CHAPTER 1

INTRODUCTION, ORIENTATION AND OUTLINE OF STUDY

1.1. PROBLEM FORMULATION

HIV/AIDS has become one of the most critical challenges facing South Africa today, with northern KwaZulu-Natal having one of the highest HIV/AIDS infection rates in the country. The pandemic is restructuring the family in ways never experienced before, its impact on family life exceeding that of war and the apartheid system. (Department of Social Development 2002:39). Halkett (1999:8) notes: ‘Two sets of children are greatly affected by the AIDS epidemic – abandoned babies and orphaned children’, with increasingly large numbers of children living with ill parents.

Extended families and communities are usually willing to serve as a safety net for orphaned and abandoned children, and 'represent the single most important factor in building a protective environment for children who have lost their parents to HIV/AIDS or any other cause' (UNICEF 2003:32). However, the responsibility for caring for orphaned children often pushes families beyond their ability to cope and many extended family systems have been completely overwhelmed. Bradshaw, Johnson, Schneider and Bourne (2002:17) suggest that South Africa's ability to care for these children will determine the long-term social stability of the country. The capacity of the extended family to continue serving as a mutual support system is uncertain as the magnitude of the pandemic increases.

UNICEF (2003:33) notes that governments in sub-Saharan Africa have been slow to respond to the orphan crisis for various reasons, and South
Africa is no exception. UNICEF suggests that apart from competing for scarce public funds, the reluctance to respond often reflects unease about HIV/AIDS itself, because of its association with sexual behaviour. This is further complicated by the fact that the orphan crisis is not highly visible, as the millions of affected children are dispersed over many families in communities "where the hardships of individual children are lost from sight" (UNICEF 2003:33). The Department of Social Development (2002:23) acknowledges that the current social service system cannot cope with the large numbers of children who are in need of care and support as a result of HIV/AIDS. Community leaders and structures have to be involved in identifying and supporting orphaned and vulnerable children. Communities need formal support programmes so that families and children affected and infected by the pandemic can be empowered and strengthened, and systems developed to assist communities to cope with the ramifications of the epidemic. Welfare organisations have to face these challenges at a time when national welfare policy is being reformulated.

While the HIV/AIDS pandemic imposes a significant and potentially crippling burden on the community, its people, and on the already inadequate health and welfare system, increasing demands are being placed on child welfare organisations for assistance with permanency arrangements for orphaned children. This study examines the impact of the HIV/AIDS pandemic on orphans, broadly considering permanency options but then narrowing the focus to foster care as a primary permanency option. Exploratory research is undertaken to achieve insight into the receptiveness of the Vryheid community, situated in northern KwaZulu-Natal, towards fostering local orphans.

1.2. CONTEXTUALISING THE RESEARCH: VRYHEID CHILD AND FAMILY WELFARE SOCIETY

Vryheid Child and Family Welfare Society, hereafter referred to as the Society, has been in existence since 1925 and is affiliated to Child Welfare South Africa. Currently two full-time and two part-time social workers are employed by the organisation, which renders casework, group work and
community work services. The community served is mainly rural, spread over a wide geographic area, with the majority of clients Zulu speaking. In the past, Vryheid thrived on the back of the coal mining industry, where many adults found employment. Over the past few years, most of these mines and their service industries have closed down, and the surrounding community has experienced increased and intense hardship. In the central business district, many of the national banks, clothing and grocery retailers have closed their branches down and commerce in the town is shrinking. The municipality is struggling to remain afloat under the excessive burden of very high levels of rates and utility payments.

One of the most significant changes in service rendering in recent years has been the steady increase in the amount of statutory intervention done by the organisation, such that casework services are now almost entirely statutory or pre-statutory. The majority of the statutory cases are foster care and children’s home placements, for children whose primary caregiver has died, with fewer cases of abandonment, neglect and abuse. The Society, like most other welfare organisations, recognises that community solutions have to be found for the needy children and that residential care can only be considered as a last resort. As a result, much effort goes into strengthening extended families and community support networks. The annual report for the Society reflected a total of 74 new foster care placements at the end of March 2003, a 20 percent increase for that financial year. The combined statistics for March 2004 revealed that of the 301 clients on the caseload that month (excluding intake), 198 were foster care supervision cases and 55 were children’s home placements. In the twelve months between April 2003 and March 2004 the number of foster cases increased by 44%, with almost daily requests for new foster care placement applications. It has become necessary to place new foster care applications on a waiting list that already extends a year henceforth.

For those children whose primary caregiver has died, death certificates do not reflect the cause of death as HIV/AIDS, although it is strongly suspected that many of these deaths are from opportunistic diseases
associated with the virus. In many communities serviced by this office, there is still a stigma attached to HIV as a “sexual sickness”, so clients are often not only reluctant to divulge their HIV status, but also to discuss issues surrounding the topic. Very few clients request help while they are ill. Rather, it is usually their families who ask for assistance once a loved one has died. In a discussion with Reverend Johannes Mbatha of the Evangelical Lutheran Church of South Africa, he stated that illness is often attributed to bewitchment rather than to a virus like HIV. This offers one possible explanation as to the tendency by some community members to distance themselves from a person who is infected with the virus, or the children that remain.

Recruiting foster parents in the midst of the HIV/AIDS epidemic and the current economic climate is becoming increasingly difficult, and there seems to be a limit to the number of non-relative foster carers who can be recruited, despite ongoing efforts to do so. Statistics for family/non-family placements at the Society reveal an increasing trend towards kinship foster care placements, with 97% of the children currently in foster care in kinship placements with members of their extended families. Large numbers of children are also being found to have been living apart from their parents in informal arrangements with surrogate caregivers, having been displaced from their biological families by various factors, particularly the migrant labour system. It is becoming increasingly common for the members of the foster care system, apart from the social worker, to know one another prior to the foster placement. In many cases, a lot has already been invested in supporting a child, with extended families stepping in quite naturally without any assistance after the death of or abandonment by a parent. Since migrant labour is characteristic of a large number of families in the area, many children who are now in foster care grew up in the same homestead or kraal as the foster parent prior to the death of their biological parents, while their parents worked elsewhere. It is very often the poverty engulfing communities that contributes towards financial burdens, or other pragmatic issues, like being refused a birth certificate, that prompts the family to seek
welfare assistance. In numerous cases, an old age pension is the only constant source of income for an entire extended family.

As far as foster children and HIV is concerned, two factors are of particular relevance in this instance. In cases where children have been living with their foster parents (most often their maternal grandmothers) prior to the death of the parent/s, there is often reluctance by the foster carer to have the child tested for the virus. This can be attributed, amongst others, to the stigma associated with HIV as described. Recruiting foster parents is becoming increasingly difficult, especially for non-related children. In cases such as these, potential foster parents usually insist that the child be tested for HIV/AIDS. Research has found (Hope 1999:2) that babies born to women that are infected with HIV have a twenty to forty percent (20-40%) chance of contracting the virus from their mothers, and most of these children die by the age of five. Almost every potential foster parent recruited by the Society to foster a non-relative is unwilling to care for an HIV positive child.

In the discussion with Reverend Mbatha of the Evangelical Lutheran Church of South Africa, he revealed that the concept of an “orphan” is an unfamiliar one in Zulu culture, as every child is part of a wider, extended family. Should a parent die, there is usually someone who immediately assumes the role of parent, with senior wives taking responsibility as the child grows up. Within the Zulu culture families are linked together by ancestors. Often, anything bad that happens to someone is attributed to the person having displeased the ancestors. Thus, a refusal to care for an “orphan” could have consequences. Reverend Mbatha emphasised the importance within the Zulu culture that children don’t lose a sense of family, that “you are what you are because of where you come from”. In this regard, formalising care through foster placements can be seen by some as unfortunate. In the past “orphans” were raised by the designated family without a foster care grant or other financial reward, and the foster care grant in some cases has begun creating strain in community relationships.
Rev. Mbatha suggested that those people who applied to foster may well be from what he described as “fragmented families.”

The dramatic increase in foster care applications for placements of orphaned children is an issue that needs to be addressed. Attempts at recruiting potential foster parents through the local newspaper, word-of-mouth and through some of the local churches has proved unsuccessful. A major concern amongst social workers in the region is whether the goodwill of the community can be depended on indefinitely for fostering local orphans. This is particularly relevant in instances where there are no family members to fulfil this function. Preliminary research needs to be undertaken in order to achieve a tentative understanding of the community’s attitudes towards the orphan crisis in the area, to establish whether the community is willing to care for local orphans by fostering them, or whether relevant role-players need to begin considering alternative permanency arrangements.

1.3. OBJECTIVES OF THE RESEARCH

The objectives of the research are:

(i) To conduct exploratory research in order to gain a deeper understanding of perceptions within the Vryheid community towards the care of orphans in the midst of the HIV/AIDS pandemic;

(ii) To gain a tentative understanding of the community’s perceptions of how the increasing numbers of orphans should be cared for, with the focus on foster care as the primary permanency option;

(iii) To establish whether there are any circumstances in which the residents of Vryheid and the surrounding areas will foster local orphans, and whether there is any action that can be taken to promote foster care as a permanency option;
(iv) To obtain a profile of people who are willing to care for orphaned children and establish whether there are patterns of responses that vary according to language group or demographic location.

1.4. RESEARCH DESIGN AND METHODOLOGY

It was decided to use an exploratory design, as insight was needed into a situation where very little was known about the topic or problem. According to Rubin and Babbie (1993:112), research findings are the most valuable when they can be applied to all kinds of people. Because the research was to be directed at people who form the basis of the potential foster carers in the Vryheid community, couples, or, if unavailable, individuals over the age of eighteen, were to be the units of analysis. The study, which was conducted between March and June 2004, was based on research questions rather than an hypothesis. It was decided to use a questionnaire as the method of data collection, with information collected through self-administered questionnaires. The questionnaire was available in English and Zulu. For those respondents who were illiterate, a volunteer was available as a scribe. There were 120 questionnaires distributed, of which 67 were returned. Probability sampling was used, and respondents were selected in a stratification process on the basis of geographical area, with respondents drawn from primary schools in the areas where the Society renders services. This enabled the researcher to arrange the population into uniform, homogenous subsets, with heterogeneity or diversity between subsets (Babbie and Mouton 2001:191). Once the questionnaires were returned, the researcher further stratified responses on the basis of language into the four most commonly spoken languages in the area in the specific community- Zulu, English, Afrikaans and German. Follow-up interviews were held with those respondents who wished to discuss the questionnaire personally.
1.5. DEFINITION OF TERMS

AIDS refers to Acquired Immune Deficiency Syndrome, and is ‘A list of major and minor illnesses which, alone, or in combination are most likely to indicate that a person has AIDS and not something else’ (Berer and Sunanda 1993:14).

For the purpose of this research the term orphan is broadly defined as referring to uninfected children and youth up to the age of eighteen that have lost either or both parents through death regardless of cause.

An AIDS orphan refers to uninfected children and youth up to the age of eighteen that have lost either or both parents to AIDS.

Note: Orphans who are HIV positive are not included in this research unless specifically referred to as such, as they have been found to have unique needs that require separate consideration (Wild 2001:4).

A child is defined according to the Child Care Act 74 of 1983 as any person under the age of eighteen years.

A child affected by HIV/AIDS refers to a child who lives in a family where there currently is, or has been, one or more family members infected by HIV/AIDS (Department of Social Development 2003:38).

A caregiver refers to someone who voluntarily assists with the support and care of affected and infected people (Department of Social Development 2003:38).

Foster care refers to the legal placement of children in substitute care as stated in the Child Care Act 74 of 1983.

A foster parent refers to any person in whose custody a child has legally been placed in terms of the Child Care Act 74 of 1983.
HIV refers to the Human Immunodeficiency Virus, and is one of a group of viruses that causes AIDS (Harber 1998: xii).

Infected children refer to children that are ill due to HIV/AIDS infection.

Kin refers to any relative, by blood or marriage, excluding the parents of the child concerned, although the possibilities are broader than this.

Kinship foster care refers to the placement of children in state custody with their relatives. It is also referred to as relative foster care, kinship care or family foster care (Gleeson, O’Donnel & Bonecutter 1997:801).

Kin groups are people who are related either by blood or by marriage, and anyone else who people treat as relatives, such as people who have been adopted, or cohabitees (Finch 1989:2).

A non-AIDS orphan is an orphan whose mother was HIV-negative when she died.

Permanency planning refers to "a process undertaken by the social worker to ensure that children who are removed from their parents' care have some reliable prediction of where they will grow up" (Scholtz 1988:9).

A vulnerable child is one whose caregivers are unable to care for them because they have died from or are infected by HIV/AIDS. The child is under the age of twenty-one (21) and is at risk through abuse, neglect, abandonment, or is affected or infected by HIV/AIDS (Department of Social Development 2003:38).
1.6. LIMITATIONS TO THE RESEARCH

Several limitations to this research emerged which need to be borne in mind when considering its relevance to practice:

(i) Of the 120 questionnaires originally distributed, 53 were not returned. The motivation for this non-return is unknown, and could have been a useful source of information in itself.

(ii) When selecting the sample, it was decided to select one that would have been as representative of the local community as possible. The majority of the respondents were Zulu and English-speaking, with fewer Afrikaans and German-speaking respondents. While this was representative of the ratios between language groups in the schools involved, had the sample been bigger, a different picture may have emerged. This research is thus likely to be more accurate when it comes to the two former groups than to the two latter ones.

(iii) It was stated in Chapter Four that Zulu is described as a spoken rather than a written language. In the responses received there was far more detail provided in the English questionnaires, and it is suspected that the data could have been richer had it been collected in focus group discussions.

(iv) Although it was intended that the questionnaire be answered by couples, more of the questionnaires were answered singly.

(v) This study gave the researcher a glimpse at some of the respondent's thoughts at the time that the questionnaire was completed. Non-systemic research that examined the respondents as they interacted with a variety of external systems may have been more useful (Jordan & Franklin 1995:5).

(vi) The questionnaires were completed in respondent's own communities with written instructions were given to assist with its completion. With the researcher not being present, the setting and physical characteristics of the environment were unknown (Jordan & Franklin 1995:5). The level of
possible interference from other people was also unknown. Had the researcher known which responses, if any, have been misrepresented, this in itself would have been useful information.

1.7. **OUTLINE OF THE STUDY**

Chapter One of this study consists of a general introduction.

Chapter Two focuses on the impact of HIV/AIDS with particular reference to orphans. Traditional responses to the orphan crisis, implications of AIDS deaths, the economic implications of orphan care and the psychosocial impact of orphanhood are discussed, with reference to relevant literature.

Chapter Three examines both formal and informal permanency options for the care of orphans, with particular reference to kinship and foster care.

Chapter Four explains the research design and methodology.

Chapter Five provides a discussion of relevant findings from the questionnaire and follow-up interviews, and identifies themes that emerged.

Chapter Six presents conclusions and recommendations.
‘The tragedy of AIDS does not end with the death of the sufferer. It continues through the lives of those who are orphaned.’

-Guest (2001:1)

CHAPTER TWO

LITERATURE REVIEW

INTRODUCTION

In this chapter, literature regarding the impact of HIV/AIDS will be examined. Firstly, AIDS within the broader South African context will be explored, and then narrowed down to the impact of AIDS on orphans. Consideration will be given to literature regarding traditional responses to the orphan crisis, and the implications of AIDS deaths and orphanhood.

2.1. THE BROADER CONTEXT – AIDS IN SOUTH AFRICA

The Actuarial Society of South Africa developed an AIDS and demographic model (known as the ASSA2000) that has been used to project the impact of the disease on each of the provinces. This model estimated that in 2002, there would be 6,5 million people out of South Africa’s estimated population of 46,6 million infected by HIV/AIDS. In 2005 more than ten percent of the country’s population is already HIV positive, which is expected to peak at 17% around 2006. Of the estimated 6,5 million people living with HIV/AIDS, over 6,1 million or 95% of all infections are currently in the age group 18-64 years. This is also the age group most likely to form the country’s labour force.

In order to appreciate the impact and long-term nature of the challenge posed by the pandemic, Bradshaw, Johnson, Schneider and Bourne (2002:15) suggest that it is useful to view it as a series of ‘waves’. The first wave – of people newly infected with HIV – peaked in approximately 1998, with 930 000 infections per year. Should there be no change in behaviour or interventions, the wave of prevalence – the total number of people infected
with HIV- is expected to peak in approximately 2006 with between 7 million and 8 million infected. It is anticipated that the next wave – of AIDS deaths – will peak after this in 2010, with approximately 8000 000 deaths per year. Projections indicate that while the numbers of non-AIDS orphans will gradually decline, there is a huge increase expected in the number of AIDS orphans under the age of fifteen, peaking at approximately 1.85 million in 2015 - proof that the increasing numbers of orphans are one of the most tragic long-term consequences of the pandemic (Bradshaw et al 2002:15).

The spread of the pandemic has been found to vary between provinces, which seems to have begun earliest in Kwazulu-Natal where it is expected to peak at the highest level. KwaZulu-Natal is also the most populous province, accounting for just over one-fifth of the country’s total population. It has the highest infection rate, accounting for 27% of total infections (Dorrington et al: 6). In all age groups there are more women than men living with HIV/AIDS, with an estimated 3,2 million women of childbearing age (between 15 and 49) years infected.

Bradshaw et al (2002:15) note that HIV-positive orphans constitute a relatively small part of the orphan population, as two-thirds of babies born to HIV-positive parents will not be infected. Those that are infected usually don’t live long enough to make up a large portion of the total number of orphans. The number of AIDS orphans as compared with non-AIDS orphans over time is reflected in Figure 1 on the following page. The numbers of children under the age of 15 who have lost their mother due to AIDS and other causes for each year are also reflected. The estimates on which the graph is based are lower than when referring to orphans under the age of eighteen. Bradshaw et al (2002:15) suggests that this could be as high as 4.7 million in 2015, with approximately one third of all children under the age of eighteen having lost one or both parents.
GRAPH 1
MATERNAL ORPHANS UNDER AGE 15 YEARS, KWAZULU-NATAL

<table>
<thead>
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<th>Year</th>
<th>Total orphans</th>
<th>Total AIDS orphans</th>
<th>Total non-AIDS orphans</th>
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<td>77 067</td>
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<td>188</td>
<td>78 613</td>
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<td>437 651</td>
<td>50 169</td>
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</table>

(Source: Dorrington, Bradshaw and Budelender 2002:15)

TABLE 1
MATERNAL ORPHANS UNDER AGE 15 YEARS, KWAZULU-NATAL

(Source: Dorrington, Bradshaw and Budelender 2002:15)
2.2. THE IMPACT OF HIV/AIDS WITH PARTICULAR REFERENCE TO ORPHANS

Almost half of the country’s total population is made up of children, many of whom live in under-resourced rural areas. It is estimated that 61% of children live in poverty (Smart 2001: 10). The annual report for Child Welfare South Africa (2002-2003) confirms that the number of orphaned children on Child Welfare caseloads nationally has reached extreme proportions, with numbers having trebled between 1999 and 2002. The report states that this signals a crisis for service providers, who need to find suitable alternative care for what is considered to be a powerless group of children. As AIDS is transmitted sexually, children risk losing both parents within a relatively short period (Mike Waters, Democratic Alliance quoted in The Star 16 June 2003).

