

CHAPTER 1

INTRODUCTION AND ORIENTATION

1.1. AIM OF THE CHAPTER

The aim of the chapter is to provide a background and orientation of the socio-educational problems experienced by orphans of AIDS and those orphans in child-headed households. The chapter provides a scientific exposition against which the dissertation should be read and understood.

1.2. INTRODUCTION

“Neither words nor statistics can adequately capture the human tragedy of children grieving for dying or dead parents, stigmatised by society through association with HIV/AIDS, plunged into economic crisis and insecurity by their parents’ death and struggling without services and support systems in impoverished communities.”(Smart 1999:20)

¹HIV/AIDS cannot be considered a disease any longer but a pandemic of complex related problems with dire consequences (Coombe 2002a:vii). Statistics (UNAIDS/WHO 2003:3) indicate that by 2002 approximately **40 million** people around the world were living with HIV and **2,5 million** of them were children under the age of 15. Globally, by the year 2002, there were **14 million** children who were orphans (AVERT.ORG 2003b:1). Many of these were children in child-headed households, who were forced to fend for themselves, abandon their studies, were most vulnerable to abuse and had to

¹ The term “HIV/AIDS” will be used as such in the course of this dissertation and not HIV/Aids.

often seek work to survive. This means that even if they are fortunate enough to have their own homes, they still need food and school fees (McGreal 2001:1).

Up until the end of 2002 approximately **26.6 million** adults and children living with AIDS were from sub-Saharan Africa while **4.6 to 8.2 million** lived in South and South-east Asia (UNAIDS/WHO 2003:3). UNICEF statistics (Bellamy 2003:56) in 2003 indicated that **2.5 million** people had died of HIV/AIDS in the sub-Saharan African region leaving behind even more children to join the 11 million children already orphaned. Of the **14 million** orphans (AVERT.ORG 2002b:1) the AIDS pandemic has left behind worldwide, it is estimated that 11 million live in sub-Saharan Africa. In parts of east and southern Africa ten percent of all orphans of AIDS live in homes headed by children (McGreal 2001:1).

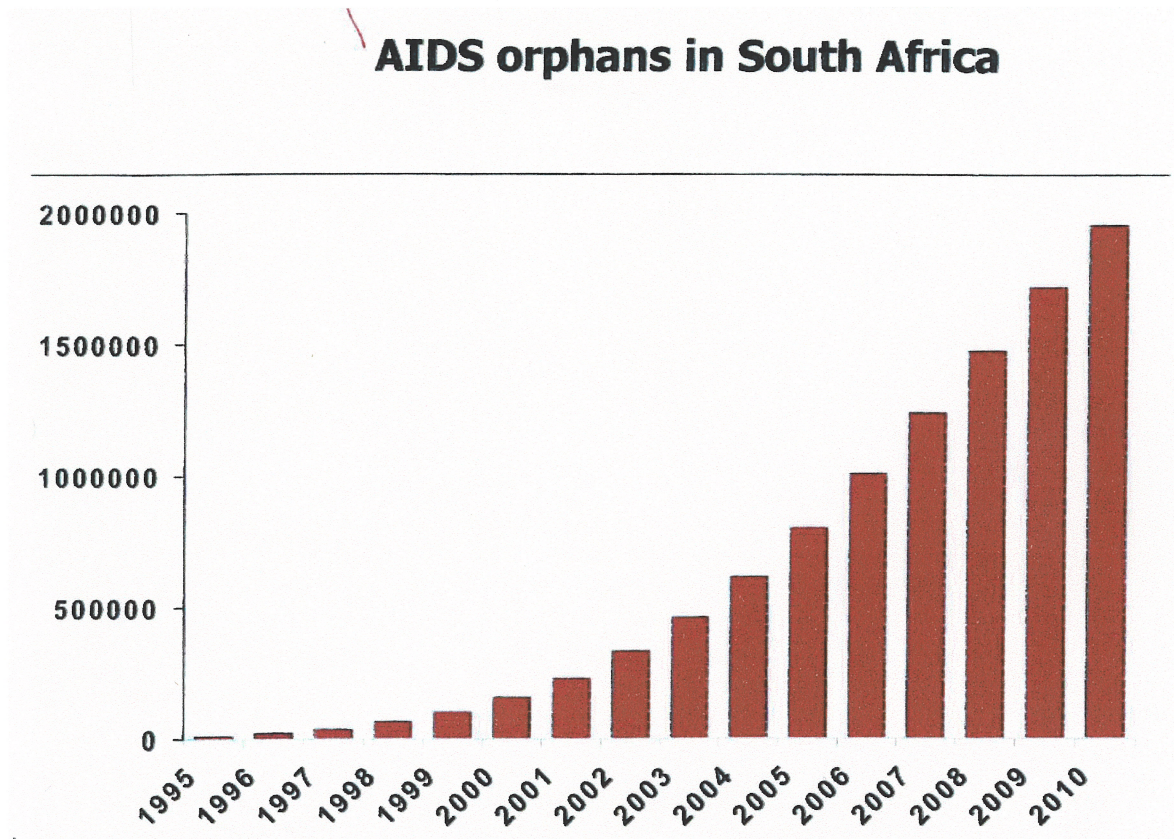
The pandemic in African countries such as South Africa, Zambia, Botswana and Swaziland (Coombe 2000a:1) is generating orphans so quickly that family structures such as the extended family can no longer cope. Families and communities throughout Africa are barely able to fend for themselves, let alone cater for the orphans who are experiencing severe socio-educational deficiencies. Infected adults are leaving behind a generation of young children to be raised by their grandparents or left on their own in child-headed households. (UNAIDS 2000:28).

Research (Loening-Voysey ²& Wilson 2002:2) shows that HIV/AIDS is the primary factor contributing to the existence of the large number of orphans in South Africa. An estimation by the Actuarial Society of South Africa (Turkington 2002:1) states that as at 2002 there were approximately **280 000 maternal orphans** (children who had lost their mothers to HIV/AIDS) and that there were about **640 000 AIDS orphans** in South Africa presently. According to Dorrington ²and Johnson (2002:46) South Africa's levels of orphan hood are predicted to rise dramatically since these figures are still in

²Take note that '&' will be used if the reference appears within brackets but 'and' will be used when the reference is used in the course of the text. This does not apply in the Bibliography.

the early stages in relation to other African countries. It is estimated that by the year 2010 there will be nearly two million orphaned children in South Africa and this will be the biggest socio-educational challenge for both the public and private sectors. This statistic is supported by the information provided by Whiteside (2002:23) on the following page:

FIGURE 1: AIDS ORPHANS IN SOUTH AFRICA



Source: Whiteside 2002:33

The above statistics underscore the tragic South African situation pertaining to orphans of AIDS and the magnitude of the problem in the future. This information supports the statistics provided by the Actuarial Society of South Africa referred to earlier.

