

GROWING UP IN CHILD-HEADED HOUSEHOLDS IN GA-MAJA VILLAGE IN
LIMPOPO PROVINCE: NARRATIVES OF YOUTHS AND CAREGIVERS

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in the School of Applied Human Sciences. Discipline of Psychology, College of
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DECLARATION

A thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy in the School of Applied Human Sciences. Discipline of Psychology, College of Humanities, University of KwaZulu Natal

I, *Mmemeru Lephondo* (Student Number: 211560841), declare that:

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DEDICATION

All things are possible through Christ, who strengthens me. He knew me from my mother's womb.

This beautiful piece of work is dedicated to my late beloved father, Mohwiliri Thomas, and to my mother, Dikeledi Lephondo, who raised me. "Batswadi," thank you for your exclusive parenthood.

ABSTRACT

This study explored the narratives of youths heading youth-headed households, the caregivers (who support the community) and the elders living in Ga-Maja, a village in the Limpopo Province. This study is based on a qualitative research approach that is narrative in nature. The Afrocentric Theoretical Framework also guided this study. Purposive sampling was utilised to select the sample of this study which consisted of ten youths aged between 18 and 35 years, ten elders and ten caregivers from Ga-Maja Village in the Limpopo Province. Individual interviews were used to collect data from the heads of households, elders and caregivers. Thirty participants of both genders were interviewed from a sample drawn from people living in Ga-Maja, a rural area in Limpopo. Most of the participants from youth-headed households and their caregivers were female because of the gendered nature of caregiving that was seen to be culturally inclined. All the participants narrated their lived experiences, challenges and dilemmas about growing up in child-headed households in the Ga-Maja Village in the Limpopo Province.

This study used narrative data analysis based on a Thematic Data Analysis Method to analyse the data collected through interviews. The results were analysed from an Afrocentric point of view and shed light on the authentic narrations of the participants. The findings of this study revealed many challenges experienced by the heads of youth-headed households and caregivers. According to the findings, the Ga-Maja community is still traditional, led by the chief, *indunas* and elders who support the community. Spirituality and the Ubuntu orientation of the community are among the key attributes that sustain the lives of the youths heading youth-headed households. Despite their economic hardships, narratives of hope were evident, as well as a longing for a shared or common sense of identity. A complex gendered dimension of caring emerged in the form of bathing and personal care, transactional relationships and the disproportionate burden of caring assumed by females. The study recommends that youth-headed households be improved by creating jobs for youth-headed households, training caregivers, establishing a mentorship programme, and providing financial support to them. Hopefully, this study will enhance the quality of support provided to youth-headed households, contribute to the advancement of new knowledge, motivate community leaders to improve their traditional methods of supporting youth-headed households and assist policymakers in the design of YHH programmes and policy revision.

Keywords: youth-headed households, *heads of youth-headed households, caregivers, elders, growing, narratives, challenges, poverty, Afrocentrism, spirituality, interconnectedness, Ubuntu*

LIST OF ACRONYMS

AIDS	Acquired Immuno- Deficiency Syndrome
APA	American Psychological Association
CG	Caregivers
CHH	Child-headed household
DOH	Department of Health
DSD	Department of Social Development
DSD	Department of Social Development
ELD	Elders
GEP	Geon Educational Programme
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HIV	Human Immunodeficiency Virus
HPCSA	Health Professions Council of South Africa
HYHH	Head of Youth-Headed Household
NACCW	National Association of Child Care Workers
NGO	Non-Government Organisation
NGOs	Non-Governmental Organisations
NPOVC	National Program for Orphans and Vulnerable Children
OVC	Orphans and vulnerable children
OVCY	Orphans Vulnerable Children and Youth
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People living with HIV/AIDS
RDP	Reconstruction and development programme
StatsSA	Statistics South Africa
UKZN	University of Kwa Zulu-Natal

UNAIDS	United Nations Programme on HIV/AIDS
UNCRC	United Nations Convention on the Rights of the Child
UNESCO	United Nations Educational Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
USA	United States of America
USAID	United States Agency for International Development
WHO	World Health Organization
YHHs	Youth-headed households
YHH	Youth-headed household

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CHAPTER 1

INTRODUCTION

“Afrocentricity is a frame of reference wherein phenomena are viewed from the perspective of the African person... It centres on placing people of African origin in control of their lives and attitudes about the world (Asante 1991, p,172).”

1.1. INTRODUCTORY STATEMENT

Many children worldwide face the challenges of growing up in child-headed households (Diago, 2020; Mabaso, 2017; Ngconjana et al., 2017; Sebola et al., 2020; UNAIDS, 2010; World Health Organization [WHO], 2010). This study focuses on narratives of the heads of youth-headed households, elders and caregivers in Ga-Maja Village, situated in the Ga-Maja Traditional Authority in the Limpopo Province of South Africa (SA). The concept “*household*” refers to one or more individuals who share cooking and eating plans, while the concept “*household head*” refers to the person who is mainly liable for the day-to-day operation of the household (Collins et al., 2016; Foster et al., 1997). This study explored the lived experiences of these youth, their dilemmas, and the causes and consequences of various challenges experienced by household heads in youth-headed households (YHHs). This chapter includes the motivation of the study, problem statement, significance of the study, aim and objectives of the study, clarification of concepts and summary of the research methodology employed.

1.2. BACKGROUND TO THE STUDY

This section provides the background to the study, which focuses on the causes and consequences of various challenges experienced by YHHs. According to Skovdal and Daniel (2012), challenges of child-headed households are experienced worldwide. Studies reveal that globally, child-headed households are caused by many parents' deaths (Earnshaw, 2010; Evans, 2012a). Riaz et al. (2021) confirm that there are 153 million orphans globally. The study also discovered that the main cause of the death of parents is the HIV/AIDS pandemic. According to Global AIDS UPDATE (2021), the latest estimates are that in 2020 37,7 million people were living with HIV/AIDS globally. Evans, 2012b; Meintjes et al., 2009; 2010; Motha and Frempong, 2014; Skovdal and Daniel, 2012 state that the HIV pandemic has created a generation of orphans, which in turn, increased the number of YHHs.

The United States of America (USA) is one of the countries with a high percentage of orphans due to the HIV/AIDS pandemic (UNAIDS, 2004). Many young people are orphans in the USA; however, they do not head families as they stay in orphanages (Roberts, 2002). In the USA and other developed countries, young people who are orphans are allowed to be absorbed into and mentored by other families who empower them with skills necessary to sustain their lives (Roberts, 2002). These young people are provided with training, job coaching and employment. Contrary to what is happening in the USA, in Thailand, orphans whose parents died of HIV/AIDS are discriminated against (Wattradul & Sriyaporn, 2014).

Africa, due to the HIV/AIDS pandemic, is also affected by the high percentage of orphans. According to Moyo (2017), YHHs were first noted in the sub-Saharan region in countries such as Uganda and Tanzania in the 1980s and in Zambia and Zimbabwe in the 1990s. However, these households are now typical in countries such as SA, Botswana and Swaziland (United Nations Children's Fund [UNICEF], 2011). The high number of orphans who head households in Sub-Saharan Africa due to HIV/AIDS poses a challenge. In Africa, it is believed that the whole village should care for a child, hence the saying, “It takes a village to raise a child” (Thompson, Falls & Berrian, 2013). The practice of African values is ingrained in an Afrocentric approach to childrearing. It is epitomised by an interconnectedness between the people in the communities as a way of caring for each other. According to Heymann and Kidman (2009), this practice took place because, traditionally, human life was “stable and static”, and the traditional society served as the safety net for the orphans.

In Africa, extended families traditionally take care of the children whose parents have passed on. Taking care means providing food to the orphans, as Van Dijk and Van Driel (2012) reported, whereas taking care of others is important as it instils trust and respect. Families are important for developing personhood since persons are the community's products, and orphans are supported by the community and extended families (Foster et al., 1997; Letseka, 2013a). This tradition depicts “Ubuntu”, which denotes assisting people through humane relationships (Ramose, 1999; 2002). Through the perspective of Ubuntu, people become complete in interacting with others and realise the importance of others through sharing and caring (Gade, 2012). In keeping with African tradition, neighbours are willing to provide for the basic needs of orphans. In Africa, the eldest child takes charge of the household in the absence of the parents (Foster et al., 1997; Moyo, 2011; UNAIDS, 2004). This type of care manifests itself through humanity, which is shaped by the interaction of human beings, as interaction does not allow a person to live alone (Letseka, 2013b; Mbiti, 1970; Ramose, 1999).

According to Francis-Chizororo (2010), Zimbabwe has a high rate of YHHs, and the communities support them. Francis-Chizororo further states that Zimbabwe is coping very well with YHHs because they follow

the traditional way of childrearing, where the extended families, communities and friends care for the orphans. Similarly, this is happening in Zambia, where young people head households even before the death of their parents (Payne, 2012). The author further states that in Zambia, the young people head the families because the HIV/ AIDS pandemic incapacitates their parents or because the parents work away from home. Therefore, friends, relatives and neighbours support these young people. This type of support reflects the interdependence and interdependence of African people who can pull through in challenging times (Evans, 2010)

SA is also affected by the challenges of youth-headed households. Additionally, the country has the highest number of people living with HIV/AIDS (Akintola, 2006; 2008). Hall et al. (2018) contend that three-quarters of children who head households are mainly in Limpopo, Eastern Cape, Mpumalanga and KwaZulu-Natal. The HIV/AIDS pandemic caused the deaths of many parents, and young people are forced to head families (Earnshaw, 2010; Human & van Rensburg, 2011). As a result, in 2001, the South African government initiated a home-based care system (Akintola, 2006). Due to the high number of patients cared for in hospitals, this initiative was considered a way of reducing overloaded public health facilities that could not cope with the demand (Akintola et al., 2013; Bauman et al., 2006). Likewise, volunteers attached to non-governmental organisations (NGOs) offer caregiving. Volunteering requires time and energy to provide services that benefit individuals or the community without expecting financial or material gain (Akintola, 2010). Therefore, this study explored the lived experiences and challenges experienced by child-headed families in Ga-Maja Village, situated in the southeast region of Polokwane, the capital city of the Limpopo Province.

1.3. MOTIVATION FOR THE STUDY

The researcher was motivated to conduct this study due to the high rate of parents' deaths caused by HIV/AIDS in Ga-Maja Village Traditional Authority in Limpopo Province of South Africa. Ga-Maja is an under-resourced rural community which has YHHs related challenges. According to the census, the number of households headed by children or youth between the ages of 10 and 35 in Limpopo was 18,023 in 2011 (Statistics South Africa [StatsSA], 2011). The next census that was scheduled for 2021 was deferred due to COVID-19. The young people heading youth-headed households in Ga-Maja face many challenges. The YHHs are extremely poor, do not have enough food and clothes, and live in dilapidated houses. The Limpopo Province, Ga-Maja Traditional Authority, NGOs and community members endeavour to support these young people. The researcher sought to explore the lived experiences and current challenges experienced by orphans living in youth-headed households to recommend strategies that could enhance the lives of orphans, particularly those in YHHs.

1.4. STATEMENT OF THE PROBLEM

The main problem of this study is the lived experiences and challenges faced by households headed by young people in Ga-Maja village. The study sought to understand the lived experiences of the young people heading households to articulate their stories and narratives from their vantage position. The village is located 40 kilometres from Polokwane and has many youth-headed households attributed to parents' deaths mainly due to the HIV/AIDS epidemic (Skovdal & Daniel, 2012; Earnshaw, 2010; Evans, 2012:b).

Foster et al. (1997) report that the family and the community traditionally served as a safety net to assist orphans. This is confirmed by Mkhize and Frizelle (2000), who assert that in traditional African villages, it is the normative ideal that extended families and communities participate actively in raising orphans. However, due to the alarming increase in deaths, extended families and communities can no longer support the orphans, as they find themselves overstretched (Earnshaw, 2010; Human & van Rensburg, 2011). Due to economic hardships, many people focus on caring for their immediate families. The challenges faced by extended families and communities leave the orphans on their own to care for themselves, and young people are forced to head the families. The challenge is that these young people are not yet ready for responsibility (Earnshaw, 2010; Francis-Chizororo, 2010). Therefore, the primary aim of this study is to explore the narratives of young people heading youth-headed households and the narratives of caregivers and elders about youth-headed households in Ga-Maja Village in the Limpopo Province. The study also sought to explore their sources of social support, as articulated by the young people and the community-based caregivers.

1.5. SIGNIFICANCE OF THE STUDY

Although YHHS have received substantial attention in the media, relatively, there is little research dedicated to understanding the experiences of YHHs (Gono, 2015; Lethale & Pillay, 2013). According to Botha (2014), numerous studies have been conducted on youth-headed households, however, there is a dearth of research on the personal experiences of young people heading households. The outcomes of this research may benefit policymakers as new insights will be brought to the fore. As a result, the study could improve the lives of orphans, particularly the YHHs. Pursuant to this research, communities may become more aware of the problems YHHs face, thus getting community members engaged in finding solutions.

1.6. AIM AND OBJECTIVES OF THE STUDY

The following aim and objectives guided this study:

1.6.1. Aim of the Study

The aim of the study is to explore the narratives of young people heading youth-headed households and the narratives of caregivers and elders about youth-headed households in Ga-Maja Village in the Limpopo Province.

1.6.2. Objectives of the Study

The following objectives also guided the study:

- (a) To explore the personal narratives and needs of the heads of YHHs and caregivers at Ga-Maja village.
- (b) To analyse the gendered dimension of the heads of YHHs and caregivers.
- (c) To investigate the sources of support at the disposal of heads of YHHs and caregivers.
- (d) To explore the strategies that can be implemented to assist YHHs and caregivers.

1.7. RESEARCH QUESTIONS

The following primary and secondary research questions guided this study:

1.7.1. Primary Research Question

What are the narratives of young people heading youth-headed households and the narratives of caregivers and elders about youth-headed households in Ga-Maja Village in the Limpopo Province?

1.7.2. Secondary Research Questions

- (a) What are the personal narratives and needs of the heads of YHHs and caregivers in Ga-Maja?
- (b) What is the gendered dimension of the heads of YHHs and caregivers in Ga-Maja?
- (c) What are the sources of support at the disposal of caregivers and heads of YHHs?
- (d) What strategies can be suggested to assist the caregivers and YHHs?

1.8. THE SCOPE OF THE STUDY

The scope of this study is about the personal narratives, needs, gendered dimensions and sources of support for and the identification of strategies that can assist YHHs in Ga-Maja. The researcher acknowledges that there may have been a massive shift in childrearing practised today compared to the traditional ways. Economics might also influence how people and the community raise orphans, particularly young people heading YHHs. According to Ramose (1999) and Akintola (2006), African philosophy elucidates the concept of interconnectedness, which is the essence of driving social and political philosophies among people. This study focused on the theory centred on the principles of sharing and caring. Mpofo (2011)

asserts that an Afrocentric approach is an all-embracing concept founded on goodwill among people. It refers to the common humanity of Africans, their interconnectedness and spiritual connectedness. Therefore, humanism is all about preserving human dignity, which is the basis for human rights.

1.9. CLARIFICATION OF TERMS

This section focuses on clarifying the main terms in the study to ensure that the readers understand the topic under study. Further clarification will be relayed in later chapters.

1.9.1. Child and Youth-Headed Households

According to MacLellan (2005), the phrase Child-Headed Household (CHH) may be contentious as the term “child” may mean various things to different people. Furthermore, the most acceptable definition of a child is someone under eighteen (18) years old. Similarly, “childhood” may vary in distinct cultures (Chilangwa, 2004). Agere and Agere (2020) describe CHH as households with no adult carers and children living independently. Typically, the older child will care for the siblings, cousins, nephews or nieces. A CHH is defined as a family unit in which the oldest person, who heads the household, is under 18 (UNICEF, 2011). The head of the household matures as s/he takes care of the siblings (Van Breda, 2010; Van der Mark, 2015). According to Ibebuike et al. (2014), after the death of their parents, the head of the household takes charge of the family due to a lack of support from the extended family. A youth-headed household is a family where both parents are permanently unavailable, and the responsibility of running the daily affairs is taken on by a child who is under the age of 18 or a young person under the age of 35 (Germann, 2005a; MacLellan, 2005; Mogotlane et al., 2010; UNICEF, 2011). The term “household” is used interchangeably with the term “family” in this study, and it is described as a unit of economic viability whether or not its members are physically dispersed at any one time (Kayongo-Male & Onyango, 1984).

