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Exploring the Psycho-Social Challenges Facing Children living in Child-Headed Households: A Case Study of Sithebe Administrative Area, Mthatha

by

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DEDICATION

This research project is dedicated to my family who has given me moral support during the entire period. Through your belief in my potential I learnt that a family is indeed the most sacred unit on earth. Despite all the challenges we went through this as a family, you were determined through your efforts that abandoning this project was absolutely not an alternative at all. Instead, you encouraged me to run the mile until I reach the finishing line. Thank you so much and remember that where there is a will there is a way.

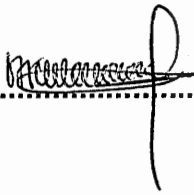


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DECLARATION

I, Virginia Nneheleng Majiza, do hereby avow that the work contained in this dissertation except where quotations or references were made which were accredited to their authors is mine. I further declare that this dissertation has not been previously submitted and will not be presented at any other university for a similar or any other degree award.

Signature:



Date: 16 / 09 / 2016

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Special thanks go to Ms V. P.P. Lupuwana who was my supervisor in this study, thank you for your words of encouragement, humility and mentorship. Throughout this project you proved to be an inspiration through your consistent availability which has made my journey much more meaningful even in the midst challenges encountered.

I would like to acknowledge the work done by the University Staff from different sections of the institution for their ideas from the initiation to the completion stage of this work. I would like to thank all librarian staff who assisted me, due to distance challenges I had to utilise different librarian services, and I have found your services effective and efficient. Had it not been for the participants this project would not have been a success. Thank you so much for sacrificing your time in sharing your daily experiences and challenges with me. May the Lord expand your territory. To the focus group (all members) who participated in this study: your inputs are invaluable. I am thankful to the Department of Social Work and Social Development of Fort Hare University for their cooperation and assistance which propelled me to this end. Special thanks also go to my managers from the Department of Social Development in OR Tambo- Mthatha, for granting me the opportunity to conduct the study as well as their support through this time.

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ACRONYMS

AIDS -	Acquired Immunodeficiency Syndrome
ART –	Antiretroviral Therapy/ Treatment
ASGISA -	Accelerated Shared Growth Initiative of South Africa
CBO -	Community-based Organisation
CRC -	Convention on the Rights of a child
CSO -	Civil Society Organisation
CHH -	Child Headed Households
CSG -	Child Support Grant
CCDG -	Child Care Dependency Grant
DG -	Disability Grant
DSD -	Department of Social Development
ECD -	Early Childhood Development
FBO -	Faith-Based Organisation
FCG -	Foster Care Grant
GHS –	General Household Survey
HIV -	Human Immunodeficiency Virus
HSRC –	Human Science Research Council
IDP -	Integrated Development Plan
IGA –	Income Generating Activities
MDGs -	Millennium Development Goals
M&E -	Monitoring and Evaluation
NGO -	Non-governmental Organisation
OVC -	Orphans and vulnerable children
RDP -	Reconstruction and Development Programme
SRD -	Social Relief of Distress
UNCRC -	United Nations Convention on the rights of the child

ABSTRACT

The study focused on the perpetual issues and the psychosocial challenges facing children living in child headed households at Sithebe Administrative Area –Ward 20 in Mthatha. The high number of cases reported to Department of Social Development – Mthatha was what primarily triggered the researcher's interest in exploring the phenomenon of Child-headed households. Children living in Child-headed households continue to face numerous challenges which affect their psychosocial life and the rate of Child-headed households has been viewed as one of the concerns due to high number of parental deaths and abandonment around Ward 20- Sithebe A/A. Furthermore, the study seeks to examine the strategies used by social service professionals and their level of commitment in assisting Child-headed households cope in the midst of adversity, through service delivery.

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Qualitative research approach was applied as means to fully explore the children's psychosocial challenges, and purposive sampling technique viewed as the appropriate technique suitable for the study, hence it was utilized in participant's selection around Sithebe A/A and focus group which comprised of stakeholders in Mthatha town while others were found at Sithebe A/A. Initiatives have been taken by government in fighting this plight of HIH/AIDS and Child-headed households, however statistical reports, facts from different scholars; clearly show that interventions are not yet enough; therefore, the phenomenon of Child-headed households calls for the prominent South Africans to take a leading role in the caters trophy of Child-headed households.

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CHAPTER ONE

BACKGROUND OF THE STUDY

1.1 Introduction

An estimated 56.1 million children in sub-Sahara Africa had lost one or both parents as of 2009 (UNICEF, 2006). The situation of losing parents, in some instances, children find themselves compelled to resume parental responsibilities in child-headed households. UNICEF (2006) further states that approximately 12 million children ages 0-17 years in Sub-Saharan countries had lost either one or both of their parents and have taken on the responsibilities to look after their siblings and household work which sometimes jeopardise their education and other life goals. The General Household Survey of 2006 state that, about 90% of all child-headed households are allocated in three Provinces namely: Limpopo, Kwa Zulu –Natal and the Eastern Cape. The Survey further revealed that about 61% of children living in child-headed households have two living parents, whose whereabouts are unknown, and 80% have a living mother, and 19% are paternal orphans (General Household Survey of 2006). In the same vein, Meintjes, Hall, Marera and Boulle, (2009) have also noted that, about 8% of children living in headed household have a living mother. This indicates that the majority of children living in child-headed households particularly in South Africa are not orphans (Statistics South Africa, 2006).

According to the Department of International Health Statistics (2011) there is a preponderance of HIV and AIDS pandemic which has especially exacerbated the situation in many of the sub-Saharan countries. By contrast, Garson,(2003); Hlatswayo, (2004); Kapp, (2000); Sloth-Nielsen, (2003) cite that child-headed

households are increasingly becoming a serious concern in South Africa largely as a result of parental death through HIV/AIDS. Kapp (2000) further mention that, the high rate of HIV/AIDS, mortality rate has increased and house-holds structure is evolving under the pressure of social change.

The absence of parents in a household weighs heavily upon children's life. Meintjes et al. (2009) has observed that children in child-headed households live in conditions that are on average worse than those in mixed-generation households, citing that 88% of them have at least one child older than 15 years. Moreover, Meintjes further postulate that, child-headed households are less likely to live in formal dwellings, or to have access to adequate sanitation and water on site adding that, the spread of HIV/AIDS epidemic has increased the parental death which increases the number of children who resume parental responsibility at an early age. This is also alluded by Moletsane (2004) who is of the view that parents are the primary caregivers responsible for instilling family and cultural values to children. As such one may argue that the absence of parents is likely to raise questions on the acquisition of values, beliefs, and practices of children. To this end, studies such as that of Desmond, Richter, Makiwane, and Amoateng, (2003), Le Roux, (1994) and Jeffrey and Lockman (2014) indicate that children who head families struggle with issues such as self-confidence, self-esteem, emotional stability, poverty, health, group sociability, and morality. Consequently, the government is committed to taking action by providing a broad range of initiatives to strengthen families in order to reduce Social exclusion and anti-social behaviour among child headed households, and to give every child the opportunity of a healthy, happy and successful life.

If the extended family networks are being eroded, this raises serious questions about how the orphans will be cared for; or what burdens they will be required to shoulder. While children have more opportunities than ever before and benefit from rising prosperity and better health, they also face many uncertainties and risks. They face earlier exposure to sexual activities, drugs, and alcohol, and family patterns have changed significantly. It should be noted that the children with complex needs are people who share many needs, views, wishes, and opinions with other children and young people. What matters most to them is being able to live at home, go to school, spend time with friends and participate in leisure and community activities with family and peers (Green Paper on Families, 2010). In other words children and young people with complex needs are children first and people with needs second. Any child at some point in their life could be seen as vulnerable to some form of risk.

Thus, this study explored the psychosocial experiences of the children living in child headed households at Sithebe Administrative Area in Mthatha. The researcher has been prompted by the increasingly number of cases that seeks social worker's intervention particular at Sithebe A/A in Mthatha. That are brought by different stakeholders which include health care workers, educators, and community care givers and ward councillors.

1.2 Problem Statement

The researcher deals with children heading their households in the area of operation, where on several occasions it has been identified that these children go through different psychosocial challenges like dropping out of school, engaging themselves

in sexual activities, substance abuse at an early age which often lead to teenage pregnancy, committing crime etc.

The plight of vulnerable children in child headed households is still evident at Sithebe Administrative Area even though government is making provisions to improve the lives of those children. The researcher argues the burden of being both a child as well as an adult regardless of these interventions done by government children in child-headed households is an overwhelming factor which requires an urgent attention. In the researcher's area of operation has been an escalating number of Child Headed Households which have been reported.



The causes of child-headed households emanate from different factors like parents' mortality as well as neglect. Children need love, affection, secured feeling, guidance, an affectionate pat as they grow. Life without parents is like a garden without a fence around it and it is highly difficult and challenging to deal with life without guidance and support of parents (Westchester, 2014).

Child-headed households are at risk of having to cope not only without adults, but also with poorer living conditions than other children. They lack regular income from earnings and social grants, and are disproportionately located in non-urban areas, where service delivery is poor (Green Paper on Families, 2010).

Government is making provision to alleviate the issue of child-headed households. In ensuring that the needs of CHHs are cared and provided for, Social workers are employed for the provision and supervision of foster care grants in needy households. Furthermore here in South Africa, the fifth and sixth months of each

year which are May and June have been set aside for (Child Protection Week) and are dedicated to children. Awareness campaigns are therefore carried out by the Department of Social Development & Special Programmes together with other stakeholders such as Department of Education, Department of Justice and other non-governmental organizations (NPOs) for the purpose of educating communities about the rights and responsibilities of children, in promoting the welfare and protection of children.

1.3 Main aim and Objective

To explore the psychosocial challenges faced by children living in child-headed households: A case study of Sithebe Administration Area, Mthatha.

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1.4 Objectives of the study

- To examine the challenges faced by children living in child-headed households.
- To examine the experiences of the children living in the child-headed households.
- To examine the support services available to children in child-headed households.

1.5 Research Questions

What challenges do children living in child-headed households face?

What are the experiences of children living in child-headed households?

What kind of support services are available to children living in child-headed households?

1.6 Significance of the Study

The collected and produced information will be of great value and much relevance to policy developers as it would assist in their laws and policies to fully integrate the guidelines for the alternative care of children heading their households.

UNICEF (2009) assists government to strengthen social care including Community Based activities and social protection services to support and strengthen family's separation and support family integration when possible. The researcher hopes that the outcome of the study would help point out on where available strategies can improve for the betterment of children heading their households.

Lastly, since the South African legislation is reviewed yearly, the researcher therefore hopes that this study will give a clear indication on successes and challenges pertaining to the implementation of the children rights as well as the services rendered to vulnerable living in child-headed households.

1.7 Definition of Terms

Child: In terms of the HSRC this is a central point in relation to child-headed households (University of Pretoria: Art 1 of the CRC). This therefore implies that

support measures to assist CHHs should not end abruptly when a youth heading the household turns 18 years. (University of Pretoria: Art 1 of the CRC)

Child headed household: Child-headed household can be defined as a household where the parents or adult care-givers have died or abandoned the children and the child head is under the age of 18 years (Rosa, 2004).

The Request for Proposal published by the Gauteng Department of Social Development defined a child-headed household as "Orphaned, abandoned, or neglected children who live in a household in which the oldest member is under the age of 18 and where there is no adult supervision and support. However, children who live alone but have access to adult supervision and support are excluded in this definition". This definition further stipulates that there be no access to adult supervision or support is not aligned with the definition of a child-headed household provided in the Children's Amendment Bill (South African Government, 2005b).

Orphan: Other definitions are influenced by cultural mode of understanding, for instance; among the Shona speaking group in Zimbabwe, isolated Child headed households and children residing in city streets are regarded as orphans because their needs may often not be met (Nkomo, 2006). In South Africa an orphan is defined as a child that has no surviving parent caring for him/ her after one of the parents has died. In most countries, children that have either lost one or both parents are generally recognised as orphans.

Psychosocial: This term can be best used to describe the unique internal processes that occur within an individual that are influenced by psychological and social factors (Social Development, 2010).

1.9 Chapter Conclusion

This chapter provided an introduction and the background to the study. The problem statement was also presented and the significance of the study was explained. The chapter further provided the aims and objectives of the study. The following chapter will extensively review the literature dealing with the experiences and psychosocial challenges faced by children living in child-headed households in South Africa and other parts of the world.



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CHAPTER OUTLINE

The research document in its completion would be organized into different chapters as follows:

CHAPTER ONE: Background of the study.

CHAPTER TWO: Literature Review.

CHAPTER THREE: Research Methodology.

CHAPTER FOUR: Data Analysis, Interpretation and Presentation of findings.

CHAPTER FIVE: Summary of the findings, Discussions, Conclusions and Recommendations.

CHAPTER TWO

THE EXPERIENCES AND PSYCHOSOCIAL CHALLENGES FACING CHILDREN LIVING IN CHILD-HEADED HOUSEHOLDS

2.1 Introduction

This chapter focuses on reviewing the existing literature on the experiences and psychosocial challenges faced by children living in child-headed households.

Literature review is quite invaluable for the researcher to embrace since it reflects the work done by previous researchers which in return assists with the crafting and overall articulation of the study currently carried out. Hence this chapter looks at previous research studies surrounding and supporting the study. It has undertaken studies that explain experiences and challenges facing children living in child headed households and also looked into literature that support the research objectives. The chapter reviews in depth literature that talk to the exploring and scrutinising the implications of living without a parent either as a result of death or neglect where parent's whereabouts cannot be traced and are unknown. Furthermore, the chapter describes theoretical frameworks used in this study, which is psychosocial theory.

Based on the researcher's experience in a field of operation, it should be noted and kept in mind that some children living in child-headed households (CHHs) are not orphans but their parents are alive with whereabouts that are neither known nor could not be traced.

Hence, the researcher is of the view that it is necessary to comprehend that neglected as these children are, may too; share numerous similar psychosocial

challenges suffered by those children who are orphaned and living in CHHs. Literature that focuses on exploring life challenges of children living in CHHs as a result of being orphaned as well as neglect would be examined, focusing on the following core aspects of their lives: Health, Education, shelter and nutrition which are children's physical, emotional and developmental needs.

The above researcher's statement is however supported by research findings of Cornia cited in Jones, (2005) which reveal that the notion of 'social orphans' must also be taken into consideration, which refers to children who have been abandoned by their parents for some

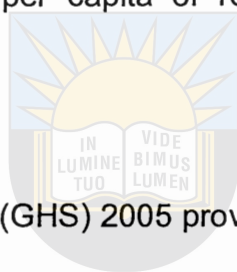
reasons. According to Jones (2005), in Swaziland the number of social orphans is exceeding that of natural orphans. For example, one of Jones's participants uttered that "there are orphans where the parents are dead, orphans where the parents have abandoned them, and orphans where the parents can't afford to care for them". Jones, (2006) also points to children who have been displaced through, for example, war and concludes that "to be orphaned in this sense is to be without moorings, social support which place girls at risk".

Although the phenomenon of child-headed households has been explored several decades ago, a range of challenges facing children living in child-headed households are pertinent to this day. An observation has been done by the researcher within an area of operation that when a parent is ill; an elder child has an obligation of resuming and performing all basic parental responsibilities in the household, in that way the roles are shifting since the child is now acting both as a child and as a parent. The study will also look at experiences and challenges of those children taking a lead in the households. While the children's basic aspects of their lives

would be explored, attention would be also given to the following, which will be the review structure:

2.2 Background information

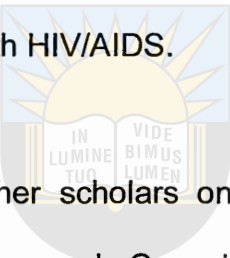
Empirically findings indicate that, worldwide, approximately 10% of the 34.2 million individuals infected by human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) are under the age of 18. In comparison to other countries, South Africa has the highest per capita of recorded HIV/AIDS cases (General Household Survey, 2005).



The General Household Survey (GHS) 2005 provides evidence particularly on CHHs where research findings exposed that there were about 118,500 orphaned children with a total of 66,500 child-headed households across South Africa at the time of the survey adding that the majority of those in child-headed household were below the age of 18 and were HIV positive. This is equal to roughly 0.7% of all children (0–17 year olds) and to 0.6% of all households in the country. While the (GHS) provided the above evidence, research carried out by Children Count (2006) asserts that the proportion of children living in child-headed households relative to those living in households where adults are resident is therefore small. By contrast, Chiastolite (2008) also confirms that the number of children made vulnerable by HIV/AIDS, such as orphan-hood, is apparently increasing at an alarming rate and hypothesised that this has become a social problem that places risk factors on affected children.

Additionally, about 17.8 million of children have experienced one or both parents dying of HIV/AIDS (McLeod 2011). A study by Heath, Donald, Theron and Crook

Lyon, (2014) concluded that these deaths have altered the social landscape by compromising the security and stability of communities and families. Furthermore, recent research conducted by the Department of Social Development found that in South Africa – where the HIV epidemic started later, has been very severe, and has not yet stabilized – the incidence of orphan-hood among children is double that of the other populations as such it is estimated that there are 83 000 child-headed households in South Africa. In the same vein, Brookes, Shisana and Ritcher, 2004 state that 3% of children aged 12 to 18 years were heads of households citing that the death of parents is associated with HIV/AIDS.



Following the above findings of other scholars on issues related to CHHs and HIV/AIDS pandemic, the Medical Research Council argues that unless there are significant interventions, by 2015 about 15 % of all children under the age of 15 will be orphaned, and that more than 30 % of all children between the ages of 15 and 17 will have lost their mothers (Hosegood et al., 2007).

For Jones (2006) many countries of the sub-Saharan, some parents are often unable to care for their children, due to ill health, death, political turmoil or economic constraints. In the midst of such challenges, many families develop alternative living arrangements as ways of coping. Henderson and Jones (2006) validated that a concern has been raised by various scholars on the phenomenon of child-headed households, and of which the researcher also is concerned as to, who should look after these orphans? Recent literature is almost unanimous that institutional care is undesirable advances ten reasons why this is so: these include the segregation, discrimination and isolation that institutionalised children often experience; the fact

that admission is often based on the needs of parents, not the interests of children; the lack of personal care and stimulation; the lack of opportunities to learn about the roles of adults; the high risk of institutional abuse; the lack of attention to specific psychological needs; and finally, reflecting all of these features, the fact that institutionalised children often experience problems in adjusting to life outside of the institution (UNAIDS, 2009).

However, the questions remain regarding these extreme challenges and high numbers around the phenomenon of child-headed households: that what do these figures mean for those concerned? What kind of lives does children in child-headed households exposed to? How do these children in these situations go about living their daily lives? More especially, what is it like being a child responsible for such a household?

In the researcher's view, the best way to address the questions is not by reverting to percentages and numbers but rather through an in-depth and qualitative exploration of the lives of these children through their own perspectives.

2.3 History of Child-headed households

The establishment and history of child-headed households can be traced as far back as in the 1980s, where support by the extended family and community members were the only response to the emergence of vulnerable and orphaned children due to HIV/AIDS. From the 1990s onwards, it was noticed that the number of children orphaned by HIV/AIDS began to rise steadily, as a matter of fact; NGOs and international agencies became involved in this process (UNICEF, 2003). Dalen, Nakitende and Musisi 2009) noted that although the emergence of child-headed households is known to have started in the early 1980s, scant research has been

carried out into the causes, extent, nature and circumstances of this phenomenon. When information is available, it is often based on small-scale research projects and on anecdotal evidence. It can therefore be argued that perhaps the escalating challenges relating to CHHs could be attributed to scanty research that has been previously carried out because in order to fully understand any phenomenon, it is crucial to study in-depth factors like its causes, the extent of such phenomenon has to be measured, the nature in which it occurs should be clearly known as well as its circumstances.

In 2010 a research study by the University of South Africa under the Department of Social Development was conducted for a situational analysis of child-headed households in South Africa. The findings of the study reveal that not all child-headed households result from AIDS but are through other socio-economic development issues like war, displacement, desertion, separation and migrant work (KwaZulu Natal-Human Settlements, 2010).

In line with these findings the General Household Survey, (2006); South Africa's Statistics Survey, (2006) and Meintjies et al. (2009) all are of the view that most children in child headed households are not orphans, instead some have a living mother elsewhere which could be a result of desertion or neglect. On the same view the Statistical Brief by the Children's Institute attest that most children living in child-headed households are not orphans citing that, only 8% of children living in child-headed households had lost both parents while 80% their mothers are still alive (Meintjies, et al., 2009). This then means that some children in child-headed households have separated with their parents possibly due to parents having to look for jobs, which when looking at the extent of children's vulnerability might be seen as neglect.

Based on what the researcher has been exposed to in the area of operation it can be strongly argued that parental neglect is one major contributory factor to CHHs, which can be attributed to job hunting in cities while it is believed that some parents hide themselves around town more especially in Mthatha. For example, in a study by Rosa (2004) it was found that 24% of African children under the age of 18 do not live with either of their parents, 11% of coloured children, 3% of Indian children and 2% of white children – amounting to an overall average of 21%.⁴⁷ Based on the above research findings it is evident that the plight of CHHs does not affect certain species instead this is a worldwide concern. Although the black community is recorded at a very high percentage as compared to other communities but still that requires a strong sense of urgency and humanity to fight against. South Africa is characterised by the spirit of “*Ubuntu*”, and in an effort to protect vulnerable children UNICEF, (2008) state that in South Africa orphans and vulnerable children are taken care of by either family relatives or friends. In the same vein, Rosa, (2004) maintain that, the majority of children whose biological parent(s) have died are often cared for by relatives, primarily in informal care arrangements adding that, a small proportion has thus far been placed in formal foster care through the courts.

In an analysis of the 2002 General Household Survey, it was estimated that approximately 90% of orphans are resident with relatives. The majority of the remaining 10% live with non-relatives; a small minority lives in child-headed households, or in residential care. For those children living in child-headed households, it has been revealed that most of the households are headed by a late adolescent. For instance, in a study by Breda, (2010) it was found that 48% of households were headed by a child who is 17 years old. Despondently, although

South African orphaned children are taken care of by relatives there are still young children in child headed households who suffer without any adult care. Empirical findings by Children Institute, (2006) revealed that most child-headed households 68% are headed by a teenager, however, the Gauteng province was found to have a least of children living in child headed household which was then recorded at 0.336% as compared to other provinces Eastern province being the dominant.

In a study UNAIDS (2010) it was found that in sub-Saharan countries, Malawi being an example, alternative care is found to be increasingly provided not solely by adults – primarily members of the extended family – but also by children, a phenomenon which has come to be known as child-headed households. Despite the fact that caring for siblings and carrying out housework may – to a child heads are significantly further reaching, a child heading a family is in charge of taking the greater part of day-to-day decisions. Furthermore, the onus of providing necessary material and immaterial support is on the child head. In other words, in a child-headed household the role of the principal caregiver has been transferred to a child (UNICEF, 2011).

KwaZulu-Natal – Human settlement is providing a great deal of evidence on the study conducted in KwaZulu-Natal on the phenomenon of child-headed households. The table chart below indicates findings on child-headed households in South Africa.

