

CHAPTER 2

A SOCIO-EDUCATIONAL STUDY OF ADOLESCENCE AS A DEVELOPMENTAL PHASE

2.1. AIM OF THE CHAPTER

Since the subject matter of this dissertation involves a particular developmental phase of a child (**adolescence**) it is imperative that this phase is scientifically discussed at the outset. Hence the aim of this chapter is to execute this task and outline the major characteristics of puberty and adolescence as envisaged by researchers and academics on the subject. This chapter revolves around the psychosocial as well as the educational development of adolescents. Hence, characteristics other than these will be discussed only briefly. The abject conditions of the HIV /AIDS orphan will also be dealt with concisely. It is essential that the specific contention in this chapter includes the theme of the study therefore at various stages a comparative line of reasoning in relation to the adolescent AIDS orphan in a child-headed household will be presented.

2.2. INTRODUCTION

The influence that HIV/AIDS may have on the development of a child, is described by UNICEF as follows:

“ A child’s progression through basic developmental stages is jeopardized if HIV-related illness reduces then ends a parent’s capacity to provide consistent love and care. Development is also jeopardized if HIV/AIDS causes social isolation, stigma, discrimination or otherwise disrupts the experiences normal within a child’s community.” (UNICEF 2001:7).

Considering the above quotation, it is certainly necessary for any discussion revolving around the impact of HIV/AIDS upon the adolescent to include the way in which the normal development of an adolescent is affected by the pandemic. The development of the child is a steady process and differs from individual to individual depending on personal as well as environmental factors (Pretorius 2002:1). Adolescent years introduce the key concerns of identity and identity diffusion, which include primary modification in personal maturity (Sprinthall & Sprinthall 1977:205). According to Pretorius (2002:1) factors that influence the physical, spiritual, mental, social and psychological development of the child could be:

- *“The ethnic group to which he belongs”*
- *“The climate in which he grows up”*
- *“ The milieu in which he grows up”*
- *“The socio-economic level at which the child finds itself”* and
- *“Whether the child is a boy or a girl”*.

During the adolescent phase there are significant immediate as well as long-term physical, social and psychological effects which influence behaviour and attitudes. These effects consequently need vital rational adjustments and the need to adjust one's attitudes, morals and interests (Hurlock 1973:223). An analysis of the above factors revealed that the adolescent is susceptible to the effects of his interaction with the immediate family, the extended family, the society, the school or any adult who bears an influence upon the child's growth in any respect. AIDS related deaths are resulting in a vast number of homes where children are required to cope on their own with no adult supervision and support. The prior chapter will bear testimony to the fact that many adolescents orphaned by AIDS will not have the natural benefit of adult guidance and will consequently be compelled to devise their own means of developing in the above respects (UNICEF 2001:7).

2.3. DEFINITIONS

For the purposes of this particular chapter the following definitions will apply:

2.3.1 Developmental Tasks

“A developmental task is a task which arises at about a certain period in the life of an individual, successful achievement of which leads to his happiness and to success with later tasks, while failure leads to unhappiness in the individual, disapproval by the society, and difficulty with later tasks,” (Havinghurst 1972:2).

Vrey (1979:10-11) considers the word ‘*development*’ to be a “*gradual process of taking shape*” – hence “*developmental tasks*” are deemed to be “*mile-stones*” in an individual’s life, ones that accomplish the various goals of “*becoming*”. By enhancing his physical and psychological abilities, the child is able to advance towards adulthood.

It is unfortunate that most adolescents from households affected by AIDS are unable to enjoy the benefits of this **gradual** progress towards adulthood since their lives do not follow even remotely the route of other fortunate adolescents in the world. As a result of critically ill or absent parents, these children are thrust into situations that demand the mental faculties and physical fortitude of adults. They are often required to become caregivers and ‘parents’ to siblings younger than they are, besides having to create the means to overcome financial problems that they face as a result of their parents being indisposed (UNAIDS/UNICEF 2002:9).

2.3.2. Adolescence

This is a phase of an individual’s life and not a duplication of the concept “adolescent”, which refers to an individual in a specific age group. Since this chapter deals with a

specific period or phase in a child's life, it is imperative to define this period and the relevant characteristics.

The opinion of Mwamwenda (1995:63) is that the period of adolescence "*ranges from about 12 to about 21years.*" The academic supplements the contention with the notion that this "*fascinating, interesting and challenging*" phase of life is accompanied by development and transformation in the child's physical, social, cognitive, emotional, physiological and psychological characteristics.

Prinsloo and Du Plessis (1998:132) consider that adolescence "*overlaps puberty and represents the phase of physical and mental maturation.*" This is a time of "*internal disquiet*" (Pretorius 2002:31) and obstinacy when the pace of maturity is at a peak. According to Smart and Smart (1977:491), adolescence refers to the period that may extend from about eleven (11) to eighteen (18) years of age in a person's life. The adolescent phase also includes psychological and social changes. Hurlock (1993:222-223) states that early adolescence is approximately the period from age sixteen or seventeen while late adolescence lasts until the age of eighteen.

Pretorius (2002:31) and Gillis (1997:71) divide the period of adolescence further into the following three phases:

- a) **Early adolescence** (junior high school: 11-14 years): There is rapid physical and sexual maturation
- b) **Middle adolescence** (senior high school: 14-18 years): A period that displays psychological independence, adaptation and learning to handle heterosexual relationships;
- c) **Late adolescence**: (18-21 years): This stage incorporates the final year(s) at school and moves on to the attainment of a stable sense of individual identity and commitment to ultimate social roles, value systems and aims.

For the purposes of this study, 'adolescence' refers to the period or phase that encompasses young people from the age of 13 to 18 years. This period is accompanied by specific developments in the child, namely, physical, social, cognitive, emotional, connotative, moral, physiological and psychological.

2.4. DEVELOPMENTAL LEVELS OF ADOLESCENCE

Taking into consideration the above definitions, it is important to outline the most outstanding developmental levels of the adolescent.

2.4.1. Cognitive Development

Van Dyk (2001:181) is of the opinion that abstract thoughts, the aptitude to make intelligent assessments, logical deliberation and the self-absorption of the adolescent are all vital facets of any discussion on HIV/AIDS. Adolescents develop the capacity to think about possibilities and assumptions, which are characteristics that allow for the contemplation of future consequences to present actions (Van Dyk 2001:181). This point of view is especially important for the adolescent's deliberation upon the immediate and far-reaching risks or benefits of behaviour.

AIDS may impact negatively on the academic performance of orphans who are affected. The adolescent may experience lowered concentration levels at school as a result of the stress he is exposed to with added responsibilities at home and negative reactions from neighbours, teachers and friends. Such adolescents are less egocentric and display limited or no interest in their schoolwork. Since their parents are either debilitated or have passed on, the adolescents do not enjoy loving care, protection and encouragement that parents normally provide. The absence of such positive support in the adolescent's life may contribute to a negative self-esteem. Should such a situation

arise, it can inhibit his self-actualization - hence his ability to realize his true potentials, abilities and talents is stifled.

