

CHAPTER 6

FINDINGS AND RECOMMENDATIONS

“This is not a time for indecision and prevarication. It is not a time for preoccupation with supposedly insuperable difficulties. Nor is it a time for indefinite plan making. It is – especially - not a time for grandiose schemes designed to attain perfection. It is unlikely that in our lifetimes we will attain perfection in Africa. Let us attain something less than perfection in the lives of enough Africans to save them from death by AIDS.” -Justice Edwin Cameron, New York, 2001- (Avert 2003:1).

6.1. AIM OF THE CHAPTER

This final chapter of the study serves to assimilate all the information gleaned during the literature study and the empirical research. Once the background literature study is examined in relation to the research findings, it is possible to verify or refute the stance of the many researchers who have been referred to during the course of the study. The chapter also presents recommendations from the findings of the study with special reference to the literature study and the qualitative research conducted on orphans of AIDS in child-headed households in Kwa-Zulu Natal.

6.2. INTRODUCTION

The research is relevant to the study of HIV/AIDS in South Africa since the recommendations and findings reached by the researcher may prove to be beneficial to the mitigation of the social and the educational conditions prevailing in the lives of orphans of AIDS, especially those who live in child-headed households.

6.3. PROBLEM STATEMENT AND AIMS

To reiterate what was mentioned in Chapter 1 of this study, the problem statement and the main aims of this study are as follows:

6.3.1. PROBLEM STATEMENT

Adolescents orphaned by AIDS are compelled to occupy positions of control within their family homes since their parents have died as a result of AIDS-related diseases, their parents were too ill from AIDS-related diseases to perform parental duties or their parents have abandoned them after becoming HIV-positive.

Due to the lack of parental support the orphans of AIDS are found to be divest of the following necessities:

- **Physiological needs** in the form of shelter, security and food which result in poor concentration at school;
- **Socio-affective needs** in that they lack love, acceptance and warmth; and
- **Need for self-actualization** whereby the orphans of AIDS in child-headed households cannot realize their potentials, abilities and talents but in this case they are deprived of important educational support.

It becomes apparent that the orphans of AIDS undergo inter-alia the following tribulations:

- AIDS is a drain on the financial resources of the family, creating anxiety, fear, frustration and financial strain since the industrious members of the family are now severely ill, have passed or have abandoned the children and the orphans have to take on the responsibility of providing for their siblings;

- Poverty, stigma and discrimination which take their toll as a result of the orphans' being part of HIV/AIDS-affected households, being denied vital social, emotional and economic support and sometimes becoming victims of abuse;
- The adolescent's taking on new adult responsibilities include providing security and food to dependent siblings and taking care of sick family members;
- The orphans' having to experience suffer trauma, which implicates upon their physical and mental health and their educational aspirations; and
- The orphans dropping out of school in order to take care of their ailing parents and responsibility towards dependant siblings.

In the light of the above problems the **problem statement** is formulated 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 AIDS-affected adolescents, 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 HIV/AIDS-affected adolescents?

6.3.2. AIM OF THE STUDY

The primary aim of this study will be as follows:

- 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 as stated in the problem statement 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 HIV/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.

6.4. MAIN FINDINGS FROM THE LITERATURE STUDY

The Problem Statement and the Aims of the study have been mentioned in the preceding paragraphs. What follows are the most important findings in this chapter.

6.4.1. CHAPTER 1

This chapter delineates the pandemic (HIV/AIDS) internationally, nationally as well as within Kwa-Zulu Natal. The Problem Statement and the Aim of the study in relation to

the socio-educational problems of adolescents in child-headed households (as already mentioned) are analyzed. The following are important findings in this chapter:

- Around the world, 11 million of the **14 million** orphans of AIDS live in sub-Saharan Africa. In parts of east and southern Africa 10% of all orphans of AIDS live in homes headed by children.
- Infected adults are leaving behind a generation of young ones to be raised by their grandparents or left on their own in child-headed households.
- AIDS does not just impact socially, educationally and psychologically upon the children who have **already** been orphaned by AIDS but also on those whose parents require constant care during the illness.
- Children 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.
- Socio-educational difficulties experienced by such children could be in the form of a lack of parental guidance and support to continue with schooling, late schooling, discrimination at school level, the need for adolescents to absent themselves from school or drop out completely 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 sports activities.
- The problem of child-headed households is not clearly understood and unfortunately there is scant data on the figures relating to children currently living in such situations.
- Information regarding the impact of HIV/AIDS upon adolescents in child-headed households is limited.

6.4.2. CHAPTER 2

This chapter outlines the major characteristics of the developmental levels and tasks of the adolescent. It has focused on the cognitive, emotional, social, moral and connotative

development as well as the tasks that adolescents ought to accomplish. The impact of HIV/AIDS upon the development of the adolescent is also discussed.

The following were the major findings:

- Apart from the normal changes with regard to the development of the adolescent, the lives of those adolescent orphans who live in child-headed households are drastically changed further when their parents pass away. The stigma and discrimination attached to the pandemic of HIV/AIDS inhibits their socio-affective development. Further, the adolescent's educational development is affected due to the lack of financial support and parental guidance, a situation that often culminates in the adolescents' having to drop out of school.
- Factors that influence the physical, spiritual, mental, social and psychological development of the adolescent could be the ethnic group, climate, milieu, socio-economic level and gender of the child. Within the context of the South African situation, HIV/AIDS appears to impact upon the poor, low socio-economic groups and affects children physically, socially, educationally and psychologically on account of parental mortality.
- HIV/AIDS influences adolescent social behaviour and attitudes once children who are deprived of parental guidance display deviant behaviour such as ill-timed pregnancies and absconding from school.
- The following findings regarding the adolescents' developmental levels are important:
 - **Cognitive Development:** An adolescent's ability to make intelligent assessments and logical deliberations together with his self-absorption are all vital facets of any discussion on HIV/AIDS. Adolescents develop the capacity to think about possibilities and assumptions that permit them to contemplate future consequences to present actions and deliberate upon the immediate and far-reaching risks or benefits of behaviour. HIV/AIDS may lead to lowered concentration levels, emotional disturbances, behaviour

changes and disturbances as well as an effect upon the thinking processes of the adolescent. It may cause failure at school due to these emotional disturbances that invariably leads to school-drop outs. 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.