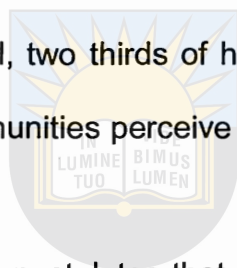
Statistical summary of child-headed households in South Africa

Province	Number of CHH	Proportion of children*
Eastern Cape (EC)	37 000	1.2%
Free State (FS)	8 000	0.7%
Gauteng (GT)	6 000	0.2%
KwaZulu-Natal (KZN)	24 000	0.6%
Limpopo (LP)	57 000	2.3%
Mpumalanga (MP)	9 000	0.6%
North West (NW)	5 000	0.4%
Northern Cape (NC)	1 000	0.2%
Western Cape (WS)	2 000	0.1%
Total in South Africa (SA)	148 000	0.8%

(Source Children's Institute, 2010)

The Statistical Brief of Child Headed households in South Africa compiled by the Children's Institute found that in 2006, 0.67% of children lived in CHHs, this being approximately 122 000 of the 18.2 million children in the country while in 2002 it was 0.65% which is estimated to 118 000 children and in 2007, 0.81% which is estimated to 148 000 children. This shows that there no statistical significant increasing trend in the proportion of child-headed households although the proportion of orphans is increasing and not all orphans live in CHHs. About 90% of CHHs are located in Limpopo, KwaZulu-Natal and the Eastern Cape. Eighty-eight percent (88%) of CHHs have at least one child of their own over the age of 15 (KwaZulu Natal Human-Settlements, 2010).

Most child-headed households are small, with a little under half 43% comprising only a single child, and a further 39% comprising only two children. The significant observations are that CHHs tend to live in informal dwellings and lack access to adequate sanitation and water. This is partly as a result of them living outside of urban areas (KZN-Human Settlements, 2010). For Harrison et al. (2008) about half of household heads 48% are aged 17, and the youngest head is just 12 years old. In almost all families, the oldest child took the role of household head. Although the overall ratio of boys to girls is equal, two thirds of household heads are boys. This may suggest that families and communities perceive boys as more able to look after themselves than girls.



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The India-HIV/AIDS Alliance, (2006) postulates that some individuals who head the household often face tremendous challenges and are vulnerable to exploitation. Through inadequately prepared they move into adult roles. Their physical and mental health needs are not taken care of by the existing programs and as such they face a wide range of problems (India- HIV/AIDS Alliance, 2006). Access to identification documents (particularly for household members) and social security remain a concern, with less than a third 28% of children accessing grants. Two thirds (61%) of children demonstrated a lack of information or awareness about the presence of a home based care service.

Children residing in Ekurhuleni were found to be better informed and reported accessibility. Home based care services provide care for the sick and food for the needy. These services could be improved by the provision of more human resources and the assurance of confidentiality. Only 11.9% of children accessed counselling services in the previous six months. Those who utilised the service perceived it to be

helpful, but list financial constraints, accessibility and the attitude of personnel at the counselling services as limitations they experienced. Children living in child-headed households generally have no access to grants due to the fact that they are minors and as such ineligible to apply for support without the requisite assistance of an adult. In countries where minors do have access to grants, children may be confronted with the issue that banks will not allow them to open an account, effectively excluding them from the grants system (Casky, 2009). However, Breda (2010) provides evidence that there have been significant changes to the population of Gauteng since 2001. The 2007 Community Survey indicates that the number of children in Gauteng increased from 2,160,800 (in the 2001 Census) to 2,969,988 (in the 2007 Community Survey). Using the finding, reported above, about 0.336% of children in Gauteng in 2001 were household heads; it can be estimated that the number of child-headed households in Gauteng is roughly 9,979.

2.4 Factors Leading to the development of Child-headed Households

This section of the study seeks to draw attention to examining a number of factors which led to the establishment of child-headed households, and to explore the degree to which they are supported by relatives, reasons as to why relatives cannot take these children and live with them in their own families.

Meitjies et al. (2010) stressed that more research is needed to shed light on the events that lead to the formation of child-headed households, as well as their duration and circumstances through longitudinal panel surveys and good qualitative research to best achieve this.

Literature indicates that child-headed households result from the rapid increase in numbers of parental deaths leading to overburdening of the capacity of relatives to

fulfil their traditional role of caring for orphans. Ritcher, Foster, and Sherr (2006) point out that, children living in child and adolescent headed households have had both parents die in the preceding five years adding that, many of them receive regular visits and support from relatives.

Sloth-Nielsen (2004) mentions that there are different reasons why children become orphans for instance children are orphaned or left without adult caregivers on account of fatal car accidents. Parents migrate or otherwise abandon their children. Some parents were snatched and other skilled by the apartheid system during the struggle for liberation. Riots during the old apartheid system and black on black violence have also taken their toll. As a result young children have been left orphaned and vulnerable. Some parents are killed and children left homeless on account of disputes and wars, for example, the disputes in KwaZulu Natal and the civil war between the Qumbu and Tsolo –Eastern Cape (Dreyer and Maqoko, 2007).

Child-headed households occur either temporarily or on a permanent basis; their composition may change due to the naturally changing composition of households, as a result of existing members leaving or new members entering the household (Phillips, 2011). The major challenge presented by sub-Saharan Africa's orphan crisis is best conceptualized in terms of problem magnitude vice versa the lack of capacity of both government and familial systems of care. Many governments in affected countries simply do not have the capacity to deal with the large number of orphans. As observed by Frederickson and Kanabus, (2005); Subbarao and Coury, (2004) that most of the countries affected by the HIV/AIDS epidemic are among the

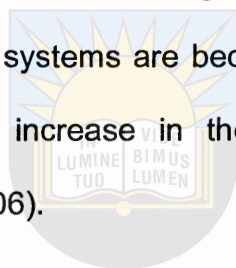
developing countries in the world and South Africa being at the tall. Therefore, resource transfers to affected individuals and households may not be a viable option.

For Innocenti Insight, (2006) traditionally, the social safety net in which children without parental care are absorbed into the extended family, has been eroded by the increasing number of parental deaths and in most countries this social institution is no longer able to cope. In addition, the stigma attached to HIV/AIDS often transfers from parents to their children and in some cases the children themselves might be infected; as a result, these children are not welcome in the extended family (UNICEF, 2011). By contrast, in a study conducted in Zimbabwe Ritcher et al. (2006) on the subject of child-headed household it was found that the appearance of child-headed households does not necessarily mean that extended families are abandoning their responsibility to care for relations' children. Furthermore, Ritcher et al. (2006) state that, among households with known relatives, most were receiving regular supportive visits and small amounts of material support from their extended family. In some cases, members of the extended family refused to take unaccompanied children into their households because they knew that a relative was living nearby who could provide support and supervision (Ritcher et al., 2006).

According to Nkomo (2006) the factors such as modernisation changed and eroded the effective traditional family network, which provided protection and care to children who are deprived from their family environment. Nkomo, (2006) further indicate that, the grave of socio-economic and the impact of the HIV epidemic in many parts of the sub-Saharan countries dramatically increases the number of children who are deprived of their parental care. Therefore, this situation continues to

deplete human and economic resources of the families and community to provide effective care to children in need of alternative care. Such social changes introduced new forms of families and households such as child-headed households and skip generation households which are generally economically and socially more vulnerable (Nkomo, 2006).

Traditionally, vulnerable children in Africa have been absorbed by a network of family and kinship systems. However, there is increasing evidence in the literature which indicates that the reserves of these systems are becoming exhausted. Therefore, it is likely that there would be an increase in the prevalence of child-headed households in the future (NDOH, 2006).



2.4.1 Death of a parent

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Research by Ritcher et al. (2006) indicates that many uncles and aunts are reluctant to foster relatives' children, possibly because of their concern that fostering relatives' orphans would result in a reduction of their own children's standard of living. If forced by economic circumstances to choose between their own and fostered children, they would tend to show preference towards the former. This course of action might lead to accusations against them of neglecting fostered children in their care by community members. Rather than risk such censure and in order to protect their own children, relatives may refuse to accept orphaned children into their family (Ritcher et al., 2006). The role of social workers becomes even much more imperative here because a relative or extended family members are there to support their vulnerable children. In doing so they maintain what is so called "*Ubuntu*" and in African societies it is presumed that as adults we take ownership and responsibility of our neglected

community members in an attempt to strengthen the legacy of caring for one another as social workers instil this "*my neighbour's child is my child*".

Another study conducted in Zimbabwe has revealed that support methods from extended family relatives had broken down since such children received little or no support from relatives and appeared to be particularly vulnerable to exploitation as a result of destitution and lack of adult supervision. The numbers of such unsupported households are likely to increase dramatically in the future in the face of poverty as the number of new (UNICEF, 2006). Orphans increase and as grandparent-caregivers or aunts and uncles become sick and children are left with no one to care for them. The DA- Saving the lost generation, (2010) revealed that the orphanage system in South Africa was designed to cater for a small number of exceptional cases. They are expensive to construct and run and there are not enough of them to accommodate the flood of recent orphans properly. Moreover, there are many other reasons why it is not necessarily a good idea to apply the existing system to AIDS orphans - for example, it is preferable not to take children out of the communities in which they have grown up, especially when they are slightly older, if it can be avoided.

Therefore, researchers recommends that children be kept in their communities than being removed and placed in alternative places of care, strengthening of family ties amongst households is one of the important aspect that needs to be taken into consideration. The researcher is of the view that indeed it is better to keep children within their community setting as it has been amongst many children who were institutionalised that later in life they develop hatred towards their relatives. They also find it difficult to be reunited back to their communities since they were never

exposed to local community values and thus may affect a child's psychosocial development.

A range of problems arise in meeting the needs of orphans: Family networks are often expected to absorb orphaned children. However, children are sometimes exploited and mistreated, and the already restricted budgets of many families leave little room for the needs of more children. Very few people who do have the means to support children who are prepared to offer themselves as foster parents or adoptive parents. Perhaps this might be on the point of DA-Saving the lost generation, (2010) which state that institutionalisation of children is expensive and requires long-term planning. Surprisingly, the extended family members have restricted budgets, orphaned children, neglected are children without any visible means of support and by virtue of that they are placed on foster care and are entitled to be recipients of Foster Care Grant (FCG). The grant amounts to R800 per month and per child. It is meant to assist in meeting the basic needs of these children.

2.4.2 Child neglect

The researcher has observed that some natural parents (biological mother and father) leave children in their households and go to cities in search for jobs; some never come back while others do keep contact with children back home but never send them any financial support. These parents eventually leave children in challenging circumstances as parent's whereabouts end up not being traced and that is abandoning their own flesh and blood.

Statistics South Africa, (2012) defines migration as a change in a person's permanent or usual place of residence which along with fertility and mortality, can be viewed as one of the components of population change. Evidence holds that Eastern Cape is one of the provinces which had negative net migration figures, meaning that more people have migrated out of these provinces than have moved in over time during 2011 and 2012 (Statistics South Africa,2012).

Sociologically, the family is seen as part of a wider force of social change which has, in turn, moulded its form and content. As societies develop and take on new forms of technology, the family also adapts in response to these changes by altering its structure, for example, from an extended type of family to a nuclear one. In this way, some theorists posit the family as traversing different stages as societies change, notably from the primitive to the village, then the city and then the state. The first stage would be typified by certain family forms that are qualitatively different from those in the latter stages, for example, the roles of family members and kin, in terms of obligations and responsibilities towards one another, contract as the family form shifts from the extended to the nuclear (Maqoko and Dryer 2007).

Phillips (2011) explicate that, there some variety of problems associated with caring for children in institutions, especially when finances and staff members are inadequate. Care facilities such as institutions; have been found to be insufficient in number and filled beyond capacity, a situation which leaves children with no choice but to remain in a child-headed household.

2.5 South African Family Composition

The family remains central in the lives of its members, from birth to death, and provides them, among others, with psycho-emotional and economic support. Human beings have always lived in families from the beginning of time. The family is a pillar of society, as it influences the way society is structured, organised and functions. The family has been and continues to be the principal institution in society, playing a vital role in socialisation, nurturing and care, as well as determining the conditions of social reproduction, due to the family deriving its meaning from being both a biological and a social unit. Furthermore, the family continues to be a cornerstone of human civilisation, because of its ability to transmit society's values, norms, morals and mores (Green Paper on Families, 2010). It can therefore, be argued that, in order to ensure that the objectives of a society are achieved extended family members should not leave their orphaned children to institutions because children belong to a family not an institution and even if these children can be institutionalised at some point they will have to come back to their communities where they belong.

In South Africa there is more than one commonly known form of households. For the purpose of this study the researcher would point out the two forms of households namely: a nuclear household comprising of both biological parents and children, single parent households consisting of a mother and children, another form of a household which is increasing is the one of children in child-headed households with their own children. Factors like migration, urbanisation and modernisation have drastically changed South African family structures. In olden days grandmothers and grandchildren would be found living together as a family unit, but in nowadays that has changed into becoming a nuclear family where you find biological mother,

father and children only and that is a complete family unit. Similar to resources, just as it is highlighted in the introduction that members of a family were sharing resources; today you hardly find a family relative sharing socio-economic needs with those close to him or her in relations. For example, Nyambedha, et al. (2001) state that many households are living in isolation as such children in child-headed households suffer a great deal as some have little children of their own to support and maintain.

2.5.1 House-hold's relations in the South African Traditional System

In the African context the institution of family for a long time has been central in the provision of its members' needs, safety and survival. Extended family system was the most important indigenous African institution with many African families being characterized by large numbers of member with close kinship ties (Foster, et al., 1996). Foster et al. further mention that such family unit provide a sense of belonging, care, security and social support to its people adding that, polygamous marriages were a common practice and people lived within big homesteads members to even third or fourth generation in patriarchal residence.

A strong family has particular features which enable its members to contribute meaningfully to their own development and prosperity, as well as the betterment of society (Foster, et al., 1996). On the same view Nyambedha, et al. (2001) indicate that a strong family usually has access to different kinds of resources, ranging from emotional and material to spiritual resources, which enable it to meet the needs of its members. In addition, these authors re of the view that a strong family demonstrates commitment, whereby each member is appreciated, recognised and valued. Another attribute of a strong family is the ability of members to share experiences, complement each other and spend time together.

Traditional Zimbabwean Shona and Ndebele communities are built around a matrilineal kinship system. Members of the same matrilineal are grouped together, and the residential group is, or used to be, three to four generations. Traditional life is characterized by brotherhood, a sense of belonging to a large family and by groups rather than individuals. The extended family gives security and support and the members share many assets (Bourdillon, 1991). Bourdillon (1991) mention that, the ambition of a man to gather around him is a growing lineage of descendants and dependants who would act as a corporate body for economic purposes and also a united body in times of crisis or tension within the community. Although South African law has no single definition of a 'family', it is evident in various pieces of legislation that the 'nuclear family', based on the relationship of a married man and woman and their biological or adopted children, is dominant (Rosa, 2004). Consequently, Rosa (2004) maintains that, this does not reflect the reality of South African society where responsibility for children is by no means only linked to biological parenthood.

In terms of economic, the family is seen as an economic unit that lives together and shares resources for the common benefit (Green paper on families, 2010). Furthermore, it is a unit of production, which takes on different forms from context to context. The South African family nature treats the family as a single economic unit — 'the agent'. This implies that the family acts as if it was an individual, in particular, that it has well-defined preferences for outcomes. This simple means that, everyone in the family has the same interests, or if their interests differ, that the family has

dominant member and follows that member's wishes (Green paper on families, 2010).

2.5.2 Nature of marriage in South African traditional households

Traditionally, in South African family culture; marriage used to be not so much the linking together of two individuals as of two families. When marriage was decided upon, a bride price in the form of a number of cattle was paid to the bride's family; the payment of bride price led to the children becoming the responsibility of the father and his family. Bride price also created a special bond between brothers and sisters. The receipt of bride price by a family for their daughter's marriage enabled them to pay the bride price for their son. The son's children thus had a special link with their paternal aunt, who had a unique role in their upbringing (Geoff Foster, Makufa, Roger and Kralovec, 1997).


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2.5.3 Orphans in the house-holds

Traditionally, the concept of a 'social' orphan did not exist in Zimbabwean societies. Biologically orphaned children were cared for by members of their extended family, especially by aunts and uncles who took on the care-giving functions of parents. Under certain circumstances, other adults within the extended family besides the biological parents were called 'mother' and 'father' (Foster, Choice and Rodger, 2008). Foster et al. (2008) maintain that, extended family was the traditional social security system and its members were responsible for the protection of the vulnerable, care for the poor and sick and the transmission of traditional social values and education. NDOH (2006) state that in South African households it used to be a norm that upon the death of a household member grandparent, maternal aunts,

and uncles would look after the child without parent but that system has eroded drastically.

The researcher noted that in several households where parents died children are not cared or provided for by their closest relatives. In some instances where relatives like maternal aunts take orphaned children and put them on foster care placement that has shown to be only done in the name of financial gain.

2.5.4 Modern dynamics

In recent years, changes such as labour migration, the cash economy, demographic change, formal education and westernization have occurred and have weakened the extended family. Labour migration and urbanization have led to a reduction in the frequency of contact with relatives and encouraged social and economic dependence; possessions are perceived as personal property and no longer belong to the extended family. Increased life expectancy and family size mean it is now not possible for an extended family of three or four generations to reside together; the diminishing availability of land makes it difficult for large families to be economically independent through subsistence agriculture (Green Paper on Families, 2010).

Like many other families in the developing world, South African families have been forced to adapt to colonialism, urbanisation and globalisation (Moffett, 2007). This author refers family life to those activities that enable a family to effectively play its roles in society, such as nurturing, socialising, parenting, and the delineation of both sex and gender roles. The ways in which family members behave and interact with one another are all central to family life. Moffett (2007) is of the view that family life

covers the quality of relationships between various members, for example, between parents and children, or between spouses and siblings. In the same view Rosa, (2004) attest that the nature of family life is far from static and is shaped by the historical and socio-economic conditions in society adding that, amongst other things in South Africa, the history of colonialism, the creation of a migrant labour system, the complex systems of apartheid laws, and more recently the scourge of the HIV/AIDS pandemic, have had enormous impact on family life. It is far from uncommon for children to live apart from their parents in many types of family arrangements (Rosa, 2004).



On the other hand Dengwa, (2010) state that education about social values is likely to be obtained from schools and interactions of children with their peers rather than through traditional mechanisms, which has lessened the ability of older people to exert social control over the younger generation.

For example, Dengwa (2010) maintain that bride price nowadays often a cash payment earned by the husband-to-be, rather than cattle and other possessions raised by members of his extended family; thus marriage itself has become more a contract between two individuals leading to weaker links between and within extended families. Some traditional roles of the extended family have been modified whilst others have almost disappeared. In Zimbabwe, bride price is still commonly practised, though its nature has changed (Dengwa, 2010).

2.6 Challenges and Effects of Living in Child-headed Households

A growing of evidence from the literature depict that children living in child-headed households are extremely vulnerable, they are confronted with a multitude of difficulties in their everyday lives, principal of these being a lack of adult care and protection (Phillips, 2011). This author point out some of the generally related problems faced by children living in child headed household. Among other things the author mentioned poverty, poor housing, child labour, exploitation, failure at school, lack of adequate medical care, psychological problems, stunted growth and hunger, discrimination and early marriage.

Rosa (2004) also underlined that children living in child-headed households experience the same general problems as other children affected and infected by HIV/AIDS, as well as children living in poverty, but due to the absence of a resident adult, they also experience their own unique problems. These generic problems experienced by child-headed households have been noted.

Literature by the India AIDS Alliance, (2010) indicates that, few of the CHHs are totally neglected by their relatives; most of the children are cared for in a superficial manner, while others receive financial help from their relatives. The study further shows that some relatives criticize the way children in CHHs live but with no specific effort made in terms of guidance, financial support etc. (India AIDS Alliance, 2010). In the midst of communities ravaged by AIDS, children families continue to live in extreme poverty (Cluver, Gardner and Operario, 2009; Marais et al., 2014; Ramphele, 2012).

2.6.1 Lack of adult care and protection

A child has the right to be raised in a manner which provides him with the best possible development of his/her personality, hence there is a global consensus that this upbringing is (in principle) the primary responsibility of the child's parents; biological parent known as a genetic or natural parent whom is a child's parents through birth (Phillips, 2011). Children not being able to rely on daily adult care and support, represent one of the major dangers. While the heads are responsible for supplying the household with material and emotional support, these children are both physically and mentally immature and not adequately equipped for the role of principal caregiver (Nelson Mandela children's fund, 2001). Children live in permanent fear due to the fact that they have to fend for themselves and as a result of the high risk of neglect, violence, sexual assault and other abuses they are frequently exposed to (Nelson Mandela children's fund, 2001). In the main, children who lose and remain deprived of parental care encounter a serious disruption of their childhood. Children heading households spend most of their time on caregiver activities, such as child care, household management and the generation of income (Phillips, 2011). Following the death of their parents; children must make the adjustment from being a child to be the head of a household, an adjustment that carries many challenges.

One study conducted by Nkomo (2006) in Gauteng and Kwazulu-Natal identified several key components of this adjustment, including the feeling of having lost one's childhood and sense of self with the attendant feelings of deprivation; of responsibility towards one's family (younger siblings) and the obligation to take the place of the deceased parents; of being abandoned by extended family members who they feel should be taking responsibility for them; of concern for surviving in the

face of economic hardship; of grappling with multiple and competing responsibilities; and of helplessness and uncertainty about personal safety, family disintegration and discipline.

On the other hand Haine et al. (2008) identified common reactions children experience following the death of a parent:

- a) Children may become angry, sad, anxious, and fearful. At times, these emotions may be strong and overwhelming.
- b) Children may experience feelings of guilt and believe that they are somehow responsible for their parent's death.
- c) Even though adults may be uncomfortable talking about death, children may want to talk about the deceased parent. At the other extreme, as parents and supportive adults encourage conversations about death, children may resist such involvement
- d) Children may have recurring dreams about the deceased parent or may claim to have seen the parent or to have heard their voice.
- e) Children may have an intense desire to remember and stay connected to the deceased parent (what role should relatives play in supporting the children living in child headed households?).

The narratives suggest that living conditions for children in CHHs change from a sense of being part of a family to one of 'loneliness. Nonetheless, Harrison, Daffurn, Nxusani and Makondo (2008) state that, children seem to have had reasonably happy experiences prior to becoming child-headed girls.

In some cases, relatives may consider themselves free of responsibilities towards orphans, even though they are closely related to the children. Relatives may not recognize the legitimacy of orphaned children, if, for example, a sister had children

but was never married or if bride price was never paid to her brothers; in children after her death. Some relations have had little contact with a relative's family before the parent's death. Empirically findings hold that, whereas families living below the poverty line tended to foster children, wealthier relatives, whom one might expect to be more able to foster relatives' children, maintained minimal links with orphans (Foster, 1997).

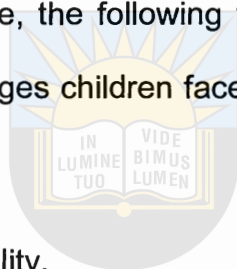
In addition, Deininger et al., 2003; Foster and Germann, 2002; Frederickson and Kanabus, (2005) mention that children living in child-headed households generally lack voice and legal and political representation; hence they do not have the capability to influence outcomes in their favour. The cited authors all attest that traditional familial system of care is overwhelmed adding that, it also lacks the social capital necessary to mobilize and revive the traditional networks of care that have sustained vulnerable children and households for generations.

2.6.2 Lack of prior preparation to children on what to expect after the death of a parent

The green paper, (2010) argues that families in transition are characterised by change or disruptions, which may result to migration, separation, divorce or death. When this occurs, the green paper (2010) states that, family members, especially those who are extremely vulnerable and dependent, fail to access resources that are important for their optimal functioning. The researcher fully agrees with the above literature, in Mthatha around ward 20 –Sithebe A/A some children with divorced parents have been reported in few schools to be failing to perform to the best level of their capacity and that has been attributed to effects of parents' divorce.