2.4.1.1. Concrete Operational Phase

Piaget's phases of cognitive development depict the concrete operational stage as the period between later elementary to the middle school years (Woolfolk 1993:34-37). By this term "**concrete operations**", Piaget refers to "hands-on" thinking. Basically, the adolescent is able to:

- Recognize *the logical stability of the physical world*;
- Appreciate that elements can be altered and still preserve many of their fundamental characteristics;
- Understand that these modifications can be reversed.

Once the child is able to handle operations such as conservation, classification and seriation, the child eventually develops a complete and logical system of thinking. Children at this stage can imagine several different alternatives to a given situation without actually making the changes physically. Nonetheless, such a child is still incapable of logically evaluating theoretical problems relating to the synchronization of many aspects simultaneously (Woolfolk 1993:36-37).

2.4.1.2. Formal Operational Phase

This, by Piaget's (Woolfolk 1993:31-37) stages of cognitive development, is the final stage. Children at this phase are at Junior or Senior High School (Van Dyk 2001:181). These adolescents are competent enough to think in abstract terms and be able to think about probabilities (Van Dyk 2001:181). They are able to think hypothetically and establish possible forthcoming consequences of their current actions. Most adolescents

realize that they cannot solve all their problems by applying concrete operations and that a mental system for controlling sets of variables and working through possibilities is necessary. Hence, the phase of formal operations, when the focus of thinking shifts from what **is** and **what might be**. The **hallmark** of formal operations is **hypothetico-deductive reasoning** – which demands that the adolescent begins by ascertaining all the features that might influence a dilemma and then figures out and assesses precise explanations scientifically. Formal operations also include **inductive reasoning** or the use of unambiguous explanations to pinpoint general principles (Woolfolk 1993:37-38).

The structured, scientific philosophy of formal operations necessitates the methodical creation of distinctive potentials within particular situations. The adolescent's aptitude to deliberate over hypothetical possibilities, isolate all the potential permutations and evaluate personal assessments lead to fascinating conclusions (Woolfolk 1993:38).

2.4.1.3. Scientific thinking

The adolescent's heightened personal and social adventures invariably lead to a more defined ability to consider life rationally and realistically (Hurlock 1973:225). Together with this innovative sense of rationality, the adolescent evolves into a questioning being with reference to his approach to life in general, thinking critically. Sprinthall & Sprinthall (1977:134) allude to the fact that by the time children reach the age of sixteen, which coincides with adolescence, they "*develop full formal patterns of thinking*" and are proficient in the capacity to accomplish rational, conceptual methods. The adolescent's ability to recognize the relationship between theory and evidence and to think scientifically allows for the exclusion of myths and typecasting (Van Dyk 2001:182). The child is therefore able to consider each problem in its entirety and from all perspectives.

However, despite the fact that biological maturation regulates the adolescent's aptitude to achieve the phase of 'formal operations' (Mwamwenda 1995:98) to a great extent, this

realization also depends on the suitability of the child's environment (Mwamwenda 1995:98). Children who have the love, care, protection, support, encouragement and shelter which are vital in their lives, develop a positive self-esteem (Khoza & Xhakaza 2003:33-34). The perception is that children who do not receive the correct environmental inspiration and who come from underprivileged surroundings will fall short in the way of qualitative concepts. Some adolescents become so weighed down when there are destructive encumbrances of any sort that they are unable to make rational decisions or cope with these stresses (Van Dyk 2001:182). Consequently, although the victim of AIDS may develop into a rational, levelheaded adolescent, this can all be ruined completely on the significant absence or death of either parent. At that point the youth is pressurized into the position of custodian, facing conditions that are out of the ordinary and that require the stability and sagacity of an adult.

Generally, there is a tendency among the adolescents to examine social, political and religious systems and values and a direct rejection of hypocrisy (Mussen, Conger, Kagan & Huston 1990:582-583).

2.4.1.4. Adolescent egocentricity

Van Dyk (2001:182) alludes to a key concept that is apparent during adolescence and that is **adolescent egocentricity**, which encompasses the knack of being single-minded, thus becoming exceptionally self-conscious. On the other hand, they can believe that they are special and that their personal encounters are completely different from those of others.

Research conducted earlier by Mussen et al (1990:584) reveals the same results that adolescents become reflective and analytical and could appear to be ego-sensitive, often believing that others too are concerned primarily with them. This creates feelings of self-consciousness (Mussen et al 1990:584). Under normal circumstances, adolescents often experience high levels of confusion and stress, which could affect formation of the self-concept negatively. It is therefore imperative that the effect of HIV/AIDS upon their lives

does not further hinder the formation of positive self-awareness and self-confidence (Van Dyk 2001:189). The stigma and discrimination that often accompany the pandemic (HIV/AIDS) can ultimately lead to a heightened sensitivity and negative self-consciousness under the circumstances distinct from other complex emotions that are normally experienced by adolescents.

2.4.2. Physical Development

Children differ from one to the other in respect of the escalated growth or the escalated height and weight occurring at puberty (Mussen et al 1990:570). This physical development is accompanied by sexual awakening, novel physical changes and a general sense of restlessness accompanied by a heightened self-consciousness (Pretorius 2002:32). The adolescent's awareness of himself will depend primarily upon the way in which his peers and family view the physical transformations that occur (Mwamwenda 1995:68). Mwamwenda (1995:68) states further that cultural expectations for physical looks and aptitude determine whether the self-esteem of the adolescent will be enhanced.

It is important for adolescents to accept their physical changes and appearances. For girls from a Western culture it is important to be slender while in some African cultures it is important for women to have a "fuller" figure. Accepting one's body is very important for the adolescent because it may lead to a disturbed image of the child's own body (Thom, Louw, Van Ede, & Ferns 2001:397). These researchers ((Thom et al 2001:397) uphold that typical failure to accept their bodies (adolescents) as they develop is one of the reasons for a negative self-concept and lack of self-esteem.

The adolescent's physical transformation and growth has a direct bearing upon the social development (Louw, Edwards & Orr 2001:19). Adolescents display a sense of

“*social competency*” (Hurlock 1973:231) allowing them to behave appropriately under various circumstances and to gain a new self-confidence (Louw et al 2001:19).

In girls, menstruation is a serious concern given that the resultant physical changes together with the discomfort, pain and emotional changes like mood swings and depression, exacerbate the problems for example that the developing adolescent already has. With physical development comes interest in the opposite sex and this also leads to confusion and sensitivity.

Within the context of child-headed households where parents are either dead or incapable of providing supervision and guidance regarding the physical changes occurring at the time, this is a traumatic and confusing period of adaptation for the already disorientated adolescent. Unlike adolescents in households where there are physically and mentally competent parents, the “caretaker” adolescent sees himself as a symbol of authority within this child-headed household. The latter’s physical transformation and growth encourages his younger siblings to view him as they would one of the adults who would normally take care of them in their life-world (Van Dyk 2001:9). Impoverished social conditions lead to school drop-outs who are compelled to be at home to take care of ailing parents and perform adult household tasks. Accordingly, Van Dyk’s (2001:9) perception is that the adolescent’s social development is inhibited since he has the grueling task of being custodian of his siblings and “nurse” to his parents.

