http://socialwork.journals.ac.za
DOI: http://dx.doi.org/10.15270/48-4-28



# THE CIRCUMSTANCES AND NEEDS OF ADOLESCENT ORPHANS IN FOSTER CARE

**Julita van der Westhuizen, Adrie Roux, Corinne Strydom**

## INTRODUCTION

HIV and AIDS have a major impact on individuals and on community structures in South Africa, including families. According to Gouws and Abdool Karim (2008:48), "South Africa has experienced one of the fastest growing HIV epidemics in the world". Traditionally the family has always been the fundamental unit of any society, but as the epidemic progresses this structure is steadily being eroded (Frohlich, 2005:351). Visagie (2006:111) is of the opinion that the HIV and AIDS epidemic has reached such proportions that drastic steps are needed to stop the spread of the disease.

The HIV and AIDS pandemic affects all children, because it changes the nature of the society in which they live. The quality and availability of health, welfare and education systems are deteriorating because of demands created by this epidemic (Richter, Manegold & Pather, 2004:5). In South Africa a growing number of grandparents have assumed the responsibility of raising grandchildren (Mokone, 2006:187). Consequently, the physical and mental development of orphan children is impaired (Booysen, 2003:420). This situation puts affected families into crises (Boyd-Franklin, Steiner & Boland, 1995:114-115). According to Wessels (2003:1), these families must be empowered to handle the problems created by HIV and AIDS.

This article is part of a PhD study that aims to explore the impact of a social group work programme to enhance the social functioning of adolescent orphans in foster care affected by HIV and AIDS in the North-West province.

## PROBLEM STATEMENT

Because of the impact of the epidemic, the majority of orphans in South Africa did not have the opportunity to learn essential life skills from their families (Viljoen, 1994:91). Basupeng (2002:16) found in her study that these children feel despair and a sense of powerlessness about their lives. They have low aspirations, poor self-esteem and they relieve their boredom and frustration by turning to alcohol, drugs and sexual relationships.

Becker (2005:130) notes that "many adolescents in South Africa grow up without a conscientious and thoughtful caregiver and authority that is present". In conditions of poverty and overcrowding, children's chances of developing secure attachments to their primary caregivers are often greatly reduced. In these circumstances "many adolescents have never experienced a trustworthy, consistent and meaningful connection to an adult who is always present and dependable" (Becker, 2005:130-131).

According to Booysen (2004:46), there are also serious socio-economic problems when an adult member of the household becomes ill and is forced to give up a job. As a result the income of the household drops and food expenditure comes under pressure. Malnutrition often ensues in addition to the difficulty of meeting other basic needs such as health care, housing and sanitation. In order to empower orphans in foster care it is necessary to look into the needs and circumstances of especially the adolescents.

The HIV and AIDS pandemic has a huge impact on foster care services in South Africa. Research conducted by Delport (2007:48) indicates that some social workers in the North-West

http://socialwork.journals.ac.za
DOI: http://dx.doi.org/10.15270/48-4-28


Province handle more than 200 foster care placements per year. Mason and Linsk (2002:541) mention the HIV and AIDS pandemic as one of the reasons for the increase in foster care. The social worker plays an important role in service delivery to the foster parent, but also to the foster child.

Social workers have a responsibility to communities to enhance the quality of life of children in foster care who are affected by HIV and AIDS (Bunqane, 2007; Roux, 2002). The social worker therefore plays a very important role in service delivery to the foster child and the foster parents (Delport, Roux & Rankin, 2008:307). South Africa has introduced a new Children's Act, No. 38 of 2005 (Republic of South Africa, 2005), which states the obligations of care givers and professionals to report ill treatment of children to police officials, commissioners of children's courts and social workers. It is the task of the social worker to monitor and determine whether the best interest of the child is served in terms of the Children's Act, No. 38 of 2005 (Republic of South Africa, 2005).

Orphans in foster care affected by HIV and AIDS need to secure permanent selective attachments to one or more loving and responsive care givers in order to achieve healthy psychological development. These orphans experienced various losses as a result of the illness and death of parents. The South African welfare system is unable to adequately meet the basic needs of all the children affected by HIV and AIDS, but social workers can help these children on their caseloads to cope with their loss and emotional problems. A social group work programme can address the needs of adolescents in foster care affected by HIV and AIDS, and empower them to cope with the illness (Delport *et al*., 2008:317).

## AIM OF THE RESEARCH

The aim of the research was to investigate the circumstances and needs of adolescent orphans in foster care affected by HIV and AIDS in foster care in the North-West Province.

## RESEARCH METHODOLOGY

### DESIGN

The study was based on an exploratory research design (Rubin & Babbie, 2005:123-124), because very few studies have been done on the needs of adolescents orphans in foster care affected by HIV and AIDS.

### PARTICIPANTS

A purposive sampling technique was used (Strydom, 2011b:232). This sampling method was used because it indicates some characteristic or process that is of interest to a particular study (Silverman, 2000:104). As determined by this method, questionnaires were sent to 100 social workers from the "Suid-Afrikaanse Vrouefederasie" (SAVF), NG Welfare, "Ondersteuningsraad", Child Welfare and the Department of Social Development in the North-West Province who dealt with adolescent orphans affected by HIV and AIDS. Only 85 questionnaires could be used, since the rest were not fully completed.

Thirty (30) adolescent orphans in foster care affected by HIV and AIDS and in the age group 13 to 18 years who were willing to take part in the study and who could speak, write and understand English were selected from the researcher's caseload in the township of Jouberton, Klerksdorp, to form part of the analysis. Face-to-face interviewing (Neuman, 2006:301-304) was done with the 30 adolescents.

http://socialwork.journals.ac.za
DOI: http://dx.doi.org/10.15270/48-4-28



## MEASURING INSTRUMENT

A quantitative approach was utilised. A self-administered schedule with open and closed-ended questions was used for the adolescents to provide the researcher with a set of predetermined questions (Greeff, 2005:296). The schedules were completed by the researcher during individual interviews with the 30 adolescents. The questionnaires received from the 85 social workers in the North-West Province were used to determine the needs of the adolescents as well as their role in working with foster care orphan adolescents affected by HIV and AIDS.

## DATA ANALYSIS

Quantitative data were transformed into a statistically accessible format through the use of counting procedures (McKendrick, 1990:275). This analysis was done by the Statistical Consultation Services of the North-West University, Potchefstroom Campus. The researcher analysed the open questions by hand.