Noting the challenges facing children who experience the death of a parent Haine, Ayers, Sandler, and Wolchik, (2008) encourages adult such as the surviving parent, teachers, and school-based mental health providers—to pre-emptively provide grief education. Geared to a child’s understanding and developmental level, this education is proposed to initiate and facilitate conversations about death; provide opportunities to address common misperceptions, to explain and normalize emotional responses, fears, and concerns (Heath, Ronald, Theron, and Lyon 2014).

Although each child’s grief is unique, the following tasks as noted by Heath et al. (2014) encompass universal challenges children face when coping with the death of a loved one:



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- (a) Understanding that death is a reality.
- (b) Managing the emotional pain associated with the death and separation from the deceased loved one—not in isolation, but with others’ emotional support.
- (c) Remembering the deceased loved one and assimilating these memories with current and future thinking.
- (d) Reconfiguring perceptions of one and relationships with others.
- (e) Finding new purpose and meaning in one’s life by coming to terms with death and loss; and
- (f) In addition to maintaining existing relationships, branching out socially to develop new relationships

2.6.3 Poor housing

Evidence holds that in South Africa the living conditions of children in child-headed households have in most cases been found to be worse than that of other households (Meintjes et al., 2010). As children from CHHs frequently have no access to proper housing, adequate sanitation, water and electricity. For instance, in a study carried out by KwaZulu Natal-Human Settlements it was found that most of the children in Child-headed households live in small houses, mainly informal dwellings where boys and girls often share a bed, on many occasions this result into incest between brother and sister. Therefore, the Human Settlements-KZN, (2010) suggest that children in child-headed households should be supported to stay in their home but be provided with appropriate housing with adequate space and privacy. In the experience of the researcher, one of the cases from child-headed households that the researcher has handled it transpired that due to poor housing, female and male siblings occupied shared room and it was discovered that children had involved in incest and do not see anything wrong in that. Collaboration and coordination between stakeholders dealing with Child-headed households and vulnerable households is of great essence, the Department of housing should be the key stakeholder in intervening in the plight of poor housing environment amongst CHHs to avoid these horrendous incidents.

2.6.4 Discontinuing education/ dropping out of school

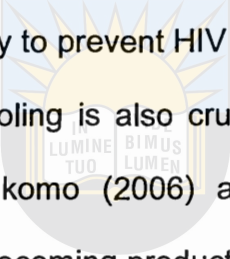
The Democratic Alliance -saving the lost generation, (2010) suggest that, orphaned children must be kept safe, clothed and fed, and they must be kept in school. They must also be given support and nurturing; the objective must be not only to ensure their immediate survival, but to give them the chance to develop into capable, educated, independent and emotionally secure adults.

Nyambedha et al. (2004) has discovered that parental bereavement from HIV/AIDS has a number of socio-economic and psychological consequences on the life of children. In addition, a number of studies and reports have widely documented that one of the main problems faced by children orphaned and children living in child headed house-holds as a result of HIV/AIDS reduce opportunities for schooling. This is supported by the Nelson Mandela Children's Fund, (2001) where it was explicitly complained that young children belonging to child-headed households are excluded from the education system, frequently compelled to leave school, as a consequence of poverty or in order to comply with the responsibilities of household head. Studies from numerous regions have brought to the fore on how orphan hood can undermine and determine the life and future of Child-headed households. Orphaned children have substantially lower levels of education as compared to children who are not orphaned. The India HIV/AIDS Alliance, (2010) indicate that even though the estimation number of children living in child-headed households is not clear but it is increasing in the country and in such conditions they are deprived of their childhood and the opportunity to go to school.

This raises a concern towards stakeholders including social workers, educators and community care givers. Children are entitled to education and should be encouraged to learn so that they can better help themselves through education. The department of education is presumed to have budget specifically to meeting the needs of Child-headed households same applies to other stakeholders. Community care givers are there to ensure that frequent visits are paid to Child-headed households, assisting in chores and moulding children and giving guidance to enhance proper development and well-functioning of the young child.

Davel and Skelton (2007) argue that a range of policies, programmes, laws and strategic plans are needed in order to realize children's rights. They are on the stand that this could help to ensure that the state has a well-co-ordinated system for managing and delivering of services and that the law can further regulate the services or program, which is aimed at ensuring that the service is of good quality and is properly delivered.

Significantly, a lack of access to schooling has been shown to deprive orphans of the much needed life skills necessary to prevent HIV infection, other sexually transmitted infections and pregnancy. Schooling is also crucial for children's socialisation and self- efficacy. For example, Nkomo (2006) attest that, participation in school improves children's chances of becoming productive members of society.

The logo of the University of Fort Hare, featuring a shield with a sunburst at the top and the motto 'LUMINE TUO BIVUS LUMEN' in the center. Below the shield, the text 'University of Fort Hare' and 'Together in Excellence' is displayed.
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2.6.5 Stigma and discrimination

Children in households where parents are ill especially in families where parents are HIV-positive, members suffer the trauma of caring for ill family member. Seeing their parents or caregivers become ill and die can lead to psychosocial stress aggravated by stigma so often associated with HIV/AIDS (India-HIV/AIDS Alliance, 2010). Nkomo, (2006) holds that children living in child headed households and whose parents died of HIV/AIDS are being stigmatised as well as rejected by friends, relatives and communities. That stigmatisation and rejection led to child headed households becoming isolated from their communities. Growing up without parental support, love, care and guidance can lead to an interrupted childhood and increases susceptibility to diseases, reduced health status and teenage pregnancy (Nkomo, 2006).

Korevaar, (2009) also confirmed that orphans often report that they are being discriminated against, in foster homes and particularly vulnerable to emotional, physical and sexual abuse. In line with Korevaar, Chiastolite (2008) states that orphaned children and children living in CHHs do not only get rejection from neighbours and family relatives but also communities distance themselves from them.

2.6.6 Vulnerability to sexual abuse

The India HIV/AIDS Alliance, (2008) indicates that in Uganda, and Ethiopia, the majority of child domestic workers in the capital city Addis Ababa are orphans. It was also found that most orphaned girls were exposed to sexual abuse in domestic work because of the stigma attached to their orphaned status. Nkomo (2006) revealed that apart from problems relating to food, security, school participation, children are vulnerable to both sexual and physical abuse. In Zambia, a study by the International Labour Organization in several districts shows that the majority of children who become prostitutes are orphans, because the majority of street children are most likely to be children from CHHs and those whose parents died.

A growing body of evidence indicate that orphans living in child-headed households enjoy going out with older men and understanding sex as a form of love (Korevaar, 2009). These children get to be vulnerable to HIV and sexually transmitted diseases (STIs) but believe that they do this simply because these sugar daddies offer them money which is what they need the most. Korevaar (2009) postulate that, some children feel lonely while older men give them comfort and solace getting love from older men, and they don't care whether the men are married, with their families so long they provide care and financial support. However, Korevaar (2009) further

reveal that some vulnerable children do not date older men for the purpose of securing food security but to get luxury things such as cell phones, airtime, clothes and money adding that, they don't just go around with any men but they chose men driving expensive cars since they know fully that they will get their needs met.

2.6.7 Hunger and ill health

Orphaned children often cannot get enough food to sustain themselves through all the things they need to do for survival. Owing to their desperation, they become caught in a vicious circle of deprivation (DA-Saving the lost generation, 2010). Very few children in child-headed households are working to earn income; about 6% of child-headed households have an employed household member over 15 years (Mentjies et al., 2010). In the same vein, the India HIV/AIDS Alliance, (2010) mention that epidemic has forced vast numbers of children into precarious circumstances, exposing them to exploitation and abuse, putting them at high risk of also becoming infected.

Most families in child-headed households suffered serious economic losses for several years eventually resulting in the death one or both parents, leaving children with very limited financial and social support. Economic hardships lead them to look for means of subsistence which in turn increase their vulnerability to HIV infection, substance abuse, child labour, sex work and delinquency (India HIV/AIDS Alliance, 2010).

2.7 Advantages of Living in a Child-headed Household

The researcher is of the belief that human beings are in a state of becoming and therefore regardless of hardships households may encounter in life, families are able to bounce back as they have what is known as synergy or resilience. Synergy can be understood as being able to gather the strength and rise again (Masten and Reed 2002). Following the above researcher's statement, findings on the study that was carried out by Department of Social Development in Gauteng on 11 November 2008 on child-headed households show the following positive experiences for the children living in child-headed households:

- Staying alone with my little brother has taught me to take care of responsibilities such as cleaning and cooking.
- This life has taught me to be a better person than I was in Nelspruit. We teach each other about life and most of the time we share our secrets as a family, making promises and keep them for ourselves.
- Being in a child-headed household taught me how life is and to be responsible.
- This teaches me to have guts to stay on my own even when I grow up.
- I've grown so much mentally and am now able to take care of myself and the household.
- We are getting used to the situation and it has forced us to mature at an early age.
- This situation has helped me grow up both emotionally/ mentally and spiritual.

It is clear that even though children living in child-headed households live in extremely challenging circumstances there is hope and growth in the midst of their painful experiences and hardships.

2.8 Support Services Available for Children in Child-headed Households

Support and services should be made available to children who choose to remain together with their siblings in a child-headed household following the loss of their parents or caregivers. The government should ensure that such households benefit from mandatory protection from all forms of exploitation and abuse, supervision and support on the part of the local community and its competent services, with particular concern for the children's health, housing, education and inheritance rights (Phillips, 2011). In order to address the challenges facing child-headed households, research-based and practitioner-recommended interventions are offered to strengthen South African children's resilience and to facilitate their emotional well-being. Moreover, Phillips (2011) articulate that, orphans and vulnerable children (OVC) affected by HIV/AIDS must be supported to continue their education and stay connected with immediate family, extended family, peers, and teachers.

Acknowledging the shortage of mental health professionals and school psychologists are encouraged to prepare teachers and caregivers to share responsibility in implementing interventions to support OVC (Phillips, 2011).

Community groups can help extended families to cope with the burden of orphans by encouraging the establishment of volunteer-based visiting programs to children whom are at risk households and by channelling essential material support to destitute families (Foster, 1997).

The Department of Social Development is mandated to provide programmes and services to vulnerable children according to international agreements ratified by government. These include services aimed at protecting children's rights as entrenched in the Constitution of South Africa, the Children's Act of 2005 and the UN

Conventions on the Rights of the Child. One of the groups of vulnerable children is those living in child-headed households. These children lack the presence of parental guidance that most children have. They also have limited means to generate an income, which makes them unable to effectively sustain their household, and are less able to protect themselves from abuse and exploitation (Harrison, Daffurn, Nxusani, and Makondo 2008).

The former Minister of Social Development Zola Skweyiya, in his last two budget speeches in April 2008 has strongly highlighted the Department's commitment to address the vulnerability of children as follows: A key aspect of this is the provision of social security, with measures such as increasing the amount of the grants, increasing the age of the Child Support Grant to 18, and linking the CSG to other services such as health and education. Government strongly supports all of these initiatives, but data suggests that these ideals have not adequately translated into actual service delivery to vulnerable children in Gauteng. It is government's contention that particular attention needs to be given to expanding social security to children, who are a particularly vulnerable group (Skweyiya, 2007, 2008 speech).

The Democratic Alliance (DA) has come up with strategies to be employed in order to protect the integrity and promote the quality of life for those in child-headed households, (DA-Saving the lost generation, 2010). Among the identified priorities the researcher has highlighted the following:

- (i) Guardianship of orphans,
- (ii) Provision of shelter,
- (iii) Tackling stigma and creating a support network and
- (iv) Funding

2.8.1 Guardian-ship of orphans

The social development approach recognises that the family is the basic unit of society and plays a key role in the survival, protection and development of children. It is rationale that families should be supported and their capabilities have to be strengthened for the purpose of meeting the needs of members.

Theories encompassed in this approach recognise that families require a range of supportive services in order to promote family life and development. Over and above the foregoing, certain families may require additional supportive services so that they can solve problems in human relations such as conflict, communication, parenting, substance abuse, family violence as well as addressing problems arising from life changes and events (Green Paper on Families, 2010). An adult will be formally contracted to act as guardian of a group of orphaned children. He or she will supervise the children and take care of their needs. The DA will use Operation Searchlight not only to find orphans, but also to identify people who are willing and able to take on the role of guardian.

The DA will make use of the concern of many people everywhere about AIDS orphans and their willingness to do whatever they can to help. A structure will be created within which volunteers from anywhere in the country or the world can contract with the government to become an orphan care-giver. In addition, the programme will be aimed at attracting locals who are retired; young couples who find it difficult to obtain accommodation; unemployed matriculates; and people on housing waiting lists. The programme will be based on one year contracts with volunteers, who will all be linked up with NGOs and slotted into appropriate places.

A key part of this programme will be a web site which will promote the project and provide a vehicle through which volunteers can apply, select a place to go and make all the necessary arrangements (DA-Saving the lost generation, 2010).

Volunteers will be managed by existing social workers, who will then be in a position to take care of the needs of many more children than if they continued to be directly responsible for the welfare of the children. Volunteers will only be paid a subsistence allowance, but they will receive free accommodation. These care-givers will be registered and trained, but complicated and bureaucratic procedures have to be kept to the minimum (DA-Saving the lost generation, 2010).

2.8.2 Provision of shelter

Upon the death of a bread-winner, families often find themselves unable to pay bonds or rent. It is therefore necessary to develop coping strategies which recognise both the need to be sympathetic to occupants and the financial realities of the housing market. The DA plan to:

- ❖ Implement a national transitional subsidy for families who have lost a breadwinner. This will be aimed at ensuring that they have period of grace in which remaining family members can make arrangements for the future, before having to cope with the prospect of eviction.
- ❖ Negotiate a Code of Practice with banking institutions to cover cases of family tragedy. The objective will be to ensure that fair procedures are followed in such circumstances. Support and encourage specialised life insurance requiring HIV/AIDS infected homeowners to take part in treatment programmes to keep bread-winners alive and healthy for longer. Provide subsidies to families who have taken in orphaned children to build house extensions.

- ❖ The DA committed itself to provide six kilolitres of water and 40kwh electricity every month free to all households. This free allocation will be enough to meet the minimum survival requirements of an average household, and will ensure that even where adults have died and a household has no income, the remaining family members will have survival lifeline.

2.8.3 Tackling stigma and creating a support network

A growing body of evidence indicate that AIDS orphans are ostracized by their communities. A combination of factors, of which apathy, poverty and the stigma associated with HIV/AIDS, is probably the most influential factors that leave many AIDS orphans completely isolated once their parents have died. Steps are to be taken to ensure that AIDS orphans are accepted into their communities and we need to inspire more people to do whatever they can do, on however small a scale, to help orphaned children.

The DA will encourage religious institutions, NGOs and schools to implement projects aimed at drawing orphans in the area into the community. Youth centres will be encouraged to seek out marginalized children and encourage their participation in events and activities. The success of efforts to reduce stigma hinge on making all South Africans less frightened about AIDS. This requires that the government be whole-heartedly committed to speak about AIDS in public, and being absolutely clear about AIDS and its causes and the possibilities for living a long and healthy life. South Africans also need to see that the antiretroviral treatment programme is working and succeeding. If it is seen that AIDS is not a death sentence, there will inevitably be less fear of it.

2.8.4 Funding

Families in transition need special support from the state. Given South Africa's family plurality, the Green Paper will ensure that the strategies for the strengthening of families in transition will be in line with its principles, culturally appropriate, and sensitive to gender, age, race and disability issues. The strengthening of families in transition will also hinge to meet oral approach and/or inter agency/departmental collaboration, and be spearheaded by inter-disciplinary teams of professionals (Green paper on Families, 2010).

The DA's orphans' project will require additional funding. Funds will be required for the publicity campaign; to create and maintain the support infrastructure, including paying volunteers and providing training, and paying for additional Child Care Grants; and to extend school feeding schemes. Money will also be needed for new housing projects. The DA reported that it will attempt to get 5000 volunteers onto the streets during their first year. With a R500 monthly stipend, this will cost R3m in year one.

The extension of child support grants will constitute a large part of the additional funds required. The DA seeks to increase the budget for Child Support Grant extension by 20% in the first year; this will require an additional R240m. Further to that the proposes to add 50 days to the number of days on which school meals are provided, it will add R122m to the budget for school feeding. Funding for new cluster developments and adaptations to existing dwellings will need to be sourced from the housing budget. As the DA seeks to add R50m to the housing budget for the first year to initiate this process and run some pilot projects around the country, it is

estimated that the total additional budget for year one of their implementation of this policy will be R415m.

South African law has provisions for so-called cluster foster care. The Children's Amendment Bill stipulates this form of foster care to be: "a scheme for providing for the reception of children in foster care in accordance with a foster care programme operated by:

- (a) A social, religious or other non-governmental organisation; or
- (b) A group of individuals, acting as caregivers of the children, and managed by a provincial department of social development or a designated child protection organisation (DA-Saving the lost generation, 2010).

2.9 Theoretical Framework: Psychosocial Theory and how it relates to Child-headed Households

This section will discuss some theoretical framework trying to apply its relevance to the study. The theory utilised will attempt to give explanation on experienced challenges by children living in child-headed households pertaining to their psychosocial life and development. The study has used psychosocial theory.

Without theories, it could not be determined why and how things happen the way they do. What is noteworthy is that theories are important where they help to frame our understanding of the social world and, in this case, the stages of human development relating this to children living in child-headed households. They are neither absolute nor finite (Green Paper on Families, 2010).

2.9.1 Psychosocial Theory

The psychosocial theory is believed to have all the evidence relating to the stages of human development i.e. from birth to adulthood. For the purpose of this study, human stages of development that would be explored would begin from early childhood to the early years of adulthood.

Research shows that, the manner through which children learn household challenges puts their lives at risk and disadvantage them at times. Even with the involving of children in to discussing sensitive matters like death of a parent, illnesses, and estate monies or inheritance; traditional South African system do not promote transparency especially with minors. One major cause of this problem is the fact that households and communities do not communicate effectively with children, as such children find themselves facing multiple challenges with no proper guidance from parents.

In an overview of the psychosocial theory, Erikson's theory of psychosocial development stipulates that the most fundamental stage in life is between birth and one year of age, where the infant's basic needs being met by the parents. Erikson believes that at this stage infant depends on the parents, especially the mother, for sustenance, and comfort. Because an infant is utterly dependent, the development of trust is based on the dependability and quality of the child's caregivers. Erikson further affirms that a child successfully develops trust, he or she will feel safe and secure in the world. Caregivers who are inconsistent, emotionally unavailable, or rejecting contribute to feelings of mistrust in the children they care for.

In line with Erikson's psychosocial development, it is clear that children without parental attachment and guidance are prone to facing the following challenges:

Failing to develop trust, result in fear and develop a belief that the world is inconsistent and unpredictable just as it highlighted that children develop a sense of trust when caregivers provide reliability, care, and affection.

Galligan (2000) is of an opinion that protective family support in households is one of the fundamentals as it seeks to strengthen the coping and resilience of children and adults in relation to identified risks or threats experienced within individual's households. Examples of protective family support include: day fostering for the children of drug-abusing parents; refuges and support groups for women who are victims of domestic violence; and support programmes in child behaviour management for parents encountering serious problems in this regard. Protective family support will recognise the value of relationships, routine (such as bedtime) birthdays and Christmas) in giving greater structure and stability to home life for a child in stressful family circumstances. This shows that stability in a household is crucial for the well-functioning of the entire household as a unit. It is not surprising that in households where there are no adult parents; there is no stability as there is no family member that is emotionally stable and mature to carry out the affairs of the entire household.

In Erikson's theory of psychosocial theory

Autonomy vs. Shame and Doubt, this is the second stage of Ericson's psychosocial development theory; it takes place during early childhood and it focused on children developing a greater sense of personal control. Like Freud, Erikson believed that toilet training was a vital part of this process. However, Erikson's reasoning was quite different than that of Freud's. Erikson believes that

learning to control one's body functions leads to a feeling of control and a sense of independence. Other important events include gaining more control over food choices, toy preferences, and clothing selection. Children who successfully complete this stage feel secure and confident, while those who do not are left with a sense of inadequacy and self-doubt. Children need to develop a sense of personal control over physical skills and a sense of independence. Success leads to feelings of autonomy, failure results in feelings of shame and doubt.

Sutton (2000) in his motivation theory indicates that any behaviour cannot simply be performed at will; they require skills, opportunities, resources, or cooperation for their successful execution. This proves that for a child to learn and acquire skill and character there has to be a significant other (parent or guardian) from whom the child imitates. Erickson in his developmental stages believes that the following stages are to be successfully mastered by a child and he further explicates the implication of not mastering the following stages:

Initiative vs. Guilt

During the preschool years, children begin to assert their power and control over the world through directing play and other social interaction. Children who are successful at this stage feel capable and able to lead others. Those who fail to acquire these skills are left with a sense of guilt, self-doubt and lack of initiative.

Industry vs. Inferiority

This stage covers the early school years from approximately age 5 to 11. Eric Erickson concluded that through social interactions, children begin to develop a sense of pride in their accomplishments and abilities. Children who are encouraged

and recommended by parents and teachers develop a feeling of competence and belief in their skills. Those who receive little or no encouragement from parents, teachers, or peers will doubt their ability to be successful. Children need to cope with new social and academic demands. Success leads to a sense of competence, while failure results in feelings of inferiority. In the case of child-headed household a question would be who is going to commend children in order for them to be encouraged and develop a feeling of competence?

Identity vs. Confusion

During adolescence, in Erikson perspective children are exploring their independence and developing a sense of self. Those who receive proper encouragement and reinforcement through personal exploration will emerge from this stage with a strong sense of self and a feeling of independence and control. Those who remain unsure of their beliefs and desires will be insecure and confused about themselves and the future. Teens need to develop a sense of self and personal identity. Success leads to an ability to stay true to yourself, while failure leads to role confusion and a weak sense of self (Erick Erickson).

Based on the above theory it seems like child-headed households suffer in several ways in the absence of parental guidance. Parental involvement in a child's life shapes, moulds, develops child's character. Evidence holds that children in child-headed households without a care giver or parent may experience learning difficulties, long-term or permanent developmental impairment and medical problems (Innocenti Insight (2006). The separation from parents and siblings may cause behavioural problems.

Family support is important for the normal functioning and for the growth and development of children in households. This refers to mobilising support for children's normal development in adverse circumstances. It is about mobilising that support in all the contexts in which children live their lives, for example, the family, school, peer group, sports team and church. Family support may also occur naturally through informal support systems of kin, neighbours and friends. It may be planned, arranged or delivered by professionals or Para-professionals, for example, the health, social service or education systems (Galligan, 2000).

Looking at the societal perspective with regards to the phenomenon of child headed households (Scheerens & Greemers 2004) are of the view that both family and neighborhoods influence children's social behaviour which can have a negative impact on CHH who already lack parental guidance within their households. This theory views home as having less opportunity to mould children particularly pre adolescents as well as adolescents since large majority of their time is spent with peers at school and in the community. However, this theory advocates that uncontrollable child headed households need adult role models made available to them. Emphasis is also made on the importance holding awareness campaigns, talk shows on issues of teenage pregnancy, substance abuse and importance of education.

This theory further advocates for child headed households that community should involve children living in CHH in recreational activities and integrate them into community recreational leagues both boys and girls (Scheerens & Greemers 2004).

2.10 Conclusion

An extensive review of literature from journals, theses, books and research reports is relevant to the study was reviewed. In that the subject of child-headed household was found to be an escalating phenomenon. The following chapter will focus on the methodology employed to the execution of the study. Ethics that were considered will also form part of the following chapter.



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CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the procedures which were followed in the conducting of the study, including the three components which comprise the overall methodology, namely research paradigm, the research design, the methods used to collect the data and the methods used to analyse it. Research methodology is generally understood to comprise the approaches which are used by researchers to gather and analyse data (Terre'Blanche et al., 2011). This chapter also discusses the ethical issues which were taken into consideration during the process of collecting the data.