Together with this perplexity the adolescent has to deal with the baffling sexual awareness and figure out how to handle this. It is especially crucial to point out this aspect of sexual adjustment, as innocent orphans of AIDS are often victims of sexual abuse stemming from their physical transformation and growth and the nonexistence of adult guardianship.

2.4.3. Emotional Development

Mwamwenda (1995:75-76) believes that the adolescent goes through a multitude of emotive levels in relationships with equals, teachers, families and other members of the

social group. The above physical and mental characteristics justify the reason for the periods of puberty and adolescence being known as the “storm and stress” periods (Hurlock 1973:229). The constant probing intermingled with failure and success, stress, despair, dejection and emotional perplexity produce emotional outbursts and emotional stress (Hurlock 1973:229).

Adolescents’ single-minded obsession with regard to themselves consequently results in apprehension, remorse and sometimes humiliation (Van Dyk 2001:183). Van Dyk (2001:183) is of the view that if the adolescents are exposed to or affected by the virus, they can go through negative emotions, mood swings, angry outbursts, which may be followed by feelings of anxiety, guilt, shame and embarrassment. The youth is bombarded by a multitude of emotional fluctuations from exuberance of a great social life to loneliness, disparagement and inferiority (Pretorius 2002:33-34). Orphans of AIDS are often discriminated against during the parents’ or caregivers’ period of illness. They are vulnerable after the death of the parent or caregiver and may become the innocent victims of discrimination, stigma and abuse.

A study of 1219 adolescents in 1999 by Lewis and Frydenberg (2002: 419-420) confirms that the adolescent’s skill to handle stress is important for the physical fitness and enthusiasm of the individual. Should the adolescent’s coping strategies be ineffective this will lead to damaging social and emotional upheavals. The conclusions reached on completion of the study indicated that the adolescent’s *“failure to cope triggers off increased coping activities of all kinds and that over-use of non-productive strategies interferes with the capacity to use productive coping.”*

The emotional tension at this phase could be attributed to the theory that adolescent boys and girls see themselves as being under extreme social pressure (Mussen et al 1990:229). Many adolescents may be emotionally or mentally ill equipped to handle the confusing situations that they are confronted with. However, the degree of emotional instability and trauma will differ according to each youth and according to the stimuli

that give rise to them. The manner in which each will handle these stresses will vary from sullen silences to unruly criticism. This period is also marked by incidents highlighting varying degrees of emotional maturity when they are compelled to get a proper perspective on issues thus learning to avoid emotional outbursts typical of this age-group (Mussen et al 1990:229).

Emotional stability is achieved when they are cleared of pent-up emotional energy in their middle adolescence (Hurlock 1973:230). At this stage, adolescents are finally able to reason in diverse ways and demonstrate profound insight into their personal feelings as well as those of others (Van Dyk 2001:183). Van Dyk (2001:183) also concludes that the heightened emotion that exists in the early adolescents reduces annually until emotional adulthood is achieved.

According to Gouws & Kruger (1996:94) adolescents experience the following emotions:

- Anxiety: This could be fear of something, which cannot be determined.
- Guilt: This could be due to conflict between an adolescent's values and behaviour.
- Aggression: This could serve a positive force or negative force if the adolescent cannot control himself – showing that he is being rejected or feels uncertain.
- Wrath and quarrelsomeness: This could happen due to an unsuccessful strife for independence, which makes the adolescent angry and frustrates him.
- Jealousy and spitefulness: This can happen as a result of material things, sport and academic achievement of others or even because of popularity.

It is difficult to imagine that adolescents orphaned by AIDS, often without prior warning, must deal with the issues of growing up while they cope with unusual adult responsibilities in child-headed households, the fear of abandonment, rejection and death.

Landry and Smith (1998:9) consider that adolescents need to cope not only with their own development, but also with the poor health and looming death of at least one parent. HIV/AIDS may cause social-emotional dysfunction within adolescents, which can be related to a lack of interest in life, an inhibited sense of purpose, apathy and a weakened socio-emotional expression. The direct effect of the latter depends on the situation at home (ailing parents or parents who have passed on), the development level of the child and the availability of social support (Landry & Smith 1998:160-168).

The adolescents in this situation have to face psychological and financial stresses as a result of the lack of parental support. Adolescents orphaned by AIDS often have difficulty relating to and trusting others, have a poor self-image and feel helpless and fearful (Khoza & Xhakaza 2003:32). Feelings of dejection, listlessness, a desire to be alone and sleeplessness may develop and cause depression (Hartzell 1984:1-9). Some adolescents are worried and preoccupied with the problems they face at home. Under normal circumstances many adolescents are ill equipped to handle conflicting emotions – it is difficult to consider how they cope with such dramatic changes in the face of HIV/AIDS (Hartzell 1984:1-9).

2.4.4. Moral Development

For the development of the adolescent's personal value system, he must be critical of existing values and decide which are acceptable to him (Van Dyk 2001:183). Abstract thinking will allow the adolescent to accept that each person thinks differently and to approach moral issues responsibly. According to Van Dyk (2001:183), '**principled moral reasoning**' consents to the acknowledgment of varied interpretations of differences of opinion. Adolescents consequently prefer to champion personal and civil rights that endorse a value system beneficial to the entire community (Van Dyk 2001:183).

Moral options that an adolescent may consider appropriate may not always be in harmony with the tried and tested moral norms established by his parents. Adherence to these moral principles and the extent to which he will contravene these will depend upon the personal ability to conceptualize moral issues and also upon the parent-child relationship that exists (Mussen et al 1990:642-643). At most times such behaviour leads to a contradiction of the norms and conflict with authority figures (Prinsloo & Du Plessis 1998:150-152).

Inspired by Piaget, Lawrence Kohlberg (Woolfolk 1993:79-81) projected a series of points of proper moral reasoning on three planes:

- **Pre-conventional:** a stance whereby conclusions are established exclusively on a person's individual wants and perspicacity;
- **Conventional:** where the viewpoint of the general public and the law are taken respect; and
- **Post-conventional:** where declarations are established on conceptual, individual philosophies that are not automatically demarcated by the regulations of that society.

Moral reasoning is allied to both cognitive as well as emotional development (Woolfolk 1993:81). Specifically formal operations and empathy are predominant in the progress through Kohlberg's stages. Abstract ideas become progressively more significant in the higher stages of moral development. Empathy and the faculty to perceive another's point of view and to visualize other foundations for laws and rules come about from adolescence onwards. This gives rise to sharing with others, being of assistance to others and protecting others (Woolfolk 1993:83).

Berk (1997:498) maintains that Kohlberg's stages are clearly associated with age. However, cross-cultural research suggests that certain levels of communal complexity are necessary for the success of the higher stages. The wisdom of moral reasoning is

somewhat linked to varied moral conduct. An amalgamation of an adolescent's personal disposition and the way he is nurtured lead to unassuming steadiness in moral self-determination from childhood to adolescence (Berk 1997:498).

