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APPENDICES

APPENDIX 1:

CONSENT LETTER TO THE CARE GIVING NGOs

Dear ………………………

I greet you in the blessed name of our Lord and Saviour Jesus Christ.

As we discussed, I am doing pastoral theology doctoral research on HIV/AIDS orphans and vulnerable children living in urban Zambia. I would like to interview and listen to stories of some of those children under your care. Preferably, they should be old enough but below 18 yrs, to tell their own stories freely.

One of the University of Pretoria's conditions for me to be allowed to proceed with research, is to complete an 'Ethical Questionnaire' (see attached copy for your information). This questionnaire is for me to complete and conform to all the conditions attached to it. As you will see, a letter from your institution, confirming that you have allowed me to talk to some of the children under your care, is required.

I should be very grateful if you could please write a letter addressed to the University of Pretoria Faculty of Theology, confirming your permission for me to carry out research. I shall then collect the letter, attach it to the questionnaire and post it to the University of Pretoria. If you have any queries you would like me to clarify, please phone me, and we can arrange to meet at your office at your convenience.

Once again my grateful thanks for your kind assistance in this matter.

Yours in Christ's service

Debbie Shawa

APPENDIX 2:

Student No. 29079137

Researcher's details:

Rev Deborah W. Shawa
P O Box 33548, Lusaka, Zambia
Tel.: 260-211-278043
Cell.+260-966737223   **University of Pretoria**
E-mail: debshawa@yahoo.com

                                    Pretoria 0002 Republic of South Africa
                                    http://www.up.ac.za
                                    Faculty of Theology
                                    Department of Practical Theology

INFORMED CONSENT

2. Title of the Study:

The silent voices of orphans and vulnerable children living in the HIV/AIDS environment in urban Zambia: A pastoral care challenge.

3. Purpose of the study

To gain a holistic understanding of the stories and experiences of orphans and vulnerable children by availing a platform where they can tell their stories and experiences freely.

4. Procedures:

4.1 The researcher will invite parents and guardians of the children to a meeting to explain the nature of the proposed research. The researcher will make it clear that children are free to volunteer to participate in the research, no child will be coerced and there are no repercussions for those who don't volunteer.

4.2 Thereafter permission will be sort from parents and guardians to allow the children who volunteer to participate in the research process. The researcher shall further explain the narrative approach which requires a number of group and individual conversations with the children.

5. Risks and discomforts, e.g. medical risks; fatigue.
Not applicable.

6. Benefits: any personal or societal gains.
The co-researchers are given an opportunity to have their silent voices heard. Their stories may transform them and others in similar situations.

7. Participants' rights
The researcher shall explain to the research participants and their parents/guardians that children have the right to withdraw their participation in the research at any time with no obligation to give reasons, and there will be no repercussions whatsoever.

8. Confidentiality
Children who volunteer to participate will be advised to choose pseudo names for themselves which cannot be traced back to them. Examples of such names will be given.

9. Subject's (research participant's) parent's/guardian's right of access to the researcher
The researcher shall assure the parents/guardians of their right to seek clarity on any issue, should doubts arise during the research process. Contact telephone number shall be given in case they wish to contact the researcher or arrange a meeting.

We, the undersigned, confirm that the above information, covered under points 2 to 9 have been explained, and all questions pertaining to the child's participation have been clarified.

Signed:_____Date:_____

Parent/guardian

Name:_____

Researcher:_____Date:_____

Place+(physical address):_____

_____

Tel. +27(0)12420-2040   Fax +27(0)12420-4016

www.up.ac.za/academic/theology

APPENDIX 3

CONSENT FORM FOR CO-RESEARCHERS/PARTICIPANTS

I have understood the information about the research as contained in the 'Informed consent' form which has been read and explained by the researcher. All my questions have been answered to my satisfaction. I understand that I am free to ask for further information at any stage of the research project.

I understand that:

1. My participation in the research project is voluntary.
2. I shall receive no payment for participating in the research.
3. I am free to withdraw from the research at any time without giving reasons and there will be no repercussions.
4. I am aware that my personal information shall be used in the research report under my pseudonym.
5. I am aware of what will happen to my personal information at the end of the research project.

I am willing to participate in this research project.

_____

(Name of participant)   (Signature)

_____

(Date)

APPENDIX 4:

GUIDING QUESTIONS FOR CO-RESEARCHERS' INTERVIEWS

1. What is your name?
2. When and where were you born?
3. Tell me about your family.
4. How is life without your parents?
5. How did you find your way to this place?
6. What is going on now?
7. How do you think children like yourself should be treated by society?

APPENDIX 5:

INTERDISCIPLINARY TEAM REFLECTIONS

1. SOCIAL WORK

My name is Susan Kirimania and I am a Social Worker. I have worked with a project dealing with abused children.

When reading the stories of the children orphaned by AIDS and vulnerable children, I am concerned by the multiple problems faced by these children. The extended family members mistreat the vulnerable children in several ways including: lack of social support, subjugation to child labour, violence, sexual abuse, discrimination and stigma and removal from school. In addition, there is property grabbing that lowers the child's standard of living. These are all violations of the children's rights.