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3.2 Research paradigm

Research paradigm has been used synonymously with type of research by various authors. A research paradigm has been defined by De Vos et al. (2011) as a framework of interpretation which is guided by a set of beliefs and feelings about how the world can be understood. Jonker and Pennik (2010) define research paradigm as a set of fundamental assumptions and beliefs as to how the world is perceived which then serve as a thinking framework that guides the behaviour of the research. Creswell (2009) added that research paradigm entails how the researcher intends to conduct the study and collecting of data required to understand the phenomena under study (2009). The study used a qualitative research paradigm. Qualitative paradigm means the study uses constructivist, naturalistic and interpretative approaches. This has allowed the researcher to view nature from a

wider lens especially where reality is assumed to consist of meanings, perceptions, beliefs and underlying motivations that can be examined through qualitative research (Creswell, 2007).

3.3 Research design

Bless, Smith, and Kagee (2006) alluded that each study requires a research design that modified the exact needs of the problem being studied. Research design is therefore guide on how the hypothesis is being tested. Research design is not the same as research management (Bless, et al., 2006). De Vos et al. (2011) is of an opinion that research design is defined as a plan which includes every aspect of a proposed research study from conceptualization of the research problem right through to the dissemination of findings.

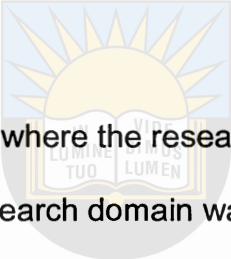
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For the purpose of this study, the term research design was rather referred to the scheme selected at a certain phase within the broad research process where the research problem, related questions and the corresponding theoretical paradigm are linked to the strategies according to which the study that was executed. The qualitative research design seeks to provide a scheme for the exploration of human experiences from the perspectives of those who experience them.

The perspective from which this research was conducted was a descriptive one. For De vos, et al., and 2011) this design is more likely to refer to a more intensive examination of phenomena and their deeper meanings, thus leading to thicker description (De Vos, et al., 2011). Descriptive research design was used in this study

since it presents a picture of the specific details of a situation, social setting or relationship and focuses on “how” and “why” questions (De Vos, et al., 2011). In this study, the researcher studied and described the psychosocial challenges that children living in child-headed households are faced with. The type of design that was used was descriptive in nature as there is little known about experiences, challenges facing children living in child-headed households.

3.4 Research domain



A research domain refers to the area where the research is to be conducted (Creswell, 2009). In this study the research domain was at the Eastern Cape and the study was conducted at the rural communities situated at the north of Mthatha. The area is made up of three villages and has an estimated population of 2 988, of which females constitute a majority. As most of the people in the area are unemployed, they try to provide their basic necessities through farming. The area has five primary schools and two high schools. There is a high rate of child-headed households' and this provided the necessary impetus to take interest in this matter in order to investigate psychosocial challenges which these children face and factors that lead to this situation.

3.5 Population

Bowling (2009) defined population as any set of people from which a sample is selected and to which the study result will generalize. De Vos, et al. (2011) postulate that, population is a set of entities in which all measurements of interest to the

practitioner or researcher is presented. This means that population is a group of individuals that share one or more characteristics from which data can be gathered and analysed.

The population for this study were children living in child-headed households at Sithebe Administrative Area in Mthatha. In most cases researchers use a sample, which is a small part of the population with the same attributes as those in the entire population. Welman, Kruger and Mitchell (2006) argued that a representative sample is a miniature image of the population under study.

3.6 Sample or unit of analysis

A sample is a small portion of the total set of objects, events, persons which together comprise the subject of a study (De Vos et al., 2011). This study made use of a sample which comprised 26 participants, 21 of whom were female adolescents who were still in high school and 6 of whom were drawn from the overall population of school social workers, community development workers, community leaders.

For the one-to-one interviews, the sample was chosen from the population of female adolescents between the ages of 15 and 20 years in grades 10, 11 and 12 in both of the high schools. From each grade 5 participants were selected to participate in the study. According to Creswell (2009), a researcher may be guided by the use of various methods and techniques to select a sample. In this case, non-probability sampling was employed in order to make use of the subjects who were available (Babbie, 2010). Creswell (2009) explains that non-probability sampling involves the gathering of a sample in a process which does not give the entire population an equal chance of being selected to participate in the research. For this reason, purposive sampling was employed, and the subjects to be observed were selected

according to the researcher's judgment of which ones would yield the most characteristic information about the population as a whole and be the most representative of it. By using purposive sampling, the researcher was able to select participants who best exhibited the characteristics to be found among members of economically disadvantaged communities.

Letters requesting permission to conduct research and to recruit participants from the community were issued to community headmen's, the researcher personally delivered them, prior to the date set to gather the data. Written consent was obtained from the various heads of departments and from the participants. As the study included children under the age of 18 years, the researcher needed to obtain the consent of the parents or guardians to allow children to participate in the study.



3.7 Methods used to collect data

Methods for collecting data are the procedures decided upon by the researcher to collect data (Creswell, 2009). The method used to collect data for this study was cross-sectional, as the data was collected over a short period of time. The study made use of both one-on-one individual interviews and a once-off focus group discussion to collect the data.

Both the focus group discussion and the interviews were conducted in xhosa, which is the home language of the participants and the one which they felt most comfortable using. Terre'Blanche et al., (2011) maintain that the use of an audio recorder allows all of the information provided by the participants to be recorded, as opposed to the information provided by field notes taken during the interviews and

the focus group discussion. The study made use of audio recording after obtaining permission to do so have been granted by the participants. This enabled the researcher to focus exclusively on the progress of the interviews and the focus group discussion, rather than be distracted by having to take written notes, which enabled the data to be captured in a process which had both a focus and a sense of direction, with accurate verbatim data being recorded, and the interviews and the focus group discussion being guided in order to maximize their effectiveness as a means of obtaining raw data. The information gathered was transcribed and later translated into English by the researcher with the assistance from Miss V.P.P Lupuwana of the Department of social Development/ Social Work.

For the purposes of this study, the researcher made use of semi-structured interviews, which are defined by De Vos et al. (2011) as interviews which are organized around an area of particular interest, while still allowing considerable flexibility in terms of scope and depth. The flexibility afforded by the semi-structured interviews helped the researcher to gain in-depth insights and information from the participants about the phenomenon which was being investigated. This was achieved by employing guidelines which were developed regarding the type of questions needed to probe the topic under discussion, in order to gain an in-depth understanding of aspects of the phenomenon under investigation which had been identified as essential and important.

A focus group discussion was used to augment the data obtained from the interviews in order to make use of a multi-faceted method of gathering data. The two methods used complemented each other in a research effort in which neither method determined the use of the other (De Vos et al., 2011). According to De Vos et al. (2011), the effective facilitating of a focus group discussion requires complex skills to

ensure that all of the participants contribute in the discussion. The guiding principle observed to in this regard was to show interest in all participants and to engage positively with each one. The researcher was open to hearing all of the different opinions which the participants might care to offer, and this tended to stimulate the discussions.

De Vos et al. (2011) describe a focus group discussion as a research technique which collects data through the interaction of a group discussing a topic determined by the researcher. Babbie (2010) defines a focus group discussion as a carefully planned discussion designed to investigate the perceptions of the participants concerning a defined area of interest in an open, non-threatening environment. The researcher used people from various different fields to make up the focus group in order to obtain information based on their understanding of the topic under discussion. The focus group comprised two practitioners from the Department of Social Development, two parents who were members of the governing bodies of the two high schools in the area and two community leaders. The focus group discussion enabled the researcher to investigate the observations of people in positions of authority in the community concerning the phenomenon which the study sought to research, adding a valuable additional perspective to the perceptions of the female adolescents who participated.

3.8 Instruments for collecting data

Babbie (2010) defines an instrument for collecting data as the device used by a researcher to collect data. An interview guide, which is sometimes called an interview schedule, was developed with predetermined open-ended questions and was the instrument which was used to engage the participants and to guide the one-

to-one interviews. The focus group discussion was guided by means of a list of topics or issues to be pursued by the focus group (Terre'Blanche et al., 2011). This is in accordance with the topic guide described by De Vos et al. (2011) as a list of topics to be discussed in a focus group discussion.

3.9 Analysis of data

Thematic Content Analysis was used to analyse the data obtained while conducting this study. This method is used extensively to analyse qualitative data (Creswell, 2009). The analysis of data, when employing Thematic Content Analysis, involves reading repeatedly through the data gathered before breaking it down (Terre'Blanche et al., 2011). In this research, the data was broken down and themes were developed in relation to the key questions of the study. The data was grouped together, sorted, organized and reduced to more manageable themes and categories. The application of Thematic Content Analysis was guided by the insights which had been gained from the literature which was reviewed prior to embarking on the study.

3.10 Ethical considerations

Geneva and Helsinki's ethical Principle for involvement of children, stipulates that the researcher's duty is to safe guard the health, well-being and rights of the children involved in research. This research was conducted in an ethical manner, such it was approved by the Ethics and Research Committee of the University of Fort Hare, the ethical clearance is attached in annexure 4. It was therefore a duty of the researcher to protect the life, dignity, right to self-determination, privacy and confidentiality of personal information of research subjects. The ethics which the researcher adhered to are discussed as follows.

3.10.1 Children's Consent: Assent Form

Children who are able to understand the basic concepts of research were given the opportunity to assent to a research study. Generally children between the ages of 7 to 17 should assent to research. This is not a fixed rule and some children younger than 7 may well have sufficient insight and understanding to give assent for a study. If they refuse assent then this refusal should be accepted. For the purpose of this study, assent form was given to all participants in order to participate in the study; the assent form is provided in annexure 1. The researcher explicitly explained the project outline to assist the participants whether or not to take part in the study.

3.10.2 Participant/ informed consent

According to Hardwick and Worsely (2011) Informed consent as a procedure for ensuring that research participants understand what is done to them, to their participation and awareness of any risks they can incur. De Vos et al. (2011) assert that, the danger that the participants may be exposed; the procedures to be followed must be fully informed to the participants prior to the beginning of the interviews. The participants must voluntarily agree to participate in the study.

Hardwick and Worsely (2011) affirm that informed consent is a procedure for ensuring that research participants understand what is done to them, to their participation and awareness of any risks they can incur. De Vos et al. (2011) affirm that, the danger that the participants may be exposed to, the procedures to be followed must be indicated participants prior to the beginning of the interview. The participants must voluntarily agree to participate in the study.

The participants were informed about their rights and options not to participate in the study. The participants were informed on what was expected from them. The participants were also informed what was going to happen as well as what they were supposed to be doing during the course of the interview. After the researcher has explained the project outline to the participants, a verbal consent was signed by those who agree to take part in the research. The informed consent is provided as annexure 4.

3.10.3 Protecting vulnerable groups

Children and vulnerable groups (disabled, learning difficulties) have weak voices. The researcher is the one who decide who is vulnerable or not. The vulnerable group is having weak representation in society. The vulnerable group maybe defenceless and powerless which means that they cannot stop nor have control over the researchers who are interviewing them. The relatives, guardians as well as parents have to assist and protect the children. The researcher protected their interest and addresses any power differences. The researcher ensured that the dignity, rights and welfare of the children were protected.

3.10.4 Anonymity and Confidentiality

The researcher ensured that the information or data collected cannot be revealed in any form that can be linked or traced back to individual (Hardwick and worsely, 2011). The information in this study was treated as confidential as possible, this was achieved by replacing the actually names of the participants with codes to hide their identity.

Corey and Corey (2011) emphasized the point that the participants should be informed about confidentiality and the researcher has to assure that the names of the participants remain confidential and results of the study should be used for academic purpose. The researcher explained to the respondents that no names would be published, when the results and recommendations are given out. It has also considered as important to inform the participants that the research information would be collected, analysed and reported anonymously so that participant cannot be identified in any of the research data (Hennink et al., 2011).

3.10.5 No harm/ risks to participants

Authors like Hardwick and Worsley (2011) when discussing harm they refer to psychological distress rather than physical distress. They mention the fact that it is easy to avoid physical distress as compared to psychological distress. This is more likely to happen when the researcher is putting stigma to the participants. It is important to the researcher that the information gathered must not have any negative impact to the participants. The purpose of the research is not to traumatise the children but try to understand their challenges and to seek services that can improve or add value to their lives.

All the harm was be clearly mentioned and defined prior to interview conducted. The participants were informed that no harm would be done to them when conducting the research. The researcher has abided by the professional ethics as well as the research ethics. According to Corey and Corey (2011) the researcher needs to protect participants against harm reaches further than efforts to repair or minimise such harm afterwards which means that prevention is better than cure. Their identity

was safe guarded. Measures to minimize the risks were implemented. The risks were continuously monitored, assessed and documented by the researcher.

The researcher is a qualified, trained and practising as a social worker abided by the principle of confidentiality as well as professional ethics. The social worker is well experienced in gathering data as well as compiling reports. The researcher maintained professional integrity and be adhered by the professional ethics throughout the study. It might be possible that during the study when collecting the data, the children might be emotional as the topic was very sensitive and might awaken feelings of anger or painful memories experienced. During the course of the interview, the researcher was accompanied by a social worker working for the Department of Social Development in Mthatha. The social worker has been trained on how to render counselling, trauma debriefing to traumatised children. The social worker is trained on how to render counselling services to the children. This is important so as to lessen children's emotional pain that the children may experience.

3.11 Limitations of the study

- Limitation to the study was that, some of the participants' challenges experienced six months ago while interviews were conducted might have changed for better or worse.
- Some of the participants withdrew from the study as the data was collected during vacation some participants left in the middle of data collection they went for holidays.

3.12 Conclusion

The chapter discussed the procedures that were followed during the process of data gathering. Key elements that constitute the overall methodology were discussed as well as the ethical consideration. What is significant in this chapter is that the explanations and discussions draw a line of difference between quantitative and qualitative studies. The following chapter will focus on presenting the data and analyse it.



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CHAPTER FOUR

DATA ANALYSIS, INTERPRETATION AND PRESENTATION OF FINDINGS

4.1 Introduction

The study focuses on investigating the psychosocial challenges facing children living in child headed households. The data was collected from two respondents, twenty of whom were children living in child headed household who participated in the individual interviews and six of whom were adults who participated in the focus group discussion. The information gathered was analysed using thematic content analysis which included, breaking the raw data into segment with different themes and sub-themes. It should be noted that Themes and Sub-Themes are not mutually exclusive but rather intertwined, therefore no theme is much more important than the other and they ought to be understood holistically not separately.

Four themes were identified, namely demographic information, experiences of Living in CHHs, challenges of children living in CHHs and support services from social service practitioners

4.2 Demographic data of the individual participants

Profile of participants were summarized according to the respondents' pseudonyms , Age, gender ,level of education/grade, age when resuming to being a child headed household, type of housing, Income.

Male=M, Female =F, Furthering studies in WSU= FWSU, Furthering studies in FET College=FFETC, One roomed RDP house=1RRDPH, One room mud hut=1RMH, House made of bricks=BH, One roomed mud flat=1RMF, Municipality house=MH, Income: Estate monies=EM, Foster Care grant=FCG, Child Support grant=CSG, Eldest sibling working and buying groceries =ESWBG, WSU pocket money =WSUPM, Absolutely no source of income=ANSI

Reasons for living in CHHs: Parents are deceased=PD, Mother is deceased and father is alive and whereabouts are known =MDFWK, neglected children =NC

Table 1: demographic data of the individual participants

de	Age	Gender	Level of Education/ Grade	Type of housing	Income
01	22	F	Tertiary level (2 ND year)	2RMH	WSU - school pocket money
02	17	F	Not schooling	1RRDP	ESWBG(pocket money –Wsu-student)
03	12	F	Grade 2	1RRDP	
T3	12	F	Grade 3	1RMH	ESWBG
T2	12	F	Grade 6	2 RMH	ESWBG
01	22	F	Looking for a job	1RMF	ANSI

PN02	14	F	Dropped out in grade 3	1RMF	ANSI
MPT2	15	M	Grade 8	1RMH	ESWBG
QPT3	16	M	Grade 9	2RMH	ESWBG (although married)
SPT1	16	M	Grade 9	2RMH	ESWBG
QPT1	17	F	Grade 12	4 roomed house made of bricks	Eldest sister is married but provides groceries
QPT2	17	F	Grade 09	4 roomed house made of bricks	
FPT2	17	F	Grade 10	1RRDPH	CSG received on behalf of her sister's 1 year old child
TPT1	17	F	Dropped out in grade 11	1RMH	CSG of her 2 year old child
VT01	19	M	Grade 10	2 RMH	Gets assistance from teachers at school
MPT1	19	M	Grade 09	1RMH	
FPT1	20	F	Looking for a job	One room RDP house	CSG (received on behalf of her 1 year old child)
GPT1	20	F	Grade 11	One mud hut	1XFCG & 1XCSG
PK01	22	F	FET College	3 roomed RDP house	EM
PK02	15	M	Grade 7	MH	EM

Table 1 shows the demographical data of the twenty respondents living in child headed households. Below is the presentation of the demographic data.

4.2.1 Age

Of the 20 respondents 10 were between 10 and 13 years, 7 were between the ages of 13-18 years while 3 were between the ages of 18-21 years.

4.2.2 Gender

The majority of the respondents 13 were females who were between the ages 12-21 years while 07 of the respondents were male who were between the ages of 15 and 19 years.

4.2.3 Level of education

Most of the respondents 12 were in grade 8 and 12, 4 of the respondents were in grade 2 and 3, whereas 2 of the respondents were in tertiary institution furthering their studies, while one was looking for a job after having obtained grade12. Only1 of the participants, who reported that she drop out of school.

4.2.4 Income

The majority of the participants exposed that CHHs live from hand to mouth and do not have any source of income instead they get assistance in the form groceries from their elder siblings working in town. Of the 10 households which constituted the sample of this study, 3 households with 3 siblings indicated that they had no source of income they were solely dependent on Foster Care Grant which was terminated due to age and other factors, 4 households comprised of 2 siblings, 2 of these households had source of income which was the Estate monies left by their mothers. The 3 remaining households each consisted of 1 child occupying the household. 2 of

the household heads had absolutely nothing to live while 1 household head depended on Foster Care Grant which is managed by her neighbour.

4.3 Theme One: Factors leading to being a Child Headed Household

When the participants were asked the reasons for being in child-headed households, the following factors emerged and the findings were presented as follows:

➤ Parents deceased

Of the 20 individual participants six reported that their biological parents were deceased and that is the main reason they are living in CHHs.

QPT1 *"My mother died in 1991 in a car accident and my father passed away in 2003 after he was diagnosed with tuberculosis".*

QPT3 *"My parents were murdered in the same year".*

The response above shows represents some of the response given by six respondents who participated in my study, and that six confirmed that parents were deceased.

➤ Neglected children

Among responses given by respondents negligence by parents was among the factors leading to child-headed house .Other respondents were either neglected by both parents or one is deceased and the other has never been present in their children's lives. This gives indication that not all children in child headed households are orphans, although in this study only one participant falls under that category.

VTO1 *"I'm residing alone ever since I was neglected by my parents after unresolved conflict"*.

There were some responses that were contra to the above response.

PTO1 in Table 1: *"I saw my father once when he drove from Pietermaritzburg to our mother's funeral, he had nothing to offer me and ever since that visit he never came back, he deserted me and I do not need him in my life as I struggled all alone in my life as a school going child"*.

PKO2 in Table 1: *"After my mother passed away my father remarried and he has never looked after me ever since and we have never spoken, he doesn't even know how am I surviving"*.

PNO1 in table1 said: *"My father is staying around Mthatha and I know where he is but I grew up staying with my siblings here. I cannot go to him because he does not even give me any form of support even school uniform. I have suffered though he is alive and knows me very well"*.

Based on the interview results it is evident that most fathers do not consider maintaining their children as legal responsibility regardless of whether they were born in marriage or out of wedlock.

➤ **Mother deceased and Father' whereabouts are unknown**

Seven of the respondents indicated that their mothers were deceased and their father's whereabouts are not known to them. This clearly shows that children in Mthatha are more likely to become CHHs due to neglect and abandonment rather than orphan hood. On the other hand one could conclude that some biological mothers are not transparent to their children about their children's identity in far as a

father child relation is concerned. That may be attributed to African culture where a child born out of wedlock belongs to her/his maternal family only.

PTO1 & PTO2 *“Our mother died, and there whereabouts of our father are unknown, we have never heard about him and was never at our mother’s funeral”*

MPT3: *“my mother died when I was still young and I have never met my father”.*

The above response were some of the responses given by the seven participants whose father’s whereabouts were unknown.

4.4 Theme two: Challenges faced by children living in child headed

households When respondents were asked what challenges they faced in child-headed households the following sub-themes emerged

4.4.1 Lack of Supervision and Protection at Home

Most of the participants 11 perhaps a significant number of this study mentioned that they receive no supervision and they feel unprotected when they are at home. Some of these participants explained that, they do not feel safe even if neighbours come and monitor and supervise them on how they do, but they do not feel protected. Only 3 of the participants indicated that their extended family members often visit and offer advices where necessary regarding cleaning of the house or managing their finances. The study revealed that children/ adult adolescent living in CHHs are vulnerable as they reside on their own.

It was evident that these children lack experience and guidance in many areas of their lives as they live on their own as young as there are. Looking at some participants between the age of 11 and 12 years, it is indeed devastating to imagine the challenges they face in trying to juggle all these parental roles without having gathered any experiential guidance from an adult. Conversely, CHHs keep thriving, fighting for a better life in the midst of adversity.

4.4.2 Lack of Parental Involvement

Interview findings revealed that children living without parental involvement experience different emotional challenges which result in affecting their developmental stages in life. The majority of the participants shared different experiences and had one thing in common which is emotional pain caused by the burden of living life as though a parent is present but fully knowing in mind that their parent/s are no more and will never walk on earth again.

Interviews showed that most if not all of the participants suffer emotional turmoil in a situation where a surviving parent dies and children have to be taken by another relative. In most cases it transpired that maternal grandmothers are the ones who bear and take up responsibility of looking after their grandchildren. Some of siblings get to be divided and live in different places which has had its own implication as they seemed to need each other's presence as a result of a strong bond that was inculcated by parents while alive. The findings indicated that some participants had been moving from one care giver to another and eventually re-united in their own household for the reason that they wanted to be in one household. In such cases

extended family members have been reported by participants to lose patience and decide to stop caring for the children.

A selection of the response from the participant is given below:

PNO2: *"We moved from my grandmother's house because she got stricken by stroke and could not do anything, we then wanted to go back and occupy our home it was when our maternal aunt deserted us claiming that we are not obedient. They do not understand that we need each other and the best place where feel comfortable is when we are home"*.

The participants do not only suffer moving from one parent to another, but they also suffer from anxiety regarding their future. Findings revealed that they think of their parents mostly during threatening times, when they do not have any should to lean on.

The remark of the participant is presented below:

PNO1 *"I miss my mother especially when there is nothing I can do to make ends meet in our household. It saddens my heart to see that my siblings have to go to school without food. It was traumatic to realise that when my mother was sick I was the only one feeding her, bathing her, clothing her and later she died in front of me and by then I could not realise she was dying, as I kept on feeding her and saw that she is no longer opening her mouth but her eyes were widely opened"...* the participant cried... The social worker went to a separate room and rendered counselling in helping the participant to cool down emotionally and gave her coping skills in her situation.

All participants admitted that living without parents and lack of financial, emotional support has overwhelming effects in their school performance. Self-esteem has been mentioned as one of the critical aspect of their welfare that gets to be affected. Furthermore, the participants indicated that they feel and look different from other learners as they do not have proper school uniform, cannot pay school fees, and cannot carry any lunch boxes.