- **Physical development:** This aspect of development involves sexual awakening, novel physical changes, a general sense of restlessness and a heightened self-consciousness. Adolescents experiment with sex and it is much easier for adolescent orphans in child-headed households to deviate – behaviour that ultimately lead to unwanted pregnancies. Self-awareness will depend upon the way in which his peers and family view the physical transformations that occur. Cultural expectations for physical looks and aptitude determine whether the self-esteem of the adolescent will be enhanced. HIV/AIDS affects the adolescent's financial situation and their access to food and clothes – hence this may result in malnutrition and a clumsy appearance.
- **Emotional development:** The adolescent experiences a multitude of emotive levels in relationships with equals, teachers, families and other members of the social group. If the adolescents are exposed to or affected by HIV/AIDS, they can go through negative emotions, mood swings, angry outbursts, which may be followed by feelings of anxiety, guilt, shame and embarrassment. Emotional fluctuations range from exuberance of a great social life to loneliness, disparagement and inferiority once they become orphans who are 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 abuse.
- **Moral development:** Abstract thinking allows the adolescent to accept that each person thinks differently and to approach moral

issues responsibly. 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 resulting in a spirit of sharing. For the adolescent, different cognitive-moral ways of thinking, give rise to the development of a personal value system. Moral reasoning is allied to both cognitive as well as emotional development. Abstract ideas become progressively more significant in the higher stages of moral development. The moral development of an adolescent in a child-headed household is influenced by the lack of parental moral guidance, risky sexual behaviour, a poor self-concept and conflict due to stigma and discrimination.

- **Social development:** During adolescence, the family influence decreases while approval of the peer group becomes essential for fear of being isolated from the group. 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 all experience similar problems. Once the adolescent takes the role of head of the household and caregiver to his parents and other ailing family members he is often rejected by the very peers who would have influenced him positively had he not been exposed to the shame and discrimination of being part of an AIDS-affected family. The adolescent who finds it almost impossible to belong to a social group displays signs of losing his identity within the context of the home, extended family, society and school for this reason. He does not have the freedom and support structure to express his emotional conflicts with his friends. This leaves him lonely and helpless. Support from friends, teachers and the community may assist the adolescent against depression and isolation and improves his self-worth.
- **Connotative Development:** Adolescents 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 them. 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 and they may become socially isolated and helpless due to the stigma attached to HIV/AIDS.

- The adolescent aspires towards the following **developmental tasks**:
 - Achieving new and mature relations with age-mates of both sexes;
 - Achieving a masculine or feminine role;
 - Accepting one's physique;
 - Desiring, accepting and achieving socially responsible behaviour;
 - Achieving emotional independence from parents and other adults;
 - Preparing for an economic career;
 - Preparing for marriage and family life; and
 - Acquiring a set of values and an ethical system as a guide to behaviour developing ideology.

6.4.3. CHAPTER 3

This chapter imparts a comprehensive situational analysis of the socio-educational impact of HIV/AIDS upon orphans in selected countries throughout the world. There is evidently a scarcity of available information on the impact of HIV/AIDS on adolescents in child-headed households worldwide and statistics in this regard are constantly changing even on a daily basis.

- **HIV/AIDS AS A GLOBAL PANDEMIC:** Adults living with AIDS (2002) (37 million), the newly affected adults with AIDS (2002) (4.2 million) and adults who had died of AIDS (2002) (2.5 million), are statistics that are especially important since these have an indisputable bearing upon the children who remain behind and are adversely affected socially, educationally and psychologically.
- The majority of the 14 million children presently orphaned by AIDS live in sub-Saharan Africa. By the year 2010, the pandemic will almost triple the number of orphans in sub-Saharan Africa, who will have lost both their parents.
- Apart from the worsening economic circumstances, which may include the loss of inheritances, the children orphaned by AIDS, suffer severe social and emotional stress in the form of anguish over the bereavement of the parent, panic about what is yet to come, prejudice, stigma, discrimination, shame, isolation and physical and sexual mistreatment.
- Researchers from different parts of the world, in the field of HIV/AIDS agree that AIDS has had the most devastating effect on the safety, education, social life, health and survival of all children in affected areas worldwide.
- Factors that affect education and social welfare among adolescents are likely to be decreased resources, high parental death rates that precipitate poverty, inadequate funds to pay for schooling and the need to take care of the ailing. The high rate of school drop-outs in affected countries is a cause for concern.

- The extended families in sub-Saharan Africa and Southern Africa have been unable to attend to the needs of the child survivors of the pandemic for economic and material reasons. Children have been cast out, having to fend for themselves or being left in the care of extremely ill or old grandparents.
- **ZAMBIA:** The current HIV/AIDS predicament in Zambia is considered to be one of the worst epidemics in the world. A UNICEF report estimated that in excess of 7% of Zambia's 1 905 000 households were without an adult member, being headed by children, that is, a boy or girl aged 14 or less. With no one else in the extended family is able to (due to economic reasons) take care of the children this inevitably gives rise to orphan households headed by older brothers and sisters. The adverse effects of HIV/AIDS upon the formal education sector in Zambia is most apparent in the severely affected Copperbelt region where inferior school education and diminished enrollment are the result of the lack of funds to pay school fees. Available funds are being utilized for palliative care and orphans are compelled to work to avoid shame and embarrassment.
- **ZIMBABWE:** The National AIDS Council assesses that over 900 000 children have lost one or both parents as a result of HIV/AIDS thus far. The estimated number of orphans in this country is 780 000. Orphan support in the form of the FOCUS project in Zimbabwe is a programme of Family AIDS Caring Trust (FACT). By recruiting women from the villages and people from church groups, they identify, monitor and assist orphans of AIDS. Statistics are indicative of the fact that there is an approximate 19% decrease in the number of orphans of AIDS attending school after the death of their mothers. Orphans of AIDS have to perform household and farm chores and are therefore unable to attend school regularly. In Zimbabwe orphans from child-headed households

are compelled to take care of themselves if the relevant NGOs cannot take them under their wings.