HIV/AIDS has impacted most severely upon the world's youngest (children and adults) and most vulnerable citizens (young girls), initiating psychosocial and educational distress and increasing material hardship (UNAIDS/WHO 2002:28-29). Adolescents worldwide, who are orphaned as a result of AIDS, are exposed to anxiety, fear, sorrow, loss, stigma and discrimination, and isolation since the essential relationships within the context of the family are being destroyed (Coombe 2002c: 141; Giese 2002b: 2). In child headed households, adolescents are especially vulnerable since they are at greater risk of malnutrition, illness, abuse, child-labour, sexual exploitation and socio-educational difficulties (SAHARA 2002a: 4).

Socio-educational difficulties experienced by children could be in the form of a lack of parental guidance and support to continue with schooling, late schooling, discrimination at school level, absenteeism or complete drop out in order to take care of ailing parents or family members, the lack of funds to pay school fees, the inability to purchase school accessories and the necessary funds to be able to participate in sporting activities (Bellamy 2003:50). Peter Badcock-Walters (2002:98) argues that HIV/AIDS can be considered to be the "largest, single threat to the education process" and that any threat that decreases the role of education impacts adversely upon personal, community and national development.

Although information regarding child-headed households is limited, a report by Deborah Ewing (2002:38) confirms that such households may be headed by adult siblings of orphans, by school-going adolescents or by children caring for terminally ill parents with no adult supervision or support. Within the South African context the situation of orphans in child-headed households is exacerbated by the extreme poverty and the AIDS epidemic. The various social and educational problems of orphaned children in conjunction with a discussion of present research in South Africa can assist to mitigate the adverse conditions of these orphans as indicated in Chapter 4 of this study.

The choice of locating a sample in Kwa-Zulu Natal for the empirical research of this study is based on the fact that the majority of orphans in child-headed households are located in the Kwa-Zulu Natal.

1.3. PROBLEM STATEMENT

The above is indicative of the fact that many adolescents who are orphaned by AIDS find themselves in positions of control within their own households and are socially and educationally affected. HIV/AIDS has been responsible for more child-headed households than any other phenomenon and is a “*chronic stressor*” (Ebersohn & Eloff 2002:78) since children are compelled to take on positions of caregivers as well as breadwinners (Giese 2002b:1).

The adolescent AIDS orphan in a child-headed household appears to be a phenomenon prevalent predominantly in the rural areas of Kwa-Zulu Natal and thus sadly a neglected area of both research and support. The advantage that such a child in the suburban areas has, is that there are institutions that are able to cater for their needs. On the other hand, institutional care is less accessible to vulnerable children including orphans of AIDS in rural areas.

The adolescent in a child-headed household may experience inter-alia the following problems:

- Depleted **financial resources** of the family, often forcing the orphan to abandon ³his education to survive (Coombe 2002c: 122). These households usually lose out on the previously available income, medical and insurance benefits and treatment costs. Since there is a reduced capacity to generate work, the sale of valuable assets might have to be considered (Coombe 2002c: 122). The devastating impact of both HIV and poverty upon the adolescent orphan mean

³ The word ‘his’ is meant to refer to either his or her.

that children's basic needs of food, housing, school fees, medicines, water, proper sanitation and transport are not met (Giese 2002b:3-4). The adolescent is faced with the anxiety, fear and frustration of this **financial strain** since the productive family members are now severely ill or have passed on and he has to now take on the responsibility of providing for his siblings (Ebersohn&Eloff 2002:79).

- The cruel reality of **poverty** that is thrust upon the naïve orphan and the **stigma and discrimination** attached to HIV/AIDS result in feelings of guilt, shame and denial (Loening-Voysey 2001:3). It has been reported that members of the community who are ignorant of the actual effect of the disease, fear the consequences of linking themselves to the abandoned children believing that the latter have brought shame to the community. Hence, the denial of vital social, emotional and economic support and consequent **abuse** of these orphans. Research also reveals that an increasing number of children **refuse to attend school** as a result of the scorn that they have to endure from being part of AIDS-affected households (Hepburn 2002:93).
- The trauma of being rejected by the community is exacerbated by the **adolescent's new adult responsibilities**, which include providing security and food to dependent siblings and taking care of sick family members (Ebersohn&Eloff 2002:78). The adolescent AIDS orphan sacrifices the opportunity to have a secure future by dropping out of school in order to care for incapacitated parents. These "**child-nurses**" are forced to deal with the ordeal of the prolonged and unpleasant effects of AIDS upon their loved ones and expose themselves to HIV as well as the opportunistic diseases that eventually kill the patient (Beresford 2002:6).
- The stress adolescents suffer as a result of having to adopt the roles of caregivers and providers impacts upon their physical and mental health and their

educational aspirations (Coombe 2002c: 131-133). Research has shown that children affected by AIDS are frequently **absent** from school and are finding it more **difficult to pay attention** in the classrooms – hence there are substantial **school dropout rates** due to deprivation, disease and distress (Coombe 2002c: 131:133). This could be attributed to the fact that the orphans, especially those in child-headed households, have become **breadwinners** and have added responsibilities, which include seeking employment in order to provide for their siblings. Studies in most African countries have displayed that orphans of AIDS are less likely to attend school than those who have not lost a parent (UN Fact Sheet 2001:2). Giese (2002:65) asserts that orphans, who have limited resources and inadequate adult supervision, “are more likely than their peers to drop out of school.” They are also deprived of the benefit of the control and support of some of their teachers and peers as a result of the secrecy revolving around the pandemic.

In the light of the above problems experienced by adolescents affected by AIDS in child-headed households, the **main research questions** for this particular research may be described as follows:

- What is the impact of HIV/AIDS on the social lives and education of adolescent orphans in child-headed households?
- To what extent are the above-mentioned problems that are experienced by orphans of HIV/AIDS, replicated in this study?
- What problems, unique to the sample under study, need to be recorded?
- Are there any new recommendations, suggested by the study that may be taken to mitigate the impact of HIV/AIDS as experienced by orphans of HIV/AIDS in child-headed households?

