIDS. In addition, in a study conducted in Northern Botswana, Bray (2003) established that children orphaned by HIV/AIDS living in child-headed households lack food, are often not doing well at school and show high degrees of conduct problems.

Poulsen (2006) investigated the gendered impact of HIV/AIDS on education in South Africa and Swaziland and found that the resultant changing and interrupted family life had several implications regarding children's ability to remain in school. These implications included financial difficulties, unsupportive family environments, the urgent need to enter the labour market, concern about the situation at home and lack of care by the foster parents. According to Poulsen (2006) these issues could result in children dropping out of school.

The discussion above clearly illustrates that when parents become sick and die children's education often suffers as children may drop out of school. Many of these children then enter the labour market. According to the Children's Act No. 38 of 2005, Child Labour refers to work performed by a child that is exploitative, dangerous or unsuitable for a child of that age. In addition, the work performed compromises the child's welfare, health, and ability to go to school. Double orphans are often at a much higher risk than single orphans of being withdrawn from school and entering the labour market. As soon as their parents die some children are left destitute with no means to support themselves (UNAIDS, 2002).

Children orphaned by HIV/AIDS also face difficulties associated with stigmatization and discrimination. According to Sherr (1995) many people find it difficult to grieve the loss of their loved ones if the cause of death is AIDS. This is because of the intense stigma attached to the disease. Due to the stigma surrounding HIV/AIDS the grieving person may be faced with the challenge of having to cope with losing their loved one as well as with the stigma of having lost a family member to HIV/AIDS.

Cluver, Gardner and Operario's (2008) research focused on the effects of stigma on the mental health of adolescents orphaned by AIDS and found that, in addition to the psychological difficulties experienced by children orphaned by HIV/AIDS, these children are also at increased risk of socioeconomic adversity linked to having lost a family member to HIV/AIDS. The study also found that the social effects of being an orphan as a result of HIV/AIDS have a negative impact on a child's psychological wellbeing. The study found that stigmatization of children orphaned by HIV/AIDS seems to have resulted in a very strong relationship between being orphaned as a result of HIV/AIDS and having depressive symptoms, stress, behavioral problems, and delinquent behavior.

In order to protect themselves from possible discrimination people who are HIV positive often conceal their HIV status from their family members and others around them. Children who are older and aware that their parents are HIV positive often join them in concealing their status. This code of silence isolates the parents as well as the children from the outside world and makes it difficult to receive support from others (Zayas & Romano, 1994).

In addition, Edwards and Edwards (2009) found that most people struggle to live with the reality that they are HIV positive. Stein (2004) found that women who are HIV positive often

do not reveal their status to their children because they believe that their children are not yet mature enough to fully comprehend the complexity of HIV/AIDS.

Various factors contribute to the stigmatization of people affected by HIV/AIDS. Children may be stigmatized by association with a family member who is HIV positive, being HIV positive themselves, or having lost their parents to HIV/AIDS and now being classified as orphans. The stigma associated with HIV/AIDS may have a negative effect on children and their families and may result in the denial of much needed assistance (UNICEF, 2007a).

According to UNAIDS and WHO (2005) people with HIV/AIDS may also be stigmatized because HIV is associated with immoral behaviours such as adultery, homosexuality and drug use. The fear of illness and dying provokes aggressive feelings from others and all these lead to stigmatizing utterances and isolation of those affected by HIV/AIDS. In addition, stigmatization can have a negative effect on the child's relationship with others in his/her social setting and consequently affect his/her self-confidence (UNAIDS, UNICEF & USAID, 2004).

Stigmatization is thus an important concern for families affected by HIV/AIDS. Children living with dying family members or orphaned by HIV/AIDS are often stigmatized and experience discrimination. This may even extend to rejection by their close friends at home and at school. This rejection may impact their ability to go to school. This psychosocial trauma does not necessarily stop when children leave their families of origin and orphans often continue to experience psychosocial trauma within their foster families (UNICEF, 2003). Within these foster families children may be treated unfairly, singled out and given more household responsibilities than other children in the family (UNICEF, 2006b).

Children orphaned by HIV/AIDS are also vulnerable to exploitation. According to UNICEF (2007a) many orphaned children find themselves in danger of exploitation and abuse when their parents are no longer there to protect them. Parental illness causes significant stress in children and leaves them feeling helpless and as a result vulnerable to sexual exploitation (Poku, 2005). As a result of these factors children orphaned by HIV/AIDS are at high risk of HIV infection (Institute of Medicine, 2011) and sexual abuse, especially in the case of young girls (UNICEF, 2011). In the most severe cases children orphaned by HIV/AIDS may be kidnapped and forced to become child soldiers or to do work that is not appropriate for a person of that age. These children may also become prostitutes or street children (UNAIDS, 2004).

Based on the risks noted above UNAIDS (2004) stated that many children orphaned by HIV/AIDS attempt to ensure that the family remains intact, irrespective of who takes over the role of a parent. Women as well as young girls take over the responsibility of raising the orphaned children. Girl children may be withdrawn from school to care for their sick parent/s and to take over other household responsibilities. In many instances, mothers and not fathers assume the responsibility of raising their children.

Although it is usually best for children orphaned by HIV/AIDS to remain with their families (UNICEF, 2010), this is not always possible. According to Poku (2005) when parents die families disintegrate and many orphaned children are forced to stay with their extended families. As noted earlier, in the past when parents died the members of the extended family took over the role of parenting and therefore orphanhood was not recognized. The AIDS pandemic has changed this pattern and families are not always able to look after children orphaned by HIV/AIDS (Frohlich, 2010).

According to UNICEF (2007b) the overwhelming number of children orphaned by HIV/AIDS has resulted in extended family members being unable to support the orphans. Parental death often results in significant changes in the lives of orphaned children. These changes may include moving from a suburban area to a rural area, separation of siblings, and dropping out of school. Children's views are often not considered when these decisions are made (Sengendo & Nambi, 1997). Bray (2003) suggested that due to socioeconomic problems in their lives children orphaned by HIV/AIDS are likely to be moved from their homes before or just after the death of their parents.

In addition, some of these children experience further difficulties when they arrive in their new families because of the poor treatment they receive. Relocation appears to be a common experience for children affected by HIV/AIDS and it is therefore important to understand relocation practices to address issues that may impact negatively on children's development as they might not be in the best interest of the child (Foster & Williamson, 2000). After the death of their parents some children may be sent to live in institutions.

Institutional care is not a preferred mode of care for orphaned children. UNICEF (2006a) described 'institutional care' as a situation in which children live together as a group and are cared for by paid caregivers who are not part of their families. Richter et al. (2006) argued that many children orphaned by HIV/AIDS live with their existing family members, and this plays a significant role in their development. However, some children are forced to live in institutions. Richter et al. (2006) found that institutionalized children are vulnerable to sicknesses and death and they lack emotional ties with their families as well as knowledge of their cultural beliefs and customs. For these reasons it is considered preferable to raise children in a family environment.

Richter et al. (2006) further noted that, unlike in families, the daily activities of the institution are designed to ensure that the institution runs efficiently and the focus is not on the best interests of the child. In addition, there have been reports of abuse of children orphaned by HIV/AIDS living in institutions. Some institutions experience financial problems in taking care of the children, which results in increased vulnerability for the children. These institutions are often not sustainable over time due to high costs and limited space. Institutions are therefore not an appropriate response to the orphaning crisis. All children deserves to be raised in a family setting by family members (UNAIDS, 2002).

UNAIDS, UNICEF and USAID (2002) noted that the HIV/AIDS crisis cannot be resolved by placing orphaned children in orphanages. This is because orphanages are not suitable for the child's healthy development to adulthood. Institutions are expensive to sustain and the money could be better spent providing direct support to families in order to enable them to take the responsibility of caring for orphaned children. According to Richter et al. (2006) caring for children in institutional settings is ineffective in meeting their developmental needs because children need to be loved and protected by their families and they need to experience a sense of belonging.

According to UNAIDS, UNICEF and USAID (2004) ongoing institutional care is not suitable for young children. In order for young children to develop emotionally, cognitively, and physically they need to be able to experience an emotional attachment to one reliable person. It is therefore extremely important that young children have an attachment relationship with at least one family member.

Thus, although orphanages may seem like an appropriate response to the ever-increasing number of orphans they are unable to meet all the needs of the children for whom they are

designed to care. Although these institutions may provide children with their basic needs, in reality they are ineffective in addressing children's emotional needs. Focusing on providing orphanages can also hinder the progress of nationwide efforts to address the problem of orphaning. These institutions generally have a small number of child caregivers and as a result are unable to give children the much needed love, individual attention, individual identity, and social connections offered by families (UNAIDS, UNICEF & USAID, 2004).

Children living in an institutional setting are often isolated from others in their environment, either by age or gender or by virtue of being in an institutional setting. Unlike in other contexts where children are encouraged to be independent and self-reliant, institutions encourage dependency. Many institutionalized children find it difficult to cope with life outside the institution. As adults, many institutionalized children find it difficult to understand societal expectations and this further isolates them from others (UNAIDS, UNICEF & USAID, 2004). According to UNICEF (2006a) children raised in institutions often struggle to cope with life outside the institution to the extent that they find themselves being placed in other institutions, such as prisons and psychiatric hospitals. These children may also become streets children.

2.5.3 Economic issues relating to HIV/AIDS orphans.

In addition to the psychological and social issues experienced by children orphaned by HIV/AIDS these children also experience a financial burden. It is important to note that the psychological, economic and social factors discussed in this chapter all overlap.

HIV/ AIDS orphaning is frequently associated with poverty (Institute of Medicine, 2011). The majority of people caring for children orphaned by HIV/AIDS in less developed countries are poor and female. In Kenya, for example, many impoverished families have

proven to be willing to accommodate foster children while better off families distance themselves from orphaned children (Foster & Williamson, 2000).

The socioeconomic impact of HIV/AIDS has major consequences for the well-being of many children globally. When parents and caregivers become sick children are faced with the responsibility of ensuring that their basic needs are met. These added responsibilities often cause children, especially young girls, to be denied access to education. While still dealing with the loss of their parents these children are faced with many other challenges including uncertainty about what the future hold for them, inability to support themselves financially, isolation and discrimination from the general public (UNAIDS, UNICEF & USAID, 2002).

UNICEF (2007a) reported that HIV/AIDS impacts a family's ability to cope financially in many ways and this has implications for children. As a result of these financial implications children may be denied medical care and their right to education. Studies show that children living with ailing and dying parents, as well as children already orphaned by HIV/AIDS, are more likely to be at home than at school because of caregivers' inability to attend to the financial needs of all the children in the family. In addition, when parents become sick children are faced with the reality of having to drop out of school and look for work as the breadwinner is no longer able to work. The elders in the family often make the decision on the children's behalf, deciding that they should stop going to school and either go work or look after the sick family member. Young girls are often called on to shoulder the new caregiving responsibilities (Foster & Williamson, 2000).

Poku (2005) reported that most children orphaned by AIDS tend to live with their relatives and this often creates financial difficulties for these families. In addition, many children orphaned by AIDS not only lose their parents but they may also lose their family home, drop

out of school and as a result are forced to become street children. Orphaned children are particularly vulnerable and are likely to be sexually active at a very young age, which in turn puts them at risk of contracting HIV/AIDS. Many of these orphans are destitute and are unable to support themselves financially or otherwise (WHO, 2002).

UNAIDS (2002) reported that children orphaned due to HIV/AIDS become vulnerable long before their parents die. Children begin to experience emotional suffering as a result of witnessing their parent/s' suffering and growing inability to perform their parental roles. This tends to worsen when the parent/s finds it difficult to support the children financially and as a result is forced to leave the responsibility of caring for the family to the children. When the parent/s dies the children are faced with the reality of facing life on their own.

Denninger, Garcia and Subbarao (2003) found that losing parents to HIV/AIDS is strongly associated with the likelihood that the child might drop out of school and join the labour force at an early age. Children may be further confronted with other problems such as malnutrition, discrimination and exploitation and losing property through land grabbing by the remaining family members.

2.6 Theoretical Framework

2.6.1 Erikson's view on Psychosocial Development.

According to Erikson's developmental theory individual development is characterized by ongoing and long-lasting development of the person's inborn potential. This is in keeping with the epigenetic principle (Meyer & Viljoen, 2008). Erikson (1980) argued that the epigenetic principle originates with the growth of the child in the mother's womb. According to this principle "anything that grows has a ground plan and ... out of this ground plan the parts arise, each part having its time of special ascendancy, until all the parts have risen to

form a functioning whole” (Erikson, 1980, p. 53). Erikson (1980) further explained that when a child is born he/she “leaves the chemical exchange of the womb for the social exchange of his/her society, where his/her gradually increasing capacities meet the opportunities and limitations of his culture” (p. 53).

Erikson’s theory covers the entire span of human development while at the same time acknowledging that individuals are independent beings. This theory differs from that of Freud as it acknowledges the important role that society plays in human development. In Erikson’s developmental theory each life stage is characterized by a psychosocial crisis that serves as a basis for development. The epigenetic principle plays a significant role in development. The emergence of the developmental crisis is determined by the person’s genes at a specific age. In addition, the crises emerge in a set sequence. Each stage’s development crisis must be handled during that stage in order to ensure the individual’s overall development during that period (Meyer & Viljoen, 2008).