- **MALAWI:** An estimation of the number of orphans in Malawi is 470 000. Despite the fact that orphans in Malawi have extended families on both sides, that is, maternal and paternal relatives, they are sometimes forsaken, poverty-stricken children with nowhere to go and are subjected to further emotional trauma by having to struggle with adult roles. More children are orphaned by AIDS, in the rural rather than the urban, areas. Families in Malawi do not appreciate the significance of providing for the educational and psychosocial needs of the child orphaned by AIDS. The Community based options for protection and Empowerment (COPE) of Save the Children (US) in Malawi can be credited for the creation of effective programmes that lend a hand to communities that assist children affected by HIV/AIDS to pay school fees and run their homes. During 2000 it had been estimated that children who had lost both parents were twice as likely to drop out of school while there was also a greater number of school dropouts in the rural rather than the urban areas.
- **UGANDA:** As early as in 1998 there were in excess of 3 million children already being subjected to the effect of the pandemic in Uganda alone. Most recent studies indicate that over 1,5 million children have been orphaned since the pandemic began in Uganda but the tide has turned with the combined effort of political commitment and the involvement of all sectors of society to assist in the reduction of HIV infection rates. The majority of the orphans of AIDS in Uganda lack family guidance and support. Therefore, they have limited access to education, inadequate social interaction, poor nutrition and no material support. Since the indigent extended families are unable to take on the responsibility of looking after orphans of AIDS and paying school fees,

there is evidence of low literary levels among children orphaned by AIDS.

- **KENYA:** HIV/AIDS has given rise to more or less one million orphaned children and has contributed to the increase in the number of street children in urban areas. The concept of child-headed households is becoming more numerous in rural areas but the extended families are unable to afford the upkeep of more children. When orphans of AIDS in Kenya are compelled to become the primary caregivers of dying parents and siblings, they become victims of severe psychological trauma, separation and abuse. The poverty-stricken orphans are often not permitted to go on to secondary school because of the lack of funds, malicious caregivers, stigma and the fact that education at that level is far too costly.
- **TANZANIA:** Between one-third and one-fifth of children in Tanzania have lost one or both parents to AIDS. An offshoot of this is that such children face the acute stress of having to deal with educational, psychological as well as social problems such as an inferior level of education, social insecurity and the lack of confidence in general. A survey based on statistics regarding AIDS orphans in Tanzania exposed that child-headed households are more common among orphans of AIDS than among any other orphan. Orphans are expected to deal with educational and psycho-social problems together with adult responsibilities and material impediments. The HUMULIZA, an NGO operating in this country, has embarked on a fourteen-week program for sets of orphans, in order to attempt to alleviate the children's psychological and social problems by applying the "child-to-child" approach. This project aims at training teachers, members of NGO's, churches and women's social groups who will be able to assist the children who are orphaned by HIV/AIDS. There is evidence of communities and families in Tanzania that are attempting to prevent

school drop-outs by taking care of orphans and ensuring that expenses such as school fees are met.

- **BOTSWANA:** Approximately 38% of the adult population is infected with HIV. At the end of 2001 there were 69,000 children who had lost their parent/s to the pandemic but projections are that the number will exceed 200,000 by 2010. Orphans from the poorest communities and socio-economic backgrounds displayed signs of poor nutrition, poor care and neglected education. They lacked the material means to meet fundamental requirements since the extended families were themselves too poor to assist them. Teachers and schools in Botswana have begun to provide a range of services such as supplying essentials, networking with children within AIDS-affected households in order to reduce stress on children, keeping an eye on orphan welfare, assisting with emotional needs and behaviour disturbance. The National Orphan Programme was created in April 1999 to accommodate and cater for orphaned children. These steps were introduced by the Botswana Government by means of the 'Short Term Plan of Action on the Care of Orphans in Botswana' (STPA), which had been extended to last until 2003. The government of Botswana appears to have obviated the problems of orphans to a significant degree in that children are kept at school and they are able to attain satisfactory grades.
- **INDIA:** The largest number of AIDS orphans around the world – 1.2 million in 2001- emanates from India. Widespread poverty compounds the effects of HIV/AIDS and there are presently 300 million poverty-stricken Indians. By the year 2005, 5-10% of children in India below the age of 15 will lose their parents to AIDS. Researchers and academics uphold that the inferior quality of education in India is now exacerbated by the HIV/AIDS pandemic. There is a significant drop in learner-enrollment in the country as school fees are unaffordable despite concessions by the schools. Extended families are either too poor or too

afraid to take on the responsibility of orphans of AIDS as a result of the discrimination attached to the pandemic.