1.4. AIM OF THE STUDY

The primary aims of this study are:

- To investigate and discuss the socio-educational impact of HIV/AIDS on the lives of adolescents who are orphaned by the pandemic and forced into child-headed households.
- To ascertain the extent to which the above-mentioned problems (stated in the problem statement) experienced by orphans of HIV/AIDS, are replicated in this study.
- To determine what problems that are unique to this study, need to be recorded.
- To provide innovative guidelines that may assist to mitigate the impact of HIV/AIDS as experienced by AIDS-affected orphans.
- To investigate by means of an empirical study the socio-educational impact of HIV/AIDS on adolescent orphans in child-headed households in the rural areas of KZN and to present recommendations and conclusions from the findings in an attempt to mitigate the impact of HIV/AIDS on these adolescents.

Before one proceeds to the accomplishment of the primary aims, one must embark upon an in-depth study into:

- (a) Adolescence as a developmental phase with special reference to the adolescents' cognitive-, physical-, emotional-, moral-, social- and connotative development.
- (b) A situational analysis of the impact of HIV/AIDS on adolescents (orphaned by AIDS) in child-headed households internationally and in South Africa.

- (c) The socio-educational impact of poverty and HIV/AIDS on adolescents orphaned by HIV/AIDS in child-headed households.
- (d) The kind of support (educationally, socially, financially, emotionally), adolescents in child-headed households receive from families, schools, NGO's, communities and the State.

1.5. SIGNIFICANCE OF PROPOSED STUDY

South African children affected by AIDS face not only the horror of losing their families to the pandemic but also the risk of growing into dysfunctional adults within a society where individuals are estranged and deprived. Without the care and supervision of their parents or caregivers they are unable to function as productive human beings within their own social circles let alone the broader context beyond.

The significance of this study is emphasized in the problem statement, which indicates that the study investigates the impact of HIV/AIDS on the social and educational lives of adolescents in child-headed households. The findings of the study also present recommendations that attempt to mitigate the impact of HIV/AIDS on these adolescents.

This study attempts to reveal the manner in which adolescent AIDS orphans in child-headed households are forced to take up new responsibilities which entail caring for ailing parents and siblings - hence the pressures of new problems – educational and social with the accompanying financial, emotional and psychological problems (NPA: National Programme of Action 2001:88). It probes to reveal how and why adolescent-children are compelled to carry heavier workloads, abandon school, perform more general household duties, forced onto the streets and even compelled to indulge in criminal activities. It further attempts to investigate how adolescents in child-headed households cope with stigma, discrimination, economic difficulties, school attendance,

fees, distress, trauma, personal grief, loss of identity, shame as well as the fear of abandonment, rejection and death.

In addition, this study provides guidance to schools, churches, NGO's, governments and researchers on how to address the phenomenon of child-headed households and to mitigate the impact of HIV/AIDS on orphaned children. The research provides a scientific background of the socio-educational impact of HIV/AIDS on adolescents in child-headed households in both the International and National arenas. It aims to elucidate the unique manner in which HIV/AIDS affects adolescents in child-headed households in South Africa.

Since research based on the socio-educational impact of HIV/AIDS on adolescents in child-headed households is limited, there is an urgent need for scientific information that will assist to analyze and relieve, to some extent, the problems relating to these children's social and educational situations. This field of study is certainly under-resourced since much of the research conducted in the field of HIV/AIDS, concentrates on the medical aspects of the virus. More knowledge on this topic will consequently expose the effects of the pandemic upon the child-headed home, thus contributing towards the distinct approaches that could be utilized in order to assuage the impact of HIV/AIDS on the adolescent in such homes.

1.6.CONCEPTUALIZATION

1.6.1. The concept “socio”:

The concept “socio” that stems from the concept “social” is said to have the following meanings:

- Social life
- ‘ People in relation to one another, for example: intimate, personal, social, public;

- To share with others (for example: a common neighbourhood, values, interests, beliefs);
- Participation between people;
- People uniting in a community or society;
- Communication (interaction) between people; and
- All the phenomena of living and working together. (Le Roux 1993:13)

The term “socialization” that stems from “socio” is the process through which children acquire behaviour, skills, motives, values, beliefs and standards that are characteristic, appropriate and desirable in their culture (Mussen, Conger, Kagan and Huston 1990:514). The concept “socio” refers to experiences, usually controlled, that improve the individual’s ability to participate in group life,” (Good 1973:539). The meaning attributed to the concept socio or “social” is “in its broader sense, pertaining to the interaction of organisms in groups; in its narrower sense, descriptive of an individual’s ability to get along with others,” (Good 1973:538).

With reference to this study, the concept “socio” will refer to the experiences, participation and communication in which the adolescent orphaned by HIV/AIDS in a child-headed household is involved in with particular reference to his siblings, his peers, members of the extended family, his teachers and society.

1.6.2. The concept “educational”:

The term “**educational**” stems from the word “**education**” which means:

- *Any process, formal or informal, that helps develop the potentialities of human beings, including their knowledge, capabilities, behaviour patterns, and values.*
- *The developmental process provided by a school or other institutions that is organized chiefly for instruction and learning.*

- *The total development acquired by an individual through instruction and learning (Hawes & Hawes 1982: 73).*

In relation to this study, the concept “educational” refers to the education at formal (at school or any other institution) or informal institutions (the home) that helps develop the potentialities of orphaned adolescents, including their knowledge, capabilities, behaviour patterns and values.

1.6.3. The concept “adolescent”:

*“A child changes into an adult during **adolescence**, a period lasting from about 11 to about 18 years of age. The changes that take place during adolescence include not only physical events but also psychological and social ones.” (Smart and Smart 1977: 491).*

*“The adolescent is the youth at the stage between childhood and adulthood, termed **adolescence**.” (Marshall 1998:7). According to the Oxford Dictionary of Sociology (Marshall 1998:7), the adolescent is considered to be unstable and flexible, one who stands on the brink of personhood looking for an image that he cannot yet envisage or attain.*

In relation to this study, the concept “adolescent” will refer to any child from the age 13 to 18 years who is orphaned as a result of HIV/AIDS. The term will incorporate both puberty as well as adolescence.

1.6.4. The concept “household”:

The Oxford Dictionary of Sociology (Marshall 1998:283) provides the meaning as “*A group of persons sharing a home or living space, who aggregate and share their incomes, as evidenced by the fact that they regularly take meals together*” (Marshall 1998:283). In terms of the Dictionary of Education (Good 1973:287) the concept is considered as being “*defined by the Bureau of the Census for the 1970 census (and) includes all the persons who occupy a house, room or group of rooms, or apartment that constitutes a unit dwelling: a household may contain more than one family,*” (Good 1973:287).

In relation to this study, the term “child-headed household” will refer to all children (normally siblings) who occupy or share a home which is controlled by one or more children (adolescent/s) who assume/s the role of the parent, caregiver or principal earner since the adult who is supposed to be responsible for the home is too ill with the virus or has passed on as a result of HIV/AIDS.

