CHAPTER 4
Reporting the results of the study

4.1 Introduction

In Chapter 3, I presented the empirical basis of my study by describing and justifying my choice of research design, data generation methods and my approach to data analysis and interpretation. My choices were based on the purpose of my study and the critical research questions that guided my inquiry.

In this chapter, I report on the results of my study by presenting the themes that emerged during the thematic analysis of the raw data. The discussion of themes, sub-themes and categories is enhanced and enriched by direct quotations, vignettes and visual images. In most cases, I present the unedited versions of the children’s actual words. This chapter presents examples of rich descriptive data that represent the children’s voices.

4.2 Presenting the results of this study

I structure this chapter according to the following themes that emerged:

- The challenges and stressors that could increase the vulnerability and risk for children affected by HIV&AIDS.
- Support for children.
- Children coping with HIV&AIDS.
- What are the well-being experiences of children affected by HIV&AIDS?

In this section, I provide the inclusion and where relevant, the exclusion criteria for presenting the results which emerged from the data. This study focused on exploring, understanding and describing how a group of children (aged between 10 years and 15 years) who were affected by HIV&AIDS constructed well-being in their daily lives. To do this, I excluded the voices of other important people in the children’s lives, namely their caregivers and teachers. In certain instances and where relevant for background information and understanding, I incorporated extracts from my field notes in which I described my conversations with the social worker who is the children’s guardian. Furthermore, in my exploration and analysis of the data, I included the children’s direct and indirect references to the psychological, social and emotional aspects of their lives. I also included children’s responses that may be regarded as negative cases. In this study, I did not differentiate the children’s experiences by age, gender or HIV status. I excluded references that were made
Figure 4.1 provides a visual representation of the emerged themes, sub-themes and categories.

### Theme 1
The challenges and stressors that could increase the vulnerability and risk for children affected by HIV&AIDS.

#### Sub-theme 1
Stressors associated with the psychosocial consequences of HIV&AIDS

**Categories**
- Children's perceptions and experiences of illness and HIV&AIDS
- Internalizing and externalizing behaviour
- Silences, disclosure, stigma and discrimination
- Death, loss and bereavement
- Orphanhood and residential care

#### Sub-theme 2
Challenges associated with unfulfilled psychosocial needs

**Categories**
- Children need nurturance
- Children need socialization
- Children need communication

### Theme 2
Support for children

#### Sub-theme 1
Positive systems offering support

**Categories**
- Children's perceptions of support
- School as a protective system
- Friendships that offer protection
- The community as protective
- Extended family and weekend parents who offer protection

#### Sub-theme 2
Positive intrapersonal characteristics

**Categories**
- A positive self-concept
- Developmental maturity

### Theme 3
Children coping with HIV&AIDS

#### Sub-theme 1
Spiritual connectedness

#### Sub-theme 2
Disengagement, denial and detachment as coping mechanisms

**Categories**
- Fantasy as a coping mechanism
- Denial of loss as a coping mechanism
- Detachment as a coping style
4.2.1 Theme 1: The challenges and stressors that could increase the vulnerability and risk for children affected by HIV&AIDS

In this section I report on the results which related to the challenges and stressors that could increase the vulnerability and risk for children affected by HIV&AIDS. The sub-themes that support the main theme are: Stressors associated with the psychosocial consequences of HIV&AIDS, and the challenges of unfulfilled psychosocial needs.

4.2.1.1 HIV is a big word (Meme, session 8:6) The stressors associated with the psychosocial consequences of HIV&AIDS

I begin this section by presenting the children’s perceptions and experiences of illness and HIV&AIDS. Thereafter, I describe the risks implied by the silences, stigma, discrimination and disclosure of HIV&AIDS as reported by the children. Next, I present supporting evidence as illustrated in verbatim quotations and extracts from my research journal, of the grief and despair arising from the death, loss and bereavement that surrounded the children and that could exacerbate their potential for further risk and vulnerabilities. Lastly, I report on the children’s experiences of orphanhood and residential care as potential risk factors.

a) Children’s perceptions and experiences of illness and HIV&AIDS

The children in this study attributed the causes of HIV and illness to reasons ranging from touching someone else’s blood and coughing to the lack of nutritious food and adequate medication. The children’s words implied different understandings relating to their experience and perceptions about illness and HIV&AIDS. In specific instances, their knowledge was accurate but at other times, they seemed to be misinformed. I therefore assert that children’s perceptions about HIV&AIDS might be linked to their potentially
impeded knowledge regarding HIV&AIDS, which could have originated from their limited access to information.

**I touch somebody’s blood**

A common but restricted perception among the children was that HIV is spread when you touch another person’s blood and if that person has HIV, then you would get it too. During a board game (session 7:101-104) Kaemogetswe picked up a word card that said, HIV. Her reaction was: *Ha! Look at this word. It said HIV. OK, my friend has HIV. It is a [sic] illness when I touch somebody’s blood and [if] that boy has HIV I will also get it. And it makes you very sick.*

Batman’s understanding seemed to echo that of Kaemogetswe when he explained the cause of another child’s illness: *because another child, he was having HIV and he touch the blood* (session 11:10-11).

**This one was coughing**

While some of the children understood that HIV was contracted by direct contact with infected blood, another child, Michelle, had the view that one contracted HIV via germs that were transmitted during an infected person’s coughing: *This one was coughing in front of them and the mother got sick* (session 11:24). She clarified her statement by saying that the boy who had HIV, coughed in front of his mother who then also contracted the disease. Furthermore, she claimed that the young boy in the picture that she drew contracted HIV, *by not eating vegetables* (session 11:35). When asked: “*what is HIV?*” she replied, “*HIV is when you are sick*” (session 11:39). Figure 4.2 is an image of Michelle’s drawing of *HIV in the family.*

*Figure 4.2: HIV in the family – Michelle*
Give him medicine
Superman understood that when a person is sick or has HIV, they needed medical treatment. He drew a picture of a person with HIV smiling, because, *it means that the doctor is going to give him medicine* (session 11:17) and *he is going to drink it everyday* (session 11:19) and *get better*. The implication is that there seems to be some hope of recovery from illness when a person seeks and adheres to medical treatment.

They must eat veggies
In addition to medication, Meme described her understanding of illness as arising from the lack of nutritious food and that consuming vegetables will help an ill person to recover (session 7, group 1:32-36):
Meme: *When a person is sick they cough and sneeze and lie down forever and they vomit and they can’t eat. They must eat veggies. That’s all.*
Interviewer: *Have you been sick?* (Other children laugh).
During this conversation, Batman felt a need to clarify their laughter: *She’s sick lots of times. She takes medication and the medicines make her better* (session 7, group 1:37-38).

They’ll feel very very sick
In Batman’s expression of his experiences of illness, he demonstrated his belief that when someone is infected with HIV: *They’ll feel very very sick* (session 8:70) and *when they are very sick, their heart will stop and they will die* (session 8:72-73). He recognised that *it is not nice having HIV* (session 8:77) because *you won’t feel nice in your heart and you will feel lonely* (session 8:79). He described feeling *sad* when he is ill and that his *stomach, head and body* (session 8:135) ached. He took *one tablet* every morning that helped him to feel better. He seemed to comprehend the importance of the adherence to medication: *so I can feel better* (session 8:170). Portrayed in Batman’s words is the underlying perception that illness arising from HIV infection makes him vulnerable to loneliness and at risk for death.

Another understanding of HIV is illuminated by Kaemogetswe: *HIV is the germ* (session 8:330) and that when they are with friends, *they should play with her but don’t touch, they must not touch her blood* (session 8:346-347). Furthermore, she understood that: *HIV I know when you touch someone’s blood and you don’t know but that person has HIV then you might get it* (session 8:104-105). Her knowledge and perception of HIV extended to the fact that it meant you are 100%, *I mean 90%* (session 8:117) sick and that the medication that she consumed was *D4T and 3CM* (session 8:121) as well as *multivitamins* (session 8:127). She visited the doctor at the clinic every second month and although she would have liked to know what the doctor’s views on her health were, he only informed the
During my conversation with HP today, he mentioned that he disliked hospitals. I began to question him about his fear, but then I refrained, thinking that perhaps he wouldn't want to talk about it. However, later in the session, he came up to me and said: Kesh, do you know why I don't like hospitals? Because I was there too much-in K*** and in some other hospitals, they just poke you and it is paining. So I don't like it. Also some people died. 2007:11:02.

She was naughty

Dimple’s comprehension of the spread of HIV seems to be based on her understanding of morally right and wrong behaviour. This view is suggested in her story (session 11:1-6):

There once was a woman called Maria. Maria was 18 years old and then she went to another boy and then she was naughty and then she had a baby. That baby was called Nkosinathi. And that boy who was called Nkosinathi, the mother had HIV and so now the HIV went to the child and now the child has also HIV.

The children’s perceptions about the spread of HIV&AIDS appeared to depend on their developmental maturity and experience as well as the information they were given access to.

I am afraid

HIV and its associated implication of extreme illness and impending death has instilled fear into the children in the study to the extent that they express: I am afraid of dying [dying] in my bad [bed] sleepen [sleeping] (Dimple, session 4:26) which probably implied fear related to an AIDS-related death, seen in the possible context of her parent’s death. Lizzy (session 4:14) said, I worry about when my mother is sick and I don’t see him which might be linked to HIV&AIDS, thereby exemplifying fear. Harry Potter had a fear of hospitals which carries a connotation of illness and impending death in a context of HIV&AIDS to many people: my greatest fear is of the hospitals (session 4:17). His fear of hospitals arose from his repeated hospitalisations due to the illnesses and the painful medical procedures that he has had to endure. It is possible that he might have witnessed a death during one of these visits to the hospitals. I illustrate my view with an excerpt from my discussion with him taken from field notes in my research journal:

During my conversation with HP today, he mentioned that he disliked hospitals. I began to question him about his fear, but then I refrained, thinking that perhaps he wouldn't want to talk about it. However, later in the session, he came up to me and said: Kesh, do you know why I don't like hospitals? Because I was there too much-in K*** and in some other hospitals, they just poke you and it is paining. So I don't like it. Also some people died. 2007:11:02.
The fear of the gravity of HIV&AIDS is magnified in Meme’s articulations (session 8:64-67):
Meme: *Flu you can get better but HIV it stays for the rest of your life.*
Interviewer: *For the rest of your life?*
Meme: *Yes, until you die.*

b) Internalising and externalising behaviour

The challenges and stressors that the children experience seemed to manifest themselves in different forms of negative internalising and externalising behaviour amongst the children. Negative internalising behaviour was depicted in reported and manifested feelings of sadness, worry, withdrawal, fear and loneliness (sessions 4; session 11) amongst the children.

Dimple portrayed her despair and distress by: *my heart was sore* (Dimple, session 3:92) and by removing herself from potentially threatening situations and retreating to the tree or to her room (session 5:202-210). Dimple externalised her distress by: *I squash the pillow on my face and then I shout* (Dimple, session 2:98).