The Social Work profession promotes social change, problem solving in human relationships and the empowerment of people to enhance well being. Utilising theories of human behavior and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work. As a profession, social work relies on transdisciplinary descriptions and explanations of social problems for the development of scientifically based action guidelines (methods and strategies). Therefore, social work's perspective on the stories of the orphans and vulnerable children would focus on the failure of the social system. The transactions between individuals as members of the social system can be cooperative, competitive, conflictive, exploitative or destructive.

The systems theory focuses on how persons interact with their environment. According to this theory, society is made up of different systems of interrelated parts constituting an ordered whole. Each subsystem impacts all other parts and the whole system. The subsystems include family, economic, religious, political, health, education institutions which make up a whole and if there are problems in one institution, it has an impact on the other.

The number of orphans and vulnerable children has escalated drastically due to the high prevalence of HIV and the extended family and communities can no longer cope. Government structures are also struggling to harness the impact of AIDS on children and their families. Therefore, social workers view this as failure of one system which has had an effect on other systems. But, the government has the responsibility to provide special protection for children deprived of their family environment and to ensure that alternative family care or institutional placement is available. In the absence of support, there will be long-term developmental impacts on the children and the country. Also failure to support the children to overcome the trauma will have a very negative impact on society and might cause dysfunctional societies.

Yes, the social work's perspective will be understood and appreciated by scholars from other disciplines because social work's theoretical base for explaining and finding solution to social problems relies on knowledge borrowed from other disciplines such as sociology, psychology, economics.

S. KIRIMANIA (Bsw,MCD)

2. PSYCHOLOGY

A. V. Malumbe

1.When reading the stories of the children orphaned by AIDS and vulnerable children, my concerns in relation to the attachment theory would be the following:

1.From the personal stories of children orphaned by AIDS and vulnerable children, several points of concern in relation to attachment theory arise. Among the issues that come out prominently include:

a. **Loss and grief** as observed in the way children relate to memories of their deceased parents in their narrations. Almost all stories bring out comparison of their parents relationship to that of the current caregivers

b. **Relational violence and trauma** as exposed in the case of Barbra who witnessed the fathers beating of the mother which consequently led to her death.

c. **Parenting styles** were children fail to form secure attachment to the other care givers as observed from failed relationship with the remaining significant others.

d. **Lack of proper and adequate care** from the society as witnessed in the quest for proper attention given to orphan and vulnerable children especially in foster care homes. " a society is as strong and secure as it cares for its weakest members"

e. **Child headed families** is another concern accounted for especially in the case of Maria who assumed roles of a parent and reducing her privilege of childhood to fend for her sibling for survival. We also see single parents exposing their children to foster parents that lead to detachment.

f.

Although it is important to note that from the narrations children that went to care homes adjusted well and did not show serious separation anxiety.

g. **Unresolved loss leading to psychopathology**. This is quite evident especially with the thought that the next parent or sibling would leave them as witnessed in Preta's case that had separation anxiety due to the siblings that left her with parents. A lot of disorganization in thought and presentation of narration among almost all orphans and vulnerable was observed with left a lot of inconsistencies. Phobias also developed as in the case of Ketty Perry who started fearing of remaining alone for fear of being sexually abused by her uncle.

h. The type of **attachments that the children in similar situation develop** is another source of concern. This came out clearly in the way the children who are orphaned and vulnerable chose their future careers as well as the way they advocated for the well being of other children who are orphaned and vulnerable when asked about their future aspirations and request to make to the government.

All in all the characteristics that the children exhibited qualify for classification in insecure, ambivalent and disorganized attachments.

2. The unique attachment perspectives on the children's stories

Some of the unique perspectives of these personal stories with regard attachment are that almost all the children lost their parents in the early years when they had not established strong attachment with the larger society. The perspective of unresolved grieving seems to be cross cutting and consequently children exhibit strongly attached to their deceased parents. The continuing bonds seem prominent and could be leading to the challenges they faced in living with other attachment figures (uncles and aunties).

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The orphans and vulnerable children were developing attachments among each other in care centers an indication that, with shared and common circumstances people develop attachments. The other perspective is that early attachments are more enduring as observed in the continued relationship among siblings in the stories told. Generally the orphaned and vulnerable children are comfortable to be in care centers where there is less relational violence and their bonds with the deceased continue through receiving material and spiritual support from the foster parents. The Freudian perspective of psychodynamics is quite plausible when relating to the stories. There is more in these narrations unresolved conflicts arising from caring for parents with terminal illness, witnessing relational violence, eventual death of parents and shocking changes that culturally occur during loss and grief.

3. Why would my perspective be understood and appreciated by scholars from other disciplines?

This perspective would be understood from the other scholars especially those dealing with mental health, sociology, theology and counseling in that the process of loss and grief as well as vulnerability create child headed homes that society has to deal with. Most children who are a misfit in society are product of disintegrating homes that social workers and counselors need to mend. The consequences of delayed intervention by mental health practitioners will entail victims having psychopathological challenges. Children that fail to copy with circumstances according to standards of a given society end up on the street and other unfavorable homes were they become perpetuators of unacceptable activates which include drug abuse and being sexually abused in cases of the weak. Based on these arguments other disciplines need to come in and support attachment theory to build resilience in children.