6.4.4. CHAPTER 4

This chapter clarifies the manner in which children orphaned by HIV/AIDS are affected socially and educationally in South Africa and in the province of Kwa-Zulu Natal. The following are important findings in the chapter:

- Reports illustrate that six out of every ten children in South Africa live in poverty.
- In 2002 there were approximately 300 000 orphans of AIDS in South Africa.
- South Africa has approximately 100 000 child-headed families and projected numbers of orphans for the year 2012 are approximately 2.5 million.
- Within the South African context the increased number of children orphaned by HIV/AIDS will exacerbate absenteeism and school dropout rates, producing declining school enrolment rates and intensifying poverty.
- Previously, extended families coped with the increased burden of care whenever they were required to take on the orphans of their relatives. However, of recent the extended family system has displayed signs of flagging as a result of the exceptional numbers of orphans that are placing a strain on the extended family.
- Adolescent orphans in child-headed households:
 - Are required to care of sick family members and their younger siblings;
 - Suffer confusion or seclusion and discrimination;
 - Undergo further stress if there has been recent illness or death and substantial medical or funeral expenses;
 - Face unfamiliar responsibilities and restricted social lives;

- Have to leave school because they lack the necessary educational, financial and parental support;
- Experience unfulfilled needs such as basic food and shelter, socio-affective needs in the form of love and acceptance as well as self-actualization that assists them to realize their full potential;
- Have no moral guidance since even the extended family isolates them;
- Are deserted by their friends and family.
- When financial support is provided, the less material needs in the form of the child's emotional and psychological welfare are neglected. Complex psycho-social circumstances imposed by the HIV/AIDS pandemic bring on various divergent behaviour patterns such as premature pregnancy and anti-social behaviour in children who are trying to cope.
- The concept of 'poverty' does not just relate to the insufficiency of income but also encompasses the lack thereof, the lack of opportunities, as well as social exclusion and the frustration of having to drop out of school.
- Kwa-Zulu Natal was estimated to have had between 197 000 and 278 000 orphaned learners under the age of 15 as a result the pandemic and a 23% child-poverty share in South Africa – the highest in the country.
- Being the hardest hit by the HIV/AIDS pandemic, Kwa-Zulu Natal will understandably have the majority of South Africa's orphans in child-headed households.
- It is apparent that the poverty in child-headed households stems from the fact that the child's parents or caregivers who are sick or who have died, are unable to provide for the basic needs of the child. This results in poverty and trauma and an infringement of the child's rights to education, family care, health care and security.

6.5. MAIN FINDINGS FROM THE EMPIRICAL RESEARCH

In the course of the discussion of this chapter, there will be cross-referencing with previous chapters and especially with the views of academics in previous chapters. Page numbers and chapters will not be quoted. The following findings from the empirical research illustrate the effect of HIV/AIDS on the development of the adolescents in child-headed household:

6.5.1 COGNITIVE DEVELOPMENT

In many cases AIDS may impact negatively upon the academic performance of affected orphans where they begin to display lowered concentration levels as a result of the stress and trauma, the added responsibilities at home and the negative reactions from neighbours, friends and teachers. However, Thembelihle, Brenda and Jeffrey (the three subjects still at school) have been able to overcome the distress that they had to experience when their parents became severely ill and then died and are coping admirably with academic demands. None of the research subjects appeared to display a limited interest in their schoolwork although they lacked the support, love, care and protection of their parents. Unfortunately, Thembelihle and Brenda dropped out of school for one year because they had to take care of their ailing parents.

As Van Dyk (2001:181) states, Thembelihle and Jeffrey are typical adolescents in their age group who are capable of the capacity to think about possibilities and assumptions that allow them to deliberate upon the merits of present actions in relation to future consequences, risks or benefits of such behaviour. Despite their impoverished, AIDS-affected social and educational environment they display depth of cognitive development and accept the death of their parents.

Woolfolk's (1973:38) observation is that adolescents develop an aptitude to deliberate upon hypothetical possibilities and evaluate their personal assessments. Thembelihle falls short in this regard since she portrays the unrealistic perception that she and her sister are in a far worse financial situation than their neighbours since we were informed that the neighbourhood was generally poor. This perception might stem from the fact that other homes were fortunate to be parent-headed households. The lack of financial support and guidance prevent her from attaining any qualification from a tertiary institution.

Thembelihle, Ntombifuthi and Brenda support Hurlock's (1973:225) theory that an adolescent is able to think rationally and realistically, for despite their AIDS-affected situation, they understand fully their poverty-stricken circumstances that might impose limitations upon their future aspirations. The deaths of their parents occur at a phase in their lives when they are unable to cope with the pressures of new responsibilities without the assistance of some adult. However, even their poverty-stricken neighbours as well as their relatives (who shun them since they are orphans of AIDS), are unable to afford them the comfort and support they require to fulfill their socio-educational aspirations. They are restricted in this regard by the dearth of monetary benefaction, proper adult guidance, unfamiliar grown-up responsibilities in their homes, ignorance and the lack of any form of adult support.

Although Jeffrey is a victim of AIDS, he is nevertheless a rational, level-headed adolescent who is able to consider each problem in its entirety (Van Dyk 2001:182). He is also able to consider his future as being part of the process of upliftment within his community as a teacher or a social worker. Other subjects of the study did not look beyond finishing school and obtaining what they considered good jobs.

According to Van Dyk (2001:182), some adolescents become weighed down with destructive encumbrances that they cannot make rational decisions or cope with the

stresses of these child-headed households. Nevertheless, Thembelihle and Jeffrey display the resolve that permits them to deal with their underprivileged social conditions although they are burdened by their personal situation as orphans of AIDS.

Ntombifuthi is a prime example of an adolescent who was pressurized into a position of custodian and panicked into making a mistake that she would regret for the rest of her life. Although she loves her baby dearly, she is fully aware that her reason for having the baby was short-sighted and that she had ruined all her chances of overcoming their desperate poverty-stricken lives by educating herself. It was disappointing to note that Brenda too fell pregnant later despite her ability to be more rational and aware of the consequences of promiscuous actions - hence both the volunteer and the researcher considered the possibility that she had been abused. Her behaviour during the interview was especially disconcerting in that she kept looking (in fear) at her sister who was seated some distance away before she responded to certain questions.

