

APPENDIX A

IDENTIFICATION DATA

- 1.1. Introduction: My name is Jyothi Chabilall and I need to interview children between the ages 13-18 here in _____ in order to find out how they live without their parents and how they manage to survive.
- 1.2. I am going to ask you some very personal questions. I will not discuss any of your answers with anyone else. Your name will not be written on the form and will never be used in connection with any information you give me. You do not have to answer a question if you do not feel comfortable and you can ask me to stop the interview at any time you want. But I want you to understand that if you are able to answer honestly, we will be able to understand what people think, say and do about orphans. Your guardian or caregiver can sit with us if you want him/her to. We will be very grateful if you help us with this interview. The interview should take about 30 minutes.
- 1.3. Will you answer these questions for me, please?
- 1.4. I must tell you that some of these questions may cause you to feel very sad and upset, since they describe the very difficult times in your life. The benefit of helping us is that we can arrange for you to be helped by others who are qualified to help you solve your psychological and social problems. We can also give you the addresses of those who can assist you.

(Signature of interviewer certifying that informed consent has been given verbally by the respondent)

(Signature of witness certifying that informed consent has been given verbally by respondent)

INTERVIEW LOG

	VISIT 1	VISIT 2	VISIT 3
DATE			
INTERVIEWER			
COMMENT			

INTERVIEWER: _____ DATE OF INTERVIEW: _____

SECTION 1: BACKGROUND INFORMATION

1.1. In what month and year were you born?

MONTH/YEAR: _____

DON'T KNOW: _____

NO RESPONSE: _____

1.2. RECORD SEX OF THE RESPONDENT: _____

1.3. What language do you speak most of the time? _____

1.4. Have you ever been to school? _____

1.5. If No, why have you never been to school?

DEATH OF PARENTS/GUARDIANS: _____

FINANCIAL PROBLEMS: _____

ILLNESS: _____

LACK OF SCHOOL SPACE: _____

LACK OF SUPPORT: _____

DON'T LIKE SCHOOL: _____

OTHER: _____

1.6. If Yes, are you currently at school? _____

1.7. Which school do you go to? _____

1.8. What grade are you in? _____

1.9. If you had attended school up to a point, in which year did you last attend school?

1.10. State the reasons why you are unable to go back to school?

AWAITING RESULTS: _____

COMPLETED SCHOOL: _____

DEATH OF PARENT/S/GUARDIANS: _____

DROP OUT: _____

FAILED EXAMINATIONS: _____

FINANCIAL PROBLEMS: _____

GOT A JOB: _____

ILLNESS: _____

LACK OF SCHOOL SPACE: _____

LACK OF SUPPORT: _____

NOT ENROLLED YET: _____

PREGNANCY: _____

STILL YOUNG: _____

SECTION 2: FOOD INTAKE

2.1. How many meals do you usually have a day? _____

2.2. What kinds of foods do you usually eat? _____

2.3. Did you eat anything yesterday? _____

2.4. What did you eat yesterday? MORNING? _____

LUNCH TIME? _____

EVENING TIME? _____

DON'T KNOW? _____

NO RESPONSE: _____

2.5. What did you drink yesterday apart from water? _____

2.6. Who normally provides you with food? _____

2.7. Is this food sufficient for each day? _____

SECTION 3: PSYCHOSOCIAL ISSUES