The words ‘*household*’ and the word ‘*home*’ may be used interchangeably in some instances.

1.6.5. The concept “orphans”:

According to Ali (2002: 2), orphans - “*are those children whose parent or parents have passed away from birth to the age of eighteen or twenty-one years old, as well as those above these ages but are still going to school, or do not have any means of looking after themselves and those being looked after by guardians who are unable to support them.*”

UNAIDS/UNICEF (2002:8) suggests the following definitions:

“*Maternal orphans* are children whose mothers, and perhaps fathers, have died (includes double orphans”, that is those children who have lost both parents).

“Paternal orphans are children whose fathers, and perhaps mothers, have died (includes double orphans).”

“Double orphans are children whose mothers and fathers have both died.”

The South African Oxford School Dictionary (Hawkins 2000:306) refers to the orphaned child as *“a child whose parent(s) are dead”*.

For the purposes of this study, the term “orphan will refer to a child whose parent(s) have passed away.

1.6.6. The concept “AIDS”:

According to Van Dyk (2001:4), the acronym stands for “Acquired Immune Deficiency Syndrome”. The virus is acquired and not inherited and the body is unable to defend itself against the HI virus thus displaying various signs and symptoms of pathological conditions.

According to Whiteside & Sunter (2000:1), AIDS is explained as follows:

The ‘A’ stands for Acquired. This means the virus is not spread through casual or inadvertent contact like flu or chickenpox. In order to be infected, a person has to do something, which exposes them to the virus.

‘I’ and ‘D’ stand for Immunodeficiency. The virus attacks a person’s immune system and makes it less capable of fighting infections. Thus, the immune system becomes deficient.

‘S’ is for Syndrome. AIDS is not just one disease but it presents itself as a number of diseases that come about as the immune system fails.

For the purposes of this study, the concept “AIDS” will be considered as “AIDS” which is the acronym that stands for Acquired Immune Deficiency Syndrome. The disease is

acquired and presents itself as a number of diseases displaying various signs and symptoms of pathological conditions, which eventually cause death.

1.6.7. The concept “HIV”:

According to Barnett & Whiteside (2002a:30), HIV stands for Human Immunodeficiency Virus. The above researchers uphold that “for the infection to occur, the virus has to enter the body and attach itself to host cells.” The HIV then targets the particular CD4 positive T cells, which organize the body’s entire immune response. The virus also attacks immune cells called macrophages, which are there to consume foreign attackers and recognize these in the future. Once the virus has entered the CD4 cells, they cannot be identified and destroyed by bodily defense mechanisms. A constant conflict follows between the virus and the immune system.

In relation to this study, the concept “HIV” will stand for Human Immunodeficiency Virus.

1.6.8. The concept “impact”:

It has been somewhat difficult to glean specifically what academics consider to be the meaning of the concept “impact”.

According to the South African Oxford Schools Dictionary (Hawkins 2000:221) the concept “impact” refers to “an influence or effect.”

The concept in relation to this study will refer to the effect that HIV/AIDS has upon the lives of adolescents in child-headed households, from a social and an educational perspective.

1.7. RESEARCH METHODOLOGY/STRATEGY

1.7.1. Theoretical Framework

Since the focal point of this inquiry is the socio-educational impact of HIV/AIDS upon adolescents orphaned by AIDS in child-headed households, it can be classified as a **social epidemiological study** (Weiss & Lonnquist 2000:35). Such studies give attention to the causes and distribution of diseases and impairments within a population but from a socio-cultural perspective. Within the current context, social epidemiologists explain social inequalities in health by focusing on three explicit theories (Krieger 2001:669):

- **Psychosocial:** This theory presents the query as to why only certain people who are exposed to germs become infected and why not all people who are infected develop a disease (Krieger 2001:668). John Cassel (1921-1976) was of the view that there were groups of natural factors that were capable of altering human resistance by significant means and making specific individuals comparatively more vulnerable to these ever-present agents in the natural world that cause diseases such as tuberculosis, schizophrenia and suicide. Some of the most apparent psychosocial factors that appear to explain the theory are: social disorganization, rapid social change, marginal status in society, social isolation, bereavement and the buffer to all the foregoing factors is social support. Cassel advocated that in order to make constructive strides towards minimizing disease it was crucial to enhance and bolster the social support rather than decrease the exposure to stressors.
- **Social production of disease and/or political economy of health:** The fundamental assumption of this theory is that 'economic and political institutions and decisions that create, enforce and perpetuate economic and social privilege and inequality are root or fundamental

causes of social inequalities in health' (Krieger 2001:670). Within the context of such an ideology, the relief stems from tactics for community 'empowerment' and social transformation. Other important aspects are amendments to social inequities that pertain to race/ethnicity, gender and sexuality according to socio-economic criteria and across diverse societies.

- **Ecosocial theory and related multi-level frameworks:** These are graphic descriptions of innovative structures to clarify existing and variable models of disease dissemination that refuse to settle in a specific plane but are '*multidimensional and dynamic*' (Krieger 2001:271).

The ecosocial theory and related multi-level frameworks are supposed to clarify patterns of health, disease and well being as biological expressions of social interactions, consequently engendering fresh information and resolution. However, Krieger (2001:674) also emphasizes that the socio-epidemiological field is a largely *under-theorized* and *under-researched* field of study that requires a concerted united effort by biologists and sociologists to remove ambiguity and provide new foundations for action towards a healthier world.

Krieger (2001:668) is of the view that there is a definite correlation between the general health patterns of communities and levels of social deprivation and privileges. Since social conditions in which people live, influence physical well being, clinical and sociological approaches need to be examined concurrently to determine the dissemination and determinants of states of health (Proietto 2001:1&5). Proietto (2001:5) considers that there is a dire need for biological studies to take into consideration behavioural and environmental factors within diseases promotion programmes and treatment activities. Hence, there must be a collective investigation of details such as culture, environment, government policy, socio-economic status, educational attainment, social networks and work demands together with the biological studies.

Progress and transformation within any society appear to result in systematic modifications in the patterns of **morbidity**⁴ and **mortality**⁵ within that society (Weiss & Lonquist 2000:37). Accordingly, one discovers that death and disease affect the social environment and cultural features of the people who are exposed to them. Subsequently, the vision of social epidemiologists can manipulate the outlook of state reimbursement procedures and the priorities of health and social services. In the same vein, circumstances such as social class, race and poverty appear to have a significant effect upon the life expectancy and mortality within certain communities (Weiss & Lonquist 2000:43). These theories are apparent in the researcher's groundwork with respect to orphans who are directly affected by the morbidity and mortality within their immediate social circles as a result of HIV/AIDS.