B. Latria M. Nanyangwe

When reading the stories of the orphans and vulnerable children, my concern in relation to the attachment theory are as follows:

Child headed Homes; children seem to take roles of a parent by looking after their siblings as in the case of Maria who at the age of 10, could take care pf her three year old brother and her 18 year old paralysed sister. Maria had a disorganised attachment like other orphans in the stories and could not tell whether she was young or old to fend for her siblings and other children left by her cousin who got married. Not only Maria, but also Pretta is an example who can be cited as one who in her childhood took care of her terminally ill father. Generally, these in turn are engaged in child labour for their survival.

Disorganised Attachment: - So much is inferred from the stories that Disorganised kind of attachment is coming out prominently. This is due to the experience that these children have gone through. The children were orphaned at tender ages though some could already have early attachments with their parents. Nevertheless, taking them in by other care givers like Aunties and uncles contributed to them having disorganised kind of attachment. Most children portrayed lapses in behaviour like in the case of Ketty who 'claimed' the uncle wanted to sexually abuse her. Following her explanations very carefully, she is in a disillusioned state and has negative feelings about the uncle because of the discussion he had with the wife of not wanting her (Ketty) at home due to her HIV status.

Apart from disillusions, most children experienced separation anxiety Disorder. Because they witnessed the deaths of their parents, they were scared that even the ones who took them in would also die, as most of the children witnessed not only their parents' deaths, but also that of their grandparents and uncles who were their only hope. **Psychopathology** is also seen in Maria who was so attached to her sister that she wished she (her sister) was not separated from her. **Unresolved loss** was another issue that was coming out from these children.

Relational Violence:- another concern that is seen in these stories, children witnessing the death of parents due to partner violence like the case of Barbra whose mother died because of her being beaten by the father. This traumatized the child and blamed herself as always the case with children who witness relational violence. Another violence most children are bringing out is verbal where they were being reminded of going back to their parents who had already died. In addition, Relational violence is also seen in the way the children were stigmatized as in the case of Katty whose social activities were withdrawn by her supposedly caregiver due to HIV status.

Orphanages or Foster Homes:- This is another concern that is coming out in relation to Attachment theory. The children seem to be happy in foster homes than in homes of their relations. Parents in the orphanages mentioned seem to 'put a smile' on these children faces and according to the attachment theory, many foster/adoptive parents are taught about child-parent attachment and are encouraged to define attachment for themselves especially that these children's attachment is disrupted. In this case, we see Mrs Malik and the sisters (nuns) as some of the people putting a smile on the orphans.

Loss of Grief is another concern in relation to attachment theory.

Continuing bonds are seen in these children's stories. An example is seen in Pretta's story who still remembers good things about the father e.g. buying her a packet of Lollipops and many others. Apart from that, nearly all the children's stories bring out controversies concerning grief. The children seem to be in the final phase of grieving when they are gradually getting attached to the foster parents, though showing some Attachments to the lost ones.

Not only the above are seen in these children, but also spiritual concerns, Policy on support of OVC and also parenting styles are some of the issues that are brought in relation to the Attachment Theory.

2.   **Unique Attachment Perspective Derived are;**
          The Aspect of Loss and Grief

The nature of attachment between a child and attachment figure determines the nature and degree of grief and the subsequent mourning that the child undertakes. An example is seen in Pretta who seemed to be more attached to the father as she talks more of her father's death than her mother. Maria too, shows much grief on her sister's death than that of her parents. On the other hand, those that did not experience early bonds with their parents seem not to grief but attached to the foster Homes and early fostering creates positive new bonds. The case of Horace and Oliver, who concentrated on Education and other financial ventures, shows an example of early fostering.

Relational Violence

The aspect of relational violence is derived from the stories. This is seen in almost all the children. This violence is seen in various forms some of them being witnessing partner violence leading to death, stigmatization, verbal abuse, child labour and many others to mention a few.

Aspect of Early Bonds and continuing bonds:-

Early attachment bonds are believed to create a positive attachment with the attachment figure. Children who went in the orphanages when they were young seem to be doing fine and worry no more. Continuing bonds are also seen as children who are grieved seem to still be attached with their dead attachment figures.

3. Scholars from other Disciplines

The above perspective would definitely be understood by scholars from other disciplines like Sociology in the sense that sociologists deal with the society and for them to understand the societies, they have to understand what goes on in the society (s)

The other discipline that would understand the above perspectives is that of Counselling. This is so because, for such children to be complete psychologically, they have to share the burden with people who would counsel them and this is the task of counsellors. In addition, the Education discipline is another sector that would understand the above in the sense that Grief and Loss, has to be taught thoroughly for one's life to continue. Above all, Mental Health practitioners would understand very well as some of the above lead to psychopathology if not handled very well.

In conclusion, most disciplines would understand the perspective as no single discipline would handle the above situations single handed but in collaboration with others.

DR. L M IMASIKU (CLINICAL PSYCHOLOGY)
UNIVERSITY OF ZAMBIA