

THE REALITIES OF ORPHANED CHILDREN LIVING IN CHILD-HEADED HOUSEHOLDS

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INTRODUCTION AND PROBLEM FORMULATION

The HIV and AIDS epidemic has drastically changed the world in which children live in (Gruskin & Tarantola in Foster, Levine & Williamson, 2005:135). As a leading cause of adult mortality, the epidemic has led to many children becoming orphans worldwide. This disrupts children's social roles, rights and obligations because as children become orphaned, there is often a premature shouldering of the burdens of adulthood without the rights, privileges and strengths associated with adult status (Barnett & Whiteside, 2006:223). The burdens of adulthood include taking care of younger siblings, providing psychological support for one another, providing for the economic needs of the family and household management (Department of Social Development, 2008:141; Mkhize, 2006:74-82). Germann (2005:364) and Mkhize (2006:82) assert that these children experience difficulties in performing these adult roles because of their tender age.

It is extremely important to understand the experiences related to care giving by orphaned children in order to respond effectively to the plight of CHH (Webb in Foster *et al.*, 2005:242). However, there are a very limited number of studies in this area despite the urgent need to understand the nature and the extent of child caregiving and caregiver burnout. Nkomo (2006:2) attests that while there is much research on HIV and AIDS and much has been documented on the plight of children in CHH, there is a dearth of qualitative studies on the experiences of especially South African children carrying the responsibilities for CHH since the death of their parents. It is in light of this dearth of knowledge about the experiences of orphaned children heading CHH that the researchers became motivated to investigate the realities of orphaned children living in CHH.

This discussion on the realities of orphaned children living in CHH emerged from the stories shared by three sample groups (i.e. children heading child-headed households, members of their extended families and social workers rendering social work services to these CHH), who participated in a research project aimed at discovering the barriers that hinder the effective integration of CHH into extended families, and how these barriers could be overcome in order to put forward guidelines for the integration of children from CHH back into the extended family (Nziyane, 2010).

RESEARCH APPROACH AND METHODOLOGY

Schutz (in Seale, 2004:213) postulates that the primary aim of any social science inquiry is to obtain knowledge about the social worlds of individuals as experienced by the individuals themselves as they interact with others. The qualitative research approach allows researchers to identify issues from the perspectives of a study's participants and to understand the meanings and interpretations that the latter attribute to behaviour, events or objects (Hennink, Hurter & Bailey, 2011:9). Qualitative research is by its nature and function mainly explorative and descriptive (Marshall & Rossman in Ritchie & Lewis, 2005:28). Ritchie and Lewis (2005:27-28) note that the explorative and descriptive functions of qualitative research are both key features of contextual research, which "is concerned with identifying *what* exists in the social world and the way it manifests itself. A major feature of qualitative methods is their ability to

describe phenomena as experienced by purposively selected participants in great detail and in the study participants' own terms." Qualitative research affords the researcher the opportunity to "unpack" issues and to explore and describe how they are understood by those connected with them. It was with this in mind that the researchers employed an explorative, descriptive and contextual research design. Purposive sampling, as a non-probability sampling technique, was used to select appropriate research participants who had knowledge of, were familiar with, and were directly affected by the phenomenon under study to be able to best inform the study (Fossey, Harvey, McDermott & Davidson, 2002:726). In-depth interviews, sometimes referred to as "qualitative research interviews", which allow participants to speak at length, in detail, in ways in which they are most comfortable on a given topic (Green & Thorogood, 2009:285), were employed as method of data collection. To focus the in-depth interviews, the researcher may have a topic guide rather than a strict predetermined schedule of questions (Green & Thorogood, 2009:285).

While the topic guide used by the research responsible for the fieldwork (in this study) contained questions to elicit participants' viewpoints on integration of children from CHH into extended families and to gather data on the barriers and benefits related to this, it is worth mentioning that no question was specifically focused on exploring the realities of children living in CHH. Whilst the participants shared their views on the integration of children from CHH into the extended families folds and the barriers and benefits in this regard, they spoke spontaneously about the realities faced and experienced by children living in CHH.

Tesch's eight steps (in Creswell, 2003:192-193) were employed to analyse the data systematically. Guba's model for the trustworthiness of qualitative data as outlined by Krefting (1991:215-222) was applied to verify the data.

In the ambit of qualitative research, ethical conduct and the adherence to ethical considerations are more pronounced as research often focuses on sensitive topics and by engaging closely with participants (Hennink *et al.*, 2011:78). In view of this, the researcher responsible for the fieldwork sought the informed consent of all the participants prior to engaging them in this research endeavour. She assured the anonymity of the identity of each participant and honoured the confidentiality of data handling and storage. Where necessary, she negotiated and linked the participants with professional counselling services for debriefing.