**3.1 BACKGROUND INFORMATION AND TRAUMATIC EXPERIENCES
REGARDING THE FATHER**

3.1.1. Is your father alive? _____

3.1.2. Was he very ill for a long time? _____

3.1.3. When did he pass away? _____

1.1.3. What do you think was the cause of his death?

HIV/AIDS: _____

TB: _____

PNEUMONIA: _____

LONG ILLNESS: _____

ACCIDENT: _____

BEWITCHED: _____

MALARIA: _____

** 3.1.5. What did do to make yourself feel better when your father was ill?

CRIED: _____

TALKED TO FATHER: _____

TALKED WITH RELATIVE: _____

PLAYED WITH FRIENDS: _____

HELPED HIM: _____

NOTHING: _____

OTHER: _____

** 3.1.6. After you father died how did you try to make yourself feel better?

CRIED: _____

TALKED TO FRIEND: _____

TALKED WITH RELATIVE: _____

NOTHING: _____

3.1.7. Did your father ever discuss his health condition with you before he died? _____

3.1.8. Did anyone else discuss this with you? _____

3.1.9 Who did? What did they tell you? _____

3.1.10. What has changed in your daily life since your father died:
NO SHELTER: _____
MY SCHOOL ATTENDANCE HAS DECLINED OR
STOPPED: _____
MY GRADES HAVE WORSENERED: _____
I HAVE TO DO MORE CHORES: _____
I HAVE TO TAKE CARE OF SMALLER
CHILDREN: _____
I HAVE TO TAKE CARE OF MY PARENT: _____
WE HAVE NO/LESS FOOD/MONEY/CLOTHES: _____
STARTED SCHOOL LATE: _____
NOTHING AT ALL: _____

3.1.11. How do you feel about your everyday life since your parents have passed on?
SAD/UNHAPPY: _____
WORRIED: _____
ANGRY: _____
SCARED: _____
ALONE: _____
DETERMINED: _____
RELIEVED: _____
HAPPY: _____
OTHER: _____

**3.1.12. What do you miss most about your father? _____

SECTION 4. PSYCHOSOCIAL ISSUES**BACKGROUND INFORMATION AND TRAUMATIC EXPERIENCES REGARDING THE MOTHER**

4.1. Is your mother alive? _____

4.2. Was she very ill for a very long time? _____

4.3. When did she die? _____

4.4. What do you think caused her death?

HIV/AIDS: _____

TB: _____

PNEUMONIA: _____

LONG ILLNESS: _____

ACCIDENT: _____

BEWITCHED: _____

MALARIA: _____

STROKE: _____

ABORTION: _____

OTHER: _____

**4.5. What did you do to make yourself feel better when your mother was ill?

CRIED: _____

TALKED TO FATHER: _____

TALKED WITH RELATIVE: _____

PLAYED WITH FRIENDS: _____

HELPED HER: _____

NOTHING: _____

OTHER: _____

**4.6. What do you do to help you feel better since your mother's death?

TALKED TO FRIEND: _____

TALKED WITH RELATIVE: _____

CRIED: _____

NOTHING: _____

OTHER: _____

4.7. Did your mother discuss her health condition with you? _____

4.8. Did anyone else discuss this with you? Who? _____

4.9. What did this person tell you? _____

4.10. What has changed in your life since your mother's death?
MY SCHOOL ATTENDANCE HAS DECLINED OR STOPPED: _____
MY GRADES HAVE WORSENERED: _____
I HAVE TO DO MORE CHORES: _____
I HAVE TO TAKE CARE OF SMALLER CHILDREN: _____
I HAVE TO TAKE CARE OF MY PARENT: _____
WE HAVE LESS/NO FOOD/MONEY/CLOTHES: _____
OTHERS: _____

**4.11. How has the loss of your mother affected the way you feel about life?
SAD: _____
WORRIED: _____
ANGRY: _____
SCARED: _____
ALONE: _____
DETERMINED: _____
RELIEVED: _____
HAPPY: _____
OTHER: _____

**4.12: What do you miss about your mother?
COOKING: _____
CARE: _____
LOVE: _____
NOTHING: _____
TIME WITH HER: _____
OTHER: _____

