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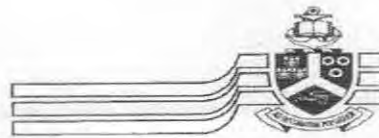
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APPENDICES

APPENDIX A: Approval letter from University of Pretoria Ethics Committee



University of Pretoria

Faculty of Health Sciences Research Ethics Committee
University of Pretoria
Tel: (012) 339 8619 Fax to E-Mail: 086 6516047
E-Mail: deepeka.behari@up.ac.za
Date: 22/11/2006

Soutpansberg Road
MRC Building
Room 2 - 20

Private Bag x 385
Pretoria
0001

Number : S203/2006

Title : The health and living conditions of children in child-headed households in Siteki, Swaziland

Investigator : S S Eamshaw, School of Health Systems and Public Health, University of Pretoria
(SUPERVISOR: DR Z NJONGWE)

Sponsor : None

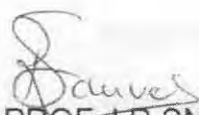
Study Degree : Master of Public Health

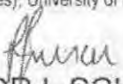
This Student Protocol has been considered by the Faculty of Health Sciences Research Ethics Committee, University of Pretoria on 21/11/2006 and found to be acceptable.

Mr K P Behari	B.Proc. KZN; LLM – Unisa; (Lay Member)
Advocate AG Nienaber	(female)BA(Hons) (Wits); LLB; LLM (UP); Dipl.Datametrics (UNISA)
Prof V.O.L. Karusseit	MBChB; MFGP (SA); M.Med (Chir); FCS (SA); Surgeon
Prof M Kruger	(female) MB.ChB.(Pret); Mmed.Paed.(Pret); PhD. (Leuven)
Dr N K Likibi	MB.BCh.; Med.Adviser (Gauteng Dept.of Health)
Dr F M Mulaudzi	(female) Department of Nursing
Mrs E.L. Nombe	(female) B.A. CUR Honours; MSC Nursing – UNISA (Lay Member)
Snr Sr J. Phatoli	(female) BCur (E.L.AI) Senior Nursing-Sister
Dr L Schoeman	(female) Bpharm, BA Hons (Psy), PhD
Prof J.R. Snyman	MBChB, M.Pharm.Med; MD: Pharmacologist
Dr R Sommers	(female) MBChB; M.Med (Int); MPhar Med;
Prof TJP Swart	BChD, MSc (Odont), MChD (Oral Path) Senior Specialist; Oral Pathology
Prof C W van Staden	MBChB; Mmed (Psych); MD; FTCL; UPLM; Dept of Psychiatry
Dr AP van der Walt	BChD, DGA (Pret) Director, Clinical Services, Pretoria Academic Hospital

Student Ethics Sub-Committee

Mrs E Ahrens	(female) B.Cur
Dr L Schoeman	(female) Bpharm, BA Hons (Psy), PhD
Dr R Sommers	SECRETARIAT (female) MBChB; M.Med (Int); MPharMed
Mrs N Lizamore	(female) BSc(Stell), BSc (Hons) (Pret),MSc (Pret) DHETP (Pret)
Prof R S K Apatu	MBChB(Legon); PhD(Cambridge)
Dr S I Cronje	DD (UP) – Old Testament Theology
Dr M M Geysler	(female) BSc; MBChB; BSc HONS (Pharm); Dip PEC; MpraxMed
Dr D Millard	(female) Bcur LLB LLM LLD (UJ)
Dr A.M Bergh	(female) BA (<i>cum laude</i>), Rand Afrikaans University BA (Hons) (Linguistics), University of Stellenbosch Secondary Education Diploma (<i>cum laude</i>), University of Stellenbosch BA (Hons) (German) (<i>cum laude</i>), University of South Africa (Unisa) BEd (Curriculum Research and Non-formal Education) (<i>cum laude</i>), University of Pretoria PhD (Curriculum Studies), University of Pretoria


PP
PROF J.R. SNYMAN
MBChB, M.Pharm.Med; MD: Pharmacologist
CHAIRPERSON of the Faculty of Health Sciences Research
Main Ethics Committee - University of Pretoria


DR L SCHOEMAN
Bpharm, BA Hons (Psy), PhD
CHAIRPERSON of the Faculty of Health Sciences Research
Students Ethics Committee – University of Pretoria



APPENDIX B: Approval Letter from Ministry of Health and Social Welfare (Swaziland Government)