DISCUSSION OF FINDINGS

The discussion on the research findings will be presented under the following sub-headings:

- The geographical area where the study was conducted and the biographical profile of the participants;
- A thematic discussion on the theme, sub-themes and categories which emerged from the processes of data analysis and the consequent consensus discussion facilitated by the researcher not engaged in the fieldwork conducted.

GEOGRAPHICAL AREA OF STUDY AND BIOGRAPHICAL PROFILE OF PARTICIPANTS

The fieldwork required for this research project was conducted in Bushbuckridge, which is a residential nodal point located in the north-eastern part of Mpumalanga Province. The Community Survey (2007) points out that in 2007 this Municipality had a population of 509 970, of whom 507 492 were African, 1 631 were Coloureds, 208 were Indian/Asian and 639 were Whites. The Municipality has a high rate of unemployment, with only 18% of the

total population being employed (Community Survey, 2007). Bushbuckridge was selected because a very large number of CHH were reported in this local municipality. The Community Survey (2007) indicates that out of 124 595 households in Bushbuckridge, approximately 4 377 were headed by children in 2007.

As stated above, the participants were comprised of three sample groups (i.e. children heading CHH, members of the extended family of the children heading the CHH, and social workers rendering social work services to the CHH).

The sample of children heading the CHH totalled 10 participants (five male and five female). Six of the participants stated their age as 16 years old and four of them informed the fieldworker that they were 17 years of age. Apart from one participant who dropped out of school at the age of 14, the rest of the participants were still attending school, with three doing Grade 9, 5 doing Grade 10 and one participant doing Grade 11.

Four of the children informed the field worker that they were 13 years old when they took up the responsibility as heads of their respective households; three were 14 years old, while the remaining three were 15 years old. In terms of the Children's Amendment Act (Act 41 of 2007), the researchers came to the conclusion that all the children were "under age" when they took up responsibility as heads of their respective households. Section 137(1)(c) of the Act stipulates that a child who is 16 years old may be considered as head of a household and bear rights and responsibilities as a caregiver.

Eight members (one male and eight females) of the extended family of the children heading the CHH constituted the sample of extended family members. The ages of the extended family members ranged from 29 to 67. With reference to the relation of the extended family members to the children, four were maternal grandmothers, three maternal aunts and one a paternal uncle. Five of the participants informed the fieldworker that they were unemployed; three mentioned that they were pensioners and recipients of social grants and one (the male participant) was employed as an administrator.

A total of seven social workers (six females and one male) rendering social work services to the children in CHH were interviewed. Their ages ranged from 24 to 36 years of age and all had been in social work practice three years and longer.

THEMATIC DISCUSSION: THE REALITIES OF ORPHANED CHILDREN LIVING IN CHILD-HEADED HOUSEHOLDS

This theme (i.e. the realities of orphaned children living in child-headed household) with its accompanying sub-themes and categories emerged from the data gathered from participants during the in-depth semi-structured interviews and the resultant processes of data analysis (Nziyane, 2010:122-169).

The theme will be presented according to the following sub-themes:

- Children acted as care providers to their sick parents;
- Orphaned children assumed responsibility as heads of households;
- Orphaned children in CHH lived without adult care;
- Orphaned children in CHH experienced multiple losses;
- Resilience of orphaned children in CHH and survival strategies employed by them.

Each of these sub-themes will now be presented and confirmed or underscored by direct quotations from the transcribed interviews and subjected to a literature control.

SUB-THEME 1: CHILDREN ACTED AS CARE PROVIDERS TO THEIR SICK PARENTS

Studies by Gilborn, Nyonyintono, Kabumbuli and Jagwe-Wadda (2001:1), Subbarao, Mattimore and Plangemann (2001:4), Webb (in Foster *et al.*, 2005:239) and Foster (2004:1-2) indicate that the psychosocial damage that orphaned children endure starts before the death of their parents when they are cast in care-giving roles for their sick parents. Under normal circumstances children are cared for by their parents and only later when these children are older may they then provide support for those parents (Barnett & Whiteside, 2006:210). However, since the advent of HIV and AIDS such roles have been switched as many children are forced into becoming primary caregivers for their sick parents (Germann, 2005:239; Barnett & Whiteside, 2006:223).

The findings of this study confirm that the level of suffering and difficulties which children who participated in the study were faced with began with the illness of their parents. One of the children who participated in the study revealed her experiences in providing care to her sick mother. The following excerpt encapsulates the child's emotional pain, psychological distress and anxiety as she carried out her caring responsibilities:

“... my mother was sick for a very long time and she was admitted in hospital for T.B. When they discharged her she was still very sick and she was unable to do anything. At first it was better because we were able to help her to walk to the toilet with my younger sister... And when she was completely unable to do things for herself including going to the toilet ... I used to take a big basin and pour water inside it every midday and put her in the basin to bath her. I also cleaned her when she soiled herself ... I stayed with my mother doing all sorts of things for her, [with a soft voice] a-a-all sorts of things ... so because the day for her to die had arrived, she passed away and I accepted it, but I did everything for her [tears rolling down her cheeks]. I have seen my mother's sickness ... She was sick for a very long time ... I had to do a job that was too big for me as a child, taking care of my mother doing all sorts of things as a little child; always worried whether my mother was going to get better or not, waking up every night at 12 midnight to pray for my mother, and I was still a little child, until God took her ... When my siblings came back from school they helped me with the cooking because I had to rest so that I can be able to wake up at night to feed her. When she ate all the soft porridge I had to wake up that night and cook so that she can be able to eat.”