2.2.1 Traditional responses to the orphan crisis

When faced with children, including orphans, in distress, the traditional practice in Africa was for substitute parents from within the extended family system to simply absorb these children, usually by someone elderly, female and widowed. This often becomes a permanent living arrangement. It is estimated that more than 90% of orphaned children in Africa have been cared for in this way, in most cases by families that are already overburdened and impoverished. Research by the United Nations Children’s Education Fund (UNICEF) in Zambia found that almost 40% of orphans are cared for by grandparents (most often grandmothers) and another 30% by uncles and aunts (usually their mother’s sister). Grandparents are increasingly raising the offspring of their own children at a time in their lives when ordinarily they could have expected support from their children (McKerrow 1994:8). Responses can be seen as a manifestation of family preservation, particularly in black families, where households had to cope, as not coping meant collapsing. This support structure prevented the need for alternative care and formal fostering, and adoption and institutional care were uncommon within African communities. UNICEF (2003:13) states: 'It is precisely those countries that
will see the largest increase in orphans over the coming years where the extended family is already most stretched by caring for orphans'.

The Department of Social Development notes that HIV/AIDS and other social challenges have redefined how we perceive the elderly. Rather than being viewed as older people who have made their life’s contribution and need to be cared for, their role and participation is now more active and more necessary than ever before. Upon the death of their own children, many play a crucial social security role. This role also includes, amongst others, assuming parental responsibilities towards their grandchildren, as well as being a source of income by way of their pensions in families confronted by long-term unemployment. Many families are raising children who are not members of the immediate family. For example, in some South African communities it is tradition for a deceased father's nearest male relative to inherit the deceased man's wife and children (UNICEF 2003:13). One such case at the Society has contributed to the spread of HIV/AIDS within an entire family system.

2.2.2 Stressors facing AIDS orphans

The death of a parent is regarded as a crisis for any child, involving the loss of love, care, support and security that parents should provide, as well as the loss of a link both with the past and a shared future. Harber (1998:86) notes: 'Children living in HIV/AIDS affected households become vulnerable and needy long before they become AIDS orphans', a scenario that is complicated by economic and psychosocial stressors that often go hand-in-hand with the parent's illness and eventual death.

2.2.2.1 Psychosocial stressors

While clinical evidence has found that there are ways that orphans may respond to the stressors they experience, responses vary according to the age, developmental level, circumstances and personality of the particular child (Wild 2001:10). The most common reactions to the terminal illness or death of a parent include hopelessness, depression, anger, loneliness, anxiety, fear of abandonment, and confusion. Wild (2001:11) states that the
normal grief process experienced by a child whose parent has died of AIDS may be complicated by “survivor guilt”, exacerbated by ambivalent feelings towards the sick or dead person. Embarrassment and guilt is likely if there has been limited or distorted communication regarding the parent’s illness and death, which can worsen the child’s sense of isolation. Wild (2001:12) states: ‘The “conspiracy of silence” surrounding AIDS also increases the likelihood that children will not be given sufficient opportunity to share their feelings of confusion, anxiety and anger, and will instead act them out in disruptive, antisocial and high-risk behaviours.’

2.2.2.2. The multiple losses of orphanhood

Bradshaw et al (2002:15) notes that the loss of parental support and the trauma of witnessing a parent’s slow death are the first stressors facing an orphan. The eventual death of a parent leads to the loss of love, support and adult guidance through crucial life-stages of identity formation and socialisation into adulthood. When placed in extended families, many fail to meet and sustain the basic needs of orphaned children for food, shelter, clothing, education, recreation and health care. McKerrow (in Guest 2001:158) observes: 'These children lose the joy of their childhood and the skills that childhood develops in children…. The girls are so susceptible to sugar daddies. They just need a little attention.' He goes on to say that following the death of the parent, the subsequent guilt, grief and depression is associated with a high incidence of behavioural problems.

Apart from the risk of malnourishment, sexual abuse and exploitation, orphaned children are vulnerable to sexually transmitted diseases, HIV transmission, and early deaths of themselves and adult caregivers. Some caregivers may prefer to look after orphaned girls rather than boys as a source of domestic labour, sexual diversion and sometimes a bride price (Department of Social Development 2003:4). Orphans are at a higher risk of becoming street children, and those who have had parents and friends die may develop attitudes that are more casual about life and death. They are more likely to die young. Guest (2001:161) states that those who are abandoned and unloved are inclined to take greater risks with their own
lives and others’. They have often been found engaging in impulsive behaviours such as spending whatever money they have, having lots of children and multiple sexual partners without consideration for the long-term consequences of their actions. Crime is expected to increase as more children steal in order to survive and join gangs in search of belonging. There is an increased risk of orphaned children abusing drugs and alcohol to lessen their pain. Those who sniff glue and other inhalants risk permanent brain damage (Guest 2001:158).

2.2.2.3. **Inadequate care and control**
Wild (2001:9) notes those parents struggling with their own ill health or that of their partners and children are unlikely to be able to offer their uninfected children a “secure base”. Anxiety, anger and depression are characteristic reactions of people diagnosed with a chronic illness, exacerbated by the stigma attached to HIV/AIDS and concerns about leaving their children when they die. Wild suggests that parents sometimes alternate between overprotecting their children in order to compensate for their guilt, and distancing themselves from their children in order to minimise the intensity of their feelings. As the parent’s illness progresses, there is likely to be decreased influence over their children’s behaviour, with diminished support and guidance.

2.2.2.4. **Increased risk of abandonment**
Hope (1999:93) estimates that in high-fertility countries in eastern Africa, for every mother who dies of AIDS, three children become orphaned, as high fertility rates mean that infected women are likely to have borne several children before their deaths. Some people believe that children born to HIV positive mothers are inevitably infected as well, so there is a higher risk of these babies being abandoned (Guest 2001:157).

2.2.2.5. **Stigma, sadness and succession**
Literature on bereavement supports the need for stability, consistency and avoidance of disruption after the death of a parent, and meeting children’s basic emotional and physical needs is considered a necessary precondition
to mourning (Rutter 1966 in Pequegnat & Szapocznik 2000:167). The stigma attached to HIV/AIDS often results in silence about the impending death of a parent, and is a barrier to the child’s future planning. Those that do disclose are often rejected, the social isolation exacerbating the grief and behavioural problems. Guest (2001:159) questions what will happen ‘to the minds of a generation that grows up alone, poor and ashamed by the stigma of the disease that killed their parents.’ Orphaned children often carry the sadness of their childhood into adulthood; those that don’t vent their grief are at risk of depression. Some may react more forcefully, expressing grief and confusion through violence, while a few will overcome these obstacles (Guest 2001:160).

In some communities there are cultural taboos that hinder discussion of succession issues while the person is still alive, and many parents do not write wills. There are often uncertainties about the future. Struggles in accessing deceased parent’s estates are often reported, particularly in cases where the deceased (and often the children) do not have birth certificates. In some cases siblings are separated to lighten the burden of those who care for the orphans, and this contributes to separation trauma, loss and emotional stress (Nyandiya-Bundy in Doek 2002 et al). Halkett (1999:16) notes that children who have been witness to their parent’s illness over a long period usually experience severe trauma. In communities that advocate short periods of mourning and minimal discussion of death often leave orphans with no one to turn to, and who are likely to become emotionally withdrawn.

2.2.6. Changes in household structure, roles and composition

Desmond, Michael and Gow (2000:48) note that prior to a death, the households in each of the groups studied in their research all had the same average size. However, in AIDS death households, there was a higher percentage of elderly people, while the numbers of economically active, prime-age adults was lower, replacing an earning adult with several dependants. An increase in AIDS also coincides with an expansion in the number of women-headed households, both in rural and urban areas (May,
Carter & Posel 1997 in Cross 2001: 141). Women’s earning power is simultaneously increasing, and these and other factors are shifting the economic burden of household support from men to women.

The composition of households after an AIDS death has been found to be different from households who lose a member from other causes. In many instances, children in HIV/AIDS-infected families that have been brought up in cities are being sent to live in rural areas with relatives, which increases the dependency ratio of rural households and exacerbates problems of rural poverty (Harber 1998:84). Mothers have often been absent for long periods while caring for sick family members elsewhere, during which time her own children may not have been adequately cared for. More and more children are being driven from their homes by illness and death, themselves at risk of infection. There is an increased possibility of marital breakdown. Problems of housing, overcrowding and high stress levels can negatively affect everyone in the household.

Family structures and roles will change as the pandemic progresses, with more children being fostered or adopted. Child headed households are increasingly common, with older children often assuming parental responsibilities, caring for sick and dying parents and younger siblings, at the same time being deprived their own childhood’s. In order to provide for younger siblings, older children sometimes turn to the streets, which results in an increase in the numbers of street children and commercial child sex workers. McKerrow (1994:9) notes: 'In the long term it is anticipated that the development of a large number of children outside the normal socialisation influences of family life, will give rise to a large population of dysfunctional adults'. While a number of these young adults in the past followed a customary responsibility to support the adults who educated them, a later economic consequence identified by Cross was a tendency among some urban youth to increasingly reject this practice. While many elderly foster parents provided as best they could for the orphans in their care (and were often prevented in the process from saving for their old age), they become
increasingly vulnerable to hardships in later life at a time when they are unable to undertake hard work.

2.2.2.7. Economic deprivation and disrupted schooling

The economic impact of HIV/AIDS has been found to be disproportionate in communities of poverty. This begins before children are orphaned, reducing the number of hours that adults spend on income-generation, and simultaneously creating additional expenses for health care. Research by Cross (2001: 133) in rural households in KwaZulu-Natal found households in already weakened circumstances being obliged to assume responsibility for more than one orphan needing education and care. In each case, the death of the child’s parent meant the loss of the family’s only constant source of cash income, at a time when the family was cash-strapped due to expenses from extended illness that ended in death, and funeral costs. Cross (2001: 138) states: ‘These apparent AIDS-linked poverty shocks happened to households, which were losing a previously sustainable cash income and then had to take on a substantially increased dependency burden. In three out of four of these cases, it was not the death itself, or even the income loss the death caused, but the combination of additional dependency and income loss that led to a sharp fall into poverty’.

Studies by Cross (2001: 139) found that after losing many or all their saved assets, it was educational needs that created a particular burden on the household, not only because of school fee payment, but because there were other hidden costs as well, such as transport, uniforms, and stationery. These school expenses usually have to be paid in lump sums, so households that hadn't accumulated resources often took out credit with moneylenders. Those that were very poor were either unable to borrow, or if they did, struggled to repay their loans at monthly interest of 25-30%, which in turn undermined food security. Other sources of income were sought, at least for food. However, without any cash to start with, there were few alternatives. A downward spiral was likely, in which basic needs spending was curtailed, ending at an even lower level of food provision and the absence of basic food security. A number of caregivers in Cross’s study reported not having
enough to eat once orphan children became their responsibility. A general
response to this was rationing, where adults sometimes ate one meal a day in
times of serious shortfalls, and children getting more, but still not a normal
diet.

Orphaned children risk dropping out of school prematurely, either to go out
to work, look after the home, care for their siblings or ill person, or because
the family cannot afford schooling costs (Wild 2001:8). After having spent a
large portion of the household income on schooling, the cost is lost if the
child drops out before completing school. Should this happen, the child will
join the masses of unemployed people in this country, and further perpetuate
the cycle of poverty (Cross 2001:145). Those who remain in school often
have to endure the stigma and ostracism from suspicion or rumour that their
parents have died of AIDS, which is worse for those children who
themselves are HIV positive.

There is a cyclical relationship between poverty and HIV/AIDS. It is the poor
who are the most vulnerable, with HIV/AIDS destroying the lives of the
people best equipped to raise orphans, placing the extended family under
excessive strain through the loss of breadwinners and caregivers. The
Department of Social Development (2002:4) summarises this scenario as
follows:

"Vulnerable families care for vulnerable children as
they live in vulnerable communities. One finds that
communities with a high prevalence of HIV/AIDS are
already disadvantaged with a high level of poverty,
poor infrastructure and limited access to services.
Therefore, one consequence of this loss of income
and support is that the affected poor sink even
deeper into the mire of poverty and neglect".
2.2.2.8. Lack of social security

The welfare of children depends to a large extent on how well the family copes economically (Smart 2003:16). Most of the households that suffer from acute poverty as a result of the rising number of AIDS orphans have caregivers that are too young to qualify for old age pensions. Although foster care grants should close the gap, Cross (2001:129) found that there was no mention of that kind of support reaching the rural households in their sample, most of whom had no access to government support whatsoever. In addition Cross found that although many families were supporting orphaned children of school-going age, they were too old to receive the child support grant but didn’t receive foster care grants. This was confirmed by Thabang Mokopanele who, in the Sunday Times on 3 Dec 2003, stated that almost twelve million of the poorest South Africans live in households receiving no social assistance. The provision of various grants, while seen by some as fostering dependency on the State, is a form of poverty alleviation for many over-extended households.

Chambers (1989:2) states that the concepts of poverty that influence policy the most are those of the rich who sometimes incorrectly assume that they know what the poor need and want. However, it is important that we take cognisance of the fact that apart from income and consumption (survival), poor people are also concerned with independence, mobility, self-respect and security. The conditions and strategies of poor and vulnerable people vary. Action is more useful when based on sensitive understanding of who are at risk, what their wants and needs are, and how they cope.

SUMMARY

AIDS sets off a cycle in which adult’s die, families grow poorer, children grow hungry, weak and are vulnerable to infectious diseases. Many children drop out of school to take care of dying parents, raise younger siblings, do household chores, and earn a living. Leaving school makes them less employable. More children will be abused as they lack shelter and protection, sometimes resorting to prostitution as a means of survival (Guest 2001:158). Long-term consequences arise from the increasing
numbers of marginalised children who are unlikely to become fully functioning members of society as a result of their lack of education, reduced literacy, inadequate parental supervision, food shortages, and poor social and economic skills. McKerrow (1994:9) concludes: ‘The emergence of a future generation of marginalised adults together with the loss, from AIDS, of a large proportion of the current economically active population will have major detrimental social and economical consequences’.
Formal fostering and adoption will only ever be able to help small numbers of AIDS orphans in Africa. Fostering is usually done informally by relatives. For many children, this provides a happy and permanent solution, unhindered by bureaucracy. Where state welfare systems are minimal or non-existent, few people worry about legal niceties.’

-Guest (2001:41)

CHAPTER 3

ALTERNATIVE PLACEMENT OPTIONS FOR ORPHANS IN SOUTH AFRICA

INTRODUCTION
There is no simple solution to the problem of how to care for the thousands of orphaned children in this country. In many of our communities, informal systems shoulder the greater part of the burden of orphan care, particularly older siblings, grandparents and extended families (Bradshaw et al 2002:16). Traditional coping mechanisms of households and communities are increasingly extended, as surviving family members attempt to perform tasks and decision-making functions for which they sometimes have little experience or training. The South African Law Commission, (hereafter referred to as the Law Commission), in reviewing the Child Care Act in 1998, found the present legal framework ill-equipped to cope with the AIDS epidemic. The Law Commission suggested that alternative forms of community and cluster care needs to be developed and provided for in legislation to ensure non-institutional placements for children who have been orphaned or abandoned. This was echoed by Mark Loudon, former co-ordinator of the Children in Distress (CINDI) programme in Pietermaritzburg, who stated: “The best thing governments and NGO’s can do for orphans is to help communities rise to the challenge of caring for them. This means forewarning the people (no small task in itself) and helping caregivers to cope, emotionally and financially, without resorting to hand-outs” (Loudon 1998:32).
HIV/AIDS needs to be viewed as a problem of the family and the community and requires co-ordinated, supportive action by all sections of society in seeking solutions to the crisis. Families and communities should be strengthened and resources and support provided, failing which the increasing numbers of orphans will place unbearable strain on extended families, existing resources and government. Interventions should include systematic community mobilisation, capacity building and micro-finance (Department of Social Development 2003:4).

For those children who cannot be cared for within the extended family, mass orphanhood demands new institutional coping mechanisms. However, institutional care is often viewed as the worst of all alternatives, disempowering and traumatising children who have already suffered numerous losses (Hope 1999:97). There is currently a moratorium on the building of new institutions, and those that are available are being filled to capacity. As more and more young adults are dying of AIDS, there will be increasingly less choice in placements for children coming into the care system.

This chapter explores literature regarding alternative care options for orphans in South Africa, both on a formal level as described in the current Child Care Act and on an informal level. Brief attention will be given to the draft Children’s Bill which, when passed, will replace the 1983 Child Care Act. Foster care as a permanency option for orphans will be focused on in depth, although research specifically into the foster care of orphans is limited. Particular attention will be paid to kinship care as most of the foster placements done by the Society are with family.

3.1. SOCIAL SERVICES IN SOUTH AFRICA

The development and delivery of social services in South Africa is characterised by a partnership between the state and non-governmental organisations and churches. The National Department of Social Development designs, monitors and partly implements social welfare
policy. Each of the nine provinces has a Department of Social Development whose task it is to deliver and ensure the development and implementation of social services in these provinces (Van Delft 2005:3). The National Department of Social Development maintains the overall responsibility for managing statutory social services. National guidelines for social services to children affected and infected by HIV/AIDS was developed by this Department (2002:5) for use by community-based organisations, governmental officials, non-governmental organisations, community care givers, volunteers, etcetera. The guidelines summarise the special needs of children infected and affected by HIV/AIDS as follows:

- Alternative care, ideally community-based;
- Medical care;
- Education;
- Protection from discrimination and exploitation;
- Food, shelter, clothing and general nurturing;
- Life-skills and vocational training;
- Understanding and appropriately addressing the psychosocial needs of these children.

These national guidelines follow a rights-based approach, focusing on survival, protection, development, and the participation of children affected and infected by HIV/AIDS. The Department of Social Development (2002:11) notes: ‘The best interest of the child should be the deciding factor in all decisions regarding the care of any child’. They should participate in all matters related to them and not be treated as victims as this undermines their ability to adapt and develop coping mechanisms. This also creates dependency on outside help that is not sustainable. All rights are considered to apply equally to all children regardless of age, race, status, gender or geographic area. Thus, children in rural areas have as much of a right to have their needs met as those living in urban areas, so resources need to be equally distributed. Food, health care, social services, and education should be provided, in environments in which both individuals and families can,
through their own abilities, reach their maximum potential. Children should be protected from exploitation, maltreatment and neglect, and have access to a variety of services on a continuum of care. As far as possible children should remain in their homes or communities of origin to avoid further trauma related to the loss of their parents.