Sadly the participant uttered that

"A neglected child is seen amongst other children".

Some of the participants reported financial challenges due to the lack of parental involvement in their everyday life. This situation is exerting pressure on elder siblings and opt dropping out of school as the best preference in order to provide for younger siblings. PTO1 a participant, who is in WSU doing Bcom in Accounting and has been awarded a bursary, uttered that:

"Losing my mother was such a huge loss but losing my maternal grandmother who personally raised me up was even a worse event of my life which made me to lose a sense of purpose in life, I wanted to die myself when seeing her casket going down the grave but I had to live for my younger siblings. I thank God that I got a bursary as I passed well in my grade12. The pocket money I get from the bursary assists in buying clothes, food, and toiletries for my siblings. I even managed to sacrifice the money and bought a cupboard since our maternal aunt fought us after the death of our maternal grandmother. Infact she took the furniture in the RDP house we occupied claiming that it is her property and chased us out. The Department of housing had to intervene and build us another RDP house where we are now staying

as siblings. The participant took a deep breath and cried at this. It is difficult to be an orphan but life has to move on and I will always fight for life and my sibling's lives."

Findings revealed that lack of parental involvement has left CHHs vulnerable and being exploited by relatives who forcefully demand property left by their parents. Of the 20 participants 14 indicated difficulties in concentration at school which is mostly accompanied by anxiety and poor performance. With some participants explaining that they fall asleep during class lessons due to hunger, begging food from friends and sometimes feel offended as their friends would often show annoyance and self-centredness signs complaining that they get nothing in return from these CHHs. Only 3 participants indicated that they suffer from poor health as child headed households, and easily get ill specifically with cold /flue as they lack parental involvement.



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The majority of participants confirmed that they live in poor home conditions as they lack parental involvement with financial constraints, in which some participants explained that their parents left them in a cycle of poverty which is why they live below the national poverty datum line. Some participants who have remained in their parent's homes do not have enough money to maintain their decaying households as they struggle even to have food to eat.

4.4.3 Poor School performance after Demise of Parent/s

Of the 20 participants 17 were schooling while their parent/s was still alive, and performed satisfactorily academically. Only 3 participants indicated that they dropped out of school with different reasons in which they explained that she cannot go back to school, and believed that her mother failed to nurture and protect their future even

when she was still alive and strong. One participant explained that he dropped out of school because he had conflict with his biological parents which in turn left him alone. The other one explained that she failed to go back to school in grade 3 at the age of 11 years old by then. The last participant explained that school life has always been difficult to her because her parents were not working and sickly most of the time. This clearly shows that the child's level of development and maturity was not equal to her grade. She might have experienced delayed development which has in return affected her level of performance in school.

A selection of remarks made by the participants is give below:

PNO1: *"I went to crèche at the age of 3 but have failed each grade because our mother was not working; our mother's boyfriend was drinking alcohol and often shouts at us demanding food in the evening. My mother would not cook sometimes and we went to school without food, shoes and school uniform'. I dropped out of school because I was not motivated as I saw that I was different from other children in school, my sister continued schooling because her father would buy her school uniform so I was helpless though my mother was alive".*

FPT01: *"I remember that in another year I was about to write exams and I had to remain at home with my mother due to ill health and that affected my studies and I would often get worried while at school that my mother would die. I could not think right and I failed my exams".*

"I decided to stay here at home though my parents left me. I am struggling and I cannot forgive my parents for what they did to me as if I am an orphan whereas my parents are alive. I get assistance from teachers at school, I sometimes get frustrated when I think of my parents and that has affected my studies and do not

perform well as I tend to worry about my future. I mostly get average marks or just a passing mark but my parents are alive but neglected me”.

Nonetheless majority of participants confirmed that their progress academically has been good but things changed when parents started to become sick until their death. To this end, some of these children got emotionally distressed by virtue of living with sick parent/s though they had a good reputation and record in their studies before the ill-health of parent/s, for those who witnessed their parents being sick.

One of the participants uttered that:

QPT2: *“I had to bang classes because I wanted to be next to my sick mother with the belief that she would not die if I’m always next to her but she eventually died and that left a scar in my heart because I was young and needed her guidance in my life”.*

Upon the demise of a child’s parent those that are left such as surviving parent, extend family members, teachers and school based health providers need to pre-emptively provide grief education. Geared to a child’s understanding developmental level, this education is initiated and proposed to facilitate conversations about death; provide opportunities to address common misconceptions, explain and normalise emotional responses, fear and concerns.

4.4.4 Stigma and Discrimination

A significant number of the sample¹² participants reported that they fell stigmatized and discriminated, as the matter of fact it wounded them the most when they discovered that later after their parent/s death neighbours, friends, and family relatives were acquainted with the fact their parents died because of HIV/AIDS. Only

8 of the participants who reported no form of stigmatization and discrimination either a feeling of loneliness.

Of these participants some explained that they lose trust even to adult neighbours since they believe that when their parents were ill, some were hesitant to give moral support, and then it probably indicates that they do not want their children to intermingle with them for fear of HIV transmission.

Another participant expressed that people treat them as though they chose to be borne of parents who were sick of HIV & AIDS and expressed a feeling of helplessness and fear since they have younger siblings who need attention, often get sick and as such are on antiretroviral treatment (ART).

A selection of the participant's responses is given below:

SPT2 :*"I got shocked and very disturbed when my younger sibling told me that his neighbour while they were playing asked him why he is taking pills every day and that in the class they do not want to play with him because he is sick with AIDS"*.

SPT1: *"Our paternal aunt and uncle know that our parents died of HIV/AIDS but they never let us feel that we are not their children. What they but for their own children is what they also buy for us"*.

SPT2: *"My uncle and aunt love us so much; they are good parents to us. They do not make us feel like outsiders in the family. They involve us when buying grocery and we feel they respect us especially that our parents died of HIV/AIDS. They do not talk about our parents' death or illness"*.

The responses from some of the participants proved that some neighbours and extended family members show a deep sense of empathy and respect to children whose parents died, although they know the cause of their parent's death.

The participants emphasized that their extended family members show care about their needs at all times and the fact that the children's parents died of HIV/AIDS is kept as a secret or a family matter where no one is allowed to move around talking about or discriminating against these children in CHHs. It is indeed sounds comforting to realise that some families still have maintain that spirit of "Ubuntu", meaning 'your child is my child' and that is our pride as African that as a person you do not only protect the needs of your immediate household but you extend your hand and intervene in the lives of those that are less fortunate and needy around you.



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4.5 Theme three: Experiences of the children living in child-headed households

Theme three present different experiences of children living in child-headed households, the following sub-themes emerged and the findings are presented below:

4.5.1 Duration of being in CHHs

Findings indicated that of the 20 respondents 8 were between the ages of 12 to 16 years during the collection of the data, 9 of the respondents were between 17 to 20 years of age; only 3 of the respondents were 21 and older during the collection of the data.

When the respondents were asked to share their experience regarding the duration of being in child-headed households, 6 of the respondents from two different households reported that that they have been living in child headed household for a period of 5 years, 3 of the respondents from three different households indicated that they have been living in child headed households for 4 years. Furthermore, 7 of the respondents from 5 different households have been staying in child-headed household for 3 years, only 1 respondents reported to live in child-headed household for a period of 2years.

Findings also revealed that 5 of the respondents started living in child headed household when they were between the ages of 7 to 10 years of age, 4 of the respondents were between the ages of 11 to 14 years, 3 of the respondents were between the ages of 15 to 17 years whilst 3 of the respondents were 18 years and older when resuming to live in child-headed household.

4.5.2 Relationship with the Person Heading the Household

Findings of this study revealed 3 of the respondents from one household they often have misunderstandings amongst siblings and they believe that it is due to different upbringing.

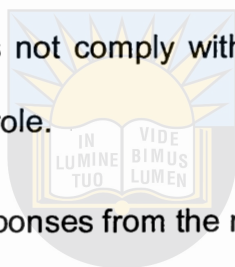
A selection of the statements made by the participants is given below:

PTO1 in table 1 said: *"I grew up under the care of my maternal grandmother here at home and my 2 little sisters grew up in a city living with our mother where she was working, so we have different understanding and perspective of how to do things*

here at home. I sometimes keep quiet even though I know I'm hurting inside for the sake of peace because I do not want to hurt them”.

PTO3 in table 1 said: *“Relations are good and bad at times with my elder sibling because she is the one who sacrifices her school money as she got a bursary at Walter Sisulu University so she expects us to do everything in the house and that is not fair we feel bullied by doing that”.*

Moreover, 2 respondents from 1 household reported that they often fight merely because the younger one does not comply with the instruction given by the elder sibling who is playing a leading role.



Below is the selection of the responses from the respondents:

PNO1 in table 1 said: *“I am the younger sibling to her and our relationship is not great because every day I am the one expected to go around the neighbour's houses begging for food in order for us to eat, I do not like that”.*

Another 3 respondents from same household reported that they often fight because they lack an adult guidance, and they do not support each other in performing household chores, however, some participants from different revealed that are able to maintain good relations with their elder sibling playing a parental role. In addition, explanations were given by these respondents that the absence of their parents does not mean that they should disrespect their elder siblings instead they respect them even more since they play a parental role while they have the personal needs.

3 of the respondents from 3 different households reported that they get supervision from nearby relatives and neighbours even though they are responsible for their households.

In table 1: GPT1, PTO1 and TPT1 were each residing alone in their households. These participants shared one thing in common which was that they all do not stay with siblings or any relative in their households. Based on the conversation held it was discovered that 2 of the participants in these households who are females have little children of their own. They could not relate on the issue of relations with siblings since they are on their own. Findings revealed that they prefer to have relationships for financial support and solace.



4.5.3 Relationship with Extended Family Members

Table 2: Relationship with Extended Family Members

Good Relations with both extended family members	Poor Relations with Extended family members	Very Poor relations with Extended Family members
5 of the participants confirmed that relationship between their household members and extended family members is good.	7 of the participants experienced good relations with their extended family members backed up with regular contact.	8 of the participants expressed different views regarding relations between them and their extended family members. Research interviews revealed that these participants have experienced very poor relations especially with close relatives which include maternal aunts, who were not supportive. They regard their relations with extended relatives as having better relations with them

		<p>compared to relatives within an immediate family, like uncles and siblings to their late parents.</p>
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The table 4.2 present the relationship between CHHs and their extended family members.

The majority of the participants 8 reported that they perceived their relationship with their immediate family relatives like uncles, maternal aunt as being very poor as compared to the relations they have with extended family members not within nuclear family, 7 participants have confirmed that there is a distance between them and their extended family members. Whereas, 5 participants indicated that they get along well with their relatives and extended family members.

A selection of remarks made by the participants is give below:

PNO1“*Relatives are there only when they want to tell you things that will hurt you, my maternal aunt last visited our home on the funeral of our mother after that she never called nor visited us, I do not like them because they only criticise they never guide or applaud you when do well. They know we are only children and cannot effectively play parental role but they dare to intervene and assist, I hate them*”... she took a deep breath and started to cry... Therapeutic session was held by the social worker who accompanied the researcher in assisting the young person to cope.

FPT01:“*Our maternal aunts are living in other Provinces but that we know we are only a phone call away from them; they often call and check on us if things are still*

going well. Nonetheless they have their families to care for but at least they show that they care about us, and that is what matters most”.

4.5.4 Distribution of chores within Household

Responses presented by interviewees clearly showed that household chores are shared amongst household members however; the eldest siblings heading the households tend to take responsibility by taking most of the responsibilities into their shoulders.

Of the 20 participants 3 were staying alone so they had no comments the sharing of household responsibilities, 2 of the participants who playing the leadership role mentioned that they often find it difficult to instruct younger siblings since they often turn to show disrespect which makes it difficult to them to share responsibilities regarding the performance of household chores. Few participants indicated that younger siblings sometimes complain that their brothers or sisters act as they are their mothers or fathers. The majority of the participants revealed that very early in their teenage hood years they rise and assume responsibilities in their household even in the presence of an elder male sibling. Presumably, household heads divide responsibilities but younger siblings seldom carry out their share of responsibilities in time and as such their elder siblings fill up the gap.

In a nutshell, interview showed that CHHs siblings have a strong sense of bond and protection for one another. It is also needs to be pointed out that elder siblings heading their households, especially those schooling had experienced burden in terms of maintaining balance between performing household chores and school work.

4.6 Theme four: Support Systems available to children living in child headed households

When respondents were asked what support services or systems were available to them the following sub-themes emerged:

4.6.1 Financial Support

Most of the participants reported that they receiving financial support from their eldest siblings, while few of the participants reported that they receive no financial support from their extended families however; some of these participants had absolutely no source of income while others were depended on the Estate monies left by their biological mothers. Only 1 participant was depended on Foster Care Grant.

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Findings of this study indicate that in some households the elder siblings were to financially support their younger siblings.

The following is the selection of responses from the participants:

PTO1 in table 1 said: "I am furthering my studies with WSU and through bursary which offers me a pocket money. With that money I have to save for my younger siblings to go to school, have food, clothes which exerts pressure on me but I have no choice since I do not want to see them suffering".

QPT1 in table 1 said: "Our eldest sister used to give us money to purchase household necessities but I have stopped her from doing that since she also has children to provide for and has been assisting ever since we stayed on our own. At school they offered me a bursary as a result of my academic performance, the other portion of the bursary is for toiletries which helps me to buy few things to share with

my younger sister and brother. I normally buy porridge and soup so that they cannot go to school with an empty stomach, though sometimes turn no to have this money”.

MPT1 in table 1 said: “My elder sister is working in butchery in town (Mthatha), although the salary she earns is too little since she has 2 children to look after but can still sacrifice for us as younger siblings to buy food, and pay school fees.”

The participant further emphasised that usually it is difficult at the beginning of every year because their elder sister is the only person who is responsible to buy school uniform for them.

Participant PKO1 in table 1: “The funds from our Estate monies which were left by our parents are managed and monitored by a family Lawyer that was nominated by their mother whilst alive and quarterly claims are done by our elder sibling”.

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Participant SPT1 in table 1 confirmed the following: “Our elder brother is in Rustenburg and every month end he comes back home, our brother sometimes gives us some money when there are shortages in our groceries”.

2 of the participants from same household reported that they are not schooling because of household financial hardships even when their biological mother was still alive.

Below is the response from the participant

PNO1: “I was stoned one night by neighbours because I went to their houses and stole clothes that were hung outside. I would sell those clothes and in return get money to buy food. I did that because we grew up begging food even when my mother was still alive, there were no means to survive we would beg food from

neighbours since we do not have any relatives living around. We do not have right now as we speak”.

Findings further revealed that of the 20 Participants 2 of them were only depended on Foster Care Grant but due to family conflicts and frequently moving from one place to another the Foster Care Grant lapsed (exceeded a period of 2 years without being renewed).

The selection of response from the participants is given below:

FPT02 in table 1 said: “We had conflict with my maternal aunt and after that she never co-operated with the Social Worker managing my Foster Grant and when I called her and informed her that the Department of Social Development –Social Worker visited and requested her to go to the office for the grant renewal, said I can renew it myself. I was devastated because my sister is also not working. I do not have school uniform, books, transport money, and one good Samaritan woman who is our neighbour and knows my situation went to school, pleaded with the teachers to register me while she was helping me raise registration fee and money for school uniform. But we do not have anything I do not how I will go to school this year. We depend on asking money for bread from neighbours and friends”.

Out of the 20 participants only 2 who reported that they only depended on Child Support Grant with one participant adding that living without a parent can be devastating and can leave scars in one’s life. While the other one explaining that, she receive no financial support from any of the relatives but she does not complain since the grant meets her basic needs and she received support from school which included school uniform between 2014 and 2015.

The remarks of the participant are given below:

TPT1 in table 1: "I live here alone, I have a 1 year old daughter that I got through being a sex worker / prostitute in Cape Town because I had no shoulder to cry on after the death of my parents, their graves are inside the yard and it never gets any better as I see their graves every day. I decided to leave for Cape Town looking for a piece jobs but I found none and opted for prostitution with the hope I will have money and change my life but I was lying because I only got pregnant and got infected with HIV. I survive by begging food from my neighbour because I do not have anything to live on. I receive Child Support Grant for my child, but what can you do with R280? It only meets basic needs of the child that's all".

VTO1 in table 1, the participant stated that both of his biological parents are alive but were in separation during the course of this study. The participant added that he does not have any contact of neither mother nor father. He depended on his teacher from school who sometime ask him to clean her vehicle and in return would offer him something to eat.

The respondent's remark is presented below:

"I do not receive any grant because I was told by a Social Worker that if I have parents I do not qualify to receive Foster Care Grant. Nonetheless a Social Worker wrote me a letter in order the Department of Education to exempt me from paying school fees, which has made things better for me as I suffer financially. Friends often help more especially school mates".

In a nutshell, interview findings revealed that the participants receive no financial support from extended family members. However, some participants receive

assistance from friends, teachers at school, and some from Social Workers though not in the form of cash. Nonetheless it was shown that social workers at some point fail CHHs orphans on foster care placement by not renewing the grant within the 2 years before the court order reaches a lapse date.

4.6.2 Community or Social support system

“We do get some support from faith based Organization, they provide counselling, and helped us with referrals but social workers are sometimes unavailable”

“ At times we are not able to get all we need when we ask for or we have to wait longer or suffer for some time before we get what we need and at times we get help we did not ask for and do not get what we ask or need. It is a tough life because I have to look for other means”.

“Do have an uncle that lives far away from here so I can occasionally reach him through phone calls, but he also cannot help me

much because he only works in someone’s farm to take care of the farm and does not get much from it. My older sister who is married lives far away and she does not help me in any way not even communicate”.

“I have two relatives staying close by, which is my grandmother and a step mother. Our grandmother is too old she cannot even make her own food. Our step mum who is staying in the neighbouring compound is a widow and has children to care for and

had no proper income but casual work on other people's farms and at times I am forced to help her too... (He smiles)".

In this study the families visited that respondents were living on their own at their parents' house with no live-in adult/relative. In some cases they had brothers to their father and grandparent or step-parents living nearby that provided little moral and sometimes financial support, but in other cases the children received no support from extended families. These differences were as a result of many of the relatives left behind lived in an impoverished life state, poor relations resulting from family disagreement on property ownership, whereas on others cases they had no close relative living nearby and got no support. In cases where they got help, often the kinds of help were sporadic and got only what was available and not needed that made it impossible for them to depend traditional extended family for their survival

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4.6.3 Sibling and Peer Support

PTO1: "My siblings do respect me and most of the time they obey and follow instructions that I give to them. We usually have family meeting where we discuss and advise and encourage each other about life matters and school issues. Last year when I was not here they were with our older brothers but they did not take good care of them, they had to work a lot and miss school, but that has changed since I moved back home. I now see a big difference, they go to school regularly and even the teachers say they now perform better in school. On weekends when they have some free time but they do not spend it playing because they choose to help me around in the home. I do not even have to ask them to help but they decide on their own to help at home".

"At times I talk to my older brother for advice. He does help with what he can but not everything. I also have friends with whom we spent time chatting and encouraging each other. My friend is also an orphan".

Respondents showed that they can be strengthened by the respect and the support they get with the work at home from siblings, also important is the feeling of togetherness brought about by family meeting where they discussed, advised and encouraged each other. The siblings' working together was seen as positive force in dealing with their adversities. Respondent's siblings engaged themselves in different activities. The joint effort and working as a team was a strength to reckon with in their family.



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4.7 Theme 4: Support services from social service professionals

Findings revealed that majority of the participants were aware of social service professionals even though they do not know where to go exactly to report problems and challenges they encounter in their households.

4. Presentation of the Focus Group Discussion data

Profile of focus group were summarized according to the pseudonyms, gender, marital status, department, working experience, number of years working with children living in CHHs. The focus group have been chosen based on their involvement with the children CHHs.

These are abbreviations that are used in the tables

Department of Social Development=DSD, Department of Education=EDUC, Ward councillor=WC

4.6.1 Biographical data of the FGDs participants

Table 3: biographical data of the FGDs participants

Code	Age	Gender	Stakeholder	Number of years in service
DPP	43	F	DSD	20
EPP	42	F	EDUC	11
EPQ	56	F	EDUC	22
CPP	64	M	Church leader	7
WPP	57	M	WC	6
HPP	72	M	CHIEF	15

Table 4.3 present the biographical data of the participants from the FGDs, the following sub-themes were emerged

➤ Age

The Focus group participants were between the ages of 42 and 72 years of age at the time of data collection

➤ Gender

3 of the focus group participants were 3males and the other 3 were females.

➤ Stakeholders

The focus group participants were from different filed which include one social worker, an educator, a psychologist, one ward councillor, one chief of the area and a church leader.

➤ **Number of years in service**

All focus group participants have been working with children for more than five years.

4.7 Services that could be rendered by professionals to promote the well-being of child-headed households

The information from the focus group discussion suggests that rendering trauma debriefing, counselling services where they can be capacitated with life skills and help them cope with life challenges. Perhaps it could help CHHs to function just like any other household. The social worker from the focus group participants added that identifying their challenges in time with consistent assistance could possibly help them. While some of the focus group participants mentioned that if they could get consistency assistance in their school work, communication with their relatives and help engage them in group discussions in schools. Perhaps this could help them to perform well at school as some often perform below.

The focus group further suggested that school nutrition, school uniform from OVC's budget adding that counselling amongst children who have lost parents must be done to help them function to their optimal level. The church leader emphasised that visits to CHHs, holding prayer sessions and contributing financially could bring them hope in the absence of their parents.

The WC from the focus group discussion mentioned that the KSD Municipality works closely with OVCs (Orphaned Vulnerable Children) where they liaise with Social Development through assessment of such household and offer them school uniform at the beginning of the year. The WC further added that "*CHHs are our priorities in rural areas, as the leader of the community I identify those that are indeed vulnerable*

to poverty without any source of income and list their names and take the list to Social workers to assess them for Social Relief of Distress –food parcel as a remedy in fighting poverty”.

4.8 Possible ways to the implementation of the services

All members of the focus group believe that commitment of each stakeholder in playing a role to improve the lives of CHHs could really make a difference. Each stakeholder would render their services and account to the chief of the area that was the resolution of the focus group members.

4.9 strategies that could be formulated when dealing with child-headed households

In the opinion of all members of the focus group, establishment of a community forum where each stakeholder will have a leading representative could be a better strategy that would possibly have a positive impact on the lives of children in child headed households. The majority of the focus group participants suggested that quarterly evaluation meetings should be held and all stakeholders should account about their services rendered to CHHs. It was also in the opinion of the strengthening of income generating projects was also proposed by focus group members as one of the strategies to boost the esteem of youth in CHHs. Nonetheless some members of the focus group mentioned some challenges due to lack of resources which could make it difficult to achieve or improve some of the strategies.

The educator from the focus group indicated that there are limited resources, in schools, making an example that there is no budget focusing mainly on the needs of

children such as to buy them school uniform. The information from the discussion further revealed that efforts and seldom visit in an attempt to bring remedy to these households are being made by social workers, the social worker added that at least three times a year food parcels are being provided to the needy families including CHHs. Additionally, the Social Workers indicated that they are working under pressure and overloaded which makes it even more difficult to prioritise the needs of these children living without their parent/s or guardian.

4.9 Lack of Support Services from Social Service Professionals

The lack of support services were discussed during the focus group discussion, sub-themes emerged following is the presentation of the data.