It is difficult (yet not impossible) for adolescents in child-headed households to develop personal value systems and moral reasoning without the guidance of significant adults in their life-worlds (Berk 1997:498). HIV/AIDS can influence the adolescent's quality of life – the choice between right and wrong lies with himself. Life-skills programmes can assist the adolescents to identify risk behaviour and protect themselves from the dangers of sexual promiscuity, which could lead to HIV/AIDS (Berk 1997:498).

Rebellious conduct amongst adolescents is frequently the consequence of a family atmosphere in which there is constant conflict, where hostile activities are the order of the day, where there is extensive indigence together with a bleak living environment and cultural veneration of brutality (Berk 1997:498).

Generally, in child-headed households, adolescents who are affected by AIDS, lack the wholesome guidance and supervision that lead to morally upright behaviour. Should their parents have inculcated such behaviour within them during their childhood, the adolescents are able to maintain the morally respectable conduct of the past.

2.4.5. Social Development

2.4.5.1. Peer-Group Influence

A change in the youth's perception that parental approval is always of sole importance stems from the fact that the acceptability by his peers at especially secondary school level holds far more weight. The family influence in the adolescent's life decreases and approval of the peer group becomes essential for fear of being isolated from the group

(Louw et al 2001:19). However, even though they meet with parental disapproval, they follow the group's lead in many respects (Prinsloo & Du Plessis 1998:40). This association with others in the same age group proves to be beneficial for various reasons such as assisting with becoming liberated from one's parents and emergent social skills to deal with family, the community and colleagues in the future (Mwamwenda 1995:71). Varying cultural practices dictate the rate at which sexual activity begins. However, adolescence does lead to the urge towards emotional intimacy between the sexes (Hurlock 1973:228).

The need to be socially acceptable combines with the need for intimacy with the opposite sex – thus the perfect arena for social practice in this phase of their lives (Hurlock 1973:228). Just as physical looks, the body, scholastic success, excellence in sports and social skills are important at puberty, this also holds true during adolescence. A hectic social life is indicative not only of popularity but acceptance. The adolescent's search for self-identity is facilitated by the social interaction with the peer group which provides enlightenment on certain aspects of life as they are all experiencing similar problems (Mwamwenda 1995:71). Interaction with the peer groups may also help the adolescent to compete with them as an indication of his own abilities.

To the youth, the peer group acts as the source of reference that sways behaviour and actions persuasively (Prinsloo & Du Plessis 1998:42). Copley (1993:101) states that the "gang" or group sometimes promotes destructive tendencies and controls the likes, dislikes and interests of the youth. A further explanation states that apart from norms that define acceptable behaviour, the peer group also assists the adolescent to ascertain gender roles and reactions. Prinsloo (1998:42) holds that even though peer groups wield pressure to conform, they facilitate affable companionship, cooperation and mutual understanding. Nevertheless, this needs to become a balanced process since excessiveness in either direction could result in severe problems later. Mwamwenda (1995:72) declares that there are those adolescents who are conventional in their outlook - consenting to and appreciating the meaning and objectives of norms, ethics, aspirations, procedures and conventions.

However, Hurlock (1993: 231) is of the opinion that “*as adolescence progresses, peer-group influence begins to wane*”. This occurs for two reasons. Firstly, since the need for social identity supersedes the need to conform to the peer group – hence the influence begins to diminish. The other reason is that the adolescent gradually begins to stay away from large groups, displaying a preference for smaller, closer friendships.

The above scenario is definitely not what one finds within the framework of the child-headed home which is the focus of this study. Once the adolescent takes the role of head of the household and caregiver to his parents and other ailing family members, the peer group may segregate and snub him/her (Louw et al 2001:19). These children are rejected by the very peers who would have influenced them positively had they not been exposed to the shame and discrimination of being part of an AIDS-affected family. Louw et al (2001:19) are also of the view that the adolescent who finds it almost impossible to belong to a social group displays signs of losing his/her identity within the context of the home, extended family, society and school for this reason.

2.4.5.2. Changes in Social Behaviour

Whereas the earlier years depicted a dislike for the opposite sex, adolescence highlights the total opposite where the youth look forward to social activities that are heterosexual in nature (Hurlock 1973:231). Hurlock (1973:231) purports that the novel attitude towards the opposite sex invariably leads to better understanding of one another regardless of the sex and more amiable social relations. Personal attitudes towards different groups, cultures and races will depend upon the influence of the environment, parents, friends and associates. Hurlock’s (1973:231) opinion is that when the adolescent is involved in activities between different groups, the process exhibits the ability to adapt and display a greater sense of tolerance of individual differences.

Many adolescents from HIV/AIDS-affected families experience discrimination and victimization from schools (Coombe 2002c). This causes the orphaned adolescent to withdraw from the school and society and to avoid socializing with his peers. His life becomes lonely and isolated since the important source of support in the form of his friends and peers, disappears. Due to the nature of the disease (HIV/AIDS), many orphans wrestle with the secrecy and disclosure (Coombe 2002c). He does not have the freedom and support structure to express his emotional conflicts with his friends. This leaves him lonely and helpless (Coombe 2002c).

Interaction could sometimes lead to confrontation, hostility and distorted communications (Prinsloo & Du Plessis 1998:46). Prinsloo and Du Plessis (1998:46) continue the argument by stating that groups belonging to similar cultures will invariably be able to predict and understand the behaviour of others within the group. Findings from these researchers (Prinsloo & Du Plessis 1998:46) proved that contact and interaction between different cultural groups assists the youth in the elimination of prejudices and tensions.

Lightfoot and Healy's (2001:484-489) view is that adolescents who are orphaned by AIDS and who do not have a support system, experience their condition as well as their circumstances negatively, whereas AIDS orphans who have strong support tend to live positively according to their set goals.

Battles and Wiener (2002:161-168) verified that the wider the adolescent's social network is, the less negative is his behaviour. Although the support of his classmates and friends have a positive effect on the adolescent, the support of adults like his parents and teachers has a more constant influence upon the adolescent. This form of support assists the adolescent against depression and isolation and improves his self-worth. Research by Battles and Wiener (2002:161-168) has found that "*perceived social support from both familial and non-familial contacts (classmates, teachers and friends) explained a significant amount of the variance in psychological adaptation*".

2.4.5.3. Family Relationships

The tension and conflict that results among parents and the adolescent children is almost inevitable. Neither side can be held responsible for the friction, since rapidly changing ideology, standards and culture lead to total misunderstanding between the two groups. Adolescents appear to find it difficult to communicate with their “out-dated” parents while the latter consider their children’s objections and failure to toe the line as a sign of blatant rudeness.

The adolescent seeks independence and autonomy and questions his parents’ values, interests, attitudes and opinions as he seeks for his own. This may lead to a conflict between parent and adolescent but the nurturing background of the parent determines to a great extent the level of conflict between parent and adolescent.

Mwamwenda (1995:72-73) considers the conflict between parent and adolescent to be an affirmation of the child’s independent lifestyle and that the parents invariably have a greater sway upon the adolescent’s morals, professional options and political philosophy while peers shape the adolescent’s physical appearance and group interaction. Should the viewpoint of Mwamwenda be taken seriously, it stands to reason that adolescents who are orphaned by AIDS will find it almost difficult to realize their personal ambitions without parental support. Although these children are left to their own devices and placed in positions of authority somewhat prematurely this does not mean that the task is pleasurable. The adolescents have to deal with emotional turmoil and nervous tension that no youngster under normal circumstances would. In most cases the parents are either too ill or have passed on and cannot provide the moral encouragement that the child so requires for effective social integration or socialization.