## ETHICAL ISSUES

Ethical issues such as informed consent, avoidance of harm and deception, and subsequent debriefing were taken into consideration throughout the study (Strydom, 2011a:115-120). The questionnaires and schedules were completed anonymously and conditions of privacy and confidentiality were maintained (Rubin & Babbie, 2005:78). Respondents' names were replaced by numbers so that the measurements could be compared. It was also ensured that the findings did not impact negatively on the adolescents. One can accept that harm to respondents in the social sciences will mainly be of an emotional nature. Informed consent was obtained from the adolescents and their foster parents and all aspects of the research were explained to them before participation (Rubin & Babbie, 2005:77). All possible information – such as the goal, the procedures, advantages, disadvantages, dangers and the credibility of the researcher – was shared with respondents.

# FINDINGS

## HOME LANGUAGE OF THE ADOLESCENTS

The adolescents indicated their home language as follows:

**TABLE 1**
**HOME LANGUAGE**

| Language | Frequency | % |
|---|---|---|
| English | 1 | 3.33 |
| Tswana | 19 | 63.33 |
| Xhosa | 8 | 26.67 |
| Sesotho | 2 | 6.67 |
| **Total** | **N=30** | **100** |

From these results it is obvious that 19 (63.33%) of the respondents were Tswana speaking, which could be expected as the people in the North-West Province are mostly Tswana speaking.

## AGE

The adolescents had to indicate their age. According to Strong, De Vault and Sayad (1998:289), adolescence is the "years of puberty, between ages 12 and 18". In the social

http://socialwork.journals.ac.za
DOI: http://dx.doi.org/10.15270/48-4-28


worker's caseload, no adolescent in foster care affected by HIV and AIDS of the age 12 or 18 could be found, and therefore this research included adolescents in the age group 13-17 years.

**TABLE 2**
**AGE IN YEARS**

| Age | Frequency | % |
|---|---|---|
| 13 years | 1 | 3.33 |
| 14 years | 7 | 23.34 |
| 15 years | 13 | 43.33 |
| 16 years | 4 | 13.33 |
| 17 years | 5 | 16.67 |
| **Total** | **N=30** | **100** |

Most of the adolescents were between 15 to 17 years; 19 (63.33%) were females and 11 (36.67%) were males.

## SCHOOL GRADE

The adolescents were asked to indicate their school grade.

**TABLE 3**
**SCHOOL GRADE**

| Grade | Frequency | % |
|---|---|---|
| Lower than Grade 7 | 2 | 6.67 |
| Grade 7 | 4 | 13.33 |
| Grade 8 | 7 | 23.33 |
| Grade 9 | 9 | 30.00 |
| Grade 10 | 5 | 16.67 |
| Grade 11 | 2 | 6.67 |
| Grade 12 | 1 | 3.33 |
| **Total** | **N=30** | **100** |

From Table 3 it becomes clear that most of the respondents were between Grade 8 and Grade 10. Education is vital to re-establish self-esteem and for the socialisation of children affected by orphan hood, given the fact that adolescence is a time of definition of values, individuality and the self. According to Anon (2011), for many of the orphans and vulnerable children in the third world countries, education is the only means of pulling them out of poverty. With access to education, children can realise the possibility of productive employment and thereby minimise the risk of being exploited and themselves being infected with HIV.

## CIRCUMSTANCES OF THE FOSTER PARENTS

The adolescents responded as follows to a question asking who their foster parent(s) are:

http://socialwork.journals.ac.za
DOI: http://dx.doi.org/10.15270/48-4-28



**TABLE 4**
**FOSTER PARENT**

| Foster parent | Frequency | % |
|---|---|---|
| Grandmother | 16 | 53.33 |
| Both grandfather and grandmother | 3 | 10.00 |
| Uncle | 1 | 3.33 |
| Aunt | 6 | 20.00 |
| Sister | 4 | 13.34 |
| **Total** | **N=30** | **100** |

The highest percentage (53.33%) of orphaned foster adolescents in this group lives with a grandmother, 20.00% with an aunt and 13.34% with a sister. In this group most of the orphans' foster parents (26 – 86.67%) are females. Delport (2007:2) indicates that it is usually grandmothers from the mother's side who are the main caretakers of orphans such as these affected by HIV and AIDS. Richter *et al*. (2004:37) explain that family care is the first choice for all children. Most commonly grandparents (in particular grandmothers) seem to take over the parenting role and care. According to Monarch and Boersma (2004:536), orphans are more frequently placed in female-headed households.

## HOUSEHOLD HEAD

In response to a question asking who the head of the household is, the adolescents gave the following answers:

**TABLE 5**
**HEAD OF HOUSEHOLD**

| Household head | Frequency | % |
|---|---|---|
| Grandmother | 17 | 56.66 |
| Grandfather | 2 | 6.67 |
| Uncle | 1 | 3.33 |
| Sister | 5 | 16.67 |
| Aunt | 5 | 16.67 |
| **Total** | **N=30** | **100** |

According to these results, the grandmother again represents the highest percentage (56.66%) as the head of the household. The sister and aunt were the second highest percentage. According to a representative of UNICEF in 2003 (United Nations Children's Fund, 2011), structures such as the family can no longer cope with the problems related to AIDS orphans. The deceased parents leave behind a generation of children to be raised by their grandparents or other adult relatives, or the children are left behind in child-headed households.

This study shows that the main financial support in the household comes from the females. Minckler (2003:207) notes: "For grandparents who become the primary caregivers for their grandchildren, the personal decision to care often has profound economic consequences. The high costs of caring, moreover, may be particularly pronounced in those communities where economic vulnerability is already a frequent fact of life." According to Roux and Strydom (2011:326) as well as Waldrop and Weber (2001:461-467), acting as caregivers for their grandchildren places older people in a difficult situation as they attempt to offer stability and

http://socialwork.journals.ac.za
DOI: http://dx.doi.org/10.15270/48-4-28


security to their grandchildren, while struggling to overcome the extra financial burden caused by the death or illness of the children's biological parents.

## PERIOD LIVING WITH FOSTER PARENT

The adolescents had to indicate since when they have been living with their foster parents.