The following lines related to Superman’s manifestations of sadness (Superman, Session 11:33-38):
Interviewer: *What do you do when you are worried or sad?*
Superman: *Cry.*
Interviewer: *So you cry when you are worried or sad. And what makes it better?*
Superman: *By eating makes it better.*
Interviewer: *So if you are worried and sad and you get something to eat, what happens?*
Superman: *I get happy.*

c) Silences, stigma, discrimination and disclosure

At different levels of the HIV&AIDS pandemic, people are continually being ostracised, marginalised and rejected. Similarly, the children in this study had been subjected to different forms of discrimination arising from the stigma and implied disclosure of HIV&AIDS. Many of the children (Dimple, Batman, Kaemogetswe, Meme and Harry Potter) felt the impact of stigma and discrimination at some stage in their lives as depicted in their utterances, drawings and in the metaphors that they used to express themselves.
Other children don’t want to play with you

Loneliness often accompanied discrimination and ostracisation: *and if other children don’t want to play with you and then you want to cry and you don’t feel happy and you feel sad and you are just not going to talk to anyone* (Batman, session 8:84-86). Furthermore, the stigma that is attached to HIV&AIDS results in widespread rejection: *Everyday when she sits down next to someone they run away, they run away. It’s not nice when you have HIV and someone just runs away from you. All of them just throw apples and peaches and tomatoes at the girl. And when she cried the teacher did also chase her away. She had nowhere to go. Also at the children’s home they did chase her away. So she was there at the bin and she couldn’t have anything to eat. Her illness was worse and she just passed away there. No-one cared about her* (Dimple, session 11:14-23).

School is difficult

Many children in this study related to their schooling experiences in a positive manner and for them, school served as a buffer against risk and further threats. On the other hand, this positive experience did not appear to be the case for all the children. Two children in this study, Dimple and Batman, shared their negative experiences of schooling. The likely reasons for these unfavourable schooling experiences could be linked to possible learning difficulties (HIV-related) and social exclusion in the school environment.

Dimple declared: *school is difficult to me becaros [because] I don’t now [know] the wire [work]* (session 4:18). She attributed her likely learning difficulties to confusion: *like when the teachers are explaining something just a minute then they go to something else also when she gets confused she don’t know where to start and where to end* (session 2:52-54). However, confusion about challenging schoolwork did not appear to be the only negative factors hindering her positive association with schooling. Social factors such as teasing also contributed to the stressors that Dimple experienced at school: *sometimes people at school swear her and tease her and like when people do bad things to her she does not like it* (session 2:39-41).

Batman was also subjected to teasing at school and he portrayed the sadness and loneliness that may associated with the social isolation that teasing instigated: *because the other big children came to him and pulled him by his hair and hit him and tear off his clothes and steal his takkies* (session 2:103-105); and: *if [ntwe] other children don’t want to play with you and then you want to cry and you don’t feel happy and you feel sad and you are just not going to talk to anyone, you just going to talk to the teacher* (session 8:84-87).
They put his things outside

Kaemogetswe, Meme and Harry Potter chose to depict their interpretation of discrimination and rejection visually in the form of a drawing and an accompanying story that illustrated and gave meaning to their drawing: Ok this is people who have HIV. This house doesn’t have HIV. This one every day they go and say they don’t have food and this one lie to them and say they don’t have food. Now they these are poor and these are rich. Now this child goes and plays with this child. And this child runs away to his mother. Then the mother beats this child (Kaemogetswe: session 11:1-6); then this man, the father, he came in the church and he took the boy and he wanted to throw him in the water because of HIV (Meme, session 11:11-13); its just that Brenda’s mother died of HIV and now other children don’t want to play with her, (Kaemogetswe, session 8:336-337).

For Harry Potter, discrimination and rejection meant the physical removal of a person from a household as well as the refusal to associate with this person in any way (Harry Potter, session 11:1-12):

Harry Potter: This boy as very sick and he got HIV and he start, they did not like him. They took him outside and they put his things outside for him.
Interviewer: So they took him out and they put his bed out?
Harry Potter: (nods) And his food because they didn’t like him and they didn’t want to have HIV and these boys here were playing together but they did not want to play with him and they were eating alone inside here and they were not eating with him and it was raining outside and he was very cold and then he cried and then they just not look at him and they just ignore him and then they ate alone and ignoring him while he was crying and then he died.

Figure 4.3: HIV in the family – Harry Potter
We don’t have to discuss our HIV, it’s for ourselves (Meme, session 7:105-106)

In many instances, when the subject of HIV&AIDS was broached in this study, the children remained silent, chose to avoid that discussion or talked around it. I relied on documenting the non-verbal expressions in my field notes each time I sensed avoidance (see Addendum 6). Possible reasons for the silence that surrounded illness and HIV in this home could be the pain that it evoked for the children or the fact that the children were discouraged from discussing their illness.

When we talked about her mother (session 5:26-27), Michelle kept her head lowered and could not respond verbally to my questions about how it made her feel. It was possible that the memories of her deceased mother brought back intense emotions for this child. Some children chose to tell others that HIV was not something that they should talk about. For instance, Meme said: It means that we don’t have to discuss our HIV, it’s for ourselves (session 7:105-106). Batman emphasised that when someone was sick, the family must take care of him: we must support them and play with them. And we must check that he drinks his medicines and tell mama when he is not feeling too well. Also we must not tell others about it. It is only for us (session 7:112-115). The implication might be that due to fear of stigma and discrimination, it would be best to keep the illness a secret and within the family. Ironically, according to the social worker’s report on this child, he was brought to the home as the aunt feared the community’s reaction when they learned that she took care of a child who was HIV-positive (see Addendum 2:2.1).

Meme followed through on her statement: we don’t have to discuss our HIV (session 7:105) and skillfully avoided a discussion on HIV and illness during the clay modeling session. I depict her avoidance in the following extract (session 8:210-224):

Interviewer: Do you talk about it here in the house?

Meme: No.

Interviewer: Why not?

Meme: Because.

Interviewer: Because?

Meme: We play.

Interviewer: What do you mean you play?

Meme: We go out and play.

Interviewer: What do you play?

Meme: (silence).

Meme: I’m finished.
In the following excerpt, Batman was resolute that HIV is something they did not talk about (session 8:109-122):

Interviewer: *Do people around you talk about HIV? Do you talk about it?*

Batman: *No.*

Interviewer: *Why not?*

Batman: *I don’t know but they don’t talk about it.*

Interviewer: *So they keep quiet?*

Batman: *Yes.*

Interviewer: *Mmm*

Interviewer: *So how did you feel when I spoke about HIV?*

Batman: *Sad.*

Interviewer: *You felt sad. Did I make you feel sad?*

Batman: *Yes.*

Interviewer: *Why?*

Batman: *Because I don’t like it when someone has HIV.*

**You tell them**

A lack of disclosure to children about important issues relating to their parents’ health resulted in feelings of distrust and aggravated the confusion that a lack of information instilled in the children: *They told me she had flu* (Dimple, session 8:153), and, *I’m unsure about my parents* (Kaemogetswe, session 4:22).

Children’s confusion arising out of matters pertaining to their parents is illustrated in the following group discussion (session 7: group 2, Dimple, Harry Potter and Superman: 39-44):

Dimple: *My father and my mother did not stay together. I don’t know now, maybe they were divorced.*

Harry Potter: *I don’t know my father.*

Superman: *Me too.*

Dimple: *They told me that my father died and my mother that is why I came to live here.*

Uncertainty and vulnerability, arising from a lack of knowledge or information, placed children at risk: *When you are sitting at school we get confused and when your friend is sick you get confused, because I don’t know what to do and I don’t know why she is sick so I get confused,* (Meme, session 7: group 1:42-45). Therefore, Batman needed to know more about HIV&AIDS (session 8:231). In this section, through their utterances, drawings and stories, the children implied that they would like to gain more knowledge and information about the HIV&AIDS pandemic.
In contrast, not all the children believed that it was okay to be quiet about HIV. Kaemogetswe described her reasons why she thought it was important for people to know about their HIV status (session 8:318-320): Because sometimes people if they don’t know they have HIV they just give them medicine they don’t know what for and they don’t take them and then they die. Therefore, a doctor has the important job to help people and if you don’t know you have HIV you tell them (Kaemogetswe, session 8:312-313), implying that disclosure is necessary when people’s lives are threatened and could be saved.

The significance of disclosure and specifically shared disclosure permeated the role-play by Meme and Spiderman and by Kaemogetswe and Batman. Both their role-plays contained elements of disclosure: And the social worker told Matilda that her mother had HIV positive then the mother came from there and took her child Matilda and they went home and they had some food (Kaemogetswe and Batman, session 9:22-25).

In many households, disclosure occurred in a hierarchical system: Then this nurse phoned the grandmother and the big sister answered and said who do you want then they said can I speak to the grandmother. Then she gave the grandmother the phone then the grandmother answered the phone they said your child has HIV. Then they said did you know for the first time, they didn’t know they just saw for the first time and then they said its ok. And then the grandmother told the grandfather that the child has HIV. Then the grandfather phoned the parents. The parents said they will be back tomorrow and then the grandfather said they must come back today because the child is in the hospital and we need to take him to church (Meme and Spiderman, session 9:16-29).

d) Death, loss, separation and bereavement

Grief related to death, loss and separation, appeared to be commonly experienced by the children in this study as part of their daily lives, as expressed in their stories, drawings and in their play. Batman, Superman, Harry Potter, Meme, Dimple and Kaemogetswe alluded to their pining and sorrow related to the death of significant people in their lives.

I want to cry

Batman and Superman described their sadness and distress arising from death. Batman articulated that he was sad when he sees his people dying and his mother and when he is sad, he showed his sadness by walks [walking] alone and he puts his eyes down and not look [does not look] at the people and he is crying (session 2:35 and 42-43). Superman’s sadness seemed to stem from the unexplained failure of his mum to return home: Because
his mother did not come home (session 2:83) and he thought that his mum is at the hospital (session 2:87) and he was thinking that his mum was sick (session 2:91), because she did get flu (session 2:93).

Harry Potter talked about his friend who died because of an AIDS-related illness: *I want to cry when I miss E* (session 4:11). *I worry about E, because I miss him* (session 4:14). Meme also related her experience of grief to sadness which is implied: *I want to cry when my mum want to die* (session 4:11). Batman expressed a strong negative emotion about death: *I hate it yan [when] samwan [someone] die* (session 4:8). Kaemogetswe described the depth of her grief as physical: *I want to cry when I fall down when my mother died* (session 4:11).

When Meme attempted to describe her sister J’s death, all she said was, *She was just sick* and that now, she was in heaven (session 8:258 and 253), perhaps indicating that it was too painful and she would rather not talk about it. However, she did mention that when she thought about her, she thought about all things good (session 8:266), possibly indicating the buoyancy that is linked to positive relationships with significant others whether they are dead or alive. In her clay modeling activity, Meme placed her sister J at the top of the page, (as if in heaven) looking down on her. Meme’s reluctance to speak about her mother and father was noticed when she averted her eyes, pounded the clay and gave monosyllabic responses to questions. I respected her reluctance to speak about these highly sensitive areas in her life and did not pursue this line of discussion (session 8:255-284). Figure 4.4 is an image of Meme’s completed clay modelling activity.

![Figure 4.4: Clay modelling – Meme](image)

I am scared

I provide self-explanatory direct quotations from the children demonstrating their vulnerability related to fear:

Lizzy: *I want to cry when they tell me that I well [will] never go home anymore* (session 4:11).
I wished my father never died

Kaemogetswe and Batman portrayed their interpretation of death, a funeral scene and grief in their role-play activity (session 9:40-43):

And the ambulance took him to the doctors tried to help him to stay alive and there was no time and he died and they phoned them and said he passed away. They were crying. There is also a sense that it is not the end (session 9:54) as the grief and the longing for loved ones remained for a long time, and this child came over quickly and wished that his father never died (session 9:58-59).