SECTION 5: HIV/AIDS ISSUES AND HOUSEHOLD RELATIONSHIPS

5.1. Do you think parents/guardians should talk about their health condition with their children? _____

5.2. Why?

SO CHILDREN CAN PREPARE EMOTIONALLY: _____

SO CHILDREN CAN PREPARE PRACTICALLY: _____

SO CHILDREN CAN AVOID AIDS THEMSELVES: _____

SO CHILDREN CAN KNOW WHY THE PARENT/S DIED: _____

SO CHILDREN CAN KNOW WHAT TO DO WHEN THE PARENT/S DIE: _____

SO THAT WILLS/PROPERTY CAN BE DISCUSSED: _____

SO THAT GUARDIANS CAN BE APPOINTED: _____

5.3. If no, why?

I CAN'T STAND IT: _____

IT IS UPSETTING, SAD TO TALK ABOUT: _____

THERE IS NOTHING ONE CAN DO TO PREPARE: _____

CHILDREN MAY NOT KEEP A SECRET: _____

IT IS SHAMEFUL FOR PARENTS TO SUFFER/DIE FROM AIDS: _____

5.4. Have you always lived in this home?

5.5. If No, where did you live before this and why did you move to this place? _____

5.6. How many children lived with you in your parent's home before moving? _____

5.7. How many have the same parents as yourself? BOYS: _____

GIRLS: _____

5.8. How many of these children still live with you in the same household? _____

5.9. Do you have any brothers and sisters living elsewhere? BOYS: _____
GIRLS: _____

5.10. With whom are they living? Why?

5.11. How often do you visit them? _____

5.12. How do you feel about being separated from your brothers and sisters?
SAD: _____
SORROWFUL: _____
WORRIED: _____
ANGRY: _____
SCARED: _____
ALONE: _____
DETERMINED: _____
RELIEVED: _____
HAPPY: _____
OTHER: _____

5.13. How do you get along with your other brothers and sisters? _____

5.14. How do you get along with your guardian/caregiver? _____

5.15. How do you feel about living in this home? _____

5.16. Give reasons why you feel this way?
THERE IS FOOD: _____
THERE ARE CLOTHES: _____
THEY TREAT ME WELL: _____
PAY FOR SCHOOL: _____
I AM BEATEN: _____
I AM MISTREATED: _____
HAVE MORE CHORES: _____
OTHER: _____

5.17. Where would you live if you had the choice? _____

5.18. How do you spend your free time?
FOOTBALL/OTHER SPORTS: _____
TAKING "DRUGS": _____
BEING WITH FRIENDS/PLAYING: _____

BEING WITH FRIENDS/DRINKING BEER: _____

GOING TO CHURCH: _____
DANCE, MUSIC, DRAMA: _____
HAVING BOY/GIRL FRIEND: _____
READING: _____
CRAFTS, WEAVING, ART, BASKETRY: _____