Research literature on the impact of HIV and AIDS on children indicates that most children who have to take on the role of providing care to their sick parents often drop out of school because of the overwhelming need to provide care and support to their terminally ill parents (Foster, 2004:5; Germann, 2005:104-105). The child participant whose experience was described above revealed how her situation of taking care of her sick mother forced her to drop out of school as she was not getting assistance from her grandmother. She remarked: *“... I was the only one cooking soft porridge for her and she called me whenever she wanted something. I had to drop out of school so that I can help her because my grandmother was not helping her ... I had to drop out of school to help my mother... I had to do everything for her because she was unable to go to the toilet”*

Barnett and Whiteside (2006:223) assert that children who are caring for their sick parents also become uncommonly familiar with death. The children become familiar with dead bodies, since the parents for whom they are providing care often die at home in their presence. This corresponds with the experience of the participant quoted above, as her mother whom she was nursing died during the night when she was sleeping with her younger siblings. This created confusion and trauma for her and her siblings as they lacked the mature knowledge to be able to discern whether their parent was asleep or had passed away as demonstrated by the following account:

“Even when she died we were the four of us in the house [referring to the participant and her siblings], the fifth one was my mother; and we were asleep. I was used to cooking porridge and put it in a flask so that when she wakes up during the night I will be able to feed her, I will feed her. The night she passed away, she didn’t wake up in the night; she used to wake me up in the middle of the night so that I can feed her ... but that night she didn’t wake up. When I woke up and touch[ed] my mother because I wanted to help her to sit; so when I tried to pull her into a sitting position her eyes were still closed and I asked myself what was wrong with her. I then went out and called my uncle who is living close-by. When my uncle arrived he tried to wake her up by calling her name and she didn’t wake up or respond; my uncle then went to get my grandmother and they told us that she passed away.”

It was also evident from the participant’s experience that she had suffered pain over the loss of her mother. The following statement made by her bears testimony to this: *“I stayed with my mother doing all sort of things for her, [saying this with a soft voice] a-a-all sort of things; so because the day for her to die had arrived, she passed away and I accepted it, but I did everything for her [tears rolling down her cheeks]. I have seen my mother’s sickness because she was sick for a very long time, so the day and time had arrived”*.

Germann (2005:240) confirms that the loss of a highly important person, such as a parent, is one of the most painful experiences for any human being. The experience is even more intense for children who care for their sick parents, since they have to watch their parents die. The children can suffer from anxiety and depression (Subbarao *et al.*, 2001:4).

SUB-THEME 2: ORPHANED CHILDREN ASSUMED THE RESPONSIBILITY AS HEADS OF HOUSEHOLDS

The study revealed that all children participants carried out parental responsibilities. The following excerpts demonstrate how the children performed the roles on a day-to-day basis:

“... the younger one ... I have to bath her, and take her to my aunt every morning before going to school and picking her up when I come back from school, because we don’t have money to pay crèche.”

“Like for instance, when I come back from school tired ... [I] do all household chores like cleaning, cooking, or maybe go and fetch water.”

Children who are required to perform caring responsibilities for their younger siblings have their childhood truncated as normal activities such as play often give way to meeting the basic needs of survival (Webb in Foster *et al.*, 2005:239). Play is important for children as it enables them to develop the necessary skills required for adult life (Webb in Foster *et al.*, 2005:240). Some of the children who participated in the study concurred with this finding that the caring responsibilities had taken away their time to play as these next quotations convey:

"I don't have time to play now because when I come back from school I have to wash the dishes and then cook ... and then clean the house."

"It was okay when my mother was still alive because when I come back from school I used to get cooked food and I'll eat, after eating I will then go and play with my friends."

One of the social workers participating in the study confirmed this:

[referring to carrying adult responsibilities] *"... it hinders the eldest child to be a child and do what he/she was supposed to do as a child like playing."*

With children in charge of households (especially girls), the increased hardships which they face and the need to produce income for the household can lead to potentially exploitative sexual relationships with older men (Foster, 2004:4; Subbarao *et al.*, 2001:2; Webb in Foster *et al.*, 2005:240). The following excerpt from the extended family member attests to this:

"... as the eldest child, if there are smaller children. ... when they [smaller children] wake up they look at their sister to give them food and she had to come up with a plan ... she end up doing things that are unacceptable and end up having affairs with older men because they use money to propose love from them; she will look at the money and remember that there is no food at home and then decide to take the money and have an affair with the man."

