THE EXPERIENCES OF CHILDREN WHO ARE HEADS OF HOUSEHOLDS IN HAMMARSDALE

NOMLINDO EUNICE DLUNGWANA

JANUARY 2007

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A thesis submitted in partial fulfilment of the requirements for the degree of Masters of Social Science (Social Work) by the University of KwaZulu-Natal, Durban.

JANUARY 2007

Submitted with the approval of my supervisor.

R Sathiparsad — 11.04.2007

Doctor Reshma Sathiparsad — Date

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Declaration of originality

I hereby declare that the whole of this dissertation, unless specifically indicated to the contrary in the text, is my original work.

University of KwaZulu-Natal, Durban, JANUARY 2007

Nomlindo Eunice Dlungwana

Dedication

This research report is dedicated to my two children, Lukhanyo and Dino who have been so patient during all the times I was not available for them, due to my studies.

Acknowledgements

I wish to express my sincere appreciation to my supervisor, Dr Reshma Sathiparsad for her guidance and support throughout the study. Thank you for holding my hand at times when I thought I would never finish this piece of work.
The writing of this dissertation would not have been made possible without the support of my sister Vuyokazi, who spent all her time typing this piece of work.

Thanks to my colleagues and friends for sharing time and ideas and for other various forms of support I have received during this period.

A special thanks to the participants for their interest and inputs.

As always, the unconditional patience and support of my husband has been fundamental to the completion of this dissertation.

WHO	World Health Organisation
NGO	Non Government Organisation
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
IST	Institution Support Team
PGSES	Psychological Guidance and Special Education Services
UNAIDS	The Joint United Nations Programme on HIV/AIDS

ABSTRACT

This dissertation is an exploration of the experiences and challenges faced by children who are heads of households, and are obliged to head families, which entails caring for their siblings, assuming adult roles and taking care of the general running of the households. A review of the literature revealed that research based on the experiences of children who are heads of households is a neglected field of study and there is limited information on the topic.

This study aimed to explore, describe and interpret the experiences of children who are heads of households. The study attempted to highlight relevant issues that may provide guidance to different stakeholders in their efforts to deal with orphaned children, child-headed households and children who are affected by HIV and AIDS. Qualitative research processes were used in this study. Data collection took the form of face-to-face interviews, using an interview guide in making the interviews more flexible and at the same time covering all the aspects the researcher wanted to cover.

Findings of the study revealed that orphaned children who are heading households experience various problems in addition to material needs. The study revealed that the main problem is poverty, lack of support structures, for example, support from family members, friends and the community at large and secondly, the unavailability and inaccessibility of service providers. The study also revealed that social discrimination experienced by orphans in child-headed households impacts negatively on their social functioning and education. Based on these findings, recommendations are made with regard to the roles of the Departments of Social Welfare, Health, Education and Home Affairs in ensuring satisfactory services to orphaned children who are heads of households.

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

This study is about child-headed households not necessarily as a result of HIV/AIDS but the literature available is mainly HIV/AIDS related. The increasing phenomenon of children living in child-headed households counts as one of the most pressing concerns facing South African society. It had been estimated that by the end of 2005 there were more than 1 million children under the age of 16 who would have lost their parents due to HIV and AIDS and by 2010 there will be more than 2 million children under 16 who will be orphaned and fending for themselves and their siblings (Sloth-Nielson, 2004:2). According to Sloth-Nielson (2004) KwaZulu-Natal is especially severely affected by the HIV and AIDS pandemic and in 2001 it was estimated that there were already 300,000 orphans in the province.

According to Loening-Voyage and Wilson (1998), orphaned children face special challenges, such as threats to their security and survival. They have self-actualisation and socialisation and bereavement counselling needs. These children are faced with different situations and threats such as social, psychological, physical and survival problems (Sloth-Nielson 2004). Orphaned children are disadvantaged in numerous and often devastating ways. Adding to the trauma of witnessing the sickness and death of one or both parents, these children are likely to be poorer and less healthy than non-orphans. They are likely to suffer damage to their cognitive and emotional development, less likely to go to school regularly, and more likely to be subjected to the worst forms of child abuse including child labour (UNICEF, 2003).

According to Sandhei and Richth (2003:36), the big story about AIDS orphans in South Africa and the individual stories of children called AIDS orphans are often portrayed in simplistic terms. The lived experiences of orphaned children heading households might help to illustrate some details and help individuals, groups, communities and the government to see beyond what appears to be obvious. The impact of HIV and AIDS on the lives of South Africans, particularly children, is staggering. Aside from being affected themselves, a rising number of children have to

witness their parents and/or primary caregivers getting sick and eventually dying. Mbambo (2005:36) asserted that the burden of caring for a sick or dying adult and assuming an adult responsibility at an early age robs children of their childhood. According to Mbambo (2005:36) these children find themselves caring for themselves and their siblings with no adult supervision. Furthermore children find themselves with no one to take care of them and to weave them into the social fabric.

Mbambo (2005:36) further argued that HIV and AIDS related vulnerability particularly in the context of child-headed households is exacerbated by the absence of a regular or constant adult in the lives of children, which result in children dropping out of school, suffering from emotional problems, and being at risk of being affected with HIV/AIDS.

Expecting children to head households is too big a responsibility and it is the infringement of their rights to family care or parental care, or to appropriate alternative care as entrenched in the South African Constitution, Act no. 108 of 1996, section 28(1) (b) and other policies both nationally and internationally.

1.2 RATIONALE FOR THE RESEARCH

As a social worker employed by the Department of Education, I work primarily with school children (learners), offering supportive services to them and helping them with barriers they might be experiencing which hinders the capacity to reach their full potential. Some principals of both primary and secondary schools in the Pinetown District raised concerns about children who are heads of households. These principals raised concerns that they experience difficulties when they need to consult with an adult regarding some of their learners' problems as some of them are orphans and are coming from child-headed households.

This study was motivated by the concerns expressed by principals, health workers and social workers in the area about child-headed households and their development. Some of the concerns they raised included poor living conditions, lack of adult supervision and lack of support from relevant service providers. The purpose of this study was therefore to explore the experiences of children who are heads of

households. My interest in conducting this study was based on an increasing number of referrals from schools pertaining to the problems experienced by learners (children) who are heading households. The media and literature on orphans give ample evidence on the existence of child-headed households, although so far there is limited formal research in this area. This study therefore hoped to contribute towards closing that gap. It is the intention of this study to provide valuable insight on the experiences of children heading households from their own perspective.

This study intended to give participants an opportunity to open up and to talk about their own experiences, feelings and challenges. It was hoped that besides being therapeutic to them this study would be able to complement previous studies in highlighting the gaps pertaining to the support structures available for orphaned children in general and child-headed households in particular. It is hoped that this may lead to the re-evaluation of policies and programs aimed at orphaned children heading households.

One of the strategies of the Department of Education in caring for all its learners, especially in the light of HIV and AIDS prevention, is to transform all schools to be centres of care and support. The study intends to contribute to research undertaken previously in the field of HIV and AIDS and its impact on children. The study focused on the experiences of children who are heads of households. It is evident that the government has attempted to provide some welfare support and safety network for children affected by HIV and AIDS through provision of social grants and other poverty alleviation programmes. However this study provides evidence that there are still gaps and problems concerning service delivery and lack of or inaccessibility of resources especially for the poorest of the poor living in informal settlements and in rural areas.

1.3 OBJECTIVES OF THE STUDY

This study aimed at exploring the experiences of children who are heads of households. More specifically the study sought to explore the challenges faced by these children in relation to financial support, schooling, psychological, emotional and social effects, coping strategies and accessible support services.

1.4 RESEARCH QUESTIONS

(i). What are the challenges faced by children heading households with regard to financial status, home management, schooling, access to support structures and their safety at home.

(ii). How has being heads of households affected children emotionally, psychologically and socially?

(iii). What are these children's main coping strategies?

(iv). What do these children think could be done to improve their circumstances?

1.5 THEORETICAL FRAMEWORK GUIDING THE STUDY

The ecological model informs this study. According to Brower (1988) the ecological model has conceptual appeal to describe how people interact with their environments. "Theory and research in the area of social recognition that is how people make sense of their surroundings and then respond to what they see, are used to explicate a basic component of the ecological model, that people create niches for themselves from their environments"(Brower, 1988:11). In general, the ecological model entails looking at people in relation to their environments and how they interact with them. According to Whittaker, Schinke and Gilchrist (cited in Strom-Gottfried, 1999) the ecological model puts its emphasis on understanding the multiple contextual influences on human behaviour. Whittaker et al (1986) as cited in Strom-Gottfried (1999) further argued that the dual focus of the ecological model is on improving social support networks such as the family, school, neighbours, church, friends, and other service providers.

This model is relevant to this study because the child-headed households are viewed in interaction with their environments in trying to understand their challenges, and in coming up with recommendations on how can the available resources be used to benefit all the affected children. When parents die leaving their children behind, the family system is disrupted and there are role changes whereby the elder child assumes an adult role of caring for his/her siblings, there will be a disruption in the family routine, as children will be unable to attend school on a regular basis. Children will not get enough food, no proper medical care, no proper support from Social Services

and other child welfare agencies, and little or no support from the extended family. Strom-Gottfried (1999) highlighted that every system has boundaries within which there is great interaction between the members and people outside of the boundary.

The ecological model is a holistic, dynamic, interactional systems approach, based on ecology (Stepney & Ford, 2000:94). They further argued that the planet is believed to consist of a number of systems and subsystems and the physical surroundings. These different subsystems are involved in a constant process of mutual interaction with one another. The immediate settings in which individuals develop are called the micro-systems. Interaction between the micro-systems constitutes meso-systems. Moving further outwards, the settings that influence an individual's development but that are not directly involved are called the exo-systems, and the final level of influence that consists of the cultural and societal environments in which all the other systems are embedded is called the macro-systems.

In applying the ecological model, one could argue that a child can be seen as a part of a number of micro-systems starting with their immediate families and going on to include the extended family networks, school and the neighbourhood settings. As an adult, further micro-systems can play a significant role in shaping the health, well-being and development of individuals involved. With orphans and child-headed households this equilibrium is disturbed as early as in the micro level because they do not have parents and most of them do not have support of their extended families, which means such children do not have developed networks with their extended families as in most cases there had been no links with the relatives. There is also a disturbance in as far as school is concerned as most of the children heading households had to dropout of school to take care of their siblings, and to seek for employment so as to provide for their families. Another disruption occurs at the community level whereby the child-headed household are discriminated.

According to Stepney & Ford (2000) the interaction between the micro-systems makes up the meso-system. The nature of the interconnections between the micro-systems and the nature of the connections between the children and their peer groups is determined by a number of factors which are, (i) whether parents are in touch with educators at school and (ii) whether they keep contact with the extended family,

neighbours and a circle of friends. Strom-Gottfried (1999) further argued that parents' micro-systems such as their friendship networks and workplace including level of pay, conditions of employment and hours of work will have an influence on the child's development although the child is not directly participating in the system, however the exo-system influencing the child are likely to be independent of their parents such as the school governing body, local youth forums an other leisure activities.

The final element of the ecological model is the macro-systems in which everything else is embedded. Stepney & Ford (2000) stated that macro-systems consist of cultural, political, economic, legal and the religious context of the society in which children and adults are developing. In this level the society's attitudes towards orphans and child-headed households are evaluated. It is in this level where one can see whether societies are able to support their children in times of hardships. It is in this level where government interventions to support children are clearly displayed. This is where changes need to occur in levels. In as far as this study is concerned, it was clear that there are support and intervention strategies put in place by various Government departments for orphans and other vulnerable children, but there are still gaps in the implementation of these strategies.

1.6 RESEARCH METHODS

1.6.1 The Qualitative Approach

In this section, I provide a brief overview of the research methods in this study. The methodology is described in detail in Chapter Three. Qualitative research methods were used in conducting this study. According to Edward and Talbot (1994) qualitative research methodology allows for in depth data collection, captures complexities and allows a focus on the local understanding and sense of participants in the case. In-depth face-to-face interviews were used to get in-depth information from participants. An interview guide with semi-structured and open-ended questions was used to collect data from participants. This was a preferred method because, it allowed participants to open up freely and share their experiences using their own understanding. It also allowed participants to relate experiences and describe

situations as perceived by them. Data collection was done manually whereby the researcher took notes during the interviews.

1.6.2 Sampling

A purposive sampling method was used for the selection of research participants. This sampling method was used because I sought out participants who possessed the characteristics that I was interested in studying. I selected participants who would enable me to make meaningful comparison in relation to my research questions. Cohen et al (2000) stated that in purposive sampling, researchers handpick the cases to be included in the sample on the basis of their judgement and their typicality.

1.6.3 Data Analysis

The data were analysed using qualitative analysis. Data analysis were done manually whereby the researcher typed all the data collected during the interviews, and the original copies were kept in a safe place for future reference. The researcher then read through the typed scripts thoroughly, looking for the differences and similarities in the data. Data were then put in categories according to similarities and differences. Broad themes for discussion were drawn from the data. This process is described in greater detail in Chapter Three.

1.7 DEFINITIONS

- ✓ **A child** – *According to the South African Constitution, Act 108 0f 1996, a child is any person under the age of 18.*

- ✓ **Orphan** – *A child who has lost either one or both parents. UNICEF in the global AIDS report 2004:62, differentiates between maternal, paternal and double orphans whereby children who have lost their mothers are called maternal orphans and children who have lost their fathers are called paternal orphans and children who have lost both parents are known as double or orphans. Most children who are heads of households or living in child-headed households are double orphans.*

- ✓ **Child headed household** – *is defined as a household headed by a child who is below the age of 18 years and whose primary responsibility is to provide food, clothing, and psychosocial support to their siblings and their own children (Mbambo, 2004:36)*

- ✓ **Informal Settlement** – *for the purpose of this study, informal settlements are defined as those dense settlements comprising communities housed in self constructed shelters made mainly of old wood with no proper ventilation and erected on non-serviced sites with no water taps, no sewerage resources and no electricity (shacks).*

- ✓ **RDP houses** – *Reconstruction and Development Programme houses are low cost houses built by the government for unemployed people and people earning low income.*

1.8 PRESENTATION OF CONTENTS

The researcher introduced and provided a broad overview of the study in chapter one. The background of the study, the rationale for the research, value of the study, objectives of the study and research questions has been briefly discussed. Main concepts used in this study were identified and defined. The remainder of this report is divided into the following Chapters:

- Chapter Two consists of the literature review.
- Chapter Three details the research methodology of the study.
- Chapter Four provides an analysis and discussion of the results of the study.
- Chapter Five outlines the main findings, conclusions and recommendations drawn from the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The increase in the number of children from child-headed households is a cause for concern. Statistics from AIDS orphans in Africa revealed that by 2010 the number of children from child-headed households in South Africa would be about 2 million. (Padayachee & Rajcoomer, 2004:2). The National Minister of Social Development Dr Zola Skweyiya acknowledged the increase in numbers of orphaned and vulnerable children. He further said that according to the Census 2001, the total number of households headed by children under the age of 19 years was 248 424 00 (Sunday World, 6 November 2005).

According to USAID (2000) the phenomenon of child-headed households is one of the key social challenges associated with the HIV and AIDS epidemic. There is limited literature on child-headed households, and even the available literature on the topic focuses mainly on child-headed households in relation to HIV and AIDS. According to Sloth-Nielson and September (2002) KwaZulu-Natal is especially badly affected by the HIV and AIDS pandemic with already more than 300,000 orphans in 2001. This chapter outlines the following: HIV and AIDS in South Africa, Extent of child-headed households in South Africa, Socio-economic effects, The extent of orphan-hood in South Africa, Child-headed households: effects on children, Child-headed households and Children's Rights, The Government response to poverty affecting orphans and other vulnerable children, and Children's Coping Strategies.

2.2 HIV AND AIDS IN SOUTH AFRICA

According to Harber (1998) few decades ago, HIV and AIDS were regarded primarily as a health crisis, but today it is clear that HIV and AIDS is also a crisis that affects economic and social development. Harber (1998) further stated that there is compelling evidence that the trend in HIV and AIDS will ultimately impact on the number of orphans in society which will result in an intense burden of suffering among individuals and households. HIV and AIDS is said to be unique in its

devastating impact on the economic and demographic underpinnings of development. Nattrass (2004) supports the above view that the AIDS epidemic in Southern Africa is not only a major public health crisis but also a threat to economic development and social solidarity.