Older adolescents also appear to want to exercise the same degree of control over younger siblings and until some compromise is reached there will be constant

disagreement and rivalry. Sibling rivalry is also a spot of bother requiring an understanding between them to reduce the tension (Hurlock 1973:250-251). Conflict between siblings depends largely on the order of birth, gender and age differences (Gouws & Kruger 1996:110).

Once a sibling is accepted as head of the child-headed household, his image as a “co-opted” parent is entrenched. Although there is a sense of assertiveness on the part of the “head”, this is not an authoritative relationship. Since the children are left to their own devices they seek comfort in one another and they are caring, tolerant, warm and supportive. Conflict appears to arise only if there is a threat to the general well being of the household (Mwamwenda 1995:72-73).

The opinion of Landry and Smith (1998:5) is that those families affected by HIV/AIDS often require professionals who can support the children with social services and the assessment of overall neurological and physical health. Their perception is that these interventions follow the child’s developmental progress and pave the way for physical, social or psychological therapy that may be necessary. Should one of the parents be critically ill then the developmental outcomes differ with the adolescent being exposed to various unusual stressors such as financial restraints and care giving. In conjunction with this is the fact that; should the adolescent be HIV positive, he/she may need a range of rehabilitative and educational facilities to aid the learning process (Landry & Smith 1998:5).

The deprived adolescents do not have the advantage of benefiting from their parent’s advice and approval regarding long-term plans, nor their guidance to form ethical standards and a morally upright belief system. They are pressurized by commitments to ailing parents and to their siblings to absent themselves from school or to drop out completely and invariably have less time for socializing with their friends. The adolescent’s new responsibilities, the sudden change in family roles and the

accompanied stigma to HIV/AIDS results in his withdrawal socially from his friends and society.

2.4.6. Connotative Development

Every adolescent desires the freedom of choice in decision-making in order to accomplish his aspirations (Gouws & Kruger 1996:145-146). These are individuals whose desire to become adults is motivated by the potential to exercise the free will to make the decisions that are acceptable to him. Thus, the adolescent is always emotionally, cognitively and connotatively involved in making his own decisions.

Orphans of AIDS are like all other adolescents who covet the wealth, success, stability and perhaps eminence of thriving adulthood. They wish to become responsible adults who prosper in the working world. Much to their disappointment, their aspirations may be curbed by the fact that they do not have any parents, they live in the dire poverty, their educational progress can be hampered by the lack of funds to purchase uniforms and they may become socially isolated due to the stigma attached to HIV/AIDS (Mwamwenda 1995:72-73).

2.4.6.1. Striving for Emancipation

The ultimate goal of the identity-seeking adolescent is to be emancipated and self-sufficient. In order to make unlimited strides toward being self-supporting and free of adult authority symbols they work towards achieving emotional and social liberation. Adolescents want to be independent but are nonetheless dependent on their parents. Should their parents and educators be acceptable role models, they will fashion their lives and identities around these adults, seeking to take responsibility for their own decisions and actions without fear of reprimand (Pretorius 2002:36).

Adolescents strive to shed the excessive domination by authority figures in their lives and slowly become more self-sufficient and autonomous. They avoid the extreme domination generally exerted by parents and educators and strive to exercise self-affirmation and emancipation. Should there have previously been disproportionate power, the result will be a developmental battle between dependence and independence within the youth. In the main adolescents want to demonstrate the ability to be rational in thought and action, making sensible choices according to their own norms and values that hopefully coincide with those of their role models (Pretorius 2002:36).

However, there are instances when the youth prefer to engage in exciting new experiences far removed from their mundane daily lives. This will promote new forms of consciousness and involvement in unusual events. Moral options that an adolescent may consider appropriate may not always be in harmony with the tried and tested moral norms established by his parents. Adherence to these moral principles and the extent to which he will contravene these will depend upon the personal ability to conceptualize moral issues and also upon the parent-child relationship that exists (Mussen 1990:642-643). At most times such behaviour leads to a contradiction of the norms and conflict with authority figures (Prinsloo & Du Plessis 1998:150-152).

Like other adolescents, the adolescent in a child-headed household is also ambitious and strives towards one day becoming a responsible working adult with a family. Unfortunately, his efforts might be thwarted by the fact that he has no parents, he is growing up under the most poverty-stricken and stigmatized conditions and he might not be able to complete his schooling.

The notion of emancipation that is hankered after by adolescents universally is thrust upon the unsuspecting orphan in an AIDS-affected, child-headed household. There is no adult authority-figure in these surroundings and the freedom the child 'enjoys' is certainly not what he has aspired towards. This situation inhibits his emancipation and

self-actualization because the lack of parental support and guidance does not allow him to realize his potentials.

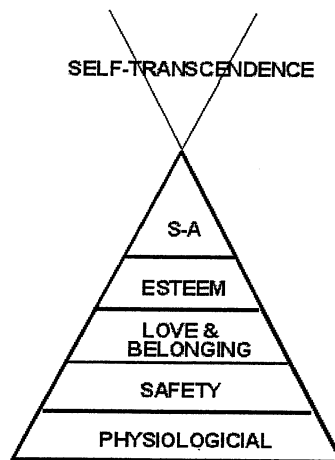
2.5.1. SELF-ACTUALISATION AND FULFILMENT OF NEEDS

According to Abraham Maslow, **self-actualisation** is regarded as “*the optimal realization of a child’s talents, abilities and potentials once his physiological, social and security needs have been met*” (Prinsloo & Du Plessis 1998:16).

Each child has an inherent desire to actualize his potential to the fullest (Pretorius 1994:20-21) by:

- Searching for growth experiences;
- Needing to grow;
- Becoming (including becoming an adult);
- Functioning as fully as possible;
- Uplifting yourself;
- Wanting to do it yourself;
- Wanting to become someone yourself;
- Striving for emancipation (independence);
- Changing in a positive way; and
- Learning, knowing and understanding.

Fulfillment of the child’s needs is facilitated by the child’s social context particularly his social and educational situations and guidance and requires that basic needs are met before the fulfillment of other needs (Pretorius 1994:30-31; Le Roux 1992:4;) as depicted by the graphic below – Figure 2 (Daniels 2001:4). Hence the child should be encouraged to strive towards the fulfillment of higher needs at each stage. The **hierarchy of needs**, as outlined by Maslow (Prinsloo & Du Plessis 1998:16;), is depicted thus:

Figure 2.1. Maslow's Hierarchy of Needs

SOURCE: Daniels (2001:4)

Accordingly the child's basic needs are:

- **Physiological or physical needs:** the needs for water, nutrition, rest, etc;
- **The need for safety or security:** the need to feel safe and free from danger;
- **Social needs:** the need for security and a feeling of belonging, to be loved and cared for;
- **Esteem or I-needs:** basically socio-affective needs that lead to self-confidence and a positive self-concept and involves the need for personal value, to be acknowledged and respected, to feel valuable and important; and
- **Need for self-actualization:** striving to realize one's full potential – to know and to understand and the meeting of cognitive needs.