One of the social workers also confirmed that children heading households might engage in exploitative sexual behaviours in order to take care of their younger siblings and stated:

"... she might become a prostitute, and not stay at home because she will be living a life of prostitution so that she can be able to take care of herself and her siblings."

Mkhize (2006:82) found in her study on the social functioning of CHH, that children who assumed the parental role to their younger siblings found the role of sibling parenting to be very difficult, challenging and demanding. Mkhize's finding confirms the findings of this study in that all children perceived the role as being burdensome. Some of the children articulated this as follows:

"... my situation of being a parent to my siblings is too heavy for me...."

"... the burden that I am carrying [tears rolling from her eyes], especially when it comes to food ... because right now the mealie-meal that we are having is too little and when I look at it and see that it won't last us beyond this week, I ask myself a question: 'what are we going to eat after?'"

Some of the children in charge of the household perceived this role to be more challenging when there were smaller children in the household, as they were unable to understand the children's behaviour, for instance, at night when the child cried or was terrified. One child participant referred to this matter as follows:

"... You find that sometimes at night they cry and do things which I don't understand, and I end up being afraid not knowing what to do...."

Some of the children also found the parenting role to be difficult when the younger siblings became sick and hysterical at night. One participant explained that the situation made her and her other younger siblings helpless:

“... here at home we are four and I am the eldest, and the last born child who was born in 2001 is schooling at ... primary school; so when this last born child is sick, like for instance he had rash on his body, there is no one to help us. Since he was discharged from the hospital he cries during the night and it is just the four of us at home. When my siblings see that I am awake at night to help him they also wake up and we all just sit there and don't know what to do.”

Taking parental responsibility for younger siblings was also frustrating to children in charge of households as they were unable to meet the younger siblings' financial needs. The following excerpt demonstrates the frustrations that one child experienced as she took on a parental role to her siblings:

“... sometimes he cries in the mornings when he goes to school saying that he wants money to buy food at school. He always asks for R1 in the morning and when I tell him that there is no money he cries ... I think that maybe in his heart he is saying that 'if my mother was still alive she would give me R1 to buy food during lunch break'. So, where am I going to get the money?”

The role of heading a household was perceived not only as being difficult but also as interfering with their schooling. Most of the children mentioned that heading a household affected their school attendance because sometimes they overslept and when they woke up late for school they still had the responsibility to prepare younger siblings before they went to school. The following storylines refer to this:

“... especially the younger one, because now I have to bath her ... So, this is time consuming because sometimes you find that I wake up late in the morning, and I still have to go to my aunt first to drop her.”

“... sometimes we would miss school because there was no one to wake us up in the morning.”

Another child explained (very close to tears) that performing the role had negatively affected her in that she even failed her school grade:

“... is difficult for us [voice breaking] and this has affected me a lot, as a result I have failed at school; and we are three in the family and the youngest one is still very young and has not yet started school.”

Some of the social worker participants confirmed that in their contact with CHH they had many cases where the need to provide economically for younger siblings took precedence over the need for education, as the following excerpts demonstrate:

“... these children drop out of school with a reason that they want to take care of their siblings....”

“Sometimes ... they drop out of school ... the eldest child, when parents have died, he/she leave school so that he/she can find a job at the nearest farms to maintain the smaller children.”

The findings above are confirmed by Foster (2004:3-4) that as children take on adult roles, some of them, especially girls, also have to give up school in order to generate an income for the household.

In addition to interference with their schooling, performing parental roles also compromised children's health. One participant, who was epileptic, explained that performing parental roles compromised his intake of medication and this could have an adverse effect on the child's life:

"...you find that I have woken up late in the morning to go to school and I still have to make sure that the children are ready to go to school; so you find that I don't have enough time left to prepare food because I'm afraid to get to school late, and that's why I'm not able to drink my pills."

SUB-THEME 3: ORPHANED CHILDREN IN CHH LIVED WITHOUT ADULT CARE

All children who participated in the study lived without an adult in the household to provide care and protection for them. Two of the children attested as follows:

"I don't like staying here alone without an adult person; it's just that I don't know what to do, hence I would like to live with my relatives."

"...it is not nice that we are living alone because we are all still children, and we are living a hard life; no one is helping us."

Foster (2004:4) states that children who grow up without parental or adult care face unrelenting problems such as food insecurity, problems of access to education and skills training, the struggle to meet material needs, the absence of psychosocial support, poor life skills and knowledge, abuse and exploitation, absence of an extended family network, poor housing conditions and insecurity of tenure, and poor access to health care. The realities experienced by the children who participated in this study concurred largely with what Foster (2004:4) mentioned as problems faced by children living in CHH.

This sub-theme gave rise to the following categories.