104-13-2006 01:06PM FROM-MINISTRY OF HEALTH

+268 4042092

T-527 P.001

F-891

November 7, 2006

In regards to: Request for consent to conduct the following study in Siteki

Mr. Eric Maziya
Department of Health and Social Welfare Services
Swaziland

Dear Mr Maziya:

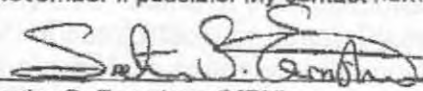
My name is Samantha Earnshaw and I am a Master's in Public Health (MPH) student at the University of Pretoria In South Africa. In order to fulfil the requirement for MPH I must conduct a research project. I have chosen to do my research in an area that will benefit both me and Swaziland, in particular the region of Siteki.

The study will identify the health and social conditions of children living in child-headed households and will give an indication of the size and nature of the challenges and will also enable relevant agencies to address these from an informed position.

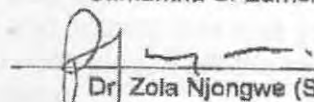
Currently, the Faculty of Health Services (U.P) Research Ethics Committee is considering the protocol for this research. The protocol is available should you require this. I trust you will support this study as we have discussed this in previous conversation. I have attached the consent form created to show that the rights of these children will be protected.

The details for the research project implementation will be discussed with you at a later date once you have agreed in principle to this study. My request is for you to please sign and fax this letter back to me at (09 27) 12 841 3328 by Friday 10th November if possible. My contact number is (09 27) 72 601 0072.

Respectfully,

 (Student)

Samantha S. Earnshaw (MPH)

 (Research Supervisor)
Dr Zola Njongwe (Senior Lecturer)

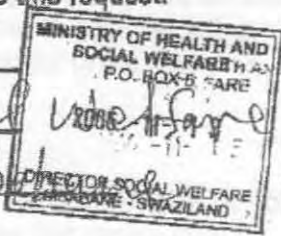
I, ERIC MAZIYA, representing the Department of Health and Social Welfare, Siteki District, consent do not consent consent with conditions (please circle appropriate response) to this request.

Signature: 

Designation: Director Social Welfare

Date: 13/11/06

Place: Mb



APPENDIX C: Assent Form for 10 – 18 Year Olds

Health and Living Conditions of Children in Child-Headed Households study (2006)

My name is Samantha Earnshaw, a student at the University of Pretoria. I am required to do research as part of my studies. I am asking you to take part in this study so that the Department of Health and Social Welfare plus other governmental departments and non-governmental organisations will know what your needs are and be able to help homes like yours where children are taking care of other children.

STUDY TITLE:

The Health and Living Conditions of Children in Child-Headed Households.

INTRODUCTION:

You are being asked to assist us in this research study. This form is to help you to understand what it is about and choose if you would like to take part or not. If there is anything you do not understand about this information please do not be shy about asking the researcher for help.

PURPOSE OF THE STUDY:

Your home has been chosen as a possible participant on a study that is looking at how children who live alone are able to get by on a day-to-day basis. We hope to be able to see what the needs are for a home that someone of your age is in charge of. We will then pass that information to the government departments that may be able to help you, if you need help.

DURATION OF STUDY:

If you agree to take part in this study, we will talk together for about 1 hour.

YOUR RIGHTS AS THE PARTICIPANT:

It is your choice to take part in this study. You can say no if you want to or you can stop our talk at any time. Some of the questions asked are very personal and may cause you to feel uncomfortable or upset. Please understand that you also have the right to skip a certain question you are not happy answering. If you decide to stop our talk or just do not want to take part in this study, you will not be punished and nothing that was going to be given to you will be taken away. If you need help now, please tell the researcher and she will let the department that can help you know.

BENEFITS OF THE STUDY:

This study will allow government and other non-profit organisations to be better at helping your type of home. Please understand that the researcher will only pass the information on to the government and other helpful groups and she does not promise that they will use it.

CONFIDENTIALITY:

All information that will be gathered from you will be secret. Your name or your family member's names will not be told to anyone. By law the researcher is



required to tell you what she finds out from this study and she will try hard to make sure that you get this information.

Please make sure that you have fully understood everything that has been said before signing this form.

ASSENT

The researcher has told me what this study is about and how it will be used to help me. I also understand that I have the right not to participate in this study if I don't want to. I understand that my name and the names of my family members will not be used in any reports.