Within a social milieu (Pretorius 1994:32) involving the family, the school and society, the child's life is influenced and develops as it is influenced in the pursuit of self-realization.

2.5.2. IDENTITY ACQUISITION

Sprinthall and Sprinthall (1977:211) expound the issue of identity acquisition most accurately when they declare that this period is "*like entering a foreign country without knowing the language, the customs, or the culture, only its worse because the teenager doesn't even have a guidebook.*" The manner in which the adolescent sees him/herself will form the basis of his adult personality. Erikson is of the view that a tough, concrete foundation will create a stable self-identity and not an eternally rootless identity (Sprinthall & Sprinthall 1977:211). The "*storm and stress*" of adolescence and the passionate need for seclusion guide the young person's sense of introspection and self-discovery. The early stages of puberty are especially noted for this but a changed social behaviour develops as adolescence progresses (Pretorius 2002:34).

Pretorius (2002:34) further states that greater self-awareness leads to the following typical questions:

- *Who am I?*
- *What am I like?*
- *Where do I fit in?*
- *Where am I going?*
- *What is the meaning of my personal life?*

The process of analysis and acquisition of these answers lead to a **personal identity** and development (Pretorius 2002:34).

Copley (1993:97) considers that the adolescent's sense of identity is connected to instinctive systems of association with others in the internal or external world. Prinsloo and Du Plessis (1998:148) refer to Erikson's concepts of the *period of identity crisis* when these young individuals attempt to determine personal identities that will prevent role confusion later. The adolescent is compelled to deal with "*internal, cognitive, and glandular*" developments while trying to confront various inconsistent and changing external regulations (Sprinthall & Sprinthall 1977:211). The assertion continues in the vein that the self-identity progresses and stabilizes during the period of adolescence.

Mussen, Conger, Kagan, & Huston (1990:622) confirm that a period of active searching and confusion invariably leads to a strong sense of identity and such individuals are likely to become more independent, innovative and diverse thinkers. Prinsloo and Du Plessis (1998:148) further emphasize Erikson's concepts of *identity foreclosure* and *identity confusion*. "*Identity foreclosure is an interruption in the process of identity formation.*" Such youth are more stereotyped and shallow, concentrating on religious morals and are distinctly approval-motivated, building their self-respect largely upon the deference and opinions of others. Although there may be little or no difference between these adolescents and their peers with reference to intelligence, they display a sense of rigidity in response to nerve-racking cognitive tasks (Mussen et al 1990:621). In the case of *identity confusion*, adolescents have low confidence, childish moral reasoning, are generally impetuous and lack cognitive skills. These youth are theoretically labeled as those who never "*find themselves*" displaying inconsistent loyalties and avoid commitments (Mussen et al 1990:621).

The adolescent's self-discovery and acquisition of a particular identity will be determined by the important example set by mature adults whom the former can identify with (Mussen et al 1990:621). Taking into account the situation of the adolescent orphans of AIDS in child-headed households, it is reasonable to conclude that the parents are often gravely ill or that one or both have passed on and can no longer influence the identity of the child positively during these crucial years.

Prinsloo and Du Plessis (1998:148) propose that an adolescent (youth) is an individual in his own right. This distinctiveness of each one will determine the extent to which each has the potential for the fulfillment of “*self-actualization or self destruction.*” The intimate self-consciousness of the adolescent leads to gradual self-discovery as with any mentally fit individual. Hence, the self-concept or self-identity is formulated via personal insight into oneself. A heightened self-esteem does not necessarily mean that the adolescent is an exceptional success in all fields of participation but rather that he is more self-assured in those activities that he usually excels at. Attitudes of educators and parents can assist the individual to construe disappointment appropriately and not in a manner in which “self-esteem” or “self-acceptance” may be destroyed (Vrey 1979:61). For the adolescent in a child-headed household the process of “self-actualization” or the realization of the adolescent’s potentialities, abilities and talents will be constrained by his personal conditions, which are restricted by poverty and the lack of parental or adult supervision (Vrey 1979:61).

Pretorius (2002:38) advocates that the attainment of identity is both a social as well as a pedagogical concern since it is attained as a result of intelligent intermingling with significant others especially educators and parents, who act as solid influences. This personal identity also stems from the individual conception of how others “see” and accept them and will be negligible without this social milieu. The assertion by Prinsloo & Du Plessis (1998:149) is that usually adolescents are drastically affected by certain adverse factors when there is an identity crisis. These may be:

- *Radical changes in the home situation, family, the school and society;*
- *Inadequate guidance during the early stages of identity acquisition;*
- *Contact inflation;*
- *A mass culture;*
- *The authority crisis;*
- *Alienation;*
- *The crisis of norms and religion.*

The above factors could be detrimental to the adolescent's successful attainment of the self-identity hampering his self-assurance, interaction, identification, self-image and uncovering and actualization of meaning (Prinsloo & Du Plessis 1998:149). This may result in isolation, an ineffective future and inadequate communication skills. In view of the tribulations the AIDS-affected adolescent is subjected to the above descriptions aptly express the reasons why this child will be unable to achieve a positive self-identity. Academics such as Coombe (2002c:122) and Barrett (2002:5) who are cited in Chapter 1, have fittingly illustrated the anguish that these orphans undergo.

Under normal circumstances the adolescent seeks fundamental symbols of reference and boundaries in order to construct an astute and consequential perspective of the world and a tangible self-identity. Displaying a sense of responsibility on the path to self-acquisition, they appreciate themselves as "fact" and as "now" and exercise "freedom of choice" (Pretorius 2002:36). Pretorius (2002:36) further expostulates that adolescents discover a gist of their own lives in the context of being responsible and "*in the task-based character of their existence.*" Even a relationship with God can provide the depth of meaning to the youth's lives.

Pretorius (2002:36) further illustrates the educator's duty in the process of assisting the adolescent on the way to his/her attainment of personal identity:

- *Transferring norms and values*
- *Raising the adolescent's awareness of personal responsibility*
- *Shaping the conscience*
- *Shaping the sense of responsibility*
- *Assistance with the attainment of independence and the discovery of personal freedom*
- *Helping to interpret the meaning of things that happen in the world at large as well as in the personal life*
- *Supporting by means of religious interaction*

Adolescents affected by HIV/AIDS have the same dreams and aspirations that others in their age group do (Louw et al 2001:22). However, their levels of anxiety are higher and they begin to perceive themselves as being different from their peers as a result of the virus. This eventually results in a feeling of hopelessness and negative self-worth (Louw et al 2001:22).

2.6. DEVELOPMENTAL TASKS DURING ADOLESCENCE

The period of adolescence focuses on evolving into responsible adults – hence the developmental tasks of this period demand preparation for adulthood. These children attempt to move away from juvenile behaviour and way of thinking. This is an exacting task and not all girls and boys in this age group of 13 to 18 master these and this is especially true of late maturers. The changes that should be made are not automatic and mastering these tasks results in a maturity that allows the young adult to deal with the stresses of early adulthood (Hurlock 1973:225).