CATEGORY: ORPHANED CHILDREN IN CHH EXPERIENCED INADEQUATE FOOD SUPPLIES

According to Barnett and Whiteside (2006:229), Greenberg (2007:13) and Subbarao *et al.* (2001:3), orphaned children are at greater risk of malnutrition than any other children. The findings of this study confirm the sentiments referred to in the literature in that all children participants had experienced severe economic stress in their households with lack of food being a major indicator of their destitution. The children stated that it was difficult for them to live without adult care as it exposed them to living without adequate food, as the following two excerpts demonstrate:

"It is difficult for us... because we don't have food..."

"Sometimes you find that there is no more food, you see, maybe we were able to cook in the afternoon and there is no more food to cook in the evening."

One of the extended family members confirmed that children do lack food in their households:

"... there is no food at all in the house ..."

Some of the children mentioned that they often went to school hungry because of a lack of food in the house and this could impact on their ability to learn.

The following two quotations are provided in support of this:

"... sometimes there is no food at home and I go to school hungry."

“... right now I go to school without money to buy food and when I come back from school I still need to cook; and sometimes you find that there is no food to cook ... I go to school on an empty stomach and come back from school at 16H00 very hungry.”

Some of the children’s negative experiences caused by the lack of food were compounded when there were smaller children in the household as clearly verbalised in the following statements:

“... you find that we just sit there looking at each other and for them [the younger siblings] to go to bed without food, eish, you won’t fall sleep, and ... I find myself thinking and asking myself: ‘why it has to be me whose parents have to die?’”

“... he [the youngest sibling] cries every morning ... because sometimes he goes to school without having eaten anything and sometimes when he comes back from school there is no food at home; and when he is at school and sees other children buying food, it is difficult for him.”

Some of the child participants indicated that when there was no food at home they often asked their relatives for some, who then gave them food if they had enough. The following quotations testify to this:

“... what’s happening now is that I need to go to my aunt and ask for food.”

“... sometimes we spend a lot of time without having food and I then have to go and ask from my aunts ... she gives us, unless if she doesn’t have enough, then she doesn’t give us.”

Some of the extended family members who participated in the study confirmed that they provided food for the children as the following excerpts indicate:

“I told them that if they run out of food they must come and get it from me so that they can be able to go to school.”

“... when these children say ‘Granny, we are dying of hunger’, I tell them ‘come and take a little bit from what I’m having so that you too can be able to live’.”

A grandmother of one of the children shared how she would take food without her husband’s approval and give it to the children:

“When they come to me to ask for food I do steal and give them [without the approval of the husband] so that they can eat; or when he gives me money to buy food, I take some and give it to them that they may be able to buy some food.”

The extended family members’ responses as well as the grandmother’s willingness to risk her relationship with her husband to take food without the husband’s approval led the researchers to infer that while extended families are willing to help orphaned children, their limited financial capacity prevents them from providing appropriate care and support to the children. Some of the extended family members’ financial capacity is strained and this makes it difficult for them to provide assistance to orphaned children as the financial needs of their own children increase. This is confirmed by Foster (2004:4), who states that many CHH receive little support from their relatives because these relatives do not have sufficient financial capacity and are also struggling to feed, clothe and educate their own children.

With the following statement, one child participant explained how her uncle who used to assist them with food suddenly stopped as he was no longer able to cope with the added financial

responsibility of enabling his own children to go to university and his own children's education had to take precedence:

"My uncle was helping us but now he told us that he is taking care of his eldest child who has started university this year and he has another child who is doing Grade 12 this year and when he pass he will need to go to university as well next year. My uncle then told us that he will not be able to help us with food because of this."

Some of the children declared that they did not get positive responses from their relatives when they asked them for food. These children felt hurt and discouraged by their relatives' responses and decided to stop asking for assistance from them in order to protect themselves from further disappointment as expressed through the following two statements:

"On Sunday I went to their place to ask for salt and she [sister-in-law] answered bad things to me saying that how can we not afford to buy salt that only cost R2; meanwhile we receive child support grant for my younger brother."

"My grandmother also talks too much when we go and ask her for food, so it is better not to go and ask her for food."

An aunt to one of the children confirmed that she had never offered assistance to the children in the form of food because of financial constraints, as she is not employed:

"... I have never helped these children with food or anything since their mother died."

Another aunt confirmed the children's restraint in asking for food from her and stated:

"The problem with these children is that even if they are hungry they don't come to my place to ask for food."

In such instances neighbours play an important role in providing children in CHH with food. One child explained that he asked his neighbour for food as an alternative to relatives, as they were not willing to help him in the past:

"... but sometimes there are the Sibuyis [neighbours, not their real name] that I go to and if they have some money they do give it to me so that I can be able to buy bread."

This study revealed that the Department of Social Development plays an important role in providing children with food parcels, thus relieving relatives and neighbours of the burden. Mkhize (2006:80) also found in her study that social security grants served as a supplementary measure for the care of orphaned children in CHH. Some of the children confirmed it as follows:

"What is helping us now is the food that we get from the social worker."