4.9.1 Department of Education

Most members of the focus group uttered that children who live in CHHs are effortlessly recognised in most rural school however; the continual challenge of resources fusing mainly on CHHs impedes their optimum performance. The educator from the focus group mentioned that in some schools it become easy to identify children whose parents are not involves in their well-being, children who are living without any adult guidance due to their physical appearance as some go to school without applying body lotion, food, proper school uniform and most of the time such children sleep during class lessons. To this ends, the educator mentioned that others are not participating in class because of low self-esteem adding that, when you sit down with that child you find that the child has been raped or the child is not happy where she /he lives.

The educator further mentioned that in schools there is no budget focusing mainly on the needs of children for example to buy them school uniform and explaining teachers they work with social workers in referring cases where a child is identified as having one or some of the following challenges: without a birth certificate, no school uniform, no food at home. In some cases children are also referred to psychologists for assessment more especially to learners who have psychological impairment or delayed psychological development as they normally show no co - operation nor any understanding of what is taught in class.

All members of the focus group suggested that the better strategy that can be employed by public servants to assist needy children particular those in child-headed families is through strengthening working relations with care givers, communities and parents. Strengthening of partnership with SAPS in cases of attempted rape and housebreaking, they can help to minimise crime in communities where these children live. Social workers, nurses should be at the fore front in playing a role to protect CHHs.

4.9.2 Department of Social Development

One member from the focus group mentioned that the Department of Social Development & Special Programmes has, in terms of the Child Care Act No 38 of 2005; a mandate to protect the following children's needs and rights: health care, shelter, education, identity (name and surname, love and be protected from all forms of harm. The Department has in response to this made provision of social assistance grant to assist all needy groups of people including children. Social assistance grant is the government provision of support to a person to help them to provide for their needs. These social grants are as follows: neither CSG (child support grant) which is

received by child from birth to 18 years neither whose biological parents are alive but not employed nor they receive minimal wage.

FCG (foster care grant) this form of grant is for children in need of care, orphaned children. The recipient of the grant should be a child from birth to the age of 21 years of age. At first the grant was directed to children who are schooling but due to numerous challenges experienced in black families the Department currently recognises even a child who is not schooling. Children who are with their children can still be recipients of this form of grant.

DG (Disability grant) is for the youth, adult people and elderly living with different forms of disability. CCDG (child care dependency grant) this grant is focused on meeting the basic needs of children (from birth to 21years) living with disabilities. A child has to have a guardian applying for the grant and after the child has turned 18 years of age, and then the child can manage the grant depending on the level of disability.

The major purpose of the right to social assistance grant is to make certain that persons stricken by high levels of poverty lead a normal life and are able to access a minimum level of income. Furthermore, the Department in making this provision it ensures that these groups of people live within the minimum acceptable standards of life and that the grant received is sufficient to meet basic survival needs.

The Department has therefore responded to this duty primarily by making available a series of social grants which is a mandate from the Social Assistance Act for vulnerable groups of people (vulnerable people are without protection, unable to provide for their physical, financial and at times even their emotional needs) generally in communities most the groups and individual that suffer these challenges

are children, aged, and people with disabilities. However, it has be noted that challenges persist in managing these grants and generally foster parents or guardians to children do not manage the grant effectively which shatters the dreams of young children. Parents squander and utilise the grant to meet their needs not the needs of these children. Social workers have identified strategies in addressing these issues like holding information sharing sessions with parents and guardian supervising orphaned and children living child headed households, awareness campaigns are also viewed as other methods of capacitating and empowering child headed households. Community dialogues are held where all stakeholders such as SAPS, teachers, nurses, community care workers, community leaders such as headmen, chiefs, ward councillors as well as children and their care givers or relatives would be part of the dialogue in addressing challenges that are facing communities and would assist in better dealing with CHHs.

Trauma debriefing, Individual and family group counselling to those individual and groups who need it is offered by social workers and it has found to be effective and reduces anxiety. These strategies have been to some extent been viewed as effective as high rate of housebreaking and rape cases have been minimised. We try our level best as social workers even though transport remains a huge Departmental challenge.

4.9.3 Community Leaders

Community leaders are the representatives, voices, advocates of their people from where they live. The needs, challenges, cry of their people are addressed as a result of the leaders of their communities as they have been delegated by its members to

stand for their communities. Typically in African communities leaders are the Church leaders, Chief or King and Ward Councillor. Findings are discussed below:

➤ **Pastor or Faith Based Organization**

Pastors are the ones that intervene in times of adversity mainly for the purpose of bringing hope and restoring people's faith in God. Usually the intervention is in the form of frequent visit to the families, prayer. Most of the focus group members confirmed that pastors seldom visit families that are vulnerable with some indication that child-headed households are be cared for by the chief and neighbours. The information from the focus group discussion revealed that priests and pastors visit child-headed households after the death of a parent but children are encouraged to go to church for spiritual encouragement. It is therefore not a surprise that these children experience feelings of loneliness since some churches could be far from their homes and therefore it could be impossible for them to go to church.

➤ **Chief**

Members of the focus group discussion mentioned that chief or headman often collect all the names of the households with different challenges that expose such households to harm and hand them over to different stakeholders such as Home Affairs in cases where children do not have identity documents. Where there is no food and no access to child support grant or foster care grants the chief reported that they liaise with Social workers to process applications and help these households. The chief mentioned that the strategies that they recently employed in helping child headed households is through engaging those that are in their teenage hood years and not schooling engaged them in sewing project, offered training for hotel management course, engaged them in road maintenance projects. However, they

took just a limited number of those children since the ward is too vast and they needed just 10 representatives from each locality.

This approach started in 2010 at Mvezo location (The late former first black South African President's birth place-Nelson Mandela) was being developed. Chief's palaces used to warm homes for its vulnerable members but in nowadays it is likely that when Chiefs are reported of vulnerable children they would refer such cases to Social Workers to intervene without the Chief's minimal effort to take care of that vulnerable child. This has been the researchers' experience in several cases of child neglect and abandonment in ward20.

➤ **Ward Councillor**

The Ward councillor from the focus group participants explained that, the strategies which they employ to meet needs of communities especially vulnerable groups of people including child-headed households, among other things the ward councillor mentioned that they organise, hold IDP (Individual Development Plan) in communities where report back is given to the people as to what has been done with funds allocated towards the development of the communities. Roads, Water taps, RDP houses, electricity are the keys functions of the Wards councillor even though these developments do not take place overnight due to backlog that is caused by natural disaster. Additionally, the ward councillor further indicated that in some instances you find services which are needed in areas where you have just intervened because Mthatha is vulnerable to natural disaster like heavy storms that affect house structures which impacts negatively to both government and the recipients of services. Moreover, all members of the focus group believed that linking child-headed households with social workers also assists as food parcels are at times provided depending on the availability of funds with some of the participants

adding that community care givers also identify child headed households and report such cases to relevant stakeholders depending on the need of that particular individual.

4.10 Lack of Visibility of Social Workers in CHHs

The visibility of Social Workers and other related fields such as community care givers, Social Auxiliary workers has so far been questioned. This has been confirmed during the focus group discussion. One of the focus group members mentioned that, the DSD have a mandate to carry out the following:

- Assist each child access education between birth and 5 years of age,
- Visit child headed households with the purpose of identifying their needs and come with a plan of action.
- Assist these households in identifying the suitable foster parent and therefore place these vulnerable children on Foster Care more so those who have absolutely no source of income.
- Supervise and monitor the progress and welfare of the households.

Perhaps the lack in tools of trade hinders Social Workers to perform their duties to the best of their ability and thus failing the needy children. The social worker added that they make efforts and seldom visit in an attempt to bring remedy to these households. 3 times a year we provide food parcels but as Social Workers we are working under pressure and overloaded which makes it even more difficult to prioritise the needs of these children living without their parent/s or guardian. Most of the time Social workers avail themselves only when there is a problem reported they not just go for supervision of Children in CHHs. The social worker concluded that

they work with stakeholders such as SAPS (South African Police Services, Community Care Workers, and Educators, who play a major role by reporting all identified challenges generally in the community.

4.11 Chapter conclusion

The chapter has presented the results on psychosocial challenges faced by CHHs. Taking from the views, experiences and perceptions of the participants and the psychosocial challenges they face it is evident that carrying the responsibility of being both a child as well as a parent in a household is such an overwhelming mission which weighs heavily upon those who do so. Views of focus group participants have been articulated and have proved that that collaboration and cooperation of stakeholders becomes very imperative in dealing with the plight of CHHs. The (professionals) stakeholders including community leaders who work with children living in child-headed households to re-commit themselves in order to effectively and efficiently render services required by these children. The following chapter will focuses on summary, discussion of findings, conclusions and recommendations.

CHAPTER 5

SUMMARY OF THE FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter gives a summary of the research results presented in the preceding chapter on the challenges faced by children living in child headed households at Sithebe Administrative Area in Mthatha. The discussion of findings, conclusions and recommendations on the research are highlighted in this chapter.

It is believed that the research questions have been answered based on the interview findings of the study in chapter four and generally objectives of the study have also been met and more explanation will be detailed below the biographic data information.

5.2 Biographical information of the participants

When the participants were asked about their biographical information the following were emerged and it has been discussed as follows:

5.2.1 Gender

Findings acknowledged that there are more females in child headed households than males. This adds to the advantage of the minority group as female children are culturally trained at an early age to multitask and perform those household chores than boys. This further calls for more guidance and cultural training to both genders as children find themselves in difficult situation after the death of parents, by so

doing children would easily and quickly develop a sense of responsibility and not feel overwhelmed in any stage of their lives.

For Sutton, (2000) any behaviour cannot simply be performed at will; they require skills, opportunities, resources, or cooperation for their successful execution. This proves that for a child to learn and acquire skill and character there has to be a significant other (parent or guardian) from whom the child imitates.

5.2.2 Educational level

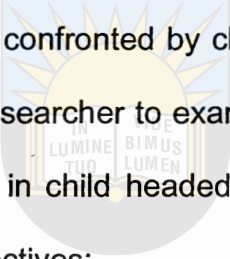
Interview findings indicated that the majority of children in CHHs were at a high school level even though their ages were not corresponding with the grades that they were in during the course of the study. The findings further indicated that, very few managed to pass their metric/ grade 12 and were in tertiary institutions to further their studies, whilst the minority of participants were at a primary level and showed no interest at all in their studies due to the undue hardship experienced at home. Consequently, one participant dropped out of school in lower grades since she compared herself with other learners and could not bear it instead considered quitting as an option.

The South African constitution (Child Care Act No 38 of 2005) stipulates that every child has a right to learn but apparently many children abandon school hopelessly as if they do not have any rights. It is therefore clear that this could be lack of knowledge or someone infringes his/her right to education. In contrast, some of these children are most likely to spend their life living below the poverty datum line. Owing to their poverty stricken background, the situation is most likely to be inheriting to their biological children at a later stage. Perhaps, this is what perpetuates the cycle of poverty. Meintjes et al. (2007) is of the opinion that it is only

the education of children that promises socio-economic changes in their future life and possible mitigate the state of poverty in their countries.

5.3 Research Objectives

The study focused on exploring the existing challenges encountered by children living in Child headed households. Specific emphasis was given to children living at Sithebe Administrative Area in Mthatha. The main objective of the study was to explore the forms of challenges confronted by children in child headed households. These objectives assisted the researcher to examine the actual problems that these children encounter in their lives in child headed households. The aim of the study was to achieve the following objectives:

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5.3.1 To examine the challenges children living in child headed households are facing

The aim of the first objective was to examine on how children's experiences tend to be challenging and in turn affect the well-being and normal development of children in child headed households. The data that was collected indicated that, children in child headed households get emotionally, physically and psychologically affected by their living circumstances. It should be noted that nursing an ill parent and witnessing the loss of someone very close definitely leaves traumatic experiences in children's emotions. This might affect the child's psychological functioning in the long run.

The children's physical development is bound to be affected when living in circumstances where there is no provision of parental or motherly warmth in the form

of nurturing children with food, as some children find themselves going to school on empty stomach. How could one develop normally and have positive contribution in class under such depressing and on-going circumstances? The emotional aspect of children living in child headed households is also affected as they turned to be discriminated while interacting with either neighbours or peers where issues' relating to their parent's death is associated with HIV/AIDS.

The issue of CHHs that they lack protection cannot be left out as it has been indicated that most of CHHs live in housing circumstances that are not conducive for the upbringing of children and also undermine and degrade their value as human beings.

5.3.2 To examine the experiences of the children living in the child headed households

The second objective focused much on discovering and getting out the different experiences that are faced by children in child headed households. Also the researcher wanted to know how these children's lives are affected by the situation they find themselves in. These include their social well-being, physical, emotional, financial and psychosocial aspects of their lives.

Through the information gathered, the study drew inferences that children in child headed households are facing numerous challenges as they run their lives without parental guidance.

The study concluded that children in child headed households may suffer psychological problems as a result of prolonged stress which is likely to be triggered by multiple deaths in the family including death of their biological parent/s. The study further concluded that the overwhelming role to resume parental duties in the absence of their natural parents may also cause psychological harm. The above

mentioned challenges call the need for Social Workers and other related fields to be pro-active in identifying child headed households and link them with relevant resources like psychologists, psychiatric doctors, and many others to promote their social functioning.

5.3.3 To examine the support services available to children in child-headed households

The third objective was to determine the level of support received from social service professionals such as educators, psychologists, social workers, community leaders like chief and church leaders or pastors. The study confirmed that services and support to assist child headed households function like any other household are available but very limited. Government lack resources and as such child headed households' needs are not adequately met. Various challenges are still encountered by child headed households and there are gaps to be closed such as in visibility of social workers, poor allocation of funds by Department of Education towards child headed households and lack of spiritual support as church leaders seldom visit child headed households for prayers and words of encouragement. The study concluded that these challenges experienced affect the children's in all aspects of their lives and thereby hampering their normal functioning. This therefore presses the necessity for the social workers as advocates of children to link the child headed households with relevant resources such as Department of health where they can access help with regards to their psychosocial needs and by so doing their social functioning would be enhanced.

5.4 Implications for social work practice

The results of the study have a number of implications for social work practice. Unambiguously, the study shows that the vulnerability of children living in child headed households should be a concern for social workers as they advocate for the protection of children and take action upon these challenges. Poverty alleviation programmes should be revived in rural communities and training of parents on value of the most sacred unit on earth which is: a family should be viewed as a matter of urgency to the social work profession to minimise child abandonment.

The study revealed that there is lack of education and awareness campaigns seldom visit child headed households for support, hence knowledge is of utmost importance as it could bring enlightenment even amongst those children who live with sickly parents or household members due to HIV/AIDS. Therefore social workers need to be proactive by piloting awareness campaigns on HIV/AIDS in all spheres of the nation so as to provide children with information relating to HIV/AIDS. This could stimulate voluntary counselling and testing. The pandemic is a reality of life; hence there is need for children to be well informed at their tender age so that they grow up equipped with skill to prevent themselves from contracting the HIV.

Social workers need to come up with various strategies that can contribute positively towards changing attitude among community members and the best ways to instil a sense of tolerance amongst extended family members since discrimination tendencies amongst child headed households as such, discrimination of HIV positive individuals signifies a challenge that requires action from a social work perspective.

5.2.3 Age when resuming to being a Child Headed Household

Findings of the study revealed that, most of the participants started living in child headed households whilst they were between the ages of 7 and 15. Very few participants resumed living in CHHs whilst they were 17 and 19 years.

Death of a parent can lead to depression, low self-esteem and even behavioural problems, how much more to children who resume parental responsibility at an age of 7. How can these children be expected to perform satisfactorily at school still carrying the pain of having lost a parent/s. It is the researcher's view that, children in CHHs face numerous challenges and difficulties at a very tender age and might be lacking access to food and shelter and lack of continued participation in education.

For Phillips (2011) children heading households spend most of their time on care giving activities. These may include but not limited to looking after the younger siblings, household management and the generation of income. By contrast Chisholm (2007) states that, children who begin to live in child headed households at a tender age are more vulnerable to harmful circumstance such as rape and humiliation, adding that their lives are at risk since young children can neither fight nor protect themselves from any kind of harm they may have to face. These findings are congruent with the research findings of Desmond, Richter, Makiwane, and Amoateng, 2003, Le Roux, 1994, Louw, (1998) who also indicated that children who head families at an early age are likely to struggle with issues such as self-confidence, self-esteem, emotional stability, poverty, health, group sociability, and morality.

5.2.6 Reasons for being a Child Headed Household

The study has discovered that, the majority of the participants living in child headed households are most likely to be the result of parental death (mother) their fathers' whereabouts are unknown. Notwithstanding the above findings, the reality of the matter is that children living in child headed households are not orphans at all, they might have lost one parent who is a mother but some fathers are alive.

This is saddening when realising the misery and turmoil that these children go through whilst a parent is alive somewhere in the world but cannot give either moral or financial support to their own flesh and blood.

These findings are in line with the Statistics South Africa's Survey, (2006) who also mentioned that most children living in child-headed households are not orphans at all as they have a living parent either mother or father. By contrast, findings of the present study indicated that only one participant who had had both parent alive however, the parents are whereabouts unknown.

These findings negate the research findings from the General Household Survey conducted in 2006 which revealed that about 61% of children living in child-headed households have two living parents, whose whereabouts are unknown. Participants revealed that extended family members such as maternal aunt, uncle, preferred to assist through emotional support to the CHHs not to keep their custody. However, Foster et al.(1996) unequivocally state that, extended family system was the most important indigenous African institution with many African families being characterized by large numbers of member with close kinship ties.

On the present researcher's opinion, extended family system effectively provide sense of belonging, care, security and social support to its people but in nowadays this system no longer exists. This then could perhaps mean that maintenance of financial balance and stability among extended family members have been negatively affected by multiple deaths in households accompanied by high levels of poverty. Nevertheless, the findings of this study show that maternal grandmothers were found to be sacrificial good Samaritans in keeping the lives of their grandchildren as they were not hesitant to take these children under their custody regardless of their old age and illnesses. Notably from findings, the stigma around HIV/AIDS and other related illnesses seemed to be one of the contributing factors to relatives not wanting to live with these children in their households. This has been confirmed by some of the participants when they pointed out that the extended family members knew the cause of death to their parents, adding that they got this information through interaction with other children from their neighbours.

5.2.7 Financial support from the surviving parent

Research findings indicated that most of the children in CHH do not receive financial support from the surviving parent. As indicated in the preceding paragraph 5.2.6 that the majority of children in CHHs have their natural fathers alive but they are untraceable and their whereabouts are unknown, therefore these children cannot get any financial support from their natural surviving fathers. The study further revealed that few children know where their natural fathers can be found; nevertheless they never bond with them whilst their biological mothers were alive and that hinders them from being assisted by them.

Jones (2005) state that there are orphans where the parents are dead, orphans where the parents have abandoned their children, and orphans where the parents can't afford to care for them.

The findings of the present research also found that these children developed anger, withdrawal and felt abandoned by their fathers. None of the participants has shown eagerness or willingness to seek financial support from their living fathers as some stated that their fathers got married to other women not their mothers. In contrary, only 1 participant confirmed that he had a bond with his father though he is married to another woman but he receives every support he needs from him.

Through these findings it can be determined that most of the children in CHHs could not get financial support perhaps because their fathers are protecting their marriages and they do that at the expense of the poor child left alone. It is also apparent that these children were born out of wedlock just as they confirmed that their mothers were not married.

For Van De Merwe, (2011) extreme poverty and hunger are the most common contributory factors that justify parent's failure to nurture their biological children. Thus, social grants are an important source of income for millions of people in South Africa.

5.2.8 Relationship with the person heading the household

The study has observed positive relationship between younger and elder sibling who possible the head of the household. As it was found that, most of the younger participants live with their elder siblings in one household. Perhaps, this is what makes it easier for them to bond since they do not have to make major adjustment unlike in situation where a child would have to be taken by a relative and learn to

adjust in new and perhaps different patterns of life regarding to family norms and values.

Even though maintenance of good interactional relations exists in these households, still findings revealed that in 3 households comprising of siblings relations are seldom good as a result of lack of co-operation from younger siblings who fail to comply with rules set by elder siblings.

It is on the belief of the present researcher that it should not be surprising as some children tending to be unruly even in the presence of a natural parent. This may exert pressure to the head of the household since at times there would sacrifices made just mainly for the benefit of younger ones and the survival of the household as a unit.

India- HIV/AIDS Alliance (2006) confirm that, the person who heads the households face tremendous challenges and are most likely to be vulnerable to exploitation. Through inadequately prepared they move into adult roles but their physical and mental health needs are not taken care of and as such they face a wide range of problems.

Furthermore, the study also found that younger siblings tend not to submit to elders authority by not taking out instruction with the perception that the elder sibling behaves as though he is a father whereas not. In cases where the elder sibling instructs younger ones participants confirmed that they feel controlled and they have a perception that elder siblings are too strict and exercise authority as if they are parents to the younger ones.

These findings then explain that when there is a parental breakdown it is difficult to maintain stability hence the Green Paper on Families, (2010) state that in the

absence of a parents, means have to be sought for strengthening households and focus should be on empowering children with parenting skills. Caregivers should be encouraged to play their expected roles in the upbringing of the children. It is clear from the interviews that child headed households find it hard to perform family tasks which include physical maintenance, socialisation and education, control of social and sexual behaviour, maintenance of family morale and motivation to perform roles inside and outside the family.

The findings of the study also revealed that elder siblings find themselves overloaded and overwhelmed by the household chores and having to provide for the younger children. This talks to a need for family support so as to assist children with coping mechanisms by so doing they can be resilient children able to stand against life's storms.



5.3 Experiences of living in a CHH

When the participants were asked about their experiences of living in child headed household the following sub-themes were emerged and discussed as follows.

5.3.1 Duration of being in a Child Headed Household

Most of the participants from child headed households resumed living on their own for a period of 3 to 5 years which explains that indeed the children could develop psychological problems as they explained that no therapeutic services or trauma counselling done to them when they started to stay alone in their households. This has been discovered by (Mott, Thuo, Robbins and De' Bryant 2009) where they emphasised that traditionally, the functioning of a family takes place through a parent-child relationship. It is therefore significant for the family to carry out parental

tasks in order to give a sense of security, belonging and companionship, responsibility and purpose to its members. A family is a basic unit of society; Functions that are performed by a family include the task of providing for its children's needs while simultaneously teaching the children society's way of life. A child's psychological development can be negatively affected by the fact that they live without guidance of an adult.

5.3.2 Relationship with Extended Family members

All most all of the participants indicated that, relationship between children in CHHs and their immediate family members such as maternal aunt, uncle are not as good as compared to any relative whom CHHs share the same clan name with. Perhaps this is the result of unresolved issues within the households, most of the time its parent's issues and these impacts negatively on children left without any parents. Children often find themselves in awkward positions where they inherit hatred that existed between their parents and their aunts or uncles. Furthermore, the findings of the study revealed that, some of their close relatives never wanted to associate themselves with their household ever since they realised that the children's parents were sick.

According to UNICEF, (2011) the stigma attached to HIV/AIDS often transfers from parents to their children and in some cases the children themselves might be infected; as a result, these children are not welcome in the extended family. By contrast Foster, (1997) cites that some of families living below the poverty datum line tended to foster children, wealthier relatives, whom one might expect to be more able to foster relatives' children, maintained minimal links with orphans. The opinion of the present researcher is this, some of the extend family members hold grudges

against one another and in the process, children turn to be victims especially when parents are no more.

For Innocenti Insight (2006) traditional social safety net in which children without parental care are absorbed into the extended family, has been eroded by the increasing number of parental deaths and in most countries this social institution is no longer able to cope. Perhaps this is what left opens the door for children to look after themselves without a parental guidance. Unequivocally, CHHs are increasing if relatives and extended family members have no interest to associate themselves with these vulnerable children.