According to UNICEF report (2003) internationally 1 in every 3 children who are orphans are younger than 5 years and an increasing number of abandoned children live in urban cities in Africa. The chronic illness and death of a parent are uniquely stressful life events; perhaps the most difficult experience a youth can face (Christ, Siegal & Sperber 1994, cited in Nattrass, 2004)

Nattras (2004) further draws attention to the fact that South Africa is home to more HIV positive people than any other country in the world. More that 1 in 5 South African adults are HIV positive and AIDS deaths are expected to rise sharply until 2010. Recent research has shown that over a million children could be orphaned by 2015 as a result; such health shocks are devastating not only for families and communities but also for the broader society and economy. Previous research and literature has shown that the increase in number of HIV and AIDS infections and related deaths resulted in child-headed households.

According to IDASA (2000) the combination of pre-existing social, cultural, legal, economical and political conditions provide fertile ground for the spread of HIV and set the stage for a full-scale epidemic. In KwaZulu- Natal the history of violence in the 90's, meant that significant number children lost one or both of their parents. To those children who have already lost a parent due to violence, the trauma of losing another parent or caregiver is even more traumatic.

"The impact of HIV and AIDS on the lives of South Africans, particularly children, is staggering and aside from the consequences of being infected themselves, these children have to witness their parents or primary caregivers getting sick and eventually dying" (Mbambo, 2005:36). Mbambo (2005) further lamented that in the context of HIV and AIDS the concept of vulnerability refers to children in households where the main caregiver is ill as a result of the virus, and children in households where there is no adult and children are taking care of one another.

"The vulnerability of children orphaned by AIDS and those orphaned in other circumstances has been the subject of debate, with some feeling that there is a lot of attention accorded to HIV and AIDS related orphan-hood to the exclusion of other causes of child vulnerability. The experiences and problems of vulnerable children are similar, however HIV and AIDS related vulnerability particularly in the context of child-headed households is exacerbated by the absence of a regular or constant adult in the children's lives" (Mbambo, 2005:36). These children are left to fend for themselves under very difficult conditions, and besides everything else they are faced with extreme poverty. They do not know where their next meal will come from, as they either depend on relatives or neighbours to get food.

2.3 THE EXTENT OF CHILD-HEADED HOUSEHOLDS IN SOUTH AFRICA

Although in most cases it is adults who contract AIDS, children suffer the most consequences or effects of the pandemic. Nattrass (2004) stated that children feel the overall impact of AIDS because at times they die young through being infected by their parents, they at times must care for sick and dying parents, must act as parents and provide for their siblings after the death of parents, they struggle to survive in an adult world that discriminates against their status or circumstances. Nyembezi (2003) argued that protecting the rights and caring for these orphaned children is one of the greatest challenges facing the South African communities and government, because once they become orphans their right to protection is violated as there is no-one to protect and care for them..

Statistics from USAID Report (2002) have shown that 1 million South African children under the age of 15 years will have lost their mothers to AIDS by 2005. This figure is estimated to increase to around 2 million by 2010 (Department of Health Statistic 2002). According to Whiteside & Sunter (2000:9) children who loose a parent to AIDS suffer loss and grief like any other orphan; however their loss is exacerbated by prejudice and social exclusion. From the statistics given it is evident that in South Africa there are thousands of HIV and AIDS orphans and other vulnerable children that remain unnoticed by authorities. There are a number of policies in place which have the potential to eliminate many of the problems facing orphans and other vulnerable children, but they are not monitored and evaluated

enough to ensure efficiency. Poverty and high rate of unemployment also play a role in exacerbating the situation of orphans and other vulnerable children.

USAID revealed that in 2000, about 90% of the 11 million orphans left by the global AIDS epidemic were children from Sub-Sahara Africa (USAID, 2000). According to USAID, in 2000 Southern Africa had 2, 9 million maternal and double orphans i.e. those who have lost either their mother or both parents, and 8% of these children were under the age of 15 years. The phenomenon of child-headed households is one of the key social challenges associated with the HIV and AIDS epidemic.

Children under 16 years of age should not be responsible for a household. These children are expected to be at school as stated in the South African Schools Act no. 84 of 1996. The Child Care Act no. 74 of 1983 makes it illegal for them to work and thus they are forced into abusive and exploitative employment if they have to support themselves and others. The National Minister of Social Development, Dr. Zola Skweyiya acknowledged the increase in numbers of orphans and vulnerable children. He (the minister) said that according to Census 2001, the total households headed by the children under the age of 19 years was 248 424 00 (Sunday World, 6 November 2005).

The problem of increasing orphan-hood in areas of Sub-Sahara Africa badly affected by HIV epidemic has been receiving attention (UNICEF, 1991). A number of studies have attempted to predict the future impact of the HIV and AIDS epidemic on orphan-hood. The World Health Organization (WHO) estimated that in 2000 there were more than 10 million children orphaned because either parent had died of AIDS related disease. Poorer communities may be in jeopardy with regard to the requirement to the care of orphans. These communities are less able to provide support to the orphans due to their limited economic resources and lack of proper infrastructure.

The first systematic attempt to enumerate orphans and study their social and economic characteristics was conducted in Uganda in 1989 (Hunter 1990, Dunn 1992 as cited in the UNAID Report, 2002). "In spite of the enormity of the current and impending orphan crisis, and despite the call to mobilize resources for data collection and planning in order to prevent disaster, there has seen little evidence of such

mobilization-taking place"(Hunter 1990 cited in UNAID, 2002). Most extended family members are willing to take care of orphans, but they have little or no information of the support available from the Government to support these orphans. "Description of the orphan situation have tended to concentrate on cases where family support mechanisms have appeared to breakdown by emphasizing failures of the extended family system of caring and by suggesting innovative non-traditional strategies of support such as children's home, foster homes and day care centres" (Armstrong 1993, cited in UNAID, 2002).

According to Walker, Reid and Cornell (2004) it is estimated that by 2015 almost 12% South African children will be orphaned as a result of HIV and AIDS related deaths. They further argued that South Africa is seeing increasing numbers of children in distress, a situation made worse by the collapse of the traditional models of child care such as the extended family. Walker et al (2004) further stated that childhood has been re-examined in the light of the fact that children are most vulnerable to HIV infections and to the social and economic consequences of the epidemic. Changes in the family structure and the roles that children have to play in the absence of parental authority are new and urgent priorities for research.

While there are no conclusive figures regarding the extent of children orphaned by HIV and AIDS in South Africa UNICEF (2001) estimated that by 2003 some 990 000 children under 18 years lost a mother and that 2.13 million children had lost their fathers, primarily as a result of HIV and AIDS. It is projected that in the absence of wide-scale measures to prevent parental death from HIV and AIDS, by 2015, some 1, 97 million children in South Africa would have lost both parents (Mbambo, 2005:36).

For Mbambo (2005:36), the vulnerability of orphaned children is evident from three perspectives, which include firstly, basic survival needs such as food, shelter clothing and basic health care, secondly, psychological and emotional effects including need for love, need for protection, care and emotional support from a caring adult and lastly development needs such as lack of adult guidance and constant and continuous supervision.

2.4 CHILD-HEADED HOUSEHOLDS: SOCIO-ECONOMIC EFFECTS.

For Nattrass (2004), the burden of AIDS will continue to be borne unevenly in South Africa. This is largely because of South Africa's high unemployment rate and the strong connection between unemployment, poverty and HIV infections. Unemployed people live in vast poverty that might lead them to engage in unprotected sex through prostitution to get money to buy food, clothes etc and also abuse of drugs due to either boredom or to drown their sorrows, and they normally share needles. The income gap between the employed and unemployed will continue to harden with a socio-economic divide bringing life to one side and death to the other leading to inequalities and class differences. In South Africa the gap between the rich and the poor is too big, the housing aspects or style is enough to differentiate between poor and rich. Nattrass (2004) further stated that because poverty contributes to the spread of AIDS, poverty alleviation is a precondition for combating AIDS but on the other hand AIDS undermines productivity and economic growth, which is necessary for sustainable livelihoods.

One of the ways HIV and AIDS are expected to cause insecurity is via the large number of children who will be orphaned by the epidemic. Many experts have warned that without the proper care and support, these children will be vulnerable to antisocial tendencies. Cheek (not documented) argues that orphans who are disconnected from social, economic and political support structures constitute an "extra national" population group who could become tools for ethnic warfare, economic exploitation and political opportunism. Schonteich (1999) argues that children losing parents due to AIDS face particular disadvantages beyond other orphans including discrimination, social exclusion, loss of education and health care, psychological stress of what can be a particularly traumatic and drawn-out parental death. Many of these orphans are raised without proper parental supervision and are consequently at risk of becoming involved in criminal activities.

2.5 EFFECTS ON PSYCHOSOCIAL DEVELOPMENT.

Gilbert D.J (2001) draws attention to the following factors that a school is often the first place where the behavioural and emotional problems of children affected by HIV and AIDS are exhibited. School Social Workers are in a unique position to meet the intervention needs of affected children. Gilbert (2001) further argued that when affected children are acting out their most disturbing emotions, their behaviour confuses and distracts parents/ caregivers, teachers and even case managers who become so pre-occupied with the surface behaviour that they are unable to address the underlying emotional issues involved.

Gilbert (2001) also stated that the inability to express openly feelings about a parent's death or illness might lead to subtle behavioural and self-concept changes. According to Pequegnat and Szapocznik (2000) losing a parent in adolescence is of particular concern because this may affect the developmental processes of self-concept, identity formation, interpersonal relations, schoolwork, family involvement and psychological well-being. At the individual level bereavement can impede a youth's successful completion of these developmental tasks and interfere with the successful transition to adulthood.

"The negative impact on adolescents whose parents lived with HIV and AIDS may be even greater than would be suggested by the bereavement literature. These families typically experience additional stressors, including stigma protracted illnesses and internal and familial conflict over disclosure (i.e. whom to disclose to? when to disclose? how much information to disclose?) Because HIV and AIDS is associated with poverty, lack of supporting resources such as a second parent in the home and involvement in substance use sub-cultures, may adversely affect the family's coping strategies" (Capitamio 1993 cited in Gilbert, 2001).

According to Bor and Elford (1998) the stigma and secrecy surrounding AIDS can have many adverse consequences on orphans. They may not be permitted to talk about the illness and death either within or outside the family. Dane and Miller (1992) have noted that children who lose a parent to AIDS may feel guilty and without

discussing their feelings, they may blame themselves. Often parents will not reveal their status to the family of discrimination. As pointed out by Lewis 2001 cited in (Stein, 2003:18) stigma often influences parents' decision to refrain from disclosing their status to their children, as they want to protect them from discrimination.

Further, when children know there is a family secret they are not told, it engenders feeling of isolation. Bor and Elford (1998) have noted that secrecy about parents' diagnosis or death leads children to believe that something shameful has occurred. According to Bor and Elford (1998) in one study, none of the adolescent interviewed had revealed the mother's status even to their closest friends. The further stated that the shame these children feel is not only self-imposed but they are frequently the targets of ridicule by classmates and peers. Carter (2004 cited in Nattrass, 2004:18) argued that many people do not reveal their status even if they have tested positive, for fear of becoming ostracised within their community. Hutchinson (2003 cited in Nattrass, 2004) supports the above, stating that communities often stigmatise and discriminate when they discover that someone in their community or even their own families is HIV positive. A report by UNICEF (2001) found that stigma and discrimination were playing an important role in perpetuating the vulnerability of orphans and vulnerable children. Van Dyk (2003 cited in Nattrass, 2004) stated that stigma could result in negative consequences for children in communities where families do not want to care for children orphaned due to HIV and AIDS related deaths.

According to Bor and Elford (1998) the taunting of these children by peers and discrimination at school can seriously undermine emotional well- being, social competence and achievement. They further stated that it is likely that uninfected children might worry that they have contracted AIDS from an ill parent. They may be anxious about their own future health and so constitute an overlooked population of worried individuals. Because family communication about HIV and AIDS is usually discouraged such distressing misconceptions often go uncorrected.

Bor and Elford (1998) stated that," the very real social discrimination that infected and related individuals suffer may justify secrecy also precludes open expression of grief, accessing of appropriate support systems and participation in the societal rituals

that facilitate grief work and the process of decathexis. The sustained care, support and environmental stability so important to adjustment after death often are compromised among "AIDS" orphans." Bor and Elford (1998) further stated that parents often fail to make adequate custody plans for their children and that in the absence of proper planning; orphans might be placed in foster care or another temporary care situation, which increases their vulnerability to physical or psychological distress.

Further Bor and Elford (1998) stated that when custody planning does not occur, siblings are more likely to be separated. Frequently relatives will agree to assume custody for younger children but not for adolescents especially if they show behavioural problems (e.g. truancy, drug use or sexual acting out). However, it is noted that in socio economically disadvantaged families older siblings are often the primary caretakers of young ones. Dane and Miller as cited in Bor & Elford (1998) noted that the death of parent might be only one of several losses; children may experience losses across generations 'lose the security of the relationship and familiar environment'. Their sense of security may be totally disrupted; evoking concerns about their survival and that of others they care about and depend on, especially when there are possibilities of them being placed in the care of different caregivers, under the Child Care Act 74/1983.

2.6 CHILD-HEADED HOUSEHOLDS AND CHILDREN'S RIGHTS.

"The burden of caring for a sick parent and assuming adult responsibility at a tender age flies in the face of the notion of childhood. Childhood is that critical phase of life that must be fully experienced by all individuals to ensure their nurturing and development. Part of being a child is having an adult particularly a parent or parents caring for you helping you to develop your unique capacities and weave them into the social fabric" (Mbambo, 2005:36). Mbambo (2005) further stated that the children's right to be children and to enjoy their childhood is cut short when they have to assume adult roles when their parents die.

According to Padayachee (2004: 35) orphaned children especially those who are heads of households or coming from child-headed households are at risk of contracting HIV and AIDS as they at times unintentionally turn to prostitution so as to get money to buy food, clothes and even to pay school fees. With what is happening in our communities nowadays with regard to increase in crime levels, one can say that the increase in the number of orphaned and vulnerable children has created opportunities for an increase in social crime, as children will resort to stealing to meet their basic needs for an example food, clothes and shelter. These children sometimes turn to substance abuse so as to get temporary relief from thinking about their circumstances, and some of them have resorted to living in the streets.

"The social and economic conditions of being without parental guidance control and role models to assist in fostering a democratic culture and social morals may lead children to resort to crime and other social ills. Insufficient support and assistance to access services such as social welfare, education and health services compound their economic and socially vulnerable position within society and increase children's marginalization within the society" (UNAID Report, 2004). Children who have lost their parents are at risk of suffering with emotional and psychological effects as they have to live with the fear of having contracted the virus themselves and at the same time they feel the sense of isolation as at times it is not easy for them to disclose or to share their experiences, as HIV/AIDS is still not something talked about in most homes and communities.

Monaschen & Snoad (2003) as cited in the Report on Global AIDS Epidemic (2004), stated that these children suffer a lot of bereavement through the loss of one or both of their parents, siblings and extended family members and these losses are usually preceded by long periods of illness. These children suffer additional trauma associated with losing a parent exacerbated by the threat of losing a second parent especially where the remaining parent seemed sicklier than the one who is already dead. Some of these children experience disempowerment and helplessness when witnessing the parent's physical deterioration, pain and death especially if the child is also caregiver (child-headed household) as some of the children have to nurse their dying parents. A study by Khmer as cited in the UNAID Report (2004) revealed that these children experience feelings of guilt, sense of failure for not preventing parents' pain, suffering

and eventually death. The Khmer report further revealed that these children experience anxiety because their source of livelihood and their ability to retain the family home after the death of the parents becomes under threat. This is common in rural areas especially in the African culture whereby the paternal relatives will automatically inherit the home and livestock living children more destitute.

According to Dr. Zola Skweyiya the national Minister of Social Development "in deep rural areas, the stigma of AIDS means that orphan families, many headed by children as young as 10 or 11 years of age are often shunned by families and neighbours, people are scared even of touching them. "The neighbours will just peep through the windows and sometimes they put food in plastic bags and they tie it at the gate so that the children could come and fetch it." Dr. Skweyiya said the Local Councillors who should be leading the efforts to help such children are nowhere to be seen because children do not represent votes (Sunday World 6/11/2005:26). Dr. Skweyiya drew attention to the fact that orphaned children have to increasingly assume the role of primary caregivers, looking after sick parents and young siblings. Their expectations and rights to be nurtured and to have the opportunity to play like other children are being compromised, leading to a total infringement of the rights of children (right to be protected) as enshrined in the South African Constitution Act 108 of 1996, section 28.