Another example that depicted death and the accompanying grief, sorrow and despair is vividly illustrated in the following vignette from a role-play scene with Dimple and Harry Potter (session 9:36-52):

Dimple: And so they took they out to the ambulance. She wasn’t breathing imagine. They took her (siren sound) quickly there and called the...
Harry Potter: The nurse...
Dimple: The news...
Harry Potter: The nurse...
Dimple: ...and they quickly called the nurse and asked him to check up her heart she wasn’t breathing and so they took the hot iron and (sound of the shock treatment) and then she breathed a little bit. They gave her some medicine. They gave her some medicine quickly so she breathe again. Hey, put the breathing pipe. And then after that there came a doctor. It was so sad because they tried and tried and tried. She lived. She lived for many days in that clinic. She wasn’t well and her doctor asked, her first daughter was crying, was crying so much that she even goes every time to the wishing ... star and then she wish every time that her mother could live.
Dimple: Oh no and suddenly she went to heaven (session 9:60). It was so sad that even the sky went grey. They could do anything [nothing] (session 9:61-62). I’ve wished a thousand times and nothing happened. Oh no, I’ve lost my dear mother (session 9:65-67). It was so sad, very sad (session 9:90).
Harry Potter: Good bye, we all miss you.
Dimple: Yes and everyone cried it wasn’t good (session 9:93-94). The vignette seemed to portray grief and anguish made visible in the expressions of pain and sorrow of losing someone you love.
Dimple remembered her father’s death: *My father is dad [dead] from 1995. It is bad to me* (session 4:9). She went on to reminisce, in session 8, about what really happened to her father: *He took me to a holidays that time it was December almost Christmas and then he enjoyed it but he didn’t sleep for 36 hours because he was doing the work for the family and then the next morning, we didn’t find him* (session 8:241-244). *We didn’t know where he is and then the next morning we found him in Mamelodi* (session 8:246-247). *We didn’t know when he went. We just found him in Mamelodi. They said my father passed away because he was sleeping and he couldn’t wake up anymore* (session 8:250-251).

The depth of Dimple’s anguish over her parents’ death is further depicted in the following supportive extract where she talked about her mother’s death: *Then they took her to the clinic, they said she had a heart problem. Then she couldn’t breathe and then she passed away.* Furthermore, her distress seems to be caused by the possibility of her being provided with inaccurate information about her mother’s death (Dimple, session 8:153).

Michelle’s experience of illness and death is portrayed in an extract from her story (session 11:5-11):

*Then the girl said you have HIV and then the boy cried then the girl went inside the house. Then she found his mother and his father getting sick and she also cried and then they phoned the ambulance and then the ambulance came and then the ambulance took the mother and the father to the clinic and then the girl went to the clinic and asked the doctor how is his mother and the doctor said your mother is coming to die.*

**No words**

The loss of loved ones through death or separation renders one helpless. This impression of helplessness is imbued in the role-play scene depicting a sick child in hospital (presumably with an AIDS-related illness) (Meme and Spiderman, session 9:72-74). *They kept him in the hospital. The next morning they took her, she was sleeping then they checked her. The next morning she could die.* She died. *Then she went … (and she could not continue talking as if she did not know what more to say).* Spiderman then took over the conversation and said: *they took her to the…* (session 9:74-75). He also found it difficult to find the words and could not continue as if the reality of death made you so helpless that no words could express the depth of your loss. It seems as if one could say death, and then what? Therefore, I put forth that death renders children powerless and vulnerable to risk for psychological and emotional setbacks. Meme described her uncertainty and sadness arising from the loss of her friend (Meme, session 7:119-123):
Meme: I feel sad when my friend dies or somebody don’t play with me also when the teacher at school hits me.

Interviewer: did you lose a friend of yours, Meme?

M: Yes, at M**** but I only know she got sick and I never saw her again and when I asked mama she said she is with Jesus.

No-one else to take care of me

Presently, Dimple’s distress and fear of impending loss and worry for the future is linked to her uncle: Because he might pass away and then there will be no-one else to take care of me (session, 8:206-207):

Dimple: I’m afraid the most important person is going to pass away when I am not there.

Interviewer: Who is this important person?

Dimple: My uncle, he signed the form that he is going to take care of me and that is why I always want to phone him and ask him if he is okay (Dimple, session 8:192-197). Arising from the discussions in this section, I posit that in the absence of protective factors, the cumulative and chronic challenges and stressors that the children in this study experience may place them in a position for aggravated and sustained psychological and emotional risk and thereby restrict their individual positive adaptation to their life events.

e) Orphanhood and residential care

Living in a residential care setting may be associated with various challenges and stressors that have the potential to increase the vulnerability and risk for children. This was the general view of the children in the study. While some children talked openly about the challenges they experienced (Lizzy, Dimple, Batman and Kaemogetswe), others were more reluctant to express themselves (Michelle and Meme). Children alluded to feelings of restrictedness and confinement as well as degradation, humiliation and being unappreciated.

We feel like we are locked up

Dimple mentioned that she is not happy living in the home, because I don’t feel comfortable because sometimes I just feel like going away (session 5:159-160). Dimple believes, I never do something right, (session 5:185), because every time when I do something it never works out (session 5:187) and every time they shout at me (session 5:189), like when I clean I miss out something and they tell me stuff (session 5:192-193). Her belief that she is being discriminated against by her caregivers is implied in: She doesn’t like coloureds, like I’m always doing something wrong. Like when I forgot something at school she also shouts.
at me (session 5:195-196). She declared her resentment to living at the children’s home: as soon as I come here I don’t want to stay here also (session 8:185).

Dimple related other challenges in her life which imply a lack of respect and insensitivity from her caregivers (session 3:80-83 and 85-92):

Dimple: I had this thing. Mama G told me, I also know it but I didn’t want her to tell it in front of all the children. I was in an Afrikaans school, a Sotho school and now an English school. So I am getting disturbed. When it’s English I am writing Afrikaans.

Interviewer: I see. You are getting confused?

Dimple: Yes. Now mama just said because I was calling M to come and help me with other work that I don’t understand. I said M. and then mum said I mustn’t talk. I said I’m sorry mum. She told me that you fail every time at the school. You tell us you are getting disturbed and that’s why you lie and you are always just sitting there doing nothing. M is passing and you are just lazy – a big girl, like a granny sitting there. So my heart was sore so I just went up the tree.

It appears from the extract that living in residential care may sometimes imply humiliating, degrading and demeaning experiences for certain children. During this session, Dimple wept, signifying that the encounter that she had described was immensely disturbing for her. Furthermore, she requested that the voice recorder be turned off as she did not want anyone to hear her. I provide a brief extract from my field notes that describe my conversation with Dimple thereafter and the consequences thereof.

My conversation with Dimple

After I turned off the voice recorder, Dimple said to me that she was very upset because the “people” disliked her. I asked her if she needed to talk to someone who understood and could possibly help her to understand her feelings: she agreed.

Immediately after my session, I called the social worker and informed her that Dimple was feeling sad and distressed. I asked her to schedule counselling sessions with her to help her to understand her feelings.

She agreed and counselling sessions began the next day. 2007:10:12.

Another conversation with Dimple alluded to images of confinement.

I drew this conclusion from: It’s not great when you are locked up in jail here. But I wont say more (session 7, group 2:22-23). In this study another child, Lizzy, also suggested the idea that they were in jail: because we always stay here like we feel we are locked up. Sometimes when we go out we feel free you know (session 3:25-27). Presently she displayed ambivalent thoughts about her future stay at the home: I am unsure about stay [staying] at B (session 4:22). I conjecture that Dimple used a metaphoric image to imply that she would like to escape from
the confines of the home as it is regarded as a source of stress, which emanates from humiliating experiences and restrictedness in the home. Furthermore, her perception of negative experiences at the children's home reinforced her feelings: *I think that life is difficult and I am just an orphan child and I just think of my life* (Dimple, session 3:70-71).

**They want us to clean the house**

Kaemogetswe elaborated on other challenges that confronted the children in the home (session 8:262-273):

Kaemogetswe: *Here it is so boring, the way that they treat us. They want us to clean the whole house.*

Interviewer: *Where?*

Kaemogetswe: *Here, and they make us tired. When we are hungry they force us to clean the house.*

Interviewer: *Mmm, and you don’t really want to do that when you are tired?*

Kaemogetswe: *No. And they did that to me when I was hungry. When the other children are eating, me, they wanted me to clean the stove and mop the kitchen, when I was hungry.*

From these comments it seems that children in this study experienced stress as related to unfair and unjust caregiving experiences.

4.2.1.2 The challenges associated with unfulfilled psychosocial needs

In this section, I provide data that related to the challenges that were associated with unfulfilled psychosocial needs. The needs (sub-themes) that emerged as possible protective factors were: nurturance, acceptance and belonging, socialisation, communication and affirmation.

a) **Children need nurturance**

While all the children in the study indicated a need for nurturance, it was expressed in different ways. Whereas some expressed a need for nurturance in the form of a mother-child relationship, another child spoke of a need for a show of physical affection. Although a yearning for home and the associated love, care and kindness from a compassionate adult are strongly articulated, there is also the notion that self-nurturance or self-reliance and that of nurturing others is also deemed important. Other children in this study expressed their basic survival needs that appear to be age-appropriate in nature.
The mother is combing my hair

In a conversation based on her collage (session 5). Michelle alluded to a yearning for a mother-child relationship. Figure 4.5 is an image of Michelle’s collage.

Figure 4.5: Collage: All about me – Michelle

This picture of a mother combing her child’s hair seemed to evoke a longing in Michelle for the physical nurturance from a loving caregiver, preferably her own mother. Here, in the home, Michelle reflected that she combed her hair herself, pointing to, amongst others, the lack of a nurturing figure in her life. Furthermore, she might have projected her feelings as being the child in the picture when she said that she chose that picture as it made her happy, because the mother is combing my hair (session 5:74). Meme also referred to a mother-child relationship: It’s like a mummy taking care of the baby (session 5:149).

Despite her longing for home and the associated connotation of love, warmth and care, Meme also acknowledged the need to nurture herself. I infer that that in the absence of nurturance from others, she needed to depend on herself. Developmentally, I view this line of thinking as cognitive maturity and as a form of emotional intelligence. Meme recognised that she needed to feel pampered, cared for and looked after. She identified that her bath is her source of comfort and is important to her and for that reason she would need towel, facecloth and some shampoo (session 5:7). This recognition possibly implied a desire to nurture and protect her body and physically taking care of herself. It is important to note that the cue for this activity was to use pictures to tell me about herself. Reflecting on her choice of pictures for her collage, Meme demonstrated the high importance that she placed on her hygiene and health. Figure 4.6 is an image of Meme’s collage.
Batman also nurtured himself. He said: *I wash my body when I am dirty and I must look after my body by exercising and by washing so you smell fresh and clean morning and evening* (session 7, group 1:83-85). Although Meme and Batman had identified a need to nurture themselves, a few other children expressed their willingness to take care of children in the home: *We must support them and play with them and we must check that he drinks his medicines and tell mama when he is not feeling too well* (Batman, session 7, group 1:112-114); *some of them who can’t bath, I bath them* (Dimple, session 8:68-69).

Kaemogetswe believed that nurturance is demonstrated through physical affection. She maintained that: *Some children need caring. I need hugs* [hugs] (session 6). She reaffirmed this need for physical attention in another instance when she said: *I need a huge [hug], care, loving kiss when I cry* (session 4:15).

**At my home it is nice**
Children in this study expressed their longing for their own homes. In sessions 2 and 5 Dimple spoke about wanting a *new life*. She described her new life as:
*She wanted a life where she did not stay in a children’s home because sometimes the children do not want to play with you and sometimes you feel sad and like just going and having a family at home would feel much better* (session 2:140-143). Her yearning and longing for her family is further signified in: *There’s no place like home* (session 2:145).