Literature provided by the KwaZulu Natal Human-Settlements (2010) indicates that about 90% of CHHs are located in Limpopo, KwaZulu-Natal and the Eastern Cape adding that, 88% of CHHs have at least one child over the age of 15.

5.3 Challenges of children in CHHs

On the question on challenges faced by children living in CHHs the following sub-themes were emerged and the findings were summarised as follows.

5.3.1 Absence of Parental Supervision and Protection at home

The findings of the study indicated that the majority of participants perhaps a significant number for this study 17 or 70% of the sample does not receive parental supervision on a daily basis rather they are being telephonically supervised by their elder siblings who left home in search of work. Only 3 or 30% of the sample indicated that close relatives or extended family members pay regular visits to check if things are still in order and the safety of the children.

Rosa, (2004) holds that some care givers seldom visit home due to work commitment instead households automatically get to be led by the one who is older in the household. Children therefore are not capacitated or trained on how to supervise or lead the younger children, manage finances, manage the maintenance of the house, take care of sick siblings around the household, adhere to cultural values and norms.

According to the research findings by the Gauteng-Social Development on General Household Survey conducted in 2002 it was found that African families are faced with the continuing challenge where children under the age of 18 do not live with either of their parents. By contrast Phillips, (2011) state that a child has the right to be raised in a manner which provides him with the best possible development of his/her personality, hence there is a global consensus that this upbringing is (in principle) the primary responsibility of the child's parents; biological parent known as a genetic or natural parent whom is a child's parents through birth.

Almost all of the participants confirmed that they do not feel safe living in CHH, adding that, yards are not properly fenced while others are totally not fenced this puts its members to various forms of harm such as house breaking, theft, murder and even rape.

Most of the participants reported that, the conditions of their houses are not in good condition where human beings can stay and have hoped to survive. Nonetheless children with no alternative reside there and try to find meaning in life regardless of such unpleasant home circumstances. Some of the participants mentioned that in their households doors cannot be locked, some windows are broken, roofs leak, and

floors are made of mud adding that they do not have funds to maintain their living environment.

For Meintjes et al. (2010) in South Africa, living conditions of child-headed households have in most cases been found to be worse than that of other households: children frequently have no access to proper housing, adequate sanitation, water and electricity. Nkomo (2006) mention that apart from problems relating to food, security, school participation, children are vulnerable to both sexual and physical abuse.

In the opinion and the experience of the present researcher this is defiantly true as one female was gang raped by men whom they knew she was from CHHs. Chitiyo, Changara and Chitiyo (2008) maintain that all children are susceptible to sexual abuse but children orphaned due to HIV/AIDS, especially those in CHHs are more at risk as they tend to be socially isolated, financially stressed and emotionally exposed.

5.3.2 Educational concerns

Research findings brought to light that although most children in CHHs are schooling it is very difficult to strike a balance hence some decide to quit school. Different contributing factors like going to school without food, walking long distance to school, anxiety about tomorrow destabilize and negatively affect the performance of the children. Some of the challenges were found through focus group.

This is in line with the research finding by Hill and Chao (2009a, 2009b) who mention that an increase in school size and the number of teachers that students have over the course of the day which makes it difficult for parents/ care givers to know who to contact and for teachers to initiate interactions the parents of all children they teach. This proves that children in CHHs that require educational needs might consider

dropping out of school as an option more especially when teachers cannot maintain contact with their caregivers.

Some of the participants manage to pass grade 12 and further their studies while the majority of the participants which is a significant number for this research were reported to looking for work. Not all children in CHHs get emotionally, financially beyond their capability; findings proved that 2 of the participants got a relief through Estate monies left by their mother who worked as an Educator. The other one was awarded a bursary as a result of an outstanding academic performance.

Only two participants reported that they gave up on schooling at primary level and blamed parental failure towards their education. Perhaps this could be triggered more when a child's needs are to be met and remembering that their parent could not provide brings discouragement.

For Byrd, Geary, Rose and Ponzi, (2008) girls seem to experience higher levels of stress than boys when talking about emotional problems.

5.3.3 Lack of accessibility to Social Grants

South African Constitution has given rights to children which each and every child as a South African citizen has to have access to access to social grant if their parents cannot afford to provide food security to them. The Child Care Act No 38 of (2005) stipulates that a child without any visible means of support is a child in need of care and protection. Social Workers are advocating for the rights of the orphaned and vulnerable children.

Therefore this implies the fact that all children who qualify to be recipients of child support grant, foster care grant, care dependency grant have to be assisted in accessing these grant since children cannot fight or protect themselves. Study findings indicated that some children in CHHs have access to the foster care grant but due to family dispute between children and foster parent their grant could not be extended in terms of Section 159 of the (Child care Act No 38 of 2005) which stipulates that the children's foster care grant should be extended within a period of 2 years, failure to that will result to the court order being lapsed and can no longer be renewed.

In many instances children confirmed that their guardians do not co-operate with social workers which puts the children's life at stake and jeopardise their future because their future hope lies on utilising and managing the foster care grant in an adequate manner. The research findings revealed that the majority of the participants were placed on foster care immediately after the death of their parents however, family disputes resulted in them separating from staying with their foster parent. Therefore, this could be the reason for children to live in CHHs with absolutely no source of income. The findings of the study also indicated that some parent's whereabouts are unknown. However, they are still in position of the SASSA cards which are used to access the grant. The findings further revealed that some participants in CHHs often do not have knowledge about Social workers' services and as such if social workers do not visit families the children would have not known any of the social workers services.

Children suffer in the process of finding a way to escape poverty as they tend to be directed from pillar to post when they need services from government. Considering that these children struggle even to get cash to go to town and seek for help, it

should be emotionally draining not to access services in time which is why at times some decide to quit school, be reluctant in applying for their siblings grant, or apply for an identity document. To this ends, children find themselves incurring their parent's failures and struggles as it is a responsibility of every parent to get an identity document, clinic card and birth certificate for their children.

5.3.4 Loss of Sense of belonging

Children who have lost parents are often deserted from the society. They are often barred from school, rituals or other social events. Mott et al.(2009) maintain that some of the youth struggle to meet their care giving challenges, they are often faced with grief, stigma, economic stress, exploitation and abuse; all of which is made more severe by a loss of connection with their peers and to their community.

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It should be acknowledged that children who lose parents go through stages as they mourning the loss of their parents. Robert and Neimeyer (2010) state that, children are left in shock, unable to fully comprehend that their parent will no longer be with them in their lives. They also reach a stage where they yearn and search for their loved ones and end up being disorganised and disoriented. It is during such moment that they should find solace from their communities.

According to Better Care Network (2009) most of South African children are most likely to be victims of neglect since their parents and extended family abandon them as they leave home in search for work. This has since become a tendency and which in turn has led into more children being neglected and abandoned and the primary contributing factor to that is poverty adding that the feelings of loneliness and neglect is sometimes caused by the deteriorating health status of their parents. By contrast the Department of Social Development, (2010) postulate that children become

anxious about illness and or death. Parents tend to forget children, become pre occupied and absorbed with their own health, and this often leads to isolation and child neglect.

Findings managed to reveal that during difficult times especially when children cannot provide for younger siblings or find it difficult to make ends meet, they indicated that they miss their parents, the also pray and sometimes feel that they can die and join their parents where they are. Another participant highlighted that during moments of loneliness and helplessness she goes to her mother's grave and cries a lot and afterwards she would feel better.

5.2.4 Stigma and Discrimination

The majority of the participants revealed that they are stigmatised of having lost parents as a result of HIV/ AIDS.

According to India- HIV/AIDS Alliance (2008) most of the orphaned girls were exposed to sexual abuse in domestic work because of the stigma attached to their orphaned status.

Of the 20 participants only 1 reported being the victim of rape adding that she was raped by a group of men whom she believed that perpetrators were likely to know that she was from CHHs. Therefore, it has to be noted that children in CHHs never chose to be living in circumstances that they found themselves in, and perhaps men stigmatise them in their communities due to reasons that their parents died of HIV/AIDS related illnesses and they therefore give no regard even to members of such households. If this is the situation in child headed households one may wonder as to where our country and African men and women are heading to as we no longer protect our fellow African brothers and sisters.

Findings of the study further indicated that some participants found out through social interactions with their neighbours that their parent/s died due to HIV/AIDS. Perhaps this is due to the fact that parents are hardly revealing their HIV status to children. Some parents believe that revealing their HIV status to children would confuse them as they may not be ready and will not understand, might be upset, blame parents or themselves, be frightened and start telling other children, neighbours, family members especially with the diseases that have stigma attached to it like HIV/AIDS (Social Development, 2010). Some neighbours are explained as those who did not show willingness to interact with some of the children. However, some participants acknowledged certain neighbours and relatives did not change their attitude after the death of the children's parent/s. In the case of these neighbours who never wanted to socialise with these children in CHHs it proves that they do not understand that even their own close relatives or children could someday happen to find themselves in the same positions as those children who are being stigmatised. It also indicated that most people around rural areas such as Sithebe A/A are not fully aware that they should unite to fight against HIV/AIDS.

5.4 Lack of Support Services from Social Service Professionals

Johnson (2010) explains a system function as a human body. In this light, families have different components, and together work in harmony to achieve and maintain a state of balance. Collins, Jordan and Coleman (2010) are of view that challenges that arise in the development and welfare of children cannot be attributed to individual there is need for collaborative effort in order to accomplish the desired mission.

This therefore implies the fact that various Departments and community support could play a vital role in uplifting the esteem and shaping the lives of children in child headed households since each stakeholder will be fulfilling their unique role in meeting a special need to these children.

All the respondents confirmed that there are some inadequacies associated with the way social workers render services to children living in child headed households. Therefore, this does not relate with the provisions of services as stipulated in the children's Act. The visibility of social workers from the Department of Social Development in communities particularly in CHHs has been highly questioned as it showed in the study findings that the department fails to provide basic tools of trade desirable for the implementation of social work practice in assisting child headed households to function like other households. As a result of scarcity of resources from the Department of Social Development, a social worker from the focus group discussion indicated that they visit rural communities mainly when responding to report urgent cases as a means to bring remedy to such households, adding that, shortage of vehicles, telephones; poor budget and lack of office space affect social workers' effectively implementation of services that are to be rendered to communities. The information from the focus group further revealed that social workers use departmental shared offices there is no privacy or confidentiality. This therefore indicates that although children can be attended by social workers in department's offices they cannot freely disclose personal challenges to their best level as they might not be free in environment full of officials. Perhaps they might think that their privacy and confidentiality will be compromised.

Social workers are supposed to be visible in communities as advocates of children and their rights and have to fight for the protection of children. What is perturbing is to realise that Children's Act No 38 of 2005 clearly lays out areas of need where children have to be assisted and how social workers are to advocate for children. In contrary to that government does not provide basic resources to carry out the mandatory duty as stipulated to the said Act.

Findings revealed that some children do not receive any form of social grant due to failure of social workers to renew court orders. However, the focus group information also indicated that, some foster parents do not cooperation which result to the laps of the court order.

Meintjies et al.(2010) alluded that, children in child-headed households are older, on average, than in mixed-generation households, fewer children fall within the eligible age threshold for child support grants (up to 14 years). In addition, Meintjies et al. cite that often there are no pensioners living in these households. This means that child-headed households will have less access to income support through social grants

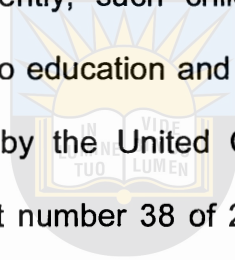
5.4.1 Department of Education

Study documented that there are still challenges on services and strategies implemented by the Department of Education to assist CHHs. Findings of the study revealed that in schools, particularly at Sithebe A/A there is no special budget assigned for the needs of CHHs regardless of their vulnerability and appearance. However, nutrition Programme is evident and made available to all children in the form of food eaten at school on a daily basis. Nonetheless educators are

overwhelmed with huge number of learners in each class. If this is the situation it is likely that classrooms are not 100% organised.

For Downer, Booren, Lima, Luckner and Pianta, (2010) young children develop their self-esteem, self-regulatory and are better able to control their behaviour in organised environment.

The research findings further affirm that children with learning disabilities physical or mental challenges are identified by educators and referred to a psychologist in Mthatha for assessment. Consequently, such children are allocated to special schools. Since the rights of children to education and provision of basic needs of life are richly grounded and stressed by the United Conventions on the Rights of Children (1989); Children's Care Act number 38 of 2005 and Government Gazette (2006).



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Therefore, the role of educators becomes significant more especially in accessing education to the children in order to benefit. For it is only through education of children that their socio-economic lives, future life can change and possibly the escalating phenomenon of poverty in their countries could be mitigated (Meintjes et al., 2007).

It has to be noted that interview results revealed that there is just one educational psychologist handling all Mthatha Area referred cases not only cases from Sithebe A/A. This therefore means that, there could be backlog in the attendance and service delivery to the children in need. It was also mentioned by an educator who formed part of the focus group discussion that teachers are overloaded with large number of learners in a class which makes it difficult for teachers to easily identify vulnerable children in their schools.

The UNDP (2004) state that large number of learners against few educators in schools could imply that educators are not entirely playing the role they should, as they cannot reach wholly to every learner whereas education is an irreplaceable gateway to employment.

5.4.2 Community leaders

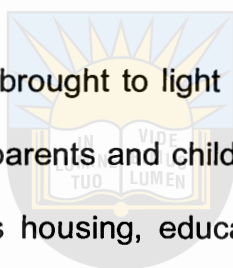
Research findings indicated that chiefs as leaders in the communities do assist vulnerable families through reporting urgent cases to various relevant government departments for assistance, while ward councillor in the area makes provision of houses to vulnerable households, water supply by installing taps, electricity, establishment of roads and houses so that people can access transport and services in town easily.

On the experience of the researcher, the researcher negate with these findings since the area where the data was collected there is no proper road, only one CHHs was assisted with a permanent house structure. To this ends, the DA has committed to providing six kilolitres of water and 40kwh electricity every month free to all households (Green Paper on families 2010). This free allocation may be enough to meet the minimum survival requirements of an average household, and may ensure that even where adults have died and a household has no income, the remaining family members will have survival lifeline. Perhaps the DA made this commitment referring to another Province not in Eastern Cape, particularly at Sithebe A/A because there are no developments regarding to responding to the cry of child headed households.

Furthermore, the researcher noted that cases identified by ward councillors get to be referred to social workers even when it is in the capacity of the councillor to act. This

was witnessed in cases where several households were affected by natural disaster and ward councillors were expected social workers to assist not only with household essentials such as bed, blankets, school uniform and food parcels, but to also assist in house construction yet that is the responsibility of Department of housing which operates interdependently with ward councillors. This means clarity of presentation through meetings, dialogues on roles and responsibilities has to be conducted amongst stakeholders in fighting the plight of child headed households.

Samuel, Shinn and Buckner (2010) brought to light that communities scrambled to respond to the crisis of low income parents and children lacking stable homes even though policies intended to address housing, education and health needs of the households.



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5.7 Summary of findings

The methods that were used to collect the data were in-depth interview and a focus group discussion. For the purpose of probing, these instruments were found very relevant in exploring the challenges facing children living child headed households. These instruments were very much suitable in probing further into the attitudes, concerns, emotions and beliefs of people. The qualitative study used a sample of 20 respondents and (focus group discussion) comprising of 3 Social Service professionals as well as 3 community leaders who were the chief, ward councillor and church leader. The study unarguably asserts that children living in CHHs encounter a numerous challenges that negatively impact on their psychosocial life which are likely to live these young people has to deal with prolonged stress. This has clearly shown that these children cannot be compared to the ones with natural

parents, receiving warm, being nurtured by a mature and a stable adult in a well structured environment conducive for the upbringing of a child.

1. The study recognized that children in CHHs struggle juggling the roles of being a mother, father, and yet being a young child still in need of acquiring skills, parental guidance. The study also documented that children, more especially those heading their households suffer severely in the midst of playing parental role while in school which is why it is common for them to drop out of school for the sake of providing for the little siblings. This is due to parental neglect, abandonment, as study revealed that most children were found to be borne out of wedlock and their fathers married to other women.

This means that the elder siblings in CHHs sacrifice their dreams, future aspirations, in an attempt to protect the dignity and wellbeing of their younger siblings. Children will have to deal with grief of knowing their parents died while others knowing that their fathers are alive but not taking care of them in any way. In addition, female children who live alone in their house have engaged themselves in sexual activities where they ended up being young mothers to children without any "*lobola*" paid and without financial support from children's fathers. The study further concludes that CHHs are victims of rape by virtue of staying without an adult. Thus, men take advantage of them and thus degrading their morale, dignity and self-esteem.

Challenges relating to poor housing structure, financial constraints, lack of food and anxiety about future uncertainties have been identified, which means that these children's esteem is greatly affected as they get to be exposed in circumstances that propel them to think, act, and talk as adults at an early age.

Study also documented that extended family members tend to give CHHs a blind eye due to various reasons like conflict between them and children's parents whilst alive, fear of HIV/AIDS transmission to their households, lack of resources as they fear that their children could not attain the best level of achievement when sharing resources with CHHs.

Through this study it is also important to note that discrimination tendencies are high in rural communities chiefly among HIV/AIDS infected individuals in communities.

Study documented that government provide temporal solutions to child headed households since foster care grant cannot be accessed by an adult who is 22 years of age living or heading a child headed household regardless of the socio economic condition of that particular household. This calls for review of government policies regarding needs of vulnerable children and CHHs. The child care dependency grant in terms of Social Assistance Act No of 1992 only people with disability or who are terminally ill could be recipients of this grant. There is a gap then, which means in CHHs with a disabled adult children and are above 21 years of age cannot get any provision from government since food parcels are only received for three consecutive months then one has to devise means of survival. This was declared by Social Development –social worker during the focus group interviews.

The study found it important for state to take into consideration underlying issues and factors leading to Child Headed Households and also to devise strategies which could lead to the improvement on the level of commitment by stakeholders in meeting the needs of CHHs through service delivery. By so doing the stakeholders will be promoting good care of children in need of care and protection.

5.9 Recommendations

CHHs need to be protected, they need stability, structure, clear boundaries and the knowledge that their extended family members, other adults around them and their communities are looking out for their safety. Due to challenges encountered by these children it can be safe to conclude that they are vulnerable and regard the world as an unpredictable and frightening place with no rules or safety. These children cannot fully trust adults, some family relatives, as a result of painful experiences which have had a degrading effect on their emotional, physical, psychosocial life.

Likewise they do not know if there will be food on the table, clothes or education available to them. The end result is that the child feels unsafe, uncared for, isolated and unloved (UNICEF, 2010).

In the light of the findings in this study the following recommendations are made with the hope to advocate for, restore the hearts, emotional, psychological turmoil of those living in CHHs:

5.9.1 Strengthening of responsibility and accountability by all stakeholders

- ❖ Coordination mechanism at every level is vital in ensuring that care providers, stakeholders, donors and government work collaboratively to prevent and respond to care and protection concerns. This link will be of assistance to all stakeholders who deal with children to keep a close eye on children and to attend to their needs (Csaky, 2009). The government should ensure that all stakeholders adhere to the principles and standards set out in the Child Care Act through creating monitoring tool of such services due to child headed households. There is a necessity therefore to strengthen compliance so that those who decide not to commit themselves may be held liable and face

consequences of their actions. It is recommended therefore that, a disciplinary committee should be appointed to monitor and handle cases of non-compliance in as responsibility and accountability is concerned.

5.9.3 Review of policies relating to the needs of CHHs

- ❖ From the findings, the study further recommends that policies governing the welfare of children living in child headed households be reviewed. It is displeasing to realise that CHHs with members that are not schooling do not access Foster Care Grant simple because Department of Social Development only places schooling children foster care. Elder siblings in CHHs when they are 21 years old they are not catered for by government. Their grant gets terminated regardless of the socio economic condition of the household. In addition, even if the young person has not completed her studies the grant is cut off, which implies dropping out of school since there would not be any means of survival.
- ❖ Measures that promote protection of CHHs should be developed such as formulation of Community Policing Forum that will patrol during the night to protect vulnerable community members including CHHs against life threatening criminal activities such as rape and house breaking.

5.9.4 Strengthening child headed households and communities through equipping them with skills

- ❖ Strengthening of child headed households and communities through equipping them with skills and ways of coping when living with members infected with HIV/AIDS. Social Workers should advocate for HIV/AIDS infected child headed households in government at all levels. This can be done through holding community dialogues, community awareness campaigns, school debates on issues relating to child headed households and HIV/AIDS. In doing so thus

solidifying its significance and integrity as a people oriented profession. This includes advocating for more funding towards HIV/AIDS related projects in government. This will help in expanding the resource base for HIV/AIDS related projects and qualified social workers to effectively deal with the epidemic.

- ❖ Engage community members in Income Generating Activities (IGA). IGA aims at producing food and generate income, thus helping the lives of those that are part of it. In Sithebe A/A most households depend on social grants and it was also identified that there are few projects which makes households to be susceptible to poverty which leads to child neglect as parents leave children in search for jobs in cities.
- ❖ Continuity in the implementation and monitoring of the eight Millennium Development Goals (MGDs) which were endorsed by the United Nations in September 2000 which aims but not limited to the following goals: eradicate extreme poverty and hunger by 2015, reduce child mortality by 2015, Combat HIV/AIDS, malaria, and other diseases (Social development, 2010).

5.9.5 Enforcement of private maintenance

Study have revealed that some of the children living in child headed households are not orphans, instead their fathers got married to other women not children's mother as a matter of fact they escape the responsibility of maintain children born out of wedlock. This has a legal implication, a father has a legal obligation to maintain his child whether that child was born out of wedlock or not but by virtue of being the father you have to take responsibility.

Social workers should educate communities on issues relating to paternity test. Further, social workers should take such matters into their hands by seeing to it that

they assist children through advising fathers to go for paternity test so as to prove their innocence or validate reasons to maintain their children.

5.8 Conclusion

Psychosocial challenges facing child headed households at Sithebe Administrative Area in Mthatha has been explored and it is evident that indeed children who live without any adult supervision go through numerous challenges that hamper the development of children in their life. The researcher has had a vivid picture of what it is like to live with an ill parent, going through separation stage that comes when one loses her/his parent. The study has touched my emotional aspect of life as a researcher and made it clear to me that as I continue to nurture my children I should also take into account that there are those around us who need the touch of a mother, re assurance from a parent that 'I am here for you'. It has been a touching phase when the researcher was gathering information from participants narrating their experiences. The worst challenge was when they narrate their different experiences in nursing an ill parent till death, and have to assume the role of being a parent at an early age where some extended family members would distance themselves. The researcher has realised the importance of undertaking this study more especially if indeed studies of this nature do not only fulfil the educational requirement but also serve as an advocate for children by taking it to the higher level where the President, his cabinet, ministers and policy developers could give the cry and plight of CHHs a sharp eye and act upon their needs.

References

- Alpalsan, AH. Du Plooy, G.M, Gelderblom, D, Van Eden & Wigson, D.J. 2010. Research in the Social Sciences. Pretoria. University of Pretoria Muckleneuk
- Awino D., 2010, Life in a Child-headed/Adolescent headed households: A qualitative study on everyday life experiences of children living in Child/Adolescent headed households in Western Kenya Region.
- Babbie, E .Mouton, J. 2011. The Practice of Social Research. Cape Town: Oxford University Press South Africa.
- Babbie, E., 2012. The Practice of Social Research. 13th edition. Wadsworth, Belmont.
- Better Care Network (BCN) Secretariat 2009. *Global Facts about Orphanages*. Available at <http://handstohearts.org>. Accessed on 12/06/13.
- Bless, C, Higson- Smith, C, & Kagee, A. 2006, Fundamentals of Social Research Methods. An African Perspective, 4th edition, Juta & Co, Cape Town.
- Bless, C. & Higson-Smith, C., 2006, Fundamentals for Social work Research methods: An African perspective, 2nd edition. Cape Town: Juta.
- Bowlin, A. 2009. Investigating Health and Health Services: Open University. New York.
- Breda, A. D., (2010) The Phenomenon and Concerns of Child-Headed Households in Africa www.adrian.vanbreda.org.
- Bryman. A. 2012 Social Research Methods .4th Edition: Oxford University Press. New York.
- Chiastolite, 2009): A survey of the prevalence and experiences of families' Child-headed households. In Gauteng province. Pretoria, RSA.
- Children's Institute, 2009. Children living in child-only households: University of Cape Town. South Africa, 2007. www.childrencount.ci.org.za.