3.2. **THE CHILD CARE ACT 74 OF 1983**

For sound development, a child needs safety, security, continuity and stability in a relationship with a primary caregiver, who is usually the child's parent/s. Permanency in a child's relationships with caregivers is essential in meeting these needs, knowing by whom and where they will be raised, with the assurance that the caregiver is committed to the child's upbringing. The child’s most important bonds are considered to be those forged with his or her parents, who in turn enable the child to form lasting and meaningful relationships with others. Ongoing care within the child’s own family is considered a priority (Van Dyk 1996:60). The Child Care Act 74 of 1983 currently provides the framework for permanency planning, conferring duties on local authorities to provide certain services or take specific action should a specific set of criteria exist. The Act is not only grounded in statutory terms but also on decisions taken over the years on departmental, ministerial and cabinet levels. The framework for the Child Care Act is described by Van Dyk (1996:22) as ‘…an expression of the interest shown by the state in the conduct and circumstances of people in society.’ Should it be proved in court that it is not in the best interests of a child or that it is not possible for a child to grow up in their own family, a time limited plan that works towards life-long relationships in a family or community setting needs to be established.

3.2.1. **The holding of an enquiry**

Section 14 of the Child Care Act 74 of 1983 makes provision for the holding of an enquiry, at which one or more of a number of findings could be made, as indicated on the following page:
The only portion of this section of the Act that has direct relevance to an orphaned child is Section 14(4)(a) and (a)(A). Documentary proof of the parent's deaths must be provided. In many rural households, the children’s primary caregivers are most often the mothers, and death certificates are usually produced without much difficulty. However, the whereabouts of the children’s fathers are often unknown, particularly in instances where the parents were never legally married. In such cases, the court is usually satisfied when an affidavit is signed in front of a commissioner of oaths.
Section 14(4)(b) of the Act has no direct relevance to an orphaned child. It makes inadequacies of the parents the basis for intervention without a norm laid down in the Act for the child’s return to his or her natural parents. While in the past the parent/s had to be found “unfit” or “unable” to care for a child, the current Act is predominantly child-centred, where the child is found to be “in need of care”. Middleton (1989:8) is of the opinion that these aspects of the Act are ‘responsible for trends of thought that lead to practices inconsistent with permanency planning.’

3.2.2. After an enquiry

Section 15 refers to the Courts powers after the holding of an enquiry:

**Section 15. (1)**

“A children’s court which, after holding an inquiry in terms of section 13, is satisfied that the child concerned has no parent or guardian or has a parent or guardian or is in the custody of a person unable or unfit to have the custody of the child may—

(a) order that the child be returned to or remain in the custody of his parent or guardian or of the person in whose custody he was immediately before the commencement of the proceedings, under the supervision of a social worker, on condition that the child or his parent or guardian or such person complies with such of the prescribed requirements as the court may determine; or

(b) order that the child be placed in the custody of a suitable foster parent designated by the court under the supervision of a social worker; or

(c) order that the child be sent to a children’s home designated by the Director-General; or

(d) order that the child be sent to a school of industries designated by the Director-General.”

Legal provision is made in this section of the Child Care Act for children to be placed in foster homes, children’s homes and schools of industry, which should complement the child’s culture, religion and background. Van Dyk (1996:5) notes that this section of the Act must ultimately be applied to
every case where a family is being evaluated or where statutory intervention is inevitable. It does not provide specific legislation for orphaned children, whose care options are the same as those who have been abused, abandoned and/or neglected. Resources are shared. However, the same care options cannot always be applied to all children. The needs of, for example, an orphaned child living in a rural homestead are likely to be very different from the needs of a neglected child living in an urban environment.

It must also be borne in mind that institutional care and formal adoption of children “in need of care” are foreign practices to the African majority, where informal adoption and fostering by kin and family rather than strangers is the rule (Doek et al 2002: 597). Van Dyk (1996:48) notes: ‘South Africa is a developing country in which prosperous complex socio-economic structures exist side-by-side with extensive black, urban and rural societies which have simple economic structures and are characterised by extreme poverty, unemployment, and homelessness.’ In this regard, Statham & Cameron (in Van Dyk 1996:54) state that child welfare legislation and policies are generally based on a welfare model of public provision, where resources are targeted at certain children rather than the needs of all children. The needs of the group are determined by criteria reflecting the circumstances of some children, and are set out as such in legislation.

3.3. PERMANENCY PLANNING

Children requiring permanency planning fall into two categories: those who are at risk of being removed from their parents care, and those who are already in the foster care system (Scholtz 1998:22). The underlying philosophy in permanency planning is that children need and have the right to a permanent, stable home. Van Emmenes (1988:18) and Kadushin (1975:411 in Middleton 1989:8) describe the objective of permanency planning as follows: ‘The family is broken up only so that it (or a suitable substitute) can be put together again in a way that is less problematic for the
In keeping with this principle, Van Dyk (1996:46) notes that it is the Department of Social Development's policy to:

- give priority to services aimed at preserving the family unit;
- have the focus of programmes primarily on the family as the unit of treatment rather than separately on children and parents;
- remove children from parental care only as a last resort;
- involve a professional team in making recommendations for removal from parental care, as this is viewed as a drastic measure.

The Act requires that each of the children and their parents or families receive social work services, with the ultimate goal a “reunification” between the child and his or her biological parents. These services are family focussed, the result of consensus that removing children from poor environments to safe havens is not always a benefit to them. However, research by Van Dyk (1996:150) shows that the assumption in policy that children’s biological parents are the most obvious source of permanency in a child’s life is incorrect. She notes that by contrast, kinship families emerged in her research as the primary support system in children’s lives. Van Dyk (1996:4) goes on to suggest that child protection policies and legislation need to be changed in order to be consistent with changes in the broader South African context, and with changing community needs.

Literature supports the opinion that it is emotionally harmful and inappropriate policy for children to be left in any alternative placement that is intended to be psychologically and legally permanent without a permanency plan being formulated. To achieve this end, no child should be placed in foster care, a children’s home or school of industries unless a clear and viable plan (often referred to as a ‘Care Plan’) for remedying the circumstances that gave rise to the child’s removal has been established (Middleton 1989:9). A favourable outcome requires teamwork and co-ordinated resources with programmes established and linked to specially formulated development programmes for each child and his or her
particular needs. At the same time, caregivers need to be supported through skills training in income-generating activities and child care skills, with community encouragement to provide support systems for the children and the caregivers (Department of Social Development 2002:12). The natural parents or guardian, the social work agency, and foster parents should be fully aware of the reasons for the court’s finding and with clear goals so that all parties can work towards reunification (Middleton 1989:10).

Once Section 15 of the Child Care Act has been applied, Section 16 (2) of the Act requires that the welfare organisation rendering reunification services submit comprehensive reports to the Department of Social Development detailing the progress of children in statutory care and their families, on a biennial basis. All Children’s Court Orders are valid for a two-year period only, in order to facilitate reunification between the child and biological parents. The Department of Social Development considers the recommendations of the respective organisation (which is supposed to render intensive services to the biological family) before deciding whether the children should return to their parents care, extend the placement, or get transferred elsewhere. It can continue in this manner until the child is released from the Act when he or she turns eighteen. Even then, Section 33 (3) of the Act makes provision that the court Order to be extended until the child turns twenty-one, provided there is proof that the child is still participating in formal schooling, again with a social workers report and proof of school attendance. In the absence of these progress reports, foster care grants are terminated.

Since “reunification” services as such cannot be rendered to an orphaned child, a considerable amount of professional time gets spent compiling reports in the same way that they would for any other child for whom a finding has been made in terms of section 14 of the Child Care Act. The South African Law Commission has recommended necessary changes in the draft Children’s Bill such that reunification services for children in kinship placements will not be required unless there is a need for such services, allowing for the focus on cases where there is a likelihood of
families being reunited. In cases where reunification services are not required, the children’s court may make a foster care order for a period exceeding two years if this is considered to be in the best interests of the child (South African Law Commission Draft Children’s Bill 1996: 229).

3.4. CHILD CARE ALTERNATIVES AS DETERMINED BY THE CHILD CARE ACT 74 OF 1983

Should the Court find that a child is as described in Section 14 (4) (a) or (a)(A) or (b) of the Child Care Act 74 of 1983, adoption, residential care and foster care are formally available permanency options. Family care is considered to be a more appropriate option than residential care for the psychological, physical and emotional wellbeing of children. Harber (1998:165) notes that children that have been institutionalised risk losing their identity, their cultural heritage and their rights to property or land. They are also at higher risk of physical or sexual abuse and neglect. In addition, institutional care is extremely costly, with the Lund Committee (1996:83) estimating that the costs to the state of caring for children in an institution as three times higher than the cost of the foster care grant. However, these care options will only be available to a tiny portion of the total orphan population as the AIDS pandemic worsens, and it is likely that it will become increasingly difficult to place the increasing numbers of children into alternate care via the courts. Halkett (1999:21) suggests that eventually foster and residential care will eventually only be available for children with very specific needs and circumstances. Nevertheless, it is necessary that these permanency options remain available as part of the broader permanency alternatives for orphans in this country.

3.4.1. Adoption

Adoption refers to a ‘A legal process through which a child becomes a permanent part of a new family, having the same rights as if s/he had been born to the adoptive parents’ (Harber 1998: xii). Children are adopted in terms of the Child Care Act 74 of 1983 in the Children’s Court, and the child’s biological parents lose their rights to the child. The adoptive parent is responsible for meeting the child’s needs in the same way as a biological
parent would. The child assumes the surname of the adoptive parent, can be placed on the adoptive parent’s medical aid, and is entitled to inherit from the adoptive parent upon the parent’s death.

The concept of formal adoption of relatives is likely to be new to some African communities, as extended families have in the past naturally cared for orphaned children. Harber (1998:140) notes: ‘Previous research on adoption in South Africa has suggested that Africans do not adopt because of a complex set of cultural factors which act as barriers’. However, since adoption is permanent and the adoptive parent obtains full parental rights, adoption is often preferred to caring for the child of a family member. The Society is responsible for very few adoptions of orphaned children. Instead, most potential caregivers prefer to foster children, citing the receipt of the foster care grant as a motivating factor. Financial constraints have often been indicated as a major obstacle that prevents poorer families from caring for additional children. It can be argued that many children, particularly orphans, should be adopted rather than being placed in foster care. However, South Africa currently has no system of subsidised adoption, an issue that is addressed in the new Children’s Bill (Van Delft 2005:17). Subsidised adoption is likely to increase the probability of more permanent life arrangements for foster children as well (Halkett 1999:34).

3.4.2. Residential Care

Residential care refers to the care of children either in terms of:

* Section 15(1)(c) of the Child Care act 74 of 1983 in which case the child will be placed in a children’s home; or
* Section 15 (1)(d) of the Child Care act 74 of 1983 is reserved for children who display more serious behavioural problems and for whom the alternatives of foster care, adoption, or a children’s home placement is no longer viable, and are thus placed in a School of Industries.

Welfare policy in South Africa advocates that youth and children in difficult circumstances should remain in their communities of origin, and that services should be provided that strengthen families and communities (Halkett 1999:45). As a result, children in residential care are often those
that are more difficult to place, usually due to age (they are very often adolescents), some with histories of failed foster placements. Institutionalised children are likely be those with more, rather than less, behavioural problems. Guest (2001:11) states: ‘Children rarely thrive in such places. Even when staff are loving, and donations from overseas churches ensure that their charges are well fed, institutional life can be grim. In any case, the numbers of AIDS orphans is still going to be so large that the cost of building and maintaining orphanages would be prohibitive.’ UNICEF (2003:36) reports that studies in Tanzania found residential care to be about six times higher than foster care, while even higher ratios have been reported.

UNICEF (2003:36) notes that although building additional children's homes seems like a possible solution to the orphan crisis, this is not viable. Apart from failing to meet the developmental needs of children, institutionalised children struggle to reintegrate into the community. While placements in residential care should occur within a limited time frame, orphaned children in residential care have been found to be more likely to spend most of their growing years in institutions. This can compound the emotional stress already endured by many of the children. For example, Smith and Merkel-Holguin (1996:130) found that abuse might be more prevalent in institutions than in children’s own families or in foster homes. Constant changes in caregivers and a lack of “psychological parents” create children that tend to be behind other children in social adaptation, skills, and achievement. They suggest that in adulthood the effect of this deprivation becomes more obvious. ‘The lack of self-love and self-regard leads to a diminished capacity to love and care for others, including the individual’s own children’ (Smith and Merkel-Holguin 1996:130).

One of the primary concerns expressed by a number of authors is that our institutions will be unable to meet the challenge of caring for the increasing numbers of children orphaned by the AIDS pandemic, compounded by cash limitations and space shortages. It has already been stated that the costs of
caring for institutionalised children are very high, with trained personnel, higher staffing ratios and thus higher staff costs.

3.4.3. Foster care
While definitions of foster care vary internationally, the Department of Social Development (2002:20) defines foster care as the care of a child of another parent. It is considered to be the most widely utilised form of substitute care in the world, and foster care by family members (kinship foster care) is the most common form of fostering in Africa (Harber 1998:159).

Greef (1999: 54) identifies three different starting points for foster care:
- The child is already living by private arrangement with the proposed foster parents, who requests support;
- The parents and/ or the child have a proposed foster placement and request assistance in having it formalised;
- A child needs to be placed in foster care but the child and/or the parents are unaware of anyone suitable within the social or family network to foster.

3.4.3.1. The changing face of foster care
The HIV/AIDS crisis has changed the face of foster care in this country and permanent foster care placements of orphaned children with their relatives (kin) is becoming common. Relatives are increasingly viewed as an under-utilised source, a means of maintaining a child’s links with their biological family that is an important source of care, concern, and support for the child that is neither novel nor disruptive. Van Emmenes (1988:7) is of the opinion that relatives expectations of children in their care is more realistic and that children feel more secure, integrated and less anxious about their status as foster children than those in non-kin placements. In many instances, kinship foster care simply formalises a care-giving arrangement that is already in place. Testa (1997, in Brown et al 2002:59) refers to these situations as “non-removal placements”, where there is no physical removal
of the child from their home, but instead involves a change in the legal custody of the child in a pre-existing kinship arrangement.

Kinship relationships have been described as “gift relationships”, which are acts of benevolence that are motivated by factors other than immediate self-interest. Testa and Shook Slack (2002:83) identify three factors reinforcing the maintenance of gift relationships, as follows:

- **Empathy.** Social psychologists suggest that people possess an innate sense of connectedness with others who share inherited common characteristics or common ancestry, and that people are more likely to engage in altruistic interactions with their own kin. The closer the degree of relatedness between the foster parent and child, the more stable and lasting the foster placement is expected to be.

- **Duty.** Some studies of kinship care of the elderly found that it is a sense of obligation that in the first instance motivates relatives to assist rather than empathy, sympathy or affection. In addition to family duty, religious beliefs and social norms that encourage self-sacrifice reinforce kinship relationships.

- **Payment.** Additional income into kin networks can benefit entire families.

### 3.4.3.2. Understanding kinship support

In attempting to analyse and understand family support and the extent to which it is based on moral perceptions of duty, obligation or responsibility, Finch (1989: 4) found a special, distinctive nature to kinship relationships that is not replicated even within close friendships. This makes kinship relationships different from other relationships. Finch (1989:221) notes that there are shared beliefs about how kinship is constructed. Phrases like ‘blood is thicker than water’, and ‘my own flesh and blood’ are phrases reflecting a particular construction that blood ties should be treated differently, which is likely to impact on the way people interact.
In exploring “who counts” as kin, it is necessary to acknowledge that there are differences in the role and perceptions of blood ties between communities in a society as diverse as ours and that there are distinctions between biological and social definitions of kinship. While some societies would define ‘kin’ using biological criteria, this is not so for all the cultural groups in this country. For example, the concept of ‘social’ fatherhood is important in many societies, especially in South Africa, such that sometimes a man other than the biological father has a responsibility towards raising a child - a social kinship rather than a biological one. This is not to suggest that biological relationships are irrelevant, but rather that they may be considered more or less significant in some societies than in others (Finch 1989:221). The mere fact that the existence of these people is acknowledged and that they are regarded as kin implies that they could potentially be drawn in as kin support.

The relationship between grandparents and their grandchildren is described by Finch (1989: 41) as having ‘…. an interesting blend of closeness and distance, at one generation removed and with a substantial difference in age between the two parties.’ In examining patterns of support between grandparents and grandchildren, Finch (1983:42) goes on to say that it is necessary that one examine broader, interlocking patterns of support over the three generations rather than viewing either group in isolation. In research conducted in the United Kingdom, Finch found empirical data to suggest that grandchildren tend to have a sense of ‘grandfilial responsibility’. She goes on to say that although little empirical evidence exists regarding support from grandparent to grandchild, if we assume that support usually flows from older to younger generations, then one should expect more extensive support in this direction. Finch concludes by stating that there is so little up-to-date research on the differences in people’s experience of support between grandparents and grandchildren that one cannot specify the extent to which experiences vary according to ethnicity, gender or class. However, informal discussions with a number of elderly foster parents in the Vryheid region revealed that foster children often assist with household chores like fetching water, collecting and chopping
firewood, and looking after younger children. This suggests that kinship placements may be of mutual benefit.

In numerous parts of South Africa informal care by relatives has always been an essential component of the cultural framework. Research by Van Dyk (1996:88) found that in many black households in this country, the extended family tends to absorb all children and relatives who are suffering economic hardship into the family. In this way, the extended family serves as a survival system that provides both tangible help and non-tangible support like counselling and advice. Often entire families support abandoned or orphaned children, who must, as a result of a lack of institutional facilities and other support, absorb them into the family.

Research into kinship foster care has not kept pace with the dramatic growth in its use, particularly in South Africa. However, Gleeson et al (1997:803) states that overseas studies have found that children in kinship foster care tend to receive fewer services than children placed in non-relative foster care. They suggest that service needs may be higher for children in kinship placements than for those in the care of non-relatives, as kinship caregivers are inclined to be older, have fewer financial resources and have more health problems than non-relative foster carers.