1.9.2. Caregivers

The acts of “caregiver” and “caregiving” are familiar, but the terms are new, with the first recorded use of the words in 1966 (Oxford English Dictionary, 2010). The concept of “caregiver” consists of two terms: care and giver. The etymology of the word care comes from the old English term, which means mourning, mental suffering, sorrow, or trouble (Oxford English Dictionary, 2010). The term giver is derived from the term given, derived from “*eo-, iofan, iaban,*” meaning to give gratuitously or without compensation (ibid). When the two root meanings are integrated, the term caregiver is described as a person who cares for the needs of dependent people (Cordier, 2014), and caregiving refers to the actions or processes of helping those suffering (Oxford English Dictionary, 2010). The Merriam-Webster Dictionary (2010) defines a

caregiver as someone providing direct care to the elderly, children and chronically ill persons (Germann, 2005a).

According to Drentea (2007), caregiving is providing unpaid assistance and support to acquaintances or family members with psychological, physical or developmental needs. Caregivers manage another person's emotional, spiritual, physical and practical needs (Posner, 2015). In Africa, women are the primary carers of families, the elderly and persons living with disabilities (Chitayat, 2009). Two-thirds of women in SA are caregivers, and this is often accepted as support in African culture (Chitayat, 2009). In this study, “caregivers” refers to those who provide unpaid assistance and support to orphans living in youth-headed households.

1.9.3. Narratives

The term “narrative” is described as a story or an explanation of a series of events or a particular way of explaining or understanding events (Peters, 2013; The Cambridge Dictionary of English Grammar, 2020). On the other hand, Abbott (2021) describes the term narrative as an event or a sequence of events. According to Prince (2003), the term narrative refers to one or more real events communicated by several narrators. In this study, the term narrative will be used to refer to stories presented by the participants, which indicate the lived experience of young people heading YHHs and caregivers in Ga-Maja.

1.9.4. Youths

StatsSA (2016) defines the term “youth” as persons between 15 and 24 years, without prejudice to other meanings. The United Nations uses the terms “youth” and “young people” interchangeably to refer to ages 15-24, with the understanding that member states and other entities use different definitions. According to Colin (2013) and the Cambridge Advanced Learners Dictionary (2020), youth refers to a period between childhood and adulthood. This is a time of experimenting with roles and identities, still void of the problem of social norms and obligations, yet slowly preparing the youngsters for their lives as full members of the social collective. This study uses the terms youth and young people interchangeably and refers to persons heading YHHs.

1.9.5. Afrocentricity

Asante (2001, p.3) defines “Afrocentricity as a manner of thought and action in which the centrality of African interests, values, and perspectives predominate”. Asante (2017) further maintains, “Afrocentricity refers to an intellectual movement, a political view and a historical evolution that stresses the culture and achievements of Africans”. Karenga (1988, p404) defines Afrocentricity as “a quality of perspective or approach rooted in the cultural image and human interest of African people”. Reed et al. (2005) state that

Afrocentricity transforms values, attitudes, beliefs and behaviour. Similarly, Mazama (2002) defines Afrocentricity as a devotion to the best interests of African consciousness and the heart of ethical behaviour, cherishing the idea that “Africanness” is an ensemble of ethics. Hogg, Adelman and Blagg (2010) argue that Afrocentricity is a critical analysis and a interpretation of economy, politics, culture, history, philosophy, language and society from a methodological, conceptual and theoretical framework that centres on the agency of persons of African descent.

1.9.6. Spirituality

Spirituality is a word derived from the Latin root “spirits”. This means breath – the breath of life (Kale, 2004). Piedmont and Leach (2002) define spirituality means humans’ direct relationship with nature, the cosmos and the universe. According to Spencer (2012), spirituality is the acknowledgement of feelings or sense of belief that there is a higher being greater and above humans, and the larger whole of which we are a part, and is cosmic or divine nature. The (ibid) further indicates that spirituality means knowing that our lives are important beyond a mundane daily presence at the degree of biological needs that drive aggression and selfishness. In other words, spirituality implies realising that we are an important part of a resolute unfolding of life in our world. Spirituality includes exploring universal themes such as compassion, love, truth and wisdom, altruism and life after death, with the view that enlightened people or saints have attained and manifested greater degrees (Spencer, 2012).

1.9.7. Orphans

An orphan is described as a person who lost one or both parents. UNAIDS (2002) estimates 660 000 children in SA are orphans due to HIV/AIDS. According to Hepburn (2002, p. 88), an “orphan” is a socially constructed concept that varies in meaning and content to people in different countries and cultures. For example, in some cultures, it refers to children who have lost one parent, while in other cultures, the term is used for children who have lost both parents. Lindblade et al. (2003) describe an orphan as a child who has lost one or both parents. Sloth-Nielsen (2004) mentions that children are orphaned or left alone because of fatal diseases, car accidents or parents migrating or abandoning their children. In this study, orphans are children who have lost one or both parents and living in a YHHP.

1.9.8. Ubuntu

Ubuntu is a complex concept with diverse forms of definition depending on the social context in which it is defined (Mokgoro, 1998). On the other hand, Gade (2012) defines *Ubuntu* as a moral quality of a person or a phenomenon according to which persons are connected. According to Murithi (2006), *Ubuntu* is an African worldview, a philosophy of humanity and community (Murithi, 2006) and a philosophy of

becoming more humane (Tutu, 2004). Kamwangamalu (1999, p 27) defines *Ubuntu* as “a value system which governs societies across the African continent and a system against whose values the members of a community measure their humanness”. Values such as the *Ubuntu* system are not innate but are attained in society and are transferred from one generation to another orally through proverbs, fables, riddles, myths and narration.

The principle of Ubuntu has, over the years, been used broadly to refer to the African philosophy of life (Mokgoro, 1998). This term originated from within African idioms, “*Motho ke motho ka batho*” and “*Umuntu ngumuntu ngabantu*,” translated as “a person is a person through others”, or “I am because we are, we are because I am” (Goduka, 2000; Ramose, 1999). When one wants to praise someone, one says, “*Yu, unobuntu*,” which means that s/he has *Ubuntu* (Tutu, 2011; Gade, 2017). Therefore, this concept originates in pre-colonial African tradition and is linked to indigenous ways of conflict resolution (Swanson, 2005). An all-embracing assumption fundamental to these characterisations is compassionate, generous, friendly, hospitable and caring for his/her fellow beings (Goduka, 2000). An individual with *Ubuntu* is open and accessible to others, optimistic about others, and does not feel vulnerable that others are capable and exceptional; for they possess a proper self-assurance that comes with the understanding that they belong (Tutu, 1998).

1.10. SUMMARY OF RESEARCH DESIGN AND METHODOLOGY

This section summarises the research design and methodology used to conduct the study.

1.10.1. Research Paradigm

According to Wahyuni (2012), a research paradigm involves the researcher’s beliefs and assumptions about the world. The (ibid) further indicates that these are important in guiding the researcher to conduct valid and reliable research. This study is based on a constructivist paradigm. More details are provided in Chapter 3 (cf. Section 3.3).

1.10.2. Research Design

The research design refers to the plan or framework for a study (Creswell & Creswell, 2017; Creswell & Poth, 2016), which is used as a guide in gathering and analysing data. The role of research design is to assist in collecting relevant data with minimum expenditure, time and effort (Tavallaei & Talib, 2010). This study utilised a narrative research design to explore the youth-headed households of Ga-Maja Village. More details on the implementation of the research design are presented in Chapter 3.

1.10.3. Research Approach

A qualitative approach was used to explore the youth-headed households at Ga-Maja. A qualitative approach supposes multiple realities, is committed to the participants' viewpoints and limits disruption of the natural context of the phenomenon under study (Marshall & Rossman, 2014). See Chapter 3 for more details on how the researcher utilised the qualitative approach to explore the narratives of young people heading youth-headed households and the narratives of caregivers and elders about youth-headed households in Ga-Maja.

1.10.4. Population and Sampling

The researcher identified the population and sample of this research. The study population were the heads of YHHs, caregivers and elders at Ga-Maja. The study sample was selected from the study population (Hennink et al., 2020). More details on the population and sample of this study are provided in Chapter 3.

1.11. STRUCTURE OF THE THESIS

This thesis consists of seven chapters. The first chapter (**Chapter 1**) provided the background to the study, focused on the background, problem statement, research questions, aim and objectives, the significance of the study, clarification of major terms, summary of research design and methodology and research outline.

The second chapter (**Chapter 2**) presents the literature reviewed. Primary and secondary sources concerning YHHs are used, reviewed and analysed. The literature review concentrates on a comprehensive review of relevant writings such as the latest articles, journals, major books, monographs and dissertations published nationally and internationally.

The third chapter (**Chapter 3**) critically discusses the theoretical perspective underpinning this study. This chapter focuses on the relevant theories that guide this study, including Afrocentricity, spirituality, African spirituality, connectedness and *Ubuntu*.

Chapter 4 deals with the research design and methodology used in this study. It also outlines and describes the research paradigm, research design, research approaches and methods of investigation, including specific procedures, research population and sampling. Chapter 4 also covers the data collection and analysis methods.

The fifth and sixth chapters (**Chapters 5 and 6**) present, analyse and interpret data. The participants' responses are presented, analysed and interpreted. The data collected through individual interviews are analysed through the thematic qualitative data analysis method.

The last chapter (**Chapter 7**) summarises the findings and recommendations and presents the conclusions. This chapter serves as a synthesis of the study and comprises a summary of each chapter, an overview of the findings and contributions of the study, and make recommendations for future research.

1.12. SUMMARY

Chapter 1 provided the background and scientific plan for conducting effective research to explore the narratives of young people heading youth-headed households and the narratives of caregivers and elders about youth-headed households in Ga-Maja Village in the Limpopo Province. The chapter focused on the research background, motivation of the study, problem statement, aim and objectives of the study, summary of research design and methodology and clarification of terms. Chapter 2 focuses on the literature reviewed, including primary and secondary sources related to youth-headed households.

CHAPTER 2

LITERATURE REVIEW

“Afrocentricity is a recovery and a discovery of place and position that requires a transformative approach to human interaction.” Asante (2017, p.4)

2.1. INTRODUCTION

This chapter reviews various literature sources to understand better young people heading households. The chapter also includes statutory and legislative frameworks, discussions of the literature on YHHs from various countries, roles, challenges and implications for the heads of YHHs and caregivers, and the gendered nature of YHHs’ caring. A literature review refers to a survey of books, other sources and scholarly articles applicable to a particular issue, research area or theory. The review provides a summary, description and critical assessment of these work. Similarly, Bloomberg and Volpe (2018) describe a literature review as searching and evaluating available literature on a subject or topic. The (ibid) further indicates that it forms the theoretical base for research. Therefore, the researcher argues that a literature review describes the literature relevant to a particular field or topic to give an overview of what has been done and who the key writers are.

2.2. THE STATUTORY FRAMEWORK OF CHILD/YOUTH-HEADED HOUSEHOLDS

This study highlights the statutory framework within which youth-headed households in SA can be analysed. Since 1994, numerous legal, regulatory and social mechanisms have been adopted to accelerate provisions for YHHs in SA. The democratic government has used various legislations and regulations to promote the lives of the children living in YHHs, locally and internationally (United Nations Convention on the Rights of the Child [UNCRC]; Lim, 2009; The Constitution of the Republic of South Africa. Act No. 108 of 1996 [RSA]1996; the Children’s Act (No. 38 of 2005) [RSA] 2005; the Children's Amendment Act (No. 41 of 2007) [RSA] 2007); the General Regulations Regarding Children [RSA], 2010).

2.2.1. The United Nations Convention on the Rights of the Child

According to Article 1 of the UNCRC by Engdahl (2019), the term “child” refers to a person below 18 years unless national laws recognise the age of majority earlier”. The UNCRC maintain that every child has the right to protection, care and family and to grow up in a family setting with an environment of understanding, love and happiness (UNICEF, 2009; 2000). This implies that the primary responsibility for raising children rests with the parents in a microsystem. However, when parents are unavailable, the state is responsible for providing the child with alternative care. According to Article 19(1) of the United Nations

Convention on the Rights of the Child, parents protect the child from all forms of negligent maltreatment, injury or abuse, neglect, physical or mental violence or sexual abuse, including exploitation (Sloth-Nielsen, 2004). Article 20 states that when a child is temporarily or permanently disadvantaged by their family circumstances, that child is eligible for special safeguards and support offered by the government. In addition, if family support is inaccessible, the state parties shall ensure alternative care according to their national laws. Lastly, Article 27 indicates that each child has the right to a standard of living enough for her or his development and requires the state to provide material assistance (Sloth-Nielsen, 2004, p.19).

2.2.2. The Constitution of the Republic of South Africa

A child's right to care is enshrined in the "Constitution of the Republic of South Africa (RSA, 1996)". According to Article 28 of the "Constitution of the Republic of South Africa of 1996", children have the right to family care or parental care; when neither is available to a child, they have the right to alternative care. The realisation of children's socio-economic rights with parental care primarily lies with the parents, and the responsibility for meeting these rights for children deprived of parental care lies with the state. The South African government also constituted the Bill of Rights (Act No. 108 of 1996), which is enshrined in Chapter 2, sections 7 to 39 of the Constitution of the Republic of South Africa (Act No. 108 of 1996)", to ameliorate the rights of child-headed households. According to this Act, a household might be recognised as child-headed when the parent, guardian or caregiver has passed on, is terminally ill or has left the children below 18 years on their own in which the older sibling took over the responsibility of a caregiver, in the best interests of all children.

2.2.3. The Children's Act No. 38 of 2005 of South Africa

In SA, child-headed households are based on the "Children's Act (No. 38 of 2005)", which considers what is in the child's best interests. The South African Children's Act is the first national legislation on the African continent in which reference is made to child-headed households. These households are legally recognised as a form of alternative care. However, the Act does not define this type of household (Section 150 subsection 2(b)). The ongoing increase in children without parental care and the chronic deficiency of formal alternative care places has led to this legislation (Sloth-Nielsen, 2010). The Act's purpose is to protect children since they are vulnerable. The Children's Act (No. 38 of 2005) recognises minors' right to bodily integrity and allows them to exercise their autonomy concerning medical treatment and surgical interventions. In section 129(2) of the Act, it is provided that a child may consent to his or her medical treatment or the medical treatment of his/her child if the child or patient is over the age of 12 and is of sufficient maturity and has the mental capacity to understand the benefits, risks, social and implications of the treatment. In terms of section 130 of the Children's Act (No. 38 of 2005), no child may be tested for

HIV except when it is in the greatest interest of the young person and consent has been given as per the following requirements:

- As with medical treatment and surgical operations, a child may permit HIV testing if that child is 12 years of age or older or under the age of 12 but is of sufficient maturity to realise the gains, risks and social effects of such a test (Section 130(2)); and
- It is also possible for a parent or caregiver, the provincial head of the Department of Social Development (DSD), or a designated child protection organisation arranging for the placement of the child to consent to HIV testing if the child is under the age of 12 years or is otherwise not sufficiently mature to understand the risks, benefits, and social implications of such a test (Section 130(2)(b)).