It is clear that the increasing phenomenon of child-headed households has a direct impact on the Rights of Children as stated in the UN Convention of the Rights of child and the South African Constitution. Firstly children need special care and protection and it is the responsibility of the family to provide care and protection to the child throughout childhood, and it is the responsibility of the state to support the family in fulfilment of this role. What happens when parents die? Who plays this role? An answer to these questions is that when children are orphaned, the state has to take full responsibility in providing care, support and protection of children. According to the Child Care Act no. 74 of 1983 as amended, children who are found to be in need of care need to be protected by the state. This Act makes provisions for alternative care of children found to be in need of care.

The state's role is to recognize children's inherent right to life and must ensure the child's survival and development therefore it is the state's role to ensure that no child must starve. Children have a right to free primary health care; they have a right to benefit from social security, a right to education and right to shelter. All these rights apply to all children without the exception and the state must protect children from any form of discrimination.

According to the South African Constitution Act no. 108 of 1996, Section 28.1 (c), every child has the right to basic nutrition, shelter, basic health care services and social services. Section 26(1) and 26(2), of the South African Constitution Act no.108 of 1996 states that, everyone has the right to have access to adequate housing, and that the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of this right. The government needs to fulfil its obligation and provide proper shelters for orphaned children, especially those who are heads of households, so that their right to adequate housing can be fulfilled.

Furthermore section 27(1)(a, b, c) and section 27(2) of the South African Constitution Act no 108 of 1996, stipulates that everyone has the right to have access to health care services, including reproductive health care, sufficient food and water, and social security including, if they are unable to support themselves and other dependants, appropriate social assistance, and that the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of each of these rights. It is therefore important that the government through various departments concerned should make service providers more accessible to families, children and orphans especially children who are heads of households and those living in child-headed households.

2.7 POVERTY AND ITS IMPACT ON ORPHANED CHILDREN

The socio-economic impact of HIV and AIDS on the household is well documented. Economic consequences of HIV and AIDS involve loss of assets, decreased income and productive capacity, labour shortages, increased health care costs and changing expenditure patterns. The social impact involves increased food insecurity, decreased school access, increased work burden on children, diminishing community support

and increased social isolation (Gow and Mutangadura, 2000:59). According to Ainsworth, Beegle and Koda (2000) the increasing number of orphans has an effect on the households in the community and extended family by straining their income and productive capacity making them to be unable to offer support to orphans.

This is in keeping with Donahue (1998) contention that traditional community and extended family resources are stretched beyond their capacity by rapidly growing number of orphans. Demmer (2003) as cited in the UNAID Report (2004) argued that many families affected by AIDS, battle with poverty and grief. Having AIDS and grieving the loss of the love one is a lonely experience. For most of the poor people affected by AIDS, grief takes a back seat to getting food to eat and keeping a roof over their heads. Many families are crumbling under the weight of caring for several relatives who have the disease.

2.8 THE GOVERNMENT RESPONSE TO POVERTY AND ORPHANS

According to Harber (1998) the eradication of poverty is the first and foremost a political and ideological challenge requiring political, central and government commitment and coordinated response. In our country most people live in poverty, and this is more evident in rural areas, where there are scarce resources and service delivery is poor. In the new dispensation, the local government system was introduced to bring public services closer to the people, but since 1994 it might appear that there has been slow delivery especially in as far as provision of affordable housing for the poor is concerned. South Africa has a history of huge inequalities, which are not only according to racial divisions, but also in terms of social class differences.

South Africa is characterized by extremes of wealth and inequalities coexisting within a highly visible first world infrastructure for instance in KwaZulu-Natal one would find big and expensive houses on the one side in the same area and on the other side one would see rural houses and informal settlements for poor people. USAID (quoted in Kapoor, 2000) highlighted that the incidence of poverty is highest among the previously disadvantaged black population in rural areas and among female-headed households. Streak (in Kapoor, 2000) said that the HIV and AIDS epidemic is further exacerbated by child poverty and undermining the progress in realizing children's

rights in South Africa. The number of orphans is increasing dramatically and the resources of the extended families are overstretched and as a result they can no longer afford to take orphans into their care.

2.8.1 GROWTH, EMPLOYMENT AND REDISTRIBUTION STRATEGY (GEAR)

According to Kapoor (2000) the political participation in South Africa has greatly improved with the establishment of the democratic government, but it is evident that the economic transformation has lagged behind. It appears that the government is struggling to achieve its socio-economic goals, judging by increasing poverty in the country.

The government macroeconomic framework, GEAR policy on economic and social change is highly contentious although it seems impossible to undertake a full analysis of its impact (Gilson and McIntyre, 2001). The GEAR policy has been controversial in that it is known to ignore the fundamental need to transform the economic structures, particularly the segmented labour market inherited from the previous dispensation. According to Kapoor (2000) GEAR policy has not explicitly tackled the broader issues of inequality and social welfare; in fact, some critics are convinced that those likely to be hit the hardest by the labour market are women because of wage moderation and huge income differences. Policy Analyst have suggested that these macroeconomic policies promoting wage constraints and job markets are likely to create a division among a core pool of organized labour able to demand and improve working conditions and an increasingly disorganized segment of labour to negotiate improved wage levels, working conditions and social benefits (Kapoor, 2000).

2.8.2 GOVERNMENT DEPARTRMENTS' POLICIES FOR ORPHANS AND OTHER VULNERABLE CHILDREN

The magnitude of problems faced by orphans in South Africa especially those from child-headed households requires great involvement by a range stakeholders in policy development and implementation. The ministries of Social Development, Education, Health, Home Affairs and local government need to work in collaboration towards meeting the needs of these children. The role of each department need to be defined

clearly, and questions need to be answered by each department on what it has done to provide support to orphans and vulnerable children, for example, what has been done by the Department of Health to provide treatment and medical care for orphans and vulnerable children? What has been done by the Department of Social Development to provide care and support? What has been done by the Department of Education to ensure access to education? What the Department of Housing and the local government to ensure that children are provided with shelter have done? What has been done by the Department of Home Affairs to ensure that all children have birth certificates and other necessary documents to access social grants?

The Department of Health

The strategic plan put in place by the Department of Health to offer services to families infected and affected by HIV/AIDS (Strategic Plan 2001-2005). Research by Nyembezi (2003) highlighted the following issues: -

Orphans are vulnerable to disease as they do not have close guardian to educate them about the risks of HIV infections, and also the fact that they sometimes resort to prostitution to get money or are vulnerable to sexual abuse make their situation even more worse. Nyembezi (2003) argued that to a limited extent, safe sex practices have been facilitated by promotion of barrier methods and the distribution of free condoms, through public health system, but despite the distribution of millions of condoms little is known about the availability of condoms in rural communities, the efficacy of distribution and their utilization by sexual active orphans.

Nyembezi (2003) stated that the issue of anti-retroviral drugs usage with all its implications makes it even worse for the orphans. The accessibility of these drugs in communities' especially rural communities is still a problem, because of lack of resources and trained personnel to administer these drugs. According to Nyembezi (2003) the infected orphan especially in child-headed households will have problems in taking these drugs even if they can access them due to the fact that there is no adult to supervise the correct intake of these drugs as it is said that they need to be taken correctly or else the side effects are serious, and the fact these children live in extreme

poverty in some days have to go to bed without food at all and we all know no medicine can be taken without food.

In view of the above it is clear that for the Department of Health to successfully cater for orphans and vulnerable children especially those in child-headed households, collaboration with the Department of Social Development is vital.

The Department of Social Development

HIV and AIDS epidemic result in the financial vulnerability of individuals and families. Orphaned children from child-headed households are at greater risk since by the time one or both parents have died, household's assets, property and livestock (rural areas) are often already been sold to cover medical costs, this leaves children totally destitute. While many families appear to be willing to care for the sick and orphans due to high levels of poverty and unemployment they are prevented from doing so. In our country with a lot of people living in poor living conditions, high rates of unemployment, poverty and absence of close relatives to provide care and support complicate matters for child-headed households.

Families in rural areas are severely affected, as social services in these areas are underdeveloped and inaccessible due to the nature of roads and lack of transport facilities. The unavailability of social services prevents families and individuals from seeking social assistance and this leads to emotional stress, social distress, and feelings of alienation, stigmatisation and discrimination. The White Paper for Welfare (1997) stated the Department of Welfare would assess, monitor and promote the meeting of the needs of children whose parents are ill as a result of AIDS, and children who are infected. The Welfare White Paper also stated that the Department of Welfare would also enhance the capacity of existing mechanisms to meet the needs of orphaned children.

The Department of Welfare further committed itself to ensuring that children infected and affected by HIV and AIDS have access to integrated services that address their basic needs for food, shelter, education, health care, alternative care and protection from abuse and maltreatment. It is clear through that the Department of Welfare is not

succeeding in keeping its commitment judging by the foster grant backlogs, increase in child-headed households, children on the streets etc.

The Department of Welfare has many programmes in place such as a lot of social grants are in place for instance the extension of the child support grant and the poverty alleviation programmes to assist poor families, but it needs to revisit its strategic plan, as things are not going, as they should. There are problems relating to accessing social grants, alternative care for orphans, access to social workers and general delays in processing of grants. Research has shown that the current social security is fragmented and it is non-comprehensive with many children such as the street children and orphans heading households falling through the system.

Social grants available to children

The following is the list of social grants available for children through the department of social development:

Foster care grant

All orphaned children, under the age of 18 years who are not cared for in an institution, and those children who have been removed from their biological parents due to different circumstances and have been found to be in need of care through the Child Care Act no 74 0f 1983 as amended, are eligible for this grant, which is payable to the primary caregiver/ foster parent. The applicant and the child (ren) concerned must be resident in South Africa at the time of application. The required documents for the application of this grant are Identity document of the applicant/caregiver, birth certificate of children concerned, death certificates of both parents, court order indicating foster care status of the caregiver and the foster child must pass means test. This grant might assist a child heading a household to take care of his/her siblings.

Child support grant

Children under the age of 14 years are eligible. This grant is payable to the primary caregiver. The child/children and primary caregiver must be South African citizens, residing in South Africa at the time of the application. The requirements for the

application of this grant are as follows: Identity document of the applicant, birth certificate of the child/children concerned, the applicant and spouse must meet the requirements of the means test, the applicant must not be in receipt of any other grant on behalf of the children concerned, the applicant cannot apply for more than six non-biological children.

Care dependency grant

Children under the age of 18 years with disabilities are eligible. This grant is payable to the primary caregiver. The requirements for application of this grant are as follows: the applicant must submit a medical assessment report confirming disability of the child/children concerned, Identity document of the applicant, birth certificate of chid/children concerned, applicant and spouse must pass the means test, the income of foster parent will not be taken into consideration. The social grants can assist the children heading households to take care of their "families" and themselves.

The Department of Education

"Education is a vital corner stone for the country. It is the key to social, cultural, political participation, personal and community economic empowerment and national development. Its output is a human capital that constitutes the nations' primary wealth and potential for growth" (Harber, 1998).

The HIV and AIDS pandemic affects education. Many schools are feeling the effects of the epidemic as educators; learners and family members are affected. HIV and AIDS represent the largest single threat to the educational process as it leaves vast numbers of educators and parents' dead; the majority of learners orphaned who are forced to fend for themselves. Many learners who are orphaned need emotional support and guidance from educators. These learners face financial hardships; have difficulties with school fees, uniforms, transport fees and books, psychological difficulties that impact upon the learning process. This leads learners to experience barriers to learning, which might cause them to drop out of school if no support is given. The Department of Education has an obligation to provide quality education to all people of South Africa so that they can have access to lifelong education and

training opportunities that will in turn contribute towards improving their quality of life.

The Department of Education National AIDS policy (1999) seeks to contribute towards promoting effective prevention and care within the context of public education system. It is in keeping with international standards and in accordance with education law and constitutional guarantees of the right to basic education, the right not to be unfairly discriminated against, the right to freedom of access of information and the best interest of the child. The policy indicates that learners and students must receive general education, sexual and sexuality education, matters concerning HIV and AIDS in the context of life skills. The department of education together with the department of Health and Welfare are implementing the National Integrated plan.

The Department of Education's focus is on life skills education that is taught through life orientation in the curriculum. The life skills component falling under the Psychological, Guidance and Special Education Services (PGSES) in KwaZulu-Natal's department of education is responsible to conduct programmes to support learners.

The following programmes are conducted in schools to support learners:

- Life skills incorporating general knowledge in HIV and AIDS.
- Child abuse.
- Care and support for learners infected and affected by HIV and AIDS through working with Drop in Centres currently known as the National Integrated Plan centres (NIP), community home based care and orphaned and vulnerable children (OVC).
- Peer education incorporating Soul Budyz.
- Lay counselling.

A huge budget is allocated to HIV and AIDS life skills programme each year. The Department of Education is struggling to provide policy or guidelines with respect to

meeting educational needs of orphans. Even when communities have identified orphans and report them to the schools, some schools do not want to exclude such children from paying fees as it is stated in the South African Schools Act. Instead some principals of schools expel children who do not have money to pay school fees.

When parents or caregivers become sick, they stop working which leads to loss of income thus they are unable to pay school fees, buy uniforms or pay for textbooks and stationary. These parents should be exempted from paying school fees in terms of South African Schools Act no. 84 of 1996. When parents become sick they need nursing, direct physical and emotional support which result to the school going child assuming the role of caregiver which means missing out on school and the right to education taken away. In some cases as an income earner these children are drawn to crime, prostitution in order to contribute to the survival of the household.

In accordance with the National Education Policy Act no.27 of 1996 and in keeping with the principles set out in the act, the following procedures are prescribed for the Department of Education, KwaZulu-Natal:
The HIV and AIDS component under the Directorate of Psychology, Guidance and Special Education Services (PGSES) embark on training all educators and learners in both primary and secondary schools in the province on HIV and AIDS and general life skills. They render HIV and AIDS education programmes in all schools. This entails age appropriate education on HIV and AIDS and is integrated in the life orientation. Some aims include:

- Providing information on HIV and AIDS in South Africa and developing life skills for the prevention of HIV and AIDS.
- Fostering from an early age onwards-basic first aid principles including dealing with blood.
- Emphasising the role of drugs, sexual abuse and violence in the transmission of HIV.

- Encouraging learners to make use of health care, counselling and support services available in their communities.

- Teaching learners how to behave towards a person with HIV and AIDS.

- Cultivating an enabling environment and a culture of non-discrimination towards people with HIV and AIDS.

- Providing information on appropriate prevention and avoidance measures

2.9 COPING STRATEGIES OF CHILDREN IN CHILD-HEADED HOUSEHOLDS

In general under normal circumstances poor families employ a wide range of coping strategies when faced with economic hardships. These strategies include diversification of assets and sources of income, sharecropping stokfels (group savings) (World Bank 2000). According to Mutangadura, Mukuzata and Jackson (1999) once these strategies are exhausted, households respond by withdrawing their savings, relocation or taking children out of school. Kongsin etal (2000) supports the above stating that ultimately households are forced to sell assets or to reduce consumption.

The other coping strategy highlighted by Mutangadura etal (1999) is labour sharing especially in rural areas, whereby community members share labour in as far as agricultural activities are concerned, where they help each other in ploughing the fields and divide the harvest among them. Community members also come together and contribute towards funeral benefits (masingcwabane).