"My grandmother then took us to the social worker to apply for a foster care grant and the social worker gave us food and school uniforms, and we are now receiving the foster care grant."

Foster (2004:7) postulates that although the government has made available the mechanisms to support children living in vulnerable circumstances, problems exist that cast doubt on the ability of the system to meet the needs of these children as many eligible children do not receive the necessary support. Foster (2004:7) indicates that sometimes it may take several months or even years for children to receive the state benefits. This is evident from the following excerpts from the children:

“...sometimes the social worker does give us food because my aunt has applied for foster care in 2007 and we are still waiting for the social worker to take us to see the magistrate.”

“....sometimes we spend a lot of time without having food ... because it takes a long time for the food from the social worker to be available.”

When all attempts to get food from relatives, neighbours or social workers fail, children became helpless and went to bed hungry. The following account encapsulates the child's helplessness over his condition, ending up questioning why they were in such a position:

“... you find that we just sit there looking at each other and for them [referring to the younger siblings] to go to bed without food, you won't fall asleep, and ... I find myself thinking and asking myself: 'why it has to be me whose parents have to die?' You see things like that; it is not good. I ask myself: 'why?' What have we done that our parents have to leave us; because if they were still here, we would get the things that we need, and now they are no longer here and we have needs.”

Some of the extended family members who participated in the study agreed that children did go to bed hungry. The following two quotations confirm this:

“... right now you find that they go to bed on empty stomachs because there is no one buying them food.”

“... and there is no food. Most of the time they go to sleep without having eaten anything and the youngest child is only 11 years old. It is not fair for them ... it is not fair.”

Although some of the extended family members seemed to be aware of the children's challenges regarding the lack of food, their own financial circumstances prevented them from offering appropriate assistance to the children, as noted by the following grandmother:

“...if their uncles [her two sons] were working I would be able to help them with everything they need. The problem is that their uncles are not succeeding in getting jobs. They are trying but they don't get jobs.”

CATEGORY: ORPHANED CHILDREN IN CHH EXPERIENCED EDUCATION-RELATED DIFFICULTIES

Children who live in communities that are affected by HIV and AIDS are at an increased risk of losing opportunities such as schooling, health care, growth and development (Smart, 2003:7; Subbarao *et al.*, 2001:9). Children without parental care often drop out of school because of a lack of school fees and money to buy books and school uniforms (Foster, 2004:3-4; Subbarao *et al.*, 2001:9).

As confirmed by the literature reviewed above, some of the children indicated that they did not have school necessities such as school uniforms and money to buy food at school, as shown by the following excerpts:

“I don't even have proper school uniform; the uniform that I have is a skirt and shoes which I have asked my uncle's daughter to give me, and my neighbour gave me a shirt and socks.”

“... right now I go to school without money to buy food at school meanwhile I leave home without having eaten anything.”

A social worker explained that some of the children she was in contact with got despondent about their education as they lacked adults to assist them with their school work:

“...when there is no one who can help them with their homework, they get discouraged and give up on school.”

One child participant confirmed this as follows:

“... I need to be helped with homework, because sometimes teachers tell us to go and ask at home, as I stay alone you find that I don't know whom to ask.”

CATEGORY: ORPHANED CHILDREN IN CHH EXPERIENCED UNSAFE LIVING CONDITIONS

The study revealed that children in CHH households require an urgent response from the state to realise their right to shelter as they live in unsafe housing conditions which expose them to further harm and danger. The researchers found that it was not safe for children when they stayed alone without adult care as illustrated by the following excerpts from the children's responses:

“... when we live alone as children we are not safe.”

“... and we are not safe.”

One of the children expressed his ordeal of living in a house which was in a dilapidated state as follows:

“...this house is not safe because the moths have eaten the poles and it can fall anytime; and also when I look, you find that when it rains it gets into the house and mess up everything in the house. I also have a problem of mosquitoes, they get into the house through these openings (pointing the holes) and they bite me throughout the night.”

This finding is confirmed by the Ingwavuma Orphan Care Project (undated:1) that many children in CHH live in unsafe mud huts which were left to them by their parents, but these huts were falling down due to rain and wind, exposing the children to extreme danger.

CATEGORY: ORPHANED CHILDREN IN CHH EXPERIENCED SEXUAL ABUSE AND EXPLOITATION

Greenberg (2007:29) emphasises that while all children require protection, state agencies in partnership with communities should be more vigilant in protecting children in CHH as they are at greater risk of being sexually abused and exploited. The findings of this study confirm that children living in CHH are exposed to being sexually abused and exploited. It is evident from the following accounts of two children participants that adolescent girls without adult care are at an increased risk of being sexually abused and exploited. The impact of the experience is evident from the following girl's account. The depth of her pain was evident in the tone of her voice and non-verbal expression of her emotions as she was crying when she relived her experience:

“... a man came into our house the other night [voice changed and became slower, while her eyes were on the floor], and he came and entered the house, and when he entered [stammering] the house, he entered the house during the night when we were sleeping. When I woke up, when I woke up I found him standing. I asked him what he wanted, and he said: 'nothing, go to sleep'. He then slapped me on my face ... he then

hit me and he told me that he wanted to sleep with me by force. I then screamed calling my neighbours, so my neighbours came and that man ran away.”