Gibbs and Muller (2000:58) question whether existing child welfare practice and policies, which have been developed for non-kinship placements, provide a suitable framework for formal kinship care. Although their research was done in Britain, the scenario in South Africa bears little difference. Gibbs and Muller suggest that substantial revisions need to take place in order to suitably address these differences. The inclusion of kinship placements in the Draft Children’s Bill gives recognition to the importance of the broader family network both in terms of policy and practice.
### 3.4.3.3. Differences in permanency planning

There are inherent differences in permanency planning between traditional foster care placements and kinship placements. Greef (1999: 159) attributes these differences to a number of factors:

- the relationship between the biological parents and the kinship carer;
- the nature of the relationship between the welfare agency and the carer;
- the welfare system’s response to kinship care arrangements as less urgent and requiring less attention than traditional foster care.

Brown et al (2002:70) state: ‘Where the foster care model rests on the idea of removing a child from his or her family and placing them in a new, more stable family, kinship care moves a child to a more stable part of their own family. Using the foster care model to describe these arrangements fails to capture the important role that extended family plays in the lives of these children both before and after their child welfare placement.’ For example, discussions with former kinship carers from the Society has revealed that children formerly in their care very often continue to rely on their extended family networks even after the formal placement ended. Rather than imitating the nuclear family norm, kinship care households are often made up of a few generations and include several adults fulfilling multiple roles. While such households may appear chaotic from the outside they are often the best way of meeting a child’s needs for attachment and stability, allowing for continuity of schooling, health care, relationships and a clear sense of belonging and identity. This can prevent children from being uprooted from their particular (ethnic or racial) communities without possible assimilation into a mainstream culture and is a means of providing culturally appropriate placements. Contact arrangements are simplified, placements are secured in familiar surroundings, and early reunification is promoted (Greef 1999: 39).

In dealing with non-kinship placements, social workers tend to link and filter information and contact. In kinship placements, the child, parents (if they are still alive), and foster parents tend to know many things about the
family –life style, history, family secrets - for which they are not dependent on the social worker. The family has already made some important decisions by the time welfare assistance is sought (Greef 1999: 53). This is not to say that kinship placements are naturally or spontaneously capable of taking everything into account simply because they emerged spontaneously. The starting point is simply very different to that of traditional foster care, with empowerment as one of the central principles (Greef 1999: 106).

The advantages of kinship placements appear to be higher for orphaned children than non-orphans. Crumbleby (1996 in Greef 1999: 94) emphasises the complexity of kinship placements for non-orphaned children, which could inhibit contact and reunification between a child and his or her biological parents. Complex dynamics arise when, for example, attentions of grandparents are diverted from their children to their grandchildren and parental roles are changed within the family. Disputes, conflicts and jealousies can arise, with the potential for further emotional damage. In kin networks, on the other hand, one is an irrevocable member, no matter what- it is binding, creating inescapable moral claims and obligations (Fortes 1969:242 in Finch 1993: 8).

Van Dyk (1996:160) was of the opinion that the lack of policy formation regarding kinship care revealed that social workers and policy makers did not sufficiently appreciate and apply what is a unique pattern of care in black families in intervention, policy and child care legislation. Exact numbers of children currently in kinship foster care placements in northern KwaZulu-Natal are not available from the Department of Social Development. However, statistics revealed that in January 2005, there were 395 children in foster care at the Society alone. Of these, 384 were kinship placements, while only 11 children were placed with non-family.

In weighing up the merits of kinship versus non-kinship placements, one should bear in mind that it is not considered sufficient for a child simply to be placed in foster care that offers family care. What is important is to establish whether the child is assured permanency in the living
arrangements and continuity of care that contributes to the psychological security of the child.

### 3.4.3.4. The foster care grant

The increasing trend towards kinship care placements in South Africa suggests that in many cases, care of orphaned or abandoned children is “foisted” upon families through circumstance. While most families are usually willing to make long-term commitments to care for their relative’s children, they find it financially impossible to do so (Greef 1999: 160). Research by Shishuta (Harber 1998:164) found that 80% of foster families in his study had been caring for their foster child for an average of four years before they applied to become formal foster parents. Harber suggests that the biggest need of kinship carers is for financial and material rather than welfare assistance.

Finch (1989: 89) points out that it is specifically during harsh economic times when there are few alternative sources of support that people tend to assist their kin out of necessity. She provides evidence that strongly supports the notion that when economic pressure is slightly eased through the provision of state support, people are more, rather than less willing to assist their kin. However, unlike countries such as the United Kingdom, foster care policy in this country currently does not distinguish between kinship and non-kinship placements, and payment of grants is at a flat rate.

In South Africa, the foster care grant is the only direct financial contribution of the state towards foster care expenditure and the foster payment system is non-negotiable. Foster children are not required to pay school fees in government schools, and free medical and dental services are provided at state hospitals. Should a foster child require specialised medical treatment, or display sporting or other talents for which additional funding is required, this has to be paid for by the foster carer (Van Delft: 2005:16). Urban centres often provide a variety of supportive services that can benefit the entire foster care system. By contrast, foster parents in rural areas tend to be under-serviced, and those services that are available tend to
be totally overbooked, or too expensive to be accessed by a large number of foster parents. Schenck (2002 in Van Delft 2005:16) states that it is often the social worker in rural areas or small towns that has to deal with a variety of problems and challenges accompanying foster care whilst still having to render various other social work functions. This is substantiated by the South African Law Commission’s review which found that the quality and accessibility of services showed vast imbalances, many of which were inherited from the past dispensation (Van Delft 2005:8).

These imbalances extend as far as the payment of the foster care grant. On 16 June 2003, Lynne Altenroxel of The Star newspaper reported that the Government has acknowledged that only a fifth of South Africa’s orphans have yet accessed foster care grants, with only 147 771 of the estimated 680 239 orphans in the country receiving them. Altenroxel quotes Mike Waters of the Democratic Alliance, a political party in South Africa, who stated: ‘The Government’s narrow-minded and outdated stance on HIV/AIDS is directly creating a nation of orphans, which they cannot look after.’ While children under the age of nine are entitled to child support grants of R170-00 per month, those that are orphaned could access the R560-00 per month foster care grants, provided there is an adult caregiver who should be at least twenty-one years old.

The foster care grant serves as a valuable ‘income maintenance’ measure that assists families to care for the children of relatives. In the absence of other forms of state assistance, particularly for African families, the foster care grant is a means of poverty alleviation and obtaining state support for relatives caring for children (Harber 1998:164).

3.5. COMMUNITY INITIATIVES FOR ORPHAN CARE

After families, communities are regarded as the next level of support (UNICEF 2003:5). In order to mobilise and strengthen this support, guidelines for establishing community structures to render services to children affected and infected by HIV/AIDS have been extensively published. At the same time, hundreds of groups have spontaneously
recognised dwindling family networks and the plight of increasing numbers of orphaned and vulnerable children. Extensive literature is available with details of highly creative projects that have been established for the informal care of orphans within their own communities. Communities have developed their own ingenious responses, often prompted by the inadequate or non-existent public service safety net. Others have arisen from a sense of community cohesion and ownership, which has had the added advantage that volunteer and resource bases have expanded. According to Foster (2001:4), these initiatives are characterised by features that are typical of other community coping activities that are not unique to the AIDS pandemic and most commonly consists of material relief, emotional support and labour. These spontaneous responses to the crisis are described by the Department of Social Development (2003:5) as ‘the most effective, affordable and least visible programme available to assist children and adults infected and affected by HIV/AIDS.

It is widely recognised that the current social service system cannot alone protect the rights of the vast numbers of orphaned and vulnerable children in need of care. In order to provide this protection, our current welfare system is largely dependent on non-profit organisations, religious groups, community-based organisations and community caregivers for the delivery of social welfare services. The multifaceted impact of HIV/AIDS requires a co-ordinated response from all sectors. However, in doing so, Bradshaw (2002:17) warns that external organisations and government departments should be wary of undermining traditional coping mechanisms, bearing in mind that children need support long before a parent dies. He suggests that help already needs to be made available when children have to look after ill parents and are in need of material and emotional support.

3.5.1. Child Care Forums

Child Care Forums are also known as Community Child Care Committees or Community Child Help Forums and are non-statutory, community-based structures. Their mission is to mobilise communities for early identification of orphaned and vulnerable and families in need. Forums of this nature
often start small, with neighbours sometimes joining together. They draw in others who work in some way with children, like nurses and teachers together with welfare organisations, religious organisations, local AIDS support groups, businesses, and clinics (Ramsden 2002:6). Child Care Forums assess needs, perform an advocacy role, liaise with relevant resources, and build community capacity. They offer strategies for strengthening and encouraging community responses for the support and care of the most vulnerable people. By so doing, comprehensive care that is sensitive to the culture, religion and value systems can be provided, quality of life can be maximised and rights safeguarded. It is not a means for shifting the responsibility for orphan care to the community. Rather, they ensure that vulnerable people, including orphans, have access to services that will address their basic needs and provide them with the necessary protection (Department of Social Development 2003:5).

Similar to Child Care Forums are AIDS Committees that have been established in Malawi and the 'Most Vulnerable Children Committees' in Tanzania and Swaziland (UNICEF 2003:37). These Committees undertake a range of community activities including visiting households with vulnerable children, establishing community gardens, ensuring children attend school, organising community support, establishing Neighbourhood Care Points to provide day care and collecting donations.

3.5.2. Child-headed households

When orphaned children cannot be incorporated into the extended family, older children sometimes take on the role of parents so that siblings can remain together, in many instances without adult supervision. In some communities it is the lack of child-care facilities that prevents older children from attending school, as they have to care for younger siblings. This responsibility is too great for young people, and is against their rights as children (Ramsden et al 2002:29). A number of problems can arise for the older child, including:

- failure at school;
- poverty, hunger, poor nutrition, and stunted growth;
• disruption of normal childhood and adolescence;
• discrimination, child labour, exploitation;
• lack of suitable medical care and less likelihood of immunisation;
• early or delayed marriage;
• psychological problems (Smart 2001:23).

Although child-headed households are not regarded as an ideal child care alternative, those that have networks of community structures that render support are preferable to those households who function in isolation. For example, Child Care Forums and other community initiatives can offer some support and protection. While this does not necessarily mean that they will be immune to all of the problems outlined above, orphans can be provided with an additional sense of security, continuity, and have an increased chance of retaining their rights to family property or land by remaining with their siblings.

3.5.3. Other informal alternatives

Many orphans are cared for by extended family on a private basis, some live independently, with or without external supervision and support. Some orphans are involved with state or NGO funded community-based structures, like drop-in points, feeding schemes, and day care facilities. A number of these organisations supplement basic needs for food and clothing, while a few attend to needs for shelter, recreation and education. Self-help programmes have been established for households where there is an adolescent child who can assume an adult supervisory role to some degree, supported by an outside organisation.

Registered community households have been also established that accommodates one or more families of orphans within an extended family environment. This takes place under the management and supervision of paid, community appointed individuals or committees. In other instances, communities have been known to place adults (who are usually older women) in the homes of orphaned children (McKerrow 1994:9). Another
increasing trend in rural communities in South Africa is for group or community care, where the group as a whole raises the children, with or without outside assistance. Religious, social, sport or other cultural groups assume collective responsibility for meeting the children’s basic needs, while individuals in the group may assume responsibility for fulfilling specific needs (McKerrow 1994:9).

3.6. THE DRAFT CHILDREN'S BILL

In October 2002, the South African Law Commission produced the draft Children’s Bill. This Bill will regulate the child care system. The Law Commission saw its mandate from the start as going beyond the confines of the present Child Care Act to include all statutory, common, customary and religious laws affecting children. The model proposed by the Law Commission is of a child care system where children’s rights and concerns are equally respected and protected, honouring as far as possible the cultural and religious rights of children and families. Inherent in the Law Commission’s vision is the fundamental principle that children should be enabled to develop within a family environment and at the same time protecting children in vulnerable situations. It recognises the importance of supporting families caring for children, taking cognisance of the fact that if the poverty problem in South Africa is not addressed, the child care system will simply continue rendering services almost only to those who have suffered the worst kinds of abuse (Proudlock for ACESS

An important shift in the draft Children’s Bill is a primary prevention approach, introducing comprehensive social security for children, ensuring that children’s social security needs are structured and prioritised in a way that puts children’s interests first. The draft National Social Security Agency Bill will create a separate entity whose responsibility it will be to deliver social grants. The social security scheme includes the provision of the following services, benefits and grants:
• An adoption grant. This will enable long-term caregivers who cannot care for their foster children without financial aid to adopt these children while still receiving a grant;
• Foster care grant;
• Universal grant for children under the age of eighteen who qualify on the basis of a means test;
• Informal kinship care grant;
• Court ordered kinship care grant;
• Emergency court grant;
• An additional “supplementary special needs grant” which replaces the term “care dependency grant” to be paid to foster parents who care for children that have special needs that have specific cost implications, including those with disabilities and chronic illness, including HIV/AIDS;
• Subsidy for assistive devices for children with disabilities;
• Legal recognition to child-headed households as a placement option for orphaned children in need of care, with a household mentor able to access grants and other social benefits on behalf of the child-headed household;
• Free basic services for children in court-ordered alternative care. The report by the South African Law Commission also specifically recommended that an independent body be established that will act as a watchdog to oversee activities of those implementing child care legislation, the “Office of the Children’s Protector” (Smart 2003:24).

Various opinions have been expressed about the Bill, with some civic society organisations expressing concern that it does not adequately address the enormous impact that the pandemic has on children living with and affected by HIV/AIDS (Smart 2003:27). However, since it is the Child Care Act that prescribes formal permanency options at present, an in-depth discussion of the Children’s Bill is not warranted.
SUMMARY
The state, through the Child Care Act 74 of 1983, has provided a basic infrastructure for orphan care through the formal permanency options of adoption, foster care, children’s homes. The Act does not distinguish between orphaned children and those where an alternative finding has been made in terms of Section 14. Once placed, supervising welfare organisations render reunification services with the aim of reuniting children with biological parents, which is not relevant to orphaned children. The Child Care Act is to be replaced by the Children’s Bill which, when passed, makes a number of necessary changes to existing child care legislation.

Traditionally, orphaned children were absorbed into extended family systems, although financial constraints are increasingly forcing families to formalise these placements in the Children’s Court. Community-based care is a priority, preferably in a family environment, with residential care a last resort. However, Guest (2001:162) warns: ‘There isn’t a government, NGO or child care model that alone can solve the problem of how to prop up all the over-extended families and catch all the children who fall through existing safety nets. The sheer number of orphans is too great….. There is no single formula that will work for all orphans’. While formal fostering and adoption can only be options for small numbers of orphans, highly creative alternatives for community-based care have emerged. These alternatives are responsive to changing needs, influenced by and adapted to the culture and tradition of the particular community. Whatever the placement option, it needs to be one that will best ensure the child's well-being, safety, and development of the child- physically, morally, socially, spiritually and psychologically.
CHAPTER FOUR

RESEARCH DESIGN AND METHODOLOGY

INTRODUCTION
According to Rubin and Babbie (1993:99), in social work research, as distinguished from other disciplines, the motivation for selecting a research topic should be from issues faced by welfare agencies or the need for information to solve practical problems in social welfare. A study is more valuable to the field if it addresses information that is applicable in guiding planning, policy or practice decisions. The research topic is selected once a thorough exploration has been undertaken of possible problems and questions. The care and protection of orphaned children is the biggest issue confronting many child welfare agencies in northern KwaZulu-Natal and no research had been done specifically regarding this issue in the Vryheid area, so this was regarded as an extremely high priority for research.

This chapter provides a detailed description of the research method and procedure that was applied to this study. Attention will be paid in particular to the research design, sampling and the method of data collection.

4.1. RESEARCH METHODOLOGY
The approach to research is either quantitative, qualitative or combined quantitative-qualitative. Qualitative research differs from quantitative research in that qualitative procedures are not as strictly formalised as in quantitative research, the scope is usually less defined, and a more
philosophical approach is used (De Vos 2004:104). Qualitative assessment methods focus on the complexities and changing environments in which problems occur. They give clinicians access to respondent's meaning systems, their frames of reference, beliefs, values, culture and personal motivations and allows for an understanding of their "unique perspectives and personal realities" (Jordan and Franklin 1995:98). This method allows for the gaining of "…a first-hand, holistic understanding of phenomena of interest by means of a flexible strategy of problem formulation and data collection" (De Vos 2004:105). Quantitative research on the other hand is closer to the physical sciences, with research based on hypotheses. The researcher assumes the role of "objective observer" and measurement is focussed on variables which are quantified through rating scales, frequency counts, and other means. Researchers are discouraged from adding their own interpretations and impressions (De Vos 2004:105).

Padgett (1998:2) states that the boundary between quantitative and qualitative research methods is not always clear, and that "…many researchers routinely transform qualitative data into numerical data." She cites an example in which counts and frequencies of events are reported as well as the demographic characteristics of a sample. The same applies to this study which, although largely qualitative, used quantitative methods as well. For example, the sampling method was quantitative, as was the method of data representation, where tables and graphs that were used to represent client responses. These responses were categorised, in some instances developing profiles of respondent's perceptions, beliefs and values. Mouton and Marais (1990:169 in De Vos 2004:364) sum up by stating: 'Phenomena that are investigated in the social sciences are so enmeshed that a single approach most certainly cannot succeed in encompassing human beings in their full complexity… By adopting the point of view of convergence and complementarity we may eventually be in a position to understand more about human nature and social reality.'
4.1.1. Research design

It was stated elsewhere that a large part of social work research is conducted in order to explore a topic and to provide what Rubin and Babbie (1993:107) call a “beginning familiarity” with the topic. Exploratory design was selected for this research which, according to Babbie and Mouton (2001:80), is usually used for one of the following reasons:

- To satisfy the researcher’s curiosity and want for new or better insight and understanding about a particular phenomenon, situation, community or individual and provide tentative insights;
- To test the feasibility of conducting a more careful or extensive study;
- To develop methods to be used in further research, as exploratory research often provides new insights;
- To clarify and explain concepts and constructs that are central to a study;
- To identify priorities for future research;
- To develop new hypotheses about existing phenomena.

Rubin and Babbie (1993:214) state: 'Trying to tightly structure exploratory studies in order to permit conclusive logical inferences and generalisations to be made from the findings would not only be unnecessary but also undesirable. An inflexible methodology in an exploratory study would not permit researchers the latitude they need to probe creatively into unanticipated observations or into areas about which they lack the information needed to construct a design that would be logically conclusive.' There is a lack of basic information about the Vryheid community’s attitudes towards, and beliefs about, foster care as a permanency option. Attempts at recruiting non-related foster parents have been particularly difficult, and the extent to which the local community was willing to assume responsibility and get involved in the orphan crisis was unknown. Exploratory research was considered to be a useful means for gaining insight into these phenomena. Local welfare organisations need to know whether foster care can continue to be relied upon as the primary
permanency option for orphans or whether other models of care should be considered as well. In addition, this knowledge could provide a framework for further research and community action, if needed.