In this case the researcher is challenged to expose the relationship between South African facts and figures concerning HIV/AIDS and the socio-educational world of the adolescents selected for the study. Studies (Booyesen, van Rensburg, Bachmann, Engelbrecht, & Steyn, 2002; Booyesen, 2003; Barnett, & Whiteside, 2002) thus far in South Africa verify that the pandemic has thrived in areas where there is dismal poverty and a lack of social, educational and financial support. The preliminary investigation and literature study in the preceding paragraphs pertaining to the psychosocial production of disease and/or political economy of health and ecosocial theory and related frameworks and theories of social epidemiology are all relevant to this study with special reference to HIV/AIDS. These theories are all in search of explanations for the social inequalities in health, disease distribution and causation. The researcher's preliminary inspections for a suitable sample have revealed that the effects of the pandemic have been overt in areas where there is abject poverty, pronounced unemployment, substandard living conditions and a lack of social support. In the light of this it stands to reason that whether the life-worlds of the participants of this study are affected directly or indirectly by the presence of HIV/AIDS, their socio-educational lives will suffer formidable changes.

⁴ **morbidity**¹: ~~refers to the amount of disease, impairment and accident in a population for several reasons, a concept more difficult to measure than mortality~~ (Weiss & Lonquist 2000:48).

⁵ **mortality**²: refers to the number of deaths in a population (Weiss & Lonquist 2000:41).

1.7.2. Paradigmatic Perspective

Since the designated exploration is a study towards illumination and understanding (Mc Millan & Schumacher 2001:15-16), a **qualitative** approach is preferred. This can be considered as an interactive qualitative inquiry and the study originates from a view of the reality (Smit 2001:5) of HIV/AIDS with the existence of **child-headed households** in certain parts of the country. Hence, the researcher seeks to understand this particular complex view of both the educational and social circumstances of the adolescent who is directly affected by HIV/AIDS.

The researcher conducted an in-depth qualitative study into HIV/AIDS, one that explored, described and explained (Mc Millan & Schumacher 2001:397) the way in which the phenomenon affects adolescent orphans of AIDS within the educational and social spheres. The coping mechanisms of the children were also scrutinized via the analysis. The study assumed an interpretative perspective (Smit 2001:2) since the adolescent orphans of AIDS were studied in their natural environment of their homes where there was no adult supervision other than the fleeting visits by concerned neighbours, volunteer workers, members of Non-Governmental Organizations (NGO's) and distant relatives. It stands to reason that the researcher's access to the reality of the impact of HIV/AIDS on orphans was via the meanings that these adolescents assign to the virus and its effects upon their lives. The researcher then attempted to elucidate the phenomenon of HIV/AIDS within the context of the participant's lives and from their perspective of their life-world. Thus, interpretation inclined towards the researcher gaining an insight into the social and educational impact in terms of assets, socio-educational and financial resources as well as the psychosocial support systems that the children had in the face of the pandemic.

The advantage of utilizing a qualitative research methodology is that there exists the potential for a valuable input to educational theory, policy and practice (Moola 1996:45).

The study allowed for the consequential amalgamation of policy and practice and improve the strategies vis-à-vis HIV/AIDS and children.

1.7.3. Research Design

A **research design** “describes the procedures for conducting a study, including when, from whom and under what conditions the data will be obtained” (Mc Millan & Schumacher 2001:30-31). The research design also includes the manner in which the research is set up, what happens to the subjects during the research process and what methods of data collection are used.

The **case study design** was utilized focusing particularly on the socio-educational perspective. This methodology is appropriate since the “*qualitative case-study is an intrusive, holistic description and analysis of a single instance, phenomenon or social unit*” (Merriam 1998:21). The emphasis in this kind of research is upon the phenomenon of HIV/AIDS and the social unit is the group of selected adolescent orphans as per the definition that has been provided in chapter one of this dissertation. Results appear in the form of rich, comprehensive descriptions (Merriam 1998:28) that facilitate the researcher’s grasp of the phenomenon of AIDS in the light of orphans in child-headed households.

This interactive, qualitative inquiry in the form of a case study research design made use of meetings, face-to-face interview techniques, observation and the *Sack’s sentence completion technique* to facilitate the collection of data from the children who had been selected, within their natural settings (McMillan & Schumacher 2001:35) that is in their homes IN THE RURAL AREAS OF Kwa-Zulu Natal. The researcher then unravelled the phenomenon by examining the data garnered by these means according to the perception that the children had.

The study extended the researcher’s experience of the phenomenon and she was able to grasp the way in which the adolescent orphans in child-headed households cope with the

effects of HIV/AIDS especially within the social and educational milieu (Merriam 1998:30-31). Consequently, the study resulted in an enhanced awareness of the position of these vulnerable South African children most severely affected by the pandemic.

1.7.4. Research Roles

The research roles refer to the “*relationships acquired by and ascribed to the researcher in interactive data collection, appropriate for the purpose of the study*” (McMillan & Schumacher 2001:599).

For the purposes of this study two research roles were adopted:

- 1.7.4.1. The researcher was a participant observer and attempted to secure a position (even on a voluntary basis) within the NGO that allowed constant home and school visits and personal contact with the relevant participants to glean relevant data thereby.
- 1.7.4.2. The researcher also adopted the role of an interviewer and observer, establishing a research role when requesting an appointment and explaining the purpose and confidentiality of the study (McMillan & Schumacher, 2001; 435).

The research role dictated the progress of the study to a large extent and its success depended on the level of trust and acceptance that the researcher was able to achieve. The research role did affect the data collected so too did the presence of the interpreter. Therefore, the interpreter too had to develop a relationship of trust and acceptance so that the study would produce authentic and useful data.

1.7.5. The Process

The research process generally involved several phases that were not necessarily chronological, nor a methodical step-by-step procedure.

1.7.5.1. Selecting the Case

The favoured theme stemmed from the concern of the United Nations at the time the project had been initiated, about the sudden increase in the numbers of child-headed households worldwide and more especially in the sub-Saharan African region. This raised issues of concern within South Africa about children's ability to cope with the basic needs of attaining food, education, money and psychosocial support in the face of such adversity as HIV/AIDS.

1.7.5.2. Selecting the Site

Preliminary investigation, by the researcher, discovered a probable sample in the Pietermaritzburg area of Kwa-Zulu Natal. The adolescents orphaned by AIDS were eventually found in Willowfontein, a township west of Pietermaritzburg. On the advice of the social worker at Thandanani Children's Foundation in Pietermaritzburg, a meeting was set up between the volunteer workers who assisted this NGO in the area of Willowfontein and the researcher. These were the suitable candidates for the investigation since they were totally without adult supervision and control and relied on the NGO and their neighbours for their basic needs. All the **initial subjects** visited were at school (even 20-year-olds) and had lost either one or both parents to HIV. It is often the case that the one parent dies of AIDS while the other abandons the children.