The following account of another girl also confirms that children without adult care are at an increased risk of being sexually abused and exploited:

“... sometimes strangers break into our house because they know that we are staying alone ... The first day when this person came to break into the house, I heard him, and when I screamed he ran away, and even the second day when he came I heard him, and he ran away again. ... I heard him when he tried to open my bedroom window ... I then screamed and he ran away. The second person as well, I heard him when he tried to open my bedroom window and when I screamed he then ran away. I am afraid to go to sleep since these happened, because they are targeting my bedroom, because every time they come they want to open my bedroom window; (pause) maybe they want to rape me or maybe they just want to steal, I don't know why they want to break into the house. It makes me afraid to go to sleep at night.”

CATEGORY: ORPHANED CHILDREN IN CHH LIVED WITHOUT ADVOCACY FROM ADULTS

According to Nyamugasira (1998:7), although children in CHH need a voice to help them articulate their needs, in most cases their voices are not heard. Nyamugasira (1998:8) points out that children who participated in a qualitative needs-assessment study on children living in CHH which was conducted in Rwanda revealed their need to be heard and represented. When asked to draw pictures, these children drew pictures of people without mouths, signifying that they no longer want to speak as no one is listening to them.

Sloth-Nielsen (2004:iv, 37) emphasises the importance of advocacy in societies. She asserts that advocacy can promote a better legal framework to overcome the barriers that children living in CHH face. Therefore efforts to improve children's health and wellbeing should be approached in a holistic way to include advocacy (Richter & Rama, 2006:38). Civil society organisations (especially at a community level) are in a better position to advocate for children to ensure their protection and the fulfilment of their best interests (Richter & Rama, 2006:28).

The findings of this study echoed the literature reviewed above in that the children shared experiences pointing to the fact that they do not have anyone to advocate for their rights. Some of the children's experiences of living without adult care also included the point that they had to fight for themselves when they encounter difficulties in their lives, as expressed by one of the social workers as follows:

“...there is no one to fight for them because they cannot fight for themselves.”

Reflecting on the account of the 17-year-old girl, presented above, who almost got raped by a man from her community, it is evident that children without adult care experience a very difficult life without someone to advocate for them. Although the man was known to the girl and the neighbours, charges were not laid against the man as neighbours were against playing the advocacy role. The following excerpt illustrates how the lack of advocacy negatively affected the child's life:

“... he then hit me and he told me that he wanted to sleep with me by force. I then screamed calling my neighbours. My neighbours came and that man ran away, and my neighbours said that they will open a case with the police so that he can be arrested, but they didn't open the case, it just ended there [tears rolling down her cheeks while

speaking with a very soft voice]. *So, I thought that because they are the elders they will open the case against him because we all know him ... people are still making fun of me saying that I am his wife because I didn't open a case with the police, and this means that I agreed to sleep with him.*"

Another child participant articulated the lack of people to advocate for the orphaned children as follows:

"Even if we get a problem we try and resolve it ourselves because we do not have anyone to help us."

CATEGORY: ORPHANED CHILDREN IN CHH LIVED WITHOUT PROPER GUIDANCE, DISCIPLINE AND CONTROL

In this study the researchers found that children living alone without adult care lacked proper guidance, discipline and control. The Department of Social Development (2008:123) in its situational analysis also found that supervision was identified as one of the needs of children living in CHH. According to one of the extended family members, lack of proper guidance could lead the girl children to engage in exploitative sexual behaviour, as she explained:

"Sometimes you find that when they see other children in school having nice things, there is no one to explain to them that it won't be the same with them because they don't have parents. There is no one to guide them and to tell them that ... So, you find that these children end up doing bad things like prostitution so that they can have nice things like the other children, like clothes and other things."

This is confirmed by one of the social workers who contended that the absence of proper guidance and care in the household could result in children engaging in prostitution:

"... when these children live alone, they might become prostitutes, and not stay at home because she will be living a life of prostitution."

These findings are supported by Foster (2004:4), who asserts that children who grow up without adult support are particularly vulnerable to sexual exploitation as a result of destitution and a lack of adult supervision and guidance.

Children who grow up without adult care also lack proper discipline in their lives, as demonstrated by the following excerpt from a statement made by one of the children who participated in the study:

"...we don't even stay at home because there is no one to discipline us."

One of the extended family members shared the observation she had made regarding children who were growing up without proper discipline in her community as they were living alone without adult care as follows:

"You find that there is no discipline in the home ... they go to Hotel X [a shebeen] the way they like and the house is always full with boys. Anyone can see that these children are doing all these things because there is no one to discipline them. If they don't feel like going to school they don't go, because there is no one to ask them why they didn't go to school."