OTHER: _____

5.19. With whom do you spend most time? _____

5.20. What do you do when you have a problem? _____

5.21. Who is the first person you talk to when you have a problem? _____

5.22. If this person is not available, who is the next person you go to when you have a problem? _____

5.23. What is your relationship with your guardian? _____

5.24. Before the guardian began to take care of you how often did you see her/ him? _____

5.25. How well did you know her/him at that stage? _____

5.26. Do you like her/him now that she/he is taking care of you? _____

5.27. What is different about your life since you live in this household? _____

5.28. How has living with this guardian affected the way you feel about life? _____

5.29. What would you like your guardian to do more of? _____

5.30. What would you like your guardian to do less of? _____

5.31. Do you think that adults treat orphans differently from other children? _____

5.32. If yes, how do they treat orphans differently? _____

5.33. Do they treat you in this way? _____

5.34. How does this make you feel? _____

5.35. Does your guardian treat you better, the same or worse than other/his own children?

5.36. How are the other children treated? _____

5.37. How does such treatment make you feel? _____

5.38. Is there anything still bothering you about your parents' death? _____

5.39. If yes, what is it? _____

5.40. Do you have any special items of your mother/father/guardian? _____

5.41. What are those items that you have? _____

5.42. When do you look at these things? _____

5.43. How do you feel when you see these things? _____

5.44. Who made the decision for you to live in this house? _____

SECTION 6: EMOTIONAL WELL-BEING

6.1. How often do you have scary dreams? _____

6.2. How often do you feel unhappy? _____

6.3. How often do you get into fights with the other children? _____

6.4. How often do you prefer to be all alone, instead of with others? _____

6.5. Whom do you like to play with? _____

6.6. How often do you ever feel worried? _____

6.7. What kind of things do you worry about? _____

6.8. How often do you feel cross or frustrated? _____

6.9. How often do you feel happy? _____

6.10. What makes you happy? _____

6.11. How often do you feel like running away from home? _____

6.12. When did you start feeling this way? _____

6.13. Tell me something that makes you happy? _____

6.14. Whom do like or admire most? Why? _____

6.15. What are your plans for the future?

SECTION 7: SCHOOL

7.1. Do your teachers know about your parents/guardians death? _____

7.2. Do the teachers treat you differently since your parents/guardians death? _____

7.3. How would you like them to treat you? _____

7.4. Do they pay special attention to your needs? _____

7.5. Are they rude or insulting to you? _____

7.6. Are they considerate about the problems that you are experiencing? _____

7.7. Which particular problem would you like them to be considerate about? _____

7.8. Are still able to pay your school fees? _____

7.9. Do you ever feel as if you would like to work or remain at home instead of going to school? _____

7.10 Do the children in your class treat you well? _____

7.12. Do you feel that they could be more considerate? _____

7.13. How would you like them to treat you? _____

7.14. Are the children rude to you because of the way in which your parents died? _____

7.15. Do the children call you names? _____

7.16. Do you have a problem having friends at school? _____
at home? _____

7.17. Are you able to afford to buy: a) books? _____

b) pens? _____

7.18. Can you afford your uniform? _____

7.19. Are you often absent because you have to take care of an ill person at home? _____

7.20. Is there any reason why you do not have the time to complete your homework everyday? _____

7.21. Do you have to do without anything because you cannot afford it? _____

7.22. Is there anything that you would like to have for school but cannot afford? _____

APPENDIX B

THE SACKS SENTENCE-COMPLETION TECHNIQUE

DATE: _____

NAME: _____

AGE: _____

SEX: _____

STANDARD: _____

ADDRESS: _____

INSTRUCTIONS

Below are 60 partly completed sentences. Read each one and finish it by writing the first thing that comes to your mind. There are no right or wrong answers. Work as quickly as you can. If you do not know what to write for a particular sentence, circle it and come back to it later.

1. I feel that my father

2. When everything seems to be against me.....

3. I always wanted to

4. If I were in charge.....

5. To me the future looks.....
.....
.....

6. The male teachers at our school.....
.....
.....

7. I know it is silly but I am afraid of.....
.....
.....

8. I feel that a real friend.....
.....
.....

9. When I was a child (younger).....
.....
.....

10. My idea of a perfect woman.....
.....
.....

11. When I see a man and a woman together.....
.....
.....

12. Compared with most families, mine.....
.....
.....

13. At school I get along best with.....

.....
.....

14. My mother.....

.....
.....

15. I would do anything to forget the time.....

.....
.....

16. If my father would only.....

.....
.....

17. I believe that I have the ability to.....

.....
.....

18. I could be perfectly happy if

.....
.....

19. If people work for me.....

.....
.....

20. I look forward to.....

.....
.....

21. In school my teachers.....

.....
.....

22. Most of my friends do not know that I am afraid of.....

.....
.....

23. I do not like people who.....

.....
.....

24. Before I was at school.....

.....
.....

25. I think most girls.....

.....
.....

26. My feeling about married life is.....

.....
.....

27. My family treats me like.....

.....
.....

28. Those children at school with me.....

.....

.....

29. My mother and I.....

.....

.....

30. My greatest mistake was.....

.....

.....

31. I wish my father.....

.....

.....

32. My greatest weakness is.....

.....

.....

33. My secret ambition in life.....

.....

.....

34. The people (children) who do things for me.....

.....

.....

35. Some day I.....

.....

.....