Erikson’s theory of human development outlined eight stages of development. These eight stages cover the entire lifespan from childhood to adulthood. Each stage contains a characteristic pattern that is linked to a fixation during that period. Unlike Freud, Erikson focuses more on the psychosocial rather than biological meaning of these stages (Maddi, 1989). According to Meyer and Viljoen (2008) two significant implications are noteworthy in terms of the total personality makeup. Firstly, if an individual fails to successfully resolve a crisis at some point, it becomes difficult for him or her to handle the next crisis. In contrast, if he or she resolves the crisis effectively, it becomes easier to handle later crises. Secondly, if an individual fails to adequately resolve the crisis at one stage, he or she is able to resolve this crisis later in life. In addition, if the individual manages the stage successfully he/she

develops psychosocial strength that becomes crucial in handling the remaining stages throughout life (Boeree, 2006).

Although Erikson's theory of psychosocial development consists of eight stages only the first five stages are explored within this study as they relate specifically to childhood development. These stages are referred to as basic Trust versus Mistrust, Autonomy versus Shame and doubt, Initiative versus Guilt, Industry versus Inferiority, and Identity versus Role confusion. The last three stages in Erikson's developmental model, known as Intimacy versus Isolation, Generativity versus Self-obsession and stagnation, and Ego integrity versus Despair, do not form part of this study (Meyer & Viljoen, 2008).

2.6.2 An Outline of Erikson's Theory of Psychosocial Development.

The first stage of Erikson's theory of psychosocial development is labeled **Trust versus Mistrust**. This stage occurs between birth and 18 months (Papalia, Olds & Feldman, 2010). The developmental crisis at this stage involves basic trust versus mistrust (Meyer & Viljoen, 2008). According to Erikson (1980) basic trust is an attitude that a person has toward him/herself and others that results from the earliest experiences of life. If basic trust is not developed during this stage the individual will manifest basic mistrust later in life. In adulthood, an individual may manifest basic mistrust by withdrawing from situations when he/she is in conflict with him/herself and others. Basic trust can therefore be regarded as a sign of good emotional and psychological health. UNAIDS, UNICEF and USAID (2004) acknowledged the importance of this stage by stating that as soon as the child is born he or she becomes susceptible to many environmental factors and that this susceptibility continues until about the age of five. The first few years are a significant period in every child's life. Children experience a high risk of death during this period, particularly during birth and the

month following birth. During this critical period parental sickness or death, especially in relation to the maternal figure, can be life-threatening for the child.

According to Erikson (1980) each new developmental stage brings with it some new challenges. For instance, when the child is about eight months old he/she starts to assert his/her individuality and this prepares the child for the imminent sense of independence. The child simultaneously becomes more conscious of his/her mother's facial appearance and starts to distinguish her from other people. A child can be negatively impacted if the mother suddenly disappears for long periods of time during this period. A sensitive child might react to this as a form of rejection and think the mother has deserted him/her, which in turn provokes fears, causing the child to withdraw from interactions.

During this stage children are particularly vulnerable and rely on others for care, shelter and reassurance. When children's basic needs are met they develop trust in their environment. However, when their needs are not met they will lack trust. This means that children will develop a healthy balance between trust and mistrust if their needs are adequately provided for during this stage (Maddi, 1989). It is important for children to develop a sense of balance in terms of trust, which will allow them to form close relationships with others, and mistrust, which will allow them to take care of themselves (Erikson, in Papalia et al., 2010). If this balance is accomplished children develop an optimistic view of life (Boeree, 2006).

The first year of life is very important as it is during this period that the baby needs to form an attachment with a trusted mother figure in order to ensure healthy development. During this period babies are very sensitive to different sensory modalities that provide them with a sense of comfort and love. For this reason, if a child loses a primary nurturer at an early stage he or she might be deprived of the ability to form strong attachments to others. In addition,

loss of such an important person is associated with a high risk of sickness and death. Due to the high number of people dying due to AIDS, children may lose their mothers to the disease during this critical period. This in turn puts many children's lives in danger (UNAIDS, UNICEF & USAID, 2004).

According to Erikson (1977), when a baby has developed social trust, he eats well, sleeps well and his bowels are relaxed. The maternal care that the baby receives from the mother at this stage helps him/her to overcome the pain and anxiety resulting from the earlier immature homeostasis that he/she was born with. This is therefore a mutual process between the mother and the child.

Bergh (2006) referred to a critical time for a child as a period in a child's life when issues in the child's environment might impact him/her in a good or a bad way. This may include issues such as food shortage and parental neglect during the first year of life. In addition, if a child experiences things that are not normal for a person his/ her age, this may lead to unhealthy development (Bergh, 2006).

During the first year of life the mouth becomes the focal point for the child because it is through the mouth that the child gets fed through breastfeeding. The mother shows the child love and care by feeding him/her. By feeding the child the mother show the newborn baby that he/she is welcomed into the world (Erikson, 1980). It seems likely that children orphaned by HIV/AIDS during the first year of their lives experience difficulties during this stage and this may result in the development of mistrust.

For Erikson (1977) the baby's first social success is allowing the mother to continue with her daily activities without feeling anxious and angry. This ability to trust that the mother will always be there provides the child with a sense of stability. The child's ability to have

confidence that he or she can always trust the mother to be there at all times provides the child with a strong sense of identity. Through this process the child acknowledges the fact that the mother and other familiar people often present in the home will always be present. This provides the child with a sense of trust. The sense of trust that the child develops at this stage does not only mean that the child has learned to rely on the familiar faces he sees everyday but also that she/he can start trusting him/herself and his/her own body to deal with his/her own impulses. This trust in the self needs to develop to the extent where the child no longer needs his/her caregivers to be on standby in case something goes wrong. Children orphaned due to HIV/AIDS do not have access to a mother who can provide stability and reliability.

Trust remains very important in the early years of the child's life. Maternal caregivers can demonstrate this trusting relationship with their children by attending to the children's special needs in a caring and sensitive manner within their immediate environment. This caring should be coupled with a fixed sense of personal integrity that is in line with their daily lived experiences within their cultures. Trust in children is therefore not only about expressing love to children and providing for their basic needs but also largely depend on the nature of the relationship between the mother and the child (Erikson, 1980). Children in institutions are deprived of parental love and care because caregivers are overworked and unable to play the role of a substitute mother. Children who lose their parents at an early stage may therefore lack the required sense of trust in their environment and later develop mistrust.

Erikson's second stage of development is referred to as **Autonomy versus Shame and doubt**. This stage takes place between the ages of 18 months and 3 years (Erikson, in Papalia et al., 2010) and the conflict during this period is centered on issues relating to autonomy versus shame and doubt (Meyer & Viljoen, 2008). The object of focus during this stage is the

anal area and the focus is on whether the child has the ability to control his/her bowels. During this stage children begin to realize that they have the ability to go to the toilet on their own and they therefore want to exercise this ability. The ability to do this on their own will lead them to independence if effectively carried out or to shame and doubt regarding their capabilities if they fail to do it effectively (Meyer & Viljoen, 2008).

Richter et al. (2006) found that the AIDS pandemic has resulted in many young children living with caregivers who are struggling with their own physical and emotional problems and as a result are unable to attend to the children's individual needs. UNICEF (2006a) referenced studies that show that care provided in institutions fails to meet the developmental needs of children as it is devoid of parental love and individual attention. Children are sometimes abandoned, severely punished and abused. According to the Poku (2005) although most children orphaned by HIV/AIDS are cared for by their relatives most of these relatives experience high levels of pressure.

According to Erikson (1980), this is a very critical period for the relationship between the mother and the child. In general, the parent/s or caregiver/s' attitude towards the child will either have a negative or positive effect on the child. A mother who is very harsh and interferes with the process of allowing development to unfold naturally during the autonomy period can have an immobilizing effect on the child. If a child feels helpless within himself and outside himself, then he might be compelled to look for pleasure and control by either regressing or pretending to be making progress. For example, a regressed child may suck his thumb and become irritable and difficult. A regressed child might also become aggressive and stubborn and use his body waste (and later in life, filthy language) as a defense mechanism. In contrast, a child who is pretending to be making progress might just pretend to be independent and show the ability to cope on his own when in actual fact he is not coping.

According to Erikson (1980) this stage is very significant for the relationship between feelings of warm personal attachment and extreme hatred, and mutual assistance and determination. This stage also determines whether the child will be assertive or not. When children are able to restrain their feelings and actions without compromising their self-respect they develop a fixed sense of independence and self-importance. In contrast, if the child feels helpless and dominated by the parents this can create permanent feelings of distrust and worthlessness. In addition, for a child to develop true independence it is important that a strongly developed and a convincingly continuous early stage of trust is present. Boeree (2006) further asserted that a good positive balance will lead to the psychosocial strength of willpower.

According to Erikson (1980) the experience of shame presumes that the child feels totally exposed and is very much aware of the fact that other people are watching him/her. Thus, the child is not able to feel secure. In this way the child is in complete view of everyone but is not ready for this exposure. A great deal of shame does not result in the quality of being appropriate in social situations; instead it results in a covert determination to deceive others when the person is not observed. Erikson (1980) also observed that many children are disobedient and that this is a character trait common to criminal behaviour in young people. He emphasized the importance of understanding the circumstances that contribute to this disobedience.

Erikson (1977) characterized shame as anger directed inwards towards the person him/herself. The person feels that he/she is being severely punished for trying to be independent. The person therefore blames him/herself for being incompetent and not good enough. Children who are treated in a harsh manner by adults around them doubt their own capability to work competently and on their own. When these children become adults they

constantly doubt themselves and as a result hide from other people's view as they fear that other people might be observing and judging them (Maddi, 1989).

This stage is likely to be challenging for children in institutions as individual attention is not possible and the caregivers are already overwhelmed. These caregivers may criticize and try to control the children and even deny them the opportunity to assert themselves. Children may start to doubt their own ability to do things on their own and become overly dependent on others, thereby developing feelings of shame and doubt. This lack of independence may endanger all future development and result in incompetence.

Erikson's third stage of development is referred to as **Initiative versus Guilt**. This stage takes place between the ages of three and six years and the crisis during this stage is initiative versus guilt. The main focus points during this stage are the child's increasing ability to move around on his/her own as well as developing interest in his/her sexual organs. During this stage children should be allowed to explore their environment and deal with their own guilty feelings. Children are now able to move around on their own and observe things happening around them and they therefore experience conflict within themselves as they encroach into family members' private space and becoming aware of what is right or wrong. This sense of right and wrong is often reinforced when children identify with the same sex parent, for example, a girl child will identify with the mother while a boy child will identify with the father. During this period children experience guilt regarding some of the ideas in their minds that they would like to explore (Meyer & Viljoen, 2008).

This stage is likely to prove challenging for children orphaned by HIV/AIDS as they have no parents to imitate or with whom they can identify. According to UNAIDS and UNICEF (2005) many children affected and infected by HIV/AIDS are in danger and as a result need

to be protected. HIV/AIDS is changing what it means to be a child for many children, depriving them of parental care, warmth and love. UNAIDS, UNICEF and USAID (2002) postulated that due to severe economic difficulties in their lives, many orphaned children are faced with the possibility of becoming street children as they find it difficult to manage on their own without their parents. In addition, Sherr (2005) reported that all children desire to be loved and when they are loved, they feel important and appreciated. Children who grow up in a loving environment develop lasting role models who become important in their later relationships. When children are orphaned due to HIV/AIDS they are often deprived of such role models.

According to Erikson (1980) during the initiative versus guilt stage the child needs to discover the kind of person she/he is going to become. During this period in a child's life, they learn from everything they hear, see or do. They see their parents as role models and want to be similar to them. The child also develops the power to walk around and explore his/her surroundings without any restrictions and becomes more aggressive, thus extending his role repertoire.

In addition, according to Erikson (1980) it is during this period that the child's speech becomes fully developed to the extent that he/she can start to make sense of what others around him/her are saying. During this stage children become very inquisitive. The improvement in the child's speech and movement allows him/her to fully express his/her thoughts to such an extent that it becomes impossible to avoid threatening him/herself with the power of his/her own dreams. The child needs to use his/her imagination to develop a sense of continuous initiative that serves as a foundation for an important and reasonable sense of purpose and autonomy (Erikson, 1980). It is likely that children in institution might experience difficulties when they are cared for by many caregivers and lack specific parental

figures with whom they can identify. In addition, the institutional setting might be limiting and therefore prevent the child from becoming independent.

According to Boeree (2006) initiative is about experiencing positive reactions to the difficulties that children are faced with during this stage and acquiring new skills. During this period parents play an important role in persuading their children to experiment with their ideas and thoughts, allowing them to be inquisitive and encouraging them to fantasize about future situations. Initiative therefore involves the endeavour to make real that which appears to be unreal. The ability to envision the future allows children to experience feelings of responsibility as well as guilt. However, excessive feelings of responsibility or guilt can result in ruthlessness. When a person is ruthless, he/she does not care who they hurt in order to get what they want. A positive balance between initiative and guilt leads to the virtue of purpose.

Erikson's fourth stage of development is known as **Industry versus Inferiority**. This stage occurs between the ages of six and twelve years and the crisis during this stage is industry versus inferiority. At this stage children have already learned how to use different parts of their bodies and how to get credit from others by being creative (Meyer & Viljoen, 2008). During this stage the child is introduced to the working world. If this stage is successfully negotiated the child will become an enthusiastic and engrossed part of any work context. During this period children do their best to begin tasks and finish them, instead of spending all their time playing (Erikson, 1977).