Dimple demonstrated her sadness by anger and tears:
*I don’t think I have cried but sometimes I do because then I will be missing my mum or my day may be bad and I will feel like going away and I will be angry* (session 2:91-94). In session 6, Dimple indicated that she needed a *caring home* and *parents* [parents] to *love her*. She longed for a new life in which she *feels colourful* (session 5:35). She explained
further that what made her happy was when people are kind, presents that they give her and also love (session 2:33-34).

Unlike Dimple who spoke with her eyes averted and with sadness etched on her face, Lizzy showed a positive affect and laughed readily when speaking about her mother. Unlike Dimple, perhaps Lizzy’s hope emerged from her knowledge that her mother was still alive and she knew that she would be reunited with her soon. She said: *At my home it is nice and I love being with my mum ‘cos every time when I’m with my mum she tells jokes and everything that makes me happy* (Lizzy, session 5:49-51). In addition, she portrayed positive thoughts about her relationship with her mother: *I like to go home to see my ma and my mum, she’s so, she’s so nice to me and she can tell me stories and that’s why I like my mum because she tells me stories, nice stories* (session 1:10-13). Her longing and desire for her home and her mother are succinctly expressed in: *Eish, I wish I could go home now* (session 5:139).

Her acute desire for her home, especially during vulnerable moments, was implied when Meme said: *When I am sad I want to go home* (session 4:12). She further said: *I need to go home for ever* [ever] (session 4:15) and this thought was reinforced by: *She is want to go home* (Meme, session 9).

**The best thing I can remember**

Lizzy’s reflection on her past life included fond memories and a yearning for her life to remain as it was when she was growing up with her family and friends. The following lines from my conversations with her, represented my understanding: *The best thing I can remember is the time when I was staying at home I used to have lots of friends and we used to play house dolls like we used to come to my home with all my friend with dolls and we used to play outside (session 5:57-60) and we used to play different games. We used to take stones and play diketo. We used to take ropes and play kite and we used to play lots of things like hopscotch, and lots of things* (session 5:64-66). Happy memories may be akin to beacons of hope that boost well-being with the anticipation of a brighter future.

**Love**

The desire for love featured high on the children’s list of needs. Batman needed love while Dimple needed to be alife [alive]; a home caring [a caring home]; parints [parents] to love hair [her] and God to love hair [her] (session 6). Figure 4.7 is an image of Kaemogetswe’s draw and write activity.
Figure 4.7: Draw and write activity: I think, I feel, I need – Kaemogetswe

b) Children need to socialise

Lizzy and Dimple articulated that they had limited opportunities for socialisation. Socialisation could also imply emancipation and independence for the children in my study.

At the party she danced
Lizzy explained: Sometimes like when we go out because we always stay here like we feel like we are locked up. Sometimes when we go out we feel free, you know. Saturdays and Sundays, I think when we go to the shops with mama G or E or maybe A arranges something for us to go to Queenswood¹ for the day or somewhere. When we go to the movies, maybe someone arranges. When no one arranges anything we just stay here at B. And sometimes it gets boring (session 3:25-33).
This desire for an active social life also included wanting to dress up to go to parties: she was so ready to go to the party and she dressed so good, a nice jeans and a tee-shirt. She poshed herself and she was looking nice. So then she went (Dimple, session 3:1-3). At the party she danced, she clapped hands, she talked, she ate. She did only fun things (Dimple, session 3:16-17).

I don’t like staying indoors
Furthermore, Lizzy’s boredom at the home might be related in part to the limited resources for the children to occupy themselves. While she prefers to be outdoors, I don’t like staying indoors at B (session 4:5) she was forced to do so as the other children did not understand the games that she wanted to play. This observation is echoed in: Because there’s no ropes, things you know. And the other children can’t understand how to play these (session 5:73-74). Instead, she and Dimple occupied themselves by listening to music, riding their bicycles

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¹ Queenswood: A residential suburb to the north-east of Pretoria
(when the tyre was fixed) swimming (depending on whether the pool was clean) (session 5:103-106).

c) Children need to communicate

For reporting results, I categorise communication as: The need to give information and to be listened to and the need to receive information

**Listen, I’m talking to you**

I assert that in order to feel wanted, accepted and acknowledged, it is important to be listened to. This thought is illustrated in:

*I like my teacher because she’s very kind to me. She understands our situation and you can talk to my teacher and you can talk to her anytime* (Lizzy, session 1:23-24). Being listened to was an important need for Lizzy as she explained that when she talked to someone and they *ignore* her then she got very *angry*. She would then: *Go to the person and say, Listen I’m talking to you and you are not listening to me* (session 2:38-42). Her frustration and anger appeared to be associated with her perception that she was not being listened to.

Whilst Lizzy emphasised the importance of communication with people around her, Dimple seemed to have embraced other living creatures as a source of comfort and to curb loneliness. It seems likely that Dimple needed to communicate her feelings and emotional challenges with people who cared about her. However, in the absence of people to talk to, she tended to communicate with animals. I provide an extract from an interview with her, which was based on her drawing of a butterfly:

Interviewer: *Does she come here to talk to you?*

Dimple: *No, she just comes and talks to mama and she goes away. When I want to tell her then she is in a hurry and then the next day there is a meeting* (session 5:229-230). As a result, she believed that the *butterfly can also talk if you do understand it* (session 1:9-10). Elsewhere in the study, Dimple described her bond with animals: *Sometimes when I look at a cat for very long its like it can talk and its real like it’s a person* (session 2:71-72). To my mind, Dimple sought solace and comfort externally rather than with the people around her. Further evidence for this view is reflected in her affinity for climbing trees to find peace when she is feeling especially stressed (see Section 4.2.3.2:c).

Lizzy demonstrated her frustration about having insufficient opportunities for communicating with her caregiver in the home. In my field notes, I recorded excerpts of my conversation with Lizzy when she was particularly upset and asked for the voice recorder to be switched off. The following extract is taken from field notes:
Lizzy appeared very upset and subdued today. She said to me that she was very unhappy living at the home. She thought that she was being treated unfairly. Although she was the eldest child there, she claimed that she was being treated as being the youngest simply because she was in a special school. She gave the following examples: When she brought home a letter or notification from school that needed to be read and signed, it was left for last. After all the other children have had their letters attended to, then Lizzy's was read and signed. Sometimes it was not even signed and she took it back to school unsigned. She was then detained by the teacher for not having had the letter signed. Her complaint was that nobody had time for her and nobody listened to her at the home. (2007:10:12).

I don’t know

The children in the home seemed to resent the limited information that was provided to them by their caregivers. Their statements allude to the suggestion that limited information made them feel confused, helpless and sad. I thus conjecture that a lack of information or limited transference of information causes confusion among the children. Meme explained (session 7, group 1:35-39):

Meme: *When we are sitting at school we get confused and when your friend is sick you get confused.*

Interviewer: *Why do you get confused when your friend is sick?*

Meme: *Because I don’t know what to do and I don’t know why she is sick so I get confused.*

The implication in this conversation is that if Meme knew what was wrong with her friend, then she would know what to do and how to help her. However, a lack of knowledge about what was going on around her seemed to render her helpless. Harry Potter felt sad when he thought about his friend Eric. He said: *I worry about e (E) because miss him* (session 4:14) and *I want to cry when I miss e (E)* (session 4:11).

4.2.2 Theme 2: Support for children

In this section, I present the results that demonstrate how children in this study were supported with their challenges and stressors by possible buffers and factors that could protect them from further risk. I present data pertaining to the following sub-themes that
emerged from an analysis of the main theme in this section: positive systems offering support and positive intrapersonal characteristics that buffer and protect the child.

**4.2.2.1 Positive systems offering support**

In this study, one potential protective force is that of systemic buffers. I provide data on: Children’s perceptions of support; friendship that offers support; schools as protective systems; the extended family and weekend parents as systems that offer support and protection and the community as a source of support.

**a) Children’s perceptions of support**

In the context of this study, children used the word support extensively. In the context of HIV&AIDS, support may be interpreted in different ways and have varying connotations for the children. I report on how the children interpreted receiving support and giving support.

*We must support them*

For Kaemogetswe, support has a practical implication as illustrated in her drawing depicting HIV in the family. She suggested possible ways in which neighbours in a community could support each other, especially when one family is encumbered by the financial implications of HIV&AIDS and another is not: *This one should give some money to this one to buy something or groceries* (session 11:21-22); and *also buy uniform for the child* (session 11:25); *a car to take them to school* (session 11:28); and *when the lights are off, when they don’t have lights you have to give them some light* (session 11:31-32). Kaemogetswe’s descriptions suggested that communities had the responsibility to take care of their less fortunate members. In particular, Kaemogetswe’s drawing depicted the less fortunate family to be inflicted with HIV&AIDS-related stressors. Figure 4.8 is an image of Kaemogetswe’s drawing of HIV in the family.

*Figure 4.8: HIV in the family – Kaemogetswe*
When Dimple showed support to those around her, she did so by: *Giving them healthy food and medicines. And some of them can’t bath, I bath them* (session 8:lines 68-69). Meme believed that you could also show support by: *Giving him or her energy food* (session 8:91) and some *medicines* (session 8:102).

Batman articulated the word support many times during the session with the board game to demonstrate his interpretation of showing or giving support: *We must support them and play with them and we must check that he drinks his medicines and tell mama when he is not feeling too well* (session 7:112-115). He also suggested ways on how one could support another person who is infected with HIV (session 8:45-56):

Batman: *Yes and you mustn’t say they have HIV you don’t want to play with them, you must help each other.*

Interviewer: *How can you help each other?*

Batman: *By supporting each other.*

Interviewer: *Yes, by supporting each other. In what way do you support somebody? How do you show it?*

Batman: *Like helping him when he doesn’t know something.*

Interviewer: *Yes, helping him when he doesn’t know something?*

Batman: *And share with him and show him all the good stuff.*

Interviewer: *Right.*

Batman: *So that he will not feel sad and so he will be happy when you play together.*

Batman’s description of support seems to imply an underlying rejection of discriminatory practices. He seems to support the acceptance of people with illnesses and maintaining the silences associated with HIV&AIDS in the form of non-disclosure.

I clarified Batman’s understanding of the word support (session 8:203-207):

Interviewer: *I notice that you know the word support. You say they must support him. How, what do you mean by the word support?*

Batman: *Like when helping or something.*

Interviewer: *Right. So support means helping?*

Batman: *Yes.*

**Someone must help you**

Although giving support is deemed essential in their relationships, the act of receiving support also featured as important. During her conversation in session 8 Meme described her understanding and interpretation of the act of receiving support as: *someone must help you* (line 12), when you *need someone to pray for you,* (line 20), and you *need other children at school to take care of you and not laugh at you* (lines 23-24).
When confronted with illness, the children tended to depend on their friends to uplift their moods by play, interaction and socialisation. Batman described the benefits he perceived of receiving support from his friends, especially when he felt sick (session 8:138-144):

Interviewer: So your body hurts?
Batman: Yes.

Interviewer: And what makes it better?
Batman: When I’m playing with my friends.

Interviewer: So when you play with your friends when you are sick, you feel a little better?
Batman: Yes and when my friends support me.

Batman depended on the support of his friends when he was feeling sick and also when he was sad (session 2:47-50):

Interviewer: And when he is feeling that way, when he is feeling really sad, how does he become happy again?
Batman: Like when his friends cheer him up, ntwe, and they give him some coffee.

In the climate of HIV&AIDS the word support, as demonstrated by the children, conjured images of compassion, kindness and protection that extended beyond a practical level to ameliorate the effects of psychosocial stressors.

b) School as a protective system

Children expressed positive emotions about their experiences of schooling and of their interaction with their teachers.