At present there are a lot of stumbling blocks in accessing Government support for children heading households and as result children have come up with their own coping strategies which are not necessarily positive, for example children might resort to prostitution, substance abuse and living on the streets. These children also rely on

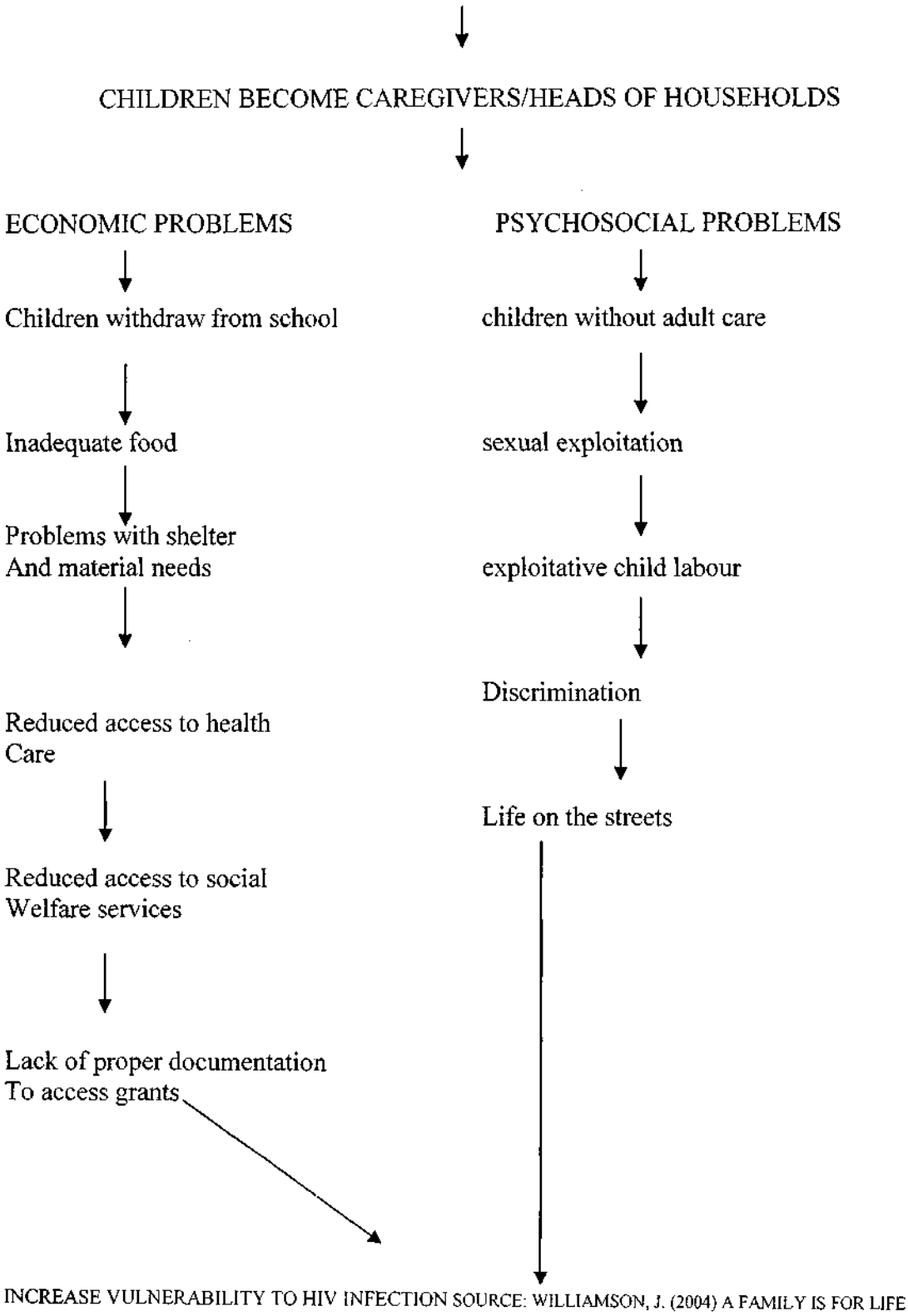
outsiders for assistance, such as their neighbours and other sympathetic members of the community. They sometime withdraw from school to take care of their siblings and take up piece jobs so as to support their 'families'. Some of these children develop hardened attitudes and resort to crime in order to survive. Most of the times these children stick together with their siblings and in that way they draw their strengths and support from each other.

2.10 A SUMMARY OF CHALLENGES FACED BY CHILDREN HEADING HOUSEHOLDS

When parents die children assume adult roles of being caregiver, and what follows thereafter are multiple challenges faced by these children and their siblings. The diagram below summarises the challenges faced by orphans especially those who are heads of households.

FIGURE 1: Challenges faced by child-headed households

This summarises the challenges faced by orphans and child headed households



SOURCE: WILLIAMSON, J. (2004) A FAMILY IS FOR LIFE

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This Chapter deals with the methods used when conducting the research as stated in Chapter One. The main objective of the study is to bring to the fore the rising challenges facing children heading households and their experiences. The intention of this study is to contribute to the existing research and further to shift the obvious focus from mainly material needs of children heading households to include their psychosocial and emotional challenges. This Chapter explains the research design, sampling, data collection, data analysis, ethical issues raised by the study and challenges presented by the study and the steps taken to deal with those limitations.

3.2 THE SETTING OF THE STUDY

The study was conducted in selected schools in the Hammarsdale area, which falls in the Durban Region and is about 56 kilometres from Durban and 39 kilometres to Pietermaritzburg. The schools in Hammarsdale cater for children from different socio-economic and religious backgrounds. These children come from rural areas, townships, informal settlements and suburbs. The vast majority of children attending these schools live in poor conditions with very limited resources or in some cases with no access to resources. In the communities where these children come from, there are high unemployment rates, which result in extreme poverty. Due to high unemployment rates and increased poverty levels, crime rates tend to be high, which makes child-headed households more vulnerable, as they tend to be the easy targets for criminals.

3.3 RESEARCH DESIGN

This research explored the experiences of children who are heads of households. In conducting this research, qualitative research methods were used to obtain in depth information from the participants. According to Mouton and Marais (1996) in qualitative research, concepts and constructs are meaningful words that can be

analysed in their own right to gain a greater depth of understanding of a given concept. Mark (1996) supports the above view stating that in qualitative research the results are complex and rich and they may usually take the form of narrative description or lengthy explanations.

This was an exploratory research, where a qualitative research process was applied. I used explorative research in this study because the topic under study is relatively new, as there is still very limited literature on child-headed households. Babbie (2004:88) explained that the explorative approach typically occurs when a researcher examines a new interest or when the subject of study itself is new. Babbie (2004:88) further stated that exploratory studies are most typically done for three purposes: to satisfy the researcher's curiosity and desire for better understanding, to test feasibility of undertaking a more extensive study, and to develop the methods to be employed in any subsequent study.

As explained previously as a social worker at the department of education, I became aware that there were escalating number of referrals from schools, other government departments, NGO's and concerned citizens pertaining to the plight of orphaned children who are heads of households. Although the general concern from those who were referring the cases was on material support, the research looked beyond material needs. These referrals raised a lot of questions for me as the researcher, for instance, instead of only dealing with those individual cases referred, I became interested in the experiences of those children who are heads of households.

I looked at the experiences of children who are heads of households and the challenges facing these children so as to make recommendations on strategies that can be employed in assisting these children. As mentioned in Chapter One, the research focused on material support, the psychological and emotional impact, the coping strategies and the available support structures in terms of social support and access to available resources.

3.4 THE QUALITATIVE APPROACH

I chose to adopt a qualitative research methodology for this study. Qualitative research is considered to be an appropriate methodology for researchers whose research questions lead them towards an "inductive or data driven approach". In this method, the researcher looks at what is going on and tries to make sense of that by testing out themes and patterns (Edward and Talbot 1994:7). 'Qualitative researchers do not therefore seek to test a theory through formulating a hypothesis and examining their data, but this does not mean they approach their subjects devoid of theory, but rather this theory is not seen as fixed' (Edward and Talbot, 1994:8).

According to Yin (1984) the use of qualitative research methodology has been particularly useful in informing policy because processes, problems and programmes can be examined to bring about understanding that can affect and improve practice. Edward and Talbot (1994:8), (Babbie 2004:88) and (Henning 2004:75) agree on the following advantages of qualitative approach:

- Qualitative research methodology allows for in depth data collection.
- The approach captures complexities.
- It allows a focus on the local understanding and sense of participants in the case.
- The qualitative approach provides readable data that brings research to life and is true to the concerns and meanings under scrutiny.

However, Edward and Talbot (1994:9) remind us of the following limitations of qualitative research:

- Qualitative research can be an unwarranted intrusion into the lives of participants.
- Qualitative research requires carefully high quality data collection, which is time consuming.
- The researcher can become so immersed in participants' cases making data analysis more difficult.

Edwards and Talbot (1994:10), Babbie (2004:90) and Henning (2004:146) further highlighted that concerns about reliability, validity and generalisability are pertinent to all research, but criticism about soft subjectivity are often raised in relation to qualitative research. By being aware of the above and always keeping in check of subjectivity and bias the researcher minimised the risks of subjectivity.

3.5 THE RESEARCH PROCESS

The research process consisted of several stages, which are discussed hereunder:

3.5.1 Negotiating Access

According to Bell (2004) no researcher can demand access to an institution, organizations or to materials. People will be doing a researcher a favour if they agree to help, and they will need to know exactly what they will be asked to do, how much time they will be expected to give and what use will be made of the information they provide.

In conducting this study, negotiations and permission to gain access were undertaken with the Director of Research, Policy Development and EMIS from the Department of Education KwaZulu-Natal. An application letter, copy of proposal, research instrument (interview guide) and confirmation were submitted to the Research Directorate, and permission was granted to conduct research. Notices were sent to the identified schools to inform them about the research to be conducted in their schools. I did initial visits to the selected schools to meet with the school principals and Institution Support Team (IST) coordinators mainly to introduce myself, introduce the research topic and also to ask the IST coordinators to compile a list of children who are heads of households in their schools.

3.5.2 Sampling

A non-probability sampling procedure was used in this research. Mouton and Van Schalk (1996) defined sampling as a process of selecting a sample that represents a target population and who answer the questions asked by the researcher during the interviews. According to Marion and Morrison (2000) judgements have to be made about four key factors in sampling, these are: the sample size, the representativeness and the parameters of the sample, access to the sample and the sampling strategy used.

Purposive sampling was used for the selection of research participants. According to Cohen et al (2000) in purposive sampling researchers handpick the cases to be included in the sample on the basis of their judgement and their typicality. As pointed out by Marlow (1998: 13) purposive sampling includes in the sample those elements of interest to the researcher. For the purpose of this study, I selected participants from five schools (two primary and three secondary schools). The participants were selected from the list given by the Institution Support Team coordinators (IST) from each selected school. Children under the age of eighteen years were eligible to participate in the study. Prospective participants were drawn from orphaned children heading households. Two participants were from the two selected primary schools and thirteen participants came from the three selected secondary schools. The sample consisted of six males and nine females. Although children from all racial groups had an equal chance of participating in the study, only Black children formed part of the study. This was due to the fact that all five school, which participated in the study cater for Black children.

The sample I selected possessed the characteristics that I was interested in studying. According to Mason (1996), the logic of purposive sampling is that you select units which will enable you to make meaningful comparisons in relation to your research questions, your theory and the type of explanation that as a researcher you wish to develop. The problem with purpose sampling as with other non-probability methods is the lack of ability to generalise from these samples. However, its strength is that for many studies it can ensure the collection of information that is directly relevant to the subjects being investigated.

I used the following criteria to screen the research participant to be included in the study:

- Candidates must be willing to participate in the study.
- Participants must have headed the households for a period of at least six months.

3.5.3 Preparatory Interviews with Participants

After I selected the prospective participants from the list, a first meeting was set to introduce the study to prospective participants and to ask for their consent to participate in the study and also to plan for in-depth individual sessions. During the first meeting, the purpose of the study was fully explained in detail. Voluntary participation was stressed, so that the participants did not feel obliged to participate in the study. Participants were informed that there wouldn't be any material gains for participating in the study, but that recommendations will be made to the relevant stakeholders depending on the outcome of the study. The principle of confidentiality was highlighted. It was clarified that any information will be shared with service providers, who will be able to help the participants with various issues and that they will be informed of such actions. Consent forms were distributed to the participants and they signed them. The consent form gave me permission to interview the participants and also to share information concerning the topic in confidence with relevant stakeholders in order to assist the participants with their different needs where necessary. The participants were assured that any information to be shared on their behalf would be discussed with them first. The prospective participants were met individually in their respective schools. A pre- interview session was held with all the participants

3.5.4 Data collection

The Research Instrument

I compiled an interview guide, which was used to collect data from the participants. The interview guide covered nine areas, namely: Demographic details, Living

conditions, Household financial situation, School issues, Safety issues, Psychological and emotional impact, Support structures, Coping strategies and possible solutions. An interview guide with semi-structured and open-ended questions was used both to allow participants to give more specific answers and at the same time to allow participants to give as much information as possible freely and elaborate on issues where necessary.

According to Mark (1996) in semi-structured interviews the general nature of the questions is specified in advance, keeping the research purpose in mind. The researcher may determine the specific wording of questions and their order. Mark (1996) further argued that this allows for a naturalistic or informal interview in that the interviewer is free to ask questions. In semi-structured interviews, the questions to be asked in an interview are not standardised, but the researcher formulates broad areas of focus. In this study I focused on five broad areas, which were covered in the interviews, and the questions were generated out of those broad areas. The interview guide ensured that all the intended areas were covered and to give direction to the interviews.

In these kind of interviews, "the interviewer has to control the process in order not to let the speaker deviate from the topic and also to make sure that no leading questions are asked and that there is no "contamination" of any kind" (Henning, 2004:53). This helped to ensure that time was not spent on issues unrelated to research questions. The interview guide helped to give the interviews some structure although there were no standardised questions set before the interviews. This helped to ensure that interviews are not time consuming as I gave direction during the interview process.

The process of data collection

Appointments stating dates, times and venues of the interview sessions were organized with the help of the Institution Support Team coordinators of each selected school. All interview sessions were held at the schools during school hours and these sessions were scheduled to ensure that they did not disrupt participant's school routines. It would have been appropriate to interview the participants in their homes so as to get the feel of their living conditions, but my working conditions prevented

me from doing home visits as contact with school children can only be done during school hours on the school premises. This however was an advantage as it was easy to meet the participants in their respective schools, as it would have been difficult to locate their homes as most of them lived in rural areas and informal settlements with no proper street names. This also made things easier for the participants as they needed to rush straight home after school to prepare dinner for themselves and their siblings. It also helped those who needed to catch taxis or buses home not to miss their transport. This saved time for the participants and me. As pointed out by Bell (2004) that interviews are time consuming, as they require careful preparation, much patience and considerable practice if the eventual reward is to be a worthwhile catch. I provided sandwiches and juice for participants, especially for high school participants, as there is no nutrition programme in their schools. I felt that it would be unfair to expect children to concentrate while they are hungry. This helped a lot especially when interviews were held during break time.

The interview process consisted of two sessions except for two participants whereby I needed a third follow-up session to clarify some issues. The third follow-up session took approximately fifteen minutes. In the first session, which took about forty-five minutes, I introduced myself to the participants, and clarified the purpose of the study. The demographical details were discussed during the pre-interview session referred to in (section 3.5.3).

The second session consisted of the actual interviews, which took approximately one hour, per participant. The interview process involved face-to-face interviews with all fifteen participants. All interviews were conducted in Zulu and were recorded in English. In order to avoid misunderstandings and distortion of information due to language, I met with two participants to clarify some sections of the study where there were uncertainties. Interviews were used to get the participants' views of their lived experiences. At the beginning it was not easy to get the full participation of the participants. The study focused on children who were orphaned and were heading households, but not necessarily those orphaned due to HIV and AIDS related deaths. However, some children disclosed that their parents died of HIV and AIDS complications. Initially some of the participants were reserved during the interviews,

and ambivalent about sharing experiences especially those whose parents disclosed their HIV status before they passed on.

More time was needed to establish rapport and a sense of safety and comfort before they could open up. The use of the tape recorder made things even worse and most participants were reluctant to open up fully when knowing that the interviews were recorded. Only three participants agreed to the use of a tape recorder. Because of the overall discomfort, I decided not to use the tape recorder. I took notes during and after each interview and copies were made and stored safely for data analysis. Each interview lasted approximately 60-75 minutes.

According to Bell (2004), a major advantage of the interview is its adaptability. Interviews provided opportunities to probe responses and investigate motives and feelings, which a questionnaire alone can never do. During the interviews, I was able to observe the way the response was made, for example, the participant's tone of voice, facial expression, hesitations, anger, sadness, hopelessness and helplessness.