During this stage children acquire skills relating to how to become productive members in their society by learning the ways of life appropriate to their society. Society's function during this stage is to ensure that space is provided for children to learn diligently and

through teamwork (Meyer & Viljoen, 2008). If this stage is successfully negotiated children develop competence, which is the ability to learn and successfully carry out tasks. If children believe that they are not as competent as their peers, they may withdraw to the safety of their family, which they may experience as less judgmental. In contrast, if children work extremely hard they may not spend as much time as they should with others in their environment and may become compulsive workers (Papalia et al., 2010).

According to Erikson (1977) this stage prepares the child for “entrance into life” (p. 232), whether that life begins in the fields, bushes or classrooms. During this period the child’s main focus should be his work (preferably schoolwork) and should also be in line with his/her cultural beliefs. This is the stage during which the child starts to take responsibility for acquiring skills that are important in his or her culture. In order to do this the child needs to develop a sense of what it feels like to start a task with the goal of finishing it while at the same time forgetting his desire to play. In order for the child to later be a productive member of the society, he or she must have learned at this stage the importance of work completion, both individual and teamwork. Socially this is the most important stage because working entails the ability to do things on his/her own and also teaches the child the importance of teamwork, while at the same time learning from others in his/her environment.

The crisis during this stage relates to the inability to deal with life situations and feelings of inferiority (Erikson, 1977), which can occur when children are unsuccessful in competently acquiring their cultural skills (Meyer & Viljoen, 2008). Erikson (1977) argued that if during this period the child experiences problems with regard to his/her schoolwork and feels that he/she cannot compete with other children of his/her age, he/she might develop a lack of interest and may not be motivated to persist when she/he experiences tasks difficulties. This would result in a child regressing. During this time other people in the child’s environment

become important as they play a significant role in helping the child understand the society's technology and financial systems. The child's development can be negatively affected if his/her immediate family was unsuccessful in getting him or her ready for school or if the school was unsuccessful in maintaining the promises of the previous stages. Thus, when parents become ill and die this result in a disruption of family and of schooling, in turn resulting in a failure to develop industry.

According to Erikson (1977) childhood can be assumed to have properly ended when the child has acquired the skills necessary in his or her culture. The arrival of puberty signals the beginning of youth. According to Erikson's theory industry plays a very important role in optimal development. It seems likely that this stage may be compromised when a child is affected by HIV/AIDS.

Erikson's fifth developmental stage is referred to as **Identity versus Role confusion**. This stage begins around the age of twelve years and ends between the ages of 18 and 25 years. The age of maturity is largely dependent on the child's way of life and the period of training needed for the person's chosen career. The crisis during this period relates to issues of identity versus role confusion. During this period children develop both physically and sexually. In addition, society expects teenagers to make decisions around their career interests. All these factors compel the adolescent to re-evaluate what was previously considered to be obvious (Erikson, in Meyer & Viljoen, 2008). If this stage is successfully negotiated adolescents develop the psychosocial strength of fidelity (Boeree, 2006).

According to Erikson (1980) this stage marks the end of childhood as the child has now established an excellent relationship to the working world. During the teenage years all the things that the child previously relied on are brought into question because of the rapid

growth of the body and the development of sexual maturity. When the growing child is confronted with all the changes in his/her body, their main concern becomes strengthening their social standing. During this stage adolescents are more concerned with who they are from other people's perspectives than with how they feel about themselves. As part of this exploration for a new sense of stability some adolescents find themselves having to re-examine many of the difficulties from previous years (Erikson, 1980).

During this period adolescents identify with respected people in their communities who act as role models and with whom they can consult and communicate their challenges relating to identity problems (Boeree, 2006). The adolescent stage may be a very challenging one for children orphaned by HIV/AIDS. Lack of financial stability and psychosocial problems can push adolescents to engage in dangerous behaviour such as unprotected sex and excessive use of dangerous substances. In addition, adolescents living in societies hardest hit by the pandemic are more likely to be infected than at any other age (UNAIDS, UNICEF & USAID, 2004). Similarly, research suggests that there is high incidence of HIV/AIDS in young girls (UNAIDS, UNICEF & USAID, 2004; UNICEF, 2011).

Maddi (1989) argued that if this stage is successfully negotiated the person often has a good idea of who he/she is; in contrast, failure to successfully negotiate this stage leads to a disorganized, disengaged and broken sense of self. This may lead to doubt about sexual identity, delinquency and even complete psychotic episodes. Adolescents are often negatively affected by their failure to successfully resolve occupational issues as this may influence their self-esteem (Erikson, 1980). When adolescents experience identity problems they tend to deny the importance of having an identity and as a result reject the need to have an identity. Some adolescents may associate with others who might assist them with issues relating to

their identity while others may engage in destructive behaviors such as substance abuse as a way of dealing with the difficulties in their lives (Boeree, 2006).

The discussion of Erikson's stages of psychosocial development provides a clear overview of how children progress both psychologically and socially. This discussion of Erikson's theory of psychosocial development clearly suggests that children orphaned by HIV/AIDS are likely to experience various difficulties with regards to their psychosocial development. This is likely to lead to difficulties in the way in which they relate to others in their environment (Thwala, 2008).

2.7 Psychosocial Development and Parental Loss

Parental loss during childhood can have a negative effect on the child's social as well as psychological development (Doka, 1994). This effect can be even worse when death is due to HIV/AIDS (Dane, 1994). However, regardless of these difficulties bereaved children still have to complete key developmental tasks. Bereaved children have the added challenge of learning to deal with the loss of their parents while attending to other tasks of daily living (Oltjenbruns, 2001).

A study by Behrendt and Mbaye (2008) found that the death of a parent/s is a very painful experience for every child and often provokes feelings of fear. Many children referred to this experience as the most stressful experience in their lives. A number of factors relating to parental loss contribute to this experience of suffering. These factors include children witnessing the death process, loss of parental love and financial support, poor family condition when the family provider dies, inability to satisfy basic needs, relocating, becoming accustomed to a new environment and new caregivers, as well as unfair treatment and abuse by the foster parents. When children are confronted with the difficulties mentioned above

their sense of trust might be affected when they learn that their environment is unable to provide for their needs.

According to Erikson (1980) children depend on their environment to meet their basic needs. It is during the first year of life that children learn to trust themselves and others in their environment. Boeree (2006) stated that if parents provide the child with intimacy, stability and continuity, the child develops trust in his/her environment. The child also develops the belief that the world is full of sensitive, caring and trustworthy people. Based on their parents' reactions children learn to trust themselves and their own biological urges. However, if parents are not reliable and adequate, treat the child badly, or if they focus on things that are of interest to them and neglect the baby's needs, the child will develop feelings of mistrust. Mistrustful children are anxious and distrustful in interactional relationships. Children orphaned by HIV/AIDS might develop feelings of mistrust towards their parents or caregivers because these caregivers became sick and were no longer able to attend to their needs. Children might experience their parents' inability to care for them as neglect as they are not yet matured enough to understand the difficulties and problems associated with HIV/AIDS.

According to UNAIDS and UNICEF (2005) and Fonseca et al. (2008) many children are traumatized when they witness their significant others becoming sick and eventually dying. The death of a parent at the time when the child was beginning to develop independence might have serious implications for the child. According to Erikson's developmental theory the child's social environment plays a very important role during the autonomy versus shame and doubt period in determining what the child eventually becomes. A supportive environment allows children to be independent, whereas children who are not supported and

are severely punished when they attempt to apply independent thinking later develop shame and doubt about their capabilities (Maddi, 1989).

The HIV/AIDS pandemic has resulted in large numbers of children worldwide being orphaned due to HIV/AIDS. Many children live with family members who are either sick or dying from the disease. Parental loss during childhood has a negative impact on the child's long term development (UNICEF, 2006a).

Living in these conditions can have far-reaching implications for the growing child because all children need role models through the different stages of their lives. Erikson (1980) argued that it is during the initiative stage that children develop a sense of right and wrong. This means that if the child happens to engage in inappropriate behaviour during this stage, he does not only feel guilty when he is caught engaging in these behaviours but he is also frightened of being caught. This stage is the foundation of individual morality. If children feel overwhelmed by adults around them during this period this can have a harmful effect on the child and the development of good behaviour as it results in the formation of an undeveloped, vicious and stubborn conscience. The effects of guilt provoked during this period usually do not manifest until later on in a child's life. Difficulties relating to initiative may manifest when people limit themselves even in areas where they have expertise. In adulthood, these individuals often do more than what is required of them by working tirelessly. In addition, these adults believe that they can only be valued by others based on how well they perform their duties and not on who they are as human beings. They may be constantly active, even during leisure times, and place their bodies under great pain, which results in psychosomatic diseases (Erikson, 1980).

According to UNAIDS, UNICEF and USAID (2004) children orphaned by HIV/AIDS are often faced with financial difficulties that impact their ability to remain in school. Due to economic difficulties in their lives these children often carry the financial burden of ensuring that basic necessities are met and as a result drop out of school. This can result in role confusion as the growing child assumes adult responsibilities and is unable to play and spend time with her/his peers. Although Erikson (1977) stressed the significance of the family in preparing children for school in order to acquire skills for their successful development, this is often not possible when parents become sick and die due to HIV/AIDS.

As noted previously, for many orphaned children parental death may result in children being moved from their homes to live with foster families or in institutions. According to UNICEF (2006a) institutionalized children are often permanently removed from their family members and larger communities. These children often lose connections with their families. This is particularly significant in the African context as in this context families provide a very important sense of connection and belonging. This separation significantly impacts children's sense of individuality as well as family identity (UNICEF, 2006a).

According to Bradshaw, Johnson, Schneider, Bourne and Dorrington (2002) in addition to the traumatizing effect of parental loss, children orphaned by HIV/AIDS also lack the much needed supervised care and assistance that is normally provided by parents to help them navigate through critical life-stages. This impacts on their ability to develop a sense of who they are as well as on their ability to learn about their cultural norms, values and behaviour. This might significantly impact on their ability to make meaningful social and financial contributions to society. It could also result in these young people committing criminal offenses. Children's psychological and social development may be further disadvantaged when their basic survival needs are not met.

It is also important that adolescents are able to perform appropriate rituals that mark their progress from childhood to adulthood. However, if the adolescent fails to complete these rituals they are likely to experience role confusion. These adolescents will be unable to claim their place in their cultural context and in the rest of the world. When adolescents are confused as to their roles in society, they experience problems relating to their identity. During this crisis they experience difficulties regarding understanding who they are in relation to others (Boeree, 2006).

When adolescents feel that others do not see them in the same way as they see themselves they experience identity confusion. This may result in adolescents experiencing difficulties in making meaningful connections with those around them (Bergh, 2006). Based on this discussion it seems likely that children living in institutions may experience identity problems. According to Erikson's developmental theory the role reversals that orphaned children are often exposed to are likely to result in identity problems and role confusion for the orphans.

2.8 Conclusion

This chapter examined literature relating to the psychosocial effects of parental loss on children orphaned by HIV/AIDS. The theoretical framework of Erikson's psychosocial stages of human development was also discussed. The next chapter discusses the methodological procedures employed in this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The previous chapter provided a literature review concerning the psychosocial effects of HIV/AIDS on orphans. It also introduced the theoretical framework that informed the study. This chapter explores the research design, goal of the study, research participants, data collection methods, procedure, research setting, method of data analysis selected for the study and the ethical considerations applicable to the research.

3.2 Research Design

This study made use of a qualitative research method. Qualitative research is a method of inquiry that uses non-numerical data in answering the research question (Christensen, 2004). Bauer, Gaskell and Allum (2000) argued that qualitative research is concerned with making sense of social realities and is regarded as ‘soft’ research. Qualitative research often takes the form of in-depth interviews. One of the most important characteristics of qualitative research is that it is a very flexible method of inquiry and therefore allows the researcher to be flexible in approaching the research problem (Barbour, 2008). The reasons for using a qualitative research method for this study are discussed below.

Firstly, qualitative methods allow the researcher to study the topic under investigation thoroughly and in great detail. This study examined psychosocial effects of parental loss on children orphaned by HIV/AIDS as seen through the eyes of the caregivers extensively and in detail. The use of a qualitative research method also allowed the researcher to interview a small number of caregivers while producing rich and valuable information. By producing rich

and detailed information, the researcher's personal interpretation of the cases was enhanced (Patton, 1990).

Secondly, the use of qualitative method allows the researcher to be the instrument for data collection and interpretation (Terre Blanche, Kelly & Durrheim, 2006). Thirdly, in the context of this research the use of a qualitative method allowed the researcher the opportunity to relate to the caregivers from within their own perspective in order to discover how they construct and interpret their everyday lives. It also enabled the researcher to look at how the caregivers interpret and recognize orphaned children's psychosocial needs and the meaning they attach to these needs (Berg, 2009). Fourthly, the chosen method allowed the researcher to understand the caregivers' inner experiences in caring for orphaned children and as a result develop curiosity in relation to their daily lived experiences (Corbin & Strauss, 2008).