The discussion that follows will refer to the developmental tasks:

2.6.1. Achieving new and mature relations with age-mates of both sexes:

Sexual maturation is achieved during adolescence and requires that girls and boys should begin to see themselves as women and men respectively. Pretorius (2002:380) emphasizes the need for these adults-to-be to exercise more collaboration towards fulfilling common objectives and to be less relentless in their need for control and their attitudes towards others. The influence of the school upon the lives of these youth is of all importance since adolescents begin to pattern their behaviour of the role models here. Early adolescence displays a tendency to identify with friends of the same sex including activities and socials representative of a mini-society.

Late adolescence results in an interest in the opposite sex and involvement in the activities that include both sexes. There is a need to acquire approval of the opposite sex and relationships move towards being romantic in nature (Hurlock 1973:245). The appreciation of the peer group controls the actions of the adolescents, since they want to be part of the group and will, on the outside, resort to similar dressing, hairstyles and language use to do this. However, within them, they will remain as individuals. It is imperative for the adolescent to develop adequately socially as any shortcoming here could result in an insecure unhappy adult life. Individuals who lack cooperative skills can later experience severe marital conflicts, childish dependency or willful domination (Pretorius 2002:39).

Hurlock's view (1993:226) is that together with parents, schools and colleges are apt institutions for adolescents to attain the necessary expertise and know-how for successful and significant social development. They create the means whereby the children are able to participate in get-togethers that will enhance sociability.

Pretorius (2002:39) quotes Duvall and Miller's opinions regarding those tasks that adolescents ought to be engaged in:

- *Becoming an acceptable member of one or more groups of peers*
- *Making friends with members of both sexes*
- *Going out with a girlfriend/boyfriend and handle social situations in a relaxed way*
- *Experiencing loving and being loved in love relationships, with or without pre-marital sex*
- *Adapting to the peer group at school, in the neighbourhood and society*
- *Acquiring social skills (problem resolution, handling conflict, making decisions and evaluation of social experiences)*
- *Achieving a strong emotional bond with a possible future marriage partner.*

Chapter 1 of this research study explicates that it is quite difficult in South Africa for most adolescent AIDS orphans in child-headed households to have the benefit of peer group approval, to be fortunate to have affectionate social associations or to experience intense meaningful attachments with members of the opposite sex. This is in consequence of the children being ostracized by their peers for being a part of AIDS-affected families even if the adolescents themselves are not HIV-positive.

2.6.2. Achieving a masculine or feminine social role:

Within the particular culture that they belong to, girls and boys are compelled to identify realistically with what it means to belong to each sex and what sex roles will be approved of by that said community. From puberty boys are encouraged to display their “powerful” male roles while girls accept their “weaker sex” appeal (Hurlock 1993: 248).

Pretorius (2002:39) is critical of the age-old theory that a boy can look forward to the prestige of being a man in his society while the girl has to resign herself to the mediocre role of wife and mother. However, there are an increasing number of girls who are shedding these beliefs by accepting top posts that give them more freedom of choice and new opportunities without sacrificing marriage. Both male and female roles have changed dramatically of recent providing a more democratic role for the new-age female. The introduction of women into the labour force has led to an enhanced status, uninhibited sexual behaviour and marriage with children for these women. Roles that were previously frowned upon by traditionalists are being accepted more often than not and involve greater assistance around the home by the “boys” (Pretorius 2002:40).

In some child-headed households the orphans are compelled to replace the authority figure with the eldest female child should there be no one else to assume the role. She is compelled to take over the traditional role of a mother. This enhanced status emerges prematurely but the girls are nevertheless expected to take control of their parents' homes, exercise the necessary control and make important decisions. Although this is not

customary in most cultural groups, these young children have to take charge of younger siblings and find appropriate channels to provide for the families well being (UNAIDS/UNICEF 2002:9). Should there be no females in the families, the eldest boys are often required to adopt these adult roles, dropping out of school and seeking employment to keep their families going.

2.6.3. Accepting one's physique and using one's body effectively:

Definite physical changes that appear at an accelerated pace during puberty result in maturity of build as well as sexual individuality in the adolescent stage. By the latter phase the youth is able to discern what he will look like physically as an adult. Generally girls between 13 and 16 display a tendency to develop faster than boys physically and are also more mature than boys of the same age. Individual differences should, however be taken into account (Pretorius 2002:40).

Adults may consider the adolescent's obsession with his appearance somewhat abnormal but it is a vital part of the adolescent's self-concept and will affect the self-concept negatively or positively as the case may be (Vrey 1979:168). It would appear that every society places great value upon what each considers an attractive physical appearance and adolescents assess themselves thus making constant comparisons in the process. Pretorius (2002:40) considers that this personal estimation of the adolescent, which may be a *source of interest, pride, security, doubt, worry, a high or low self-concept* could be the cause of behavioural and learning problems at a later stage.

According to Pretorius the following developmental tasks concerning the physique of the adolescent are particularly important:

- *Acceptance of the "new, changed body"*
- *Accepting as normal physical differences between the self and peer group members of the same and opposite sex*

- *Understanding of the implications of changes during puberty, together with healthy anticipation of maturity as man or woman*
- *Caring for the own body for the sake of health, optimal development and acceptance by others*
- *Acquisition of physical skills necessary for a variety of recreational, social and family situations*
- *Reorganization of the self-concept and acceptance of the own appearance and physical changes (Pretorius 2002:40).*

The adolescent orphaned by AIDS, who is automatically slotted in as head of a child-headed household, has no guidance and support as to how he ought to be adapting to accept his changing body. He is compelled to develop the skills to focus on himself while he also discovers the skills to take care of his siblings. Lack of guidance on how to be assertive and responsible may result in the abuse of the orphaned adolescent.

2.6.4. Desiring, accepting and achieving socially responsible behaviour:

Vrey (1979:170) maintains that an adolescent who is not accepted positively often displays temperamental and apprehensive behaviour. It is therefore of the essence that the adolescent is able to develop a positive self-concept by reacting confidently in his relationships and optimistically towards his aspirations. The adolescent does not necessarily categorize his desires and actions in order to achieve “*self-actualization*” but he needs to “*understand*” and motivate him towards “*personal adequacy*” – hence should the adolescent feel that he “*belongs*”, and that he is accepted by “*the people he values*”, his attempts to be socially acceptable are successful (Vrey 1979:166). Since the *older* (above 18) adolescent is afforded the chance to acquire wider prospects during social participation the youth’s “*social insight*” is heightened and he becomes more discerning in his assessments of other members of the group. The adolescent is also in better control of his actions and is able to reach more acceptable standards with reference to desirable

behaviour. As a result of the level of maturity the adolescent is able to be more responsible in the manner in which he conducts himself. Adolescents begin to mould their behaviour to conform to the expectations of the moral codes as laid down by figures of authority. They ought to be able to control their previous impulsive behavioural mishaps of puberty and early adolescence and make educated decisions (Hurlock 1973: 242).