36. When I see the teacher coming.....

.....
.....

37. I wish I could lose the fear of.....

.....
.....

38. The people I like best.....

.....
.....

39. If I were a little child again.....

.....
.....

40. I believe most women.....

.....
.....

41. If I had a love affair.....

.....
.....

42. Most families I know.....

.....
.....

43. I like working with people.....

.....
.....

44. I think that most mothers.....
.....
.....

45. When I was younger I felt guilty about.....
.....
.....

46. I feel that my father is.....
.....
.....

47. When luck turns against me.....
.....
.....

48. In giving orders to others.....
.....
.....

49. What I want most out of life.....
.....
.....

50. When I am older.....
.....
.....

51. People whom I consider my superiors.....
.....
.....

52. My fears sometimes force me to.....

.....
.....

53. When I am not around, my friends.....

.....
.....

54. The thing I remember best about my childhood.....

.....
.....

55. What I like least about women.....

.....
.....

56. My love life.....

.....
.....

57. When I was a child, my family.....

.....
.....

58. Other children in my class.....

.....
.....

59. I like my mother but.....

.....
.....

60. The worst thing I ever did.....

.....
.....

My three wishes are:

1.
.....
.....
.....
.....

2.
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.....
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3.
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APPENDIX C

SUMMARY OF QUESTIONNAIRES

1. SACKS SENTENCE COMPLETION TECHNIQUE

Category I: Family

1. The mother

- 14. My mother is.....
- 29. My mother and I.....
- 44. I think that most mothers.....
- 59. I like my mother but.....

Interpretation of views of the mother

.....

.....

.....

2. The father

- 1. I feel that my father seldom.....
- 16.If my father would only.....
- 31.I wish my father.....
- 46.I feel that my father is.....

Interpretation of views of the father

.....

.....

.....

3. Family

- 12. Compared with most families,.....
- 27. My family treats me like a.....
- 42. Most families I know.....
- 57. When I was a child, my family.....

Interpretation of views of the family

.....

.....

.....

Category II: Sexual

1. Being a woman

- 10. My idea of a perfect woman.....
- 25. I think most girls.....
- 40. I believe most women.....

55. What I like least about women.....

Interpretation of being a woman

.....
.....
.....

2. Heterosexual perceptions

- 11. When I see a man and a woman together.....
- 26. My feeling about married life is.....
- 41. If I had a love affair.....
- 56. My love life.....

Interpretation of heterosexual perceptions

.....
.....
.....

Category III: Interpersonal relationships

1. Friends and acquaintances

- 8. I feel that a real friend.....
- 23. I don't like people who.....
- 38. The people I like best.....
- 53. When I'm not around, my friends.....

Interpretation with reference to friends and acquaintances

.....
.....
.....

2. Superiors

- 6. The male teachers at our school.....
- 21. I school my teachers.....
- 36. When I see the teacher coming.....
- 51. People whom I consider my superiors.....

Interpretation of views of superiors

.....
.....
.....

3. People in charge

- 4. If I were in charge.....
- 19. If people work for me.....
- 34. The people (children) who do things for me.....
- 48. In giving orders to others.....

Interpretation of views of people in charge

.....
.....
.....

4. Peers

- 13. At school I get along best with.....
- 28. Those at school with me.....
- 43. I like working with people who.....
- 58. Other children in my class.....

Interpretation with reference to peers

.....
.....
.....

Category IV: Selfconcept

1. Fears

- 7. I know it is silly but I am afraid of.....
- 22. Most of my friends don't know that I am afraid of.....
- 37. I wish I could lose the fear of.....
- 52. My fears sometimes force me to.....

Interpretation of fears

.....
.....
.....

2. Guilt feelings

- 15. I would do anything to forget the time I.....
- 30. My greatest mistake was.....
- 45. When I was younger, I felt guilty about.....
- 60. The worst thing I ever did.....

Interpretation of guilt feelings

.....
.....
.....