The fifth reason for making use of a qualitative method was that it allowed the researcher to study people in the context of their daily lives (Kelly, 2006), which was useful in illuminating processes (Barbour, 2008). Sixthly, the chosen method allowed the researcher to take a holistic view in exploring human events and attempting to situate people's actions within their cultural setting and focusing on understanding events in the context in which they happen. Seventh, the naturalistic component of qualitative research resulted in the research being conducted in a natural setting, that of the Takalani Children's Home. In this regard the use of a qualitative method allowed the researcher to understand the caregivers' experiences in their naturally occurring setting without attempting to manipulate the context. This allowed the researcher to study the psychosocial effects of HIV/AIDS on orphans within their natural context within the children's home as seen by the caregivers (Kelly, 2006; Patton, 1990).

The eighth reason for choosing a qualitative research method was that this method recognizes the reciprocal relationship that unfolded during the research process between the researcher and the caregivers. This method enabled the researcher to remain aware of the caregivers' personal experiences and the ways in which they construct reality in accordance with those experiences (Nieuwenhuis, 2010a). Finally, the use of a qualitative method provided for a non-linear and circular research process that allowed the researcher to move back and forth depending on her specific need at that time (Neuman, 2000).

3.3 Goal of the Study

The primary goal of the study was to explore caregivers' perceptions of the psychosocial effects facing children orphaned by HIV/AIDS.

3.4 Research Participants

The study included five female participants aged between 33 and 49 years old who are working at Takalani Children's Home at the time of the research. Convenience sampling was used to select the participants and the participants all volunteered to take part in the research project (Durrheim & Painter, 2006). The participants in this research were thus chosen because they were readily and conveniently accessible (Maree & Pietersen, 2010). One of the limitations of this type of sampling is that the sample may not represent the population in a satisfactory manner (Neuman, 2000). This limitation was addressed in this study by ensuring that some of the caregivers who participated in the study had extensive working experience as they have been working with children orphaned by HIV/AIDS for many years.

The participants were selected based on the fact that, firstly, all the participants had been working in the organization for at least a year and were actively involved in the day-to-day care of the orphaned children which gave them valuable experience in caring for orphaned

children, secondly, the participants needed to be verbally fluent and able to communicate their feelings, thoughts and perceptions in relation to the psychosocial effects of parental loss on children orphaned by HIV/AIDS. Finally, all the caregiver-participants were Tshivenda speaking. Tshivenda is also the researcher's home language so this criterion ensured that slight semantic nuances in the conversation were not lost during the translation and transcription processes. Each participant was also informed that he or she could continue or withdraw from the interview process at any point, refuse to answer any questions or withdraw from the study completely.

3.5 Data Collection

This study made use of semi-structured interviews because this form of interviewing provides an effective way of obtaining in-depth information (Corbin & Strauss, 2008). The use of interviews allowed the researcher to understand the orphaned children's world from the caregivers' perspectives (Nieuwenhuis, 2010a).

The data for this study was collected by means of semi-structured interviews with five caregivers between the ages of 33 and 49 years. The aim of the interviews was to understand the caregivers' perspectives within the context of their everyday lives. To this end the interviewer attempted to interfere as little as possible during the course of the interviews. According to Barbour (2008) semi-structured interviews allow the researcher to access information that participants regard as most important rather than allowing the researcher to dictate how the research process should unfold. The reasons for using semi-structured interviews are discussed below.

Firstly, the use of semi-structured interviews provided the researcher with a high degree of flexibility (Greeff, 2005). This is because although semi-structured interviews do contain an

interview schedule the researcher was able to adjust the schedule to fit her needs as well as the needs of the participants (Barbour, 2008). This also allowed the participants to assume a large role in deciding which questions to respond to as the interview progressed (Greeff, 2005).

Secondly, the use of semi-structured interviews provided the researcher with the opportunity to not follow the schedule exactly and to instead ask questions based on the direction the interview was taking (Greeff, 2002). This allowed the researcher to cover the topic widely (Greeff, 2005).

Thirdly, during the interviews the researcher ensured that the participants spoke at length and remained as open and honest as possible by putting them at ease and building rapport. The researcher accomplished this by phrasing the questions in a certain manner and by showing support both verbally and non-verbally (Gaskell, 2000). The researcher also built rapport with the caregivers by paying attention to what they said and by taking interest in what they said and respecting their views (Greeff, 2002).

Fourthly, the use of semi-structured interviews provided the researcher with an opportunity to explore issues and ask for clarification of the responses. In this research this was achieved by carefully listening to how the participants respond to a given question and investigating further relevant issues when they were mentioned (Nieuwenhuis, 2010b).

Finally, the interviews were audio-recorded with the consent of the caregivers. The use of the tape recorder helped the researcher to concentrate on the conversations rather than on taking notes during the interviews (Gaskell, 2000). The researcher explained the use of the tape recorder to the participants by informing them that it will assist her in fully recording the interviews (Kelly, 2006). The researcher also explained that the use of the tape recorder

would assist her in the analysis of the data (Gaskell, 2000). The participants were informed that all tape recordings will be destroyed after the research is complete.

3.6 Procedure

The researcher sent a letter of request and a brief outline of the research proposal to the manager of Takalani Children's Home. Permission to conduct research at Takalani Children's Home was granted before the interviews were conducted. A meeting was arranged with potential participants where they were provided with a description of the research to be conducted. This meeting was also used to obtain the participants' consent for participation in the research project. Prior to the actual interviewing process the researcher verbally explained the purpose of the study and the process that would be followed.

The caregivers were then asked to sign consent forms relating to their participation in the study and their agreement to be audio-recorded prior to the interviews. Individual semi-structured interviews were then conducted with the caregivers in one of the caregiver's offices at Takalani Children's Home. These interviews were conducted over a period of several days as the caregivers work different shifts and the interviews were scheduled to accommodate these shifts.

During the interview process the caregivers were given the opportunity to express their feelings and share their experiences with the researcher. They also had the opportunity to discuss some of the concerns and challenges they experience on a day to day basis working with the orphaned children. During the initial phase of the interview the researcher focused on building rapport with the caregivers, which helped to make them feel comfortable and enabled them to talk freely about their experiences and perceptions. The interviews conducted with the caregivers took place on a one-on-one basis and took approximately

ninety minutes each. All the participants in the project remained in the study until completion. A tape recorder was used during the interviews in order to accurately capture the caregivers' lived experiences of working with orphaned children.

3.7 Research Setting

The research was conducted at Takalani Children's Home, situated at Siloam, Nzhelele, in the Venda area. Nzhelele is situated in the Vhembe district of the Limpopo province of South Africa. Takalani was identified as an organization that houses children orphaned by HIV/AIDS and their caregivers and was therefore seen as an ideal organization in which to conduct this study. A brief description of the background, population, and HIV prevalence of the Limpopo province in South Africa is provided below. This is followed by a short description of the origin of Takalani Children's Home.

Limpopo province is one of the nine provinces in South Africa and is situated in the far northern part of the country. The province is 125 754 square kilometers large and is the third largest province in South Africa, constituting 10.3% of South Africa's total land area (SSA, 2010). According to SSA (2011) 5 554 657 people were living in Limpopo in 2011, constituting 11% of South Africa's overall population. Limpopo province has approximately 400 000 people living with HIV/AIDS. In 2008 roughly 7% of the population of the province was living with HIV/AIDS (ASSA, 2008). The South African Department of Health (2011) estimated the HIV prevalence among pregnant women in the Limpopo province to be 14.5% in 2001, 21.5% in 2005 and 21.9% in 2010.

Takalani Children's Home is a charitable non-governmental organization. The home was established in 1988 by Rev P. L Van Langeveld together with the Reformed Church. Takalani Children's Home started with only eleven children. At the moment the home houses 47

children aged between the ages of 0 and 18 years. Takalani has 15 employees, six of whom are caregivers. The remaining employees are either board members or offer support services, such as the National Association of Childcare Workers (NACCW). Takalani Children's Home provides orphaned children primarily with shelter as well as physical, financial and social care.

3.8 Data Analysis

The data was analyzed using thematic analysis. According to Gomm (2004) thematic analysis is a form of content analysis that is often used to analyse printed as well as broadcasted materials. According to Neuman (2000) content analysis is a technique for collecting and analyzing the content of the text. The content refers to "words, meanings, pictures, symbols, ideas, themes or any message that can be communicated" (Neuman, 2000, p. 292). In thematic analysis the researcher takes note of the themes that emerge in all the interviews and uses this as a basis from which to compare and contrast responses from different participants. When using thematic analysis the researcher is particularly interested in information that attracts his/her attention and that occurs repeatedly. These recurring ideas are grouped together to form themes and are used as headings when writing a research report. Themes represent the way thoughts are structured in the participants' minds (Gomm, 2004). This method of analysis allows for a high degree of flexibility during the analysis process (Braun & Clarke, 2006).

3.9 Ethical Considerations

According to Christensen (2004), ethics can be defined as a set of rules used to help the researcher in making decisions on how to carry out ethical research. In this research project the participants were fully informed regarding all aspects of the study. The participants each signed two consent forms related to their willingness to participate in the study as well as

their consent for the use of an audio-recorder. The participants were informed that participation in the study was voluntary and that they could choose to withdraw at any time or refuse to answer any of the questions (Wassenaar, 2006).

During the course of the study the researcher ensured that the caregivers did not experience any harm (Wassenaar, 2006). The researcher protected the participants' privacy by not disclosing their identities. Pseudonyms were used in order to maintain confidentiality at all times (Neuman, 2000).

3.10 Conclusion

This chapter explained the qualitative method used in this research study. The use of a qualitative research method offered the researcher an opportunity to embrace participants' subjectivity. Semi-structured and open-ended questions were used to capture the caregivers' experiences in the context of their daily living. The ethical principles of confidentiality and anonymity were adhered to in this study. The next chapter presents the findings of this study.

CHAPTER FOUR

RESEARCH FINDINGS AND DATA ANALYSIS

4.1 Introduction

This chapter presents the findings of this study in accordance with the data obtained from the participants in the interviews. In chapter three, the qualitative research method used in this study was discussed. In this chapter a brief background sketch of each participant is presented. Later in the chapter the themes and sub-themes are discussed according to data obtained. In this presentation, actual comments and statements from the interviews are used to elaborate the themes.

4.2 Results Obtained From the Participants

4.2.1 Demographics of the participants

The participants' details are presented in table 4.1. Pseudonyms have been used in order to protect the caregiver-participants' identities. Five female caregivers with ages ranging between 33 and 49 years volunteered to participate in the study. All the participants were interviewed in Tshivenda, which is their native language.

Table 4.1 Summary of demographic profile of caregivers at Takalani

Names	Age (in years)	Home Language	Experience (in years)
Nyadzani	33	Tshivenda	5
Maitele	49	Tshivenda	23
Avhashoni	46	Tshivenda	5
Ailwei	45	Tshivenda	23
Azwihangwisi	45	Tshivenda	5

4.3 Themes

The themes and sub-themes identified in the interviews with the caregiver-participants are presented below. It is important to note that some of these themes overlap and they are therefore presented as such. It should be noted that in addition to the caregivers' perceptions on the psychosocial effects of parental loss on children orphaned by HIV/AIDS, this study also used secondary data from the caregivers as they narrated the orphaned children's stories.

4.3.1 Emotions and Thoughts Experienced by Children orphaned by HIV/AIDS.

- a) Feelings of loss of sense of belonging due to separation from siblings.
- b) Feelings of rejection by extended family members.
- c) Feelings of isolation or avoidance by friends.
- d) Feelings of shame.
- e) Feelings of anger due to exposure to trauma during parental illness.
- f) Feelings of anger and frustration towards the parents due to lack of disclosure.
- g) Suicidal thoughts.

4.3.2 Helplessness and Hopelessness.

4.3.3 Delinquent behaviours frequently displayed by orphaned children.

- a) Stealing
- b) Promiscuity
- c) Habitual lying

4.3.4. Impact of limited resources on children.

4.3.5 Stigmatization of orphaned children in their daily interactions with others in their environment.

- a) Feelings of isolation due to stigma

4.3.6 Child Labor

4.4 Analysis of Themes

The themes outlined above are discussed in full below.

4.4.1 Emotions and thoughts experienced by children orphaned by HIV/AIDS.

The following sub-themes were generated from the data obtained from the caregivers.

a. Feelings of loss of sense of belonging due to separation from siblings

The majority of the participants stated that Takalani is not big enough to accommodate all of the children who require care. This results in some orphaned children being separated from their siblings. Some of the orphans do not know the whereabouts of their siblings. Many orphaned children are unable to remain with their siblings. The data from the caregivers suggests that separation from siblings may result in children orphaned due to HIV/AIDS losing a sense of belonging as they have already lost their parents to the disease. The participants spoke about children's separation from their siblings in various ways.

Nyadzani stated that: "the space here is very limited, so the home cannot accommodate all the children who come here, therefore siblings are separated". She gave an example of a child who said: "I miss my brother so much, I wonder what he looks like now". Maitele had the following to say about a particular orphaned child: "One child said that when his parents died, things were very difficult at home. Now his brothers and sisters are everywhere and he has not heard from them ever since". Azwihangwisi told the following story with great

concern: “One child recently came to me pretending to be making a casual conversation; out of the blue she told me she wishes to see her younger sister. It is unfortunate because nothing could be done for her sister, the rooms are too few”. Avhashoni added that:

Separation is very difficult for these children. One child came to Takalani same day with her sister and brother but unfortunately because of space Takalani could only admit one child and her sister and brother had to be sent away. Another day, during school holidays after all the children had left, the orphaned girl came to me and said: I would really like to see my sister and my brother one day; they are all that I have.