I can stop this talk at any time if I don't feel comfortable, without being afraid of being disciplined for withdrawing my agreement to take part in this study. I have been allowed to ask as many questions as I want to understand this study and (without being forced to) agree to take part in this study.

Participant's Name: _____
(print)

Participant's Signature: _____

Researcher's Name: _____
(print)

Researcher's Signature: _____

Date: _____

I, _____ hereby confirm that the above participant has been informed fully of what this study is about and how the information gained from it will be used.

Guardian/ Witness' Name: _____ (print)

Relationship to household/ Children: _____

Guardian/ Witness' Signature: _____

Date: _____ Place: _____

APPENDIX D: siSwati Version of Assent Form for 10 – 18 Year Olds

IMVUMO KuBANTFWANA LABANEMINYAKA LENG 10 KUYA 18

Ligama lami ngu Samantha Earnshaw, longumfundzi eNyuvesi yase Pitoli. Kusweleke kutsi ngente lucwaningo loluyincenye yetifundvo tami. Ngicela kutsi ube yincenye yalolucwaningo khona litiko leTemphilo Nenhlalakahle kanye naletinye tinhlangotsi takahulumende kanye naletinye tinhlangano letingekho ngaphansi kwaHulumende titewutatisisa kahle kutsi tidzingo tenu tiyini batewukhona kusita emakhaya lafana nelakini lapho bantfwana banakekela labanye bantfwana.

SIHLOKO SELUCWANINGO:

Temphilo kanye Nenhlalakahle yebantfwana emakhaya lagadwe ngulabanye bantfwana.

SINGENISO:

Uyacelwa kutsi utewusita kulolucwaningo. Lelifomu lentelwe kukusita utewuvisisa lokutawentiwa ubese-ke uyakhetsa nangabe uyafuna kuba yincenye yalomsebenti noma cha. Nakukhona longakuvisisi kahle ngalomsebenti, ungasosaba kubuta, lolophetse lolucwaningo akunike lusito.

UMGOMO WALOLUCWANINGO:

Likhaya lakini likhetfwe kutsi libe yincenye yalolucwaningo loluhlolisisa kutsi bantfwana lasebahlala bodwana baphila njani lilanga ngelilangas. Setsemba kutsi kutawutfolakala kahle kutsi banatidzingo tini kulamakhaya lapho umuntfu longangawe angamele lelikhaya. Imiphumela yalolucwaningo itawubese yendluliselwa kuHulumende longabese uniketa lusito, naludzingekas.

BUDZE BESIKHATSI SALOLUCWANINGO:

Nawuvuma kuhlanyela kulolucwaningo, sitawukhulumisana nawe sikhatsi lesilihora linye.

EMALUNGELO AKHO NAWENTA LOMSEBENTI:

Utatikhetsela wena kwenta lolucwaningo. Ungasho kutsi cha nawungafuni noma usho kutsi sale siyekela inkhulumo. Nawungakuja bulisi umbuto lotsite ungasugalaja. Nawufuna kuyekela noma ungasafuni sanhlobo kwenta lomsebenti kute lotakujezisa futsi ngeke wemukwe lobekufute ukutfole. Nangabe udzinge lusito nyalo, ncono utjele umphatsi walolucwaningo khona atekwatisa luhlangotsi lweNhlango lengakusita.

IMBUYISELO YALOLUCWANINGO:

Lolucwaningo lutawusita Hulumende naletinye tiNhlango letingasebenteli inzuzo ekusiteni emakhaya lanjengalelakho. Kufute kuvakale kahle kutsi umcwaningi utawendlulisela umbiko walolucwaningo kuHulumende nakuletinye tinhlangano tekusita umcwaningi aketsembisi kutsi vele batawusebentisa.

TIMFIHLO:

Yonkhe imininingwane letawubutfwana kulokucwaningo itawuba yimfihlo. Ligama lakho nemagama emalunga emndeni wakho ngekhe abhabatwe kunoma

ngubani. Ngekwemtsetfo umcwaningi uphokelelekile kukutjela ngemphumela welucwaningo kantsi futsi utawetama ngemandla akhe onkhe kutsi uwutfole umbiko walolucwaningo. Ucelwa kutsi ube nesiciniseko sekutsi uyayivisisa yonkhe imininingwane yalokukhulunywe ungakasayini lifomu.

IMVUMO

Umcwaningi ungitjelile kutsi lolucwaningo lungani futsi nekutsi lutawusetjentiswa kusita mine. Futsi ngiyevisisa kahle kutsi nginelilungelo lekungatimbandzakanyi nalomsebenti nangingafuni. Ngiyevisisa futsi kutsi ligama lami nemagama ebantfu bemndeni wami angeke asetjentiswe kulombiko.