**TABLE 6**
**PERIOD LIVING WITH YOUR FOSTER PARENT(S)**

| Since when | Frequency | % |
|---|---|---|
| Since birth | 3 | 10.00 |
| Since sickness of mother | 7 | 23.34 |
| Since sickness of father | 1 | 3.33 |
| Since death of mother | 18 | 60.00 |
| Since death of father | 1 | 3.33 |
| **Total** | **N=30** | **100** |

Most of the adolescents (19 – 63.33%) have lived with the foster parents since the death of the mother and the father. Mokone (2006:187) shows that in many cases the children and their ill parent were usually already staying with family or grandparents for months, and sometimes years before the parents died of AIDS or AIDS-related illnesses.

## LIVING CIRCUMSTANCES

When asked in what type of house they live, 24 (80%) said in a brick house, 2 (6.67%) in a shack, 1 (33.3%) in a hut and 3 (10%) in a place called a "hostel". The "hostel" consists of 4 rooms that are used for housing, divided into 2 sleeping rooms, a living room and a kitchen. It is an overcrowded living space without a garden or yard, and there are roads passing in front and at the back of the hostel. The average number of people living in the household is five. This figure correlates with research done by Kotze, Roux and Wessels (2001:77) as well as Roux and Strydom (2011:326) in the North-West Province, where the average number of people sharing the household was between 4.78 and 4.82. In research done by Motshedi (2009:40) he found that most of the people lived in homes which can be anything from a brick house to any form of informal housing or shack; they are normally overcrowded, damp, cold and noisy. According to Van der Westhuizen (2006:19), crowded living conditions have the disadvantage of creating a negative lifestyle.

## JOB DESCRIPTION OF HOUSEHOLD HEAD

The adolescents were asked to describe the jobs of their foster parents:

**TABLE 7**
**JOB DESCRIPTION AND INCOME OF FOSTER PARENTS**

| | Frequency | % |
|---|---|---|
| Own business | 2 | 6.67 |
| Domestic worker | 7 | 23.33 |
| Pensioner | 9 | 30.00 |
| Unemployed | 9 | 30.00 |
| Piece job | 2 | 6.67 |
| Others (specify) | 1 | 3.33 |
| **Total** | **N=30** | **100** |

http://socialwork.journals.ac.za
DOI: http://dx.doi.org/10.15270/48-4-28



Table 7 shows that only 7 (15.91%) of the foster parents have permanent jobs and earn fairly good incomes; 3 (6.82%) have their own businesses; 28 (93.33%) of the foster parents receive either an old age pension or other kinds of grants such as disability, foster care or child support. Social grants play an important role in alleviating poverty, and occasionally it is the only source of income for a family. The average household consists of an average of 5 people in a house, and the average monthly income is between R680.00 and R1 010.00, or sometimes R1 690.00. This gives one an indication of the financial distress of most of these households.

Andrews, Skinner and Zuma (2006:273) found that there is a link between poverty and health. The burden of HIV and AIDS impacts on families even after death, because the family has to pay for funeral expenses. Mashologu-Kuse (2005:384) states that most HIV and AIDS infected and affected people come from large families, of which most members are unemployed and live on child support grants, which bring about desperate financial problems with which the family has to cope. Orphaned children reside with grandparents who are elderly and unable to work, and who have to stretch their pensions to cover the food requirements of the growing household.

## RELATIONS

### RELATIONSHIPS WITH FOSTER PARENTS

The adolescents were asked to describe their relationships with their foster mother as well as their foster father.

**TABLE 8**
**RELATIONSHIP WITH FOSTER MOTHER AND FATHER**

| | Good | Average | Bad | Very bad | Number | % |
|---|---|---|---|---|---|---|
| Foster mother (grandmother, sister and aunt) | 22 (81.48) | 5 (18.52%) | 0 | 0 | 27 | 100 |
| Foster father (grandfather and uncle) | 2 (66.67%) | 1 (33.33% | 0 | 0 | 3 | 100 |

According to Table 8, 81.48% of the adolescents' relationships with the foster grandmother, sister or aunt are good, and 66.67% have good relationships with the foster grandfather or uncle. Some of their comments were the following:

*"They allow me to express my feelings".*

*"They care about me and support me".*

*"They take good care of me and give me security".*

*"They give me everything I need such as food, clothes and medical care".*

*"They do everything for me and are always there for me".*

Reasons why the adolescents experience their relationships as average are:

"*She is like the weather – changing all the time".*

*"She bullies me and says that my mother is gone when we argue".*

### FEELINGS TOWARDS FOSTER PARENTS

The adolescents were asked to rate their feelings towards their foster mother as well as towards their foster father.

http://socialwork.journals.ac.za
DOI: http://dx.doi.org/10.15270/48-4-28



**TABLE 9**
**FEELINGS TOWARDS THE FOSTER MOTHER**

| **Foster mother (Grandmother, sister and aunt)** | | | | |
|---|---|---|---|---|
| | **Good** | **Average** | **Number** | **%** |
| 1. Affection | 23 (85.18%) | 4 (14.82%) | 27 | 100 |
| 2. Security | 26 (96.29%) | 1 (3.71%) | 27 | 100 |
| 3. Belonging | 24 (88.88%) | 3 (11.12%) | 27 | 100 |
| 4. Respect | 25 (92.59%) | 2 (7.41%) | 27 | 100 |
| 5. Love | 24 (88.88%) | 3 (11.12%) | 27 | 100 |

Three adolescents could not express how they rate their feelings of affection, security belonging and respect.

The results indicate that feelings such as affection (85.18%), security (96.29%), belonging (88.88%), respect (92.59%) and love (88.88%) do exist to a great extent between the adolescents and their foster mothers. Attention should be paid to the 3 (11.12%) adolescents whose feelings of belonging and love for their foster mothers and the 4 (14.82%) whose feelings of affection are indicated as being average.

**TABLE 10**
**FEELINGS TOWARDS THE FOSTER FATHER**

| **Foster father (Grandfather and uncle)** | | | | |
|---|---|---|---|---|
| | **Good** | **Average** | **Number** | **%** |
| 1. Affection | 2 (66.67%) | 1 (33.33%) | 3 | 100 |
| 2.Security | 3 (100%) | 0 | 3 | 100 |
| 3.Belonging | 2 (66.67%) | 1 (33.33%) | 3 | 100 |
| 4.Respect | 2 (66.67%) | 1 (33.33%) | 3 | 100 |
| 5.Love | 3 (100%) | 0 | 3 | 100 |

The results indicate that feelings such as security and love (100%) do exist between all the adolescents and their foster fathers. Feelings of affection, belonging and respect (66.67%) do exist to a great extent between the adolescents and their foster fathers.