2.2.4. The Children's Amendment Act (2007)

The Children's Act (No. 38 of 2005) was amended in 2007 as the *Children's Amendment Act* (No. 41 of 2007 [RSA], 2007). According to section 137 of the *Children's Amendment Act* (No. 41 of 2007), the family and children have a right to be heard. In terms of Section 137 of the Children's Amendment Act, a household is recognised as a Child-Headed Household if the parent, guardian, or a caregiver of the household is terminally ill or has died, has abandoned the children in the household, there is no adult family member to provide care for the children in the household, a child over the age of 16 years has assumed the role of caregiver, and it is in the best interests of the children in the household. The two legislation Acts are based on acknowledging the provision of access to socio-economic needs by the government. Accordingly, it is pivotal to consider the child's best interests due to various socio-economic and political factors.

2.2.5. The General Regulations Regarding Children (2010)

In SA, all child-headed households are guided by the General Regulations Regarding Children (2010), issued in April 2010 by the DSD as a Government Notice containing regulations regarding children. This Notice elaborates on various provisions in the Children's Act (No. 38 of 2005) and the Children's Amendment Act (No. 41 of 2007). The Government Notice outlines the duties of the adult supervising a Child-Headed Household, including the facilitation of psychological support.

2.3. CHILD-HEADED HOUSEHOLDS

The purpose of this study was to explore the narratives of young people heading youth-headed households and the narratives of caregivers and elders about youth-headed households in Ga-Maja Village in the Limpopo Province. It is, therefore, very important to first acquire and possess an awareness of the concept of a "*Child-Headed Household*" to understand the significance of child-headed households; children are

defined as persons aged between 0-17 years (Hall, 2019:page). According to Germann (2005a), “a Child-Headed Household is a household where both parents or alternate adult caregivers are permanently absent, and the person responsible for the day-to-day management of the entire household is less than 20 years of age” (p 149). Children's Amendment Act (No. 41 of 2007) and the General Regulations Regarding Children (2010) described a Child-Headed Household as a household where practically everyone who lives in the household is 18 years or younger, and the head of the household is responsible for providing leadership and sustenance for the household. According to MacLellan (2005) and Mkhize (2006), the most acceptable definition of a child refers to a person under the age of 18 years; however, one should be cautious about using a quantitative number in differentiating a child from an adult.

According to Mogotlane et al. (2010), a household is a unit that traditionally accommodates a family. The (ibid) further state that several aspects, such as culture, religion, legal frameworks, and social dynamics of communities, usually characterise a household. Murphy et al. (2005) and UNICEF (2000) view a household as an economic unit where members eat from the same pot or sleep under the same roof. The composition and structure of households may change due to disease, death, war, migrant labour, crime, unemployment, conflicts, separation and desertion, contributing to CHH (MacLellan, 2005). In terms of a family, the siblings are related but may not necessarily be related in the household, although they stay under one roof.

The definition of a Child-Headed Household may be contentious as “child” refers to different things to different people. (MacLellan, 2005). According to Freeman and Nkomo (2006), the concept “*Child-Headed Household*” means the formation of a living arrangement consisting of two or more siblings who have lost their parents or other caregivers, in which no adults are present, and the eldest child is both willing and deemed capable of acting as the household head. The (ibid) emphasises that such a child-only household should be distinguished from a Child-Headed Household where ill or otherwise incapacitated adults may still be present. A CHH pertains to a living condition where a child has taken care of a household about decision making responsibilities as well as the role in offering the physical, social and emotional needs of others living with that particular child, under one roof, despite a familial relationship (Le Roux-Kemp, 2013).

Globally, there are many causes of child-headed households, i.e., countries strongly influenced by AIDS-related deaths have witnessed the emergence of child-headed households. HIV/AIDS is regarded as a major factor leading to the establishment of and increasing the number of child-headed households in Sub-Saharan Africa (Mturi, 2012). Due to the HIV epidemic, there has been a marked increase in the proportion of children in SA who are double orphans, and there are also other factors such as migrant labour, failure of extended family to incorporate parentless children, urbanisation, poverty and being abandoned by parents

(Meintjes et al., 2010). Van Dijk and van Driel (2009; 2012) mention an upsurge of child-headed households in Sub-Saharan Africa, particularly in countries with growing populations infected and affected by HIV/AIDS. About 12 million children aged 17 and younger in Sub-Saharan Africa have lost either one or both of their parents and have taken on the responsibilities of caring for their siblings and taking up household work at the expense of their education and other life goals (UNICEF, 2008).

According to the Children's Amendment Act (No.41 of 2007), the provincial head of the DSD can declare a household officially as child-headed when a particular household meets the following four criteria:

- (a) The parent, guardian or caregiver has died, is terminally ill or has abandoned the children;
- (b) There is no adult family member available to provide care for the children in the household;
- (c) A child of 16 years or older has adopted the role of a primary caregiver in respect of a child or children in the household in terms of providing food, clothing and psychological support; and
- (d) The household is in the best interests of all the children involved.

The Act indicates that once a household is classified as a CHH in terms of these criteria, it is registered in a provincial register, and an adult is appointed to supervise it. However, the designated adult supervisor is not authorised to take any decisions relating to the household without consulting the child head or the other children belonging to the household, and the daily decisions concerning the household fall within the domain of the child head's responsibility (Children's Amendment Act No. 41 of 2007). The Act emphasises that the youth-head should be at least 16 years old. The role of an adult supervisor is to assist the children with medical issues, including access to healthcare facilities, and continuously regulate the responsibilities of the children in the household in a manner that develops their self-reliance and promotes their involvement in issues affecting the household. The Children's Amendment Act (No. 41 of 2007) also emphasises that any CHH that does not meet these criteria is never registered and receives no governmental support. According to Phillips-Veeze (2011), a child-only household is a household where members are younger than 18 and have lost both parents or whose parents or primary caregivers are chronically ill.

The concept "youth-headed household" is also described by Le Roux-Kemp (2013) as a household where the older child or children assume most of the parental responsibilities due to the death, illness or incapacitation of the parent(s) or other adult caregivers. The above definitions indicate that a child-only household is a household where a child or adolescent takes on the responsibilities of providing leadership, decision making, daily running, feeding and the maintenance of their brothers and sisters after the passing of both parents and, in other instances when parents are terminally ill.

There are two categories of child-headed households, namely accompanied and unaccompanied child-headed households (Tsegaye, 2007).

- (a) **Accompanied YHHs/CHHs** are households where a young person or a child provides income and care to siblings because parents or primary caregivers are challenged by chronic illness, old age, or disability.
- (b) **Unaccompanied YHHs/CHHs:** In this instance, a young person or a child supports and takes care of siblings without an adult in the household because both parents have died, cannot be found, are unknown or have given up supporting the children due to economic hardships.

In this study, the concept “Child-Headed Household” refers to a household where one of the children (a young person) has assumed the principal responsibility for the household because:

- Parents or primary caregivers are permanently or temporarily absent in the lives of children, and as such, children live on their own because of death, employment (migratory work), abandonment or rejection;
- Parents or primary caregivers were present but abusing alcohol and drugs, terminally ill, or too aged to care for the children; and
- The older child takes care of siblings, nephews, or nieces.

2.4. THE FACTORS THAT CONTRIBUTE TO CHILD-HEADED HOUSEHOLDS

Many studies reveal several aspects contributing to establishing child-only households in communities. According to Tybazayo (2009), in the past, amongst Africans, child-headed households never developed because extended families served as the institutions of support and cared for children in the absence of parents. There are currently many child-headed households because extended families no longer support orphans. Therefore, the withdrawal of extended families is one of the main aspects leading to establishing households headed by children. This finding is confirmed by Sebola et al. (2020), who add that extended families could no longer absorb the orphaned children. The (ibid) further indicates that it was tradition for children who had lost both parents to be absorbed by the extended family, but the HIV/AIDS epidemic erodes this, and relatives are unavailable to deal with the rising number of parentless children.

Consequently, a family headed by a child came up as a new type of family structure. According to Ayieko (2003) and Tsegaye (2007), the situation has resulted in a new form of family structure; a household headed by one of the affected children. The extended families that would traditionally have cared for these orphans are much less able to do so as they are, in turn, financially and emotionally overburdened by diseases. Foster et al. (1997) emphasise that the AIDS pandemic forces many young adolescents into drastically premature

parenting roles. Therefore, it is very significant to explore the impact of HIV/AIDS on families. Gilborn et al. (2001) provides the following regarding the impact of HIV/AIDS on a child's home.

Table 1: *The Impact of HIV/AIDS on a Child's Home*

INCREASED	REDUCED
<ul style="list-style-type: none"> • Poverty • Household responsibility • Psychosocial distress • Vulnerability to abuse, child labour and sexual risk • Stigma and isolation • Hunger • Malnutrition 	<ul style="list-style-type: none"> • Access to food • Access to health services • Access to school • Material goods such as clothes • Guidance, protection and love from adults

The above table indicates that in families, HIV/AIDS increases poverty, household responsibility, psychosocial distress, vulnerability to abuse, child labour and sexual risk, stigma and isolation, hunger and malnutrition. On a psychological level, children are traumatised by the illness of their parent(s). This is exacerbated by the stigma and discrimination attached to HIV/AIDS. According to the UNAIDS (2004), these children have the following experiences:

- **Economic hardships:** This happens when parents do not work and children are not coping with taking on the adult role of supporting the family.
- **Having to leave school:** The pressures of caring for parents and siblings while trying to earn an income can cause children to drop out of school, even while their parents are still alive. The pressure to abandon schooling intensifies when one or both parents die.
- **Malnutrition and illness:** Orphans and other affected children are more likely to be malnourished or fall ill. They are also less likely to receive medical attention and the healthcare needed. Poverty is the root cause of this vulnerability, but neglect and discrimination by adults are often contributing factors.
- **Loss of inheritance** happens when parents die, and orphans lose property and money that is rightfully theirs.
- **Fear and isolation:** Dispossessed orphans move out of their homes to unfamiliar and even hostile environments.
- **Increased abuse and risk of HIV:** Most orphans are at risk because they do not have parents to protect them. Phillips-Veeze (2011) postulates that the formation of CHHs is attributed to children choosing

to remain alone since they do not wish to live apart. Furthermore, they wish to safeguard their deceased parents' belongings out of fear of being exploited by their potential carers; and a desire of a terminally ill parent to keep the family together. Sloth-Nielsen (2004) indicates that children can be orphaned or left without caregivers due to the death of their parents caused by accidents, or parents may migrate and abandon the children. Several parents who had acquired reconstruction and development programme (RDP) homes in the townships abandoned their children to care for themselves while working far from home. Foster (2000) asserts that CHHs are also caused by migrant labour due to the concentration of work in the cities. Foster et al. (1997) state that CHHs are caused by the absence of relatives in the family after the passing of parents. In other instances, the relatives may be known but might not be interested in caring for children. Orphanhood and destitution occur quickly, making it difficult for extended families to adhere to *Ubuntu*. Sometimes the children do not want to move to their relatives' households (Foster, 2000).

According to Tsegaye (2006), after the death of the parents of YHHs, the elder siblings feel empowered with skills transferred by their deceased parent and are confident to take responsibility for the household. In some countries, NGOs assist the YHHs by adopting the home-based approach. According to Germann (2005a), child-headed households may be established because grandparents care for many orphans and households where grandparents have no ties with extended families are especially vulnerable to becoming CHHs after the grandparents' passing. The number of such households is likely to increase in the face of poverty as the number of orphans increases and as caregiving grandparents, aunts and uncles become sick and die (Germann, 2005b).

2.5. YOUTH-HEADED HOUSEHOLDS IN VARIOUS COUNTRIES

According to UNICEF (2000) and Botha (2014), there are many YHHs worldwide, and most of them are linked to the HIV/AIDS pandemic. According to Botha (2014), a young person heading a YHH is any person between the ages of 18-35 whose parent or parents have died. The increasing morbidity and mortality rates among adults due to the HIV/AIDS pandemic, poverty, violence, social exclusion and crime have resulted in growing numbers of orphans and vulnerable children and youth (OVCY) (UNICEF, 2000). Numerous studies have been conducted on YHHs; however, there is insufficient research on the personal experiences of youth heading households. In most studies, youth-heading households comprised vulnerable persons and youth (Akintola, 2004; Evans, 2010).

In the USA, orphans are accommodated at orphanages until they are 18 years old, after which they age out of foster care (Forehand et al., 1999). Furthermore, some orphans are fortunate to have extended family

members, i.e., grandparents, aunts and uncles, who can take care of them. The extended families enable them to be stable and adjust easily without difficulties, and they experience fewer difficulties adjusting to the new family environment (Roberts, 2000).

As in other sub-Saharan countries, Zimbabwe also has youth-headed households. Extended family, community, and friends act as a safety net for orphaned children (Ciganda et al., 2012). The youths only head the families if the extended family is not available. Some children are left to live independently because some close relatives, such as uncles and aunts, do not want to take up the responsibility due to economic strains (Foster et al., 1997). In other instances, the siblings choose to stay together in their own homes because they fear being separated, exploited, and ill-treated by extended families or others simply fulfilling the promises made to dying parents. However, relatives who live near visit them often, but some do not have immediate families who are able to support them. Some relatives do not want to take care of orphaned children because they are afraid of being stigmatised and infected with HIV/AIDS. Francis-Chizororo (2010) reveals that YHHs in Zimbabwe are perceived as a new coping mechanism for responding to HIV/AIDS endemic in communities. The (ibid) reveals that the role of females revolves around domestic care, whereas the roles of males revolve around masculinity and power.

Any person providing for the family is considered the head of the household, irrespective of age. Moreover, males occupy more senior positions than females in YHHs. The NGOs also support YHHs in Zimbabwe, and the projects offered by NGOs target different categories of people, including orphans (Thurman *et al.*, 2006). This is because communities participate through volunteer-based programmes catering to vulnerable groups and orphans. The NGOs also offer a range of multi-sectorial training interventions that support vulnerable groups, such as young people, orphans, YHHs, and women affected by the HIV/AIDS epidemic. Training involves skills training, which positively impacts the lives of affected communities (Evans, 2012b; Thurman *et al.*, 2006). Research conducted in Zimbabwe by Desmond et al. (2000) and Francis-Chizororo (2010) indicates that the YHHs in Zimbabwe are coping very well because they follow the traditional way of childrearing. YHHs in Zimbabwe receive support due to intergenerational relationships with friends and their interdependence with community members.

The 2016 Community Survey estimated that there were 2 400 000 orphans in SA, a decrease from 3 400 000 in 2011 (StatsSA, 2016). The (ibid) goes further to indicate that there were 6 522 YHHs in SA over 70% of YHHs are found in three provinces: KwaZulu Natal, Limpopo and the Eastern Cape (StatsSA, 2016). Mkhize (2006) and Van Dijk and Van Driel (2009) allude to the increase in YHHs, which presents a solid motivation for undertaking the current study. According to Pillay and Nesengani (2006), child-headed families in SA initially emerged as a concern during the apartheid era when many African parents in rural

areas left their children and moved to urban areas to seek employment. However, currently, HIV/AIDS contributes greatly to the existence of families headed by orphans. The scourge of HIV/AIDS has affected many families, especially those in rural areas (Human & van Rensburg, 2011).

2.6. THE ROLE OF YOUTH/CHILD AS HEADS OF HOUSEHOLDS

A head of household is the person mainly in charge of the day-to-day running of the household, including breadwinning, household supervision and childcare (Foster et al., 1997). Moreover, Gomba (2018) indicates that employed YHHs might care for siblings who may be school going. Other YHHs take care of critically ill parents. While orphaned and vulnerable children are, in terms of African traditions, usually cared for by family members or other elders in their communities, the dreadful effects of HIV/AIDS left many young people in charge of households, caring for siblings, relatives and even the elders in their family (Le Roux-Kemp, 2013). The 2007 Children's Amendment Act announces that households headed by orphaned minors may be recognised legally as a placement option for orphaned youths (RSA, 2007). The Act also emphasises that a person aged 16 or older should care for the siblings in the best interests of all persons belonging to the household. A young person becomes a leader of a household when a parent or primary caregiver is terminally ill or has died, and no adult extended family members are present to support the children.