4.1.2. Objectives
The objectives of the research are specified in Chapter One.

4.1.3. Research instrument
The study began with a literature review that was conducted in order to gain a clearer understanding of the implications of orphanhood on different levels, and the nature and meaning of the orphan crisis both within the parameters of the Child Care Act and on an informal basis. The details of this study are presented in Chapter Two.

Babbie (1992:262) suggests that survey research, of which the questionnaire is one such instrument, is likely to be the most appropriate method available for collecting original data for describing a population too large to observe directly. In this particular study, any person over the age of eighteen could have been considered to be a potential foster parent. Surveys are considered to be a highly suitable means for measuring attitudes in large populations, providing respondents with the opportunity to provide feedback on a large variety of issues in addition to background information (Jordan and Franklin 1995:46). Carefully constructed standardised personal questionnaires provide data in the same form from all respondents. These questionnaires were handed to respondents who completed them on their own, although the researcher and scribes were available in the event of problems arising. The questionnaire thus formed the second research instrument, and was based on research questions rather than an hypothesis as it was an exploratory study.

The questionnaires consisted of multiple choice questions, dichotomous questions (that had only two response possibilities), ordinal questions (where respondents had to place values in order of importance) and open-ended questions (De Vos 2004:180). The use of open-ended questions
allowed for the collection of richer data, giving respondents the chance to write any answer in the space provided. Respondents were encouraged to provide their own additional feedback throughout the questionnaire (Rubin and Babbie 1993:334). In order to ensure that a suitable number of questionnaires were returned, follow-up requests were made to respondents via the schools that distributed them. Ten questionnaires were used for a pilot study, and adjustments made.

Rubin and Babbie (1997:216) state that when developing measures to be used in research involving people whose culture is different from that of the researcher, it is important to use knowledgeable informants to assess possible problems in the cultural sensitivity of the research measures. Especially in a multilingual country like ours, it is necessary that respondents be interviewed and can answer questions in a language in which they are comfortable (Babbie and Mouton 2001:238). Questionnaires must be translated when necessary, and for the purpose of this research had to be available in English and Zulu. This is a difficult process, for two reasons in particular. Firstly, in order to ensure lexical equivalence, the question needs to be asked in a different language in the same words as in the original language. Secondly, there needs to be conceptual equivalence or equivalence of meaning in which words are transferred from one culture to another unambiguously. To obtain lexical equivalence, Babbie and Mouton (2001:239) suggest a method of “back-translation” whereby the interview schedule is translated from the original language into the desired languages and then translated back into the original language by other translators. The back-translated schedule then gets checked against the original version, and semantic mistakes corrected. To ensure conceptual equivalence, knowledge of local communities and their language usage is essential. In this study, the questionnaire was given to a Zulu-speaking colleague to translate into Zulu. Once completed, the Zulu copy was given to a community member who back-translated it into English. This was particularly important as Zulu is often described as a spoken rather than written language. The original English copy and the translated version were compared. Few changes were necessary.
4.1.4. Study population and sampling frame

Sampling is defined by Babbie and Mouton (2001:164) as the process of selecting observations, and is considered to be a critical part of social research. Certain sampling techniques allow the researcher to determine and/or control the likelihood of specific people being selected for study more than others. In the case of qualitative research, sampling occurs subsequent to establishing the circumstances of the study, with purposive sampling techniques used rather than random sampling (De Vos et al 2004:334). Denzin and Lincoln (2000:370 in De Vos et al 2004:334) note: 'Qualitative researchers seek out individuals, groups and settings where the specific processes being studied are most likely to occur.'

Probability sampling was chosen as the sampling procedure for this study as it is one in which the representativeness of the sample is ensured - where all the members of the identified population have an equal chance of being selected (Babbie and Mouton 2001:173). Probability sampling has two particular advantages. Firstly, although any sample can never be considered to be perfectly representative, probability sampling is more representative than other types because biases associated with non-probability sampling are avoided. Secondly, probability sampling allows the researcher to estimate the representativeness or accuracy of the sample (Babbie and Mouton 2001:173). Probability sampling is used to ensure that different groups in a population have sufficient representation in the sample. This was a necessary factor in the community where this research was undertaken, with different ethnic, language, and economic groups represented in different geographical locations (De Vos et al 2004:334).

4.1.5. Stratified sampling

Stratified sampling is a probability sampling method which is applied in order to create a higher degree of representativeness, thereby decreasing the probable sampling error (Babbie and Mouton 2001:173). Instead of selecting the sample from the total population, the researcher makes certain that suitable numbers of elements are drawn from homogenous subsets of
that population to ensure that different groups of a population have sufficient representation in the sample. Stratification consists of dividing the population into a number of strata that are mutually exclusive, the members are homogenous with regard to some characteristic like gender, home language or age (De Vos et al 2004:205). While subsets are homogenous as far as the stratification variables are concerned, they can also be homogenous regarding other variables (Babbie and Mouton 2001:191).

For the purpose of this research, it was decided to firstly stratify the sample on the basis of geographical location. Babbie and Mouton (2001:192) state that geographical location within cities, provinces or nations is related to many things and that in cities, stratification by geographical location usually increases representativeness in social class and ethnic group, amongst others. It was anticipated that this could also be relevant to the Vryheid community, which consists of people living in rural areas, the town, and townships, with some race groups associated with specific geographical locations. Samples were to be selected from primary schools in each of these areas from which referrals are received at Vryheid Child Welfare on a regular basis. It was anticipated that this could contribute to a higher return rate of the questionnaires, and was a means of making the Society better known in these communities.

Since databases were available at primary schools where Vryheid Child Welfare renders services that contained the names of parents, their residential and postal addresses, and a variety of other information, it was decided to use the schools as the sampling population. The primary schools selected for inclusion in the sample were Lakeside Park Primary School, Enyathi Primary School and the New Republic School. They were selected on the basis of criteria cited in the stratification process, as discussed below. From the population of class lists at each school, it was decided to select every 7th person, starting at the grade one class, until each of the questionnaires was distributed. Forty questionnaires were given to each of the three participating schools, which were allocated as described.
Apart from stratifying the sample according to geographical location, the population was further stratified on the basis of language group into Zulu, English, Afrikaans and German-speaking respondents. The motivation for this was to allow for the possibility that the notions of kinship care and "community mindedness" could vary between language groups. In the next chapter it will be noted that there turned out to be more Zulu speaking respondents in the sample than the other language groups. Since the majority of the children in the local schools are Zulu-speaking, the sample was regarded as a suitable reflection of the population distribution in the area.

Once respondents had been identified through the stratification process, the questionnaires were delivered by the researcher to the participating schools, where a co-ordinator, who was usually the school counsellor, assisted with distributing and receiving the questionnaires. In the rural school at Enyathi where the illiteracy rate is high, the co-ordinator distributed the questionnaires personally to the respondents. Those respondents who were illiterate could have their responses filled in with the assistance of the co-ordinator, which were first given the necessary training in order to ensure that all of the questions had been interpreted similarly by all (De Vos 2004:179). Respondents were encouraged to think through the questionnaires and provide as much detail in their answers as possible. Respondents were requested to complete their questionnaires and return them to the respective schools within a ten-day period, where they were collected by the researcher. At the top of the first page of the questionnaire was a note to the respondents, which described the need for the research, and encouraged respondents to provide their feedback. Although the research was anonymous, space was provided at the end of the questionnaire for respondents’ contact details. Two of the schools also attached their own covering letters, encouraging their support of the study.
4.2. FOLLOW-UP INTERVIEWS

Eight respondents who supplied their contact details were followed up telephonically with a view to conducting personal interviews with each. Details of these interviews are provided at the end of the following chapter. This was the third method of data collection.

SUMMARY

As no specific research had been undertaken into orphan care in the area, an exploratory research design was selected to allow for exploring the topic. Probability sampling was used in an attempt to ensure representativeness of the sample. The sample was selected in a stratification process, first on the basis of geographical area and then language group. Research instruments consisted of a literature study, questionnaire and follow-up interviews. Although this research was mainly qualitative, quantitative elements were introduced when the research data was categorised in graphs and tables.
Communities are taking ownership both of the problem and the solution. They are in the driving seat. Effective responses to HIV/AIDS are community-driven, not commodity driven. Communities that assumed ownership of HIV/AIDS can measure and document their own progress, which is an indicator of their ability to deal with the AIDS threat.

-Smart (2003:15)

CHAPTER 5

RESEARCH FINDINGS AND DISCUSSION

INTRODUCTION
In this chapter the data obtained from the questionnaire is presented. Tables and graphs are used to reflect results. Explanations are given, and themes that emerged are identified and discussed.

5.1. RESPONSE RATE
Rubin and Babbie (1993:340) state that the overall response rate is one of the guides of the representativeness of the sample – the higher the response rate, the less likelihood of a response bias. They consider a response rate of fifty percent adequate for reporting and analysis, sixty percent as good and seventy percent as very good. There were originally 120 questionnaires distributed, and a total number of 67 questionnaires were returned to the researcher. This is a response rate of 55% and is considered to be a reasonably good response. Outwardly it appears as if respondents must have thought the questionnaire meaningful enough to have completed and returned it although the motivations of those who did not return their questionnaires remains unknown.
5.2. SAMPLE CHARACTERISTICS

5.2.1. GENDER AND SINGLE/COUPLE DISTRIBUTION

TABLE 2
GENDER AND SINGLE/COUPLE DISTRIBUTION OF THE SAMPLE

<table>
<thead>
<tr>
<th>Single responses</th>
<th>Couple responses</th>
<th>Total responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>11</td>
<td>27</td>
<td>29</td>
</tr>
</tbody>
</table>

Respondents were encouraged to answer the questionnaires with their partners, if possible. However, from the above table above it can be seen that only 29 questionnaires or 43% of the responses were from couples, and the remaining 38 questionnaires or 57% represent single views. Of the single views, 27 respondents (or 71%) were female, while 11 respondents (or 29%) were male.

*Note: In this document, couple responses are referred to as one response, unless otherwise indicated. The number of respondents is thus 67.*

5.2.2. AGE DISTRIBUTION

TABLE 3
RESPONDENTS AGE DISTRIBUTION

<table>
<thead>
<tr>
<th>Age category</th>
<th>Male</th>
<th>Female</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 21- 30</td>
<td>5</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Age 31- 40</td>
<td>17</td>
<td>22</td>
<td>41</td>
</tr>
<tr>
<td>Age 41- 50</td>
<td>11</td>
<td>12</td>
<td>25</td>
</tr>
<tr>
<td>Age 51- 60</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Age 61- 70</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>56</td>
<td>100</td>
</tr>
</tbody>
</table>
The age distribution of both respondents who answered as couples and the single responses are reflected in the table above, which total 96. The majority of the respondents were between the ages of 31-40 and accounts for 41% of the sample. The second largest was the age group 41-50, which accounted for 25% of the sample, followed by the 21-30 year olds, accounting for 20% of the sample. The 51-60 year olds constitute 8% of the sample, while the ages of 6% of the respondents remain unknown.

5.2.3. RELATIONSHIP STATUS

GRAPH 2
RESPONDENTS RELATIONSHIP STATUS

From the above graph it can be seen that almost half the respondents in the sample were married. This figure is considered to be high, although a distinction was not made between a customary union and a “legal” marriage. Single respondents account for 18% of the sample, while a slightly lower number (16%) were living with a partner. The relationship status of 10% of the sample was not specified, one respondent (2%) indicated that he was in a relationship, and the remaining 5% of the sample were widowed. Although it was surprising that none of the respondents indicated that they were divorced, it is of no particular relevance to this study.

5.2.4 AGES OF DEPENDANT CHILDREN

Of the 67 respondents, 7 did not have any children. The remaining 60 respondents had a total of 183 children between them. This is an average of 3.05 children per respondent, which makes the respondents' particularly
child focussed. Of the total sample, 39% were in the age group 6-11, followed by 31% in the age group 12-18 years. There were considerably fewer children (18%) in the 0-5 year age group and the remaining 12% were aged 19 and above.

GRAPH 3

AGES OF DEPENDANT CHILDREN

6. 2. 5. GRANTS

Of the 67 respondents, 51 respondents (76%) do not receive grants, while 16 of the respondents (constituting 24%) of the sample do. Of the respondents who receive grants, 69% are Zulu-speaking, and 31% English-speaking. No respondents in the Afrikaans and German-speaking groups received grants.

GRAPH 4

THE NATURE OF GRANTS

All the Zulu-speaking respondents who receive grants are recipients of the child support grant, while only 6% of the English-speaking respondents receive this grant. Those who receive Child Support Grants come from impoverished backgrounds, which in this instance are mainly the Zulu speaking respondents. The respondents receiving the foster-care grant, Government employees pension and the "unknown" grant were all amongst the English-speaking respondents.
5.2.6. ADDITIONAL DEPENDANTS

GRAPH 5

CATEGORIES OF ADDITIONAL DEPENDANTS RECEIVING SUPPORT

The majority of the respondents (59%) did not financially support additional dependants, apart from their own children. The remaining 41% of the respondents support additional family members, all within the extended family, such as mothers, siblings, nieces, nephews and grandchildren. Cultural differences emerged here - of the 41% who support anyone else financially, 11% were German, English and Afrikaans speaking respondents, while the remaining 30% were Zulu speaking. A number of these respondents support people in more than one category.

5.2.7. EDUCATIONAL QUALIFICATIONS

TABLE 4

RESPONDENT'S HIGHEST EDUCATIONAL QUALIFICATION

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never went to school</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Grade 7 and below</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>Grade 8 – 11</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>Grade 12 (matric)</td>
<td>28</td>
<td>29</td>
</tr>
<tr>
<td>Technical</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Diploma</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>University degree</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Unknown</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>96</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
From the graph it can be seen that almost a third (28%) of the sample of 96 respondents had passed grade 12 (matric). A further 19% passed grade 8-11, while 18% of the respondents had completed grade 7 or below. Diplomas were held by 15% of the respondents. Only 5% of the sample had university degrees, a further 5% had a technical qualification and the educational qualifications of 5% of the sample were not indicated. Of the total sample, 4% had not been to school at all.

5.2.8. EMPLOYMENT

<table>
<thead>
<tr>
<th>TABLE 5</th>
</tr>
</thead>
</table>

**RESPONDENTS FIELD OF EMPLOYMENT**

<table>
<thead>
<tr>
<th>FIELD OF EMPLOYMENT</th>
<th>TOTAL</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionals (including teachers and nurses)</td>
<td>29</td>
<td>30</td>
</tr>
<tr>
<td>Artisans/technical</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Self-employed (including farmers)</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Administration/sales</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Domestic workers/labourers</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Unemployed</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Unknown</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>96</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Slightly less than a third (30%) of the respondents can be described as ‘professionals’ – business owners, teachers and nurses. Considerably fewer respondents (14%) were employed in administrative positions and sales, followed closely by 13% in technical positions and the same percentage (13%) were self-employed. A smaller number (10%) were employed as labourers or domestic workers, and the occupation of 9% of the sample remains unknown. The occupation of 4% of the sample refers to occupations that do not fall into the specified categories, while the occupations of 9% of the respondents are unknown.
5.2.9. LANGUAGE DISTRIBUTION

GRAPH 6
RESPONDENT'S LANGUAGE DISTRIBUTION

More than half the respondents speak Zulu as their main language because of the way in which the sample was stratified - since the majority of the children in the local schools were black, the sample reflects the population distribution in the area. The second largest language groups were the English-speaking respondents, with smaller numbers of Afrikaans and German-speaking respondents.

5.2.10. RESIDENTIAL AREA

GRAPH 7
RESPONDENT'S RESIDENTIAL AREA

Slightly more than half of the respondents' (51%) resided in Vryheid. Another 17% of the respondents lived in Bhekuzulu, a mainly Black residential area on the outskirts of Vryheid, while 12% resided at Enyathi, a rural settlement at a defunct mining village approximately 40 kilometres
from Vryheid. A further 11% lived in the Blood River and Louwsburg areas, approximately 25 and 40 kilometres from Vryheid respectively. These are largely farming communities. The remaining 9% of the respondents lived in Lakeside, a mainly Coloured residential area opposite Bhekuzulu.

5.2.11. Fostering experience

Only 5 respondents had previous fostering experience or were currently fostering, with the majority of the respondents' having no such experience.

GRAPH 8

FOSTERING EXPERIENCE

Those who had fostering experience all indicated that they would be prepared to do it again. They were all Zulu-speaking respondents.

5.3. LIVING WITH HIV/AIDS

5.3.1. Day-to-day awareness of HIV/AIDS

Respondents' attention was drawn to the fact that northern KwaZulu-Natal has one of the highest HIV/AIDS infection rates in the country, and were asked whether they had been aware of this in their daily lives. Their responses are grouped in the table that follows.
TABLE 6
DAY-TO-DAY AWARENESS OF HIV/AIDS

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents knew people who have been ill with/died from HIV/AIDS illnesses</td>
<td>16</td>
<td>24</td>
</tr>
<tr>
<td>Colleagues/employees have contracted HIV</td>
<td>15</td>
<td>22</td>
</tr>
<tr>
<td>Awareness of orphans in respondent's communities</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>News reports highlighted the pandemic</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Affirmative answer (details not specified)</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>Other (not relevant to the question)</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Unanswered</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Negative response (details not specified)</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>67</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The responses in the two categories at the top of this table was representative of the four language groups, with those respondents who were self-employed, or in work environments like hospitals and schools citing day-to-day awareness of the pandemic. Those respondents who were aware of the pandemic through news reports were also representative of the four language groups. However, all of the respondents who stated that they were aware of orphans in their communities were Zulu-speaking. Two of these respondents noted that AIDS infections were "coming from Johannesburg". This is a statement that has often been made to the social worker when HIV/AIDS is discussed. While statements like these can be related to a number of factors, the continual externalising of AIDS as coming from elsewhere rather than in one's midst could also signify that some do not yet acknowledge that AIDS is being actively transmitted in the very community in which we live.

One of the first questions posed to respondents concerned the numbers of orphans in KwaZulu-Natal. Of the various options respondents were given
to choose from, only 12% of the sample accurately predicted the correct number at 230 000. Although it cannot be expected that all people should have such information at hand, it can be tentatively inferred that the magnitude of the orphan crisis within the province is not something that the local community has begun to fully comprehend. Some communities are undoubtedly worse affected by the HIV/AIDS pandemic than others. In the previous paragraph it was stated that all of the respondents who said that they were aware of orphans in their communities were Zulu-speaking. By contrast, respondents from all of the four language groups cited news reports, and illness and death of colleagues, employees, and acquaintances as sources of information about the affect and impact of HIV/AIDS.