3.5.4 Data Analysis

Miles and Huberman (1994) defined analysis as consisting of three concurrent flows of activity namely: data reduction, data display and drawing a conclusion or verification. As pointed out by Henning (2004:127) an analysis commences with reading all the data and then dividing the data into smaller and more meaningful units, and then the researcher uses comparisons to build and refine categories, to define conceptual similarities and to discover patterns. The primary mission in the analysis of qualitative data is to look for patterns in the data, noting similarities and differences (Marlow, 1998). Data were kept in context to avoid the temptation to present emerging data as independent conclusions that stand on their own. The final phase of data analysis in qualitative research is one that involves reducing the initial mountain of data to an ordered set of themes (Fuller and Petch, 1995:85). The data were analysed using qualitative analysis. Qualitative data analysis has the ability to capture the understanding of the data in writing and to convert data into final patterns of meaning. Data were analysed manually. The raw data were typed and copies made. The original copies were kept at a safe place for future reference. Only photocopies

were used to analyse data. I read through the collected field notes in search for meaningful segments.

Data were divided into small units of meaning, which were systematically named per unit and then grouped together in categories that contained related codes. "In open coding, the analyst reads through the entire text to get the global impression of the context, already some themes will be observed" (Henning, 2004: 101) I read the transcripts of all interviews conducted, and identified units of meaning. After repeated readings, categories were developed from the responses. Using different coloured markers, these categories were labelled and grouped together, under broad themes. Similarities and differences in the themes were identified and whether these themes relate to the research questions. According to Henning (2004:101) in open coding, the analyst reads through the entire text in order to get a global impression of the content, and at this stage some themes will be observed.

Once all the set of data have been coded and put into categories, I looked at the whole data to see if it addressed the research questions and to see if there are any additional data needed. According to Henning (2004:101) once the sets of data have been coded, the analyst will start asking the following questions:
What are the relationships in meaning between all the categories?
What do these categories say together?
How do these categories address the research questions?
How do these categories link with what I already know about the topic?
Once these questions were answered more questions were generated to try to round off the analysis and discussion generated around the themes.

3.6 LIMITATIONS TO THE STUDY

The issue of death of parents is very sensitive to children, and is not something that they are willing to talk about. Hence I informed the participants from the beginning that I was there to support them and that my office was always open if they wanted to talk. I was honest with the participants that there will not be any material gains in return for taking part in the study. Although I was honest to the participants about the objectives of the study, it is possible that participants might have exaggerated their

stories in the hope of eliciting assistance or handouts from me. These hidden expectations might have influenced their responses. The fact that I used a small sample means that the results of the study cannot be generalised. As pointed out by Mouton (2001:68) in qualitative study the obligation for demonstrating transferability rests on those who wish to apply the study to other settings, they should consider research methods, process, and sample size.

The fact that I could not use the tape recorder, due to the fact that most participants said they were not comfortable with it, meant that I had to take down notes during the interviews and this took a lot of my time, as I had to take accurate notes, as I did not want to leave out important information. This was a limitation in itself as it could lead to information distortion. Data analysis could have been made easier, with the use of the tape recorder instead of relying on the field notes.

3.7 ETHICAL ISSUES

According to Strydom et al (2002) the fact that human beings are the objects of study in the social sciences brings ethical problems to the fore. Strydom et al (2002) identified the following ethical issues to be considered when conducting research:

Harm to participants

This was minimised by handling interviews more professionally with sensitivity and ensuring that no unnecessary harm is imposed on participants. I acknowledged the possible psychological impact of opening up old wounds to the participants, but the fact that I am a qualified social worker meant that I was able to observe changes in participants' behaviours and act accordingly. Participants were informed of the availability of counselling services should they feel that they needed counselling. The fact participants were informed that participation is voluntarily and that they can withdraw from the study at any time ensured that they do not feel obliged to participate in the study.

Informed consent

In this study the participants filled the consent forms, giving their permission to participate in the study. Before signing the consent form the purpose of the study was clearly explained to them so that they can make informed decisions.

Anonymity

To ensure anonymity, participants were told that their names would not be used in the study; instead they would be given pseudonyms. This helped participants to talk freely during the interviews.

Deception of participants

I was honest with the participants about the purpose of the study, actions and my competences. Participants were informed that there wouldn't be any material gains, and that they won't be disadvantaged in any way by not participating in the study.

Confidentiality

To ensure confidentiality participants were told that whatever was discussed during the interview sessions would not be divulged to anyone without their consent.

3.8 CONCLUSION

In this Chapter, the research methodology used in this study was described and discussed. The sampling was discussed. The data collection process was discussed i.e. the use of the interview guide, unstructured and open-ended questions used in the data collection process were outlined. The methods of data analysis used were outlined. Possible limitations and some ethical issues of the study were highlighted. The following Chapter contains the analysis and discussion of data obtained through the process outlined in this Chapter.

CHAPTER FOUR

ANALYSIS AND DISCUSSION OF RESULTS

4.1 INTRODUCTION

As outlined in Chapter Three, the data were organised into categories and themes. In this Chapter I present and discuss these themes. This Chapter is divided into two main sections, namely: participants' profiles (pseudonyms are used to protect identities) and the discussion of results in the form of themes. These themes that were derived from the process discussed in Chapter Three relate directly to the objectives of the study as explained in Chapter One.

During data analysis I grouped words, sentences and paragraphs to form the main focus areas highlighted by participants during the interview process. For example, participants used words and sentences talking about being hungry, no food, struggling to put food on the table, no clothes to wear or no proper school uniforms, no bus fare to school and walking long distances to school and lack of housing. These words, sentences and paragraphs were grouped together to form one focus area for example poverty and poor financial circumstances. During data analysis, I looked closely at sentences, which might show how the participants felt about their situation.

The following comment by Mbali demonstrates how words and phrases used by the participants were grouped together to form a theme:

"Angisathandi ukuhlala la ngoba abantu basikhiph'inyumbazana" ***(I hate staying in this community, people discriminate us).***

The word 'hate' is used as a negative and describes how the participant felt about being with the community that, according to her, discriminates against them. This was grouped with other responses such as "I feel frustrated, rejected, angry, unhappy, isolated" These feelings were expressed by some of the participants. As Capitamio (1993) pointed out that the negative impact on children whose parents lived with HIV

and AIDS are more traumatised by the death of their parents as they experience additional stressors including stigma and secrecy attached to HIV and AIDS.

The following section provides a brief profile of the participants.

4.2 THE PARTICIPANTS

The following are the details of the fifteen participants who took part in the study. The names of participants have been changed to protect them and their families and also to maintain anonymity.

LULU

Lulu is an eighteen-year-old girl heading a family of five children including herself. She lives in an informal settlement (shack) with her three brothers, ages 17, 14 and 12 years respectively and her own 4 year old daughter.

She was in grade 12, and two of her brothers are at a primary school. One brother was out of school and not employed. Lulu had been heading the household since 2001 when her mother died. She revealed during the interviews that they did not know their father, and their mother's family resides in the Eastern Cape, so they did not have any relatives in KwaZulu-Natal. Their grandmother who used to visit them from the Eastern Cape passed away in 2004. Lulu reported that she tried to apply for a foster care grant for her three brothers but was told to come when she is 21 years old as she is under age to apply for a grant.

The family lives on R190, 00 child support grant for Lulu's daughter. They also get monthly food parcels from a local 'Drop in Centre'. Lulu also enlisted the help of social workers to secure school uniforms for herself and her two brothers.

LUNGA

Lunga is a seventeen-year-old boy who lives with his fifteen year old brother. He was in grade 10. His 15-year-old brother dropped out of school in grade 8 and was then working as a taxi conductor. The brother could not take it anymore, as sometimes he had to go to school hungry and sometimes go to bed on an empty stomach.

Lunga had been heading the household since their mother passed away in 2001. Their father was killed during political violence in the area.

In terms of financial status of the household, Lunga reported that they were not in receipt of any social grants. He said that he went to the social workers to ask for assistance, but was told that they need to be placed with an elder person who then will be able to apply for a foster care grant. Lunga said that they were better off staying by themselves rather than with somebody else. He further said that they did not want to leave their parents house.

Lunga explained that they were getting food parcels from a local' Drop- In Centre' from 2001 until 2004. They mainly rely on neighbours for food handouts, and the local shopkeeper who at times gave them food parcels from his shop and then, they would run some errands for him in return, such as helping in the shop with loading groceries and cleaning. Lunga and his brother lived in a RDP house and they said they were happy with it, as it was enough to accommodate both of them.

THEMBELA

Thembela is an eighteen-year-old girl who headed a family of five children including her. She lives with her three brothers, ages 16, 12 and 8 years and one 10-year-old sister.

She was in grade 12 and her brother was in grade 10. The other 12-year-old brother was in grade 8. The other two younger children were doing grade 5 and grade 2 respectively. Thembela had a 23-year-old sister and a 20-year-old brother who were both unemployed. Their 23-year-old sister stayed with her boyfriend and they did not know where their 20-year-old brother stayed, but he visited them often.

Thembela had been heading the family since 2004, October. Their mother passed away in September 2004 a long illness, and their father passed away in 2000. Thembela disclosed that their mother was HIV positive. They have their aunts and uncles but preferred to stay by themselves, as she was scared that her siblings would

be ill treated at their relatives' houses, since the relatives have their own children. The family lived at a Reconstruction and Development Programme (RDP) house. Thembela said that they were happy to live there although it is small they were glad that it is solid and it is better than living in a shack

JABU

Jabu is a sixteen-year-old boy who stayed in an informal settlement with his 14-year-old brother. Their mother died in 2001 after a long illness. Their father was killed during political violence in the 1990's. They live in a shack, which was not properly built as it used to leak when it was raining. Jabu was in grade 9. His fourteen-year-old brother dropped out of school in 2004 and was not attending school and he couldn't cope to go to school sometimes on an empty stomach.

Jabu informed that they received food parcels from a local drop in centre for a while after their mother's death but they stopped and were told that food parcels were for people who were awaiting receipt of social grants.

NTOMBI

Ntombi is a fourteen-year-old girl doing Grade 9. Ntombi lives in a shack with her 12-year-old brother who was in grade 8 at the same school.

Their father was shot dead in the 90's during violence in KwaZulu-Natal, their home was burnt down and they fled to Durban with their mother. Their mother was unemployed and took to informal trading, selling fruit and vegetables. Their mother passed away in 2003 after a long illness. After their mother's death, Ntombi and her brother stayed with a distant aunt for a while. Their aunt tried to apply for a grant for them but it was difficult to get birth certificates for them, as their mother never had an Identity Document. They think that their aunt got fed up waiting for the process from Social Welfare and Home Affairs to get birth certificates for the children. She left them in February 2004 without telling them where she was going. They are too scared to even trace their relatives from the farms in Northern KwaZulu-Natal as their family

fled the area under very bad circumstances, and they had never had any contact with their relatives since then.
Ntombi and his brother are getting food parcels from a local drop in centre every month and get breakfast and lunch at the centre everyday.

ANELE

Anele is a seventeen-year-old boy in Grade 12. He stays with his fifteen- year- old brother since July 2004 when their mother passed away. They did not know their father, and had no other known relatives. I met Anele just a few weeks after he had buried his brother who committed suicide. Anele seemed much traumatised at the time of the interview, as he was trying to hold back tears. Anele lived in an RDP house left by his mother. Anele sold fruit and vegetables every afternoon after school so as to earn a living.

MAKHOSI

Makhosi is a 16-year-old girl, who lives in rural areas with her three younger brothers who were 12, 10 and 8 years and were in grade 7, 5 and 3 respectively. Makhosi was in Grade 10. Her father deserted them long before their mother died in 2004. They did not know where he was and whether he was still alive.

They live at their home by themselves and Makhosi is the head of this household. They have relatives who live in the same community, but no one is prepared to live with them or take care of them. Makhosi told me that even while their mother was still alive the relatives did not bother to come and see her.
Makhosi reported that they were not in receipt of any grant but their case was with the social workers. Her mother was in receipt of the child support grant for the two younger children, which was suspended after her death, there was no one who could renew the child support grant as Makhosi was only 16 and did not even had an Identity Document yet. None of the relatives was interested to reapply for the grant, as the relatives seemed not interested in helping them.

Their mother was a domestic worker in one of the suburbs and their mother's employer help whenever they can with food, clothes and school needs. Makhosi and

her siblings do not pay school fees as the social workers reported their case in their respective schools.

MBALI

Mbali is a 17-year-old orphan (female) who lives in a rural area with her two brothers aged 15 years and 8 years respectively. She dropped out of school in February 2005, but went back again after a month. She was in grade 10. Her 15-year-old brother also dropped out of school at a primary school level. Her 8-year-old brother was doing grade 1 and was absent form school on a regular basis due to his ill health.

Mbali was the head of the family since her mother passed away at the beginning of 2004. She informed that her father passed away in 2002 after a long illness and her mother was also very ill for a long time before she died. Mbali had taken the responsibility of caring for her brothers after their mother died after a long period. She informed that she worked as a domestic worker during weekends in her neighbourhood earning R30, 00 per day. She used the money mainly to buy bread and mealie-meal and for her bus fare.

Mbali and her 15-year-old brother did not have birth certificates; only her younger brother had birth a certificate as her mother was getting a child support grant for him. She couldn't apply for her brother's child support grant due to the fact that she did not have an Identity Document. She had tried to enlist the help of relatives to get an Identity Document to no avail as the relatives distanced themselves, since her father's death, and it is even worse now that their mother is deceased too.

LWAZI

Lwazi is a 16-year-old boy who lives with his 13-year-old brother in a rural area not far from Durban. Lwazi and his brother attended school in a nearby high school. Lwazi was in grade 9 and his brother was in grade 8.

Lwazi's parents died in the car accident in 2000 when Lwazi was only 11 years old and his brother was 8 years old. They were still in primary school. Lwazi informed that they stayed with their maternal aunt for few months after their parent's burial. Their aunt went to Social Welfare and applied for foster care grant on their behalf,

which was approved after about 6 months. Lwazi informed that things went well for a while because all their needs were taken care of by their aunt. She bought them clothes, paid for their school fees, took care of them etc.

Lwazi informed that he and his brother were used to the comfortable living, as their parents owned two taxis. Each family member wanted to take care of Lwazi and his brother, as they wanted their home, the taxis and the foster care grant. According to Lwazi, the tension among family members grew and at times they used to literally assault each other. When asked how he is coping as the head of the household, Lwazi informed that they rely on neighbours for food. Social workers used to give them food parcels as their case was well known especially after their aunt left. Lwazi informed that they have even sold some items from their home such as a TV, Hi-fi, and DVDs.

LINDIWE

Lindiwe is a 17-year-old girl heading the family of four including her own two children, her sister who was 15 years old, her brother, 13 years old and her two children aged 2 and 1 year. Lindiwe did not know her father as she and her siblings were living in their home with their mother, who passed away in 2004, after a long illness. They live in a rural area near Pinetown.

Lindiwe was in grade 12; her sister dropped out of school and was associating with the gangs and smoking dagga in the streets corners. Lindiwe informed that they live on the child support grant that she collects for her child. She informed that she had asked a distant relative to collect the grant on her behalf, as she does not have an Identity Document to apply for the grant herself.

SIPHOKAZI

Siphokazi is a 17-year-old girl, who heads a family of six. Her mother passed away in 2000 after long illness. Siphokazi and her siblings stayed with their father after their mother's death until their father died in 2002. Their father was shot during a robbery at their home. They lived in a rural area. Siphokazi cried a lot during the interview as a result I comforted and supported her, and reminded her that she can withdraw from the study at anytime. Siphokazi said that she wanted to talk, as she never had an opportunity to share her feelings with anyone. She was clearly traumatised and as a

result the researcher had to make follow up counselling sessions for Siphokazi. After the interviews Siphokazi was referred to the social workers at the Department of Social Welfare for further counselling services.

Siphokazi has been the head of household since her father's death in 2002, though they get support from the extended family, both paternal and maternal relatives. Siphokazi was doing grade 10 and all her five brothers were still at school. The paternal aunt visits them often to check up on them. Siphokazi said she is coping well with the management of the household, because she had the support from the extended family.

LONDEKA

Londeka is a 13-year-old girl in grade 5 at a primary school. Both her parents are deceased. Her mother died in 2004. During the interviews Londeka appeared to be very sad. She wore an old uniform and no shoes. She stayed with her brother who was 7 years old and in grade 1 at the same school. They occupy a one-hut home in a rural area. Londeka informed that, after her mother's death their maternal aunt moved in with them for few months, then she got a job in the suburbs and visits them once a month to buy them food.