The development of enhanced social, political, ethical and religious ideals ought to be born at this stage. Pretorius (2002:40-41) applies the opinion of Havighurst in order to hypothesize the “basic change in ideology”:

“As social and economic change has speeded up during the past hundred years, the proportion of the ideology of the adult generation which intellectually active adolescents can easily accept is growing smaller. They must examine critically the reigning ideology of their parents and their teachers. The traditional ideology is no longer credible.”

In the child-headed household, the orphan is deprived of a suitable figure of authority that can guide him towards a correct code of conduct. The development of such an adolescent’s self-concept is determined by whether or not he is accepted positively by others who can contribute to the formation thereof. Should the orphan suffer the stigma and discrimination that normally accompanies HIV/AIDS, this could result in anti-social behaviour.

2.6.5. Achieving emotional independence from parents and other adults:

Pretorius (2002:41) upholds the theory that it is imperative for adolescents to free themselves from the earlier ties with their parents to some extent and develop into self-sufficient thinking individuals. The emancipation of a child is intricate and requires that the adolescent acquire the expertise necessary to be competent in an adult world (Very 1979:175). Neither parent nor child will find this a painless task since it will involve the

release of the adolescent into the strange world of adulthood and a release from the protected environment of home. The adolescent wishes to become self-sufficient, but is fearful. On the other hand the parent wants his child to achieve this independence but is afraid of what could happen to such a naive individual. Such a situation could produce conflicting outcomes where the adolescent may become rebellious towards the interfering parent or the adolescent could succumb to fear against the wishes of his parents (Pretorius 2002:41).

Should the adolescent come from an austere home environment, with little freedom, he may direct the revolt towards the school and teachers in order to assert himself. If the adolescent is unable to execute this task successfully, they often become maladjusted, inadequate decision-makers, needy adults reliant upon parental guidance and emotionally immature. Vrey (1979:175) upholds that in order for the adolescent to be able to make “*independent moral judgements*” and to take “*responsibility*” for his own decisions, there has to be a useful sense of direction in relation to the outside world and the formation of a “*functional life-world*”. Pretorius (2002:41) extends this theory by providing two main factors that result in conflict in this developmental task within the context of modern Western society:

- Should the pace of social transformation in the form of activity and standards be too fast for the older generation, this will result in a generation gap.
- Despite the urgent need to be independent, some adolescents are sometimes compelled to reside at the family home for extended periods prior to marriage because of the lack of financial independence (2002:41).

Pretorius (2002:41) continues by outlining the two phenomena that teachers and parents consider to have an adverse effect upon this developmental task:

- Student activism – which leans towards socio-political change and freedom of speech for the youth
- Student apathy – revolves around the “drop-out” phenomenon when pupils or students abort their studies.

The theory of Vrey (1979:177) illustrates that the nature of the adolescent's relations with the parents are the determining factors when considering the success or otherwise of the adolescent's progress towards self-sufficiency. The “unconditional acceptance” of the parents and the security afforded by them through times of stress can help stabilize the individual.

2.6.6. Preparing for an economic career:

The most important symbol of maturity apart from selecting personal items and intimate friends is being able to earn a salary. The stance held by Pretorius (2002:42) is that modern Western society does not readily permit adolescents to act independently as adults.

Pretorius (2002:42) alludes to research that maintains that within the age group 15-20 there is a general preoccupation with career planning and preparation. The adolescent ought to narrow the gap between childhood and the adult's economic system by moving positively towards financial sustainability.

It is essential that adolescents accomplish the following in order to complete this developmental task:

- Begin a career that will encourage responsibility, apply acquired knowledge and the necessary skill and work energetically towards profitable avenues
- Be explicit about ones sex-role in respect of anticipated work and family

- Realistically select possible professions bearing in mind personal interests, capabilities and opportunities
- Work diligently in the direction of specialization and obtaining and keeping a particular position (Pretorius 2002:43).

An orphan of AIDS in a child-headed household might face a bleak future since he will be unable to look forward to the stability and success of proper employment if he is unable to acquire the financial and emotional support while he is still at school.

2.6.7. Preparing for marriage and family life:

The attraction that develops for the opposite sex during early adolescence grows stronger later and forms a starting point for marriage. The adolescent is then required to develop a congenial stance with regard to a family life and having children. Females especially need to learn about family management. Individual ideals and current trends in society will determine the stance each adolescent will adopt towards marriage. Predominantly attitudes are normal but strongly influenced by personal family experiences during childhood. Pretorius (2002:42) states that similar social backgrounds will lead to successful marriages. The academic (Pretorius 2002:42) extends the discussion to include the two developmental tasks necessary for a happy marriage:

- *The realization of adequate relationships with peer group members of the opposite sex*
- *The realization of emotional independence from the parents.*

Pretorius (2002:39) enhances this discussion of such developmental tasks by stating that:

- All adolescents ought to attempt to cultivate their personal, sensible and proper attitudes in order to appreciate what marriage and family life really is.

- They should contribute in some way to the everyday tasks and bliss of family life.
- They must ascertain the difference between true devotion and obsession.
- They ought to acquire fulfilling I-You relationships by going out with and becoming involved with members of the opposite sex.
- The adolescent's ability to be decisive in matters concerning further education, military service, engagement, marriage, etc. is imperative (Duvall & Miller 1985:242).

2.6.8. Acquiring a set of values and an ethical system as a guide to behaviour – developing ideology:

Together with the acquisition of a personal identity the adolescent should attain a value system that will act as a guide for the reactions and the formation of a personal perspective of humanity, life and the world. Many young people display a keen interest in philosophical, religious and political problems as a result of the need to form a socio-political-ethical ideology. This will then allow them to make well-informed decisions in conflicting situations stemming from their personal principles and morals. Formal operational deliberations allow the adolescent the privilege of a personal standpoint on religious and ethical issues (Vrey 1979: 180-186).

The manner in which an adolescent determines what is right and what is wrong embodies the moral development of an individual (Mwamwenda 1995:149-150). With reference to the development of an adolescent Mwamwenda cites Piaget's stage of "*morality of cooperation*". This is the stage when the child is fully responsive to moral realism but deems rules to be accommodating and variable to suit the individual without encroaching upon the individual's rights. Any child requires guidance towards moral development, however the orphans of AIDS have no such guidance and moral foundation. He is exposed to the adult world sans solid morals, a situation that makes him vulnerable. He is

“free” but at greater risk of abuse for the reason that he lacks parental protection and moral reasoning.

2.7. CONCLUSION

The adolescent has more or less the same characteristics in his development except where cultural practices influence development. The basic physical, cognitive, emotional, moral and connotative development of the adolescent is for the most part influenced by the domestic and social background that he hails from. The adolescent develops and functions as a unit and the developmental levels take place in interaction with one another.

The tragedy is that HIV/AIDS has a negative effect on the development of the adolescent since it inhibits self-actualization, introducing a plethora of psychosocial and educational tribulations into the lives of the vulnerable adolescents. For such adolescents development varies since the child is required to adopt an adult role within a ‘dysfunctional’ household. Helpless adolescents are compelled to take care of terminally ill parent/s, then face discrimination and the prospect of life without parental support and financial backing in order to survive and continue with their education, sometimes long before they would under normal circumstances.