The reasons why the adolescents experience their feelings towards their foster parents as good are as follows:

"*We receive all the affection, love, security, belonging and respect from them".*

*"It feels like real home and real parents".*

http://socialwork.journals.ac.za
DOI: http://dx.doi.org/10.15270/48-4-28



*"Foster mother is always there when I need her and not feel well".*

The reasons why adolescents experience their feelings as average are as follows:

"*Foster mother do not give me as much love as my mother did".*

*"Sometimes I don't feel that I belong when her children are around".*

Problems in the relationship between foster parents and foster children are mostly related to the fact that some of the children have serious behavioural problems, and if they are reprimanded or not allowed to do certain things, they get angry. Edwards (1998:175) warns that many "children in kinship care have been mistreated, which often results in psychological problems. Poverty, removal from parents, and mediocre treatment while in kinship care can be traumatic and bring about high levels of stress". In research done by Dunn and Keet (2012:89) they found that "Children in lower-income families perceive fathers as being absent figures who are often unemployed and are prone to substance abuse". Circumstances like this impact negatively on children's ability to master developmental challenges and has implications for social workers working with these children.

## EMOTIONAL EXPERIENCE OF THE ADOLESCENT

Blunden (2005:82) points out that the child in foster care has to adapt to the loss of a parent, especially the mother, when placed into foster care. These children experienced mostly three phases during the grieving process, namely rebellion, despair and dissociation (Renn, 2002:295). According to Kasego and Gumbo (2001:53), a maternal orphan in most cases experiences emotional deprivation which impacts negatively on the psycho-social development of the child. The loss of the father impacts negatively on the physical needs of the child, since it is usually the father who is the breadwinner.

The adolescents were asked to describe to what extent they experience certain emotions.

**TABLE 11**
**EMOTIONAL EXPERIENCE**

| | **Always** | **Sometimes** | **Not at all** | **Number** | **%** | **Missing** |
|---|---|---|---|---|---|---|
| Anxiety | 1 (3.57%) | 13 (46.43%) | 14 (50.00%) | 28 | 100 | 2 |
| Anger | 0 | 17 (56.67%) | 13 (43.33%) | 30 | 100 | 0 |
| Depression | 1 (3.44%) | 12 (41.38%) | 16 (55.18%) | 29 | 100 | 1 |
| Perceived differential treatment | 5 (16.67%) | 7 (23.33%) | 18 (60%) | 30 | 100 | 0 |
| Low self-esteem | 6 (20%) | 8 (26.67%) | 16 (53.33%) | 30 | 100 | 0 |

There are 6 (20%) adolescents who experience low self-esteem and 8 (26.67%) who sometimes experience it. Five (16.67%) always experience perceived differential treatment and 7 (23.33%) sometimes. One (3.44%) always experiences depression and 12 (41.38%) sometimes. Seventeen (56.67%) of the adolescents sometimes experience anger. The influences of negative self-esteem are important as well, especially with regard to how the adolescent deals with anger and conflict. Blunden (2005:82) points out that the child in foster care has to adapt to the loss of a parent, especially the mother, when placed into foster care. According to Kasego and Gumbo (2001:53), a maternal orphan in most cases experiences emotional deprivation which

http://socialwork.journals.ac.za
DOI: http://dx.doi.org/10.15270/48-4-28


impacts negatively on the psycho-social development of the child. According to Ivancevich and Matteson (1996:633-644), individuals with high levels of self-esteem are confident in their abilities, generally feel good about themselves and are less likely to feel threatened than those with low self-esteem. Empowering these adolescents with good self-esteem during a group work programme will help them handle emotions such as anger and depression.

Five (16.67%) of the adolescents in foster care perceive differential treatment in the home of the foster parent all the time and 7 (23.33%) sometimes. Such experiences have to be discussed during the clinical sessions with the parents and the adolescents.

## COPING WITH DEATH IN THE FAMILY

### PEOPLE IN THE FAMILY WHO ARE DECEASED

According to Demmer (2004:305), Aids has left many children without parents in South Africa. When asked whether someone in their household died in the previous 12 months, 12 (40%) of the adolescents in this study answered yes. In 4 (33.33%) cases the person who died was the grandfather, in 3 (25%) cases the grandmother, in 2 (16.67%) cases an uncle and in 3 (25%) cases an aunt. When they were asked how they cope with the death of the family member they gave the following answers:

**TABLE 12**
**COPING WITH THE DEATH OF A FAMILY MEMBER**

| | Frequency | Number | % |
|---|---|---|---|
| Gained comfort from someone | 3 | 12 | 25.00 |
| Prayed | 10 | 12 | 83.33 |
| Talk to a trusted confidante | 6 | 12 | 50.00 |
| Experienced severe stress | 2 | 12 | 16.66 |
| Other | 2 | 12 | 16.66 |

According to these results 10 (83.33%) coped by praying, while 9 (75%) coped by talking to or seeking comfort from other people. When asked who they consider as their support system, they answered the foster parents, family members like a sister or a brother, an uncle and aunt, friends, teachers and social workers. Demmer (2004:299) points out that in South Africa "there has been scant research on the bereavement experiences and concerns of survivors of AIDS-related deaths". This situation still prevails and needs attention from all role players.

### FAMILY INFECTED WITH HIV AND AIDS

Respondents were asked if there is any person in the foster care household infected with the HI virus, all (100%) answered no. When asked if someone in the household received medical assistance, 2 (15.38%) answered yes, and when asked whether anyone knows the status of the person infected with the HI virus, 3 (10%) of the adolescents again answered yes. From the answers one may come to the conclusion that stigmatisation and discrimination play a role. These families are all affected by HIV and AIDS, but only a few of the orphaned foster children know the status of people in their households. This correlates with the research of Modise (2005:29), which shows that there is still no open communication between family members regarding issues such as HIV and AIDS.

http://socialwork.journals.ac.za
DOI: http://dx.doi.org/10.15270/48-4-28



The fact that some of these respondents answered yes means that there are household members who are receiving medical treatment and who are infected with the HI virus. Perhaps fear of discrimination and stigmatisation if someone should discover that a family member is infected is the reason why adolescents answer that nobody is infected with the HI virus. Frohlich (2005:354) said that "By forcing the epidemic out of sight, HIV and AIDS-related stigma and discrimination obstruct disease prevention and treatment, and contaminate the resolution of personal grief". Stine (2007:372) views discrimination and stigmatisation as one of the most disturbing factors that HIV-infected people have to deal with. "Perhaps the worst display of stigmatisation and discrimination occurs against children, especially those of school age" (Stine, 2007:327).