Ailwei further said that: “most of the children here don’t know where their brothers and sisters are and they have no means of being with them. Many of them often express the desire to see their siblings”.

b. Feelings of rejection by extended family members

The participants’ responses suggested that some of the orphaned children living at Takalani Children’s Home have been rejected by their extended families. The caregivers were able to relate the orphaned children’s painful feelings regarding this rejection. Although these orphaned children would like to be cared for in a family environment this is not possible due to rejection. The participants’ responses further suggest that rejection by extended families results in children experiencing serious psychological difficulties related to the loss of a sense of belonging. This finding is in keeping with Erikson’s psychosocial theory of development. The following extracts from the interviews illustrate this point:

Most remaining extended family members know very well that the child is at Takalani children’s home but they don’t support them financially in any way or visit them to find out how the child is doing or even invite them to come

and visit during school holidays. Some children prefer to be with families, but families don't want to get involved. (Ailwei)

The most painful time for these children is during school holidays. When other children are boasting that they are going to see their relatives, they have nowhere to go. We don't know most families of these orphaned children, we have never seen them. One child said that after the funeral all their relatives left and they never came back, it was as if we never existed. (Avhashoni)

One child said she would like a proper home but that she does not have a choice but to be here because no one in her family is willing to stay with her. (Nyadzani)

Many of the children you see playing out there have families but they don't want to get involved. (Awzihangwisi)

c. Feelings of isolation or avoidance by friends

According to the caregivers the orphaned children living at Takalani Children's Home do not get pocket money for school or to buy things that they want. This constant lack of pocket money sometimes results in other children avoiding the orphans during break time at school, leaving them feeling isolated. The following extracts illustrate this point:

Children here don't get pocket money when they go to school every day or on any other day. They want to be like their friends. One child told me she plays alone during lunch break because other children buy nice things at school and they do not want to share and that she never has money. (Maitele)

It is difficult to always say NO to a child. Children come to us asking for some pocket money, it is never there. Children say their friends avoid them during breaks. It is even worse sometimes because there is not enough food to give them to school. (Avhashoni)

Azwihangwisi also noted that some children report that their friends hide from them during break time. Nyadzani explained that most of the children complain that they do not have any money when they go to school. They said that they are tired of carrying lunch boxes to school every day while their friends buy in the market. According to Ailwei:

Children here want to compare themselves to children who have both parents. They want money to buy small things at school and want to be part of the group. Some children said they used to get pocket money from their parents when they were still alive and they were accepted by their friends, now things have changed.

d. *Feelings of shame*

This sub-theme relates to education and was generated from the raw data expressed by the participants. The data demonstrated that most children orphaned due to HIV/AIDS stopped going to school when their parents fell sick and died because they were expected to take more adult responsibilities. In addition, most of the children orphaned by HIV/AIDS are very old for their grades and the caregivers reported that this results in feelings of shame. This is illustrated by the following reflections from the participants:

Most of the children who are here are very old for their grades. A child could be 16 years old but still doing grade 6. This normally affects them at school and many are ashamed of the grades they are in. For example, people often ask

when they come to the Home, in which grade are you and the child shies away and goes ... (Ailwei)

One child said to me one day that her mother was very sick, nobody could help them and that she had to stop going to school to look after her and now she is still in primary and people think it is funny. (Nyadzani)

Most of these orphaned children you see here are much older for their grades especially those who lost both parents. One child said: "it was very hard at home after her parents died; the days of going to school were over". She further said that "I hate it that people keep asking me in what grade am I, they don't know my story". (Maitele)

One child told me that when her parents died, they had no one. It was just them and them alone. She said: "Even though we all stopped going to school, school was the least of our worries. After the funeral all people left and they never returned. It is embarrassing to be the oldest in class and people keep on reminding you, including teachers, I hate school." (Avhashoni)

You see those children standing there; they are still in primary, as old as they are. They don't want to study or go to school even now because they are ashamed. We force them to go to school. (Azwihangwisi)

e. Feelings of anger due to exposure to trauma during parental illness

The participants stated that the children orphaned by HIV/AIDS living at Takalani Children's Home were exposed to long periods of illness when their parents became sick. It seems that some of the children have not dealt with their loss completely. The results of the study show

that orphaned children exposed to parental illness may develop psychological difficulties in their interactions with others as a result of past traumatic experiences. The data from the participants further revealed that exposure to prolonged illness sometimes results in the children experiencing feelings of anger, sadness and loss or lack of emotional control. The majority of the caregivers were very expressive in their descriptions of their experiences of orphaned children's exposure to long periods of parental illness. This is suggested by the following extracts:

Some children have anger outbursts. Sometimes you simply ask a child something; the child just explodes and is angry with you for no reason.
(Avhashoni)

Many of these children have gone through very difficult times before coming to the home; it is often difficult to deal with them. Only when you start talking to the child you realize they have so much anger and sadness inside. For example, there is a boy who, every time when he does something wrong, mentions that "If I think of how my mother suffered before she died; it causes me to do wrong things and I just want to hurt someone". (Ailwei)

When one child arrived here she was looking very bad, she was low spirited and very reserved and unable to play with other children. She was always irritated with everyone for no reason. It took us a very long time to integrate her with other children. Many of us had to think twice before talking to her.
(Azwiangwisi)

Some children were unfortunate to have looked after their sick family members before they died and therefore have lot of anger and sadness inside

them. One boy kept on saying “my sister, she died in my own hands”. He kept on going back to that traumatic experience. It was very difficult for him to get over it and he liked fighting a lot. (Nyadzani)

There is a child who came in few days before her mother died. She was very distant; she spends all the time alone. One day when I was sitting with her it became very clear to me how angry she still was about her loss. She said she did everything for her mother; she cooked for her, bathed her and took her to the toilet and now she is gone and she is not coming back. We didn’t understand before why all of a sudden she just insults everyone out of nowhere or start breaking the windows. (Maitele)

f. Feelings of anger and frustration towards the parents due to lack of disclosure

According to the participants some of the children orphaned by HIV/AIDS living at Takalani Children’s Home were unaware of their parent/s’ HIV/AIDS status. These children often experienced anger and frustration when they discovered their parent/s’ status and sometimes search for the reasons for their parent/s’ death and their own HIV/AIDS status. The caregivers’ remarks in relation to the children’s feelings are presented below:

Some of the children who came here don’t know what killed their parents because parents hide their status from their children. One child said to me: “people say my mom died of HIV and that I have it too”. She comes to me as a caregiver hoping to get more information; it is difficult for me to have this conversation with a child because sometimes I don’t have the information. I can see the child is frustrated and need some answers but I sometimes don’t have them. (Maitele)

Sometimes children hear for the first time from people outside their families that their parents died of HIV /AIDS. Sometimes I can see that the child wants some closure. Some children become more and more frustrated and angry as they seek answers to their parents' death and start to misbehave. At other times, you find a child sitting alone for hours scratching the ground with the stone. (Nyadzani)

Parents don't tell their children their status, they just keep quite. When children come to the home they want to know because when we send them for testing and they come back positive, they become confused, angry and frustrated. Some children find it difficult to cope; they want answers as to where they got the disease from. (Avhashoni)

Some children, especially those who are older and able to speak their minds will tell you that they are still very angry with their parents for hiding their status from them because they had to find out from strangers who are unsympathetic to their situation. (Azwiangisi)

One child said when he thinks of what his parents did to him, he doesn't know if he can ever forgive them or trust anyone again. Unfortunately he takes it out on us. He is very aggressive towards the caregivers. He insults and argues with caregivers and sometimes promises to beat us. (Ailwei)

g. Suicidal thoughts

The participants stated that children orphaned by HIV/AIDS living at Takalani Children's Home often have suicidal thoughts as a result of the stigmatization and other difficulties that they face in their lives. This is reflected in the following comments:

One girl wanted to commit suicide because of stigmatization. She said to me when she is at school, she is told about her disease, when she is at home, she is told about her disease. She asked: “What is there to live for? It is better for her to leave school or die because she cannot take this anymore”. (Nyadzani).

Some children went through severe trauma when their parents fell sick and die. Whenever something happens that they cannot handle, they run for the rope. This is very difficult for us as caregivers because you never know what to expect. Sometimes they are happy and everything is fine but other times their mood changes, you can't even recognize the child. (Maitele)

There is a child who threatens to commit suicide every time when she experiences problems. She often says she will drink all her medication and kill herself. She was uncontrollable and disruptive to such an extent that it was beginning to affect other children and the home had to let her go. (Ailwei)

These children often don't know what to do when they go through difficulties and they think dying will solve all their problems. One day one child said to me that sometimes she feels like she can just end it all. (Avhashoni)

4.4.2. Helplessness and hopelessness.

The data from the participants shows that many of the children feel helpless and hopeless.

This is supported by the following reflections from the caregivers:

Many of these children are carrying a very heavy load, one day one child said to me “this means I am really all alone in this whole world”, and she started crying uncontrollably. (Azwihangwisi)

One day when I was sitting with one child, she said “this means that I am a Takalani child forever and the poorest of the poor”. (Avhashoni)

Nyadzani remembers one of the children as saying:

I have been wanting to see my brother for a long time now, I wish there was some way that I can see my brother again or know how he is. Nobody seems to care.

4.4.3 Delinquent behaviours.

The caregivers stated that many of the children orphaned by HIV/AIDS living at Takalani Children’s Home engage in delinquent behaviours such as stealing, promiscuity and habitual lying.

a. *Stealing*

The participants indicated that stealing is a very big problem at Takalani Children’s Home. Police officers often visit the centre to talk to the children about the consequences of stealing. According to the participants the majority of the children in the home steal. The participants stated that some of these children have been stealing for a very long time in order to survive. They learnt to steal to survive when their parents died. The caregivers shared the following experiences:

Stealing is quite common in the centre. Children steal amongst each other.

One day one girl ironed her clothes, when she came back from having a bath her clothes were gone and everyone denied having seen them. These children have no limits, they steal everything. (Ailwei)

Don't even talk about stealing, we are tired. These children steal anything they can get their hands on. They steal cell phones from each other and other people in the community. Some are even tempted to steal in the shops, one of the boys stole at Pick 'n Pay and was arrested for two weeks. (Avhashoni).

They even search our bags; we keep money with us! (Azwiangwisi)

The parents in the village come sometimes and report that the child has stolen this and this from them. Although we plead with the children that this behaviour is wrong and must not be repeated, it is like throwing water in the stone, it doesn't help. (Nyadzani).

These children want labelled clothes of which they know very well that they cannot afford them and some get arrested for stealing them. (Maitele).

One child said that when his parents died, things were very difficult. He looked after all the children, and they had no food, no clothes, nothing. He said he had to steal from neighbours to survive; he said he waited for them to leave the house and went in to steal food. (Maitele)

b. Promiscuous behaviour

The participants also indicated that many of the children orphaned by HIV/AIDS living at Takalani Children's Home engage in sexual relations at a very young age. Many of these children are not aware of the precautionary measures associated with safe sex. In addition, some children were exposed to sexual abuse before coming to the children's home. These findings suggest that promiscuous behaviour is a challenge for these children as they are likely to be infected with HIV. This is evident in the following extracts:

She [a girl who lost both her parents to AIDS] was so out of hand it was difficult to control her. It was as if she was possessed. She became very promiscuous, refused to come back home on time. Every time when I reprimand her, she threatens to kill herself. (Nyadzani)

Promiscuous behaviour among these children is quite common. There is a child who couldn't say NO to a man, sleeping with every man. She says she struggle to say NO to a man because she feels pity for them. She felt if she gives men sex, they will love her back. (Avhashoni).

Children here engage in bad behaviour. Boys propose love to these young girls who just came into the children's home. One of the caregivers walked on them when they were about to have sex. What does a twelve year old know about sex? They just put themselves into more trouble. The boy is infected and the girl is not even aware of this. (Maitele)

Azwihangwisi also mentioned that these children are engaging in sexual behaviour at a young age. Ailwei seemed very concerned and mentioned that some of the children were sexually abused after losing their parents. She mentioned that difficulties were currently being experienced with one particular girl who is always after boys and wants to have sex with them. This girl has a tendency of going into a particular boy's room and refusing to come out.

c. Habitual lying

The participants all mentioned that the orphaned children in their care frequently tell lies. It is possible that this habitual lying is an indication of severe psychological difficulties. Habitual lying is evident in the following extract:

I think for most of these children lying is in their blood, they can't help it. When you ask the child, where are you going? The child will say, am just going around the corner to see my friend, only to find he went to do some work for someone in the village or you hear someone coming back from town saying, by the way I saw so and so in town. You are sitting at home thinking the child is in the next street. (Nyadzani)

Azwihangwisi also stated that the children lie about where they are going. These lies are often only discovered when the children get into trouble. Ailwei, Avhashoni and Maitele also referred to the frequency of lying among the children at Takalani. These reflections are illustrated below:

Some children lie about everything; it is even difficult to know when they are telling the truth. (Ailwei)

One day a child came to me and asked to go and read with his friend, I agreed. I only found out later that he was lying because he was in very big trouble. This is not once or twice but many times. (Avhashoni)

These children don't tell the truth, even if they take something which is not theirs they will never confess to doing it. Sometimes they lie when it is not even necessary, you wonder what is happening. (Maitele)

4.4.4 Impact of limited resources on children.

The participants reflected on the impact of limited resources on their ability to care for children orphaned by HIV/AIDS. Limited resources also result in staff shortages, which may impact negatively on the children's psychosocial development. Although the participants acknowledged that the home does what it can to support the children, they also stated that it is

not always possible to meet all the children's needs because the home depends on donors for support. This lack of resources may result in children's psychosocial needs not being met.