*School is fyn* [fine]

Whilst Meme and Superman agreed that *school is very good* (session 4:18), Batman thought that *school is fyn* [fine] (session 4:18) and *school is nice*. There are clever children (session 4:18). In particular, the following extract from my conversation with Lizzy about her schooling illustrates that the kindness of teachers can act as a protective factor for vulnerable children (session 1:23-29):

Lizzy: I also like my teacher because she’s very kind to me. She understands our situation and you can talk to my teacher and you can talk to her anytime.

Interviewer: And that’s important to you?

Lizzy: Yes, and she don’t be angry like that. When she’s angry she just shouts at us and in one minute she’s happy again and she laughs.
By implication, the idea in this conversation is that teachers have the potential to protect the children from the stressors that might arise from their homes. Especially when caregivers lacked the time, the patience or the inclination to communicate with the children, the teacher possibly fulfilled this role.

We learn
Schooling also provided children with essential life skills: I’m in a special school and in that school we can cook we work it’s a school where you work with your hands but we cook and we do computers. We learn to cook, we bake and we cook pasta and things like that (Lizzy, session 1:13-17). Lizzy added: I like the school very much and I want to finish at the school (Lizzy, session 1:19-20). In her account, Lizzy possibly alludes to her self-worth linked to her knowledge of a variety of life skills that could hold her in good stead in her future.

Harry Potter is another child in the study who experienced schooling as a positive experience as it related to his acquired knowledge of skills: They teach us about flowers at school and I did write it nicely and I did paint it nicely (session 1:4-6). Michelle’s positive experience is linked to her favourite subject where she is possibly recognised for her achievement: My favourite is Arts and Culture (session 1:7). A positive schooling experience seemed to lead to a better self-concept and possibly increased levels of self-worth and self-acceptance in this group of children.

c) Friendships that offer protection

The essence of friendship and the need for socialisation amongst early adolescents is juxtaposed with images of showing support by caring, sharing and being available for your friend. In this section Harry Potter, Batman, Meme and Spiderman sketched images of their friendships.

The happiest time is when I play with my friends
In expounding his friendship with Harry Potter, Spiderman commented: he is sharing with me (session 10:38), and he likes to borrow me something (session 10:40) implying that he liked to lend me his things. According to Superman, Harry Potter is good friend because: he gives me his food and when I am crying he comes to me and he said who hit you? (session 10:49). Then he: goes and tells mum that somebody hit me (session 10:53). Batman also regarded Harry Potter as a good friend who showed him support by offering him friendship: like when I have no friends he comes and plays with me (session 10:64). He reinforced the
buffering effect of friendship in: the happiest time is when I play with my friends (session 4:2).

The importance of friendship as a protective factor is further signified in the following extract taken from a conversation with Kaemogetswe, when she described her friendship (session 3:2-14):

Kaemogetswe: This is Lesego the girl. She is Ntagu’s daughter. She is nice. She goes to school with me and we always like to play school and when we visit the other classes I go with her and we visit the other friends. And she is always happy, she is not sad, she laughs and she shares with other children.

Interviewer: Is she like you?

Kaemogetswe: Yes.

Kaemogetswe: And when it is raining when she sees someone don’t have a jacket, she gives them and she said they must return it back when the rain stops. And if another girl or boy does not have food to eat she gives them and when her mother always like to send her to buy bread she does not complain she always obeys her mother and father. She respects them because they teach her manners.

It was noticeable that Kaemogetswe highlighted the qualities that she admired in her friend while also claiming that she too possessed similar qualities. In this instance, I put forth that children learn from each other during socialisation and in their friendships and that their knowledge gained during these interactions may consequently be construed as protective and shielding.

They make me laugh

Lizzy spoke positively about the children’s friendship in the home. For example, when she is feeling dejected or sad: then the children make me laugh. They do things, like funny things and they make me laugh (session 5:146-147), Like when we watched Harry Potter and when we switch it off, A. act like the other person (laughs) and it really looks funny when he does that (session 5:151-153). Engaging in positive relationships and friendships that nurture happiness and joy emerges as another protective factor for the children in this study.

Figure 4.9 is an image of friendship.
d) The community as protective

There seemed to be awareness amongst the children in the study that the community had the potential to play an important role in supporting families who are affected by HIV&AIDS. The following excerpts support the idea that a community’s sense of collective responsibility may mitigate the effects of poverty which is often associated with an HIV&AIDS milieu. It is likely that community support, in this instance, depicted by the provision of food to a family in time of distress, offers nurturance, comfort and solace.

We support by giving

Earlier in this chapter (see Section 4.2.2.1a), I indicated that Kaemogetswe suggested ways by which neighbours could support each other. In a similar manner, Batman depicted his understanding of community support (session 9:59-65):

And in this family, the grandfather went to this family and told them that he is sorry about that the father passed away and then the grandfather went back to his house and this mother made some nice dessert for them and gave them and then he gave the mother a hug and then they went to bed. It was over.

The lady who brings us stuff

Embedded in the community are the volunteer workers and the social workers (see Addendum 6) who seem to serve as beacons of hope for the children, especially when they are bored, unstimulated and lonely. I shall illustrate my view with an extract taken from my research journal in which I described my encounter with a volunteer worker at the children’s home.

Well, as I was talking to a child, we heard a loud hoot at the front gate. The children immediately jumped up from their chairs and craned their necks to get a look at the person at the gate. Then, with shouts of glee, they sprang up and dashed out of the room without a word to me. Imagine my surprise. I had no idea what was going on. It was raining heavily, lightning flashed across the sky and thunder rolled. The children ran indoors, grabbed umbrellas and then ran out again to open the gate and get to the car that was waiting. Soon, they were returning, one at a time carrying huge packets and boxes of what, from where I stood, looked like vegetables and fruit. They streamed in carrying these parcels and at the end I saw the lady who brought all of this stuff. Let’s call her Anne. So I went out into the kitchen and I introduced myself to her. She was so polite and gentle, giving hugs to the children and greeted me warmly.
She said that she collected contributions of fresh produce, cakes, bread, biscuits, juice, yoghurt and other foodstuff from various donors which she then delivered to the children's home every Friday. I now understand the children's excitement, as there are sufficient treats to sustain them through the weekend and the following school week. Anne said that she has been doing this for a number of years and absolutely loves the children. After my brief conversation with her, I felt my mood lift. It seems like my meeting with someone who puts the children's needs before her own, put my life into perspective for me. (2007:11:02)

Anne had also been responsible for initiating excursions and holidays for the children. Among others, the children enjoyed a seaside holiday and a camping trip to a farm. During the school holidays, the volunteer workers organise numerous day visits. One such visit was to the Pretoria Zoo, which the children seem to have enjoyed immensely. I have also met Lilly who is a member of a team of people who organised and transported the children on their different outings. She also had the task of delivering medication to the home on a weekly basis. Yet another volunteer baked a birthday cake for each child on his or her birthday. Furthermore, the children benefited from computer lessons, which were provided by a student in the community. In addition, the children attended religious classes in the form of Sunday school and Bible reading classes.

The social worker, E. visited the children regularly. The children looked forward to her visits as she was primarily in charge of their welfare and they respected her as their guardian. When she visited the children, she spent time talking to them. In my conversations with her, she seemed to show tremendous insight into each child’s challenges, resources and personality. She seemed to understand each child’s needs. When school holidays drew closer the children looked forward to her visits because they knew that she would discuss their holiday placements with them. I include an extract from my research journal of a conversation with her:

E. went on to tell me about the arrangements that she was making for the children's holiday placements. They are starting to feel the excitement in anticipation of the upcoming Christmas holidays and the time that they would spend in the company of their weekend and holiday parents. She had confirmed arrangements for all but Superman. She said that it is a problem to place him as he bed wets. Meme will be going to her grandmother and Michelle to her grandfather. Dimple will go to her aunt and uncle in Mamelodi. The other children will go to their usual weekend parents. (2007:11:27)
e) Extended family and weekend parents who offer protection

The children in this study depended on extended family members such as their grandparents and aunts as well as their weekend parents who seemed to play a buffering and protective role in the children’s lives.

**The grandmother answered the phone**

Meme, Michelle, Dimple and Harry Potter have family members whom they visit or who visits them or telephones them at the children’s home. Michelle visited her grandfather over the school holidays and looked forward to seeing him, playing with the children and being part of the community where he lived (session 5:32-55). She also had an aunt whom she visited occasionally and with whom she shared a good relationship: *My aunt makes me happy and nice* (Michelle, session 5:99).

Meme seems to have a secure relationship with her grandmother. In her interview based on her collage, she indicated that that her grandmother bought her the toiletries that she loves (session 5:19-45). She also had an aunt living at her granny’s house. Consistent with the social worker E’s discussion, they loved her dearly but did not have the financial means to take care of her medical needs (see Addendum 8:8.2.1).

In many communities, especially those affected by HIV&AIDS, receiving support from the extended family such as the grandparents was significant and highly valued. My view is depicted in a portion of the initial vignette in section 4.2.3 (session 9:20-29):

*Then she gave the grandmother the phone then the grandmother answered the phone they said your child has HIV. Then they said did you know for the first time, they didn’t know they just saw for the first time and then they said its ok. And then the grandmother told the grandfather that the child has HIV. Then the grandfather phoned the parents. The parents said they will be back tomorrow and then the grandfather said they must come back today because the child is in the hospital and we need to take him to church.*

In the above illustration, the grandmother possibly regarded as the head of the family, was the first to be informed of the child’s HIV-positive status. She then informed the grandfather who disclosed it to the child’s parents. The hierarchical system of information sharing portrays the social context in which disclosure occurred and how the children interpreted these processes.
The role of the grandmother as the potential provider of resources, encouragement and strength is also portrayed by Meme: *The grandmother brought some medicines and stuff and the grandmother said I am so worried about this daughter. I wish you could be well and do not die. In the night they were praying all of them together sitting in the circle and the little baby was sleeping* (session 9:49-54).

**The one who fetches me who is my mother here**

Kaemogetswe had been visiting her weekend mother M and her daughters N and P for a number of years. She looked forward to these visits as she regarded them as her family. She, together with C, an orphaned child from another children’s home, experienced family life as they cooked, played, watched TV and exercised when they stayed over at M’s house. When she was with her weekend family, Kaemogetswe said: *it makes me feel happy* (session 8:260) as she regards M as her mother: *M, the one who fetches me who is my mother here* (session 8:36-37) and N and P as her sisters: *My sister’s name is N and P* (session 7, group 1: 53), *they are like my sisters. They come to pick me up and I go to stay with them sometime* (session 7, group 1:57-58). For Kaemogetswe, her weekend family afforded her the opportunity of implied escape from the children’s home and a life away where she is cared for and listened to: *she give me her phone number* (session 8:46) and *when she goes to work and I am bored then I phone her* (session 8:48-49). Her place at her weekend parent’s home seems to fulfill her need to belong and her desire for communication with people who are external to the home. Superman’s weekend parent is J who lives in Johannesburg. He looked forward to his time at J’s home as he got to play Playstation (session 5:124) and swim (session 5:143) and play with other children.