It is apparent that being an orphan of AIDS has inhibited Brenda's academic self-actualization to realize her maximum potential. Brenda's self-actualization is inhibited by her parents' unexpected deaths and her unwanted pregnancy that appear to be holding her back from optimally realizing her personal success (potentials and abilities). She seems to display a low self-esteem and also lacks the love, care, support, encouragement and shelter that constitute a proper environment (Mwamwenda 1995:98) to develop a positive self-esteem (Khoza & Xhakaza 2003:33-34).

Under normal circumstances, adolescents experience high levels of confusion and stress (Mussen 1990:584) and the effects of HIV/AIDS can hinder the formation of positive self-awareness and self-confidence (Van Dyk 2001:189). This is typical of what happens to Brenda who becomes a victim of stigma and discrimination that intensifies her sensitivity and self-consciousness. She also has to drop out of school when she later falls pregnant.

6.5.2. PHYSICAL DEVELOPMENT

Just as Mwamwenda (1995:68) states, Thembelihle (mother of a baby) and Brenda (who falls pregnant) showed evidence of an awareness of themselves. Van Dyk (2001:9) considers that this is a traumatic and confusing period of adaptation for the already disorientated adolescent. This keen awareness normally depends primarily upon the way in which peers and family view the physical transformations that occur. However, these two female subjects appear to find some difficulty adjusting to their physical maturation without the assistance of their mothers and are awkward about ill-fitting clothes. It was later discovered that Brenda's self-consciousness stemmed from her being in the early stages of pregnancy. It is uncertain if Brenda was an innocent victim of sexual abuse, stemming from her physical transformation and growth and the nonexistence of adult guardianship. Unlike them, Jeffrey is sexually sensitive and admits to having a girlfriend.

On the other hand, Ntombifuthi is more relaxed about the dramatic changes in her appearance after the birth of the baby. Despite being the younger of the two sisters, she has been allocated the position of head of this child-headed household. She definitely suits the role since she is physically as well as cognitively superior to her sixteen-year-old sister who voluntarily accepts her as the person of authority.

Ntombifuthi, who is the mother of the baby, displays a fuller figure than girls of her age, as she is still breast-feeding. All the same, she accepts her body, which is consistent with the assertion of Thom, Louw, Van Ede, & Ferns (2001:397). These academics argue that it is very important for the adolescent to accept her body. Failure to accept their bodies as they develop is one of the reasons for a negative self-concept and lack of self-esteem among adolescents.

The reaction of Thembelihle to the curious attention of the boys in her community upholds the view of Louw, Edwards & Orr (2001:19) who assert that with physical development comes interest in the opposite sex and this also leads to confusion and sensitivity. This research subject finds the attention somewhat disconcerting and this does little to enhance her self-esteem. Brenda too, displays a low self-esteem as a result of her personal feelings of guilt and remorse as well as the unfair bigotry that she and her sister appear to be subjected to.

The physical development exhibited by Jeffrey obviously supports the theory of Louw, Edwards & Orr (2001:19), who consider that the adolescent's physical transformation and growth has a direct bearing upon their social development. The strength of character that Jeffrey exhibits stems from his acknowledgment of his own physical maturity and positive self-concept. In keeping with the view of Van Dyk (2001:9), his younger brother looks up to him as the head of this household and does not appear to doubt his leadership. This adolescent, as well as Thembelihle display a sense of "*social competency*" allowing them to behave appropriately under various circumstances and to gain a new self-confidence conforming to the views of both Hurlock (1973:231) and Louw et al (2001:19).

The age, physical maturity and impoverished social conditions of Thembelihle, Brenda and Jeffrey lead to their being forced to drop out of school when they were compelled to be at home to take care of their ailing parents and perform adult household tasks. Consequently, each adolescent's social development is inhibited since he has the grueling task of being custodian of his siblings and "nurse" to his parents. However, all three were able to later return to school to continue with their studies after their parents passed on.

6.5.3. EMOTIONAL DEVELOPMENT

Thembelihle, Ntombifuthi and Brenda are typical examples of the adolescents described by Hurlock (1973:229), experiencing the normal “storm and stress” periods. However, these characteristics are exacerbated in all four of the research subjects who have to face psycho-social and financial stresses as a result of the lack of parental support, together with the despair, dejection and emotional perplexity from being orphans in AIDS-affected households. The subjects were always conscious of the fact that their academic aspirations could be terminated at any time should the support from the Thandanani Children’s Foundation be terminated at any point in the future.

Feelings of apprehension, remorse and humiliation, as purported by Van Dyk (2001:183) in a report on adolescents, are confirmed by the emotional behaviour of Thembelihle and Brenda. Further verification is presented in all four of the orphans’ negative emotions, mood swings, angry outbursts (at times), which may be followed by feelings of anxiety, guilt, shame and embarrassment, particularly at school. The emotional outbursts and emotional stress that Ntombifuthi exhibits can be attributed to her having to take control of a household that consists not only of her sixteen-year-old sister but her baby as well as her nephew – at just fifteen!

Similar to some adolescents in this age-group discussed by Mussen (1990:229), Brenda seems prone to sullen silences in order to get a proper perspective on issues thus avoiding emotional outbursts. Jeffrey, Ntombifuthi and Brenda also seem to sometimes reason in diverse ways and demonstrate profound insight into their personal feelings as well as those of others.

Thembelihle, Ntombifuthi and Jeffrey are sometimes discriminated against at school, by learners or educators which results in their being bombarded by a multitude of emotional fluctuations from the exuberance of a great social life to loneliness, disparagement and inferiority after the parents passed away. These three subjects are

vulnerable after the death of their parents and have become the innocent victims of discrimination, stigma and probably abuse (as the case may be with Brenda).

Just as Lewis and Frydenberg (2002: 419-420) found in their study, the subjects in this research sometimes also presented ineffective coping strategies which lead to damaging social, educational and emotional upheavals. All of the subjects appear to be under social pressure and are therefore unskilled at handling the confusing situations that they are confronted with. Jeffrey, unlike the other subjects, did not display a single-minded obsession with himself but a philanthropic spirit indicating that he was desperate to alleviate himself and his community from its dire situation.