Ngingayekelalengkulumo nomanini uma giva ngingakhululeki ngayo ngaphandle kwekwesaba kujeziselwa kutsi ngihociseleni sivumelwano sami sekusebenta lolucwaningo. Ngivumelekile kubuta imibuto noma mingakhi njengekufuna kwati kahle hle ngalolucwaningo (ngaphandle kwekucindzetelwa kuvuma kulwenta).

Ligama lalosebentako: _____
(print)

Kusayina Kwalosebentako: _____

Ligama lwemcwaningi: _____
(print)

Kusayina Umcwaningi: _____

Lusuku: _____

Mine, _____ ngenta siciniseko kutsi lesisebenti sitjeliwe ngalokuphelele kutsi lolucwaningo lukhuluma ngani nekutsi umbiko lophuma kulolucwaningo utawusita kuphi.

Ligama Lalongufakazi: _____ (print)

Buhlobo nelikhaya/ Nebantfwana: _____

Kusayina Fakazi: _____

Lusuku: _____ Indzawo: _____



APPENDIX E: Child-Headed Households Questionnaire (English Version)

UNIVERSITY OF PRETORIA, Questionnaire for a study on the Health and Living Conditions of Children in Child-Headed Households in Botswana (2006)

DEMOGRAPHICS

Age: _____ CONTACT: _____

Sex: Female Male

1. How old are you? _____

2. How many brothers and sisters do you have? _____

3. How old are your brothers and sisters?
(List in order of age, oldest first)

4. How many other people live here? _____

5. Are there any elderly people living here? Yes () No ()

6. How many people sleep in the last bedroom? _____

7. Is your mother still alive? Yes () No ()
(Please indicate age)

8. When did your mother die? _____

9. Do you remember what happened? _____

10. Do you remember what happened? _____

UNIVERSITY OF PRETORIA: Questionnaire for a study on the Health and Living Conditions of Children in Child-Headed Households in Siteki, Swaziland (2006)

DEMOGRAPHICS

Area: _____

CONTACT: _____

1. How old are you? _____

2. Sex: Female: ()

Male: ()

3. How many brothers and sisters do you have? _____

4. How old are your brothers and sisters?

(Go to grid on Education - page8)

5. How many other people live here? _____

6. Are there any elderly people living here? Yes () No ()

7. How many people slept here last night? _____

8. How many people slept here last Saturday? _____

9. Is your mother still alive? Yes () No () Don't know ()
(If yes, skip to 9c)

10. Is your father still alive? Yes () No () Don't Know ()
(If yes, skip to 10c)

9a. When did your mother die? _____

10a. When did your father die? _____

9b. Do you remember what happened? _____

10b. Do you remember what happened? _____

DEMOGRAPHICS (continued)

9c. Where is your Mother? _____

10c. Where is your father? _____

9d. Is she well? Yes () No ()

10d. Is he well? Yes () No ()

9e. Is she working? Yes () No ()

10e. Is he working? Yes () No ()

SOCIO-ECONOMICS

SHELTER/HOME

11. Physical Description of Shelter:

11a. Floor: Mud: ()

11b. Roof: Thatched: ()

Cement: ()

Zinc: ()

Other: ()

Tiled: ()

Other: ()

11c. Walls: Mud: ()

11d. Total number of rooms: 1: ()

Stone: ()

2: ()

Brick: ()

3: ()

Cement: ()

4 or more: ()

SOCIO-ECONOMICS (continued)

HOUSEHOLD

12. How long have you been living here? _____
13. Whom does this house belong to? _____
14. Are there any siblings that are **not** currently living with you? _____
15. Where do they stay? _____
16. Are there any ill people that you are looking after right now? (Whom?) _____

SUPPORT/INCOME

17. Do you have any relatives that assist you? _____
18. How do they help? _____
19. How many times in the last month have they come to give you help? _____
20. Do you do any kind of work to earn money? _____
21. Where do you work? _____
22. Do you get any assistance from government? _____
23. Do you get any assistance from anywhere else? _____
24. What kind of assistance do these give? _____

SOCIO-ECONOMICS (continued)

25. Who provides clothes and food? _____
 (If not provided by those mentioned above)

26. How much money do you get a month? _____

27. Who gives this to you? _____
 (If not from employment)

EDUCATION

Children	Age	Sex (M / F)	School (Yes / No)	Grade	Work
House Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					

EDUCATION (continued)

28. Do you attend school? Yes: () No: () Sometimes: ()
29. How do you get there? Walk: () Bus: ()
Car: () Other: ()
29. What Grade are you in? _____
30. If you do not attend school, why not? _____
31. When did you stop attending? _____
32. Do your siblings attend school? What grades?
(Use above table to answer)
33. Who pays for school fees? _____ 32a: Uniforms? _____ 32b. School books?