**4.2.2.2 Positive intrapersonal characteristics**

In this section, I shall describe children’s positive intrapersonal characteristics. The characteristics that I report on are: positive self-concept and developmental maturity.

a) **A positive self-concept**

As I discussed in Chapter 2, a positive self-concept and self-image may be depicted in children’s reported feelings of self-worth, pride in their abilities, confidence, assertiveness, self-awareness independence, competence and having a sense of responsibility. A positive self-concept also seems to arise from perceptions of strength.
I am beautiful

Harry Potter’s positive self-concept is illustrated in the following: *My greatest strength is because I am responsible* (session 4:29). Furthermore, during session 10, Harry Potter described what he thought he was good at: *I am nice* (line 7), *I am ...good at taking care of things* (line 9), *I’m good at writing my schoolwork* (line 15) and *I’m good at saving money* (line 23). In addition, he claimed that: *I love my flower because they teach us about flowers at school and I did write it nicely and I did paint it nicely* (session 1:4-6).

Meme and Kaemogetswe seemed to draw strength from their physical beauty: *My greatest strength is that I am beautiful* (Meme, session 4:29); *I think I am beautiful, nice, pretty* (Kaemogetswe, session 4:23). Batman takes care of his body, thereby possibly reflecting a positive self-image: *I picked up "body" I wash my body when I am dirty and I must look after my body by exercising and by washing so you smell fresh and clean morning and evening* (Batman, session 7:83-84).

Kaemogetswe demonstrated positive emotions such as happiness and pride in her abilities regarding her home and school:
*I feel happy because I am in a safe house and school* (session 6).
*I am doing OK* (session, 3:24).
*I can depend on myself* (session 4:19).

Lizzy’s self-awareness and positive self-concept are suggested in the following quotations:
*I can’t play netbool [netball] at school but I wan to play* (session 4:6).
*I think I am a very good girl and I am so helpful* (session 4:23).
*My greatest strength is my smell and when I help people* (session 4:29).

Dimple illustrated her awareness of her emotions and positive characteristics in the following lines: *She’s proud of herself she’s proud of her because she knows what’s good for her,* (session 2:24-25). Other positive intrapersonal characteristics that Dimple portrayed were patience and kindness (session 2:10-11).

She is thinking that she is proud of herself

In session 2, Dimple said: *She is thinking about that she is proud of herself and she is happy* (session 2:19-20). Her love for herself is reflected in: *She knows that she will always love herself and some other people* (session 2:21-22). Dimple indicated that her other positive quality is her pride. She displays her pride in her self-knowledge: *She’s proud of herself. She’s proud of her because she knows what is good for her* (session 2:24-25). Dimple also
demonstrated self-awareness and self-affirmation when she said: *I like her because sometimes she is kind and she’s also patient with other things* (session 2:10-11).

Taking pride in your self-knowledge is further illustrated in Lizzy’s declaration: *I know a lot about traditional life* (session 5:33) and she explains that although she is in a special school, *in that school we cook, we work. It’s a school where you work with your hands but we cook and we do computers. We learn to cook, we bake and we cook pasta and things like that* (session 1:13-16). Such knowledge is important to her and allows her to identify positively with herself and her school thereby establishing her self-identity: *I like the school very much and I want to finish at the school* (session 1:18-19). Being proud of your abilities and skills in also illustrated in the following: *I did write it nicely and I did paint it nicely* (Harry Potter, session 1:4-5).

Pride in her scholastic achievement was expressed when Kaemogetswe said: *She always has whatever she needs for the exams and she passes them* (Kaemogetswe, session 3:17-18). She passes because she studies very hard, *she studies from half past nine till two o’ clock* (session 3:20). Kaemogetswe is also proud and satisfied with her ability to *make tea for visitors and to play netball* (session 1:5-6). Lizzy’s pride is in being self-sufficient on a practical and functional level as she thought about going *to work* (session 2:13), and *working with her hands*, (session 2:18) and *sewing and doing the dishes* (session 2:20).

**Because it is our team**

A sense of national pride and the pride of group identity is demonstrated by Kaemogetswe (session 5:2-14):

Kaemogetswe: *This one is Habana and the coach.*
Interviewer: *So that is Habana, OK.*
Kaemogetswe: *And his coach when they were playing against England and they won the cup.*
Interviewer: *Do you know his name?*
Kaemogetswe: *No.*
Interviewer: *He is Jake White.*
Kaemogetswe: *Yes, he is Jake White, and now he kissed Habana on his cheek.*
Interviewer: *Right, so why did you choose that picture?*
Kaemogetswe: *Because it is our team.*
Interviewer: *It is our team?*
Kaemogetswe: *Yes the South African team.* Figure 4.10 is an image of Kaemogetswe’s collage.
**I can depend on myself**

Another indicator of the presence of a positive self-image were the children’s displays of self-confidence and independence. This view is supported by the following direct quotations: *I can depend on myself* (Kaemogetswe, session 4:19); *I think life is easy, nice* (Kaemogetswe, session 4:28); *I am doing OK* (Kaemogetswe, session 4:28); *I can depend on myself* (Superman, session 4:19); *I think life is good* (Harry Potter, session 4:28).

**I am good**

Positive self-image was also visible in the way the children viewed their physical and personal attributes, and what they related about one another. Kaemogetswe asserted, *I think I am beautiful, nice, pretty* (session 4:23). Lizzy said: *I think I am a very good girl and I am so helpful* (session 4:23). Meme also confidently pointed out, *My greatest strength is I am beautiful* (session 4:29).

In a conversation about himself, Harry Potter said: *My greatest strength is because I am responsible* (session 4:29). He also believes, *I am nice*, (session 10:7) and *I am good at taking care of thing* (session 10:9) *like DVDs and videos* (session 10:11) and *I’m good at writing my schoolwork* (session 10:15), and *saving money* (session 10:23). His friends think that he is a *good boy* (line 42) who *shares* (line 38) and *lends his stuff* (line 40). His friend Superman is particularly impressed with Harry Potter because, *he gives me his food* (session 10 :45) and *when I am crying he comes to me and he said who hit you?* (session 10:49) and, *then he goes and tells mum that somebody hit me* (session 10:53). Batman describes why he thinks that Harry Potter is a good friend: *like when I am alone and I have no friends he comes and plays with me* (session 10:64).
b) Developmental maturity

In this study, a few children’s sense of responsibility and appropriate cognitive and reasoning skills demonstrated their developmental maturity.

**This time I did think a lot**

Significantly, some children were able to engage with me on a *higher cognitive level* than the other children in the home. Dimple made the comment *not always* (session 5:62) in our discussion about birds and wings and whether they took you places, which is perhaps indicative of a higher order thinking capacity. In her collage, Lizzy demonstrated *sound cognitive reasoning skills* when she explained her choice of pictures and the process of getting where you want to be in life. Her words (session 5:4-14):

Lizzy: *Ok, I did cut this page, this picture for, you have to work hard to get to this point.*
Interviewer: *Ok so you have to work hard and this picture is of a girl writing exams?*
Lizzy: *Yes.*
Interviewer: *So she is working hard?*
Lizzy: *Yes.*
Interviewer: *To get to which point?*
Lizzy: *This one.*
Interviewer: *Is it these ladies in the dresses?*
Lizzy: *Yes.*

Figure 4.11 is an image of Lizzy’s collage

![Collage: All about me – Lizzy](image)

In another discussion, Lizzy reflected on her thoughts (session 5:166-169):

*This time I did think a lot and I think that the best thing that I have to do now is to stay here and go to school and I will see what is going on with my life and then, if I am ready to go home and then I will.* I noticed a deep level of maturity in understanding the role of self-efficacy and the need to show responsibility towards themselves when Meme responded we
have to, so we don’t get sick” (session 7, group 1:99) to my comment: “it’s good to hear that you play some sport in order to keep fit” (session 7, group 1:97).

I suggest that being affected by adversity could have made the children in the home sensitive to the needs of others and it may have nurtured a sense of social responsibility within them. Kaemogetswe described why she thought that doctors performed an important job, the most important one being to disclose the HIV status to infected people (session 8:321-329):

Kaemogetswe: *If you are sick and to help people and if you don’t know you have HIV you tell them.*

Interviewer: *So you think that it is important to know whether you have HIV or not?*

Kaemogetswe: *Yes.*

Interviewer: *Why is it important?*

Kaemogetswe: *Because sometimes people if they don’t know they have HIV they just give them medicine they don’t know what for and they don’t take them and then they die.*

**He will help poor people**

When coping with the challenges of HIV&AIDS on a daily basis, many of the children in the study displayed social and emotional maturity in terms of a sense of responsibility that was often beyond their chronological ages. In her conversation with me about her collage, Kaemogetswe displayed sensitivity on issues such as the appropriate treatment of others. She asserted that she admired people who helped others and treated them well (session 5:27-34):

Interviewer: *So why did you choose this picture?*

Kaemogetswe: *Because Zola 7 helps people. When people treat them then he said not to.*

Interviewer: *I don’t understand, how do people treat them?*

Kaemogetswe: *Like clean their shoes*

Interviewer : *So you say that some people treat other people badly and make them clean their shoes and he said?*

Kaemogetswe: *He said they must not lick their shoes*

She admires Zola 7 and would like to be like him as *he helps people* (session 5:44).

Elsewhere, Kaemogetswe’s altruistic qualities, which may be ascribed to social and emotional maturity, are further exemplified in the following extract from my conversation with her (session 3:9-14):

*...and when it is raining when she sees someone don’t have a jacket, she gives them and she said they must return it back when the rain stops. And if another girl or boy does not have*
food to eat she gives them and when her mother always like to send her to buy bread she
does not complain she always obeys her mother and father. She respects them because they
teach her manners.

Another situation in which Kaemogetswe displayed a sense of social maturity and
responsibility as a coping mechanism was when she desired services in the country (session
2:18) which would be evident when the land is clean and there is no papers (session 2:23).
There is also a sense of social responsibility towards the less privileged children when
Kaemogetswe describes a story about a queen who gets angry at the princess because the
princess does not allow her children to play with poor and ugly children (session 2:70-72).

In other instances, Kaemogetswe described her aspirations to become a children’s doctor, in
order to make sick children better and to be available to visit sick children at other
residential care centres. When she was asked to write in her responses to the incomplete
sentences schedule, her response to one phrase was: I feel quite bad about B hit e [hitting] K
(session, 4:30).

Dimple displayed emotional maturity in her awareness of appropriate social cues and
gestures. Her recognition of the need to take care of and show support of others is evident
in, it also makes me feel like to send flowers to someone (session 5:42-43) when it is the
person’s birthday or at Christmas or at mother’s day or father’s day (session 5:48-49).

In a conversation about how he coped with bullying by other children (session 2:59-80),
Batman said that he, feels like hitting them but does not hit them (line 76), because we
must forgive and forget (line 80). There seems to be recognition of a strong moral character.
Batman also stresses his desire to be socially responsible and his need to help others
because, when he grows up he will be a powerful man and he will help poor people (Batman,
session 294-94).

As mentioned earlier in this discussion, children in this study sometimes appeared to have
taken a developmental leap especially with regard to their mature thinking in terms of social
responsibilities. In session 2, Lizzy thought about going to work, suggesting earning an
income to become self-sufficient. Her future aspiration to become a social worker (session
2:102) is also indicative of a sense of social responsibility. This thought is reiterated in: One
day I want to be a social worker becos [because] I whant [want] to help ather [other] children” (session 4:25) and, My greatest strength is when I help other people (session
4:29). Although her mother is dead, Meme indicated her concern for significant others in, I
worry about my mother and my grandma (session 4:14).
4.2.3 Theme 3: Children coping with HIV&AIDS

I introduce the theme, *children coping with HIV&AIDS* with a vignette as it embodies the essence of how children and families who are at risk are also coping with HIV&AIDS. Thereafter, I explore the following sub-themes that report on the coping styles that children use: spiritual connectedness and disengagement.