5.3.2. **HIV/AIDS as a crisis**

When asked whether they viewed HIV/AIDS as a crisis, most respondents replied in the affirmative. Responses are as follows:

**GRAPH 9**

**PERCEPTIONS OF HIV/AIDS AS A CRISIS**

![Graph showing perceptions of HIV/AIDS as a crisis](image)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, AIDS is a crisis</td>
<td>93%</td>
</tr>
<tr>
<td>No, AIDS is not a crisis</td>
<td>3%</td>
</tr>
<tr>
<td>No response</td>
<td>4%</td>
</tr>
</tbody>
</table>

Respondent's motivations as to what it is about HIV/AIDS that makes them view it as a crisis are grouped into categories in the table on the next page.
TABLE 7
MOTIVATIONS FOR HIV/AIDS AS A CRISIS

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS leads to eventual death; no cure yet found</td>
<td>25</td>
<td>33</td>
</tr>
<tr>
<td>AIDS impacts on people of all ages – families, women, and children</td>
<td>15</td>
<td>21</td>
</tr>
<tr>
<td>Children are being orphaned</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>The risk of infection</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>* Other (see below)</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>AIDS is still a myth- sexual behaviour is unchanged</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>The skilled labour force is dying</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>The sexual nature of the virus</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Affirmative response, but no explanation given</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>76</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

A number of respondents expressed more than one concern regarding AIDS as a crisis. In responses furnished under “other”, comments were made about insufficient governmental action, a lack of financial support and an increase in poverty and crime.

5.3.3. Primary concerns about HIV/AIDS

TABLE 8
PRIMARY CONCERNS ABOUT HIV/AIDS

<table>
<thead>
<tr>
<th>Concern</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased number of orphans</td>
<td>52</td>
<td>37</td>
</tr>
<tr>
<td>The pandemic is increasing and no cure has been found</td>
<td>50</td>
<td>36</td>
</tr>
<tr>
<td>Risk of contraction</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>Increase in crime</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Loss of work productivity</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>* Other</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>139</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
Additional concerns listed under ‘other’ were:

- HIV/AIDS is no longer a problem as people will do as advised by the Health Department;
- AIDS is not a crisis, it’s a disease;
- Reluctance to disclose HIV status and denial;
- Confidentiality concerns regarding HIV status – at state hospitals HIV status is printed on patients card for all to see;
- The government’s insensitivity in tackling the crisis;

Concerns regarding the risk of contracting the virus were not expressed by the Afrikaans and German-speaking respondents. Had the sample been bigger, more clarity could have been obtained in this regard. Small numbers in each language group cited concerns about HIV/AIDS impacting on work productivity. Few respondents felt that HIV/AIDS would impact on the crime rate, and no respondents indicated that they were unaffected by the pandemic. In examining responses in Sections 5.3.2. and 5.3.3. most of the respondents admitted awareness of the impact HIV/AIDS in their day-to-day living, and that HIV/AIDS was a crisis. The majority of the concerns about HIV/AIDS fell into two categories:

1) there are large numbers of orphans;
2) the pandemic was worsening without a cure being found;

Respondents’ awareness of the effects of HIV/AIDS - that it impacts and affects people of all ages- were very apparent.

5.4. FOSTER CARE PREFERENCES

5.4.1. Orphan versus non-orphan care

Respondents were asked whether they would prefer to foster an orphaned or a non-orphaned child. Responses are reflected on the graph on the following page.
The above responses clearly indicate the preference for fostering orphans (82%), with only a small number (4%) willing to foster a child whose parents were still alive, 10% were not prepared to foster and 4% gave no response to this question.

Those respondents who were unwilling to foster at all each offered a different explanation, as follows:

- I don’t have enough money;
- Standards differ and there are moral issues;
- Fostering forces people to plan for the future;
- I am too old;
- When I pass away, who will take care of the child?
- I want to pursue my own goals.

Of the three respondents who indicated that they would prefer to foster a child whose parents were alive, one commented that fostering could be used as a valuable opportunity for the child to educate the parents. The other two respondents said that should they die, the children's families could assist with the care of the child.
The explanations given for the preference to foster an orphan are grouped below:

**TABLE 9**

**MOTIVATION FOR ORPHAN CARE AS A PREFERENCE**

<table>
<thead>
<tr>
<th>Motivation</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No interference from parents regards discipline, education etcetera</td>
<td>18</td>
<td>34</td>
</tr>
<tr>
<td>Orphans don’t have someone to take care of them</td>
<td>14</td>
<td>26</td>
</tr>
<tr>
<td>Parents who are alive must look after their own children</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>There are less divided loyalties when parents are dead</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>With orphans there is no community interference saying that you are not the biological parent</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Orphans won’t have a parental home to run to when they become adolescents</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Orphans don’t have feelings of abandonment or rejection</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>An orphan needs love</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>No explanation offered</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>53</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

5.4.2. Gender preferences in fostering

**GRAPH 11**

**GENDER PREFERENCES IN FOSTERING**
Note: Five respondents who said that they would foster a child of either gender emphasised that it would have to be a relative.

The preferences for fostering a particular gender were almost evenly matched. This was a surprise, as informal discussions amongst prospective foster parents at Vryheid Child Welfare often tends towards a preference for girls, as they are sometimes viewed as an additional help around the home. They are also considered to be more vulnerable than boys because of their risk of exploitation.

Those respondents who specified a preference for fostering boys cited the following motivations:
- Four respondents stated that they already had sons;
- Five respondents noted that boys are easier to raise, and girls are more difficult. One respondent remarked that boys don’t fall pregnant;
- Two male respondents said that they understood the challenges boys face as they grow up;
- The remaining two respondents did not specify their answers.

Motivations for fostering a girl were as follows:
- Three respondents said they already had daughters of their own;
- Three respondents were of the opinion that girls are easier to care for;
- One respondent commented that girls complicated family life less;
- Two respondents said they were single females and would prefer a same-sex child;
- The remaining three respondents did not specify their answers.

Most of the respondents who did not have a preference for fostering either gender said that the gender of a foster child did not matter to them. Six respondents noted that children needed a home, love, support, and an education irrespective of gender. Only one respondent in this category suggested that a boy needs a father figure, while a girl needs a mother.
5.4.3. Inter-racial fostering

Respondent’s opinions as to whether or not they would be prepared to foster a child of another race are reflected in the graph below.

**GRAPH 12**

**WILLINGNESS TO FOSTER AN ORPHAN OF ANOTHER RACE**

![Graph showing willingness to foster an orphan of another race](image)

Responses can be further divided on the basis of language groups, as viewed in the table below:

**TABLE 10**

**DIFFERENCES IN ATTITUDES TOWARDS FOSTERING ORPHANS OF OTHER RACE GROUPS**

<table>
<thead>
<tr>
<th>Language group</th>
<th>'Yes' response to fostering a child of another race (%)</th>
<th>'No' response to fostering a child of another race (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zulu</td>
<td>72</td>
<td>28</td>
</tr>
<tr>
<td>English</td>
<td>24</td>
<td>76</td>
</tr>
<tr>
<td>Afrikaans</td>
<td>-</td>
<td>100</td>
</tr>
<tr>
<td>German</td>
<td>-</td>
<td>100</td>
</tr>
</tbody>
</table>

From the above percentages, it is clear that the Zulu-speaking respondents were far more willing to foster children from other race groups than any other respondents, and appear to be far more community-minded than the other language groups. There were far smaller numbers of English-speaking
respondents and no Afrikaans or German respondents willing to foster children of other race groups.

In spite of the openness of the Zulu speaking community, three comments were added by respondents from this language group, which are relevant here:

- ‘I could not culturally support raising a white child’.
- ‘A black cannot foster a white child.’
- ‘If one thinks about raising a white child in a Zulu home, values, chores, issues like ancestors, surname, and choice of schooling could be damaging to the child. White children never come to the Location where I live. A white mother can adopt or foster a black child anywhere in the world. But a black mother cannot foster a white child, especially not in South Africa.’

5.4.4. Time frame preferences

Respondents were asked to indicate the length of time they would be willing to foster for. These responses are reflected in the table below.

<table>
<thead>
<tr>
<th>Duration</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 2 years</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Up to 10 years</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Up to 18 years*</td>
<td>31</td>
<td>46</td>
</tr>
<tr>
<td>Not at all</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Unspecified</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Other **</td>
<td>16</td>
<td>24</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>67</td>
<td>100</td>
</tr>
</tbody>
</table>

* Six of the respondents who stated that they would be prepared to foster until the child was eighteen noted that the child would have to be a
relative. One person remarked that she would be prepared to take a non-relative on outings only but not on a day-to-day basis.

** Remarks referred to as ‘other’ by respondents included the following:

- One respondent stated that ‘returning a child that one has grown fond of is not easy’;
- Another replied that the time frame depended on the circumstances;
- Eleven respondents said that they would be willing to foster until the child was independent, which many suggested as until the child has completed their education, and having employment. If these figures were to be added to the category of those willing to foster until the child was 18, then 63% of the respondents would fall into this category;
- One respondent stated that she would keep the child if it respected her and did what she wanted;
- One respondent said she would foster for up to five years;
- One respondent said she would take care of a child until more permanent arrangements could be made.

In examining responses between language groups, differences again emerged between language groups. Only one Zulu-speaking respondent said she would foster for five years, while all the others indicated that they would foster for up to 18 years. From this, one can tentatively conclude that Zulu-speaking people are more likely to commit themselves to fostering on a long-term basis than respondents in the other language groups. This was confirmed earlier in this section when a number of Zulu respondents indicated their willingness to care for a foster child until they were independent – beyond the age of eighteen. There were also fewer respondents in this group who said they would not foster at all.

Among the English-speaking respondents a small number of respondents were prepared to foster on a short-term basis, with a slightly larger number willing to fostering until the child reached the age of eighteen. Some
respondents again emphasised that that they would only foster family. By contrast, most of the Afrikaans-speaking respondents indicated their willingness to foster on a short-term basis only, with only 2% willing to make a long-term commitment. None of the German-speaking respondents specified a time frame for fostering, all indicating that they would only foster a relative, with two stating that the time frame would depend on the circumstances at the time.

5.4.5. Financial considerations

Respondents were asked whether they could support a child on a foster care grant, which currently amounts to R560-00 per child per month. The responses, which are further divided between language groups, are reflected as follows:

<table>
<thead>
<tr>
<th>Response</th>
<th>Zulu (%)</th>
<th>English (%)</th>
<th>Afrikaans (%)</th>
<th>German (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>70</td>
<td>7</td>
<td>43</td>
<td>-</td>
</tr>
<tr>
<td>No</td>
<td>30</td>
<td>93</td>
<td>57</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

From the table there are significant differences within and between each of the language groups towards fostering on the current grant of R560-00 per month. Most (70%) of the Zulu-speaking respondents said that they could provide support with the foster care grant as it currently is. Of these respondents, nearly half are unemployed and reside in communities characterised by unemployment and poverty, where the foster care grant could be a means of poverty alleviation in itself. Those who said that they could not support a child on the current amount came from a variety of employment backgrounds. Amongst the English-speaking respondents, only one claimed she could support a child on the current foster care grant. There were significantly more Afrikaans-speaking respondents in this category, who were mainly self-employed, professional people or farmers.
All of the German-speaking respondents stated that they could not raise a child at that cost. While the majority of the respondents said that R560 was insufficient, 70% of the sample said that they could manage on this amount.

Those respondents who felt that R560-00 was not sufficient to cover the costs of caring for an orphaned child indicated how much money they would need. Responses again varied within and between language groups:

**TABLE 13**

<table>
<thead>
<tr>
<th>Amount required per child/ month</th>
<th>Zulu (%)</th>
<th>English (%)</th>
<th>Afrikaans (%)</th>
<th>German (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to R530</td>
<td>70</td>
<td>7</td>
<td>43</td>
<td>-</td>
</tr>
<tr>
<td>R531- R799</td>
<td>8</td>
<td>29</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>R800- R1000</td>
<td>13</td>
<td>29</td>
<td>57</td>
<td>50*</td>
</tr>
<tr>
<td>R1001- R1500</td>
<td>6</td>
<td>22</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>R1501- R2500</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>25*</td>
</tr>
<tr>
<td>Unspecified</td>
<td>-</td>
<td>13</td>
<td>-</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

* Most of the German-speaking respondents commented that their costs depended on the age of the child and on the additional services provided by the state.

The largest number of respondents in each group who felt that R560 was insufficient indicated that R800-R1000 would cover the cost of orphan care. This raises important questions as to whether we can ask for more money, and that we need to be realistic about how much we can expect from the government. The likelihood that there will be any significant increase in the foster care grant is very slim, particularly at a time when many government officials are under investigation for fraud related to grants. If Table 1 in Chapter Two is used as a guideline, then there are currently 223 023 orphans in KwaZulu-Natal alone. If each of these orphans were placed in
foster care it would cost the government R 1 2489288 per month. This excludes social worker's salaries, administrative costs, and time involved, which is hardly feasible. Organisations in Vryheid such as Child Welfare and the Christelike Maatskaplike Dienste (the only non-profit organisations rendering foster care services in the area) have closed their waiting lists, with new foster applications being referred to the Department of Social Services. With attention focussed on the increasing numbers of orphans, less attention is being given to preventative work, community development, therapeutic services and the like. An entire workforce with a huge infrastructure would be needed just to make mass foster care feasible, which our current welfare system is simply not geared towards. Even if the infrastructure was available, it is highly unlikely that the Department of Social Services would have sufficient money made available by Government to support all of the orphans in foster placements.

5.4.6. **Foster parent involvement**

Respondents' opinions were obtained as to whether the fostering of orphans concerned only the mother or a mother *and* a father.

**GRAPH 13**

**PARENTAL INVOLVEMENT IN FOSTERING**

All of the English, Afrikaans and German-speaking respondents and most of the Zulu-speaking respondents believed that fostering concerns both the foster mother and the foster father. The remaining Zulu-speaking
respondents said that ‘a mother was everything’, and one said that a single parent of either sex was fine as long as they could afford to support the child.

From comments made by respondents, the following opinions emerged:

- Children need to relate to parents of both sexes. They learn different roles from each parent, which prepares children for parenthood one day. Boys in particular need a father figure in their lives. Every home needs a head, who most respondents described as the father, especially when it comes to discipline;
- A mother cannot take care of a child without a father. God created Adam and Eve to support each other, to share responsibilities and be involved in caring and nurturing the children. The family is a unit. Both parents have a role to play in the lives of the children, be they biological or foster children;
- The whole family should be positive about having a foster child in the home – children play an important role too;
- Whether fostered or not, children need both parents. A child who has lost one or both parents in particular needs foster parents with strong characters.

In summary, the majority of the respondents would prefer to foster orphans as there was non-interference from parents and there was no one else to care for them. The group was divided in their gender preferences. While slightly more than half the group said that they would not foster a child of another race, those that said that they would were mainly Zulu-speaking. All the Zulu-speaking respondents indicated their willingness to foster a child until they were 18 years old. The English and Afrikaans-speaking respondents were mainly willing to foster on a short-term basis, with the German respondents all specifying that they would only foster family. Six respondents (9% of the sample) were not prepared to foster under any circumstances. All of the German and most of the English-speaking respondents said that they were unable to foster on the current grant of R560-00 per child per month, with 70% of the Zulu and 43% of the
Afrikaans-speaking respondents indicating their ability to foster on this amount.

5.5. ORPHAN CARE

5.5.1. The needs of orphaned children

Respondents identified what they believed to be the most important needs of an orphaned child, and the responses are grouped in the categories below.

TABLE 14
PERCEIVED NEEDS OF ORPHANED CHILDREN

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>TOTAL</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>A placement with foster parents who will provide the child with love,</td>
<td>58</td>
<td>30</td>
</tr>
<tr>
<td>stability and support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A roof over the child’s head, food and clothing</td>
<td>19</td>
<td>10</td>
</tr>
<tr>
<td>Medical treatment</td>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>An education</td>
<td>43</td>
<td>22</td>
</tr>
<tr>
<td>Understanding the child’s needs for special treatment</td>
<td>22</td>
<td>11</td>
</tr>
<tr>
<td>Protection from exploitation and discrimination</td>
<td>27</td>
<td>14</td>
</tr>
<tr>
<td>Life skills</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>193</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

A placement with foster parents who will provide the child with love, stability and support was considered a priority by almost a third of the sample, followed by an education, and protection from exploitation and discrimination. Understanding the child’s needs for special treatment, medical care and life skills training were deemed less important.
5.5.2. **Support services**

Respondents' were of the opinion that the government should provide certain services to orphans in foster care. These are listed on the graph that follows.

**GRAPH 14**

**SUPPORT SERVICES TO ORPHANED CHILDREN**

<table>
<thead>
<tr>
<th>Service</th>
<th>Zulu (%)</th>
<th>English (%)</th>
<th>Afrikaans (%)</th>
<th>German (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free schooling</td>
<td>33</td>
<td>31</td>
<td>28</td>
<td>25</td>
</tr>
<tr>
<td>Free medical care</td>
<td>25</td>
<td>29</td>
<td>33</td>
<td>25</td>
</tr>
<tr>
<td>Extra payment for care of disabled children</td>
<td>17</td>
<td>18</td>
<td>39</td>
<td>25</td>
</tr>
<tr>
<td>Extra payment for children with special talents</td>
<td>7</td>
<td>11</td>
<td>-</td>
<td>10</td>
</tr>
<tr>
<td>Tertiary education</td>
<td>18</td>
<td>11</td>
<td>-</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Preferences between language groups regarding what services the government should supply in order to support foster placements, are as follows:

**TABLE 15**

**SUPPORT SERVICES- PREFERENCES BETWEEN LANGUAGE GROUPS**
A similar trend emerged between the different language groups, who all cited the need for free schooling, free medical care, and additional payment for the care of children with disabilities as necessities. Payment for tertiary education was deemed more of a priority to the Zulu and German-speaking respondents than to the English and Afrikaans-speaking respondents.

A large majority of the English and German-speaking respondents were in agreement that free schooling, medical care and additional payment for children with special needs are priorities. More than half of the English-speaking respondents felt that additional payment to foster parents who care for children with special needs was more of a priority than extra payment towards the care of children with special talents or the provision of free tertiary education. Responses from the Afrikaans-speaking respondents were the converse of that of the English group, with tertiary education and special payment towards children with specific talents not considered priorities. Extra payment for carers of children with disabilities, free medicine and free schooling are viewed as services that the state should be providing.