Thembelihle, Brenda and Jeffrey needed to cope not only with their own development, but also with the poor health and looming death of at least one parent. As a result these three subjects including Ntombifuthi, were required to cope with unusual adult responsibilities in child-headed households, the fear of abandonment, rejection and death.

Landry & Smith (1998:160-168) also present the notion that HIV/AIDS may cause social-emotional dysfunctioning of adolescents, which can be related to a lack of interest in life, an inhibited sense of purpose, apathy and a weakened socio-emotional expression, which are characteristic of Brenda due to her pregnancy. Together with Thembelihle (who has a baby), she is also representative of those adolescents described by Khoza & Xhakaza (2003:32) as having been orphaned by AIDS and having difficulty relating to and trusting others, having a poor self-image and feeling helpless and fearful.

6.5.4 MORAL DEVELOPMENT

Each of the research subjects is left to his or her devices and compelled to make the choice between right and wrong. However, it is difficult (yet not impossible) for Thembelihle, Ntombifuthi, Brenda or Jeffrey to develop personal value systems and moral reasoning without the guidance of significant adults in their life-worlds. Berk (1997:498) maintains that the wisdom of moral reasoning depends on an adolescent's personal disposition and the way he is nurtured leading to unassuming steadiness in moral self-determination from childhood to adolescence.

It is apparent that the maturity and abstract thinking that Ntombifuthi and Jeffrey display allow them to accept that each person thinks differently and to approach moral issues sensibly. This is in accordance with Van Dyk's concept of '**principled moral reasoning**'. Jeffery in particular typifies adolescents who prefer to champion civil rights that endorse a value system beneficial to the entire community and he attributes this to the respectable upbringing of his late mother. Despite her own error, Ntombifuthi insists that her sixteen-year-old sister not make the same mistakes that she has.

Jeffrey was the only subject who demonstrated an awareness of HIV/AIDS, the precautions he exercised and his condemnation of promiscuity. Both Thembelihle and Jeffrey have good internalized moral principles and live by their own persuasions and beliefs. As Mussen (1990:642-643) declares, the orphan's observance of moral principles and the extent to which he will contravene them will depend upon the personal ability to conceptualize moral issues and also upon the parent-child relationship that existed. Ntombifuthi considered her relationship as a means to an end of their problems once she, her elder sister and their nephew, were abandoned by all the adults in the family. Unfortunately for her, she did not have the foresight to realize that the pregnancy would merely aggravate their problems. Hence, even though she is not ostracized by the society she lives in, she has forsaken her education and cannot seem to find a way to return to school. In Brenda's case, there appears to be a question of

abuse as a reason for her pregnancy. She too had to abandon her academic aspirations in order to have the baby. Under the circumstances can it be declared that the two subjects fall short in terms of their moral development or are they pathetic victims of the HIV/AIDS pandemic? They are the victims of HIV/AIDS but have learnt that their actions (in falling pregnant) were wrong and they now regret such actions.

6.5.5. SOCIAL DEVELOPMENT

The work of Woolfolk (1973:83) stresses that empathy and the faculty to perceive another's point of view come about from adolescence onwards, giving rise to sharing with others, being of assistance to others and protecting others. This attitude is prevalent in the behaviour of Jeffrey who is caring and philanthropic. Ntombifuthi also exhibits these characteristics by standing by her family regardless of their adversities.

Thembelihle is of the view that social acceptance by her peers is important as Mwamwenda (1995:71) and Prinsloo (1998:42) affirm, since social interaction with the peer group provides clarification on certain aspects of life as they all experience similar problems and identify with one another. She can be grateful for this companionship, especially within the school, since Louw et al (2001:19) and Strode (2003) maintain that often when the adolescent takes the role of head of the household, the peer group may isolate and snub him/her.

All four of the subjects are orphans and do not have any adult or parental support or moral encouragement for there to be effective social integration or socialization. Perhaps this is the reason why Ntombifuthi and Brenda fall pregnant. Hurlock (1973:228) allows that varying cultural practices prescribe the rate at which sexual activity begins, but the pregnancies of Ntombifuthi and Brenda can be attributed to the lack of parental guidance with respect to the urge towards emotional intimacy between the sexes. Brenda is exposed to further discrimination and isolation and has to move away elsewhere to have the baby. On the other hand, Ntombifuthi does not become a victim of stigma normally associated with HIV/AIDS even after the baby's birth and she declares that no-one treats them badly.

Prinsloo et al (1998:42) and Copley (1973:101) both consider the peer group to be an acceptable part of the adolescent's life since it makes it possible for camaraderie, collaboration and reciprocal tolerance to exist. Although they battle with secrecy and disclosure, the lives of Thembelihle, Ntombifuthi and Jeffrey are testimony to this as they obviously rely on these relationships since no other close relationships exist in their lives. Hence, their days are filled with their dealings with their friends - the sharing and socialization they experience from these associations which will invariably lead to accepting and realizing the meaning and objective of norms, ethics, aspirations, procedures and conventions, reciprocally with their friends.

Brenda is probably at the stage described by Hurlock (1973: 231), when "*peer-group influence begins to wane*", seeing that she and her sister seem to stay away from large groups, favouring, smaller, closer friendships. This definitely emphasizes the absence of her parents and creates a sense of longing to have them around, especially now that she is pregnant. Brenda is also the only research subject who conforms to the theory proposed by Louw et al (2001:19) who declare that the adolescent who finds it insufferable to belong to a social group shows signs of losing his/her identity within the milieu of the home, extended family, society and school.