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*M: this one have HIV (very soft, barely audible voice)*

*M: this child has HIV*

*S: This child has HIV.*

*M: And his father and mother are trying to help and his big sister. Now his mother and father was going for a long time and then the child became sick. Then the grandparents phoned the mother and father and told them that the child has HIV, he's sick. When this little daughter, when they helped the giving the grandmother and father the phone numbers.*

*S: And the doctor came and they phone the doctor and the doctor came to help the child and the big sister.*

*M: And then they phoned the people that work at the clinic and then they took the child to the clinic then they surrounded the child and they helped her, and then this nurse phoned the grandmother and the big sister answered and said who do you want then they said can I speak to the grandmother.*

Then she gave the grandmother the phone then the grandmother answered the phone *they said your child has HIV*. Then they said *did you know for the first time*?, they didn't know they just saw for the first time and then they said *its ok*. And then the grandmother told the grandfather that the child has HIV. Then the *grandfather phoned the parents*. The parents said they will be back tomorrow and then the *grandfather said they must come back today* because the child is in the hospital and we need to *take him to church*. And then they said *OK we will come back right now*. Then they bathed and they changed and then they came back. Then they knocked and the little baby brother and the big sister came outside with the little baby. Then the family took the ...to the hospital where the child ... co..

To the ... so she wont get cold of the HIV then...

Then they take her out and said OK

*S: The doctor in the clinic helped her and the child was very sick. We could help her and they could take him to the hospital.*

*M: And the mother went to the hospital to fetch the baby and then they told the baby in 5 days, if she don't take care and give her and give her healthy things she will die. You will have to take her to church every Sunday and every Monday if you can.*

*S: Then the child...they took him outside. Then they put him inside.*

*M: Then they took him in. But the child wasn't dead yet. The child survived a little bit. Then his parents took him home and took home, took care of him. The grandmother brought some medicines and stuff and the
grandmother said I am so worried about this daughter. I wish you could be well and do not die. In the night they were praying all of them together sitting in the circle and the little baby was sleeping and the big sister. They felt that they gave the child medicine. She could not breathe and they took him they phoned the doctor quick so that they can take the child...

S: And the doctor came, they came and they took him out of the grandmother's arms. They took him to the hospital.

M: They phoned the parents back, they said your child is only going to die because you didn't take her to church and they said OK. We forgot we will take her now. When they went back they took him to the church and then the holy bird came and the holy bird and the priest prayed for the child the holy bird took the child on his back and he flew with her around so that the child can have some strength. Then the mother said we were praying so hard and we thought you wasn't breathing properly. So they say OK you can go we will keep you in the hospital with the big sister.

S: They kept him in the hospital. The next morning they took her, she was sleeping then they checked her. The next morning she could die. She died. Then she went ....

M: They took her to the.....They phoned the parents and told them that your child is dead. Then the parents cried and cried and then they asked how much is the cost of burying the daughter. Then they say you don't have to pay because the child was very sick and you tried your best and they took the child's skin off and then they put her in the...

S: ...skeleton box.

M: No it's not the skeleton box.

M: And then they went to bury the child. Then that day they couldn't eat, they couldn't do nothing. Then the little child said, I'm missing my little sister and they said... and they gave it to the little son and then they carried on. Then they went to see the graveyard of the little sister. Then the little sister... then the whole family came and buried the child and gave them everything they took out everything, the bed and they throw it in this big dustbin. Then the bird came and it took the child because the child is an angel then they took the baby to heaven. Then in the night when they were sleeping this child heard his sister coming and holding his hands and he said its you my little sister, I'm going to tell my mother then he flew away again and said you are an angel then he went back and said mother I saw my little sister in the night touching my hands. Then she said you were dreaming. Then he said no, ma it's the truth. God was talking and the little sister was answering and so God said to the whole family your child will be fine in heaven you don't need to worry anymore because in heaven it's a safe place. No one can die. And you must live safely now. And you must live in a safe house and be safe.

That's the end of the story.

Meme (M) and Spiderman (S): session 9
4.2.3.1 Spiritual connectedness

Throughout this study, I found that the children made references to their spiritual and religious connection at some point in their conversations. Children in this study incorporated religious rituals and routines in their daily lives. Consequently, these children may have been afforded a semblance of stability and a resource from which to draw their strengths.

a) I will go to heaven

In the vignette, Meme’s detailed description exemplified her faith in God in a vivid and emotional manner. She believed that the power of prayer could help to heal anyone who is sick. Her faith in God is further illustrated in the following direct quotations:

This here, its all about HIV. The family, this boy’s father heard that the boy has HIV. Then the family went to church. Then they prayed to [for] the boy (session 11:1-3). Then they prayed for this boy then they said he must stay a little bit in the church. Then he slept in the church (session 11:9-11). Figure 4.12 is an image of Meme’s drawing of HIV in the family.

![Figure 4.12: HIV in the family – Meme](image)

Figure 4.12: HIV in the family – Meme

Batman, Kaemogtswe and Meme referred to reading the Bible every day: at night in my bed, I pray ( Batman, session 4:3); at night in my bed, I read bible storys [stories] in the night ( Kaemogtswe: session 4:30); She thinks of God (Kaemogtswe: session 2:52); She prays every night, she reads the bible (Kaemogtswe: session 2:54); Because God made her (Kaemogtswe, session 2:56); At night in my bed I read my bible and I do my praying (Meme, session 4:3).

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2 I shall refer to the terms religious and spiritual connectedness interchangeably while acknowledging that an effort to find meaning and purpose in life may not be religious but spiritually based.
From the children’s verbatim accounts, it seems reasonable to assume that the children have embraced religion as a safe haven and have found solace and comfort in their faith in God. As a result of his faith, Harry Potter does not fear death: *I'm not scared of dying because I will go to heaven* (Harry Potter, session 11). Further evidence of his faith is illustrated:

Interviewer: *When cowboy goes to bed, what does he think about?*
Harry Potter: *He thinks about he wants to go to heaven.*
Interviewer: *He thinks about wanting to go to heaven?*
Harry Potter: *Yes.*
Interviewer: *Why does he think that?*
Harry Potter: *He thinks heaven is a nice place and the other people did tell him that* (Harry Potter: session 2:44-49)

**b) God blessed me**

The children also expounded the view that if you turned to God or listened to God, then your life could be better. They explained that if you read your Bible daily, then God would protect you and bless you. In her clay modelling session, Dimple moulded *all the people who passed away* (session 8:295-296). Her reasoning was: *These are the ones who wanted nice lives but they didn’t get it because they didn’t turn to God, my mum, except my mum and dad* (Dimple, session 8:295-302). The children’s implicit faith in God is further exemplified in: *she must trust God to protect her* (Meme, session 7: group 1:109-110); *Today I modelled but I didn’t win but still God blessed me* (Dimple, session 1:20-21), implying that her faith in God would protect and buffer her from misfortune and adversity. Hence, she indicated her love of singing songs about God. She said that her favourite song was, *Stand up and shout if you love Jesus* (session 5:87-88). Results in this study suggest that many children are using spiritual connectedness as a means of coping. This might imply that spirituality, as a coping style, seems to give hope and keep children happy because: *The happiest time is when I am at the church* (Dimple, session 4:2).

To conclude this sub-theme I quote self-explanatory lines from the introductory vignette, which aptly reflect the spiritual connection that children in the study have assumed: *God said to the whole family your child will be fine in heaven you don’t need to worry anymore because in heaven it’s a safe place. No one can die* (Meme, session 9:102-105).
4.2.3.2 Disengagement, denial and detachment as coping mechanisms

In the context of this study, the term disengagement refers to the act of disconnection and detachment of oneself as opposed to becoming involved. Children in this study allowed themselves to disengage: to dream, fantasize and imagine, as a means of coping with the challenges allied with being affected by HIV&AIDS. The ways in which children in this study disengaged included fantasy, denial and detachment.

a) Fantasy as a coping mechanism

Living in a world of fantasy and make-belief, is one of the ways in which the children in this study coped with challenges in their lives.

Superheroes
The above point was illustrated at the outset of the study when four of the children choose pseudonyms of superheroes and action heroes (Harry Potter, Superman, Spiderman and Batman) (Harry Potter; session 4):

* I like Harry Potter movies very much – line 1
* The happiest time is when I see Harry Potter – line 2
* At night in my bed, I think about Harry Potter – line 3
* I badly want to be Harry Potter – line 4
* I don’t like it when I don’t see Harry Potter – line 5
* I can’t stop thinking about Harry Potter – line 6
* I think I am Harry Potter – line 23

The extent of Harry Potter’s engagement in a world of fantasy seeps so deep that he would be prepared to change into Harry Potter (session 2:71).

However, considering their ages, this seems to be developmentally appropriate behaviour. In particular, Batman (session 2:110-112): *he dream about flying in the sky and going to save people and telling the soldiers not to be bad and the soldiers became good people.* Earlier in the conversation he explained that he would like to be Hulk *because Hulk is big and strong* (session 2:11), thereby implying that he would also like to be big and strong. He also thinks about *changing into green like the real Hulk and he will save his people from the soldiers because the soldiers want to change the city* (session 2:16-18).
When I am a queen

While boys in the study fantasised about being superheroes and committing bravery, the girls’ fantasies differed and revolved around royalty and the implied life of glamour, luxury and privilege. While Dimple claims: Sometimes I imagine that I am a queen in the wild [world] (session 4:10), Michelle, is thinking about she is wishing she could be a queen (session 2:52). Kaemogetswe talked about a princess called Arona who wanted to live in a clean land and provide services for her people. She would also see to it there was no discrimination against the poor and ugly children (session 2).

b) Denial of loss as a coping mechanism

In this study, the category of denial of loss is used to report on the affective and cognitive behaviour of children who speak of their dead parents as though they were still alive. To do this seems to deny the parent’s absence or death.

My mother is at home

There were instances where children’s utterances and written words in this study could have implied a denial of their parents’ death. In this regard, denial could be regarded as a form of coping with the loss of a significant person. I provide evidence of the children’s descriptions of their parents as though they were still living to exemplify my suggestion:

My father is a soldier (Batman, session 4:9)
I can depend on mom (Batman, session 4:19)
My father is so beautiful he is so special (Kaemogetswe, session 4:9)
My mother is at home (Superman, session 4:16)
My father is the best (Superman, session 4:9)
My father is a police and he catches robbers (Meme, session 4:9)
My mother is a lawyer she halp’s [helps] people (Meme, session 4:16)
Dimple described her family as: I think they are nice to me and they are the ones that make me feel nice and they protect me and I like them (session 5:97-99). She also spoke of her mother as though she were alive: My mum woke me up (session 2:110).

c) Detachment as a coping style

The desire for escape and freedom from the context of HIV&AIDS was implied in a metaphorical sense as well as in physical detachment by the children in this study.
Wings take you places
Dimple, especially, used the metaphor of wings extensively in the study, perhaps symbolising a desire for flight, freedom and emancipation (session 5:54-62):

Interviewer: Tell me about these.
Dimple: The wings. I pasted the wings because I would like to fly to see the world and I would like wings because they are the best.
Interviewer: Why are they the best?
Dimple: Because it take you in the air
Interviewer: ...They take you places?
Dimple: Not always

Figure 4.13 is an image of Dimple’s collage.