Due to these challenges, youths assume the role of primary caregivers, provide food and clothing and seek psychological support for their siblings. Most orphans who take care of their households do so because they have no other option. However, the Children's Amendment Act (No.41 of 2007) shows that households with persons 16 years or older who live independently are not considered CHHs. According to Sloth-Nielsen (2004), the youth heading households assume parental responsibility after the death of their parents. Parentification is a process where a young person heading the household assumes the role of the deceased parent (Moffett, 2007). They find themselves obliged to care for their siblings as primary caregivers, and it becomes their responsibility to ensure they provide the necessities. The role of the parent has been transferred to the oldest sibling in the household, as the YHHs are responsible for providing the necessary material support to the siblings (Phillips-Veeze, 2011). The responsibilities of youths heading the family are important as they oversee the running of the family and decide on important matters concerning the household (Le Roux-Kemp, 2013). Phillips-Veeze (2011) indicates that children should not be forced to be leaders of households at the cost of their childhood because children need time to be children.

According to Germann 2005(a), children play an important role in the upbringing of younger siblings in many African countries, but a child as head of a family has to be considered a deviation from the norm. The care provided by a child-head is mostly multi-dimensional because it includes care for self, for siblings and

sometimes for one or more incapacitated adults. Germann 2005(b) emphasises that child's heads have a significant role in households, and they should not be compelled or manipulated into assuming an adult role because they are still unprepared children, and forcing them to be leaders violates their rights.

According to the *Children's Amendment Act* (no 41 of 2007), a household headed by a child should be under the supervision of an adult, designated by the Children's Court, by a government organ or by an NGO appointed by the provincial head of social development. The adult should possess the requisite competence to supervise the household and carry out responsibilities per the court's instructions. The designated adult is always a paid community worker, supervising more than one family rather than an individual providing a service voluntarily. Section 137 Children's Amendment Act (no 41 of 2007) indicates that day-to-day decisions concerning the household, such as all decisions on the running of the household and those relating to custodial responsibilities for the other children belonging to the family, should be taken by the child-head. Figure1 and Table 2 below illustrate the hierarchy of child-headed households:

Figure 1: The hierarchy of child-headed households

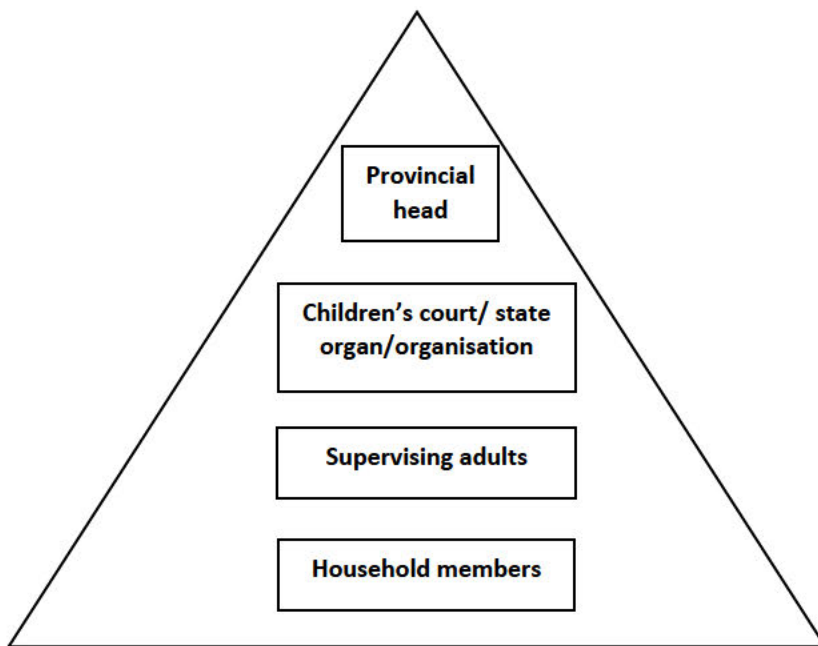


Table 2: *The Hierarchy of Child-headed Households*

ACTOR	RESPONSIBILITY
Provincial Head of Social Development	Recognition of child headed households.
Children's Court	Appointment of supervising adult Placement of a child in a child-headed household.
State organ	Appointment of supervising adult.
Designated organisation	Appointment of supervising adult.
Supervising adult	Provision of guidance, collection, and administration of grants
Child head	Runs the household's main caregiver custodial responsibilities
Other household members	Co-decide when age, maturity and stage of development allow this.

According to Table 2 above, the role of the adult in the Child-Headed Household is to ensure that children of school-going age attend school and assist with the supervision of their homework. The supervising adult must educate the family in basic health and hygiene and, where appropriate, on sexually transmitted diseases. Another role of the supervising adult is to assist the children in obtaining the required legal documents. In conjunction with the children, the adult must regulate the responsibilities of children in the household to develop their self-reliance. In addition, their involvement in issues affecting the household should be promoted. The adult supervisor must also ensure that a suitable supply of resources is required for the children's basic needs and proper use of these resources and financial records are to be kept. The adult supervisor should also utilise available child protection services to safeguard the children's wellbeing and safety. Any occurrence of abuse or the death of a child must be reported to the appropriate authority or official. When required, the adult should be available after hours. In consultation with social services, the supervising adult should always establish contact between the children and their parents or relatives where possible and appropriate. The supervising adult is also expected to assist the head child in complying with their responsibilities. In consultation with the children, the head of the Child-Headed Household must compose and sign a monthly budgetary plan. This plan and all related documentation must be submitted to the government organ or the Non-governmental Organisation (NGO) at the end of each month. Another role of YHHs and the supervising adults is to administer and apply for any grant or assistance eligible for households; in cases where the designated adult performs these tasks, he is accountable to the NGO or the

government. The *Children's Amendment Act* (No. 41 of 2007) indicates that a 16 or 17-year-old child who lives alone is not eligible for a Child Support Grant because he cannot be recognised as a Child-Headed Household, whereas a child-head of the same age is allowed to apply for a grant for himself, as well as the children for whom he cares.

According to Annexure B, Part III, Section 11 Government Notice of General Regulations Regarding Children in South Africa (2010), another role for the CHH is to effectuate the norms and standards of the households by protecting the following rights of the children who live in child-headed households:

- Children living in a Child-Headed Household should not be exposed to any harm;
- The children should be protected from violence, (sexual) abuse, ill-treatment, and child labour, as well as from community risk factors;
- A Child-Headed Household to which a disabled or chronically ill child belongs should receive support to enable the ultimate development of this child;
- The household should be assisted in applying for special assistance, for which a child is eligible;
- Children belonging to a Child-Headed Household are entitled to participate in all issues concerning the household; and
- A Child-Headed Household must be visited at least once every two weeks to monitor and supervise the household.

Although the children who are heads of households are supported by the government and supervising adults, they face many challenges. Some of the challenges experienced by children as heads of households include the psychological trauma of witnessing a parent's illness, dealing with death, the absence of adult guidance and mentoring, and the unmet need for love and security (Sloth-Nielsen, 2004). These children also have difficulty raising younger siblings after the primary caregiver has died, continuing with schooling and obtaining social grants, food, housing and health care (Maqoko & Dreyer, 2007). Furthermore, the children who are looked after by another child do not receive the kind of alternative care they are entitled to. Phillips-Veeze (2011) emphasises that children living in child-headed households are abominable, not only do they suffer from parental loss or psychological trauma or orphanhood and the ensuing social stigma, but they also experience extreme poverty, malnutrition, high levels of psychological and emotional strain, anxiety and generally drop out of school due to household responsibilities. Children/Youth heading households are supposed to be responsible for their siblings; however, they experience challenges as health care services are mostly inaccessible and unavailable, their inability to access social benefits due to age, and isolation from society as well as lack of experience in taking care of their household responsibilities (Le Roux-Kemp, 2013). Therefore, child-heads are said to have limited capacity to articulate their health problems and consequently find it difficult to claim their right to access health care services. They either have a fatalistic

outlook on their health and the health of those they care for, or they are overly paranoid about their health, visiting healthcare centres regularly even when they are not sick.

2.7. THE ROLE OF CAREGIVERS IN SUPPORT OF YOUTH/ CHILD-HEADED HOUSEHOLDS

Mkhize and Frizelle (2000) describe the term “support” as all actions people take to assist those suffering. Inversely, Li et al. (2014) define support as a protective factor for the emotional wellbeing of older adults or a way of connecting to others. According to Masango (2006), support is encompassed in the African term “*Ubuntu*”, which refers to assisting each other to become better persons physically and spiritually. This section, therefore, focuses on the support provided to households by various people, groups, institutions and organisations.

One of the groups supporting CHHs and YHHs is caregivers. The concept of “caregivers” originates from the term “care,” which was defined by Razavi and Staab (2010) as voluntary activities essential for the physical or emotional needs of adults and children that are placed within the family and community relationships. According to Section 1 of the Children’s Act (Act 38 of 2005), the term “care” is described as providing an adequate place to live, in a suitable living environment, with sufficient financial support. A child’s wellbeing should be promoted and safeguarded, and a child should be protected from any physical or emotional harm. Additionally, a child should be guided and directed in matters of education, development, behaviour and important decisions. According to Razavi and Staab (2010), “care” refers to unpaid activity required to support adults’ and children’s physical or emotional needs. According to Section 2 of the Children’s Act 38 of 2005, a caregiver is any person who cares for orphans in temporary safe care, other than the parent or guardian, who provides day-to-day care. On the other hand, foster parents care for persons with parental consent. In addition, a child heading a household is also considered to be a caregiver. Razavi and Staab (2010) define the concept of “caregiver” as a person who gives direction, care and protection to a person in need of help. Akintola (2010) describes caregiving as committing time and energy to offer a service that benefits individuals, the public or the community without expecting an economic or material gain.

Akintola (2010) indicates that caregiving involves two people, the recipient of assistance, called the care receiver, and the person providing care, called the caregiver. Akintola (2008) further indicates that caregivers are classified into three categories: employed caregivers, sibling or family caregivers, and voluntary caregivers. According to Lee and Tang (2015), both males and females can perform caregiving duties, but worldwide caregivers are mostly females constituting 68%. Lee and Tang (2015) indicate that in most countries, many female caregivers are more engaged in providing nurturing caregiving tasks for the

sick than men. Community members do not want men to care for the sick in other countries. Care is structured according to relationships within the family and community. NGOs employ volunteer caregivers, and they are trained to provide home-based care to people with living challenges. Akintola (2006) indicates that caregivers provide moral support by listening, being compassionate, and loving towards the infected and affected community members. According to Skar et al. (2014), caregivers assist in daily caregiving tasks, including cooking, bathing, feeding and dressing the sick, and coordinating financial assistance. They are emotionally and financially affected by their work because of the magnitude of their caregiving activities.

In many countries, YHHs are supported by caregivers, and some of the countries are SA, the USA, Thailand, Uganda and Eswatini. In the USA, caregiving in YHHs is complex and demanding and challenging due to social, health and economic changes. Caregivers range from young to adult carers who are always occupied doing daily chores and caring for the households. The caring includes bathing, feeding, dressing and financial support. In the USA, some of the caregivers are employed by certain institutions as full-time caregivers for people in YHHs or people infected with HIV/AIDS. Thailand is another good example of countries with YHH caregivers. Ukockis (2007) shows that the caregivers might be care receivers themselves at some point. In Thailand, many people discriminate against YHHs, and caregivers always fear for their lives when providing support. Community members do not accept caregivers because they believe that children in the YHHs are infected with HIV/AIDS.

Numerous reports on HIV/AIDS in Thailand indicate that children living with HIV/AIDS are discriminated against and often excluded from school (Wattradul & Sriyaporn, 2014). This happens because parents fear for their children's health, as they are not knowledgeable about HIV/AIDS. This practice has forced the carers to remove their children from previous schools, taking them to new schools where their status is unknown. This perception is against the United Nations Children's Fund (UNICEF, 2019), which alludes that *every child has every right: The Convention on the Rights of the Child at Crossroads* furthermore, states that all children have the right to protection, survival, and development to achieve their goals in life.

According to Nabunya and Ssewamala (2014), forty thousand orphans live in households headed by young people in Uganda. The (ibid) further states that extended families take care of the orphans, but due to the increasing number coupled with extreme poverty, the extended family system is overburdened, and families are reluctant to take care of orphans. Primary caregivers of HIV/AIDS orphaned children in Uganda are men, women and grandparents (Kipp et al., 2007). They assume the responsibility of caregiving, even in stressful situations. Men provide care and share the responsibilities with their female counterparts. A study by Ssengonzi (2007) indicates that caregivers of orphaned children in Uganda experience a high level of

economic, physical, emotional and nutritional stress, while older caregivers were found to experience social distress. Eswatini is another country with caregivers of youth-headed households. According to Nyberg et al. (2012), in Eswatini, NGOs are regarded as primary caregivers. The one challenge experienced in Eswatini is that there is no coordination between the independent caregivers and NGOs regarding efficient and effective service provision to YHHs.

India is another country with caregivers taking care of households headed by young people. According to UNICEF (2009), there were 25 million orphans in India in 2004. Even though the number of HIV/AIDS-infected people is decreasing, the number of affected people remains high. Vulnerable children receive help from government supported welfare schemes. Various governmental representatives and international NGOs provide financial assistance to vulnerable persons below 18. According to Gupta et al. (2013), the youths who live in child institutions receive nutritional support, medical services and much needed skills. Cash is transferred into the beneficiaries' bank accounts every month. In India, some orphans live in home-based care, others live with their extended families and under the care of their siblings (Gupta *et al*, 2013). In some instances, the government and NGOs take care of vulnerable persons and most of them are provided with counselling, psychosocial, and legal support. Youths who have dropped out of school are re-admitted to care institutions, as institutional care is provided for those who are destitute (Gupta *et al*, 2013).

Like in Eswatini, SA also has caregivers for the YHHs (Akintola, 2010). This initiative was considered because the demand for home-based care was high due to volumes at the hospitals. The ISIBINDI was developed in 2001 by the National Association of Child Care Workers, funded by the US President's Emergency Plan for AIDS Relief (PEPFAR) and the DSD. ISIBINDI is a multi-community programme meant to improve the livelihood of orphans and vulnerable people, it builds caregiver capacity by placing and developing volunteer caregivers to be efficient (Brown et al., 2007). The project has been executed in nine provinces and supports orphans and vulnerable persons in YHHs. The programme addresses children's psychosocial problems in YHHs (Sherr, Cluver, Betancourt, Kellerman, Richter & Desmond, 2014). It also trains young people in relevant skills that assist them in responding to their everyday needs and these include, among others, access to education, facilitating access to citizenship documentation, advocacy and access to social grants (Thurman et al., 2009).

In SA, mostly poor and unemployed women perform caregiving (Akintola, 2008). The volunteers are recruited from communities affected by HIV/AIDS and are trained to assist communities and families (Visser et al., 2015). The government also established an intervention programme called National Program for Orphans and Vulnerable Children in South Arica (POVC). The role of the POVC is to assist hospitals that are overloaded and cannot cope with the provision of the required public health and provide personal

support. This tradition of helping others emanates from *Ubuntu*, an African philosophy that emphasises individuals' interconnectedness and mutual dependence. In the village of Ga-Maja, the research site for this study, caregivers of YHHs offer care and love unconditionally (Visser et al., 2015). Many YHHs have a caregiver attached to an NGO and assigned a few families to care for.

According to Akintola (2010), many caregivers in YHHs are committed to assisting their communities by offering support to people living with HIV/AIDS, and communities acknowledge their excellent work. Therefore, caregivers feel gratified by the comments from the community in appreciation and recognition of the work they offer (Akintola, 2010). Patience is a virtue that they have learnt, irrespective of the heavy and taxing type of support they offer. Volunteer caregivers have learnt to be selfless by showing compassion to the community and YHHs (Ryan & Deci, 2000). The (ibid) indicates that although community members appreciate the caregivers, they are not appreciated by health workers who often undermine the work offered by the caregivers in YHHs and this attitude towards the caregivers affects the caregivers' wellbeing.