The children were not in receipt of any social grants as they had no birth certificates and the aunt was still sorting out the documents. Londeka informed that they missed their mother a lot and Londeka said that her brother used to cry a lot when he misses his mother and that would upset Londeka and she did not know how to handle him, as she was the child herself.

NELLY

Nelly is a 15-year-old girl heading a household of two including her. She lives in a shack with her 12-year-old sister who is at the same school with her. She was in grade 7, while her sister was in grade 6. Their mother passed away in 2005 after a long illness and she was on Anti-Retro-Viral drugs (ARV's) (Nellie disclosed voluntarily). They stayed with their aunt for few months, and their aunt also passed away immediately after that. Hence they are now staying on their own. They did not know

their father. They are not receiving any social grant, and rely on neighbours for food, and on their educators for school needs.

MANDLA

Mandla is a 17-year-old boy in grade 11 staying in a rural area near Durban with his brother who is 15 and out of school. They did not know their father. They came to Durban with their mother who was working as a domestic in the suburbs. Their mother became very sick before she died in 2005. They did not know their relatives. They did not get a social grant, and are dependent on their mother's friends for food and other necessities. They did not have birth certificates and were still trying to apply for them.

MAZZI

Mazzi is 17 years of age, living with his 15-year-old sister and her 18 months old baby. Mazzi was in grade 10, and his sister was out of school, as she has to take care of the baby. They live in a rural area not far from Pinetown. They did not know their father. Their mother died in 2004 after a long illness. They get assistance from their neighbours and from the church. They did not have birth certificates, except for Mazzi's sister's child who has a birth certificate. They relied on this child's child support grant, which is collected by their mother's friend, as the mother did not have an Identity Document.

The following table summarises the details of participants.

TABLE 1: Biographical details of participants.

PSEUDONYM	AGE	GRADE	GENDER	NO. IN HOUSEHOLD
Lulu	18	12	Female	Five
Lunga	17	10	Male	Two
Thembela	18	12	Female	Five
Jabu	16	9	Male	Two
Ntombi	14	9	Female	Two
Anele	17	12	Male	Two
Makhosi	16	10	Female	Four
Mbali	17	10	Female	Three
Lwazi	16	9	Male	Two
Lindiwe	17	12	Female	Five
Siphokazi	17	10	Female	Six
Londeka	13	5	Female	Two
Nelly	15	7	Female	Two
Mandla	17	11	Male	Two
Mazzi	17	10	Male	Three

Of the fifteen participants, eight lived in townships (four lived in informal settlement or shacks and four lived in Reconstruction and Development Programme houses) and seven lived in rural areas. The results of the study revealed no differences in challenges and experiences of children who are heads of households. Participants experienced similar problems regardless of their social and economic backgrounds, and were faced with similar challenges in their lives. The intensity of their problems differed depending on the levels of support that they had.

4.3 DISCUSSION OF FINDINGS

Although the intention of this study was to look at the experiences of orphaned children who are heads of households regardless of their parents' cause of death, during the interview process two participants revealed that their parents disclosed their HIV and AIDS status before they died. Although other participants did not come out clearly to say their parents had died of HIV and AIDS complications, it was quite obvious as they stated the symptoms and others even informed that their parents were taking Anti-Retro-Viral drugs (ARV's).

When analysing data I looked at the common or different areas that transpired from the study. From the multiple readings of the transcribed data, the various themes emerged which relate to the following areas: poor living circumstances psychological and emotional effects, safety at home, schooling, access to social grants, access to support structures. This section discusses the above areas in more detail. Direct quotes of the participants appear in italics.

4.3.1 POOR LIVING CONDITIONS

Lack of food and begging

From the interviews with the participants it became evident that children heading households are faced with extreme poverty. All participants described in great detail how difficult it was to live in poverty. They explained in detail how they are struggling everyday to put food on the table for themselves and their siblings. Lack of food was seen as the major problem by most of the participants. They narrated how at times they have to go to bed on empty stomachs. Lunga stated that being hungry could lead a person to commit suicide as one looses hope of ever becoming successful one day. This is congruent with Demmer's argument (2003) that families affected by AIDS battle poverty and grief, and for the most of these poor people, grief takes a back seat to getting food to eat and keeping a roof over their heads.

The following quote by Lunga demonstrate the extent of desperation these children find themselves in:

"Uyazi ngikhe ngicabange ukurobha ibanka, khona ngizothol'imali yokuthenga ukudla" **(sometimes, I think of robbing a bank to get money to buy food).**

Almost all the participants echoed living under poor conditions, and experiencing poverty in one way or the other.

Thembela related her experience in the following quote:

"Uyazi angisakwazi ukucabanga eziny'izinto ngihlala ngicabanga ukuthi azi ingane zasekhaya zizodla ntoni" **(you know, I can't think of anything else, except where am I going to get food for my siblings)**

For Thembela obtaining food was a daily challenge. Some of the participants commented on how they had to sell household goods to attend to their parents' medical needs, which indicate that some children had suffered a great deal long before their parents passed away. This coheres with Nattrass's (2004) contention that HIV and AIDS epidemic wipes out those in their prime income generating years therefore having an impact on the welfare of the elderly who are caring for orphans as well as those who are heads of households. Once the parent becomes sick she stops working and that means as a breadwinner there would no source of income. On the other hand medical bills will start piling up, forcing the family members to sell household assets to cover food and medical bills, and the remaining assets (if there are any) are sold eventually to cover funeral expenses once the parent dies, leaving children destitute. As pointed out by Mukoyogo (1997) child-headed households' financial statuses deteriorate while their parents are still alive as they have to sell household assets to buy food and to pay for medical needs.

Lwazi explained as follows:

"Ngeskhathi uma egula, sasi ngenalutho olusele, kwaphoqeleka ukuthi sidayise iTV nevideo, ukuze sithenge ukudla sibuye sikhokhele nemithi yakhe" **(when my mother was sick, we had to sell the TV and video so as to buy food and pay for her medicines).**

He went on to relate that he felt desperate and had no other option, except to sell his parents belongings. Lwazi previously lived comfortably, but when the standard of

living dropped due to the death of his parents, he understood the need to make sacrifices.

Lack of proper housing

Lack of proper houses is a big challenge faced by the whole country. This is confirmed by the increasing number of informal settlements in all the major cities in South Africa. People who move from the rural areas to the cities in the hope of getting better opportunities for themselves and their families find it difficult to secure better living conditions for them. Most poor people live in the informal settlements under very poor conditions with no basic infrastructure such as clean water, sewerage, electricity etc. that in turn poses a health hazard to the inhabitants. Those whom are 'lucky enough' live in the one -roomed RDP houses that are most of the times overcrowded with no privacy for those living in the house.

Lulu highlighted the fact that besides worrying about food in her case she was faced with lack of a proper home:

U*mjondolo esihlala kuwona usengawa nomayinini, ngibaneworry uma lina okanye linomoya"* **(we are living in a very dilapidated shack, which can collapse at anytime. I get worried when it rains or when it is windy).**

As the participants resided in either RDP houses, informal settlements and rural areas, I had an opportunity to understand their living conditions from all three spheres.

Lulu described her poor living conditions stating that her family did not have a solid shelter to live in as their shack is in a bad condition:

" Ngikhathazekile indlela esihlala ngayo, umkhukhu esihlala kuwona unembobo, futhi usengawa noma yinini" **(I am worried about our living conditions, our shack is full of holes, it can collapse at any time)**

The above response indicates that the living conditions of this family are a source of constant stress.

The following quote by Lulu demonstrate the lack of support these children receive from other sectors of our society:

"Ikhansela lendawo lingitshele ukuthi ngijoyine iwaiting list nabanye abantu abalinde izindlu zomxhaso, ngoba baningi abantu abakuwaiting list, abanenkinga zabo. **(The local councillor asked me to join the waiting list like other people who are also desperate to get RDP houses).**

The results of the study show that children from rural areas are subjected to more hardships than their urban counterparts. It is evident that the local government is not doing much in the rural areas in terms of improving service delivery, as their core function is to take services to the people. This is a problem that individual child-headed households cannot tackle on their own, as it needs to be collectively dealt by the whole community. Lulu told how her application to get an RDP house was turned down by her local councillor although she explained her situation to him, and also the fact that her mother was already in the waiting list for house before she died.

Lulu saw this as a main concern, and it far exceeded her worry about food and clothing. The slow delivery of housing to people is still a major problem, especially for those children whose parents died before providing shelter for their children. Lulu's experiences are a representation of the experiences of several other participants.

In some instances some children had their homes taken over by relatives. As pointed out by Padayachee (2004:36) that in some instances the extended family takes orphaned children's possessions upon death of parents, as their parents did not draw up a will. This practice was applicable to few participants in this study.

4.3.2 PSYCHOLOGICAL AND EMOTIONAL EFFECTS

The aim of the study was to focus on the experiences of children who are heads of households regardless of how they lost their parents. During the interviews participants who opened up and disclosed their parents illnesses, were allowed to do so as it was not only therapeutic to them, but they said that it felt like a big weight has been lifted from their shoulders as probably they have never shared the information with anyone.

The interviews revealed that some orphans lost their parents due to HIV and AIDS related complications. Three out of fifteen participants disclosed their parents' HIV statuses, although I told them it was not necessary to share such information, but the participants said that they wanted to talk about it as they had not talked to anyone about how they felt about their parents' deaths and the fact that the parents were HIV positive.

Siphokazi explained as follows:

" *Akakho umuntu owaziyo ukuthi uma wayene nculazi ngoba angikhulumanga namuntu ngaloludaba"* **(I have not spoken to anyone about this; nobody knows that my mother had AIDS).**

The stigma and secrecy attached to HIV and AIDS has negative effects on children as they have to live with it to protect their families from discrimination. Some children said they are keeping the secret to protect their younger siblings who might not cope well with finding out that their parents had AIDS. This coheres with Bor and Elford (1998) argument as mentioned in Chapter Two that the stigma and secrecy surrounding AIDS can have many adverse consequences on orphans such as isolation and low self-esteem.

Anele's story illustrates his feelings of helplessness:

"I sometimes get so frustrated that, I think of killing myself, especially when I think of my brother who committed suicide after I told him that our mother had AIDS"

Besides losing his mother, Anele lost his brother who committed suicide after learning how their mother died. This was a very tragic experience for Anele who was already grieving his mother's death. He seemed very depressed during the interviews. I comforted him and provided contact details of professional people who might help him deal with his loss.

Children are becoming more aware of HIV and AIDS, due to programmes being implemented by various government departments and NGO 'S. The life skills programme run by the department of Education in all primary and secondary schools provides children with information about HIV and AIDS. It is understandable that some parents did not disclose their status, thus leaving children more worried, as they would have noticed the symptoms. Mbali said that although her mother did not disclose her illness, she knew that she was dying of AIDS related diseases as she recognised that at the end she was on antiretroviral drugs. This was though still a secret and not talked about openly.

As pointed out by Capitamio (1993) in Chapter Two, the negative impact on children (especially adolescents), whose parents lived with HIV may be even greater than would be suggested by the bereavement literature because these families typically experience additional stressors including stigma protracted illness that may disrupt childhood, internal and familial conflict over disclosure.

This was confirmed by Mbali's response:

"No one told us why my mother was sick, although I suspected it, you know I heard our neighbours and even relatives gossiping about my mother's illness and I hated to hear them say those things about her"

She stated further that she does not know why her mother never talked about HIV and AIDS because they learn about it at school everyday. Lewis (2001) maintains that the stigma attached to HIV and AIDS often influences a parents' decision to refrain from disclosing their status to their children, as they want to protect them from discrimination and rejection by family, friends and the community in general. In Mbali's case, the responses of neighbours and relatives affected her emotionally. What is emphasised here is the insensitivity towards children's feelings.

Two participants said that they did not get any support from the family members as they have distanced themselves because they know that their parents died of AIDS related illnesses. Such responses are in keeping with Carter's (2004:18) contention that many people do not reveal their status even if they have tested positive, for fear of becoming ostracised within their communities. Hutchinson (2003:1) in supporting the above confirmed that communities often stigmatise and discriminate when they discover that someone in their community or even their own families is HIV positive. A report by Save the Children (2001) found that stigma and discrimination were playing an important role in perpetuating the vulnerability of orphans and vulnerable children (cited in Stein, 2003:12). Van Dyk (2003:334) stated that stigma could result in negative consequences for children where families do not want to care for children orphaned due to HIV and AIDS related deaths. As one 16-year-old girl in a study by UNICEF (2003:29) said:

"They treat us badly, at times you don't feel like walking in the streets, they give you names, they whisper when you pass. They take it that when one person in the house is sick, all of you in the house are sick"

Teasing by peers and discrimination at school can seriously undermine emotional well-being, social competence and achievements. Children might worry that they might have contracted AIDS from the ill parent. The following statement by Mbali reflects her feelings and concerns:

"I am worried about my younger brother, he is always sick"

Even people who work with orphaned children struggle to understand the emotional anguish a child experiences as he/she watches one or both parents die. When one parent is HIV infected, the probability is high that the other parent is as well. Therefore children often loose both parents in quick succession. The caregiver might also succumb to death leaving children to suffer multiple bereavements. As evidenced in this study, and as pointed out by Foster (2002), many children experience depression, anger, guilt and fear for their future. In summary participants' responses indicated that children heading households are exposed to high levels of stigma and psychosocial stress. All participants expressed some of the following feelings: helplessness, hopelessness, frustration, depression, being tense, anxiety, low self esteem, lack of self confidence, feelings of being rejected, isolation, desperation and fear.

4.3.3 LACK OF SAFETY AT HOME

Children from child-headed households are at risk of being abused by their relatives, neighbours and community members. The fact that these children live on their own exposes them to all forms of child abuse. Their living conditions also increase their vulnerability, especially those living in informal settlements, where break-ins are easy to happen as these structures are not properly secured therefore making it easy for possible thieves to break the windows and doors. Participants reported that people entrusted to them sometimes take advantage of them.
Nelly reported that a neighbour who was asked by their aunt to look after them especially at night raped her on several occasions. Nelly related her experience in the following statement:

"Ubhuti wakwamakhelwane obesiza ukusigada ebusuku, walala nami, azange ngimucebe ku aunt ngoba ngimesaba" **(I was raped by a neighbour who was asked to look after us)**

This response provided evidence that children may be prone to sexual abuse by their relatives and neighbours who are meant to care for them. As pointed out by Sandhei and Richth (2003:37) the myth that a person will be cleansed of HIV by sleeping with a virgin may put children in child-headed households more at risk of

being raped as people know that they are all by themselves. Often children cannot protect themselves from rapists especially when they do not have any trustworthy adult in their lives. Children have basic needs and rights as enshrined in Section 28 of the South African Constitution, Act no. 108 of 1996. These rights include children's right to be protected from abuse. However the above quotation from Nelly demonstrates that children from child-headed households are more at risk of being abused. I allowed her to tell her story and speak about her feelings. I provided counselling on site and referred her to the local service providers for further counselling.

Some children get into sexual relationships so as to get some material gains from their boyfriends. The following statement by Mbali, although she did not directly state this, is an indication that children could be at risk of staying in relationships just to get material things in return:

" I boyfriend yami iyasisiza kakhulu ngoba inginikeza imali yokuthenga isinkwa nobisi, futhi ngesinye iskhathi ibuya inginikeze imali yokuthenga nokunye esikudingayo ekhaya" **(My boyfriend helps us a lot because, he gives me money to buy bread and milk and sometimes he gives me money to buy other things we need at home)**

The above quote demonstrates that children might get dependent on their boyfriends for material needs, which might lead them to enter into abusive relationships. Both quotations show that orphaned children are vulnerable not only to abuse but also to prostitution as they could resort to selling their bodies in order to feed their siblings. Some children might end up engaging in unsafe sex as a form of returning a favour to their boyfriends who supports them financial. They will find themselves powerless to express their feelings to their boyfriends regarding for example the use of condoms when engaging in sexual activities. Some children may resort to prostitution and substance abuse as coping strategies to fight poverty, which might give them a temporary relief up until they too become sick or get infected with HIV leading to a vicious cycle. A few participants revealed that some community members were stealing from them, and vandalising their homes taking whatever they want, because they knew that no one would say anything.