HEALTH

33. Have you been ill in the last month? Yes: () No: ()
34. If yes, what was the matter? _____
35. Have any of your siblings been ill in the last month? Yes: () No: ()
36. Who? _____ 36a. What was the matter?
- i. _____ i. _____
- ii. _____ ii. _____
- iii. _____ iii. _____
- iv. _____ iv. _____

HEALTH (continued)

v. _____

v. _____

36b. What did you do?

i. _____

ii. _____

iii. _____

iv. _____

v. _____

ACCESS TO HEALTH SERVICES

37. Have you ever gone to the hospital/clinic for yourself or anyone in your home? Yes: () No: ()

(If the answer is no, proceed to question 40)

38. How long (minutes) does it take you to get to the hospital? _____

39. How do you get to the hospital/clinic? Walk: () Bus: () Other: ()

40. When you or your siblings are ill, where do you get medicine? _____

41. Has anyone from the Department of Health visited your home in the past 6 months? _____

42. Has a social worker visited your home in the last 6 months? Yes () No ()

HEALTH (continued)

42a. If "yes" what was the visit about? _____

43. Do you know where the Social Welfare office is in this area? Yes (____) No (____)

DIET

44. What did you eat for breakfast yesterday? _____

45. What did you eat for lunch yesterday? _____

46. What did you eat for dinner yesterday? _____

47. Is this what you eat most of the time? Yes: (____) No: (____)

47a. If not, please explain. _____

48. Are you and your siblings satisfied with the amount you eat at each meal? Yes: (____) No: (____) Sometimes: (____) Most Times: (____)

Questions 49 (including a and b) and 50 are if there are any children under the age of 2 years in the house.

49. What do you feed the baby? _____
(____)

49a. Is that the usual food (s)he eats? Yes: (____) No:

49b. If not, please explain. _____

50. Who helps you care for the baby? _____

HEALTH (continued)

WATER AND SANITATION

51. Where do you get your water? _____
52. How often do you get it? _____
53. How much do you get? _____
54. What do you use it for? _____
55. Do you have a toilet here? _____
56. What kind? Flush: () VIP: () Bush: () Other: ()
57. What do you use to cook food? Gas: () Wood: () Electric: () Other: ()
58. Where do you usually throw away your rubbish? _____

URGENT NEEDS

59. What do you consider to be your most important needs right now? _____
- _____
- _____

HEALTH (continued)

GOVERNMENT AND NGO PROGRAMS

60. Have you ever heard of the Neighborhood Care Points or KaGogo's? Yes: () No: ()

61. If "yes" have you ever been to one? Yes: () No: ()

62. Did you feel that you got a lot of help when you went there? Yes: () No: ()

62a. Please explain. _____

63. Have you heard of "Lelihlombe lelikalela" in your area? Yes () No ()

64. Have you ever gone to this person for help? Yes () No ()

65. Did he / she help you? Yes () No ()

65a. Please explain. _____

HEALTH (continued)

PSYCHOSOCIAL SUPPORT

66. How do you feel most of the time? Happy (____) Sad (____) Angry (____) Stressed or Overwhelmed (____) Other (____)

66a. Please explain. _____

67. Do you know anyone that you can talk to freely when you need to? _____

68. Are there any areas in your community where you can play or get together with other people of your age group? Yes (____) No (____)

69. Do you belong to any social groups (such as youth groups, church groups, community groups) in your area? Yes (____) No (____)

70. If the answer to question (69) is "yes" which ones? _____

71. How often do you join in these activities in your area? _____

72. Has an adult ever treated you in a way that made you feel uncomfortable, angry or sad? Yes (____) No (____)

HEALTH (continued)

73. Did you talk to anyone about this? Yes (____) No (____)

73a. Please explain (why or why not). _____

74. Do you ever feel like you are not welcome in your community? Yes (____) No (____)

74a. Please explain. _____

This concludes the interview. Thank you so much for your time.