This is illustrated by the following remarks by the participants:

These children are many and we are too few to attend to their individual needs. (Azwihangwisi)

We are always short staffed and if one caregiver is sick then we have a big problem. You run to the hospital, when you come back you remember that this particular child has been sleeping every day after school; he or she needs to be attended to. But if it is just the two or three of us I have to attend to other things which are more important. (Nyadzani)

These children need us to always keep eyes on them because they have many problems. Sometimes they just want someone to talk to or they are sick but at times it is impossible because it is just the few of us. Some children will not tell you when they have a problem, you have to pick it up from how the child is behaving and attend to it and that takes a lot of time and energy. By the time you are finished with the child, you still have to continue with other tasks, you therefore have to prioritize. (Avhashoni)

It would be much easier to deal with these children if we had enough people working here but unfortunately the home cannot afford to employ more people, we depend on donors. (Maitele)

Children need constant monitoring because you look away for one minute and something goes very wrong, especially with these young ones. More people are needed because we are overloaded. (Ailwei)

4.4.5 Stigmatization.

The participants' statements revealed that children orphaned by HIV/AIDS living at Takalani are stigmatized in many different contexts. These contexts include the home, school and the village. The participants stated that the stigmatization of children orphaned by HIV/AIDS is a major problem that further intensifies the children's grieving process. In addition, some of the children are stigmatized by the community members because they stay in the children's home and the community members know that their parents died as a result of HIV/AIDS.

Even within the children's home the children notice which children receive medication from the caregivers and in this way discover each other's HIV status. The children also sometimes meet each other in the hospital when they go to collect the medication. It is therefore clear that children orphaned by HIV/AIDS often face a double burden of both loss and stigma. In this study, stigmatization was reflected by feelings of isolation, which are discussed later in this section. The caregivers shared various reflections relating to stigma.

Avhashoni stated that stigmatization is a very big problem in this community. Some of the children are still dealing with the loss of their parents and are therefore not able to handle the stigma very well. She gave an example of one of the younger girls who came running to her saying that the boys are refusing to play with her, because they are saying she is infected and that her parents died of AIDS. They boys made comments like: "Don't touch us; you have AIDS".

Another caregiver participant remarked:

Children are often stigmatized even amongst each other in the home. Some of these children have just recently lost their parents, they are still grieving. But other children don't understand how much they are hurting them by saying all these bad things. The child would come to me crying reporting that "this one is saying my mother died of AIDS". (Azwihangwisi)

Ailwei stated that the children are negatively impacted by stigmatization. Even when the children come from far away their HIV status is often known in the community. She gave the following example:

Older children who know that their parents died of HIV/ AIDS do everything they can to hide their status from everyone for fear of stigmatization and rejection by their peers. There is one boy who has not yet accepted that he is HIV positive; everyday is a struggle for him and when you look at him you can see he is suffering. When it is time for medication he hides it from everyone. When he has to go to collect medication in hospital, he sleeps.

The other caregivers also spoke about the difficulties related to stigmatization:

One child told me that that she has accepted her condition but people out there are making it difficult for her to live with this condition. (Nyadzani)

Stigmatization is depressing for these children and some of them have withdrawn from other children. After school they no longer go out, they stay at home. (Maitele)

a. *Feelings of isolation*

The data from the participants revealed that children orphaned by HIV/AIDS living at Takalani are often stigmatized by others in their environment, thus further worsening their situation and resulting in feelings of isolation. This is evident in the following extract:

Some parents here in the village don't want these children to play with their children. (Maitele)

In the same vein, Nyadzani reflected that some mothers in the village are a bad influence on their children as they believe that their children can be infected simply by playing with an HIV positive child. Thus, when a child from the children's home goes to visit a friend in the village they are frequently chased away by the mothers of the village children.

Sometimes you find a child sleeping in the middle of the day, when you ask, the child tells you other children are refusing to play with her or sometimes the child doesn't even want to say anything, she or he will just say I am not feeling well. Only when you sit down with the child, will you know why the child is sleeping during the day. Sometimes I just suspect by the look in the child's face that there is a problem. (Avhashoni)

These children don't only have problems here at home, even at school it is the same thing, other children don't want anything to do with them. Again, when some family members find out that their parents died of AIDS, they cut all the ties with the children, they want nothing to do with the children. (Ailwei)

4.4.6 Child labour

The participants also noted that the orphaned children are always willing to accept work. However, the children are not allowed to work and so they often lie about their whereabouts so that they can go and work. This is illustrated by the following remarks:

This gate is always locked but somehow children manage to go out and work in the village without us realizing. (Nyadzani)

These children do all sorts of work, it is shocking. We are always reprimanding them to stop working in the nearby houses because they are too young but they don't stop. (Azwihangwisi)

One child was looking after someone's cows in the village without our knowledge. One day he came back home from the bush severely injured. That was when we found out that he has been working and this time around it was obvious, he couldn't deny it. (Ailwei)

According to Maitele some children try to work for neighbours in order to earn some money for themselves.

The kind of work done by these orphaned children is not proper for children of their age. I often ask them that if you are working after school, who is going to read your books because you can see the child is very tired when he or she comes back home. After eating they don't study, they go straight to bed. (Maitele)

We hear from people in the community that so and so is working but when you confront him, he totally denies it. (Avhashoni)

4.5 Conclusion

This chapter presented the findings and analysis of this study. The caregivers' impressions of the psychosocial issues confronting children orphaned by HIV/AIDS were also presented. The results revealed that children orphaned by HIV/AIDS face many psychosocial issues that may impact their development. The participants shared their experiences of working with children orphaned by HIV/AIDS and also shared their perceptions regarding the psychosocial factors influencing orphaned children. The information yielded several different themes and it is hoped that these themes will benefit other orphaned children living in children's homes.

CHAPTER FIVE

DISCUSSION

5.1 Introduction

This chapter reflects on the results obtained in this study. Chapter three described the qualitative research method used to analyze the data. In the previous chapter, themes and sub-themes were identified and discussed. This chapter presents an integrated discussion of the findings.

5.2 Discussion of the Results

This study made use of a qualitative research method because it allowed the researcher to study the psychosocial effects of parental loss on children orphaned by HIV/AIDS at length and in detail (Patton, 1990). The use of a qualitative method also allowed for flexibility throughout the study (Barbour, 2008). The benefits of the method were discussed in section 3.2.

Semi-structured interviews with caregivers of children orphaned by HIV/AIDS were used to examine the psychosocial effects of parental loss on children orphaned by HIV/AIDS. The caregivers all had differing levels of experience of working with orphaned children, with a minimum working experience of five years and a maximum working experience of over twenty years. The researcher was thus able to gain rich and in-depth information on the psychosocial factors affecting children orphaned by HIV/AIDS. These findings are discussed below.

5.3 Emotions and thoughts experienced by children orphaned by HIV/AIDS

The results of the study suggest that the children orphaned by HIV/AIDS currently living at Takalani Children's Home experience a range of feelings and emotions related to their experience of parental loss. These feelings and emotions are discussed below.

5.3.1 Feelings of loss of sense of belonging due to separation from siblings

The participants stated that children orphaned by HIV/AIDS staying at Takalani are often separated from their siblings due to the lack of space in the children's home. Orphaned children are therefore unable to remain with their siblings. Separation from siblings results in orphaned children losing their sense of belonging and further complicates the grieving process related to the loss of their parents.

This finding is consistent with previous findings in other studies. Germann (2004) reviewed literature that indicated that orphaned children who are separated from their siblings are vulnerable to psychological difficulties. UNAIDS (2004) also stated that orphans' experiences of loss are exacerbated by separation from their siblings. Bray (2003) stated that due to financial difficulties in their lives children orphaned by HIV/AIDS are frequently relocated to new homes. According to Sengendo and Nambi (1997) parental death significantly alters the lives of many children. These changes may include siblings being separated from one another and seeking residence with relatives or orphanages. Children are rarely consulted regarding these life changing decisions.

The finding that lack of space in children's homes is a contributing factor to children's separation from their siblings is consistent with the literature reviewed (UNAIDS, 2002). According to UNAIDS (2002) most orphanages are small and costly to run and are therefore

not an appropriate response to solving the problem of orphaning due to HIV/AIDS. In addition, all children should ideally be raised in a family environment.

5.3.2 Feelings of rejection by extended family members.

Research results from the participants further indicate that many of the children orphaned by HIV/AIDS living at Takalani Children's Home have also been rejected by their extended family members. Although the remaining family members are aware of the orphans' whereabouts they make no effort to visit them or to contribute to their upbringing. During school holidays families do not accept or invite the children to come visit them, leaving orphaned children feeling isolated and acutely vulnerable. Thus, although most of the children would rather live with their families than in a children's home this is not always possible. These children have to find a way to adapt to life in the home.

This finding regarding rejection by extended family members is not entirely consistent with the existing literature. However, Richter et al. (2006) stressed the importance of family care for vulnerable children in preference to institutional care. These authors suggested that institutionalized children are denied the opportunity to be raised by their families and as a result lack emotional connection with their extended families. Furthermore, institutionalized children are not familiar with many of their traditional customs and beliefs. The findings of this study support the idea that children raised in an institution lack connection to family members and others in their environment. Furthermore, separation from extended family members may result in orphaned children losing their sense of belonging. Richter et al. (2006) also stated that children desire to be raised in families rather than in institutions. This is consistent with the findings of this study. It is therefore clear that parental death due to HIV/AIDS deprives children of the opportunity to be raised by their own families and therefore impacts on their psychosocial development (UNICEF, 2006a).

It is important to note that assuming the responsibility of looking after children orphaned by HIV/AIDS may be a contributing factor to extended families' rejection of these children. These extended families may be experiencing their own emotional and financial problems which make it difficult for them to take over additional responsibilities in relation to caring for orphaned children. Their ability to care for the orphaned children may be compromised due to their own HIV/AIDS status (UNICEF, 2003). It is possible that this factor contributed to the rejection of children orphaned due to HIV/AIDS reported in this study.

The rejection described above is likely to lead to the orphans developing feelings of mistrust when they realize that they cannot trust their significant others to support and protect them. Rejection, trust and mistrust play an important role in a child's psychosocial development. According to Newman and Newman (2006) rejection occurs when a person is not willing to accommodate and allow someone to be part his/her life for any reason. Trust plays an important role in adult and childhood relationships. Rejection can cause orphaned children to distrust their environment, leading to feelings of mistrust that may have severe implications later in life. According to Erikson (1977) basic trust is the foundation of a healthy personality.

Children who have been orphaned by HIV/AIDS are likely to experience severe trust difficulties as a result of the death of their parents and rejection from their extended families. The researcher believes that children lose trust in their environment when a mother-child relationship is interrupted by death. This is made worse when the child's environment rejects him or her and she/he is forced to live in an orphanage. These conditions can all contribute to the development of feelings of mistrust.

5.3.3 Feelings of isolation or avoidance by friends.

The participants mentioned that the children at Takalani do not receive any pocket money. This lack of money further isolates orphaned children from their peers. This lack of money could also cause the children to feel that people see them as different from their peers, thus leading to further feelings of isolation. Parents show their love for their children by providing for their needs, but orphaned children experience many unmet needs. This may further intensify and delay their healing process in relation to the grief experienced due to the loss of their parents. This finding is not consistent with the literature reviewed in this study.

However, this finding does relate to some of the other themes identified in this study. For example, the participants stated that children in the home very often engage in delinquent behaviour such as stealing. This behaviour could be the result of unmet needs. Although the children's home provides the children with a place to stay, some of their other basic needs are compromised forcing them to resort to stealing. Parents show their children love and care by ensuring that their basic needs are met, but when these needs are not met children may be forced to fulfill these needs through other means.

The participants in this study stated that there is sometimes a shortage of food in the children's home. This sometimes results in the children going to school without enough food. This may further isolate the orphans from the other children at school. In addition, the theme of the lack of pocket money can also be linked to the theme of child labour. The participants noted that although the children are still under age they have already entered the labour market. This could reflect the children's attempts to meet their unmet needs.

5.3.4 Feelings of shame.

The analysis of the interviews also indicated that long periods of parental illness and parental loss due to HIV/AIDS have a negative effect on children's education, which can result in feelings of shame. This finding is consistent with the literature reviewed in this study (Foster & Williamson, 2000; UNAIDS, 2002). Children are affected by HIV/AIDS long before the death of their parents. When parents become sick children's responsibilities increase. These may include cooking, cleaning and looking after the sick parent. In addition, when parents become sick children often drop out of school as there is no longer money available for school fees.

The literature reviewed in this study confirms these findings (UNAIDS, 2002) and suggests that although all children have the right to education many children struggle to remain in school after losing their parents to HIV/AIDS. Research suggests that due to financial difficulties many orphaned children are removed from school and this has implications for their future development. This means that orphans are likely to be in lower grades than their age-peers. The participants in this study stated that most of the orphaned children are much older than the other children in their grades and are therefore not motivated to go to school.

However, the finding that being in a lower grade results in feelings of shame for orphaned children is unique to this study. The literature reviewed did indicate that orphaned children are often at a much lower grade level than other children in the same age group (Bicego et al., 2003). Research shows that children who lose one or both parents are often in lower grades than their peers.