1.7.5.3. Negotiating Access

Bonga Mbele, the social worker from The Thandanani Children's Foundation was approached with the request that a sample was necessary in order to carry out research in the area. The volunteers were then contacted in order to assist with arrangements to meet with the participants. The volunteers, who assisted the children with their basic requirements, acquired the necessary permission to allow for the study. The researcher

visited the children only after the volunteers had made the necessary arrangements regarding permission since these are important moral considerations. The ethical concern was of particular import since in this case in point as the general attitude towards HIV/AIDS is still a sensitive issue. It was also important to create some form of rapport and trust between the researcher and the participants in order that there will be a significant degree of honesty in the children's responses to the questions posed.

1.7.5.4. Purposeful Sampling

McMillan & Schumacher (2001:598) consider that purposeful sampling involves a "*strategy to choose small groups or individuals likely to be knowledgeable and informative about the phenomenon of interest*" or a "*selection of cases without needing or desiring to generalize to all such cases*". The onus was upon the researcher to make use of purposeful sampling (Mc Millan & Schumacher 2001:400-401) in the selection of a small "information-rich" group of adolescent orphans in child-headed households. Such a sample might have proved to be knowledgeable about the phenomenon and could supply information that was to be useful to the study.

Within the research of orphans of AIDS, there were many definitions of the term "child-headed", thus, the search for an appropriate sample took the researcher to many different locations before the one most relevant to this research, was secured. The term "**child-headed household**" followed the reference as given in 5.4.3. of chapter one.

The chosen sample conforms to the requirements of purposeful sampling since the selected groups of "orphans of AIDS in child-headed households" were small and provided the vital feedback regarding the manner in which they are affected socially and educationally as a result of the pandemic. In addition, the researcher confirms that even though the results provided invaluable information it will not be feasible to generalize these results to all such cases.

1.7.5.5. The Participants

The Thandanani Children's Foundation has been working with a group of children from the Willowfontein area near Pietermaritzburg in Kwa-Zulu Natal. The researcher was notified by a representative of the Foundation about the existence of a suitable sample in the area and meetings resulted in visits. At the outset six households were visited by the researcher, however the eldest child in three of these was twenty years of age – therefore these samples did not fall into the required category.

The final nominated participants are from 15 to 18 years of age and living in four different child-headed households around the poorer sections of the Willowfontein area just outside Pietermaritzburg. The researcher selected these 15 to 18 year-olds regardless of whether they were at school or not. Hence, adolescents from four different households were chosen:

- **Household 1:** - Seventeen-year-old **at** school living with twin sister;
- **Household 2:** - Fifteen-year-old **NOT** at school (with six-month-old baby);
- **Household 3:** - Eighteen-year-old **at** school; and
- **Household 4:** - Sixteen-year-old **at** school living with brother.

The above participants complied with the requirements as noted in the opening chapter of this dissertation.

1.7.5.6. The Research Team

As there was a language barrier, the researcher had to work with the assistance of a competent interpreter so as not to lose vital information that the children could better express in their mother tongue. The research was conducted with the help of the Thandanani volunteer worker and the interpreter. The interpreter was selected for his competence at his work for a legal firm where part of his duties included interpretation whenever necessary.

Especially for this particular study, the research team ought to display the following salient characteristics that make a good researcher, interviewer or observer (Smit 2001:8):

- Tolerance for ambiguity;
- Sensitivity;
- Respect;
- Sound communication skills;
- Empathy;
- Good listening skills;
- Ability to create an atmosphere of trust and acceptance;
- The wisdom to wait to be accepted; and
- The ability to be flexible and resilient.

1.7.5.7. The Fieldwork

This aspect of the study was carried out with the support of the Thandanani staff and their volunteers. After the meeting with these parties the necessary ethical issues were resolved and appointments made to meet with the selected participants of the study. Meeting the children on the first few occasions was important since this afforded the researcher the opportunity to gain the trust and confidence of the adolescents. The interview with the children at their homes created the ideal opportunity for the researcher to observe them in their natural settings and reveal those aspects of their domestic lives that the children might not want to in their responses to the interviewer. The next meeting took place in a community hall where the children were asked to complete the *Sack's Incomplete Questions* and proclaim their three wishes.

1.7.6. Data Collection Strategies

Data was collected over a period when persistent fieldwork is necessary. The adolescent orphans of AIDS selected for the study were observed and interviewed in their natural settings such as their homes in order to reflect realistic life experiences accurately. (McMillan & Schumacher 2001: 408). This study applied the interview, observation and the *Sack's Sentence Completion Technique* as data collection strategies.

1.7.6.1. Interviews

This strategy involved semi-structured individual interviews (Mouton 2001:105) with the adolescent orphans via whom they revealed the manner in which they conceived of their worlds and the way in which they have been affected by the HIV/AIDS pandemic. These in-depth, face-to-face interviews presented the participant's visualization of their world and the justifications that they provided (Mc Millan & Schumacher 2001:443-444). The researcher created a setting whereby the interviews were carried out in conjunction with the observations so as to assist to formulate a global picture of the participants in relation to the phenomenon.

The interview (see Appendices) took the form of a standardized open-ended interview where the same questions were asked in the same order to all the participants and the exact form and content was predetermined (Mc Millan & Schumacher 2001:443-445). It was preferable that the interviews were semi-structured and the questions, open-ended to allow for complete individualistic expression. In order to ensure that no aspect of the participant's views and opinions was lost, the interpreter provided exact translations of the responses given by the children in their mother tongue. The researcher was aware of the system of coding that could be applied but preferred not to use this method of collating data.

1.7.6.2. Observation

This was an additional data-collection technique that permitted the researcher to use the natural setting of the interview situation to determine more from the participant's non-verbal signals about his knowledge base, skills, resources and support systems. Participant observation in the form of intensive observing and listening allowed the researcher to "*obtain people's perceptions of events and processes expressed in their actions*" (Mc Millan & Schumacher 2001:437-440).

During the interview process the researcher was able to observe the subjects in relation to their the home and its contents which provided an idea about the subjects' home environment, social class and status, economic situation, poverty, culture, ethnicity, socialization or social isolation, gender and sexuality.