According to Page, Louw and Pakkiri (2006:106), fear affects most of the actions and beliefs of people. Fear is closely linked to denial, and there are similarities between the two responses. Awareness and knowledge can work to remove fear, stigma and denial. The fact of this situation indicates a need for essential information and education of the orphaned foster children.

## KNOWLEDGE OF AIDS

In this research 25 (83.33%) of the adolescents said that they do have enough knowledge about HIV and AIDS and 5 (16.76%) answered no. When asked if they prefer that the social worker should give more information about HIV and AIDS, 12 (40%) answered yes.

The respondents' answers to the previous questions confirm that many of them do not have adequate knowledge of HIV and AIDS. All the children participating in the survey live in low-income areas and the role of the social worker in helping the schools to educate the children on HIV and AIDS issues cannot be denied. Strydom (2002:64, 2003:67-68) also experienced in their research that adolescents indicated that sex education is lacking, and that they need more information on HIV and AIDS. The same situation was found in the research of Roux (2002:299), which indicates that the lack of knowledge concerning HIV and AIDS seems to be a huge problem and that people feel a need to gain more knowledge. Strydom (2003:69) recommended that a programme on sexuality and HIV and AIDS should encompass aspects such as human sexuality, sexual functioning, the correct use of condoms, the immune system, ways in which HIV transmission can take place as well as knowledge on attitudes towards the problem. Dangers of substance abuse should also be included in such a programme for adolescents, because the use and abuse of alcohol and drugs is a problem that affects everyone, irrespective of age, social status, race or creed (Visser, 2006:101).

The orphaned foster children need to know that AIDS is not just a disease. It presents itself as a number of diseases that occur as the immune systems fails to fight off infections, for example, tuberculosis and pneumonia. It therefore presents itself as a syndrome. The impact of the death of a family member has many traumatic effects on the other members in the house. According to Uys and Cameron (2004:130), bereavement visits by social workers or home-based caregivers, especially where children are involved, should be made more than once.

## SPIRITUAL FUNCTIONING OF THE ADOLESCENT

The role spiritual factors play in the lives of adolescents affected by HIV and AIDS became clear when 10 (43.48%) of them answered that prayer helps them to cope with the death of a family member. Research conducted by Roux (2002:244) reveals the very important role that religion plays in people's lives when they are affected with the HI virus. In this group of respondents 28 (93.33%) of the adolescents attend church on a regular basis and only 2

http://socialwork.journals.ac.za
DOI: http://dx.doi.org/10.15270/48-4-28


(5.678%) do not attend church services. Twenty-two (73.33%) attend church services once a week, 4 (13.33%) once in two weeks, 2 (6.57%) once a month and 2 (6.67%) not at all. According to 29 (96.67%), God plays a very important role in their lives. Only 1 (3.33%) of the two who do not attend church services said that God does not play any part in his life. The fact that 73.33% go to church once a week shows that they believe in God as a supreme power and that they need God in their lives. The churches to which they belong offer norms and standards for behaviour, but also offer support in a community. Adolescents have to deal with the tragedy of sickness and death that is created by HIV and AIDS, and they can then share that in the community of the church.

Kasiram (2006:167) and Furness and Gilligan (2010:53) indicate many positive characteristics associated with spirituality. Religion helps with coping capacity, feelings of empowerment, resilience, capacity to deal with poverty, increased levels of interpersonal influence on relationships, life satisfaction, and physical and emotional health (Dimianakis, 2001:24). Kasiram (2006:167) says about spirituality: "In the face of hopelessness when confronted by [an] HIV-positive diagnosis, accessing spirituality seems the logical solution". Spirituality has a positive effect in the sense that people infected and affected with HIV and AIDS feel that they are not alone in suffering, and that there is a higher being with them (Roux, 2002:44-246; Sito, 2008:121-122).

Reasons provided for why the adolescent says God plays a role in his of her life include the following:

*"He answers my prayers".*

*"He always helps me with problems".*

*"My grandmother teaches me about God from a young age".*

*"God gives me hope and strength".*

## SUBSTANCE USE OF ADOLESCENTS

The adolescents were asked to indicate if they use substances. Three (10%) of the adolescents said that they sometimes use alcohol. However, according to Van Heerden (2005:105), alcohol use is a normative behaviour among adolescents and a socially accepted drug. According to Ambrosina, Hefferman and Shuttlesworth (2008:224-227), the abuse of alcohol is considered more socially acceptable than the abuse of other drugs, while marijuana is by far the world's most commonly used illegal drug.

The adolescents provided the following reasons for why they think that using or abusing drugs is not good:

*"It harms my mind and body".*

*"Cigarettes give me cancer".*

*"Drugs make me do bad things".*

## COMMUNICATION AND SOCIALISING SKILLS OF ADOLESCENTS

The adolescents were asked to what extent were they able to communicate and socialise.

http://socialwork.journals.ac.za
DOI: http://dx.doi.org/10.15270/48-4-28



**TABLE 13**
**SKILLS**

| | Mostly | Some-times | Not at all | Number | % | Missing |
|---|---|---|---|---|---|---|
| Communicate your feelings with your foster parents | 17 | 9 | 3 | 29 | 100 | 1 |
| Communicate your feelings with your friends | 14 | 9 | 6 | 29 | 100 | 1 |
| Socialise with other people | 16 | 9 | 5 | 30 | 100 | 0 |

Seventeen (58.62%) of the adolescents mostly communicate their feelings to their foster parents and 9 (31.03%) sometimes. The reasons why they communicate their feelings with their foster parents were:

"*Foster parents always give me good advice".*

*"They are open and friendly and it is easy to talk to them".*

Three (10.34%) of the adolescents don't communicate with their foster parent(s), and the reasons are:

*"I can't communicate my feelings with my foster parents".*

*"I am not comfortable to speak to my foster parents because I am afraid of what she/he is going to say to me".*

These results correlate with research conducted by Delport (2007:96), where 80% of the foster mothers said that their relationships with their foster children are good because communication is good. Four (13.79%) said that they like themselves only sometimes, because they experience problems to talk to people. This may be the reason why they think people don't like them, namely that they experience low self-esteem.