Adolescents from AIDS-affected families who experience discrimination and victimization tend to withdraw from the school and society. Ntombifuthi avows that she does not experience any intolerance from any source. However, Jeffrey has encountered some prejudice at school from pupils who are not his friends and who tease him about his domestic situation and he and his brother have been cut off from the extended family. Thembelihle's encounters with her aggressive neighbours and their isolation from the extended family are examples of her personal experience of the stigma normally associated with HIV/AIDS.

Lightfoot and Healy (2001:484-489) and Battles and Wiener (2002:161-168) promote the idea that a wide social network acts as a strong support for the adolescents who are

orphaned by AIDS since the association allows them to live positively and avoid depression and isolation. Despite their deprived circumstances the joy of being part of a social group is apparent in the lives of Thembelihle, Ntombifuthi and Jeffrey.

6.5.6. CONNOTATIVE DEVELOPMENT

Pretorius (2002:36) is of the belief that if the orphans' educators are suitable role models, they can make sensible choices according to their own norms and values that coincide with those of their educators. Should their educators have been effective role models, Thembelihle and Jeffrey could have shaped their lives and identities around these adults. Unfortunately, Brenda and Ntombifuthi too do not appear to have such adult role models in their lives and have to take responsibility for their own decisions and actions.

Thembelihle, Ntombifuthi, Brenda and Jeffrey are all orphans of AIDS who yearn for the prosperity, stability and prominence of thriving adulthood. They wish to become responsible adults who prosper in the working world. The realistic presumption of Mwamwenda (1995:72-73) is that their aspirations may be restrained by the fact that they do not have any parents, they live in dismal indigence, their educational development can be hindered by the need of funds and they may become secluded due to the shame assigned to HIV/AIDS. The three orphans (Brenda, Thembelihle and Jeffrey) who are still at school have a desire to finish school to have good jobs. Unfortunately, their hard work and their self-actualization might be curbed by the fact that they have no parental support and are growing up in the most impoverished environment, together with the fact that they might not be able to complete their schooling. They rely fully on the support of the Thandanani Children's Foundation to pay for their school fees and to provide their most basic needs.

Thembelihle has an ardent desire to become independent but she has no support system to realize her meaningful goals. She displays frustration at being left to her own devices and act as decision-maker in the most difficult situations. Ntombifuthi is in the most unenviable situation in that she has freedom of choice but this is not a pleasurable task

since she is only fifteen-years of age and responsible for the lives of three others in her household, one of whom is her baby, another a nephew and the third, an older sister. Brenda is not the head of her household but lives in disenchantment and the shadow of fear for her elder sister, accompanied by a bleak future because of her pregnancy.

Jeffrey is the only one of the four who displays a tenacious, naive determination to uplift himself from his impoverished surroundings, regardless of the obstacles in his way. He is certainly aware of these but he nevertheless seeks emancipation. He is confident in his standing as a learner, optimistic about the future and focused on his desire to become a teacher or a social worker.

6.6. RECOMMENDATIONS

6.6.1. INTRODUCTION

Little research has been conducted in respect of orphans of AIDS in child-headed households and it is imperative that The Department of Education, The Department of Social Welfare, Department of Health, Department of Justice, policy-makers, schools and NGOs take these recommendations seriously and implement them in order to mitigate the impact of AIDS in child-headed households. During the course of this study it was discovered that although the number of orphans of AIDS is steadily escalating and a cause for concern, there are other vulnerable children who are in the same disadvantaged situation educationally and socially, who also require the same attention.

Proper systems to assess the needs of orphans affected by AIDS will enable such orphans to access services that cater for their special needs. In order to be able to facilitate effective rehabilitation and support programmes, The Department of Education, The Department of Social Welfare, Department of Health, Department of Justice, policy-makers, schools, NGOs and affected communities will require the following:

- An appropriate working definition of the term “child-headed household”

- An efficient classification of such “child-headed households”
- A constructive process of supervision of “child-headed households”.

However, it must be noted that all these procedures have to be put into place WITHOUT isolating or prejudicing the orphans of AIDS in any way during the identification process.

An integrated course of action will certainly be effective in stemming the tide of AIDS in South Africa while it contributes towards the mitigation of social and educational problems that emanate. It is all very well to have constructive policies in place but the effective implementation of such policies is far more important to the well-being of the orphans of AIDS and other vulnerable children.

6.6.2. TOWARDS THE MITIGATION OF THE IMPACT OF HIV/AIDS ON EDUCATIONAL ISSUES

It is recommended that:

- Orphans of AIDS in child-headed households be exempt from the payment of school fees especially if they come from child-headed households. This should also include supplying school books gratis to orphans of AIDS;
- State subsidies take into account such expenses as feeding schemes at rural HIV/AIDS-affected schools since these schools are experiencing great difficulty in implementing the much-needed feeding system;
- School Guidance Counsellors be re-instated (even if they are to be itinerant in particular areas) in order to facilitate a practical support system for orphans of AIDS and other vulnerable children. Orphans of AIDS require the care and counselling that will enable them to take care of younger siblings and take on adult responsibilities in parentless households;

- Educators are trained to become more vigilant in order to identify, guide or refer those orphans who have been abandoned, those who are being abused or girls who fall pregnant and have to abandon their studies;
- Educators are trained to understand the impact of HIV/AIDS on adolescents in child-headed households as well as on their loved ones (siblings). Furthermore, it is necessary for them to have knowledge of adolescents and their developmental levels in addition to their needs so that adolescents in child-headed households can be assisted in the appropriate way;
- Effective homework programmes be implemented at school in order to assist orphans of AIDS and other vulnerable children who are unable to complete their homework efficiently as a result of their inappropriate domestic environments that are not conducive to studying, the lack of adult supervision or the fact that they have to take care of extremely ill parents, caregivers or relatives and function as adults;
- The school supervises the home-based-care programmes in conjunction with Social Welfare Departments in order that the academic progress of learners is not hindered by domestic demands;
- Itinerant teachers and flexible learning periods or programmes be introduced by the Department of Education in order to cater for the needs of children who have to take over adult duties in their homes and those who are compelled to take care of dying parents, caregivers or relatives;
- An inter-sectorial system involving security police, welfare officials, educators, community leaders and learners themselves be implemented in order to ensure the safety of vulnerable orphans of AIDS who do not have supportive adults to turn to. This system will encourage learners to be more confident about attending school;
- Effective Life Orientation Programmes at schools function to address the problems related to stigma and discrimination of children in child-headed households or affected by HIV/AIDS.