The non-verbal cues that were exhibited appeared in the form of facial expressions, gestures, tone of voice, body movements and other non-verbal social exchanges. Since the researcher was of a different background and culture she had to rely a great deal upon the interpreter and volunteers for additional information that she might have considered insignificant. It was also important to ensure that the interpreter notified the researcher of certain unusual cultural and traditional expressions so that the latter noted their meanings and inferences.

Another aspect of importance with regard to observation was the researcher's ability to take note of the home and its contents, which might have verified or disproved some of the details provided by the participants during the interview and sentence completion.

1.7.6.3. SACK'S SENTENCE-COMPLETION TECHNIQUE

This technique operated on the basis of a semi-structured approach and was most apt for this study as it gave attention to the evaluation and disclosure of dominant personality characteristics and problems (Abt & Bellak 1959:357). It was important to note at the

outset that although the *Sack's Sentence Completion Technique* had been developed in America by Joseph M. Sacks and other psychologists, it is most suitable for this study of South African adolescents as the questions are not ethnically biased.

Four distinct fields are focused on:

- Family;
- Heterosexual relationships;
- Interpersonal relationships; and
- The self-concept.

Questions had deliberately not been presented to the subjects in the above categories so as to prevent mechanical responses and answers have been re-organized into these categories later (See Appendices) for the purpose of analysis.

Such a procedure was beneficial in that the researcher was able to acquire an insight into the participant by evaluating his individual responses pertaining to the self as well as his involvement and interpretation of his life-world. With particular reference to the study itself, the sentence completion technique was well designed to expose:

- Ideas that could be further scrutinized;
- Assessments that had been made earlier could be confirmed; and
- If the participant had been incapable of verbalizing his thoughts during the interview, he was able to disclose information that was fundamental to the inquiry during this procedure.

This semi-structured technique also enabled the researcher to take note of certain aspects of the self that the participant might not have revealed or the researcher might not have deemed pertinent during the interviews and observation. The distinctive attribute of the sentence completion technique was that when the child completed or even partially completed any response he allowed the researcher to view his world as he perceives or experiences it. The connotations that the participant provided were willfully brought to the fore enlightening the researcher about the adolescent's appreciation of his interactions and values within his personal life-world (Smith 1990:112).

The *Sack's Sentence Completion Technique* enabled the researcher to fill in spaces and authenticate data that he had already obtained from alternate research techniques about the following:

- The quality and content of the adolescent's self-image;
- His relationships with his late parents, his siblings, his educators and his male and female peers;
- Disconcerting emotional experiences presenting as nervousness, shame at being discriminated against by others as a result of the virus, his personal inadequacy and qualms about problems in general;
- His individual construal of his future, proposed strategies and stance on matters affecting his life; and
- His personal denunciation and censure of others as well as his personal inclinations and interests.

The Sack's Sentence Completion Technique Questionnaire is attached as Appendices.

1.7.7. Validity and Reliability

Internal validity or the credibility (Smit 2001:10) of this research was ascertained by checking transcriptions made from audiotapes against the researcher's field notes of the interviews. However, it must be noted that it is possible to lose vital inferences as a result of cultural differences and language. The translations provided by the interpreter might have also lost some of their accuracy in that some ideas could not be translated literally from Zulu to English. The researcher is human anyway and the primary instrument of data gathering and analysis. It was possible for the research to be tainted by the unconscious prejudices or biases of either the interviewer or the translator. Although the researcher has provided an extensive detailed study description, the transferability or external validity (Smit 2001:10) will depend on the reader, his perceptions and judgements.

The researcher can increase the reliability and dependability of the research by ensuring that the recorded data is what in fact occurred during the actual study. The transcriptions of the recorded interviews were corroborated with the field notes. In addition, the results of the study would be consistent and dependable if the assumptions and theories are adequately explained. If various data collection methods are applied to link the data as in this case, the investigation can be said to be dependable.

1.7.8. Potential Data Collection Errors

Essentially, since this is a study of the socio-educational impact of HIV/AIDS upon orphaned adolescents it could be regarded as a challenging, thorny issue. Thus, the potential for errors in this case could be that much greater than in other studies. HIV/AIDS is still viewed with trepidation and sometimes indifference by societies and can therefore jeopardise the success of data collection. In order to obviate this problem the researcher tried to secure a firm relationship with the parties involved to ensure that there is trust and honesty all round.

According to Mouton (2001:106-107), the researcher needed to be wary of the following latent errors especially with regard to this study:

- Interview bias is allied with the personal characteristics of the researcher in the form of perceived affiliation, race and gender (Neumann 1997:259-260). The researcher, as a middle class, Indian female would invariably had certain biases and would have needed to conduct the research according to an emic approach whereby the phenomenon was viewed via the perceptions of the participants (Mc Millan & Schumacher 2001:474).
- The biased observer or interviewer or research selectivity effect occurred as a result of the alternatives with reference to research methods, data

and questions apart from the decision about what to observe, settle on or overlook (Stern 1979:73).

- Social desirability effects exemplify the situation when participants express what they think they “should” believe or what they feel satisfies the interviewer rather than what they actually consider the truth (Stern 1979:65).
- Demand characteristics involve the participant’s ability to yield answers that they suspect the researcher would prefer.

Considering that children are the focus of this investigation one could expect that they might have been too perturbed and distressed to discuss the circumstances around the virus that has disrupted their lives so drastically. The researcher ought to have ensured that the type of questions and the manner of collecting data did not create further trauma for the child.

1.7.9. Limitations of and Assumptions in the Research Design

The biggest anticipated barrier was the question of stigmatization, which is rife in any community where HIV/AIDS is prevalent. It was also expected that adolescents in the age group 13-18 would have been far more secretive as is found under normal circumstances – therefore the need to gain the confidence of the subjects in order that they would have been more receptive to the need for the research.

Also, access to the subjects themselves depended on the attitude of the community and the legal implications of the research. The question of language and interpretation was also considered since cultural differences can affect the eventual outcome of the study and results. The very nature of the study was expected to hold the interest of the researcher long after it had been completed and it is hoped that from the point of initiation that positive changes can occur to prove the need for such a study.

The language barrier might have proven to be a limitation since it is possible that the gist of a response could have been lost in the translation thereof. The researcher would have found it impossible to work without a translator. Even if audiotapes of the interviews were made, it is sometimes impossible to pick up pertinent indications as a result of the language hurdles.

1.7.10. Data analysis and Interpretation

A detailed analysis of the interviews and initial observations identified and explored themes and concepts relevant to the requirements of the study. The researcher ensured that as data was scrutinized and endorsed, interpretations always returned to the manner in which HIV/AIDS impacts upon the social and educational aspects of the lives of adolescent orphans.