Mkhize (2006:83) found that in the CHH she studied, conflict was inevitable as siblings interacted as a unit. She found that sibling rivalry was a result of difference of opinions among children on the allocation of household chores. In this study one social worker attested that con-

flict was inevitable in the CHH they were in contact with. This was caused mainly by a lack of respect among the children in the household because as the younger siblings became teenagers, the head of the household lost control over them as demonstrated by the following excerpt:

“In some cases we found that the child who heads the family does not have control over the children. Sometimes they do not respect each other. When the children get into a teenage stage sometimes they become uncontrollable and they start to demand that the head of the household should use the grant money to buy them cell phones and clothes even if it is not necessary for them to get new clothes.”

SUB-THEME 4: ORPHANED CHILDREN IN CHH EXPERIENCED MULTIPLE LOSSES

This study also revealed that some orphaned children had experienced multiple losses in their lives. One of the child participants expressed feelings of depression as a result of the deaths of his significant others and he was afraid that he might die anytime as well. The feelings of anxiety affected him and this was exacerbated by his fear that it might result in a stroke.

“Like with me, my grandmother died first, then she was followed by my aunt, followed by my mother and my father, then my two siblings and I was left alone here at home ... so I sit and think when I’m at school that my parents have died and I don’t have any plan at home, because my parents died and everyone at home has died ... sometimes I think that I will also die just like them; so when I’m sitting alone I think a lot and I’m afraid that it will result in stroke.”

Bauman and Germann (in Foster *et al.*, 2005:100) agree with this finding that some orphaned children experience multiple losses in their young lives as they may have watched for months or years the deterioration in the health of their parents and cherished relatives, and eventually their death. The surviving children are faced with a task of adjusting to such major losses and may have difficulty in coping with their feelings of sadness, survivor guilt and resentment (Bauman & Germann in Foster *et al.*, 2005:100).

SUB-THEME 5: RESILIENCE OF ORPHANED CHILDREN IN CHH AND SURVIVAL STRATEGIES EMPLOYED BY THEM

One of the reassuring findings of this study relates to the remarkable resilience and resourcefulness of all children in dealing with their pervasive adversities (Nziyane, 2010:164-169). Table 1 below depicts three sources of resilience from which the children participants drew their coping mechanisms and the survival strategies which the children employed.

**TABLE 1
 THREE SOURCES OF RESILIENCE**

Sources of resilience	Survival strategies employed by the children participants
Children’s internal dispositions	- Children’s positive attitude towards life. - Acceptance of their circumstances. - Being involved in sports and recreation.
Children’s financial and interpersonal skills	- Children’s ability to budget on their social grants. - Willingness and ability to seek assistance from neighbours, friends, relatives and social workers.
Children’s external support and resources	- Children’s external support such as neighbours, churches, friends, relatives, and government support.

(Grotberg as cited in Germann, 2005:249)

CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER AND FUTURE RESEARCH

Based on the research findings and the literature reviewed pertaining to this theme, the researchers conclude that orphaned children in CHH experience myriad adversities, which began with the illness of their parents. The death of the parents further exacerbates their experiences, because the children had to remain in their households to assume parental responsibilities, which include household management, taking care of younger siblings, financial management and providing for the economic needs of the household. Performing these roles is experienced as burdensome, difficult, challenging, stressful and frustrating to the children, especially when there are smaller children in the household. The assumption of these parental roles take a toll on the children's lives in that, amongst other things, it interferes with the children's schooling, compromises their need for play and exposes them to sexual exploitation. The reassuring finding of this study is the remarkable resilience and resourcefulness of participating children in dealing with pervasive adversities; this includes their positive attitude towards life, acceptance of their circumstances and their willingness to draw on the availability of external support systems in their lives.

Practice guidelines on the integration of CHH into extended families have been developed which were informed by the participants in the study (Nziyane, 2010:255-308). It is recommended that the practice guidelines should be considered and assimilated when policies and strategies on CHH are developed in order to redress or prevent the CHH phenomenon and ensure that orphaned children's rights are protected.

The following recommendations for further and future research are proffered:

- This study highlighted that one of the realities experienced by orphaned children living in CHH was that orphaned children had to live without proper guidance, discipline and control, which could have adverse effects on the children when they grow into adulthood as they would lack proper skills required for their adult life. It is recommended that longitudinal studies should be conducted on children living in CHH to explore the impact of growing up in CHH without adult care on adulthood;
- Carrying adult or parental responsibilities was perceived as taxing and burdensome to children heading CHH. On reviewing the literature on this aspect, the researchers found that there was a dearth of evidence on the experiences of orphaned children heading CHH in carrying parental responsibilities. There is a need for further in-depth research to explore the experiences of children heading CHH in carrying out parental responsibilities.

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