Figure 4.13: Collage: All about me – Dimple

This desperation for escape and freedom is emphasised in, I badly want to have wings to fly in the sky (Dimple, session 4:4). Besides a metaphorical disengagement, Dimple also physically and consciously detached herself from her surroundings when she felt a need to. She removed herself from difficult situations by finding comfort being by herself in a tree. She maintained that since the other children disturbed her when she was studying she preferred to study in the tree (session 3, 59-71):

Interviewer: You study in the tree? Why?
Dimple: I like the tree. I don’t know why.
Interviewer: Do you go there often?
Dimple: Yes.
Interviewer: What do you go and do there?
Dimple: Sometimes when I’m bored, I just go up there and talk.
Interviewer: You just go and talk?
Dimple: Yes.
Interviewer: About what?
Dimple: About how life is.
Interviewer: And what do you think about it?
Dimple: I think that life is difficult and I am just an orphan child and I just think of my life.

On a particular day, I arrived at the home and found Dimple sitting high up in the big tree. In the following extract from my field notes, I describe a particular incident where Dimple escaped to the tree, perhaps as a way of protecting herself from a challenging situation.

When I arrived there, I was again surrounded by the children. However, conspicuously, 2 faces were absent – Dimple and Lizzy. As I rounded the corner, I looked up and there on the large tree was Dimple, perched on the top. She looked down and gave me a wry smile. I knew immediately that something was amiss – I could not see her trademark dimples. Then I noticed Lizzy sauntering in from around the side of the house, not looking too pleased. No smiles here! What was going on? Visit 3 (2007:10:05).

On a subsequent visit to the home, Dimple explained the reason for her escape to the tree. This discussion was described earlier in this chapter (see Section 4.2.1.1). On another occasion, Dimple spoke overtly to me about her desire to leave the home especially when it seemed the conditions became too unbearable for her (Dimple, session 5:159-164). She indicated that she was not happy living at the home because: I don’t feel comfortable because sometimes I just feel like going away (session 5:159-160). Although she had thought about leaving the home, she had not considered ... I don’t know, just to go out through the big gate and to walk (session 5:162-163). Superman also incorporated a metaphorical analogy to describe his desire for freedom. He would like to be a bird: because a bird flies free, possibly implying escape and emancipation (session 2:67).

I want to be alone

Other children also engaged in physical detachment by isolating themselves in order to help them cope. Kaemogetswe explained that when the other children were fighting or when Superman was hitting Michelle: me, I just sit somewhere else because I let the others tell him to stop. The big girls tell him to stop (session 3:59-60). Harry Potter also preferred to be by himself (session 2:23-25 and 26-27):
Harry Potter: He wants to be alone.
Interviewer: What makes him most happy?
Harry Potter: Like when he is alone.
Interviewer: What makes him sad?
Harry Potter: When other people are next to him.
4.2.4 Theme 4: Children experiencing well-being

In this section, I present data related to how children in this study depicted a sense of well-being. I illustrated the sub-themes of hope, optimism, happiness and positive relationships as indicators of well-being. I conclude this section by describing data related to the children’s future aspirations.

4.2.4.1 Hope, optimism and happiness as indicators of well-being

The children in this study manifested a sense of hope, happiness and well-being in various ways. While some expressed their emotions overtly, others (Lizzy, Dimple and Meme) perhaps felt safer to project their thoughts and feelings and used metaphors to relate their life circumstances.

a) These flowers, now they are happy because they are life again

In the following extract from a conversation with Lizzy and the accompanying picture, Lizzy used a metaphor to explain how she felt about her life:

And surely these roses, these roses are me. These flowers actually are me because these flowers were dead and someone came and watered these flowers and now they’re grown up again. Now, so these flowers now they are happy because they are life again (session 1:3-7).

It seems imbued in this metaphor that despite the vulnerabilities and risk factors that impinge on her development, Lizzy had adopted a positive and optimistic approach to her life. Her descriptions allude to the possibility of hopefulness, zest and growth as indicators of her well-being experiences. Figure 4.14 is an image of Lizzy’s spontaneous painting activity.

Figure 4.14: Spontaneous painting activity: Happiness –Lizzy
She still thinks about good things that is going to happen tomorrow
Lizzy’s hopefulness for life is also encapsulated in the following extract (session 2:66-68):
Lizzy: Even if there’s bad things that happened or she dreamed about bad things, she still think about good things that is going to happen tomorrow.
Interviewer: Such as what? What are the good things for her?
Lizzy: Eh... such as she’s still alive.
Interviewer: Yes.
Lizzy: And tomorrow she is going to have a good time. She is going to work happily.
Interviewer: So she is going to work happily as she has a job?
Lizzy: And a lot of things that God gave her
Interviewer: An example, like?
Lizzy: Like a house and the fact that she eats and all the things that she has, other people don’t have.

It makes me feel colourful
In other interactions with the children in this study, hope and happiness were implied by the choice of the children’s words, the bright colours of their drawings and the subjects they chose to paint. For example, Meme and Michelle chose to paint pictures that expressed growth and life (Meme, session 1:1-4):
I have a picture of a spring day and me I’m picking some apples and put them in a basket and the most part I like is the flowers and the sky. Figure 4.15 is an image of Meme’s spontaneous painting activity.

Michelle’s picture depicted happiness in the form of bright colours: I painted a picture. This picture, the picture tells me that it is (laughs) beautiful. I painted, I used colour yellow and green and blue and I love my picture and I want to paint it again (session 1:1-4). Figure 4.16 is an image of Michelle’s spontaneous painting activity.
Other children portrayed hope, optimism and happiness in the following manner:

*The sun is outside and the grass is green and there is beautiful roses* (Superman, session 1:2-3).

*Today I modelled but I didn’t win but still God blessed me* (Dimple, session 1:20-21).

*It’s when I grow up I want to marry and have a good life* (Dimple, session 5:237-238).

*It makes me feel colourful* (Dimple, session 5:35).

### 4.2.4.2 Positive relationships

Children in this study demonstrated their well-being by engaging in positive and encouraging relationships with others. These affirmative relationships were portrayed by Kaemogetswe, Lizzy, Harry Potter and Superman.

Kaemogetswe affirms her relationship with her weekend family by describing her relationship with them (session 8:254-260):

Interviewer: *What do you do together when you go there?*

Kaemogetswe: *We cook.*

Interviewer: *Yes.*

Kaemogetswe: *We play together. We watch TV together.*

Interviewer: *How does it make you feel when you go there?*

Kaemogetswe: *It makes me feel happy.*

Besides her weekend family, Kaemogetswe has healthy friendships with other peers (session 8:169-175):

Kaemogetswe: *She’s 100% my friend.*
Interviewer: Yes, and for how long do you know her? Is it 1 year or 2 years?
Kaemogetse: She’s been my friend since 2000.
Interviewer: 2000. That’s a long time, which means that this year she will be your friend for about 8 years.

Lizzy also seem to engage in friendships which seemed to generate happy and joyful moments for her (session 5:109-117):
Lizzy: (laughs) The best part is that I am going to have a birthday and it is different from home. At home I don’t celebrate it and I celebrate it here and I don’t get presents and there’s none to celebrate with but here I have lots of friends to celebrate with.
Interviewer: How do you celebrate your birthday here? Tell me about it.
Lizzy: They take you away, they lock you in the room and then they deck the table nicely and then they take you out, they switch off all the lights and then they shout “happy birthday”.

Lizzy seems to have enjoyed a warm and supportive relationship with her mother prior to her stay at the children’s home (session 5:48-60):
Interviewer: Tell me about your home.
Lizzy: At my home, it’s nice.
I’m and I love being with my mum ’cos every time when I’m with my mum she tells jokes and everything that makes he happy. She is fun.

The importance of warm and nurturing relationships with friends was illustrated elsewhere in our discussions as well (session 5:57-60): the best thing I can remember is the time when I was staying at home I used to have lots of friends and we used to play house dolls like we used to come to my home with all my friend with dolls and we used to play outside. There seemed to be moments when Lizzy enjoyed living at the children’s home as she was surrounded by people who demonstrated their care and compassion for the children in different ways such as baking a birthday cake and giving her presents when it was her birthday (Lizzy, session 5:119-132).

Dimple’s warm relationships extend to her caregivers as well (session 1:14-17): And this weekend I want to have some fun with mama D. and bless her and bless everyone and I also want to have some fun and pray and also swim if the swimming pool gets right.
Superman and Harry Potter share a friendship wherein they showed concern for each other (session 10:49-53):
Superman: And when I am crying he comes to me and he says who hit you?
Interviewer: *So he is concerned about you and he asks you who hit you?*  
Superman: Yes.

Interviewer: *And what does he do?*  
Superman: *Then he goes and tells mum that somebody hit me*

Dimple suggests that she would like to demonstrate her warm sentiments about others by sending them flowers (session 5:43-54):

Dimple: *It also makes me feel like to send flowers to someone.*  
Interviewer: *Yes, so it makes you feel like you want to send flowers to someone?*  
Dimple: Yes.  
Interviewer: *When would you send flowers to someone?*  
Dimple: *When it is the person’s birthday or at Christmas or at mothers day or fathers day.*  
Interviewer: *Would you like to receive flowers?*  
Dimple: Yes.

### 4.2.4.3 A future perspective

Some participants in this study (Michelle, Dimple, Lizzy, Meme and Kaemogetswe) seemed to have clear goals or plans for their future.

a) **The future is going to be good**

The prospect of a better future was implied in their thoughts about their future. These thoughts are substantiated by the following direct quotations from conversations with the children as well as their responses from an Incomplete Sentence Schedule. According to Kaemogetswe, *the future is going to be good when I am a doctor* (session 4:13). She further indicated a sense of social responsibility when she maintained that: *when I grow up I want to be a doctor* (session 11:301).

Lizzy’s thoughts about her future included having a good life with a husband: *I often think about my self and my future and my live [life] well be good* (session 4:7), because she would have a *good family and she wished to have a good husband* (session 2:96-97) and she would become a *social worker* (session 2:102). Meme and Michelle both aspired to be *teachers* while Michelle also implied that having a *husband* (session 2:68-69) could mean a better life for her. Meme’s other aspirations included, *One day I want to be a actor* (session 4).
In spite of the stressors and challenges that they were faced with on a daily basis (see Section 4.2.1) Harry Potter and Dimple reflected that their lives were good: *I think life is good* (Harry Potter, session 4:28); and *the future is good and colourful with me* (Dimple, session 4:13) because, *one day I want to be a senar [singer] in the wird [world]* (session 4:25). Batman reiterated these thoughts in a simple way: *The future is a batr [better] laf [life]* (session 4:13). Meme too is hopeful for a better future: *The future is going to be good for me why: because I have a family [family]* (Meme, session 4:13). This could imply that while the other children talked about the future in terms of a new beginning with a new family, Meme talked about including her current family (grandfather and aunt) as a part of her future life.

On a metaphorical level, Dimple’s optimism for her future is expressed in the words: *I like butterflies because I like their wings and when I’m good ... I know that I’m going to have some wings* (session 1:11-13). The implication is the freedom to choose whatever it is you want to do or to achieve in your life.

**b) I imagine I am a mother**

Having your own homestead where it is implied that you could be in control as it was your personal possession, was a need expressed by Michelle. She would have: *a husband and a house and furniture and work* (session 2:83-84). This need possibly alluded to the need for stability, security, and the implied power of being independent. During this session, Michelle referred to her dream about *having a husband* (session 2:67). Elsewhere in this study, Lizzy also expressed her desire for a husband: *Sometimes I imagine I am a mother of someone and have a husband* (session 4:10). As with Michelle, Lizzy’s desire for a husband might imply a need to protect as well as to be protected.

**4.3 Conclusion**

In this chapter, I reported the results obtained in this study by presenting direct quotations, visual images and vignettes that depicted the themes that arose from a process of inductive thematic analysis of the raw data. In Chapter 5 I interpret the results of my study within the context of the relevant literature and my conceptual framework, thereby presenting it as findings.