The main issues analyzed with reference to the impact of HIV/AIDS on the developmental phases of the adolescent were:

- Cognitive development;
- Physical development;
- Emotional development;
- Moral development;
- Social development;
- Connotative development;
- The acquisition of identity; and
- The attainment of emancipation.

It was also important to evaluate the child's relationships with his siblings, male and female peers, neighbours and teachers. The role of the school in the adolescent's life was been apparent from the child's responses regarding his teachers, ability to cope with schoolwork and his relationships with the learners in his classes.

The researcher was required to work with the contents of interviews by analyzing the substance of each, consider the connotations of each key word, symbol, assertion or implication. Each of the interviews and the results of the *Sack's Sentence Completion Technique* exercises necessitated classification of details according to the core of each question and incomplete sentence so as to facilitate suitable breakdown of results. Further, this was corroborated with the researcher's field notes based on the observations made especially during her interviews.

1.7.11. Research Ethics

Eisner (1998:213) considers that “unethical behaviour has no place in qualitative research” and that researchers ought to adhere to strict principles, concepts and considerations with regard to research ethics. While social research may be the establishment of knowledge and change for the better, it can prove harmful to those who are being researched.

This study is one of those that commands a particularly principled researcher who does not sacrifice the well being and confidentiality of his subjects for the sake of fame and recognition. HIV/AIDS is a sensitive issue that requires that the researcher investigate and interviews with the necessary empathy. Hence issues pertaining to the virus will require confidentiality and genuine consideration in that the identity of the participants is not revealed to prevent any discrimination and shame. The researcher informed the participants that the study was supposed to reveal the social and educational impact of HIV/AIDS upon the adolescent orphans who live in child-headed households. This was explained to the adolescents in such a manner so as to avoid any misunderstandings later.

The question of ‘*informed consent*’ according to Eisner (1998:214) implies that the researcher and participant know prior to the investigation what the study involves and what the possible effects could be. Researchers paid particular attention to the potential

for pain and the serious problems that could result from a lack of confidentiality and the remiss to provide the protection of informed consent. In this study the participants were adolescent orphans of AIDS and one had to be careful about whom the informed consent should be acquired from. Many queries arose as a result of this:

- Was the consent of the child (minor) legal?
- Could a volunteer take responsibility to sign the consent form for the child even though this is not the legal guardian of the orphan?
- Was the researcher flouting some ethical or legal ruling in her use of orphans without legal guardians as participants in this study?

Many of the dilemmas from the ethical perspective were apparent in the process of data collection. During this period the researcher had to ensure the anonymity of the participants as a result of the attitude of people in general towards the issue of HIV/AIDS. The adolescents were told that their identities would be kept secret if they so wished and that they could opt out of the programme at any time that they so wished. People have the right to anonymity and should the data collection process compromise this right by restricting the individual's freedom thereafter, information had to be withheld even if it were to benefit the public at large. The children were also informed that they need not respond to any of the questions that made them uncomfortable or distressed.

The process of data collection in a study dealing with HIV/AIDS does not enjoy the freedom of choice of involvement that other issues enjoy. The question of discrimination and the stigma attached to the virus invariably dictated the need for sensitivity towards the participants and the nature of the questions to be posed. Hence, it was the onus of the researcher and interpreter to be circumspect in the collection, analysis and publication of data. Respect for the privacy and well being of the participants was vital and should confidential information be revealed inconsiderately, this could have aggravated the psychosocial problems of the adolescent.

It is often the situation with social scientists that participants see the researcher as a willing listener and one who will solve **all** of their problems since questions are being asked about them. Without sacrificing the rapport that has been established, the researcher must explain his role clearly and not take advantage of the support she is able to afford the troubled participant (Eisner 1998:217-218). In this particular investigation, the adolescents are obviously searching for solutions to their social, educational and financial problems and the danger is that the researcher may be held responsible if there are eventually no resolutions in sight.

It is imperative that the researcher did not mislead, deliberately deceive or withhold information from the participants, as this could be a violation of basic human rights. Since researchers involved in qualitative studies are compelled to provide detailed reports at the end of a study, these indiscretions can result in embarrassment and condemnation for the researcher.

1.8. PLAN OF STUDY

1.8.1. CHAPTER 1: Orientation and Background

This chapter serves as an orientation and justification for the study. It outlines the effect of the pandemic internationally, nationally and more specifically within the province of Kwa-Zulu Natal, where the effects are most deleterious. It also analyzes the socio-educational problems of the adolescents in child-headed households in relation to the research problem statement and aims of the study, provides an explanation of the key concepts and creates an awareness of the background within which the study is to be understood.

1.8.2. CHAPTER 2: A socio-educational study of adolescence as a developmental phase

This chapter deals with the general development of the typical child during puberty and the adolescent phase. The subject matter in this chapter exposes the way in which adolescents during this phase develop according to academics with special reference to the social and educational development. This is done in order to be able to later present a comparative study in Chapter 6.

1.8.3. CHAPTER 3: Socio-educational studies of the impact of HIV/AIDS on adolescents orphaned by AIDS in foreign countries

The third chapter provides a more detailed situational analysis of the socio-educational impact of HIV/AIDS on adolescents and orphans in child-headed households in selected foreign countries.

1.8.4. CHAPTER 4: The socio-educational impact of HIV/AIDS on orphans of AIDS in South Africa

In this chapter, the main focus of the research discussed in detail revolves around the socio-educational impact of HIV/AIDS on orphans of AIDS and orphans of AIDS in child-headed households in South Africa and the rural areas of Kwa-Zulu Natal.

1.8.5. CHAPTER 5: Discussion of the empirical research

This chapter discusses the findings of the empirical research that were generated using a variety of methods (as discussed in chapter 1). Various aspects of the procedure such as

the nature and the selection of the sample, the area of investigation, the method of investigation and the research design are discussed.

1.8.6. CHAPTER 6: Findings and recommendations

This chapter presents a synthesis of the main findings from the literature study and from the empirical research. Recommendations are made from the findings of the literature study as well as from the findings of the empirical research.

Finally, an evaluation of the research will be presented. Further, the implications of the study as well as the setbacks that were encountered during the research proper will be discussed. Recommendations for further research will be outlined.

1.9. CONCLUSION

The literature study and the Problem Statement are indicative of the fact that orphans of HIV/AIDS do experience social and educational problems. However, there is a lack of information regarding adolescents in child-headed households. There is a definite need for more research and more consistent data based on the circumstances of children orphaned by AIDS. Research may help to establish acceptable strategies with reference to orphans in child-headed households regarding their security, education, social life and welfare. It is clear that these issues have to be addressed in order that steps can be taken towards the mitigation of the socio-educational problems experienced by orphans in child-headed households lest another generation is lost.