UNICEF (2009) and Phillips-Veeze (2011) argue that an arrangement needs to be made with the potential guardians who will take over the care of orphans. This arrangement needs to be made before their parents die. Hence, this practice will ensure that the transfer of responsibility within YHHs occurs smoothly. To this effect, the handover can be done by drawing up a will while the parents are still alive to ensure a smooth transition to alternative care for the members of YHHs (UNICEF, 2009).

2.8. CHALLENGES EXPERIENCED IN YOUTH-HEADED HOUSEHOLDS

This section focuses on the challenges faced by people living in households headed by youth. Globally, YHHs face many challenges and Africa is no exception (Chigwenya, Chuma & Nyanga, 2008; Moyo, 2017; Meintjes, Hall, Marera & Boulle, 2010). Most of the challenges experienced by caregivers are social, physical, and emotional (Sheridan et al., 2014). CHHs impact the societal framework and have profound implications on the wellbeing of children. It disrupts family and community functioning and negatively affects the rearing and development of children (Motihar, 2007). The following are the challenges that are experienced in child-headed households.

2.8.1. The Difficulty of Dealing with the Stigma of Family Members Being Sick or Dead due to HIV/AIDS

One of the challenges experienced in the households is the difficulty of dealing with the stigma attached to the illness and death of parents. According to UNAIDS (2008), CHHs and YHHs experience increasing deaths of adults due to HIV/AIDS. Despite the preventive strategies implemented by the Department of Health (DoH) (2000), *HIV/AIDS & STD: Strategic Plan for South Africa, 2000-2005* and the

Comprehensive Prevention, Treatment, Care and Support Plan to prevent HIV transmission, the infection rates are still high (Tanga, 2013). The high rate of HIV/AIDS has led to a rapid increase in the number of CHHs since the mid-1990s (Whitworth & Wilkinson, 2013). Some orphans lost their parents due to other ailments or fatal accidents, however, the majority lost their parents due to the HIV pandemic. In certain instances, the parents are cared for by their offspring, as a result, YHHs cannot withstand the trauma and are unable to address the illness episodes of their siblings (Lata & Verma, 2013). Edwards-Makhura (2013) reveals that the caregivers of youth-headed households experience various emotions associated with job demands, such as stress, anger and burnout.

The rapid rates at which orphanhood and destitution occur make it difficult for families and communities to answer to the traditional approach of taking care of these children (Mogotlane et al., 2010). The children are then forced to take the responsibility of caring for their sick parents and their siblings. Studies conducted by Andrews, Squire and Tamboukou (2013) and Sherr et al. (2014) reveal that most orphans who care for their HIV/AIDS-infected parents experience social, emotional, and financial stress. The loss of parents leaves the orphans vulnerable emotionally and physically (Nyberg et al., 2012; Sherr et al., 2014). Equally, Sheridan et al. (2014) and Visser et al. (2015) assert that youths caring for parents who are HIV/AIDS-positive are emotionally, physically and financially affected. The shift in roles from youth to parent results in feelings of fear and instability as such, professionals like psychologists and social workers should be roped in to support YHHs.

The impact of HIV/AIDS is not only a burden of disease but also a burden on the systems and services. The trend is that AIDS orphans tend to be young, and parents die early, thus leaving the burden of care of the orphans to caregivers, as members of the extended family or neighbours are themselves devoid of human and financial resources.

2.8.2. Increased School Absenteeism and Withdrawal

Increased school absenteeism and withdrawal (Cluver et al., 2012) while staying in YHHs also negatively impact the children's education. Absenteeism caused by economic factors negatively impacts young people's progress. They drop out and do not complete their secondary education (Heymann & Kidman, 2009; Mogotlane et al., 2010; Moyo, 2011).

2.8.3. Abuse of Children by Heads of Households

Children living in YHHs are also exposed to abuse and exploitation. The rights of YHHs to protection from abuse, exploitation and violence are compromised as young people end up being exposed to exploitation and sexual abuse as there is no one to protect them (Earnshaw et al., 2009).

2.8.4. The Lack of Grief Support Because Caregivers are Not Properly Trained

Lack of proper support because caregivers are not professionally trained, is one of the challenges experienced by YHHs (Mashau & Davhana-Maselesele, 2009). In the study, the (ibid) indicates that caregivers in the Mutale Municipality in the Vhembe District of the Limpopo Province were not professionally trained to assist care receivers and do not have sufficient resources to support the households. These challenges indicate that the caregivers in Mutale require professional counsellors to assist. At times, the caregivers use their resources to assist clients. The volunteers who do not have a financial backup cannot sustain their jobs, thus, retaining caregivers in the system becomes a challenge (Mashau & Davhana-Maselesele, 2009). Although the caregivers are committed to their work, the research conducted by Mashau and Davhana-Maselesele (2009) reveals that they are not properly trained to face challenges, such as emotional trauma by witnessing a death, the abject poverty that the people who live in youth-headed households experience.

2.8.5. Poverty and Lack of Resources

Worldwide, poverty is regarded as one of the major challenges experienced by orphans (Seckinelgin, 2012). Poverty affects youth heading households in SA and negatively impacts their psychosocial wellness (Dlamini & Chiao, 2015). Most affected families do not have adults to care for the sick; therefore, young people heading YHHs withstand the worst caring responsibilities (Human & van Rensburg, 2011). Another challenge youth-headed households face is a lack of food and clothes (Mogotlane et al., 2010; Mukashema, 2014). The YHHs are forced to provide food and clothing and help the siblings with homework. Diverse households in SA have a challenge of poverty, and Limpopo is one of the provinces facing the challenge because it has a high number of households headed by young people (StatsSA, 2016). Phillips-Veeze (2015) emphasises that YHHs experience poverty as no one in the family works, which contributes to a lack of food and non-food consumables. Most YHHs rely on the community for food donations, support from external sources and sustenance.

2.8.6. Access to Social Grants

One of the difficulties vulnerable children and orphans face in YHHs is getting access to grants (Sloth-Nielsen, 2004). The government has allocated social assistance in the form of money to alleviate poverty among orphans and YHHs, and this money is given to caregivers who look after the children. There are three categories of children related social grants: foster care, child support and care dependency grants (Maqoko & Dreyer, 2007). The (ibid) indicates that although these grants are meant for vulnerable children, some adults help themselves with funds to the detriment of the children.

2.9. RESILIENCE IN YOUTH HEADED HOUSEHOLDS

Skovdal and Daniel (2012) define resilience as the ability of some orphans facing difficulties to cope better than anticipated. In YHHs, resilience means a situation where the affected young people find means of survival. This implies the perspectives of young people heading YHHs on dealing with hardships. According to Skovdal and Daniel (2012), resilience depends on the quality of the social environment and the ability to share meaningful resources. The (ibid) indicates that resilience for young people heading YHHs is possible through active participation and learning the ropes from the environment. The environment must nurture YHHs by encouraging good relationships with community members, peers and extended family. Caregivers play a substantial role in shaping the lives of YHHs, and similarly, YHHs need to be proactive in ensuring the safety of their siblings (Pillay, 2012). By so doing, young people heading YHHs acquire survival skills and share positive life dispositions the community provides. The competencies and ability to ask for support from communities allow young people to draw knowledge from the community in the participatory process. Freeman and Nkomo (2006) and Skovdal and Daniel (2012) show that most children try to live their lives well, irrespective of the hardships that they experience. The supportive environment from caregivers also breeds a positive environment which facilitates resilience in young people heading households.

In many African countries, young people heading YHHs exhibit a high rate of resilience (Evans, 2012a). The (ibid) indicates a high degree of resilience in YHHs in Uganda, Tanzania, Zimbabwe and Zambia. In Tanzania, the male heads of YHHs actively assume the roles required to head families. The children protect their parents' property, resulting in a positive outlook and aspirations about life. Social networks are employed to assist orphans in developing sustainable livelihoods. Hence young people are offered basic agricultural skills that will enable them to sustain themselves. In Tanzania, communities also assist YHHs in gaining control of their parents' assets, such as agricultural land. Some parents left houses in urban areas that young people heading YHHs use as rental accommodations.

In Uganda, young people are also involved in the project undertaken to alleviate the impact of HIV/AIDS, and this mitigation made a substantial contribution to the supply of food and security (White & Morton, 2005). The projects focus on credit and loan provision and vocational training. Furthermore, the project makes a difference in providing food and security for the YHHs. Also, in Uganda, men are engaged in caring for the YHHs to assist female caregivers in caring for the children. The YHHs support each other, share their responsibilities equally and seek assistance and advice from caregivers and community members. The heads of YHHs develop strength from the support they receive from the different concerned members of the community (Evans, 2012a).

Zimbabwe is also involved in various projects undertaken to alleviate the impact of poverty in the YHHs (Ciganda et al., 2012). Just like in other sub-Saharan African countries, the extended family acts as a safety net. The YHHs are perceived as a new coping mechanism in response to HIV/AIDS epidemic and people from the communities participate through volunteer-based programmes (Francis-Chizororo, 2010). The community's support improves the lives of orphans in the YHHs. In Zimbabwe, any person providing for the family is considered the head of the family, regardless of age and gender. However, males occupy more senior positions than females in the YHHs. This is because, in the culture, the roles of females revolve around domestic care, whereas their masculinity, power and security determine the roles of males. However, young people only head the households if the extended family cannot support them. The community's support adds value to the lives of orphans, brings about a feeling of respect and trust, and breeds a respectful and value-laden generation. White and Morton (2005) indicate that the NGOs also support the YHHs by offering a range of multi-sectorial training interventions to support vulnerable groups, such as orphans and YHHs. Services offered involve skills training that positively impacts the lives of YHHs and the affected communities (Evans, 2012a). The interaction between YHHs and NGOs has created an intergenerational dialogue based on trust and has created a positive space that has made it possible for the YHHs and vulnerable children to share their challenges (White & Morton, 2005).

In Zambia, young people who head families have wholesome intergenerational relationships and a strong youth support network (Payne, 2012). The young people in youth-headed households support their families even before their parents die because their parents are incapacitated. These young people are self-sustained and able to support other YHHs through a support network that includes friends, relatives, neighbours and the community. This type of support network reflects the interdependence and interdependence of African people, who can pull through challenging situations because of the support of others (Letseka, 2012; Ramose, 1999).

The above information indicates that in Tanzania and Uganda, the heads of YHHs can develop survival strategies born out of their resilient nature by sustaining the inherited physical assets required to safeguard their households. In both countries, resilience is used as a coping mechanism for heads of YHHs, with the male heads taking the leading role. However, females play the leading role in Zimbabwe (Moyo, 2011). This means that the female heads of YHHs can stand their ground in many challenging situations.

2.10. SUMMARY

The focus of this chapter was to present a literature review on YHHs. This chapter provided an overview of the national and international literature on the conceptual framework, legislative framework, challenges

experienced and the role of young people and caregivers in YHHs. The literature review revealed that YHHs are found worldwide, with the main contributor being HIV/AIDS. The literature also revealed that the government and NGOs make provisions and intervene in supporting YHHs worldwide. The government and NGOs appoint men and women and train them to become caregivers to support YHHs.

According to the literature, intervention strategies are in place to support the YHHs. The *Ubuntu* perspective of YHHs is an option to be explored as an additional strategy to the existing knowledge. According to Kotze (2011), interventions are in place in SA to support YHHs, which include access to socio-economic needs, legal aid, material and spiritual support and health and social services. The literature confirms that in SA, communities acknowledge the satisfactory progress made by the government and NGOs in supporting the YHHs (Whitworth & Wilkinson, 2013). The literature reviewed informed the areas of focus explored in the empirical component of this study. The next chapter focuses on the Afrocentricity Theoretical Framework that guided the empirical investigation of the study.

CHAPTER 3

THEORETICAL FRAMEWORK OF THE STUDY

“The Afrocentric idea seeks to reposition Africans as actors rather than spectators to experiences. This is a philosophical turn that is essential for the subject place of Africans as agents in discourse and analysis Asante (2017, p. 4)”

3.1. INTRODUCTION

The main aim of this research was to explore the narratives of young people heading youth-headed households and the narratives of caregivers and elders about youth-headed households in Ga-Maja Village in the Limpopo Province. The previous chapter focused on the national and international literature on YHHs. Various sources were reviewed to understand how experts and scholars conceptualised and theorised on YHHs. The chapter focuses on critical discussions of the theoretical framework of caregiving in YHHs. The term “*theory*” is defined as a statement that clarifies the mechanics of the world around us and frequently explains relations among phenomena (Lederman & Lederman, 2015). Therefore, a “theoretical framework” is the blueprint that serves as a foundation for this research (Adom et al., 2018). The Afrocentric Theoretical Framework assisted the researcher in contextualising this study and in choosing the research paradigm, research design and research approach for this study. As such, this chapter presents the definition of the concept of Afrocentricity, its origins, nature and fundamentals, namely, spirituality, *Ubuntu* and the interconnectedness of caring for others.

3.2. DEFINITION OF THE CONCEPT OF AFROCENTRICITY

The Afrocentric theory guided this study. The theory assisted the researcher in exploring the narratives of young people heading youth-headed households and the narratives of caregivers and elders about YHHs. The concept of “Afrocentric” consists of two words: Africa and centric. Africa is the name of world’s second largest and most populous continent after Asia. Africa consists of 54 countries divided into five sub-sections: North Africa, East Africa, Central Africa, Southern Africa and West Africa. It is believed that the term Africa came from the Romans, who named the land they “discovered” on the opposite side of the Mediterranean after an Afri or Berber tribe living in the Carthage area, now called Tunisia (Davis, 2015). Afri was the name of the tribe living in Tunisia. It is believed that the Romans called the region Afri-terra, meaning the land of the Afri tribe. The concept of Afri-terra later became contracted to form the single word “Africa.”

Davis (2015) clarifies the other theories of the term Africa and further indicates that some historians believe that the suffix “-ica” could also have been used to mean the land of the Afri tribe. Others believe that the name Africa was derived from two Phoenician words, “frique” and “parika.” These words mean corn and fruit, and the assumption is that the Phoenicians christened Africa “the land of corn and fruit.” Some believe that the word Africa” is a derivation of the Greek word “aphrike,” which translates as the land that is free from cold and horror. The Roman word “aprika” means sunny, and the Phoenician word “afar” means dust. Another theory emphasises that the continent of Africa was named after Africus, a Yemenite chieftain who invaded North Africa sometime in the second millennium BC. They show that Africus founded a settlement in his newly conquered land called “Afrika.” The term “centric,” on the other hand, comes from the word “centre,” which means to view a phenomenon from another's perspective (Asante, 2007; Asante, 1991; Khokholkova, 2016).

Scholars define the concept of Afrocentricity differently. According to Mazama (2002, p. 219), “Afrocentricity is a perspective on the African experience that posits Africans as subjects and agents, and which demands grounding in African culture and the worldview on which it rests.” The (ibid) further state that Afrocentricity is a frame of reference wherein phenomena are viewed from the perspective of the African persons founded on uninformed cultural centeredness produced by the hegemony of European cultural vision. This definition reveals that Africans in the diaspora and on the continent were off-centre under enslavement and colonisation. According to Early et al. (1994) in Hogg et al. (2010), Afrocentricity is an intellectual movement, a political view, and/or a historical evolution that stresses the culture and achievements of Africans. Afrocentricity is the detailed evaluation and interpretation of culture, language, history, philosophy, economy, politics and society from a conceptual, methodological and theoretical framework that centres on Africaness (Mazama, 2001) and benefits the agency of Africans and persons of African descent (Watson et al., 2011). Afrocentricity transforms attitudes, beliefs, values and behaviour, resulting in Africans’ first and only reality (Chawane, 2016). (Chukwuokolo, 2009) stresses the centrality of Africans and defines Afrocentricity as “*African centeredness*,” according to which Africans should be given their intellectual pride as the originators of civilisation. According to Early et al. (1994), what is common with these definitions is that they all call for a change in how the world views change that should encompass all attributes of human existence, emphasising the centrality of African experiences.