Children from child-headed households are also at risk of having their belongings stolen by community members who target them due to their vulnerability.
The following statement by Anele demonstrates this point:

" Akusekho lutho olusele ekhaya abantu bavele nje bazithathela konke abakuthandayo ngisho mina nama bodo asekhishini, ngarepota kwikhansela, kodwa akukho lutho engasizakala ngalo, kumanje nje angisenandaba noma bangathatha ntoni angisakhiyi noma sengihamba" **(There is nothing left at home, because people just took whatever they wanted, even pots, and I reported to the local counsellor but nothing happened, as a result, I no longer lock the house even when I am going away)**

These quotations provide evidence that the safety of children in child-headed households is in jeopardy. After they lost their parents, some participants did not get support from their extended families or from their communities, instead they have their belongings stolen from their homes.

4.3.4 CHALLENGES REGARDING ACCESS TO SOCIAL GRANTS

Ten out of twelve participants shared similar views about challenges they face regarding social grants. They stated that it is difficult to access them and as a result most of them have stopped applying. All the participants were aware of the social grants available, but said it is not easy to access them especially if one does not have the proper documents needed when applying for the grants.

The following quotation by Siphokazi demonstrates her experience regarding the application of social grants:

"Thina kudala sizama kwodwa imigqa mide kakhulu kumahovisi akwaWelfare,abantu bema emigqeni ngabo 4 ekuseni, mina nje angiboni ukuthi ngingakhona" **(We have been trying to apply for a grant, but the queues are too long, people start queuing at the offices as early as 4am; as a result I have given up).**
This response represents the experiences of many of the other participants.

The issue of documents such as birth certificates, identity documents, and death certificates needed when applying for the social grants was seen as a major stumbling block in accessing these grants. Most participants did not have identity documents or birth certificates and that also applied to their siblings. Due to the unavailability of documents (identity documents and birth certificates) participants' applications for grants could not be processed.

The lack of documents is a major issue for most poor people in this country where it is common to find out that even parents did not possess identity documents making it difficult for children to get birth certificates, especially when parents are deceased. When parents die they leave their orphaned children with no documents at all, and these children have to rely on the support of the extended family members to assist them with the application of these necessary documents. The other challenge cited by participants was the long waiting periods after one has applied for the grant.

Mandla expressed the sense of helplessness in the following quote:

"Mina angiboni ukuthi ikhona into engangisiza ngoba anginayo ne ID, futhi anginaso nesihlobo esingangisiza, futhi angisenandaba" **(No one can help, as I don't even have an ID, and I don't care anymore).**

This response represents experiences of most participants who expressed feelings of hopelessness and helplessness as they have given up hope of having their situations improved.

Comments such as these show the challenges facing orphaned children, who are unable to access social grants due to the fact that they do not have birth certificates and Identity Documents. As pointed out previously by Padayachee (2004:35), although the Child Care Act 74 of 1983 and the South African Constitution 108 of 1996 protect children who are orphaned and those found to be in need of care, neither of these legislations deals adequately with those children whose parents had died leaving them with no birth certificates. These are the

children who suffer the most as it takes a very long time for them to access these important documents with the help of the social workers and their relatives. Sometimes it becomes impossible to access these documents, as some relatives might not be willing to offer support to orphaned children.

Although the Social Assistance Bill states that children who are under 18 years but over 16 years will be able to apply for the social grant on behalf of their siblings and their own children, without the necessary documents these children will not benefit from this piece of legislation. The above comments bring to the fore the fact that there is poor interaction between various systems at the macro level, as the Department of Social Development and Home Affairs should be working together in ensuring that children are provided with the necessary documents, which will enable them to access social grants. This cooperation will contribute to improved service delivery. Bureaucracy and inefficiency in the functioning of this system has many negative effects on those desperate for these services. In terms of the ecological model guiding this research it is apparent that the government interventions to support children are still lacking.

4.3.5 EFFECTS ON SCHOOLING

All participants highlighted the fact that being orphaned affected their schooling negatively. As cited by Louw, Edwards, Otto and Liebenberg (2001), many learners who are orphaned need emotional support and guidance from their educators, as these learners face financial hardships, have difficulties with school fees, uniforms, transport, books and psychological difficulties which impact upon the learning process. Two participants dropped out of school for a year after their parents died, although they both later returned to school to finish high school. Similarly, Padayachee (2004:35) noted that children heading households are likely to leave school, as they have to take care of their siblings. Lunga's brother dropped out of school, as he could not cope with going to school hungry.

Gilbert (2001) drew attention to the fact that a school is often the first place where behavioural and emotional problems of orphaned children are exhibited. He further stated that the inability to express openly feelings about the parents' death

or illness might lead to subtle behavioural and self-concept changes to those children affected. Pequegnat and Szapocznik (2000) supported these views stating that losing a parent in adolescence is a particular concern because it may affect developmental processes of self-concept, identity formation, interpersonal relations and psychological well-being.

Mbali reported that academically she was affected by the death of her mother as she became very sick after the funeral as a result she was taken to an inyanga (witchdoctor) and had to spend several weeks there without attending school.

She explained how the death of her mother affected her schooling:

" Kwakulukhuni kakhulu ngeskhathi uma eqed'ukushona, ngangingakwazi ukufunda kahle naseskoleni, ngangisalela emsebenzini wami weskole, ngabona ukuthi angishiye phansi" **(It was difficult when my mother passed away. I could not concentrate at school and I decided to leave school).**

Another issue that came strongly from the participants is the fact that due to their circumstances children heading households at times have to stay at home to look after their siblings when they are sick, and this caused them to be absent from school on a regular basis, leading them to be left behind on academic work. As Louw et al (2000) pointed out that when parents become sick they need nurturing, direct physical and emotional support, which results to the school going child assuming the role of the caregiver which means missing out on school. In terms of the ecological model, when parents die, the equilibrium in the children's micro-systems is disturbed as children might not get support from their relatives and sometimes dropout of school to to take care of their siblings.

Makhosi explained her circumstances as follows:

"*Kulo nyaka uwodwa nje ngiphuthelwe Amaviki amabili wonke eskoleni ngoba ingane yasekhaya encane yayinechicken pox"* **(This year alone I missed out on school for the whole two weeks, because my younger brother had chicken pox).**

The above quote showed how Makhosi had to assume adult responsibilities at the age of sixteen. She had to cook, wash her siblings' clothes and look after them when they fall sick. This is a great responsibility for a sixteen year old. Makhosi's experience represents that of other participants who had to lose out on school due to the fact that they have to balance looking after their families and attending to their school needs. Some children had to drop out of school eventually due to their circumstances. Some were forced to engage in informal trading like selling fruit and vegetables or assisting in taxis so as to feed their 'families'.

Inability to pay school fees was another problem shared by almost all the participants. Mandla told of his embarrassment when he has to tell the principal that he did not have money to pay for the school fees. Although some children are exempted from paying school fees as in accordance to the South African Schools Act, no 84 of 1996, which states that children who cannot afford paying school fees should be exempted, but there are schools that still expel children on the basis of non-payment of school fees. By expelling these children those schools are denying them their right to education as stated in section 29 of the South African Constitution, Act no. 108 of 1996.

These findings are congruent with those of a study by Khmer (2001) in Cambodia as cited in the UNAID Report (2004) where about one in five children living in HIV and AIDS affected families reported that they had to start working within a period of six months after the death of parents to support their families. One in three had to provide care and take on major household responsibilities. Many had to leave school and forego necessities such as food and clothes, or be sent away from their home.

4.3.6 ACCESS TO SUPPORT STRUCTURES

Some of the participants reported that they had full support of the extended family; while a few reported that they do not have contact with their relatives as they live far away and even out of the province (KwaZulu-Natal). A majority of participants did not receive any support from the extended family members, though the participants reported that some of their relatives were fully aware of

their plight, and on several occasions the participants claimed to have asked for assistance from their relatives without success.

The study revealed that those participants who had support from their relatives were the ones with better socio-economic background that is, their parents owned property and other valuable assets, which means that the extended family would gain a lot by providing some kind of support to the participants. Other extended family members offered their support because they were in receipt of the social grants on behalf of the participants. One participant whose parents owned taxis commented that his paternal uncle took all his father's taxis and is operating as if they were his own, and does not take care of the needs of the children who were supposed to be benefiting from the money made by these taxis.

This study highlighted the problems faced by children when their parents do not draw up proper wills to make sure that should they die their children do not end up being ripped off by selfish extended family members. A report by UNICEF (2003:18) stated that few people in poorer communities in Sub-Sahara Africa make official wills, especially in black communities. This increases the risk that deceased persons' estate may be simply grabbed by other family members, in some cases by other members of the community. This is going to continue being a problem especially in black communities where there is still a belief that making a Will facilitates death.

The majority of the participants reported that they did not have any support from the extended family at all, as related by Jabu:

"Ngithi noma sengiye kugogo wami ohlala kweliny'ilokishi angabinanto angasiza ngayo ngoba naye akasebenzi" **(At times I go to my grandmother who lives in another township with the hope of getting some food, but she cannot help us as she is unemployed and therefore she is also struggling).**

The above quotation points to the fact that sometimes the extended family members are unable to help due to their low socio-economic status, and this cannot be blamed on them, but to a general lack of resources. This clearly shows how the increase in orphans and child-headed households has strained the

traditional safety nets, which were previously provided by extended family members. Donahue (1998) confirms that the rapidly growing number of orphans has stretched the traditional community and extended family resources beyond their capacity. The extended family members who are willing to help the children are discouraged by the fact that they cannot access social grants on behalf of these children due to unavailability of birth certificates or the long queues and long waiting periods for grant approval at the Social Development offices.

A few of the participants related that this support was not always for the benefit of the children concerned, as some family members offered support only to benefit from the children's inheritance. There are cases where relatives offered support only in return for receiving social grants on behalf of the children concerned. This created conflict and strained relationships between the children and their relatives.

For Stepney & Ford (2000) stated that social support took the form of emotional support, practical help and information/advice. They further argued that research has consistently demonstrated the influence that social support can have upon personal development and behaviour. The availability of social support is associated with a whole range of both physical and psychological health benefits, while social isolation is repeatedly found to be associated with poorer personal health and family functioning.

Hashima & Amato (1990) (cited in the State of the world's children:2002) assert that social support is both desired and necessary as it has beneficial effects on all recipients especially those living in disadvantaged circumstances. Stepney and Ford (2000) further argued that to a large extent, social networks also tend to reflect peoples' general position in the social structures of the society in which they live. Adults with higher levels of income, and education tend to have larger social networks providing more supportive relationships with members spread over a wider geographical area, whilst those at the lower end of social economic scale tend to have restricted social networks being more reliant on local relatives and having more friends in their networks.

The neighbours and other community members offered support to most of the participants in the study and their siblings, and that gave them a sense of

community belonging and hope. All children participated in the study were getting some kind of support from various structures, whether informal or formal. This can be viewed within the various levels of the ecological model informing this study. Some children were getting support from the micro-systems, namely, their extended families, schools, peers and neighbours, while other children's micro levels of support were weak because their parents did not have strong family ties with their families or extended family networks. Parents who moved from one area to another and kept no family contacts from their areas of origin left their children with no one to turn to after their death.

From the study sample six participants did not know their biological fathers, as they stayed with their single mothers. They were thus disadvantaged as they only relied on their maternal relatives for support. In terms of the ecological model, if the micro-systems are well developed, they can play an important role in shaping the health, well-being and development of a person. Children's coping mechanisms would be strengthened and trauma, psychological and emotional effects would be minimised. This according to the ecological model means that the parents' own strong relationships at a micro level can lead to children getting support from networks created by their parents. This equilibrium for most child-headed household is disturbed as they do not have parents, no support from extended families, no strong networks with the schools due to regular absenteeism, inability to meet school's needs (paying school fees), discrimination by relatives, peers and their own communities.

Although all the participants interviewed knew about resources available to them in their neighbourhoods, they had problems accessing certain services offered by the government. In some communities, people have to walk long distances to access a clinic, Social Welfare, and Home Affairs, which are responsible to offer basic services to communities. The inaccessibility and lack of coordinated services at the macro level result in poor service delivery at the expense of the poorer communities and in this way deprives individuals of their constitutional right to basic health services, access to social assistance and access to basic housing as outlined in the South African Constitution, Act no. 108 of 1996.

Siphokazi said that she was not experiencing any financial problems as her aunt was collecting a foster care grant on their behalf from the department of social development. Half of the participants were at least getting food and food parcels from their local drop in centres especially those who had these centres in their neighbourhoods. All the participants interviewed were aware of where to get assistance for various needs or problems. Thembela was receiving TB treatment from her local clinic, and at the same time she was taking contraceptives from the clinic.

Not all participants were receiving support to their satisfaction especially from the department of social development. Some participants have had their applications for social grants or any material needs turned down by the social welfare due to a number of reasons. Lulu, Lunga and Ntombi informed that they were in receipt of food parcels through a local drop in centre. This benefit was later stopped. They were told that they did no longer qualify as food parcels were for clients waiting for approval of their social grants. These participants voiced their disapproval with the welfare offices as they felt that it was not fair to them as they were then left with nothing. They felt that they were more in need of such support than those awaiting social grants.

As part of my job as a social worker, I queried the issue of food parcels with the Department of Social Development. It was explained that the department gives clients who are awaiting the approval of social grants as these food parcels are given only on a temporary basis and once the client receives his/her grant the issuing of food parcels is stopped. It was clearly explained that giving food parcels to clients on permanent basis would create dependency, especially if these food parcels were given to clients who do not qualify or who have not applied for social grants .It was further explained that in fact the clients are expected to repay the food parcels once they get their grants. As mentioned previously it was difficult for most participants to access social grants as they did not have the necessary documents such as birth certificates. "Children who are orphaned or found to be in need of care are protected in terms of the Child Care Act no. 74 of 1983 and the South African Constitution, Act no. 108 of 1996. However neither of these pieces of legislation adequately deals with children whose parents have died

leaving them without the required documents to access social grants" (Padayachee, 2004:35).

Most participants stated that they were getting support from their schools. Six participants were fully exempted from paying school fees, in terms of the South African Schools Act no 84 of 1996.This was not the case with two participants who informed that at times they were sent home to fetch the school fees. They had to explain their situations to their principals who were not sympathetic. Some participants admitted that at times they were too embarrassed to tell their teachers about their challenges. Londeka said she was too embarrassed to join the school-feeding scheme for fear of being mocked by peers, as once her situation was known by the educators she and her siblings would be expected to eat at the school- feeding scheme, while Nelly said that the school- feeding scheme was of great help to her and her siblings. On the other hand most participants from high schools said that they wish that high schools offered feeding scheme too.

In summary there are support structures in place for most participants although these support structures are in varying degrees.

4.3.7 COPING STRATEGIES

The participants in this study showed a lot of resilience, despite the fact that they were faced with many challenges. The fact that they knew that their siblings were dependent on them and were trying their best showed that they were trying to deal with the situation. Thembela related her experince as follows:

" Mina nengane zasekhaya sidayisa izinto zokuhlobisa esizenza ngezandla zethu, futhi mina ngibuye ngiluke iinwelwe zomakhelwane" **(My siblings and I sell handiwork to people, and I also plait other people's hair).**

The above quote demonstrates how Thembela was trying to feed her siblings. The above shows that despite their poor circumstances, these children have not lost hope that their lives will be improved in the long run and that is what is keeping

them going. As Mutangadura etal (1999) stated that orphaned children are exposed to many dangers while they are in their quest for survival, as they come up with coping strategies which are not necessary positive, for example resorting to prostitution, substance abuse and living in the streets, this study showed that some children's coping strategies included acceptance of their situation, where they have learnt to live with the challenges. Others rely on relatives and neighbours, while others learnt to settle for less and took whatever comes their way. It was however clear that all the participants have not lost hope, and they showed a strong sense of perseverance and resilience.