Erikson's stage of Industry versus Inferiority can be related to the findings described above. Erikson's theory emphasizes the role of education in the developmental process. According

to Erikson (1977) during this stage the child is ready to begin with life, and this life starts at school. During this stage the child develops a sense of industry. However, the children in this study were forced to drop out of school due to parental illness and death. This would imply that these children were unable to develop the industry described by Erikson as the key outcome of this stage.

According to the literature the crisis during this stage relates to feelings of inadequacy. If during this stage the child experiences difficulties with regard to his/her schoolwork and feels inferior in relation to his/her peers, he or she might lose interest and motivation and therefore regress (Erikson, 1977). The findings of this study suggest that the children are ashamed of their lack of schooling and consequently have no interest in school. According to Erikson's theory it would be safe to assume that being in a lower grade results in feelings of inferiority and inadequacy, thus causing shame.

Erikson (1977) further argued that the child's development can be interrupted if the family is unsuccessful in ensuring that the child receives appropriate education. The findings of this study point to the fact that family life was unable to prepare the orphans to receive appropriate education and therefore the orphans dropped out of school. According to Erikson's theory it is during the industry versus inferiority stage that the child develops a sense of industry, which enables him/her to become an enthusiastic and engrossed unit of any work situation. During this stage, the child learns the importance of starting a task and finishing it while he controls his desires and urges to play (Erikson, 1977).

Erikson's theory would suggest that children orphaned by HIV/AIDS who drop out of school fail to develop industry. As a result of family circumstances they are not able to understand the importance of task completion, which is part of going to school and acquiring education

while at the same time learning to complete tasks. The caregivers in this study stated that the children have no interest in studying or going to school and therefore do not understand the value of beginning the task and persisting to the end. It is therefore clear that family life has failed to properly prepare the orphaned children for the world of work and as a result the children's right to education has been endangered (UNICEF, 2006a).

5.3.5 Feelings of anger due to exposure to long periods of parental illness

The results of this study suggest that exposure to long periods of parental illness can have far reaching implications for the orphaned child. Orphaned children frequently display feelings of anger, sadness and lack of emotional control, all of which may cause them further pain. The findings of this study suggest that as a result of traumatic experiences during parental illness orphaned children may experience difficulties in relating to others in their environment. This finding is consistent with the literature reviewed (Schonteich, 2002), which suggests that children who witness the death of their parents are more traumatised than children who lose their parents by other means. This finding is supported by Loening-Voysey (2002), who argued that in comparison to other forms of death, parental loss due to HIV/AIDS impacts children in many ways because children witness first hand their parents' growing inability to carry out their roles due to the overwhelming power of HIV /AIDS. Amid of all these circumstances the children are required to fulfill parental roles. This has a significant impact on the child's emotional well-being.

This study also found that many orphaned children underwent severe traumatic experiences before coming to the centre. The consequences of these traumatic experiences are manifested in sadness, anger outbursts and lack of emotional control. The participants stated that some children attribute their bad behaviour to their past unpleasant experiences of watching family members die. This finding is partially consistent with the literature reviewed (Van Dyk,

2008), which argued that people who experience severe losses often display feelings of anger. Furthermore, this finding is also consistent with findings in the literature (UNAIDS & UNICEF, 2005), which suggest that many children are traumatized as they witness their significant others becoming sick and eventually dying.

5.3.6 Feelings of anger and frustration due to lack of disclosure.

The results of this study suggest that many parents do not disclose their HIV/AIDS status to their children and that children sometimes only discover their parents' status after their parents' death. This withholding of information may result in children developing feelings of anger and frustration towards their late parents. This finding is consistent with some of the findings in the literature reviewed (Stein, 2004), which suggest that HIV positive mothers usually do not reveal their status to their children because they believe that they are not mature enough to fully comprehend the complexity of HIV/AIDS. According to Zayas and Ramano (1994) people who are HIV positive protect themselves from possible discrimination by concealing their diagnosis from those around them.

The literature also indicates that failure to disclose an HIV/AIDS status can result in feelings of anger and frustration from significant others. The literature also suggests that many children struggle to live with thoughts of their parents having died from AIDS and that this can be as traumatic for the children as the actual experience of the death of their parents. As a result some children continue to grieve for a prolonged period of time while others experience mixed feelings of anger and shame (Dane, 1994).

5.3.7 Suicidal thoughts

The participants stated that some children orphaned by HIV/AIDS experience suicidal thoughts. These thoughts are triggered by various factors, including stigmatization and the

inability to deal with life issues. This finding is echoed in previous literature (Behdrendt & Mbaye, 2008; Cluver et al., 2007; Grodny, 1994), which suggests that children orphaned by HIV/AIDS are a high suicide risk because of the many difficulties experienced in their lives.

5.4 Helplessness and Hopelessness

The data from the participants also suggested that orphaned children feel helpless and hopeless as they do not have control of various aspects of their lives. Their powerlessness results in feelings of helplessness. The literature reviewed for this study does not support this finding.

5.5 Delinquent Behaviours

The findings of this study also suggest that children orphaned by HIV/AIDS often display delinquent behaviours such as stealing, promiscuity and habitual lying. This finding is consistent with the literature reviewed (Cluver et al., 2007), which suggests that children orphaned by HIV/AIDS experience a high degree of psychological problems. In addition, the literature further indicates a high prevalence of delinquent behaviours and behavioral problems amongst these children.

5.5.1 Stealing.

The participants indicated that stealing is rife among the children orphaned by HIV/ AIDS. These orphaned children are accustomed to stealing as they were forced to steal as a survival strategy following their parents' death. This behaviour has continued subsequent to their arrival in the children's home. The participants indicated that they are concerned about the stealing behaviour as it has major consequences for the children. This finding was not reflected in the literature reviewed.

5.5.2 Promiscuous Behaviour.

The results of this study also indicate that children who have lost parents to HIV/AIDS tend to engage in promiscuous behaviour at a very young age without taking any preventive measures. The research results further indicate that exposure to sexual abuse during or after parental death might play a role in children's premature engagement in sexual behaviour. Orphaned children engage in sexual acts that cause them to be vulnerable and also put them at risk of contracting the disease. This result is consistent with previous research findings (UNICEF, 2007a), which suggest that many orphaned children find themselves in danger of sexual exploitation and various forms of abuse when parents are no longer there to care for and looked after them (Poku, 2005). This leaves them vulnerable to HIV infection (Institute of Medicine, 2011). The WHO (2002) supported this finding and stated that orphaned children are particularly vulnerable and are more likely than non-orphaned children to become sexually active at a young age.

The findings of this study show that children as young as twelve years old are engaging in sexual relations. The research therefore indicates that children orphaned due to HIV/AIDS are likely to be experiencing serious identity problems. This relates to Erikson's stage of Identity versus Role confusion, which begins around the age of twelve years with the beginning of puberty and continues as children develop both sexually and physically (Meyer & Viljoen, 2008).

According to UNAIDS, UNICEF and USAID (2004) orphans may experience severe challenges as a result of the developmental tasks of the teenage years. Psychosocial problems and lack of money can force adolescents to engage in dangerous acts such as unprotected sex and excessive alcohol use. Adolescents are therefore at risk of contracting HIV. Taken in combination the research evidence and Erikson's psychosocial theory regarding the stage of

Identity versus Role confusion suggest that children orphaned by HIV/AIDS experience identity problems. These problems occur because the children are raised in institutional settings by different caregivers and do not have parents that they can identify with and who can also act as role models. Children engage in inappropriate behaviour as a way of communicating their inner psychological difficulties and as a way of struggling with their identities. Engagement in promiscuous behaviour could therefore form part of a search for identity. According to Erikson (1977) during this stage children experience difficulties relating to role confusion, which can lead to doubt about their sexual identity, criminal behaviour and even complete psychotic episodes.

5.5.3 Habitual Lying.

The participants also indicated that children orphaned by HIV/AIDS often engage in habitual lying. According to the participants lying is a serious problem and the orphaned children seem to lie about everything. This finding is not reflected in the literature reviewed for this study.

According to UNAIDS and UNICEF (2005) HIV/AIDS is altering the lives of many orphaned children and as a result these children are left without the much needed love and care that can only be provided by parents. Losing a parent is a difficult and painful process for a child and it seems likely that this process contributes to the development of delinquent behaviours such as lying. When orphaned children lose their parents to HIV/AIDS they are denied the opportunity to have a parent to look up to and instead may find themselves in an institutional setting. The orphaned children in this study were denied the opportunity to get to know their parents and were therefore unable to identify with them or learn the difference between right and wrong. The orphans' delinquent behaviour may reflect a failure to establish a conscience during the Initiative versus Guilt stage.

5.6 Impact of limited resources on children

The data from the participants also indicates that the centre does not have enough resources to cater for all the orphaned children's needs. The participants were particularly concerned about the staffing problems, which impact on their ability to care for the orphaned children and meet their needs. This finding is consistent with the literature reviewed (Richter et al., 2006; UNAIDS, UNICEF & USAID, 2002), which suggests that the institutional setting is ineffective in meeting the developmental needs of orphaned children because of the cost of running the institution. The literature suggests that institutions are also unable to provide children with the love and care that they require and that would normally be provided by the family.

The literature (Richter et al., 2006) also recognizes that factors such as poverty as well as overworked and discouraged caregivers have major consequence for the child's growth. When children are exposed to negative conditions for a long period of time they may not develop optimally. According to UNAIDS, UNICEF and USAID (2004) institutions lack human resources and as a result do not have enough caregivers. The caregivers are therefore unable to give children individual attention.

The findings of this study also suggest that the lack of resources impacts on the caregivers' ability to care for the orphaned children. As a result of the lack of resources the caregivers are discouraged, overburdened and overwhelmed. The caregivers' inability to provide the children with proper care impacts negatively on children of all ages. According to Erikson (1980) children who are not cared for properly may fail to develop autonomy as expected, resulting in feelings of shame and doubt. For a child to develop true independence, he/she should have developed trust early in life. It seems likely that the orphaned children described

in this study did not develop trust during their childhood as a result of the circumstances associated with HIV/AIDS. Based on Erikson's theory it seems likely that orphaned children might develop feelings of shame and doubt during this stage because their caregivers are already overwhelmed and are likely to be harsh and rigid in their dealings with them.

5.7 Stigmatization

Responses from the participants indicated that children orphaned by HIV/AIDS are often subjected to stigmatization from others in their environment. The orphaned children then have to cope with stigmatization in addition to coping with the loss of their parents. This is consistent with findings in the literature (Sherr, 1995), which suggest that many people struggle to deal with the death of their loved ones if the cause of death is AIDS because of the intense stigma attached to the disease.

The results obtained from the participants also indicate that stigmatization causes pain and suffering for some orphaned children. This is particularly difficult for children who are struggling to accept their own HIV status, as they must cope with the stigma and with their own diagnosis. This finding is consistent with the literature reviewed (see Edwards & Edwards, 2009).

The results also indicated that children often face rejection from their peers within the school environment and this may be a barrier to education as these children then drop out of school and further isolate themselves from people in their environment. All the participants acknowledged that orphaned children experience stigmatization in various ways. This is consistent with the literature reviewed for this study (UNICEF, 2003).

The results of this study further indicated that stigmatization is not limited to the orphaned children themselves but relates to their late parents as well. This denies orphans the opportunity to effectively deal with their loss and results in further isolation. The literature reviewed (UNICEF, 2007a) supports this finding and suggests that children may be stigmatized because of their relationship with an HIV infected family member or for being HIV positive themselves or for being orphans.

In addition, the participants indicated that the orphaned children's HIV status quickly becomes common knowledge. Although most of the children who stay at Takalani Children's Home come from many different places in the Venda community their HIV/AIDS status is often widely known within the community, thus resulting in stigmatization. The participants also indicated that orphaned children experience stigma and rejection from their extended families. This finding is consistent with the literature reviewed (UNICEF, 2003), which suggests that psychosocial trauma does not stop when children leave their families of origin; instead it continues within their new foster families.

5.7.1 Feelings of isolation

The results further indicate that orphaned children experience isolation and sadness as a result of stigma. The participants indicated that the orphaned children experience stigmatization from various sources and at various times. In addition, orphaned children are often rejected by their friends, which limits their social interaction with other children. This is consistent with the literature reviewed (UNAIDS, UNICEF and USAID, 2004), which suggests that stigmatization can have a negative effect on the child's relationships with others in his/her social milieu and cause the child to lack confidence in him/herself. UNICEF (2003) reported that stigmatization remains a concern for families affected by HIV/AIDS. Stigmatization and

discrimination is a common occurrence for these children and this often leads to rejection by close friends and classmates.

The discussion above clearly illustrates that stigmatization violates children's rights as it undermines the legislation that stipulates that every child deserves equal treatment with no discrimination (Van Dyk, 2008). According to UNICEF (2006a) parental loss during childhood causes children to experience significant pain. The child starts grieving when the parent/s living with HIV/AIDS becomes sick. The child grieving process is complicated by the negative associations attached to the spread of the disease that increase stigma and hence the isolation of orphaned children.