- Cluver, L., & Gardner, F. 2007. Risk and Protective Factors for psychological wellbeing of orphaned children in Cape Town: A qualitative study of children's views. *AIDS Care*, 19, 318-325.
- Creswell J.W. 2009. *Research Design. Qualitative, quantitative and mixed methods research*. 3rd Edition. California Sage Publications.
- Csaky C 2009. Keeping children Out of Harmful Institutions. Why we should be investing in family based care. Save the Children: London. Available at www.savethechildren.org.uk/. Accessed on 03/07/13.
- Davel, C.J & Skelton, A. M 2007. *Commentary on the children's Act, revision*. Claremont: Juta & Co. Ltd.
- De Vos , A.S., Strydom, H. Fouche, C.B.& Delpont C.S.C., 2011, *Research at Grass roots: For the Social Science and Human Service Professionals*, 4th Edition, Van Schaik Publishers, Pretoria.
- De Vos, A.S., Strydom, H. Fouche, C.B., Delpont C.S.C. 2011. *Research at Grass roots: For the Social Science and Human Service Professionals*, 4TH Edition. Pretoria, Van Schaik Publishers.
- Deininger, K., M. Garcia and K. Subbarao, 2003. 'AIDS-induced Orphans as Systemic Shock: Magnitude, Impact, and Program Interventions in Africa', *World Development*.
- Del, G. M., 2009. Sex, attachment and the development of reproductive strategies: *Behavioural and Brain Sciences*, DOI: 101017/50140525X09000016.
- Dengwa T.I., 2010. Bachelor of Psychology (UZ): Psychological empowerment of Child-headed families through a mutual Aid group.
- Department of International Health, (2011). Boston University School of Public Health, Boston, Massachusetts, USA.
- Department of International Health, (2011). Boston University School of Public Health, Boston, Massachusetts, USA.

- Desmond, C., Richter, L., Makiwane, M., & Amoateng, A. (2003). Dissecting our understanding of who is at risk. *Children First (Special Edition)*, 56–58.
- Desmond, C., Richter, L., Makiwane, M., & Amoateng, A. 2003. Dissecting our understanding of who is at risk. *Children First (Special Edition)*
- Dicicco-Bloom, B., & Crabtree, B.F. 2006. The qualitative research interview. *Medical Education*, 40:314-321.
- Donald, D., Lazarus, S., & Lolwana, P. 2002, Educational psychology in social context. Cape Town: Oxford University Press.
- Downer, J., Booren, L.M., Lima, O.K., Luckner, A.E., & Pianta, R, C. 2010. The Individualised classroom assessment scoring system in Class: Early Childhood Research Quarterly, DOI. 10.1016/j.cresq.2009.08.004.
- Engel R, J, & Schutt, R.K., 2009. *The Practice of Research in Social Work* 2ndEdition. United States of America, Sage.
- Foster, G. 2004. Safety nets for children affected by HIV/AIDS in Southern Africa. Pretoria, South Africa: Institute for Security Studies. Available: <http://www.iss.co.za:16080/pubs/Monographs/No109/Contents.htm> [March 12, 2008].
- Foster, G., R. Makufa, R. Drew, S. Kambeu, and K. Surombe 1996. "Supporting Children in need through a Community-based orphan visiting Program." *AIDS Care*, 8:389-403.
- Frederickson, J. and A. Kanabus (2005) 'AIDS Orphans and Affected Children' Available online at: www.avert.org/aidsorphans.htm (accessed 18 November 2004).
- Green Paper on Families: Promoting Family life and Strengthening Families in South Africa, 2010.
- Grooten, Sophie HIV/AIDS and its impact on orphans. Policy Brief, UNICEF, 2006.
- Hardwick, L., & Worsley, A., 2011. *Doing Social Work Research*, London, Sage.

- Heath, M.A., Ronald D.R. , Theron L.C., & Lyon , R.C., 2014, Aids in South Africa : Therapeutic interventions to strengthen resilience among orphans and vulnerable children , School of psychology International , Vol35(3) 309-337
- Heath, M.A., Ronald D.R., Theron L.C., &Lyon, R.C., 2014. Aids in South Africa: Therapeutic interventions to strengthen resilience among orphans and vulnerable children, School of psychology International, Vol35 (3) 309-337.
- Henderson, P. C. 2006. South African AIDS orphans: Examining assumptions around vulnerability from the perspective of rural children and youth. *Childhood*, 13(3), 303-327.
- Hennink, M, Hutter, I, Bailey, A. 2011. *Qualitative research Methods*. London: Sage Publications.
- Hosegood, V., Floyd, S., Marston, M., Hill, C., McGrath, N., Isingo, R., Crampin, A., & Zaba, B. 2007. The effects of high HIV prevalence on orphan hood and living arrangements of children in Malawi, Tanzania, and South Africa. *Population Studies*, 61(3), 327-336.
- India HIV/AIDS Alliance, & Tata Institute of Social Science. 2010. A situational analysis of child headed households and community foster care in Tamil Nadu and Andhra Pradesh States, India. Available: <http://www.aidsalliance.org/graphics/OVC/documents/cp/0000898e00.pdf>.
- Jeffrey, J. Lockman. 2014. *Child Development*: Wiley for the Society for Research. Vol 85, Number 6.
- Johnson, R., Browne, K. Hamilton, C.G. 2005. Young Children in Institutional care at Risk of Harm. Available at www.ncjrs.gov. Accessed on 03/07/13 jsw.sagepub.com at Fort Hare University Library on 27/06/13. KZN-Human settlement 2010. Research on child headed households.
- Jonker, J. & Pennik, 2010. *The Essence of Research Methodology: A Concise Guide for Master and PHD students in Management Science* .Springer: Heidelberg.

- Maqoko, Z., & Dreyer, Y. 2007. Child-headed households because of the trauma Surrounding HIV/AIDS. HTS: Theological Studies, Vol 63, Issue 2, 63(2), 717-731.
- Margaret Lombe and Alex Ochumbo., 2008. Sub-Saharan Africa's orphan crisis: Challenges and opportunities, International Social Work, DOI: 10.1177/0020872808093345.
- Marshall, C. & Rossman, GB. 1989. Designing qualitative research. Newbury Park: CA Sage.
- Marvasti, A. 2004, Qualitative Research in Sociology. London. Cromwell Press Ltd.
- Mastern, A.S., & M.J.Reed. 2002. Reed. Resilience in Development: Handbook of Positive Psychology. New York: Oxford University Press.
- McClendon, M.J. 2004, Statistical Analysis in Social Sciences. Victoria: Thomson Wadsworth.
- McLeod, J., 2011. Qualitative Research in Counselling and Psychotherapy, 2nd Edition, Sage, London.
- McMillan, J. H. & Schumacher, S. 2000, Research in education: a conceptual introduction. New York. Longman.
- Meintjes H, Hall K, and Marera D & Boulle A 2009. Child-headed households in
- Meintjes H, Hall K, Marera D & Boulle A 2009 Child-headed households in South Africa: A statistical brief. Cape Town: Children's Institute, University of Cape Town.
- Merriam, S. B. 2002. Qualitative research in practice—examples for discussion and analysis.
- Moletsane, M. 2004. Challenges faced by both learners orphaned by AIDS and their educators in South African schools. Pretoria: University of Pretoria.
- Murphy, L.L., Harvey, P., & Silvestre, E. 2005, How do we know what we know about the impact of HIV & AIDS on food and livelihood insecurity?

- NDOH, 2006. National HIV and syphilis prevalence survey: South Africa: 2005. Pretoria, RSA: National Department of Health. Available: <http://www.doh.gov.za/docs/reports/2005/hiv.pdf> [March 21, 2008]
- Neuman, W.L., 2007. Quantitative and Qualitative Approaches, Social Research Methods 6th Edition, Pearson Education, Inc. United States of America.
- Nkomo, N. 2006. The experiences of children carrying responsibility for child-headed households as a result of parental death due to HIV/AIDS. Unpublished Master's Thesis, University of Pretoria, Pretoria, RSA.
- Paul, J., Frick 2010. Journal of Clinical Child and Adolescent Psychology: American Psychological Association Division 53.
- Ramphela, M. 2001. Foreword in orphans and other vulnerable children: What role for social protection?" World Bank/ World Vision Conference. A. Levine, 2001. 6-7.
- Robert A. Neimeyer, 2010. Death Studies: University of Memphis: Routledge, Taylor & Francis Group. Vol 34. Number 10.
- Robert, V., Kail 2014. Child Development Perspectives: The Society of Research in Child Development, Purdue University, And DOI: 10.1111/ CDEP.12085. Vol 8, Number 4.
- Robinson, M., 2010. Therapeutic work with children: a contextual overview, British Journal of Guidance and Counselling, 38(3) 247-261
- Rosa, S. 2004. Counting on children: Realising the right to social assistance for child-headed households in South Africa. Cape Town, RSA: Child Rights Programme of the Children's Institute, University of Cape Town. Available: <http://www.ci.org.za/depts/ci/pubs/pdf/rights/facts/CHH%20working%20paper.pdf>
- Samuels, J., Shinn, M., & Buckner, J.C. (2010). Homeless Children: Update on research, policy, programs and opportunities {report}. Washington, DC: office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

- Scott, K.W., Howell, D., 2008. Clarifying Analysis and Interpretation in Grounded Theory: Using a Conditional Relationship Guide and Reflective Coding Matrix. *International Journal of Qualitative Methods*, 7(2) 1-15
- Sekaran, U. 2003 *Research Methods for Business*. (4thEdition). USA. John Wiley & Sons. Statistics South Africa's annual General Household Survey (GHS) for 2002-2006 & the twice-yearly Labour Force Survey (LFS) for 2002-2007.
- Situational Analysis of Child-Headed Households in South Africa, 2008: commissioned by the Department of Social Development and conducted by the University of South Africa.
- Scheerens, P., Greemers, B. 2004. (Guest Editors) Development in School Effectiveness Research. *International Journal of Educational Research*.
- Skweyiya, Z. 2008. Social Development Budget Vote 2008/09, delivered on 30 May 2008. Available: http://www.polity.org.za/article.php?a_id=134653 [August 28, 2008]
- South Africa: A statistical brief. Cape Town: Children's Institute, University of Cape Town.
- South African Government, 2005b. Children's Amendment Bill (*B 19F - 2006*). Pretoria, South Africa: Government Printers. Available: <http://www.info.gov.za/gazette/bills/2006/b19f-06.pdf> [March 15, 2008]
- Statistics SA, 2006. A national poverty line for South Africa. Pretoria, RSA: Statistics South Africa. Census 2001. www.statssa.gov.za
- Tutty, LM & Rothery, AM & Grinnell, RM (Jr). 1996. *Qualitative research for social workers*. Massachusetts: Allyn & Bacon
- UNCRC. Conventions on the Rights of Children. Adopted by the General Assembly of the United Nations on 20th November, 1989.
- UNDP. (2004). *Botswana MDGs. Achievements, Future Challenges and Choices*. Republic of Botswana. United Nations. 2004.

UNICEF, 2004. A Frame work for the Protection, Care and Support of Orphans and Vulnerable Children.

UNICEF, 2006 "Africa's Orphaned and Vulnerable Generation: Children Affected by HIV/AIDS." http://www.unicef.org/publications/index_35645.html (accessed February 2010).

UNICEF, 2009: Children's Institute, University of Cape Town. Children living in child-only households: South Africa, 2007. www.childrencount.ci.org.za

UNICEF. 2006, A Frame work for the Protection, Care and Support of Orphans and Vulnerable Children. ,

Van Der Merwe 2011. Policy brief: Key challenges for ensuring food security in South Africa's Inner Cities. Africa Institute of South Africa. Available at www.ai.org.za/wp. Accessed on 23/08/13.

Walker D. & Myrick. F. 2006. Grounded Theory: An Exploration of Process and Procedure. Qualitative Health Research. Vol 16(4) 547-559.

Ward, Laura May, and Carola Eyber, 2009. "Resiliency of Children in Child-headed in Rwanda: Implications for community based psychological interventions." Rwanda. Volume 7, Number1, pp.17-33.

Welman, E., Kruger, T., & Mitchell, R., 2006. Research Methodology, 3rd Edition. Oxford University, Cape Town.

White, J, M., and David, M., Klein, 2002, Family Theories, 2nded, United Kingdom: Sage Publications, Inc.

ANNEXURES

Annexure 1: Informed Consent form for focus group discussion

I Virginia Nneheleng Majiza am conducting research regarding, the psychosocial challenges facing children living in child headed households at Sithebe Administrative Area, Ward 20 in Mthatha. I am interested in finding out more about nature of their day to day experiences and challenges that these children face and how their psychosocial life is being affected. I am carrying out this research to help policy makers to come up with strategies that are essential for a multidimensional approach that could enhance the quality of service delivery to child headed households and improve their quality of life.

Please understand that you are not being forced to take part in this study and the choice whether to participate or not is yours alone. However, we would really appreciate it if you do share your thoughts with us. If you choose not take part in answering these questions, you will not be affected in any way. If you agree to participate, you may stop me at any time and tell me that you don't want to go on with the interview. If you do this there will also be no penalties and you will NOT be prejudiced in ANY way. Confidentiality will be observed professionally.

I will not be recording your name anywhere on the questionnaire and no one will be able to link you to the answers you give. Only the researchers will have access to the unlinked information. The information will remain confidential and there will be no "come-backs" from the answers you give.

The interview will last around (45) minutes. I will be asking you a questions and ask that you are as open and honest as possible in answering these questions. Some questions may be of a personal and/or sensitive nature. I will be asking some questions that you may not have thought about before, and which also involve thinking about the past or the future. We know that you cannot be absolutely certain about the answers to these questions but we ask that you try to think about these questions. When it comes to answering questions there are no right and wrong answers. When I ask questions about the future, I am not interested in what you think the best thing would be to do, but what you think would actually happen. (*adapt for individual circumstances*)

If possible, I would like to come back to this area once I have completed the study to inform you and your community of what the results are and discuss our findings and proposals around the research and what this means for child headed households in this area.

INFORMED CONSENT FORM

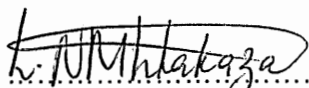
I hereby agree to participate in research regarding the psychosocial challenges facing children living in child headed. I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop this interview at any point should I not want to continue and that this decision will not in any way affect me negatively.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

I have received the telephone number of a person to contact should I need to speak about any issues which may arise in this interview.

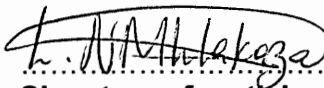
I understand that this consent form will not be linked to the questionnaire, and that my answers will remain confidential.

I understand that if at all possible, feedback will be given to my community on the results of the completed research.


.....
Signature of participant

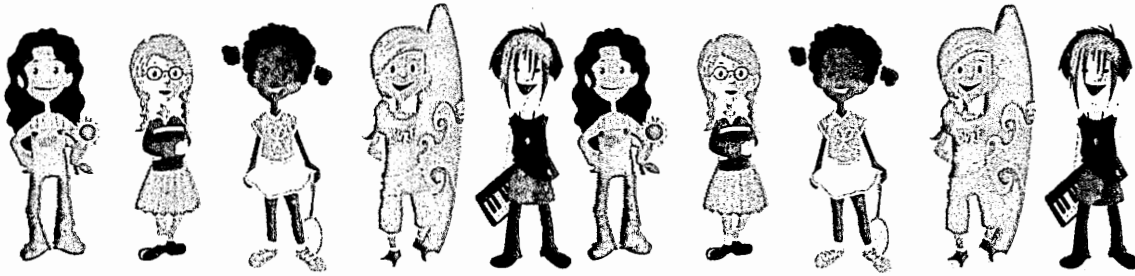
Date: 22 January 2015

I hereby agree to the tape recording of my participation in the study


.....
Signature of participant

Date: 22 January 2015

Annexure 2: Individual Participant information leaflet and assent form



TITLE OF THE RESEARCH PROJECT: *Exploring the psychosocial challenges facing children living in Child headed Households.*

RESEARCHERS NAME(S): Virginia Nneheleng Majiza

ADDRESS: No 10 Mzamane Street

North –Crest

Mthatha

5099



University of Fort Hare
Together in Excellence

CONTACT NUMBER: 083 299 4577

What is RESEARCH?

Research is something we do to find new knowledge about the way things (and people) work. We use research projects or studies to help us find out more about diseases or illnesses. Research also helps us to find better ways of helping, or treating children who are sick.

What is this research project all about?

This study will be exploring the psychosocial challenges facing children living in Child headed Households, the researcher will gather information like challenges that they experience in their daily lives.

The duration of the research project?

During the duration of collecting data the researcher will be interacting with you as children in the setting of your choosing, this is done to make sure that you are comfortable.

Why have I been invited to take part in this research project?

You have been chosen because I the researcher believe that you can provide the necessary information under this particular study.

Confidentiality

Any information that you provide will only be for the study and no names will be published, this is done in order to protect you from any harm that may rise.

If a sponsor is to be involved

There is no sponsor involved and therefore I have no knowledge of any conflict of interests.

Who is doing the research?

My name is Mrs Majiza Virginia Nneheleng residing at North Crest in Mthatha. I work for Social Development and am a Social Worker in the area. I have seen the need to do this study because the number of child-headed households is on the rise and this study may help the government to strengthen its interventions on this matter.

What will happen to me in this study?

You will only interact with me the researcher by answering the questions I might have for you.

Can anything bad happen to me?

Due to the ethics that will be employed in this study there will be no harm to you.

Who else is involved in the study?

The number of participants will be 20 and they will all be from Mthatha and are particularly at ward 20 at Sithebe A/A and the surrounding villages.

Can anything good happen to me?

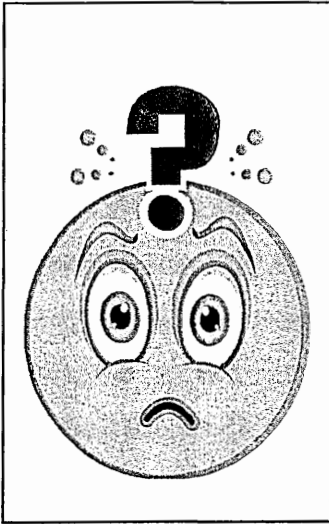
Your participation may help the Government come up with suitable solutions as to how can they best assist in such situations.

Will anyone know I am in the study?

The information that you give will be strictly confidential and under no circumstances will your names be published.

Who can I talk to about the study?

Your social workers and any close relative if available.



What if I do not want to do this?

The participation is voluntarily, therefore at any given point you feel like withdrawing you may do so.

Do you understand this research study and are you willing to take part in it?

 YES NO

Has the researcher answered all your questions?

 YES NO

Do you understand that you can pull out of the study at any time?

 YES NO

P. K. M. Mhlatsoza

Signature of Child

22 January 2015

Date

Annexure 3: interview guide for individual participants and FGDs

SECTION A--- BIOGRAPHICAL DATA OF THE PARTICIPANTS

Age at the time of resuming to being in a child-headed household

Age at present

Are you a child-headed as a result of parental death, neglect or abandonment?

If your parents are alive but left you, are you in contact with them or are they visiting or financially supporting you?

Relationship with the person heading the household

Have your parents died as a result of sickness or accident?

If parents died due to ill health, if you do not mind can you please tell me in details about their illness till the time of death?

Who was nursing your ill parent/s?

These are the questions based on the aim and objectives of the study that are going to be asked to the participants

SECTION B: EXPERIENCES OF LIVING IN CHILD HEADED HOUSEHOLDS

- ❖ Do you have any elder supervising you?
- ❖ What is your relationship with this elder/guardian?
- ❖ Have you always resided with this guardian even before this situation?
- ❖ Are there any siblings residing in this household?
- ❖ How is your relationship d you all get along?
- ❖ What are some of the greatest moments you have experienced with your guardian?
- ❖ Do you have any bad experiences with your guardian?
- ❖ Is he/she a good parent to you and your siblings?
- ❖ How is your relationship with your extended family?

- ❖ Do they support you?
- ❖ In terms of house-hold chores are they equally divided among siblings?

SECTION C: CHALLENGES OF LIVING IN CHILDHEADED HOUSEHOLDS

- ❖ How is the supervision and protection at home?
- ❖ How are the housing circumstances?
- ❖ How was your school performance before this situation?
- ❖ Has the situation affected you now?
- ❖ Are you being Stigmatised and discriminated against?
- ❖ Are you not victimised sexually or otherwise?

SECTION D: SUPPORT SERVICES FROM SOCIAL SERVICE PROFESSIONALS

- ❖ Are you receiving any support Services from the Department of Education i.e. teachers at school, Psychologists and church leaders or community elders?
- ❖ Do you have any Social Worker that constantly do home visits?
- ❖ What kind of support services are you receiving?
- ❖ Are these services helpful?

SECTION E: FOCUS GROUP DISCUSSION GUIDE

- What services could be rendered by the professionals in ensuring that child-headed households function like other households where there are parents or caregivers?
- What improvement could be done in rendering such services to child-headed households and see to it that their basic needs are met?
- What strategies could be formulated when dealing with child-headed households?

THANK SO MUCH FOR YOUR PARTICIPATION

Annexure 4: ethical clearance certificate



University of Fort Hare
Together in Excellence

ETHICAL CLEARANCE CERTIFICATE
REC-270710-028-RA Level 01

Certificate Reference Number: LUP061SMAJ01

Project title: **Exploring the psychosocial challenges facing children living in child headed households: A case study of Sithebe Administrative area, Ward 20 in Mthatha**

Nature of Project: Masters

Principal Researcher: Virginia Nneheleng Majiza

Supervisor: Ms V.P.P Lupuwana

Co-supervisor:

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instrument(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

The Principal Researcher must report to the UREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

Special conditions: Research that includes children as per the official regulations of the act must take the following into account:

Note: The UREC is aware of the provisions of s71 of the National Health Act 61 of 2003 and that matters pertaining to obtaining the Minister's consent are under discussion and remain unresolved. Nonetheless, as was decided at a meeting between the National Health Research Ethics Committee and stakeholders on 6 June 2013, university ethics committees may continue to grant ethical clearance for research involving children without the Minister's consent, provided that the prescripts of the previous rules have been met. This certificate is granted in terms of this agreement.

The UREC retains the right to



- Withdraw or amend this Ethical Clearance Certificate if
 - Any unethical principal or practices are revealed or suspected
 - Relevant information has been withheld or misrepresented
 - Regulatory changes of whatsoever nature so require
 - The conditions contained in the Certificate have not been adhered to
- Request access to any information or data at any time during the course or after completion of the project.
- In addition to the need to comply with the highest level of ethical conduct principle investigators must report back annually as an evaluation and monitoring mechanism on the progress being made by the research. Such a report must be sent to the Dean of Research's office

The Ethics Committee wished you well in your research.

Yours sincerely


Professor Gideon de Wet
Dean of Research

14 January 2015