Afrocentric research is done from the perspective of people of African descent, grounded in their culture, experience, knowledge and history (Asante, 1991; Khokholkova, 2016). The Afrocentric research centres around the lived experience of the African people. Asante (1991) and Khokholkova (2016) state that an Afrocentric perspective is an orientation to data that places African people as participants and agents in shaping their life chances and experiences. This is done when the research explored the narratives of young

people heading youth-headed households and the narratives of caregivers and elders about youth-headed households in Ga-Maja Village in the Limpopo Province. This perception was confirmed by Karenga (1988), who asserts that an Afrocentric approach is an intellectual inquiry and production centred on and in the image and interest of African people. According to Schiele (2000), when the Afrocentric perspective is applied to social research, such a perspective can help generate information on the implications of human behaviour and social events in the lives of people. A basic premise of an Afrocentric approach is that culture matters in the past, present and future (Davis, Williams & Akinyela, 2010).

Afrocentricity is, therefore, an intellectual idea or philosophy that emphasises seeing the world through one's history and culture and a process of applying internalised African-derived structures, values and practices to present-day situations (Byrdsong et al., 2013). The Afrocentric approach proposes that Africans at home and abroad must look at knowledge from an African perspective and perceive themselves as centred and central in their history (Chawane, 2016). The (ibid) further indicates that they should perceive themselves as actors, agents and contributors rather than marginal and on the periphery of political or economic experience.

3.3. THE ORIGIN OF AFROCENTRICITY

According to Chawane (2016), Molefi Asante developed the theory of Afrocentricity in 1980, focusing on epistemological and methodological foundations for an Afrocentric curriculum based on an African perspective but targeting a global understanding. Furthermore, Afrocentricity began to develop in the USA in the 1980s with the publication of the book "The Theory of Social Change" by Professor Asante. Professor Asante was inspired by the results of the civil rights movement, the Civil Rights Act of 1964 and the Voting Rights Act of 1965. Professor Asante articulated the fullest expression of the theory in his germinal texts *Afrocentricity* and *The Afrocentric Idea*. Asante (1980) coined the terms Afrocentricity, Afrocentrism, and Africology. Afrocentricity is "a paradigm based on the idea that African people should re-assert a sense of agency to achieve sanity" (Asante, 1991; Khokholkova, 2016) the total use of methods to affect psychological, political, social, cultural and economic change (Asante, 1991; Asante, 2017). Khokholkova (2016) and Nadezhda (2016) confirm that Asante deduced Afrocentrism from Afrocentricity.

Chawane (2016) asserts that there are several experiences that contributed to the emergence of Afrocentricity in the USA, for instance, experiences pertaining to the "European human trafficking of African people" movement of slaves during the transatlantic slave trade and the denial of education to slaves once they landed in America and the double cultures of Africanisms and Americanisms. The experience of double cultures resulted in some Afro-Americans rejecting Americanisation and starting to

aspire to and explore African cultural practices. Chukwuokolo (2009) emphasises that the experience of racism, enslavement and American society made the circumstances for the advent of Afrocentric theory. The theory was a response to racism and nationalism and reflected on the African American identity crisis.

3.4. THE NATURE OF AFRICENTRICITY

Asante (2017) emphasises that the Afrocentric paradigm is a revolutionary shift in thinking and proposes a structural change to Black disorientation, decenteredness and lack of agency. According to Asante (2017), the Afrocentrist asks the question, “What would African people do if there were no White people?” In other words, what could have happened to African people if there was no colonialism?” The correct answers to these questions are provided by the concept of “Afrocentricity,” which asserts the crucial role of Africans within the context of history, thereby withdrawing Europe from the centre of African reality. This implies that Afrocentricity became a revolutionary perspective that focuses on studying the concepts, perceptions, occurrences and economic processes from the position of Africans. Asante (2017, p. 26) defines the idea of Afrocentricity by the following five crucial points:

- (a) “An intense interest in the psychological location, as determined by symbols, motifs, rituals and signs;
- (b) A commitment to finding the subject place of Africans in any social, political, economic, or religious phenomenon with implications for the issues of sex, gender and class;
- (c) A defence of African cultural elements as historically valid in the context of art, music and literature;
- (d) A celebration of “centeredness” and agency and a commitment to lexical refinement that eliminates pejoratives about Africans or other people; and
- (e) A powerful imperative from historical sources to revise the collective text of African people.”

Asante appealed to Black people from every part of the world to deny all categories of European domination, such as psychological, cultural, economic and political domination. They (ibid) maintain that Blacks should resist all forms of discrimination, such as racial, sexual, gender and class, from the Western or European civilisation and urged Africans to study their heritage and return to their spiritual base (Khokholkova, 2016).

According to Asante (1980) in (Khokholkova, 2016), Afrocentricity is a multi-dimensional notion. First, it is a philosophy that sometimes verges on ideology. Secondly, it involves a particular research method, and the point of this model comprises the interpretation of Africans as subjects rather than objects. Thirdly, Afrocentricity continues to be a significant social-cultural and aesthetic movement and lifestyle.

Asante also subdivided his paradigm into several branches and defined the paradigm as a whole and its elements. Therefore, Asante (2007) emphasises that Afrocentricity is a paradigmatic intellectual perspective

that privileges African agency within the context of history and culture trans-continentially and trans-generationally. This means that the quality of location is essential to any analysis involving culture and behaviour, whether literary or economic or political. Hountondji (2009) also expressed the significance of the African perspective in research and mentioned the importance of studying traditional knowledge and the future growth of researchers on the continent. On the other hand, Mazama (2002) describes Africans as subjects and agents that demand to ground in African culture and the worldview on which it rests. Based on the arguments put forward by these researchers, this study aligns itself with Afrocentricity.

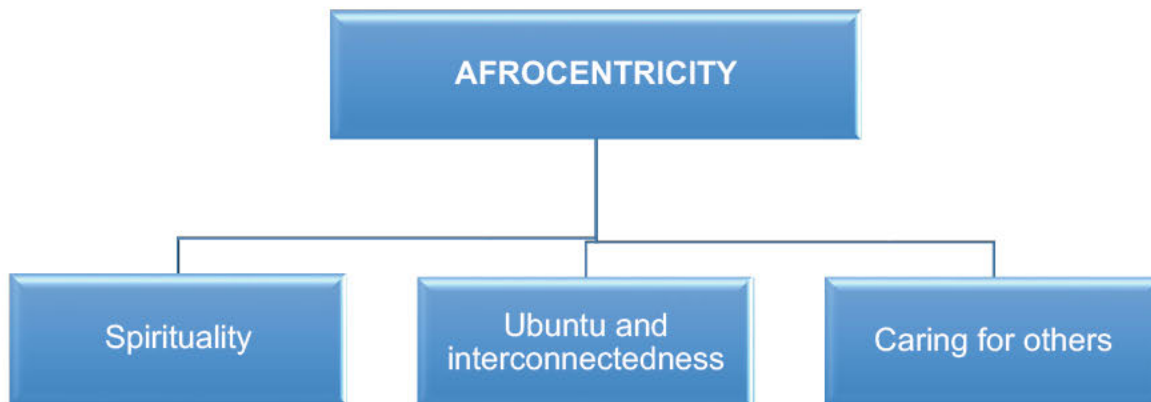
It is important to note how scholars such as Asante (1991) found a niche by asserting that the Afrocentric paradigm is grounded on values, such as collectivism, interdependence, transformation and spirituality that can be traced back to African principles. Furthermore, Asante and Karenga (2005) indicate that Afrocentricity is a quality of thought rooted in Africans' cultural image and human interests. According to Mkabela and Luthuli (1997), the idea of a collective approach signifies the survival of a group and harmony within a shared context. The (ibid) further indicates that this seeks to preserve the stability of an interrelated system. To Asante (1991, p. 171), "Afrocentricity is a frame of reference viewed from the perspective of Africans." Linked to this idea, Nwoye (2017) produced the Africentric theory of human personhood by finding the term "Africentric to be appropriate because of the distinctive contributions of African culture and tradition in the making of human personhood" (p. 43). Similarly, African culture focuses on extended families and the nuclear family. This notion resonates with that of Asante (1984). Mbigi (2007) asserts that "from an African perspective, a human being is never alone. S/he is always in dialogue with the surrounding environment" (p.12). This clearly shows that the self is immersed in societal relationships.

In the same vein, YHHs are supported through societal mechanisms. Schiele (2000) points out that from an African perspective, the emphasis is on interdependency and interconnectedness. In African philosophy, Ramose (1999) opines that the individual is embedded and conditioned within other people. This is confirmed by Tutu (1999), who avers that a person becomes complete in relation to others and Ramose (2002), who states that a person is incomplete without other people.

3.5. THE FUNDAMENTALS OF AFROCENTRICITY

This section focuses on discussing the fundamentals of Afrocentricity, namely, spirituality, *Ubuntu* and interconnectedness and caring for others. The following diagram illustrates the fundamentals of Afrocentricity.

Figure 2: Fundamentals of Afrocentricity



3.5.1. Spirituality

Schiele (1996) defines spirituality as the: “interconnected of the nonmaterial or invisible feature of all elements of the universe” (p. 19). Moreover, Mbiti (1970) and Zahan et al. (1979) state that all living or non-living elements are assumed to have a spiritual base that emanates from the same universal source. The above was in line with Mazama (2001) when he stated:

“The essence of life and, therefore, of human beings is spiritual. This is not to deny the material aspect of life; however, when all is done and said, what remains is not the appearance of things but the indivisible essence of life that permeates all that is, the spirit, the ultimate oneness with nature, the fundamental interconnectedness of all things ” (p. 399).

Therefore, Afrocentrically-generated knowledge and methods must consider the primacy of the spiritual, connection between the physical and the spiritual, and the interconnectedness of all things, as described by *Ubuntu* philosophy. Church (2012), Letseka (2012), and Phasha et al. (2017a) maintain that spirituality reflects the interdependence and interconnectedness of the people. De Jager et al. (2012) share the same understanding. In the same vein, Wilson and Williams (2013) see spirituality as the essence of who we are. The (ibid) argues that spirituality involves the connectedness of that which is outside of us, not chosen but just is. In cognisance of the above, this study discussed spirituality in terms of connectedness or human interdependence as an essential element of spirituality and utilised the Afrocentric approach as the epitome of the discussion. It follows Mkabela (2015, pp. 8-9) who expresses spirituality in the form of witchcraft and further argues that:

“Magic is an invisible and mystical force that can be used to achieve good or cause harm... Like magic, witchcraft is a manifestation of mystical force... and witches are able to cause harm by manipulation of mystical powers.”

This shows that spirituality can be magical, as Mkabela (2015) confirmed. Mkabela (2015) avers that spirituality could also be expressed in magical ways, such as in witchcraft, where there is a display of mystical forces where witches can harm others by the manipulation of mystical powers. According to Mkabela (2015), people consult traditional healers/*sangoma* to discover their wellbeing. Consultation with the traditional healer occurs because of the belief that the spirit of the one who is sick can be diagnosed through the interpretation of the bones. Mkabela (2005) opines that traditional healers believe that mystical powers can cause sickness, in most cases, once the witch is identified, the sickness can be returned. Mkabela (2005) also states the importance of consultation with the ancestors to resolve difficult situations, such as removing bad luck in the family or dealing with any trouble that is believed to be caused by any mystical powers. In the same breath, residents of Ga-Maja consult with their ancestors before ploughing to ensure fortune during harvest season. Spiritual connections with the ancestors are of absolute essence in everything the community does. The participants expressed this in their belief that challenging situations in the family can be dealt with through consultation with the ancestors. This understanding is supported by Mbiti (1990), in stating that ancestors are:

“The guardians of family affairs, traditions, ethics and activities. Being closer to God, by virtue of their spiritual nature, they are in a better position to petition God on our behalf for our protection.” (p. 82).

In addition, it is believed that before one could ask anything from the higher being (God), they ought to engage in cultural practices that invite the ancestors to act as mediators on behalf of the family. Furthermore, traditional dancing as a ritual connects people to their inner being, others and their ancestors. Through dancing, the participants draw divine intervention from their ancestors. Spirituality can also be expressed positively and negatively, and the Ga-Maja community practice a duality of spirituality. The participants expressed an experience in both the Christian and traditional religions. What was noteworthy is that the participants could harmonise the practices. Individuals are grounded by their spiritual maturity, which varies from individual to individual, be it mystical powers or belief in ancestors, deities or Christianity. In the same breath, putting spirituality at the centre sustains the participants' lives in African tradition. Furthermore, spirituality is an aspect that cannot be removed from a person as it is entrenched in Afrocentricity. Thus, the people become resilient through spiritual support.

According to Nobles and Mkhize (2020), in the Afrocentric psychological paradigm, “illumination of the Human Spirit or Spirit-ness is the quintessential aspect of our being-ness” (p.1). World-renowned African scholars, students and other affiliates initiated and debated the idea at various conferences. In these conferences, the need to document African spirituality to advance its science explores the reality of the spirit. This science would further identify and manifest indigenous ideas, thoughts and beliefs. Nobles and Mkhize (2020, p. 12) state the following as the tenets of African spirituality which distinguish an African paradigm:

- The universe is a vital cosmos;
- The ultimate nature of reality is spirit;
- Human beings are organically related to everything in the universe;
- Knowledge comes from participation with and experience in the universe (reality); and
- Human relatedness is the praxis of our humanity.

This study focuses on some of the tenets of Afrocentricity, such as spirituality, as it is based in a rural setting where cultural practices are still dominant. The principles and values of the African-centred worldview, as enshrined in Asante (1991), Khokholkova (2016), Akbar (1994) and Schiele (1997). The authors support the spiritual nature of human beings, the interconnectedness of all things; the oneness of mind, body and spirit; collective or individual identity and the nature of family composition; and the value of interpersonal relations. The overarching theory is the Afrocentric approach under which spirituality and the values that underpin it are considered. The following are ways and means that the African approach is aligned: human interdependence, caring for others, going the extra mile, justice and transcendence.

In acknowledging the connection of the head of YHH through spirituality, there is an established trust in God that He would take care of the head’s needs. Spirituality is expressed in terms of personhood, including values and beliefs and relationships with self, others and God. According to Wright (2002, p. 127), “Spirituality transcends the here and now by reaching both beyond and within the self and can search for meaning by addressing the big questions of life and death.” Mazama (2002) further interprets the issue of life and death as: “newborns are officially separated from their spiritual community and reintegrated into their living community during naming ceremonies a week or so after their physical birth” (p. 221).

Thus, in the “African worldview, life and death, far from being opposites, are complementary” (Mazama 2002, p. 221). As Zahan et al. (1979, p. 45) put it: “Within this context, the limits between life and death do not exist, and life is born from death and death, in turn, is the prolongation of life”

There is a connection between human beings and the higher being, what Masango (2006) regard as spiritual transcendence. The Afrocentric paradigm has a moral level of relating to others on how we see the world. It is an African philosophy that taps into the mindset to address issues relating to spirituality that might be transcendental. Therefore, spirituality reflects the interdependence and interconnectedness of people who do not know whom to resort to when they do not have a practical solution to their needs. According to Moyo (2011), transcendental spirituality focuses on the belief that God assists when people are facing hardship. That is why the heads of YHHs call on Him when they face challenges and there is no one to assist. This is because they grew up in a colonised society where spirituality is associated with Christianity. Moyo (2011), when dealing with Pargament's theory of religious coping, mentions the importance of the connectedness of human beings with the sacred. This is eminent in the spirit that connects human beings to God and/or ancestors. Furthermore, the young people heading YHHs believe they are guided and supported emotionally and spiritually and they grow up, realising the importance of respecting God and fellow human beings. According to Philippians 2:2-3 and 13, God is working in us to do what is right and desires what is good and right from us, and God has a purpose for us. Therefore, the YHHs who are spiritually entrusted become spiritually validated (Kgatla, 2016). Therefore, the spiritual aspect builds the connection and interdependence of human beings.