The 14 (48.27%) adolescents who always communicate their feelings with their friends gave the following reasons:

"*I like to share my feelings with friends because they give good advice"*

*"Communicate with friends because they can tell you what is wrong".*

The 9 (31.03%) who said that they sometimes communicate their feelings with friends said that they do like friends, but do not like to communicate their feeling with them. The 6 (20.68%) who never communicate their feelings with their friends gave as reasons that they don't want friends to know about them and about their lives, because they don't trust their friends.

According to Table 14, the socialisation skills with people other than family and friends of 16 (53.33%) of the adolescents are good. Nine (30%) socialise with other people only sometimes and 5 (16.67%) not at all. The reason why they don't socialise with others is because they don't trust other friends and people. The reasons why they socialise a lot are:

*"I like my friends and other people".*

*"I have good friends".*

Socialisation in the adolescent years is very important for a well-adjusted personality. According to Corey and Corey (2002:306), "adolescents need opportunities to explore and understand the wide range of their feelings and to learn how to communicate with significant others in such a way that they can make their wants, feelings, thoughts, and beliefs known".

http://socialwork.journals.ac.za
DOI: http://dx.doi.org/10.15270/48-4-28


A question was asked about the needs that the adolescents and social workers want to be addressed in a group work programme? The following were their answers:

Table 14 presents the needs experienced by adolescents.

**TABLE 14**
**NEEDS OF ADOLESCENTS**

| | Adolescents | | | Social Workers | | |
|---|---|---|---|---|---|---|
| | **Fre-quency** | **Num-ber** | **%** | **Fre-quenc y** | **Num-ber** | **%** |
| 1. How to handle conflict | 22 | 30 | 73.34 | 73 | 85 | 85.88 |
| 2. How to improve self-esteem | 19 | 30 | 63.34 | 78 | 85 | 91.76 |
| 3. How to improve communication skills | 22 | 30 | 73.34 | 70 | 85 | 82.35 |
| 4. How to fulfil dreams | 24 | 30 | 80.00 | 66 | 85 | 77.64 |
| 5. How to handle relations with friends | 19 | 30 | 63.34 | 71 | 85 | 83.52 |
| 6. How to handle relations with teachers | 19 | 30 | 63.34 | 51 | 85 | 60.00 |
| 7. How to manage time better | 17 | 30 | 56.67 | 54 | 85 | 63.52 |
| 8. How to handle stress | 18 | 30 | 60.00 | 68 | 85 | 80.00 |
| 9. How to handle cultural diversity | 12 | 30 | 40.00 | 46 | 85 | 54.11 |
| 10. How to handle emotional needs | 20 | 30 | 66.67 | 73 | 85 | 85.88 |
| 11. How to deal with alcohol and drugs | 11 | 30 | 33.66 | 79 | 85 | 92.94 |
| 12. How to improve listening skills | 20 | 30 | 66.67 | 54 | 85 | 63.52 |
| 13. How to cope with the death of parents | 10 | 30 | 33.33 | 68 | 85 | 80.00 |
| 14. How to know what career to choose | 18 | 30 | 60.00 | 66 | 85 | 77.64 |
| 15. Other needs | 4 | 30 | 13.34 | 57<br>75 | 85<br>85 | 76.05<br>88.23 |

The above table shows the diverse needs of adolescents according to themselves and social workers. Other needs experienced by the adolescents were how to apply for bursaries and how to earn pocket money. The social workers also mentioned the need for financial management and how to cope with the HIV and AIDS illness.

The needs of people affected by HIV and AIDS such as families and adolescents can be addressed in a group work programme with success (Sito, 2008:158-159; Van der Westhuizen, 2011:189). Toseland and Rivas (2012:11) describe group work as "a goal-directed activity with small treatment and task groups aimed at meeting socio-emotional needs and at accomplishing tasks".

According to Van der Westhuizen (2006:7), a group work programme is a programme in which psychosocial principles and knowledge are converted into teachable skills that can empower people to respond effectively to the demands and problems of coping in certain situations or in a certain stage of life. One of the advantages of social group work with adolescents in foster care who are affected by HIV and AIDS is the opportunities they get in the group to overcome

http://socialwork.journals.ac.za
DOI: http://dx.doi.org/10.15270/48-4-28



isolation and learn social skills from others how to cope with their situation (Corey & Corey, 2002:310; Toseland & Rivas, 2012:17).

## CONCLUSION

Social workers have a responsibility to communities to enhance the quality of life of people affected by HIV and AIDS (Bunqane, 2006; Delport, 2007; Roux, 2002; Wessels, 2003). They play a very important role in service delivery to the foster parent and foster child (Delport *et al*., 2008:307). Children need to secure permanent selective attachments to one or more loving and responsive care givers in order to achieve healthy psychological development. Social workers have to consider how to maintain and strengthen good-quality attachment experiences for children and adolescents.

The adolescents who took part in the research wanted the social worker to listen to their needs and to increase their knowledge and skills. These children have all experienced various losses as a result of the illness and death of parents. The South African welfare system is unable to adequately meet the basic needs of all the children affected by HIV and AIDS, but social workers can help these children on their caseloads to cope with their loss and emotional problems. A social group work programme can address the needs of adolescents affected by HIV and AIDS in foster care and empower them to cope with the illness (Van der Westhuizen, 2011:189).