In analysing these responses, the researcher attempted to establish whether or not any trends emerged between respondent’s educational qualifications and/or their residential area and the services they deemed necessary. No conclusive deductions could be made in this regard. However, what is apparent is that there are basic services that the government should be supplying at no cost to foster parents. This sentiment was echoed by UNICEF (2003:4) when they noted that immediate government support would allow families and communities to create a protective environment that orphans need and are entitled to. By eliminating school fees, providing a free basic education, job opportunities and financial and other assistance, orphans who may have been removed from their families will be given the opportunity to remain. This is backed by a study in the Zambian Copper Belt (McKerrow and Verbeek in Desmond 2000:55) which found that families were more willing to care for orphans when support like free education, health care and food supplements were offered.
5.5.3. Interpersonal qualities of foster parents and families

Respondents identified what they perceived as necessary characteristics and qualities of parents and families who wished to foster orphans, which are grouped.

**TABLE 16**

**INTERPERSONAL QUALITIES OF FOSTER PARENTS**

<table>
<thead>
<tr>
<th>Qualities and characteristics of foster parent(s)</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Love, patience, care, support, understanding, security, perseverance, non-judgemental, mental and emotional stability</td>
<td>43</td>
<td>56</td>
</tr>
<tr>
<td>Financial stability (and not be fostering for financial gain)</td>
<td>13</td>
<td>17</td>
</tr>
<tr>
<td>Shelter/ a home</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Experience in caring for children</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Have children of their own</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Time to spend with children</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>A good moral background</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Food</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Understanding of the responsibility that comes with having/fostering a child</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Safe environment, protection</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>An education</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Good skills in conflict management</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>77</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
TABLE 17

INTERPERSONAL QUALITIES OF FOSTER FAMILIES

<table>
<thead>
<tr>
<th>Quality of families</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loving, patient, tolerant, accepting, sharing, caring, supportive, understanding,</td>
<td>51</td>
<td>68</td>
</tr>
<tr>
<td>perseverence, empathic, unselfish, non-judgemental, non-discriminatory, encouraging,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>joyful, functional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial security, able to provide necessities and an education</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Stability as a family unit, with sound moral values and principles</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>No substance abuse history or criminal record</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Extended family as support, both emotionally and financially</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The whole family must be in agreement with the decision and give their full support</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Have few children</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Be able to help the foster child adapt</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Not too big or small an age difference between the child and foster family</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>75</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Respondents rated love, care, stability, perseverance, acceptance, understanding and tolerance as necessary values for couples and families who wish to foster. Sound moral values and financial security was also emphasised. Interestingly, it was only the Zulu-speaking respondents who referred to the extended family as an additional source of support. There were no other differences in the responses between the different language groups.
5.5.4. The anticipated effects of fostering

Respondents were asked to explain what they thought the impact would be on themselves and their families if they were to foster an orphan. Responses are grouped into categories.

TABLE 18
THE ANTICIPATED EFFECTS OF FOSTERING

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not prepared to foster</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>No response</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Sharing, caring, compassion, tolerance, love, empathy and new coping mechanisms will have to be learnt.</td>
<td>18</td>
<td>27</td>
</tr>
<tr>
<td>Not much will change</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Added physical and emotional strain</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Separation issues will arise</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Jealousy from one's own children</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Financial constraints</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Time constraints</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Increased conflict and disruption</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Criticism and lack of acceptance from the community</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>A good example could be set to the community</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Issues like HIV will have to be faced</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>More responsibility and a larger family than planned</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
<td>100</td>
</tr>
</tbody>
</table>
Anticipated benefits of orphan foster care

Respondent's perceptions of whether they thought there were any benefits to them or their families of fostering an orphan are indicated in the graph below.

GRAPH 15
ANTICIPATED BENEFITS OF FOSTERING AN ORPHAN

There were differences in responses between language groups, as follows:

TABLE 19
COMPARISON OF PERCEIVED BENEFITS OF ORPHAN CARE WITHIN EACH LANGUAGE GROUP - NUMBERS

<table>
<thead>
<tr>
<th>Response</th>
<th>Zulu</th>
<th>English</th>
<th>Afrikaans</th>
<th>German</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affirmative</td>
<td>20</td>
<td>9</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Negative</td>
<td>19</td>
<td>8</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>17</td>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>

It is interesting to note that the percentages for the English and Zulu-speaking respondents are similarly divided, with slightly more than half the respondents in these groups perceiving benefits in caring for an orphan. All the German and most of the Afrikaans-speaking respondents see no benefits to themselves or their families in fostering an orphan, although had the sample been bigger, a different result may have emerged.

Some of the perceived benefits were:
• The opportunity to save a life and give hope to a life – 1 respondent;
• Someone new in the family to love and care for – 3 respondents;
• The chance to see the effects of one's parenting – 1 respondent;
• Knowing that a child has been helped, and the resulting self-respect, love – 7 respondents;
• Extending the family, learning to love someone from the outside and helping the government – 1 respondent;
• Companionship – 1 respondent;
• The opportunity for the orphan to have a normal life – 1 respondent;
• The opportunity to learn good parenting skills – 3 respondents;
• The child can become helpful (to me) when he/she grows up – 2 respondents;
• There is the opportunity to be a real mother to the child – 1 respondent.

These quotes reflect some of the negative responses:
• "The only benefit would be moral fulfilment " – 1 respondent;
• "I already have young children of my own who give me love and keep me busy". – 1 respondent;
• "The only benefit would be the chance to give the child love and care". – 2 respondents;
• "As soon as the child grows up, he/she will leave me." – 1 respondent;
• "Only the orphan will benefit." – 1 respondent.

None of the respondents mentioned a possible financial gain. Those who perceived fostering as having benefits implied a reciprocal
nature to the relationship, while those who perceived no benefits give the impression of a one-sided relationship, with the foster family giving to the child with nothing in return.

5.6. THE RESPONSIBILITY FOR ORPHAN CARE

5.6.1. Support by older siblings
Respondents were asked whether they thought that older orphaned children should support younger siblings by, for example, leaving school to find employment.

GRAPH 16
ATTITUDES TOWARDS OLDER ORPHANED CHILDREN
SUPPORTING YOUNGER SIBLINGS

From the above responses it is clear that respondents were quite opposed to the idea of child headed households, saying that in their opinion, this is not an alternative.

Only two respondents gave ambivalent responses, one of who stated that if it meant that the family unit was maintained, then their response would be in the affirmative. Both respondents noted that their answers would depend on the age of the older child, the family’s financial situation and whether, for example, a job was available. The responses of those who believe that older siblings should not look after younger ones have been grouped in next table:

TABLE 20
SUPPORT BY OLDER SIBLINGS
The older child's future gets jeopardised – no qualifications – no skills – no employment  

Older children still need guidance themselves and cannot be held responsible for siblings  

Children have the right to an education  

It is the government's responsibility to make help available, through welfare assistance  

Relatives should care for younger children  

Older children could resort to crime to support siblings  

No comment  

**Total**  

<table>
<thead>
<tr>
<th>COMMENTS</th>
<th>TOTAL</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>The older child's future gets jeopardised – no qualifications – no skills – no employment</td>
<td>26</td>
<td>41</td>
</tr>
<tr>
<td>Older children still need guidance themselves and cannot be held responsible for siblings</td>
<td>16</td>
<td>25</td>
</tr>
<tr>
<td>Children have the right to an education</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>It is the government's responsibility to make help available, through welfare assistance</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Relatives should care for younger children</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Older children could resort to crime to support siblings</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No comment</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>64</td>
<td>100</td>
</tr>
</tbody>
</table>

5.6.2 The care of local orphans  

The respondents' beliefs about whose responsibility it is to care for the increasing numbers of orphans in the Vryheid area is depicted in this table:

**TABLE 21**  
THE CARE OF LOCAL ORPHANS

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>The government</td>
<td>45</td>
<td>31</td>
</tr>
<tr>
<td>Welfare, churches and NGO’s</td>
<td>35</td>
<td>24</td>
</tr>
<tr>
<td>Families of the children concerned</td>
<td>29</td>
<td>20</td>
</tr>
<tr>
<td>Community members willing to care for the children</td>
<td>27</td>
<td>18</td>
</tr>
<tr>
<td>The Abaquis Municipality</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>147</td>
<td>100</td>
</tr>
</tbody>
</table>

More than half the sample placed the bulk of the responsibility for orphan care on the government, welfare departments, churches and non-profit organisations. The families of the children concerned and community
members willing to care for the children were also held responsible. Four respondents commented that all of the parties listed should be involved so that no one has to fully bear the burden of orphan care. One respondent emphasised the importance that people be given the choice of whether or not they wanted to assist and another was of the opinion that orphans should take care of themselves. While the above responses reflect the view of local residents, when it comes to analysing a problem like the orphan crisis, one has to look at models of care that have worked. Ramsden et al (2002:23) states: 'Family members are the best caregivers for orphaned children', even if they are distantly related. Experience in Africa has taught that community responses to the orphan crisis have worked the best.

Respondents' opinions as to how orphaned children should be cared for are as follows:

**TABLE 22**

**ORPHAN CARE ALTERNATIVES**

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's homes</td>
<td>25</td>
<td>21</td>
</tr>
<tr>
<td>Privately with family or friends</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Paid foster care with relatives</td>
<td>56</td>
<td>47</td>
</tr>
<tr>
<td>Paid foster care for with non-relatives</td>
<td>29</td>
<td>24</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>119</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Foster care with relatives was considered as the placement option of choice for almost half the respondents, followed by foster care with non-relatives. Children's Home placements, which would require the removal of children from the local community, were considered as an option by only a fifth of the respondents. A private placement (in which there is no obligation for payment) was an option for only a very small number of respondents.
When examining the combinations of responses, an interesting pattern emerged. Foster care with relatives/ friends and/or non-relatives was regarded by almost half the sample as a primary care alternative followed by foster care with relatives and/or children's homes/orphanages. Again, this emphasises respondents' views that removal from the local community is a secondary option. This is reflected in the table that follows.

<table>
<thead>
<tr>
<th>COMBINATION</th>
<th>TOTAL</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster care with relatives/ friends and/or non-relatives</td>
<td>29</td>
<td>44</td>
</tr>
<tr>
<td>Foster care with relatives and/or children's homes/orphanages</td>
<td>19</td>
<td>28</td>
</tr>
<tr>
<td>Children's homes and/or living by private arrangement with family/friends</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Foster care with relatives and/or living by private arrangement with them</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Paid foster care with relatives only</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Children's homes only</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Private arrangement only</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>100</td>
</tr>
</tbody>
</table>

5.6.3. The community's responsibility to foster

Respondent's perceptions as to whether or not the Vryheid community has a responsibility to foster local orphans are reflected in the graph that follows.

GRAPH 17
COMMUNITY RESPONSIBILITY TO FOSTER LOCAL ORPHANS
In order to establish whether there were any differences between language groups, it was decided to again use this criteria to stratify responses.

**TABLE 24**

**DIFFERENCES IN PERCEPTIONS OF COMMUNITY RESPONSIBILITY**

<table>
<thead>
<tr>
<th>Response</th>
<th>Zulu (%)</th>
<th>English (%)</th>
<th>Afrikaans (%)</th>
<th>German (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affirmative</td>
<td>66</td>
<td>47</td>
<td>58</td>
<td>100</td>
</tr>
<tr>
<td>Negative</td>
<td>26</td>
<td>41</td>
<td>28</td>
<td>-</td>
</tr>
<tr>
<td>Undecided</td>
<td>-</td>
<td>6</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Unanswered</td>
<td>8</td>
<td>6</td>
<td>14</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

In each language group, more than half of the respondents agreed that the Vryheid community has a responsibility towards fostering local orphans, the most common response being that orphans are "everyone’s responsibility" and that they need to remain in familiar surroundings. One respondent quoted the old adage ‘Charity begins at home’. Another noted: 'The only place that these children can call home is Vryheid', and then referred to the quote: "There is no place like home." However, this is not to say that they viewed it as their individual responsibility. If one considers these responses alongside those given in section 5.6.2, it may be that respondents will leave any direct responsibility for the care of local orphans to their extended families and friends. Other favourable responses for the care of orphans locally were that the number of street children and
the crime rate would be reduced, while another respondent suggested that this would “take care of” the Vryheid economy. It was also suggested that the local community had to assist, as the government could not cope, and that people elsewhere should not be depended on for the care of Vryheid’s children.

A variety of motivations were supplied to justify the community not assuming responsibility for fostering local orphans. One respondent viewed it as the government’s responsibility, another as the local municipality’s while a third respondent viewed the orphan crisis as a family responsibility. One respondent said that parents should make plans for their children before they die, and another that adults should act responsibly and not have children unless they were in a position to look after them. Five respondents said that the whole country needs help with orphans, so the responsibility for the crisis is far broader than the local community. One respondent said she was too busy getting on with her career. Another respondent noted that fostering forces people to have to plan for the future, which most people don’t want to do. This is a relevant issue particularly when grandparents unexpectedly find themselves caring for young children at a time when they are facing retirement. In communities that are impoverished there is often not sufficient financial means to plan for the future, and the burden of caring for orphaned children inevitably forces the caregiver to begin thinking about how they will sustain themselves and the children on a long-term basis.

5.6.4. Circumstances in which respondents anticipate fostering

Respondents were asked to identify the circumstances in which they were prepared to foster a child. The results are depicted on the table that follows, with the responses of the different language groups also indicated.

<table>
<thead>
<tr>
<th>TABLE 25</th>
<th>ANTICIPATED CONDITIONS FOR FOSTERING WITH COMPARISONS BETWEEN LANGUAGE GROUPS</th>
</tr>
</thead>
</table>

95
All of the German-speaking respondents indicated their willingness to foster a child, irrespective of the child's HIV status, if the child was a relative. Only one German and one Afrikaans respondent would foster an unrelated child, provided the child was HIV negative. Of the English-speaking respondents, almost half were prepared to foster an HIV positive child who was a relative, while 11 respondents (65%) would be willing to foster an HIV negative relative. Very few were prepared to foster an unrelated child. This pattern was also apparent amongst the Afrikaans-speaking respondents, where all the respondents indicated their willingness to foster an HIV negative relative, and 5 respondents were willing to foster an HIV positive, related child.

Amongst Zulu-speaking respondents there were clearly higher numbers of respondents willing to foster than in the other language groups. Of the 39 respondents in this language group, 30 (or 77%) were willing to foster an HIV negative, related child, and 29 respondents (or 74%) of this language group prepared to foster an HIV positive child provided it was related. An apparent difference between this and the other language groups was the willingness of a large number of respondents to foster non-related children. Nineteen of the Zulu-speaking respondents said that they would foster an HIV negative non-related child, while 21 respondents were prepared to foster an HIV positive, non-related child. Clearly, these respondents were far more receptive to the idea of fostering than the other language groups.
From the above responses it is apparent that it is primarily the relationship between the prospective foster parent and child that is the major factor influencing the choice to foster, and that HIV status plays a secondary role. Relationships are part of a continually changing world of interchanges and exchanges. According to Rogers (1987:483 in du Toit, Grobler and Schenck 2001:4) this world consists of both conscious and unconscious experiences. Perceptions, beliefs and attitudes are not only formed from our past experiences, but also in the here-and-now, and can change from one moment to the next. It can never be entirely anticipated what our attitudes may be toward a specific set of circumstances until those events are thrust upon us, and this includes foster care. While many respondents have stated that they would not foster a non-relative, there are some people who have done so, contrary to their earlier beliefs. Many of these foster parents describe how they would never have anticipated their ability (and that of their families) to accept, love and care for someone who was unrelated to them. There have been cases at the Society, for example, where a woman was employed at a hospital where she nursed an abandoned baby, and later went on to foster him. Another (now) foster parent taught at a school where one of the children became orphaned. Most welfare organisations will have experienced cases similar to these. So although most of the respondents placed conditions on fostering, this does not necessarily mean they are, or will be, anti-foster care.

5.7. PRESENT AND FUTURE INVOLVEMENT IN ORPHAN CARE

5.7.1. Extent of current community involvement

The table that follows reflects the extent of respondents' current community involvement. A few respondents (7%) said that the opportunity to contribute to local orphan care had never arisen, which draws attention to the fact that there may be many potential foster parents or those who can make other contributions, but have never been asked. A further 14% said that they hardly had enough money to cover their own expenses, so some form of support will be needed if these respondents are to be involved in orphan care. Those respondents who are involved in orphan care are not
directly involved, mainly donating money and clothing to schools, churches, welfare organisations and service clubs.

5.7.2. WILLINGNESS TO CONTRIBUTE TO LOCAL ORPHAN CARE
Respondents were asked whether they were prepared to contribute to the care of orphans in the area, and the responses were as follows:

If one compares these results with those depicted in section 5.6.3, where respondents were asked whether the Vryheid community has a responsibility to foster local orphans, there are distinct similarities in the
responses - 62% gave affirmative responses, 28% gave negative responses, 8% were unanswered and 2% were undecided.

Of those respondents who answered in the affirmative:
- The nature of contribution of twelve of the respondents was unspecified;
- Seventeen respondents said they would make donations of money, food and/or clothes;
- Two respondents offered care;
- Nine respondents offered advice, assistance with outings, preparing food, and cleaning;
- Two respondents said that donations would be made if anything extra was available.

Respondents who stated that they would not be prepared to contribute to the care of orphans in the area were from the English, Afrikaans and German language groups, and none of these respondents explained their answers. However, all the Zulu-speaking respondents who were unable to assist said that they do not have the financial means to do so. While most of the respondents said that they were prepared to donate second-hand clothing, money, food, and toys, only eleven offered their personal involvement. Two respondents said that they were willing to offer care, but no one referred to foster care specifically. This again highlights the community-mindedness of the Zulu-speaking respondents, who were more willing than the other language groups to reach out to orphan children, not only in their communities, but in others as well.

5.7.3. **Information required about fostering**

42% of the respondents did not provide feedback in this section of the questionnaire. Those who responded said that they knew very little and were uninformed about the topic. Respondents' lacked information about the following:
- the requirements in order to foster. One respondent wanted to know if only literate people qualified, another whether she would
have to go for a medical examination, and yet another whether she could change an orphans surname to her own.

- The responsibilities and process involved in foster care was queried, as well as what problems to anticipate and how they could be solved.

- Clarification was sought regarding the legal aspect of fostering, the rights of biological parents (if they are still alive) and the “do’s and don’ts” of foster care.

- Issues such as health care, discipline and the needs of a foster child was questioned, with one respondent wanting to know whether she could introduce her customs and rituals to a foster child.

- There were queries regarding the Society’s expectations of a foster parent, visits by the placement social worker, and for information about how children come to need foster placements.

- Some respondents said they did not know how to apply to foster, whether foster parents are informed of the child’s HIV status, the extent to which the foster parent has a say in the wellbeing of the child, and the time frame involved.

- The issue of the foster care grant was raised, with questions on how to use the grant to cover all the child’s needs and concerns that the community would make allegations that the child was being fostered for financial gain.