3. Personal strengths

- 2. When the odds are against me.....
- 17. I believe that I have the ability.....
- 32. My greatest weakness is.....
- 47. When luck turns against me.....

Interpretation of personal strengths

.....
.....
.....

4. The Past

- 9. When I was a child.....
- 24. Before I was at school.....
- 39. If I were a little girl again.....
- 54. My most vivid childhood memory.....

Interpretation with reference to the past

.....
.....
.....

5. The future

- 5. To me the future looks.....
- 20. I look forward to.....
- 35. Some day I.....
- 50. When I am older.....

Interpretation with reference to the future

.....
.....
.....

6. Goals and Ambitions

- 3.I always wanted to.....
- 18.I could be perfectly happy if.....
- 33. My secret ambition in life.....
- 49. What I want most out of life.....

Interpretation of goals and ambitions

.....
.....
.....

Summary Of Three Wishes

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1. SACKS SENTENCE COMPLETION TECHNIQUE

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Interpretation of views of the family

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Interpretation of heterosexual perceptions

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- 52. My fears sometimes force me to.....

Interpretation of fears

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Summary



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J. Chabilall

(Signature of interviewer certifying that informed consent has been given verbally by the respondent)

+ *J. Skarino*

(Signature of witness certifying that informed consent has been given verbally by respondent)

INTERVIEW LOG

	VISIT 1	VISIT 2	VISIT 3
DATE			
INTERVIEWER			
COMMENT			

INTERVIEWER: *J. Chabilall*

DATE OF INTERVIEW: *1/11/2003*

IDENTIFICATION DATA

- 1.1. Introduction: My name is Jyothi Chabilall and I need to interview children between the ages 13-18 here in WILLOWFONTEIN in order to find out how they live without their parents and how they manage to survive.
- 1.2. I am going to ask you some very personal questions. I will not discuss any of your answers with anyone else. Your name will not be written on the form and will never be used in connection with any information you give me. You do not have to answer a question if you do not feel comfortable and you can ask me to stop the interview at any time you want. But I want you to understand that if you are able to answer honestly, we will be able to understand what people think, say and do about orphans. Your guardian or caregiver can sit with us if you want him/her to. We will be very grateful if you help us with this interview. The interview should take about 30 minutes.
- 1.3. Will you answer these questions for me, please?
- 1.4. I must tell you that some of these questions may cause you to feel very sad and upset, since they describe the very difficult times in your life. The benefit of helping us is that we can arrange for you to be helped by others who are qualified to help you solve your psychological and social problems. We can also give you the addresses of those who can assist you.

Chabilall

(Signature of interviewer certifying that informed consent has been given verbally by the respondent)

X F.N. Buthelezi

(Signature of witness certifying that informed consent has been given verbally by respondent)

INTERVIEW LOG

	VISIT 1	VISIT 2	VISIT 3
DATE		1/11/2003	
INTERVIEWER		JAC	
COMMENT			

INTERVIEWER: Chabilall

DATE OF INTERVIEW: 1/11/2003

6

IDENTIFICATION DATA

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Jyothi Chabilall

(Signature of interviewer certifying that informed consent has been given verbally by the respondent)

F.N. Rathod

(Signature of witness certifying that informed consent has been given verbally by respondent)

INTERVIEW LOG

	VISIT 1	VISIT 2	VISIT 3
DATE			
INTERVIEWER			
COMMENT			

INTERVIEWER: *Jyothi Chabilall*

DATE OF INTERVIEW: *1/11/2003*

JEFFREY SPICER MACCASA

IDENTIFICATION DATA

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Chabilall

(Signature of interviewer certifying that informed consent has been given verbally by the respondent)

F. N. Buthelezi

(Signature of witness certifying that informed consent has been given verbally by respondent)

INTERVIEW LOG

	VISIT 1	VISIT 2	VISIT 3
DATE			
INTERVIEWER			
COMMENT			

INTERVIEWER: *Chabilall*

DATE OF INTERVIEW: *5/11/2003*