According to Kgatla (2016), humanness is centred on social, spiritual and cultural standards and reflects people in mutual relationships. On the other hand, spirituality has a bearing on the lives of individuals as it inspires four purposes of development: becoming self, unity with others, expressing self and serving others. Human beings exist because of the spirit that connects them to God and/or ancestors, depending on their beliefs. The YHHs are guided and supported emotionally and spiritually, and, as a result, they grow up realising the importance of spirituality. The spiritual dimension is eminent in the narratives of the YHHs and caregivers at Ga-Maja. The YHHs who are spiritually entrusted through religion or ancestors can experience missions per their beliefs as their spirituality is validated. The spiritual aspect reverberates the connection and interdependence of human beings. The spirit is one life aspect we are born with; for example, some people are more dignified than others. The connection between people of diverse cultures, languages, and affiliation happens because of the spiritual aspect that makes them who they are. Moreover, if one grows up in a coherent society, one will benefit positively and be able to live in the same (Lips-Wiersma, 2002).

Conversely, in the beginning, God created the earth and everything that lives on it (Genesis: 1). Creation is an act of God that is abstract to human beings. However, creation is important and makes the world and all living beings a whole (Ogbonnaya, 1994a). This spiritual dimension is eminent in the lives of all human beings and reflects God's purpose of social justice, which is living in harmony with each other. Mugumbate

and Nyanguru (2013) attest that “the quality of being humane gives people resilience, enabling them to survive and emerge still human despite all efforts to dehumanise them” (p. 88). Furthermore, this study drew on spirituality to assess its contribution to resilience in the lives of the research participants. Spirituality helps an individual to reflect on one’s life and articulate and enact one’s life story that only the owner can tell. In this study, caregivers and the YHHs find meaning and strength in spiritual connection (Sheridan, 2013). This is the creativity that moves someone to a higher level of responding to nature (Kgatla, 2016). The creativity will be shared amongst other people and will empower the nation. Broodryk (2006) states that African people connect because spirituality is embedded in them. On the other hand, Asante (1991) avers that: Afrocentricity places the African experience at the heart of African lives (p. 9). It is only fair to state that Asante’s main category of thought is culture, defined as “shared perceptions, attitudes, and pre-dispositions that allow people to organise experiences in certain ways.

This section focused on clarifying the relationship between Afrocentrism and spirituality and further revealed that the understanding of spirituality differs from person to person. An analysis of this section shows that perceptions by various authors and experts indicate that spirituality is an individual practice and has to do with having a sense of peace, harmony and purpose. Therefore, this section revealed that spirituality is embedded in Africanism, and African philosophy taps into the mindset to address issues relating to spirituality. After all, it involves holding one’s personal beliefs and practices in the quest for life.

3.5.2. Ubuntu and Interconnectedness

This study is based on the *Ubuntu* theoretical framework. The principle of *Ubuntu* has, over the years, been used in a general sense to refer to the African philosophy of life (Mokgoro, 1998). According to Metz (2011), the term “*Ubuntu*” was developed from the belief systems and practices of the Nguni people and was later practised by the Sesotho, Setswana and Shona. The term “*Ubuntu*” originates from African idioms, “*Umuntu ngumuntu ngabantu*” (isiZulu) and “*motho ke motho ka batho ba bangwe,*” (Sepedi) translated as “a person is a person through other persons,” or “I am because we are; we are because I am” (Goduka, 2000; Ramose, 1999).

Metz (2011) defines *Ubuntu* as a moral theory grounded on human dignity and believes in the Bill of Rights espoused in the Constitution. According to South Africa’s White Paper for Social Welfare (1997), “*Ubuntu*” refers to caring for each other’s wellbeing and cultivating the spirit of mutual support. An overarching presumption underlying all these characterisations is that, in Africa, a person who possesses an *Ubuntu* attitude is one who is noted to be friendly, hospitable, generous and compassionate towards his fellow humans (Goduka, 2000). The principle of *Ubuntu* implies that we can create healthy relationships based on the recognition that within the web of humanity, everyone is linked to others (Letseka, 2012; Marfo, 2015).

This view is supported by Akinola and Uzodike (2018), who contend that the act of reconciliation symbolises the willingness of the parties to move beyond the psychological bitterness that had prevailed in the minds of the parties during the conflict. The (ibid) posits that *Ubuntu* emphasises cooperation with one another for the common good instead of competition, which could lead to grave instability within any community. Tutu (2000) states that a person is a person through other persons, and this briefly captures a normative account of what ought to be valued in life. Maphalala (2017) indicates that *Ubuntu* consists of three pillars, namely, intrapersonal values (regard for self), interpersonal values (regard for others) and environmental values (regard for the environment). This definition implies that *Ubuntu* can be described as personhood, selfhood and humanness. Mugumbate and Chereni (2019) confirm this view by asserting that *Ubuntu* is found in various categories, contexts, and spheres, such as politics, liberation and profession.

Ramose (1999) and Watson et al. (2011) highlight that *Ubuntu* is the root of African philosophy which embraces several concepts founded on the goodwill among Africans, such as common humanity, interconnectedness and spiritual connectedness. This implies that *Ubuntu* is all about preserving human dignity, which is the basis for human rights philosophy. This view is supported by Ramose (1999), by stating that *Ubuntu* is the essence of driving social and political philosophies among Africans. The (ibid) further states it is based on the principles of sharing and caring. Seehawer (2018) postulates that *Ubuntu* values spirituality because it plays a huge role in African life. Mkabela (2015) argues that *Ubuntu* is a phenomenon according to which persons are interconnected holistically, physically, socially, mentally and spiritually. The (ibid) indicates that it focuses on the total being when it comes to personal development.

Therefore, this study is also guided by the theory of *Ubuntu* because child-headed households face a myriad of vulnerabilities due to their setup and circumstances. According to Mugumbate and Chereni (2019), the integrated framework of *Ubuntu* consists of five levels, namely, individual, family, communal, environmental and spiritual, these levels are responsible for providing safety, identity, morality, communality and humanity. Furthermore, the authors emphasise that the role of *Ubuntu* is to mitigate the impact of intergenerational poverty in YHHs. In this study, the theory of *Ubuntu* is used to understand the social conditions for the betterment of orphans staying in YHHs, by committing to moral responsibility through the help of the caregivers. Furthermore, the narratives of participants were used to reflect the importance of connectedness that marks the hallmark of *Ubuntu*. Gyekye (1996) and Lutz (2009) indicate the importance of caring for one another by demonstrating the principle of wholeness that applies to human beings and physical nature. Ramose (1999, p. 157) asserts that “a human being is constantly interacting with its environment in pursuit of self-preservation”.

Church (2012) and Letseka (2012) indicate that the concept of *Ubuntu* reflects the interconnectedness of the people. This perception is highlighted by Watson, McMahon, Mkhize, Schweitzer and Mpofo (2011), who assert that “connectedness recognises that the self is always immersed in social relationships and practices” (p. 97). Therefore, if considered, social relationships may add value to the lives of the YHHs. According to Whitworth and Wilkinson (2013), *Ubuntu* is related to interconnectedness because it refers to the relational ties of the family, community and society” (p. 125). *Ubuntu* is related to interconnectedness because the underlying concern is for others’ welfare. Mbiti (1989) argues that in African communal life, an individual cannot exist alone but with other people. This highlights the importance of mutual care for one another, which is endorsed by the maxim “*I am because we are, and we are because I am*” (Mbiti, 1991). Sharing happens because people’s potential cannot be realised in a vacuum. According to Ramose (1999), the potential of a person is actualised in the practical sphere of human relations and outside this sphere, “*motho*” remains a “frozen fossil” (p. 194).

The notion of *Ubuntu* is important as it seeks to care for, support and respect people as human beings. Watson et al. (2011) emphasise the importance of the community in moulding people. The sharing happens because people’s potential cannot be realised in a vacuum. On the other hand, Mkhize and Frizelle (2000) emphasise that “personhood resides not with the individual but is demonstrated in one’s interaction with others” (p. 4). As highlighted before, spirituality reflects the interdependence and interconnectedness of the people. For human beings to exist in harmony, *Ubuntu* and spirituality need to prevail. Ramose (1999) draws on African philosophy to explain the concept of an interconnectedness rooted in the African worldview, which is the essence driving social and political philosophies among Africans. This is centred on the values that underpin how people relate to one another, which is the hallmark of African culture. This means that Afrocentrism is all about preserving human dignity, which is the basis for human rights and is relevant to this study. Tutu (1999) posits that one’s morally good acts give one poise and decorum in the community, and this is what is regarded as humanness. Good acts are realised in the community of Ga-Maja, where the Sentahle NGO has made huge strides in supporting the community’s wellbeing, irrespective of hurdles that might have emerged. Ramose (2002) emphasises an African worldview, and it was befitting to apply this in the study because the narratives of participants were used to reflect what Gyekye (1996) and Lutz (2009) regard as the importance of human interconnectedness in promoting the goodness of others.

Lips-Wiersma (2002) asserts that spirituality has a bearing on the lives of individuals as it inspires four purposes of development, becoming self, unity with others, expressing self and serving others. On the other hand, Mbanaso et al. (2006) sees spirituality as a personal connection with our creator. In addition, it is

believed that before one could ask anything from the higher being (God), one invites the ancestors to act as mediators. It is also evidenced in Mokgobi (2014) that:

“Traditional African religion entails a chain of communication between God and the living, with the living communicating with God indirectly through the mediation of the ancestors” (p. 6).

Thus, Sheridan et al. (2014) confirm what has been stated in the above paragraph, indicating that prayer brings comfort, strength, and endurance in times of challenges.

3.5.3. *Caring for Others*

African philosophy reflects individuals' collective efforts to maintain others' wellness (Wilson & Williams, 2013). Caring for others is an act of love, appreciation and empathy and is therefore related to the development of people. This is confirmed by Early et al. (1994), who assert that Afrocentricity is an intellectual movement, a political view and a historical evolution that stresses culture and development. This definition indicates a strong relationship between Afrocentricity and development. The term “development” was described by Chukwuokolo (2009) as a process by which humans seek to maximise the realisation of themselves. The (ibid) further describes the development as a human issue, a concern with the capacity of individuals to realise their inherent potential and effectively cope with the changing circumstances of their lives. Afrocentricity focuses on development because the dialectical inter-phase during European colonisation left Africa and its diaspora psychologically, economically, culturally and politically wrecked. Therefore, the basic mission of Afrocentricity is to guarantee equal opportunities for all people to maximise their talents and skills.

Schiele (1997) shows that within the Afrocentric framework, poverty is intolerable because the support structure is strong, and people secure the collective welfare of everyone in the community. In the same vein, Akbar (1994) says that in traditional African thought, there is an absence of an uncompromising and extreme orientation to individual rights that significantly compromises the welfare of others. The Afrocentric worldview is a set of philosophical assumptions believed to have emanated from common cultural themes of traditional Africa and is thought to help liberate people of African descent and facilitate positive human development and societal transformation for all (Schiele, 1996).

Mbiti (1989) argues that in “the African communal life, the individual cannot exist alone except corporately” (p. 106). This highlights the importance of mutual care for one another, which is endorsed by the maxim “*I am because we are: and we are, therefore I am*” (Mbiti, 1972). The notion of supporting the community is not only about morals but is imperative to community development. To be compassionate and human is reflected in the way people respond to social issues. As part of its mandate to help

impoverished families, the South African government extends the same support to the YHHs. The underlying concern about the welfare of others is engrained in the community of Ga-Maja, where the chief is responsible for the wellbeing of his community by ensuring that people are well cared for; hence, he allows clinics and NGOs to provide services. Caring happens because people's potential cannot be realised in a vacuum. Ramose (1999) found that the potential of a person is "actualised in the practical sphere of human relations and outside this sphere *"motho"* remains a frozen fossil" (p. 194). Nowadays, human interdependency has changed because of socio-political and financial challenges. Therefore, as a financial backup, the government meets the orphans and the needy halfway by providing them with basic needs, such as food parcels and SASSA social grants. Similarly, NGOs and other government structures try to close the gap by providing the needy with food parcels and other needs. The gesture assimilates an Afrocentric approach to addressing the challenges.

In Afrocentricity, caring for others includes going the extra mile, the act of giving a helping hand, and supporting people in need (Mbiti, 1989). Etieyibo (2017) states that the welfare of others is important for the coexistence of the community. Communal care for the YHHs becomes imperative because children live what they have learnt. It is, therefore, important for the community to preserve the YHHs. Therefore, the collective is recognised and maintained, and harmony within the community becomes the order of the day. As the YHHs live in a compassionate and morally ethical community, they become better people. The present study sought to listen to the narratives of young people heading youth-headed households and the narratives of caregivers and elders about youth-headed households in Ga-Maja Village in the Limpopo Province.

African values are important for the upbringing of orphans. In African culture, the YHHs are supposed to be taken care of by the extended family and the community. This perspective suggests that people become complete through interacting with others and realise the importance of others through caring and sharing. In practising *Ubuntu*, the communities become value laden. The Ga-Maja community supports one another to ensure the wellbeing of YHHs through the support structures such as caregiving. Foster et al. (1997) found that orphans have the support of extended family in Africa. However, in Ga-Maja, the situation is different for some of the YHHs heads of YHHs prefer to stay alone with their siblings due to socioeconomic challenges (Kotze, 2011). Furthermore, Mbiti (1970) and Watson et al. (2011) argue that from the mid-19th to the 20th century, social changes took place globally and affected people's way of life and this is visible in the community understudy.

3.6. SUMMARY

Chapter 3 focused on the Afrocentricity Theoretical Framework adopted by the study. The chapter also presented and analysed the fundamentals of Afrocentricity, namely, Ubuntu, spirituality and interconnectedness. This study highlights the Afrocentric worldview considering the values of the Ga-Maja community. These values seem to have changed over time when considering the values and norms enshrined in African culture. Thus, Afrocentricity is applicable in Ga-Maja since it captures the worldview of the study participants. Furthermore, Asante (1991); and Khokholkova (2016) state that Afrocentricity is a matter of culture that substantiates the orientation to centeredness. The Afrocentric method is derived from the Afrocentric paradigm, which deals with the question of African identity from the perspective of African people as centred, located, oriented and grounded. The same is evident in Ga-Maja, where the collective matters the most. The next chapter will discuss this study's research design and methodology.

CHAPTER 4

RESEARCH METHODOLOGY

Afrocentrists see Afrocentricity as a much more humane way of approaching African experiences
(Asante, 2017, p. 3)

4.1. INTRODUCTION

The main purpose of this study was to explore the narratives of young people heading youth-headed households and the narratives of caregivers and elders about youth-headed households in Ga-Maja Village in the Limpopo Province. Chapter three presented the theoretical framework which undergirds this study. Various literature sources were reviewed to understand how experts and scholars conceptualise and theorise on Afrocentricity, Ubuntu, spirituality and interconnectedness. This chapter focuses on the research design and methodology used to collect empirical data. This chapter includes the restatement of research questions, a description of the research paradigm, research design, research approach, research population, sampling, data collection methods, data analysis, study limitation, ethical considerations, trustworthiness and credibility.