5.7.4. Training needs

Respondents identified the following training needs:

- Child care, including the care of an HIV positive child;
- The needs of a foster child/orphan;
- The role, responsibilities and expectations of foster parents;
- Grief counselling;
- Parenting training;
- First aid;
- How to build a relationship and treat a foster child;
• The legal aspect of fostering, including the rights of the biological and foster parent.

In spite of identifying what they needed to know about fostering and what their training needs were, some respondents provided their names but not their contact details, with only eight respondents supplying contact details on the questionnaires.

5.8. FOLLOW-UP

The respondents who provided their contact details were all Zulu-speaking, three of who were men. Each was contacted telephonically and a personal interview was requested. One respondent attended an appointment at the Society, and two were interviewed at home (who lived in mud huts in the Enyathi area). In all three cases, the respondents were living in extended family environments and were already supporting orphaned family members. They requested information about the Society's services and foster care in particular, and were placed on the waiting list. The remaining five respondents declined a personal interview, but asked where the Society could be located should they need further contact. Three of these respondents described knowing of children that were in need of care, and wanted information regarding the required documentation, criteria and the process involved in fostering. Two respondents wanted to comment on the questionnaire. One of these respondents said that answering the questionnaire had made her realise that we all have a responsibility and a role to play in the orphan crisis. As a nurse in a mobile clinic, she enquired about ways in which she could assist the Society. The other respondent wanted details about the geographical areas in which the Society renders services, areas that were most affected, resources that are available, and how she could help. Contact has been maintained with both these respondents.

SUMMARY
In this Chapter, results of the questionnaire were presented, and feedback was given from follow-up interviews with those respondents who supplied contact details. From this data the following themes emerged:

1) It is important in a country as diverse as ours that we are aware that patterns of commitment and contact between people vary between cultures, communities, and even different geographical areas. For example, a male Zulu respondent made a statement that he would foster a related orphan because in his culture you cannot betray your own blood. This sense of caring for one another appeared far stronger than amongst the other language groups. The Zulu-speaking respondents were more altruistic in their responses, which extended as far as caring for children of other race groups. A large number of these respondents come from poor economic backgrounds, yet the culture and spirit of *Ubuntu* remains. Should the necessary support be available, this culture of caring and sharing could be extended even wider.

Most of the Zulu-speaking respondents were prepared to foster until the child was emancipated, while the other language groups preferred short-term care. The Zulu-speaking respondents were also willing to care for foster children at a lower rate of payment than the other language groups, in spite of the fact that a large number of them live in impoverished circumstances. In some communities, especially those that are very poor, foster care grants have become poverty alleviation measures in the same way that the Child Support Grant has. While the more affluent respondents said that the current grant was too little, the poor can keep hunger at bay on that amount. Unfortunately respondents were not asked if they would foster without payment, as a different picture could have emerged.

Finally, the Zulu and to a lesser extent the English-speaking respondents perceived reciprocal benefits to fostering, while only one Afrikaans and none of the German-speaking respondents, saw any benefits. The English, Afrikaans and German-speaking communities can be called upon to foster, but mainly only insofar as family is concerned. These language groups seem
far more comfortable donating food, clothing and money than being actively involved with those in need.

2) Respondents' were willing to theorise about foster care and the orphan crisis, with 62% of the sample saying that the community has a responsibility to care for local orphans. They acknowledged that community-based care was needed, preferably in the form of foster care where children can receive protection, love, stability and an education. Respondents' also agreed that it was unacceptable for older siblings to leave school in order to care for younger ones. However, when it came to the issue of whether they would be prepared to foster, a different picture emerged. Many respondents' viewed the responsibility for orphan care as that of the government, churches, NGO's, and the family. This shows that words are not always translated into action, and ways of mobilising and strengthening community responses to the problem may first be needed before they can be depended on to act differently.

3) The relationship between the parent and child seems to be a determining factor in fostering, with most of the respondents in all four language groups willing to foster a related child. Kinship care should be explored as the first placement choice for children. The child's HIV status plays a secondary role. As far as non-relatives are concerned, more than 60% of the Zulu-speaking respondents were prepared to foster a non-related, HIV positive child, as opposed to 6% of the English-speaking respondents and none in the other two language groups. Again, discrepancies emerged between language groups, with the Zulu-speaking respondents appearing more open and receptive to foster care than the other language groups. These findings will be expanded on in the following chapter, when recommendations are made.

'How can a family provide for orphans from its extended family, when it is too poor to provide enough food, clothes and school-fees for its own immediate children? Many children will die or barely survive, and the survivors are likely to carry hurts in body, mind and heart with them for the rest of their lives.'

-Ramsden (2002:2)


CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

INTRODUCTION
In this chapter, the main objectives of the research will be outlined and evaluated and recommendations will be made for both practice and research.

6.1. OBJECTIVES
The research aimed to fulfil the following objectives:

(i) To conduct exploratory research in order to gain a deeper understanding of perceptions within the Vryheid community towards the care of orphans in the midst of the HIV/AIDS pandemic.

(ii) To gain a tentative understanding of the community’s perceptions of how the increasing numbers of orphans should be cared for, with the focus on foster care as the primary permanency option;

(iii) To establish whether there are any circumstances in which the residents of Vryheid and the surrounding areas will foster local orphans, and whether there is any action that can be taken to promote foster care as a permanency option;

(iv) To obtain a profile of people who are willing to care for orphaned children and establish whether there are patterns of responses that vary according to language group or demographic location.

It is apparent that this study achieved its first objective - that of providing a deeper understanding of perceptions within the Vryheid community
towards the care of orphans. An extensive and ongoing literature review was conducted prior to, and throughout the study. The sample was selected using a stratification process that allowed the researcher to access a broad cross-section of the local community, firstly on the basis of geographic location and secondly on the basis of language group. The viewpoints and opinions of respondents who lived in a variety of settings- in Vryheid town, the local "township", and those living in rural areas- were obtained, providing insight and understanding into respondents meaning systems, their values and some of their personal motivations about the phenomena under consideration (Babbie and Mouton 2001:8 and Jordan and Franklin 1995:98).

The second objective was to gain a tentative understanding of how the increasing numbers of orphans should be cared for, with the focus on foster care. Respondents opinions were very clear- most respondents agreed that orphans should remain within the local community (by private arrangement or in foster care), with only a quarter of the respondents in favour of children's homes as an orphan care alternative. However, there was a discrepancy that emerged between the majority of the respondents who acknowledged that the orphan crisis was a community responsibility and yet when enquired about their willingness to participate in its solution, the bulk of the burden was placed at the door of the government, welfare organisations, families and churches. This raises the question as to whether, given the circumstances, respondents words would in fact be translated into action.

The third objective- to establish circumstances in which respondents would foster local orphans, and whether there is any action that can be taken to promote foster care as a permanency option- was clearly achieved when the issue of fostering and HIV/AIDS was raised. Feedback from respondents was that it is primarily the relationship between the prospective parent and child that is the major factor influencing the decision to foster and that HIV status plays a secondary role. This allowed the researcher to obtain a tentative profile of the conditions under which respondents are prepared to
foster which was the fourth objective of this study, which also aimed to identify patterns of responses that varied according to language group or demographic location. Several differences emerged in this regard, and allowed for some deductions to be made regarding foster care as a permanency option. For example, of the four language groups it was only the Zulu-speaking respondents who indicated that they could be relied upon to foster children of other races, although most can be depended on to foster kin. Differences in value systems also clearly emerged between the four language groups included in the sample, although these differences can change as people's life experiences change. Literature warns against over-generalising exploratory findings, drawing inconclusive causal inferences from them or applying them to communities outside of the one that has been studied. This is particularly relevant to a study this size, where the number of German-speaking respondents was only four, and the number of Afrikaans-speaking respondents was only seven (Rubin and Babbie 1993:214).

The motivation for selecting this particular area for research was based on the need for a deeper understanding of the community that Vryheid Child Welfare is so reliant upon to care for the vast numbers of local orphans. To this extent, the objectives were achieved, although further research needs to be undertaken before any generalisations can be made to the wider population.

6.2. RECOMMENDATIONS

6.2.1. The creation of a child-centred culture

It was noted in the previous chapter that more than two thirds of the respondents agreed that the Vryheid community has a responsibility towards fostering local orphans. These responses reflect a broad category of sentiment and do not necessarily mean that the respondents view it as their responsibility to assist. One of the indications of their ability to deal with the threat of HIV/AIDS is community ownership of both the problem and the solution- once communities assume ownership of the problem, they can
mobilise for its solution. This sense of ownership was far more apparent amongst the Zulu-speaking respondents than the other language groups.

If we are to invite communities like the one in this study to take responsibility for the consequences of an epidemic such as HIV/AIDS, we need a balanced programme of action. One of these options is to campaign on the consequences rather than the causes of the crisis, as AIDS prevention alone will not solve the problem. Prejudice, misinformation, and ignorance about HIV/AIDS limits the community's willingness to address the needs of those who are affected (UNICEF 2003:37). Dialogue helps dispel myths and facilitates awareness. This could begin with a symposium where community leaders will be sensitised to the general needs of orphaned children, to understand that caring for orphaned children requires meeting deeper psychosocial needs as well, and where permanency options for local orphans is discussed. An important part of the dialogue process would involve strengthening and mobilising community responses to the orphan crisis. This could happen by getting community leaders to become the voice for orphaned children. Apart from giving our local orphans a voice, we need to create a child-centred, child-valuing culture, which goes beyond leaders and into our homes. Shuttle (2000:32) suggests that this be done through the media, street theatre, popular literature, and church and civil organisations. In turn, children and young people can dialogue via religious groups, youth organisations, and schools.

6.2.2. Strengthening of families and communities

It has been repeatedly stated that the extended family network is the primary source of support for families affected and infected by HIV/AIDS. In order to continue this vital role, the capacity of families to care for and protect the increasing numbers of orphans' needs to be strengthened. Hope (1999:97) suggests that social disaster will ultimately only be diverted through allocating public funds to enable communities to assimilate children orphaned by AIDS. It should not be assumed that families can care for orphaned children without adequate resources, and neither should obstacles be created for families who are willing and able to provide the
necessary care. Economic and social infrastructures should be strengthened in communities so that they can be empowered to assist their own children in distress. Access to essential services needs to be increased, particularly in rural areas and support bases for orphaned children in our communities need to be rewarded. For example, tax rebates or other forms of reward should be made available to foster parents as incentives, and to acknowledge the important role they play. At the same time, the payment structure for foster care grants needs to be revised, with grants dependent on factors like the age of the child, the specific needs of the child, the geographical area in which the child lives and on the services provided by the government.

The government has to employ additional social workers, child care workers and community workers whose task it will be to attend to orphaned and vulnerable children. Their function would include helping communities to assess how the orphan crisis affects their lives, lobbying for the necessary resources, and establishing and liaising with Child Care Forums, Group Homes of Community Care Workers (to be discussed further on in this chapter). In addition, social workers could undertake community monitoring, providing counselling and support to orphans and their caregivers, referrals (for home-based care, treatment for opportunistic infections and nutritional support), foster placements, and establishing day care points, amongst others (UNICEF 2003:38). In addition, subsidies need to be made available to enable low-income families to care for orphaned children in the form of, for example, subsidised day care and counselling.

In order to fulfil this multitude of functions, manpower is needed. A number of welfare organisations, particularly those in rural areas, are notoriously understaffed. Most NGO's are only partially subsidised and struggle to raise funds to pay the deficit. The Department of Social Development needs to examine its funding allocations to welfare structures in rural areas, and provide fully subsidised posts to those child welfare organisations in areas worst affected by the orphan crisis. In many communities there is an overlap of services rendered by different welfare agencies or government
departments. Strategic partnerships or alliances between two or more organisations allow for collective interventions that are more effective and sustainable, reaching greater numbers of recipients (Smart 2003:16). Together, partnerships can lobby for required change. For example, foster care statistics in northern KwaZulu-Natal are not centralised. This was confirmed by the Department of Social Development in Ulundi. Valuable data related to foster care is still manually processed, and no statistics are available. Organisations together could lobby for a much-needed refined database, which is vital not only for service delivery, but for planning purposes as well (Van Delft 2003: 13).

6.2.3. The future of foster care

Ramsden et al (2002:23) states: 'Family members are the best caregivers for orphaned children', even if they are distantly related. However, many caregivers are grandmothers, who may need assistance themselves in the form of material help, medical care, emotional and social support, parenting skills, and/or housekeeping. While it is undoubtedly in the best interests of any child to live in a family home rather than an institution, the fact that families exist does not necessarily mean that orphan care has to be foisted upon them without providing incentives in the form of backup and support.

We urgently need to review the traditional definition of foster care within the context of the current HIV/AIDS context. Foster care was traditionally viewed as a temporary service with the aim of reuniting the child with his or her family as soon as possible. Permanency planning was to provide a framework whereby the whole family participated in formulating a permanent plan for the child, with the primary aim of reuniting the child with the biological parents. Should long-term foster care be required, adoption was regarded as a suitable alternative (Scholtz 1988:28).

In view of the increasing numbers of children entering the foster care system and the reduction in non-kin placements, it is likely that the requests for kinship placements will continue to grow. This factor came across very clearly in this study where blood ties was clearly thicker than water. For
those children who will not have the benefit of care within the extended family it becomes necessary that we begin to look for family-based care with foster and adoptive parents who will be willing to care for non-related orphans. NGO's working in the community should get to know women who, provided the necessary material and emotional support, could either foster a child or provide emotional and material support to a family of orphaned siblings. These prospective caregivers, like any other foster parent, could be given intensive training regarding the needs of orphaned children, the needs of their own children who might feel sidelined, and explore their own needs as well (Shutte 2000:32).

In order to help mobilise communities for early identification of orphaned and vulnerable children, welfare organisations rendering services in areas badly affected by the pandemic can assist in establishing Child Care Committees, recruiting foster parents, adoptive parents or alternate caregivers, while linking them with resources and services. Furthermore, organisations need to incorporate communities into poverty alleviation programmes like income or food generating projects, capacity building for volunteers needs to be undertaken and networks established between organisations so that community-based care can be holistically managed (Department of Social Development 2000:13).

The current Child Care Act has statutory obligations for both foster parent and placement agency that are very strict. The constant monitoring of placements and submission of reports, particularly in those cases where regular welfare involvement is not needed, uses up valuable social work resources. Subsidised adoptions as recommended in the Children's Bill should ease the burden of finding permanent homes for children affected by AIDS. However, it is unlikely in view of today's welfare budgets and the lack of infrastructure that foster care for hundreds of thousands of orphaned children is a feasible option. It may be that foster care and subsidised adoption become options only for specialised cases- the poorest of the poor. In thinking on a long-term basis, alternatives have to be considered that provide equal or more consistent care than foster care or subsidised
adoption. Children's home placements are even more costly, and are required to be a temporary measure rather than being a long-term permanency option. At least, they are required to ensure that children attend school on a regular basis, provide a bed for the child to sleep in, food, and clothing. However, if we are to develop a child-centred culture we need to go beyond providing shelter and an education to children's needs for nurturing, one-on-one attention, spiritual growth, and sound social/psychological development. Children's homes do not address these needs equally or any better than foster care or subsidised adoption.

6.2.4. Community-based solutions

The majority of the respondents in this study placed the responsibility for orphan care on the government, municipality, welfare organisations and extended family. From this it is clear that we need to find ways to change community perceptions about what assistance we as a society can expect the government to provide, and how much responsibility we need to assume for the crisis unfolding around us. We also need to look at other models of care that have worked in Africa, and examine existing community responses to the orphan crisis that have worked well. In line with a right's based approach, solutions for orphan care need to continue to be found at community level. In doing so we need to continue bearing in mind that those that are the most appropriate are the ones in which major decisions and solutions have been based on group consultation or a collective and shared approach (Halkett 1999: 39).

The possibility of small family-type group homes within children's own communities is one such alternative (UNICEF 2003:38), where no more than 8-10 children are cared for by a caregiver. These homes can be placed in residential areas where the numbers of orphans are high so that children can remain within their communities of origin (Cameron 1994:33). Foster care grants can be secured for each of the children. Should the situation arise where it is no longer feasible to pay foster care grants to the masses of orphans requiring support, organisations could begin lobbying for the payment of a caregivers allowance. In addition, communities could support
group homes with donations, volunteers could cook food, assist with homework, and establish community food gardens as a source of sustenance. Group homes could also be linked with community resources and services such as subsidised day care or counselling.

An alternative to paying the foster care grant to one person would be for welfare agencies to recruit care workers from communities whose responsibility it would be to look after 10 - 20 children. This would differ from group homes in that children would remain with their families of origin, be it in the care of a grandparent, child-headed household (although clearly not ideal), extended family etcetera. Functions would include ensuring the child/ren goes to school, provide counselling, ensure that medical treatment is received, ensuring that the child has sufficient food, clothing and shelter and so on. Community care workers could be assigned not only to orphaned children but also to those who are regarded as vulnerable as well, like those who are looking after ill parents. They could be of valuable assistance in helping families to draw up wills before the deaths of parents and play a preventative role insofar as risks of sexual exploitation are concerned- children are less vulnerable if communities know that there are people who actively assume responsibility for them. The appointment of community care workers will minimise the statutory load placed on welfare organisations, whose function it would be to supervise the community care worker. Inspections could be done to ensure that children are attending school, receiving medical care, and that the community care worker is doing regular visits to the identified children.

An additional solution, which will not be discussed at length here, would be to keep parents alive long enough for their children to complete their education and become independent. This could be facilitated by the provision of free anti-retroviral drugs, an issue that been dogged by much controversy in recent months.

6.3.5. Further research
Very little research has been done locally into the quality of care and the long-term outcome of kinship foster placements for local orphans. Some studies conducted overseas have shown that grandmothers were considered to be especially vulnerable among kinship carers because they were older, less educated, of poor physical and mental health and often struggling with limited incomes (Gibbs & Muller 2000:70). Research needs to be done to establish if this is true for local communities, and if so, what other alternatives there are. Information is also needed as to how many households are receiving support, what the nature of that support is, and how many households are still awaiting assistance.

**CONCLUDING REMARKS**
In the face of the HIV/AIDS pandemic, it is largely the extended family that has carried the bulk of the responsibility for caring for its orphans. While it has been suggested that governments have the ultimate responsibility for the safety and protection of its children, the state, welfare organisations, churches, schools, community structures and the general public will need to unite in order to ease the burden from the shoulders of the extended family. While foster care is one permanency option for orphaned children, our welfare system does not have the funding nor the infrastructure, which would make foster care placements for the masses a feasible option. Foster care cannot continue to stand alone. Solutions need to be found at community level, and to do so, we need to expand and strengthen the capacity of local communities to respond to the orphan crisis.

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