## RECOMMENDATIONS

- More social workers and auxiliary workers need to be recruited to meet the needs of orphans in foster care. Governments and head offices should pay attention to the need for more social workers, because the high caseloads make it impossible for social workers to deal with the needs of children and adolescents in foster care.
- Better salaries and working conditions for social workers are needed to help cope with the demand for foster care placements.
- To address the needs of the adolescents in foster care affected by HIV and AIDS, these adolescents need to be provided with counselling services from social workers to address their psychosocial needs caused by the effects of HIV and AIDS.
- Before the death of parents as a result of HIV and AIDS, they should be advised to talk to a social worker regarding the future of their children. According to Nziyane and Alpaslan (2011:321), social workers and NGOs should assist biological parents to plan for the future of their children before they pass on. This can help with foster care placement and the trauma caused by the death of a parent.
- Research should be conducted on the needs of the orphaned foster children such as the adolescents so that social workers have more knowledge about the problem.
- More social group work should be implemented with foster children and their foster parents at the same time to improve service delivery to the child and the parent.
- Social group work programmes should be developed that provide support by teaching life skills to the orphan foster adolescent affected by HIV and AIDS, so that their needs can be met and their quality of life can be improved. Programmes may include issues such as the roles and responsibilities of adolescents in foster care; how to handle relations with friends, teachers and foster parents; how to improve listening and communication skills; coping with

http://socialwork.journals.ac.za
DOI: http://dx.doi.org/10.15270/48-4-28


death, loss and bereavement; how to improve self-esteem; how to fulfil dreams; how to manage finances; and how to deal with drug and alcohol abuse.

## REFERENCES

AMBROSINA, R. HEFFERMAN, J. & SHUTTLESWORTH, G. 2008. **Social work and Social welfare: an Introduction.** United States of America: Thomas Brooks/Cole.

ANDREWS, G., SKINNER, O. & ZUMA, K. 2006. Epidemiology of Health and vulnerability among children orphaned and made vulnerable by HIV and AIDS in sub-Saharan Africa**. AIDS CARE**, 18(3):269-276.

ANON. 2011. **Education for orphans**. [Online] Available: www.familiessavingorphans.org/fso/education.cfm. [Accessed: 02/03/2011].

BASUPENG, B. P. 2002. **Guidelines for a Peer Education Programme for HIV/AIDS: a social work perspective.** Potchefstroom: PU for CHE. (MA (SW)-Dissertation)

BECKER, L. 2005. **Working with groups.** Cape Town: Oxford University Press.

BLUNDEN, C. 2005. **'n Bindingsprogram vir verwante enkelouerpleegmoeders en pleegkinders**. Pretoria: University of Pretoria. (PhD-Thesis)

BOOYSEN, F. le R. 2003. HIV/AIDS and poverty: Evidence from the Free State Province. **SAJEMS**, 6(2):419-438.

BOOYSEN, F. 2004. Social grants as safety net for HIV/AIDS – affected households in South Africa: **Journal of Social Aspects on HIV/AIDS Research Alliance,** 1(1):45-46.

BOYD–FRANKLIN, N. STEINER, G.L. & BOLAND, M.G. 1995. **Children, families and HIV/AIDS.** New York: The Guilford Press.

BUNQANE, X.P. 2007. **Guidelines for social workers to improve foster care placements for children affected by HIV/AIDS.** Potchefstroom: North-West University. (MA (SW)-Dissertation)

COREY, M.S. & COREY, G. 2002. **Groups: process and practice**. Pacific Grove: Brooks/Cole.

DELPORT, J. 2007. **Die ontwikkeling en evaluering van 'n maatskaplike groepwerk intervensie-programme in verwante pleegsorg plasings.** Potchefstroom: North-West University. (PhD (SW)-Thesis)

DELPORT, J., ROUX, A. & RANKIN, P. 2008. Die rol van maatskaplike werk in pleegsorgplasings. **Maatskaplike Werk/Social Work,** 44(3):307-322.

DEMMER, C. 2004. AIDS and bereavement in South Africa. **Social Work/Maatskaplike Werk,** 40(3):296-318.

DUNN, M. & KEET, N. 2012. Children's perceptions of parenting practices. **Social Work/Maatskaplike Werk,** 48(1):82-91.

DIMIANAKIS, T. 2001. Postmodernism, spirituality and the creative writing process. **Families in Society**, 82(1):23-33.

EDWARDS, O.W. 1998. Helping grandkid-grandchildren raised by grandparents: expanding psychology on schools. **Psychology in the School**, 25(2):173-180.

http://socialwork.journals.ac.za
DOI: http://dx.doi.org/10.15270/48-4-28



FROHLICH, J. 2005. The impact of AIDS on the community. **In**: ABDOOL KARIM, S.S. & ABDOOL KARIM, Q. (eds) **HIV/AIDS in South Africa**. Cape Town: Cambridge University Publishers, 351-369.

FURNESS, S. & GILLIGAN, P. 2010. **Religion, belief and social work: making a difference.** Bristol: The Policy Press.

GOUWS, E. & ABDOOL KARIM, Q. 2008. HIV infection in South Africa: the evolving epidemic. **In**: ABDOOL KARIM, S.S. & ABDOOL KARIM, Q. (eds) **HIV/AIDS in South Africa**. Cape Town: Cambridge University Publishers, 48-66.)

GREEFF, M. 2005. Information collection: Interviewing. **In:** DE VOS. A.S., STRYDOM, H., FOUCHÉ, C.B. & DELPORT, C.S.L. **(**eds) **Research at Grass Roots: for the social sciences and human service professions**. Pretoria: Van Schaik Publishers. p. 286-313.)

IVANCEVICH, J.M. & MATTESON, M.T. 1991. **Organizational behaviour and management.** New York: Irwin/McGraw Hill Companies.

KASEGO, E. & GUMBO, P. 2001. The AIDS crisis and orphan care in Zimbabwe. **Social Work/ Maatskaplike Werk,** 37(1):53-58, March.

KASIRAM, M.I. 2006. Hope and healing through spirituality – a meeting of minds between social work and theology. **Social Work/Maatskaplike Werk,** 18(2): 165-173, July.

KOTZE, G.J., ROUX, A.A. & WESSELS, C.C. 2001. Die sosio-ekonomiese posisie van MIV/VIGS-pasiënte in die Noordwes Provinsie. Maatskaplike Werk/Social Work, 37(1):72-83, Maart.

MASHOLOGU-KUSE, T. 2005. The relationship between HIV/AIDS and poverty: The case of three administrative areas in Transkei. **Social Work /Maatskaplike Werk,** 41(4):378-387.

MASON, S. & LINSK, N. 2002. Relative foster parents of HIV-affected children. **Child Welfare,** 81(4):541-569.

McKENDRICK, B. 1990. **Introduction to social work in South Africa**. Pretoria: HAUM.

MINCKLER, M. 2003. Intergenerational household headed by grandparents: contexts realities, and implications for policy**. Journal for Aging Studies**, 13(2):199-219.

MOKONE, J.M. 2006. Challenges experienced by grandparents raising grandchildren: An exploratory study. **Social Work/Maatskaplike Werk**, 42(2):187-200.