5.8 Child Labour

The results of this study also indicate that orphaned children living in the children's home start working at an early age. The children lie to their caregivers in order to be able to work in the nearby communities. As indicated in the literature (Poulsen, 2006), AIDS is associated with the loss of financial security. Financial instability results in young children entering the labour market prematurely. According to UNICEF (2003) there are more children working in Sub-Saharan Africa than anywhere else in the world. The findings of this study indicate that although the children's home provides for the children's basic needs the children still feel the need to work to earn money to satisfy some of their additional needs.

5.9 Conclusion

This chapter presented an integrated discussion of the findings of this study. The results suggest that children orphaned by HIV/AIDS experience many psychosocial issues that may impact on their development. These results highlight the importance of psychosocial issues in the lives of children orphaned by HIV/AIDS.

CHAPTER SIX

CONCLUSION

6.1 Introduction

The previous chapter presented a discussion of the results. This chapter includes a presentation of the problem statement, research method and demographics of the participants. It also provides a brief summary of the findings, and a discussion of the strengths and limitations of the study. Finally, recommendations are made for future research.

This study focused on the psychosocial effects of parental loss through death on children orphaned by HIV/AIDS from the perspective of their caregivers. Parental loss can be due to many causes. This study focused particularly on parental loss through death due to HIV/AIDS.

6.2 Demographics of the Participants

The participants' key demographic details are presented in table 4.1. Pseudonyms were used to protect the participants' identities. Five female caregivers working at Takalani Children's Home participated in the study. The caregivers were all aged between 33 and 49 years old at the time of the interviews and were all involved in the day to day care of the 47 children. All the participants were interviewed in Tshivenda, which is their native language. The participants read and signed two consent forms providing consent to participate in the study and consent for the use of an audio-recorder. These forms are included in this research report as Appendix C and Appendix D.

6.3 Summary of the Findings

The semi-structured interviews conducted with the participants yielded six main themes. These themes were labeled emotions and thoughts experienced by children orphaned by HIV/AIDS, helplessness and hopelessness, delinquent behaviours, impact of limited resources on children, stigmatization and child labour.

The study aimed to explore the caregivers' perceptions of the psychosocial issues facing children orphaned by HIV/AIDS. Five caregivers agreed to take part in this study and shared their personal experiences of caring and interacting with the orphaned children on a daily basis. The participants were open and honest in sharing their views regarding the psychosocial issues facing children orphaned due to HIV/AIDS. The findings from this study suggest that although many studies have focused on psychosocial factors affecting children orphaned by HIV/AIDS, the impact of the psychosocial factors affecting orphaned children living in orphanages or children's homes may have been underestimated by previous researchers.

The main finding in this study was that when orphaned children lose their parents through death due to HIV/AIDS, they also lose their sense of belonging. This double loss occurs as a result of rejection from their extended families. Orphaned children who are rejected by their extended families are forced to live in children's homes or orphanages. Living in an institutional setting such as a children's home or orphanage creates many difficulties for the orphaned children. Due to the limited space available in the orphanages only a limited number of children can be accommodated and this often results in separation of siblings. This results in orphaned children feeling even more vulnerable as they have to cope with the loss of their siblings through enforced separation.

This loss of a sense of belonging is an essential finding in this study because it is also reflected in the children losing their sense of group belonging in relation to their peers. The children experience rejection at school as they do not fit in due to their lack of financial security. This results in further isolation. Based on these findings it seems likely that this lack of a sense of belonging might negatively affect orphaned children's sense of identity. This is likely to have an impact on the orphans' self-esteem and may create intense psychological difficulties. The findings of this study clearly show that children orphaned by HIV/AIDS living in children's homes lack a sense of belonging. This loss of a sense of belonging can have far reaching implications for the growing child and may even persist into adulthood. In addition, the findings of this study suggest that orphaned children experience a sense of helplessness and hopelessness.

The study's findings further indicate that although the home provides the children with an opportunity for education, this is a source of shame for those children who are much older than the other children in their grades. Due to various life circumstances many orphaned children drop out of school and take on adult roles. In addition, orphaned children are sometimes angry and frustrated as they deal with their parents' failure to disclose their HIV/AIDS status. This experience is complicated by the fact that orphaned children also sometimes learn that they are infected with HIV.

The findings of this study also highlight the fact that children orphaned by HIV/AIDS frequently display delinquent behaviours. It seems likely that these delinquent behaviours are related to the psychological difficulties experienced by children orphaned due to HIV /AIDS.

The study further found that the caregivers themselves are overwhelmed. The orphaned children have many needs that need to be met and the home simply does not have enough

resources and manpower to cater for their individual needs. This puts additional strain on the caregivers and may influence their interactions with the orphaned children. The findings of this study also show that children orphaned due to HIV/AIDS experience stigmatization. The participants indicated that stigmatization is a major problem for orphaned children. The findings suggest that stigmatization further isolates orphaned children, causing them to experience further rejection from others in their immediate environment.

Lastly, a very interesting finding of this study that is consistent with previous studies is that orphaned children tend to enter the labour market prematurely. However, this finding is unique in that previous studies focused on children within the context of families, while this study focused on children within an institutional setting. Although the children in the institutional setting's basic needs (such as food and shelter) are met they seek work in order to earn money to meet some of their additional needs.

6.4 Strengths of the Research

The major strength of this study is that it was conducted in a rural area and attempted to understand the psychosocial issues of children orphaned by HIV/AIDS in a children's home in a rural setting. Rural settings are frequently neglected by researchers, as most research is conducted in other, more urban, contexts. In addition, the participants in this research study all had extensive experience (some more than twenty years) working in the children's home and could therefore provide rich and detailed information regarding the psychosocial factors affecting children orphaned by HIV/AIDS. The older caregivers act as mentors to the new caregivers by passing down the knowledge, skills and experience they have acquired over the years. This benefited the study significantly.

In addition, the literature review clearly indicated that the psychosocial effects of parental loss on children orphaned by HIV/AIDS living in children's homes have not been sufficiently researched. Most of the literature on the psychosocial factors affecting orphaned children has been conducted in other contexts. More attention needs to be paid to orphaned children living in children's home in the rural areas, where there are major socio-economic challenges and poverty.

6.5 Limitations of the Study

Although this research made some valuable contributions to the literature regarding the psychosocial issues relating to children orphaned by HIV/AIDS a number of limitations do need to be considered. Firstly, the sample size was small, focusing on the perspectives of only five caregiver-participants. The findings are therefore not necessarily representative of all children orphaned by HIV/AIDS living in children's homes.

Secondly, although the use of an audio-recorder enabled the researcher to access a detailed record of the interviews it is also possible that the audio-recorder influenced the research process. Lastly, the convenience sampling technique used in this study was limiting in the sense that only those cases which were convenient formed part of the study.

6.6 Recommendations

Based on the results of this study recommendations can be made for the families, community members and management of institutions or orphanages that care for children orphaned by HIV/AIDS. The results of this study suggest that children orphaned by HIV/AIDS need the support of all members of society to deal with their psychosocial issues and ensure optimal development. Although families are overwhelmed it is important that mechanisms be put in

place that allow orphaned children to be raised in family units in order to allow them to eventually become fully functioning members of society.

Community members need to be educated about the implications of stigmatizing children orphaned by HIV/AIDS. Caregivers of children orphaned by HIV/AIDS need to receive proper training and assistance in order to equip them to handle the psychological difficulties experienced by orphaned children. Management of institutions should consider making counselling services available to caregivers in order to help them to deal with the difficulties they experience in interacting with the orphaned children. Helping the caregivers deal with their own issues and difficulties will enable them to provide better care for the orphaned children.

The findings of this study also lead to certain recommendations regarding future directions for research. Although considerable research has been conducted on psychosocial factors influencing children orphaned by HIV/AIDS in other countries, very little research has focused on HIV/AIDS orphans in South Africa. It is important that more research be conducted in the South African context in order to meet the needs of these children. In addition, future research should focus on psychosocial issues specific to orphaned children raised in children's homes. These research projects should also take into account caregivers' perspectives. Finally, more research should focus on the specific psychosocial needs of orphaned children in rural areas.

6.7 Concluding Remarks

This study investigated the psychosocial effects of parental loss on children orphaned by HIV/AIDS from the perspectives of their caregivers. The results revealed that children orphaned by HIV/AIDS experience several psychosocial issues. The findings of the study

indicate that psychosocial factors play a crucial role in the lives of children orphaned by HIV/AIDS. These factors need to be addressed if children orphaned by HIV/AIDS are to be given the opportunity for optimal growth and development.

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Appendix A: Letter of request

My name is Muhadisa Tshimangadzo and I am conducting research for the purpose of obtaining a Masters degree at the University of South Africa. My area of focus is that of exploring psychosocial effects of parental loss on children orphaned by HIV and AIDS: Perspectives from the caregivers in a rural area. HIV/AIDS are becoming increasingly important in South Africa with more and more cases being recorded. By examining the psychosocial effects of parental loss on children orphaned by HIV/AIDS as seen from the perspectives of the caregivers, the researcher seeks to gain a deeper understanding of the issues affecting children orphaned by HIV/AIDS.

The researcher is therefore requesting permission to conduct the above mentioned study in your organization. Participation in this research will entail being involved in the semi structured interviews with caregivers. The semi structured interviews will take one session and the session will last for approximately ninety minutes. With your permission, these interviews will be recorded in order to ensure accuracy. Participation will be voluntary, and no person will be advantaged or disadvantaged in any way for choosing to participate or not participate in the study. All responses will be kept confidential, and no information that could

identify the participant would be included in the research report. The semi-structured interview material (tapes and transcripts) will not be seen or heard by any person anywhere at any time, and will only be processed by myself. The participants will be allowed to refuse to answer any questions that they do not prefer to answer, and they will also be allowed to withdraw from the study at any point without any negative consequences to them.

This research will contribute both to a larger body of knowledge on the social epidemic of HIV/AIDS and contribute to the understanding of the psychosocial implications and the management of the disease and the children in question and it will also benefit the different Venda communities at large.

Kind Regards

.....

MuhadisaTshimangadzo (Ms)

Appendix B: Interview Schedule

- Can you please tell me about yourself, anything that you feel I should know about?
- Kindly tell me about your involvement at Takalani Children's Home, for example, your role, of years of experience and anything that you think would be worth noting?
- How do children gain admission to Takalani Children's Home?
- In your opinion what are the problems experienced by children orphaned by HIV/AIDS under your care?
- How do caregivers cope with expressed difficulties displayed by children orphaned by HIV/AIDS under your care?
- What type of intervention/ resources do you have in place to assist children orphaned by HIV/AIDS?

Appendix C: Consent Form (interviews with the participants)

I _____ consent to be interviewed by T.C. Muhadisa for her study on the *psychosocial effects of parental loss on children orphaned by HIV and AIDS: Perspectives from the caregivers*

I understand that:

- Participation in this interview is voluntary.
- That I may refuse to answer any questions I would prefer not to.
- I may withdraw from the study at any time.
- No information that may identify me will be included in the research report, and my responses will remain confidential.

Signed _____

Appendix D: Consent Form (Recording of interview)

I _____ consent to my interview by T.C Muhadisa for her study on the *psychosocial effects of parental loss on children orphaned by HIV and AIDS: Perspectives from the caregivers* being tape-recorded. I understand that:

- The tapes and transcripts will not be seen or heard by any person in this organisation at any time, and will only be processed by the researcher.
- All tape recordings will be destroyed after the research is complete.
- No identifying information will be used in the transcripts or the research report.

Signed _____

Appendix E: Letter of Permission

SEP.14.2012 14:24 0112731178

POSTNET KRUGERSDORP

#2376 P.001 /001

**TAKALANI
CHILDREN'S HOME**

NPO Number: 006-819



Siloam Village
P.O. Box 226
Ntshhelele, 0993
LIMPOPO PROVINCE
RSA
Tel. & Fax: (015) 973 0273

Date: 17 May 2011

Enq: M.J Phaswana

Cell: 082 227 8407

Ms Muhadisa

This letter serves to confirm that permission was granted to you to conduct your research on the psychosocial effect of parental loss on children orphaned by HIV and AIDS; perspectives from caregivers.

Once your project is completed, you will be requested to donate a report to our organization which will be placed in our library. You may also be requested to present your findings whenever possible.

We wish you success with your research.

Yours Sincerely

Mukondeleli Joyce Phaswana

Director :Takalani Children's Home

VISION: TAKALANI Children's Home is an institution that wants to see abandoned, orphaned and abused children's full potential development so that they become responsible adults in the life of our community.

BOARD OF DIRECTORS:

Rev. Muthali M.S. (Chairperson), Rev. Ntshhelele H.E. (Dep. Chairperson), Mr Maningo (Ndou) D. (Secretary), Mr Tshikohete M.E. (Dep. Secretary), Mr Mukuvu B.T. (Treasurer), Mr Nemaqhola A.R. (Member), Mr Livhoyi R.M. (Member & Fundraiser) and Mrs Phaswana M.J. (Ex. Officio)

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6 October 2012

To Whom It May Concern:

Declaration of Language Editing: The psychosocial effects of parental loss on children orphaned by HIV and AIDS: Perspectives from caregivers

This letter confirms that I have personally undertaken language editing of document entitled "The psychosocial effects of parental loss on children orphaned by HIV and AIDS: Perspectives from caregivers" written by Caroline Muhadisa.

I have corrected the language and it is my professional opinion that the document is suitable for submission.

Please feel free to contact me should you have any queries.

Regards,
Carol Saccaggi


MA (English), MA (Clin psych)

Appendix F: Declaration of Language Editing