6.6.3. TOWARDS THE MITIGATION OF THE IMPACT OF HIV/AIDS ON SOCIAL ISSUES

It is recommended that:

- The community and churches should be made aware of the problems of the adolescents in child-headed so that peer groups, teachers and community leaders be able to reach out when they are needed. There should be better co-ordination between all service-providers in order to deliver a sustainable support system in affected communities;
- The process of identification, classification and supervision of orphans of AIDS be a combined effort of the Department of Social Welfare, Department of Education, Department of Health, NGOs and the community in order to produce the most feasible guardianship structures for such vulnerable children without exposing them to further stigma and discrimination. This may result in less abuse of adolescents in child-headed households and acceptance and support of these orphans by their extended families;
- The system of Child Support Grants ought to make it feasible for children to be able to access funds that are due to them despite the absence of a supervising adult. Most orphans of AIDS are experiencing difficulty in obtaining any such support since they cannot obtain identity documents timeously and as minors they are unable to apply for grants on their own strength. The situation is that much more desperate for adolescents who fall pregnant;
- Orphans of AIDS have access to vouchers (provided by the State to enable them to purchase necessities) that will assist them with the running of their homes without too much of a delay, after their parents lose their jobs and require constant care and medical attention. This is when the children feel most vulnerable as they suddenly have to cope with adult responsibilities, loss of constant income and expenses that overwhelm them;

- Employers must implement procedures that will ensure that benefits due to AIDS-affected employees are received by them or their immediate family even when the employees are too ill to be able to collect these themselves. Children are often unaware of the benefits due to their parents who are unable to return to places of employment without prior notice to their employers;
- Social workers operate in close conjunction with the Department of Justice in order to prevent misappropriation of the benefits due to orphans in child-headed households. It is often found that cultural practices leave the orphan or critically ill wives no recourse to what legally belongs to the immediate family;
- Poverty-stricken rural areas be considered in the provision of proper sanitation, water, electricity and public transport so as to assuage the problems experienced by orphans so as to ensure a healthy lifestyle for them in the absence of the parents;
- Social and Educational programmes such as Love Life and Soul City ought to include proper therapy and counselling to enable these vulnerable children to develop effective coping strategies in order to be able to handle the subsequent stress, anxiety, fear and frustration that accompany such circumstances;
- Community education regarding the spread of AIDS ought to emphasize that it is essential to avoid looking at orphans of AIDS as being a source of shame and fear, thus discriminating against them and isolating them. The tribal and cultural leadership can be encouraged to assist in changing the mindset of the rural communities so as to prevent blatant bigotry. These leaders together with religious leaders and educators at school level can also ensure that the vulnerable children are able to access the vital social, emotional and economic support that is available to them.

6.7. SHORTCOMINGS OF THE RESEARCH

The limitations discussed in Chapter 1 ought to be considered in conjunction with the following shortcomings that were exposed by this research:

- The stigma associated with the HIV/AIDS pandemic does not allow for easy identification of the research subjects.
- Since the accessibility of these particular orphans of AIDS is limited, they are invariably over-used as samples by various researchers and become accustomed to the methods and what is expected of them rather than providing fresh information.
- The research is based on only four research subjects, which makes generalization of results difficult.
- The language barrier does not allow for the researcher to catch valuable information that is often lost in translation as well as noteworthy, typical cultural intimations that the interpreter might not be aware of.

6.8. RECOMMENDATIONS WITH REGARD TO FURTHER RESEARCH

From the findings of this study it is recommended that further research should be done on adolescents in child-headed households in the following areas:

- The vulnerability of adolescent girls in child-headed households;
- The accommodation and support of adolescents in child-headed households by schools and communities; and
- Training programmes for educators on how to understand and support adolescents in child-headed households.

6.9. CONCLUSION

This dissertation addresses the impact of HIV/AIDS upon the adolescents in child-headed households and highlights the unique problems generated by the empirical research. New findings from the empirical research have also resulted in new recommendations that suggest that the effect of HIV/AIDS in relation to adolescent orphans in child-headed households needs to be addressed urgently. These findings confirm that HIV/AIDS impacts negatively upon the social lives and education of the orphans of AIDS and that the numbers of HIV/AIDS orphans is growing exponentially in South Africa.

Although the subjects used in the research are all from a previously disadvantaged community, their social conditions have been exacerbated by abject poverty. An important finding of this research is that poverty and the support, or lack thereof, determines the extent to which the lives of the orphans of AIDS are influenced socially and educationally. The lack of an effective support system inhibits the self-actualization of the orphans in child-headed households. Orphans, like Jeffrey (fourth research subject) are able to achieve their ambitions and fulfill their self-actualization because they have adequate support systems. The necessary support that the orphaned adolescents receive from friends, teachers and the community assists them to deal with depression and discrimination in order to improve their self-worth. In contrast, the other three research subjects are representative of those orphans who are unable to realize their aspirations as they lack effective support systems.

The recommendations of this research, guide NGOs, The Department of Education and The Department of Welfare towards the mitigation of the socio-educational problems that the orphans of AIDS face. Positive steps in this direction will also instill the necessary skills and knowledge to ensure that the adolescents orphaned by AIDS will be productive members of South African society in future with the capacity to help not only themselves but others. Thus, this dissertation can contribute constructively in

assisting in the mitigation of the socio-educational problems of adolescents in child-headed households.