MONARCH, R. & BOERSMA, T. 2004. Orphanhood and children patterns in sub-Saharan African analysis of national surveys from 40 countries**. AIDS**, 18(2):535-565.

MODISE, B.D. 2005. **Social Work services for children affected by HIV/AIDS in a rural area.** Potchefstroom: North-West University. (MA (SW)-Dissertation)

MOTSHEDI, M. 2009. **A social work programme for poverty stricken families in rural areas in the Northern Cape Province**. Potchefstroom: North-West University. (PhD-Thesis)

NEUMAN, W.L. 2006. **Social research methods: Qualitative and quantitative approaches.** Boston: Allyn and Bacon.

NZIYANE, L.F. & ALPASLAN, A.H. 2011. Practice guidelines for the integration of child-headed households into extended family folds. **Social Work/Maatskaplike Werk,** 47(3):301-322.

PAGE, J., LOUW, M. & PAKKIRI, D. 2006. **Working with HIV/AIDS**. Cape Town: Uta.

RENN, P. 2002. The link between childhood trauma and later violent offending: The application of attachment theory in a probation setting. **Attachment & Human Development,** 4(3):294-317.

REPUBLIC OF SOUTH AFRICA. 2005. **Childrens's Act, No 38 of 2005.** Pretoria: Government Printer.

RICHTER, L., MANEGOLD, J.S. & PATHER, R. 2004. **Family and community interventions for children affected by AIDS.** Cape Town: HSRC Publishers.

ROSS, E. 2001. Images of AIDS: psychosocial issues for affected individuals, families and professional caregivers. **The Social Work Practitioner-Researcher/Die Maatskaplike Werk Navorser-Praktisyn,** 13 (2):20-32.

ROUX, A.A. 2002. **Evaluering van groepwerkhulpverleningsprogramme met MIV-Positief/VIGS pasiënte.** Potchefstroom: PU vir CHO. (PhD-Thesis)

ROUX, A.A. & STRYDOM, H. 2011. Knowledge, attitudes and beliefs of older men regarding HIV and AIDS in South Africa. **Social Work/Maatskaplike Werk,** 47(3):323-338.

RUBIN, A. & BABBIE, E.R. 2005. **Research methods for social work**. Australia: Thomson Brook/Cole.

SILVERMAN, D. 2000. **Doing qualitative research.** London: SAGE.

SITO, MM. 2008. **A social group work empowerment programme for families affected by HIV and AIDS from social workers' caseloads.** Potchefstroom: North-West University. (PhD-Thesis)

STINE, G.J. 2007. **AIDS update: An annual overview of acquired immune deficiency syndrome.** London; McGraw Hill.

STRONG, B., DE VAULT, C. & SAYAD, B.W. 1998. **The marriage and family experience: Intimate relationships in a challenging society**. London: Wadsworth Publishing Company.

STRYDOM, C. 2002. **Evaluation of HIV/AIDS for students at tertiary institution with emphasis on peer group involvement.** Potchefstroom: PU for CHE. (PhD-Thesis)

STRYDOM, H. 2003. HIV/AIDS and South African adolescents: Attitudes and information needs. **Social Work/Maatskaplike Werk**, 39(1):59-72.

STRYDOM, H. 2011a. Ethical aspects of research in the social sciences and human service professions. **In**: DE VOS, A.S., STRYDOM, H., FOUCHÉ, C.B. & DELPORT, C.S.L. (eds) **Research at grass roots: for the social sciences and human service professions**. Pretoria: Van Schaik Publishers, 113-132.

STRYDOM, H. 2011b. Sampling in the quantitative paradigm. **In**: DE VOS, A.S., STRYDOM, H., FOUCHÉ, C.B. & DELPORT, C.S.L. (eds) **Research at grass roots: for the social sciences and human service professions**. Pretoria: Van Schaik Publishers, 222-235.

TOSELAND, R.W. & RIVAS, R.F. 2012. **An introduction to group work practice**. London: Allyn and Bacon.

UNITED NATIONS CHILDREN'S FUND. 2003. **AIDS orphans.** [Online] Available: www.avert.org/aids-orphans.htm. [Accessed: 12/03/2011].

http://socialwork.journals.ac.za
DOI: http://dx.doi.org/10.15270/48-4-28



UYS, L. & CAMERON, S. 2004. **Home-based HIV/AIDS care**. Cape Town: Oxford University Press.

VAN DER WESTHUIZEN, J.E. 2006. **An empowering programme of HIV/AIDS and life skills for adolescents.** Potchefstroom: North-West University. (MA (SW)-Dissertation)

VAN DER WESTHUIZEN, J.E. 2011. **A social group work programme with adolescent orphans in foster care affected by HIV and AIDS: North-West Province.** Potchefstroom: North-West University. (PhD-Thesis)

VAN HEERDEN, E. 2005. **Life skills: my journey, my destiny**. Pretoria: Van Schaik Publishers.

VISSER, M. 2006. Substance abuse: Detour or dead. **In**: VAN HEERDEN, E. (ed) **Life skills: my journey my destiny**. Pretoria: Van Schaiks Publishers, 101-114.

VILJOEN, S. 1994. **Strengths and weaknesses in the family life of black South Africans.** Pretoria: Human Sciences Research Council (Report HG/MF – 16).

VISAGIE, C.J. 2006. **The complete story of HIV and AIDS: a practical guide for the ordinary sexually active person**. Pretoria: Van Schaik Publishers.

WALDROP, D.P. & WEBER, J.A. 2001. From grandparent to caregiver: the stress and satisfaction of raising grandchildren. **Families in Society: The Journal of Contemporary Human Services**, 82(5):461-472.

WESSELS, C.C. 2003. **Die opstel en evaluering van 'n Maatskaplike-werkbematigingsprogram vir familie van MIV-positiewe/VIGS-pasiënte**. Potchefstroom: North-West University. (PhD-Thesis)

*Dr Adrie Roux, School of Psycho-social Behavioural Sciences, North-West University, Potchefstroom Campus, North-West University, Potchefstroom, Dr Julita van der Westhuizen, social worker, Ondersteuningsraad, Stilfontein, Prof Corinne Strydom, School of Psycho-social Behavioural Sciences, North-West University, Potchefstroom Campus, Potchefstroom, South Africa.*