4.4 SUMMARY

All the participants expressed that as children from child-headed households they need support from all spheres of the community, both formal and informal. It also came out strongly that these children are not only faced with the materialistic problems, but they are also battling with a variety of social, economic and psychological problems. It also came out that despite the fact that these children are trying to cope with their situations, it is unfair to them to be expected to head families. It is evident that the government, NGO's and communities at large need to come together to support child-headed households, as presently the support that is available is either insufficient or inaccessible.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

This study was based on exploratory research, which adapted the principles of investigative research, in that the study hoped to find out the challenges faced by children who are heads of households through face-to-face interviews with the children affected. As pointed out by Babbie (2004:88) exploratory studies are quite valuable in social scientific research in that they are essential whenever research is breaking new ground, and they almost always yield new insight into a topic for research. This study dealt with experiences of child-headed households and it is my belief that as the phenomenon of the child-headed households is relatively new, more research needs to be undertaken in order to come up with strategies in trying to curb the rapid growth of child-headed households. This Chapter outlines the summary of findings, which are herein discussed under the following categories:

- Poor living conditions
- Psychological and emotional effects
- Safety at home
- Challenges regarding social grants
- Schooling
- Access to support structures
- Coping strategies

5.2 POOR LIVING CONDITIONS

The study provided a clear picture showing that children heading households depend on begging and handouts from sympathetic neighbours and other community members. The findings of the study have shown that children heading households have poor financial circumstances and poor living conditions, and that the child-headed households' financial situation is influenced by a number of conditions:

- Firstly, parents become sick for a very long time before they die, which means that the family has to cope with costly medical bills, and later on the funeral costs lives the family destitute. As pointed out by Mukoyogo & Williams (1991) once the parent becomes sick she/he stops working, this means the loss of breadwinner, is no source of income. Medical bills would start pilling up, forcing the family to sell household assets to cover the medical bills and eventually to cover funeral costs. By the time the parent dies, the family in many cases is already destitute.

- Secondly, the fact that in some cultures, especially in the black communities, relatives automatically inherit the parents' assets after the parents' deaths means that in most cases children are unable to retain the home. This is common in most African cultures whereby the paternal relatives will automatically inherit the home and livestock, leaving children more destitute.

- Thirdly, the fact that it is not a well-known practice to draw up a will, especially among Black South Africans, makes it difficult for the children to retain what is their own without the interference of the relatives who will claim the whole inheritance. A report by UNICEF (2003:18) as pointed out previously stated that few people in poorer communities in Sub-Saharan Africa make official wills, especially in black communities. This therefore increases the risk that the deceased person's estate is simple grabbed by other family members, in some cases by other members of the community.

Children who formed the sample of this study lived in overcrowded houses in informal settlements, one- roomed RDP houses and in rural homes, where there is poor infrastructure.

5.3 PSYCHOLOGICAL AND EMOTIONAL EFFECTS

The study found that for the participants being an orphan heading a household has major psychological and emotional effects on the children concerned. As stated by Mbambo (2005:36) children heading households are deprived of love, protection, care, emotional support and nurturing. The study further revealed that children heading households suffer from severe psychological trauma due to the fact that they do not get a chance to grieve properly, as they have to pull themselves together and be strong for their siblings. The findings confirmed the fact that there is still a stigma associated with HIV and AIDS in so much that some parents kept their HIV status a secret, making it very strenuous for the children to deal with the disclosure at a very late stage and after the death of a parent.

5.4 SAFETY AT HOME

The study revealed that children who are heads of households and those living in child-headed households are vulnerable to all sorts of violence. These children may become victims of all forms of abuse especially sexual abuse. The findings also showed that these children did not feel safe at their homes as some community members robbed them of their belongings and stole household goods even in broad daylight, as they know that these children cannot protect themselves.

5.5 CHALLENGES REGARDING SOCIAL GRANTS

For the participants in this study accessing social grants through the department of social development is a big challenge due to the following reasons: -

- When parents die they leave children without proper documentation, for example the children's birth certificates
- Parents who died without having identity documents makes it difficult for the family to apply for the death certificates, which are needed when applying for a foster care grant on behalf of the children concerned.

- The fact that it is not easy for children to access these documents without the assistance of family members makes it worse as families tend to distance themselves especially when the family has nothing to gain.

The study highlighted the blockages in accessing the social grants. Firstly, most children do not have the required documents such as birth certificates to enable them to apply for these grants. Secondly, it is difficult for the children to get these documents from the department of Home Affairs, as they do not have death certificates to prove that their parents are deceased. Thirdly, even if the children have the necessary documents, they might not get an adult to apply on their behalf, as they only qualify to apply when they reach the age of 21. Furthermore these children have to wait for long periods for the approval of the social grants.

5.6 EFFECTS ON SCHOOLING

The study also showed that children heading households have poor academic performance due to regular absenteeism. This might lead to school dropouts if no support is given. The study revealed that due to their circumstances, children heading households at times have to stay at home to look after their siblings when they are sick and this lead to absenteeism on a regular basis, leading them to fall behind on academic work. This is in keeping with Louw (2001) contention that many children who are orphaned need emotional support and guidance from their educators, as these children face financial hardships, have difficulty in paying school fees, buying uniform, pay for transport, stationary and have psychological difficulties which impact upon the learning process.

5.7 ACCESS TO SUPPORT STRUCTURES

Although some participants reported that they did not get support from their extended families, some reported that they were getting support from their families, neighbours and other significant community members. The findings of this study confirm Dr Skweyiya, the National Minister of Social Development's statement that in some rural areas, the stigma of AIDS means that orphan families, many headed by children as young as 10 or 11 years of age are often

shunned by families, neighbours as people are scared even to touch them. The findings further revealed that orphaned children have difficulties in accessing the services from various service providers due to the following factors: -

- Unavailability and inaccessibility of service providers in poorer communities.
- Lack proper infrastructure, for example proper roads, public transport and unaffordable bus fares for children and families to visit service providers' offices.
- The negative feedback that the children and families are always getting from the service providers makes them to loose hope.

Furthermore children from child-headed households, especially those living in rural areas, have little or no access to basic infrastructure such as proper roads, public transport, clean running water, sanitation, electricity and basic health services.

5.8 COPING STRATEGIES

The findings showed that despite the challenges faced by these children, they showed a lot of resilience, hope and perseverance, as they did not turn to bad behaviour in trying to cope with their situation, but instead they carried on and came up with more positive ways of earning a living either by begging or doing and selling handiwork or fruit and vegetables. The most positive thing was to persevere and attend school even under difficult conditions.

6. CONCLUSIONS DRAWN FROM THE STUDY

The findings of the study concluded that children who are heads of households have a wide range of challenges, which include the following:

6.1 **Material needs**

Basic material needs are not met due to poor financial circumstances, problems in accessing social grants, and poor living conditions. Children heading households need material support to meet their basic needs such as food, clothing, school uniforms, school fees, blankets and proper shelters. There are not enough and appropriate resources to cater for the needs of children from child-headed households. There are too many stumbling blocks in the process of accessing social grants, which are the only lifeline for these children. Their living conditions are very poor due to poor financial circumstances, which lead them to live their lives under extreme poverty with no source of income.

6.2 **Safety at Home**

Children heading households and their siblings may be at risk of sexual and financial abuse for example, unsympathetic members of the community have been found to rape them and steal their belongings and taking advantage of these children. These children live in fear, which result to stress, anxiety and tension.

6.3 **Psychological and emotional problems.**

A further conclusion from the findings is that children from child- headed households experience discrimination by their families and communities. This makes them to suffer in isolation with no support from their families. Their extreme depression sometimes leads to suicidal tendencies. These children are forced by circumstances to assume adult roles with proper support and guidance given. These children are exposed to all kinds of risks such as HIV and AIDS, sexual abuse, substance abuse and other social ills and they are unable to protect themselves. These children experience inferiority complex, as their peers tease them. These children suffer from

low self-esteem, as they are sometimes humiliated in public by peers and community members. They feel undermined, helpless, powerless, isolated and discriminated.

6.4 Schooling

With regard to schooling the study concluded that these children's schooling is affected in various ways such as: - most children dropout of school due to inability to meet school needs like paying for school fees, unable to buy stationary, school uniforms. Their academic performance drops, as they did not have enough time to do their homework, study, inability to concentrate in class, coming late to school and absenteeism. In some instances schools do not offer the necessary support to children heading households in terms of school fees exemptions as stipulated in the South African Schools Act, number 86 of 1996.

6.5 Lack of Support

The study revealed that there is a lack of coordinated efforts by various service providers in assisting children heading households, for example the department of Social Development and Home Affairs should work closely together in ensuring that the documents needed are provided so as to speed up the social grants applications.

6.6 Coping Strategies

The study revealed that regardless of their situations, these children have learnt to live and cope with their situations, by being positive and trying to survive with their 'families. They have assumed adult roles and show resilience. Some started informal trading (selling fruit and vegetables, handwork, and hair 'business).

6.7 Improvement of children's Situation

In the final question relating to children's suggestions on improving their circumstances, the children suggested that getting social grants to support their siblings would assist these children a lot. Getting full support from their schools in

terms of being exempted from paying school fees for their siblings and themselves would reduce their suffering. Living in proper houses would be of great help.
Getting bursaries to be able to further their studies would ensure that one day they would be able to escape from poverty.

7. RECOMMENDATIONS

Based on the conclusions drawn from the study the following recommendations are made:

A multi-sectoral approach between the government departments, non-governmental organisations and other community- based organisations is needed in order to reach all the children heading households and those living in child-headed households. These resources must be made accessible to the communities they are supposed to be serving especially in the deep rural areas where these services are most needed.

The fact that child- headed households need huge levels of support from all sectors and all levels of the community cannot be stressed enough.

- These children need support emotionally, material support like basic needs such as food, clothing, school uniforms, school fees, blankets, and shelters/ roof over their heads.
- They need mentors, someone to hold their hands and reassure them that things will get better, and someone to lead them to the right direction.
- They need hands on support, for example to be assisted with their siblings in terms of assistance with homework, someone to look after younger siblings when the leader of the household is at school, someone to assist by taking the siblings to the clinic when they are sick.

The "Drop-in centres are the immediate solution needed by children in child- headed households as they offer immediate relief to these children while the government and the stakeholders are still looking for more sustainable solutions to assist these vulnerable children. It is a pity that these Drop-in centres are only available in very limited numbers in some parts of the urban areas and are non-existent in rural areas where there are increasing numbers of orphan

The Department of Social Development and Home Affairs need to focus on ensuring that the social grants application process is shortened. Child-headed households should be one of the main priorities of the Department of Social Development, in that social workers need to offer high levels of support to these children to prevent further damage. The Government must ensure that their service reaches even the poorest of the poor in rural areas. The government, NGO'S and other community based organisation should work together to ensure that the National Integrated Plan (NIP) sites, formerly known as the drop-in centres are established in all areas, so as to benefit all children who need assistance.

More income generating projects need to be established and the Department of Social Development need to ensure that community members collecting social grants join these projects, this will boost the morale of people, and this will decrease dependency on social grants. It is therefore recommended that The Department of Social Development recruit more community and home based care workers for their programmes to succeed and not rely entirely on the volunteers or at least the volunteers should get consistent stipends for services rendered as they are offering a much needed service especially to orphans heading households.

It is recommended that the Department of Education should offer financial support to needy children (orphans) for further education and training (FET). This could only work if the South African Schools Act (no.86 of 1996) is implemented by all schools in as far as school fees exemption is concerned, so that all children can get access to education without having to worry about being unable to pay for school fees. The Department of Education must employ more social workers to assist schools with the escalating numbers of orphans and child-headed households, by ensuring that these children receive necessary intervention in the learning sites, and ensuring that they are referred to appropriate service providers. The school-feeding scheme must be extended to secondary schools, as orphans and children from child-headed households are in both primary and secondary schools.

The Department of Health must ensure that all schools have access to school health services. The health promoting school programme must be extended to all primary and secondary schools. Children must get proper education from the school health

nurses on basic health care, contraception (especially for teenagers) and how to care for a sick person without putting themselves in danger of contracting the diseases.
The school health nurses must give regular talks to school children on HIV and AIDS and other illnesses affecting children.

8. FURTHER RESEARCH

There is a need for further large-scale research in this area, as the findings have shown the extent of suffering through the voices of children who are heads of households, as there is still uncertainty surrounding the extent of suffering for younger siblings, who are living in the child-headed households. This research has highlighted the challenges faced by the children who are heads of households. Further research in this area might lead the government to take drastic measures in ensuring that all children are protected and their rights as enshrined in the South African Constitution, Act no. 108 of 1996, section 28, are not violated.

9. CONCLUSION

This study has highlighted the challenges faced by children who are heads of households. The study revealed the everyday struggle of these children from putting food on the table for them and their siblings to accessing support structures, both formally and informally. The truth is that the numbers of child-headed households are on the increase, and it seems that the government has limited resources in place to deal with these children. It is evident that the integrated approach to service delivery is the only way to go, to ensure that all the available services reach as many children as possible.

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APPENDIX A

THE INTERVIEW GUIDE

The interview guide that looks at the following issues was used:

1. ***Demographic Information***

Questions relating to the following:

- Age – participant had to be less than 18 years.
- School- to determine the name of the school.
- Grade – to determine academic and progress and whether there are disruptions in class attendances etc.
- Siblings – brother and / sisters, how many are they, their ages, are they still at school. This helped to determine how huge the responsibility is for the participant.

2. ***Living Conditions***

Tell me where you live?

- This helped to determine the type of housing in which children heading households live in, for example: - Are they living in informal settlements, RDP houses, township houses, and suburbs or in rural areas. This helped to determine whether shelter is a problem or not and the general living conditions of the participants.

3. ***General household management/Household Financial Situation***

How is the family situation at home?

- This section dealt with social grants issues, sources of income, other material assistance available, and family's coping strategies with regard to financial support.
- The general running of the house was explored. How long has the participant been the head of the household, what made her / him to stay on her/his own with the siblings, availability of the extended family and their support. The relationship between the participant and his/her siblings.

4. ***School Issues***

- ***Tell me about schooling for yourself and your siblings.*** This section looked at the general school uniforms, school fees, stationary, extra – curricular activities. It also looked at academic performance, absenteeism due to various reasons (explored), attendances, punctuality and late coming, bunking classes (reasons explored) and other challenges faced by the participants at school.

5. ***Support Structures***

What forms of assistance/support are available for you and your siblings?

- This section looked at resources available to the child- headed households, whether the participants make use of the available resources, if there are any blockages in accessing resources available, those blockages were explored.

6. ***Safety Issues***

Do you and your siblings feel safe living by yourselves?

7. ***Coping Strategies***

What has helped you to cope with your responsibilities as a head of a household?

8. ***Own Feelings***

How do you feel about your whole situation?

- This section explored the participants' feelings about being the head of a household in his/her personal growth, challenges, and emotional and psychological impact.

9. ***Possible Solutions***

What do you recommend as possible solutions to your situation?

What do they recommend as the possible solutions or what steps can be taken to ease their "burden".

These questions were not asked in any particular order, participants were treated as individuals and other sections were left out or rephrased to suite the needs of each participant.

APPENDIX B

EXPERIENCES OF CHILDREN WHO ARE HEADS OF HOUSEHOLDS IN HAMMARSDALE.

Consent form

I ---------- hereby give my consent to participate in the above named study. I acknowledge that the researcher has explained the purpose of the research and that I fully understand it.

Researcher

Participant

C

PROVINCE OF KWAZULU-NATAL
ISIFUNDAZWE SAKWAZULU-NATALI
PROVINSIE KWAZULU-NATAL

DEPARTMENT OF EDUCATION
UMNYANGO WEMFUNDO
DEPARTEMENT VAN ONDERWYS

Tel: 033 341 8613
Fax:033 341 8612

Private Bag X9137
Pietermaritzburg
3200

228 Pietermaritz Street
Pietermaritzburg, 3201

NHLOKOHHOVISI PIETERMARITZBURG HEAD OFFICE

quiries:
ibuzo: M Francis
vrae:

Reference:
Inkomba: 0197/06
Verwysing:

Date:
Usuku:
Datum: 28 August 2006

RE: PERMISSION TO CONDUCT RESEARCH

TO WHOM IT MAY CONCERN

This is to serve as a notice that Mrs Nomlindo Eunice Dlungwana has been granted permission to conduct research with the following terms and conditions:

- That as a researcher, he/she must present a copy of the written permission from the Department to the Head of the Institution concerned before any research may be undertaken at a departmental institution.

- Attached is the list of schools she/he has been granted permission to conduct research in. however, it must be noted that the schools are not obligated to participate in the research if it is not a KZNDoE project.

- **Mrs Nomlindo Eunice Dlungwana** has been granted special permission to conduct his/her research during official contact times, as it is believed that their presence would not interrupt education programmes. Should education programmes be interrupted, he/she must, therefore, conduct his/her research during nonofficial contact times.

- No school is expected to participate in the research during the fourth school term, as this is the critical period for schools to focus on their exams.

for SUPERINTENDENT GENERAL
KwaZulu Natal Department of Education