In this study, the researcher utilised a qualitative and narrative approach to achieve the research objectives. The narrative method seeks to construct truth through empirical verification, and its purpose is to reduce uncertainty. The further noteworthy point is that the narrative approach aims to create good stories, leading to a holistic understanding of the phenomenon. Sarbin (1986) reports that “Stories seem to be the natural way to recount the experience, and it is also a way of understanding actions or reflections of others” (p. 113). Thus, the qualitative research methodology was used to study reality through the eyes of participants. Bryman (2012) views the social world as interpreted from the participant’s perspectives. Therefore, the narrations are based on the lived experiences of the study participants. A qualitative study is best suited to understand the deeper perspective of participants, which is captured in a face-to-face setting and through observation in a natural setting, and to understand the meaning of the data obtained from the participants’ lived experiences (Marshall & Rossman, 2011).

In explorative research (Creswell, 2009), the researcher’s interaction brings an element of exploration when the researcher asks the participants to narrate their life experiences. Furthermore, the meaning that is provided by the narratives is derived from the participants and their environments, as experiences cannot happen in a vacuum but are intertwined with their environment.

4.2. RESEARCH QUESTIONS

The following research questions guided this research study:

- (a) What are the personal narratives and needs of the heads of YHHs and caregivers in Ga-Maja?
- (b) What is the gendered dimension of the heads of YHHs and caregivers in Ga-Maja?
- (c) What are the sources of support at the disposal of caregivers and heads of YHHs?
- (d) What strategies can be suggested to assist the caregivers and YHHs?

It is crucial to note that the research questions posed were broad at the initial stage and evolved with the participants' responses (Hennink et al., 2011).

4.3. RESEARCH PARADIGM

The “research paradigm” concept refers to a category of elementary presumptions and principles on people’s perceptions of the universe, which serves as a thinking framework guiding researchers’ activities during empirical investigations (Wahyuni, 2012). This definition implies that a research paradigm comprises principles about the universe and how it should be understood and studied. Babbie (2020) defines paradigms as the models or frameworks for observation and understanding which shape what we see and how we understand it, thus providing ways of looking at reality. A major function of a paradigm is to create new perspectives, social environments and new sets of principles that guide new types of actions (Morgan, 2014). In other words, a research paradigm controls and directs how the researcher should conduct the study.

There are four main types of research paradigms: positivism, post-positivism, constructivism and critical theory paradigms. Positivists accept that various researchers who observe similar legitimate problems will achieve a similar conclusion by cautiously utilising statistical tests and administering the same research procedure in investigating a broad sample (Creswell, 2014). According to the objectivist-positivist paradigm, the reality is always describable and quantifiable and therefore, analyses are from a distant and objective perspective. The positivist paradigm emphasises that genuine, real and factual happenings could be studied and observed scientifically and empirically and could as well be elucidated by way of lucid and rational investigation and analysis (Aliyu et al., 2014). Quantitative research is based on this paradigm. Post-positivism paradigm refers to a paradigm that can move positivism from a narrow perspective into a more encompassing way to examine real-world problems (Henderson, 2011).

According to Ryan (2006), post-positivism consists of broad characteristics that bring together theory and practice, allow acknowledgement and encouragement for the researcher’s motivations and commitment to the topic, and recognise that many correct techniques can be applied to collecting and analysing data. This

approach is explicitly anchored in pragmatism, emphasises meanings, and explains social concerns. Another type of paradigm is the critical theory paradigm. According to the critical theory paradigm, reality exists, but it has been shaped by cultural, political, ethnic, gender and religious factors, which interact with each other to create a social system. Critical theory contrasts with the traditional theory that explores and confirms the status quo, whereas critical theory challenges the status quo and strives for a balanced and democratic society (Asghar, 2013). The critical theory is concerned with the issue of power relations within society and the interaction of race, class, gender, education, economy, religion and other social institutions that contribute to a social system.

The last type of research paradigm is called the interpretive paradigm. Interpretivist believes that reality is created by social circumstances and people's opinions (Wahyuni, 2012). According to Rahi (2017), interpretivism is based on the belief that reality is established by social factors and people's understanding of such factors. This implies that people have different assumptions, experiences, and backgrounds that contribute to different realities. In other words, an interpretive paradigm is correlated with subjectivity, and social reality may change and have diversified realities. The aim of conducting research using an interpretive paradigm is to explain events by engaging the world instead of verifying measurable, objective, and factual data. Therefore, this research was guided by the interpretive paradigm.

In this study, participants were engaged to provide their narratives as young people heading youth-headed households and caregivers and elders about youth-headed households. A partnership was thus created between participants and the researcher to understand their realities concerning heading child-headed households. Such a choice is based on the purpose of the research, which was to explore the narratives of young people heading youth-headed households and the narratives of caregivers and elders about youth-headed households in Ga-Maja Village in the Limpopo Province. The interpretive approach allowed the researcher to interview participants from various backgrounds, assumptions and experiences to understand growing up in child-headed households.

4.4. RESEARCH DESIGN

The concept of "research design" refers to the plan or framework for a study, which is used as a guide in gathering and analysing data (Pandey, Pandey, Dwivedi, Bajaj & Kunder, 2020). Akhtar (2016) describes research design as a research structure or a "glue" that holds all the elements of a research project together. Rahi (2017) defines research design as a strategy that researchers use during the research process. The research design is also defined by Denzin and Lincoln (2017) as a category of procedures and rules that researchers should pursue when addressing a research problem. Further, Kumar and Antonenko (2014)

define research design as “a plan that exemplifies the procedure to be followed in obtaining answers to research” (p. 122). Creswell and Creswell (2017) state that research design determines the types of inquiry undertaken, using qualitative, quantitative, and mixed methods approaches that provide specific direction for procedures in a study. Accordingly, the role of research design is to assist in collecting relevant data with the smallest expenditure of money, time and effort.

This study employed a narrative design. Narrative design is a strategy of analysis from the humanities where the researcher studies the lived experiences of individual participants who capture the “holistic understanding of the stories” (Creswell, 2013, p.70). It is the type of discourse that is goal directed and attracts diverse human life events into thematically unified goal-directed processes (Polkinhorn, 1995). The two ways in which social beings communicate and organise reality are through narratives (Brunner, 1986). The main aim of using narratives in research is that “humans are storytelling organisms who lead storied lives individually and collectively” (Connelly & Clendenin, 1990, p. 2). “Stories seem to be the natural way to recount the experience, it is also a way of understanding actions or reflections of others” (Sarbin, 1986, p. 113). Narratives are of special interest to qualitative researchers as they try to understand the fullness of human existence. (Polkinhorne, 1983, p. 5) states that narratives are types of discourse composition that draw together diverse events, happenings and actions of human lives into thematically unified goal-directed processes. In this study, the researcher chose the narrative design because of its ability to explain social relations. Furthermore, it links very well with the interpretive design and assists the participants in narrating the truth through empirical verification.

The narrative design reflects qualitative research designs in which stories are used to describe human action. The stories about the experiences of YHHs were told from their own perspective (Creswell 2013, p.256). In this study, the narrative method allowed participants to accurately convey their own reality by using their voices (Sarbin, 1986; Marshall & Rossmann, 2011) because the participant’s contributions of opinions were experienced in a natural way as they narrated their stories, with the purpose of interpreting their actions and reflections in their normal setting. The nature of narration called for probing to unfold the stories told and, at the same time, allowed participants to reflect on their lives (Creswell et al., 2017). Caregivers gave insight during interviews on personal and individual experiences of caring for the YHHs. Moreover, elders could narrate instinctively on past experiences of child-rearing methods and the importance of Ubuntu.

The second type of research approach employed in this study is the qualitative approach. According to Denzin and Lincoln (2017), the word “*qualitative*” emphasises the entities, processes, qualities, and meanings that are not experimentally examined or measured in terms of amount, intensity, quantity or frequency. The (ibid) states that qualitative researchers stress the socially constructed nature of reality, the

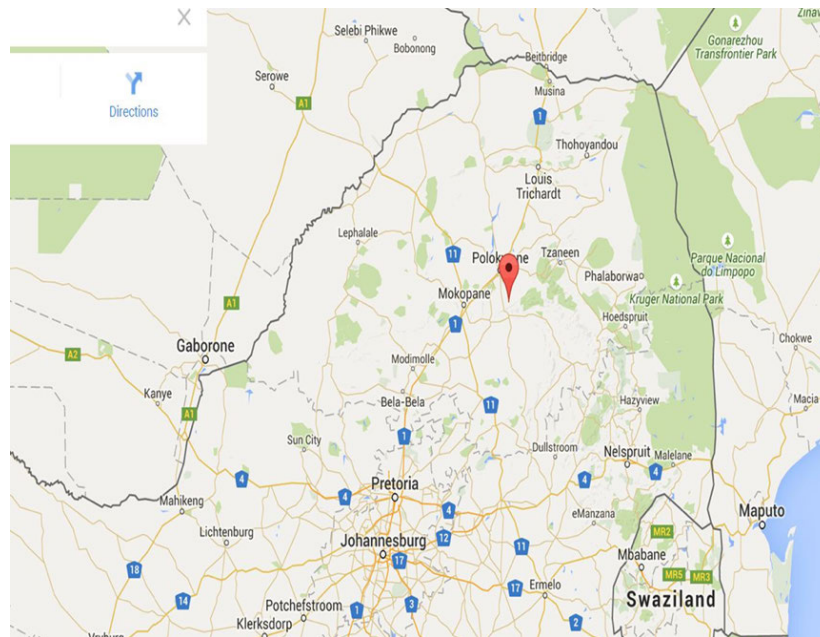
intimate relationships between the researcher and what is studied, and the situational constraints that shape inquiry. Speziale, Streubert and Carpenter (2011) show that a qualitative approach has multiple realities, and is committed to the participants' viewpoints, limits disruption of the natural context of the phenomenon under study, acknowledges the participants in the research process and reports data in a literary style, rich with the participants' commentaries. The qualitative approach also uses people's own written or spoken words.

Babbie (2020) reminds us about the difference between quantitative and qualitative data in social research and between numerical and non-numerical data. Thus, the researcher used a qualitative method to describe and illuminate the participants' lived experiences. Leedy and Ormrod (2019) put it succinctly that qualitative research involves the researcher being immersed in the phenomena to be studied. During this process, the researcher gathers data that describes events, situations and interactions between people and things. To illustrate this, Leedy and Ormrod (2019) show that the qualitative method informs the researcher about the process and the reason for the occurrence of things as they happen in life. This study is based on a qualitative research approach. This approach enabled the researcher to gather what Marshall and Rossman (2016) refer to as a thick description of the story from participants.

4.5. DEMARCATION OF THE STUDY

The demarcation of the study refers to the creation of the borders of the research problem area within which the research will be conducted (Babbie, 2020; Creswell & Poth, 2016). This study was conducted at Ga-Maja, a village in a rural area in the Limpopo Province of SA and was named after the Limpopo River that flows across the province. Furthermore, the name "Limpopo" has its etymological origin in the Sepedi word *diphororo tša meetse* - meaning strong gushing waterfalls (English Dictionary – Educalingo, 2022). Limpopo Province is situated in the North-Eastern corner of South Africa and shares borders with Botswana, Mozambique and Zimbabwe. The province also shares provincial borders with Mpumalanga, Gauteng, and North-West provinces and covers an area of 123 910 km with a population of 5,926,724 million in 2021 (Limpopo Wikipedia, 2021). Figure 3 below is the map of the Limpopo Province showing the geographical location of Ga-Maja Village (red marker).

Figure 3: Map of the Limpopo Province Showing the Location of Ga-Maja Village



Source: <https://www.google.com/maps/place/Ga-Maja,+0745/@-23.8910448,25.842764,6.55z/data=!4m5!3m4!1s0x1ec12e99570831e5:0xc96e5c17336ac118!8m2!3d-24.1630564!4d29.5542683?hl=en>

Chief Maja is the chief of the village which has a total population of 8,053 people in 2,020 households. The village is situated 40 km southeast of Polokwane, the capital city of Limpopo Province. The province is a mining and farming province, and most people are unemployed, relying on social grants for a living. Ga-Maja consists of eight villages, and each village has an *induna/ntona* who supports the chief, as the villages are sparsely populated.

4.6. POPULATION OF THE STUDY

The term “population,” according to Neuman (2013), refers to “the group of people from which a sample is selected and the pool of people to which the results of the study are applied” (p. 241). Rahi (2017) defines population as all people or items one wishes to understand. Brynard et al. (2014) define a population as a group of people, objects, or events with common features that the researcher is interested in researching. In this study, the population consisted of all heads of YHHs, caregivers, elders and the Sentahle NGO. The NGO was chosen because organised structures, such as home-based caregivers, YHHs and elders, are attached to it. The population for this research was drawn from Ga-Maja in Limpopo Province, under the traditional authority of Kgoši Maja.

4.7. SAMPLING

According to (Guest et al. 2013, p. 41), “sampling is the process of selecting a subset of items from a defined population for inclusion into a study”. Purposive sampling was used to select participants who are believed to be knowledgeable and have experience with the activities affecting the YHHs, elders and caregivers (Chilisa, 2012; De Vos et al., 2005; Miles et al., 2014, Cresswell, 2013 and Denzin et al., 2013). Purposive sampling was preferred because the study focused on narrating participants’ lived experiences. Ga Maja consists of several villages, and at the time of conducting research, the following villages participated in the study, Matshelapata, Setaseng, Ditshweneng, Feke, Ga-Phiri, Matshana, Mmoto wa bogobe and Kopermyn.

Snowball sampling was considered for choosing the YHHs as the researcher relied on the recommendations of the caregivers taking care of orphans. The researcher chose the eminent Sentahle to serve as a sample as it was the first NGO to operate in the village and has been in operation for seventeen (17) years. The total number of participants is thirty (30) and comprised of the following ten (10) YHHs, ten (10) caregivers and ten (10) elders. The age limit of 18-35 was restricted to YHHs. Regarding gender, each component was made up of an equal number of males and females, that is, five (5) in each component. However, the suggested component could not be reached for YHH and caregivers. For caregivers, the females outnumbered the males, where only one (1) male participated in the study. Regarding the YHHs, two (2) males headed the families compared to the females’ counterparts.

The study participants (caregivers and elders) volunteered after our initial meeting, which introduced the aims and purpose of the study. The researcher explained to the participants that the study was about their lived experiences and participation was not compulsory, and the information would be shared without reference to the names of the participants or descriptive identifiers. (Tobias, 2001) The participants were part and parcel of Sentahle NGO and were willing to participate unconditionally. Table 1 The table below elucidates the participant’s demographic information.

Table 3: Young people heading *Youth Headed Households*

Participant	Gender	Age	Language	Education Level
1	Male	24	Sepedi	Masters
2.	Female	32	Sepedi	Grade 9
3.	Female	25	Sepedi	Grade 11
4.	Female	25	Sepedi	Grade 9
5.	Female	34	Sepedi	Grade 7

6.	Female	24	Sepedi	Grade 10
7.	Female	29	Sepedi	Grade 12
8.	Male	27	Sepedi	Grade 8
9.	Female	23	Sepedi	Grade 11
10.	Female	27	Sepedi	Grade 12

Table 4: Caregivers

Participant	Gender	Age	Language	Education level	Service duration
1.	Female	56	Sepedi	Grade 12	10
2.	Female	39	Sepedi	Grade 12	11
3.	Female	41	Sepedi	Grade 11	9
4.	Female	37	Sepedi	Grade 12	7
5.	Female	33	Sepedi	Grade 10	14
6.	Female	52	Sepedi	Grade 12	17
7.	Female	41	Sepedi	Grade 11	15
8.	Male	40	Sepedi	Grade 12	9
9.	Female	46	Sepedi	Grade 10	17
10.	female	41	Sepedi	Grade 11	11

Table 5: Elders

Participant	Gender	Age	Language	Education Level
1.	Female	80	Sepedi	Retired senior professional Nurse (matron)
2.	Male	83	Sepedi	Retired Teacher
3.	Female	62	Sepedi	Retired teacher
4.	Male	79	Sepedi	Retired Metal worker
5.	Female	69	Sepedi	Retired enterprise worker
6.	Male	79	Sepedi	Retired Quality controller
7.	Female	70	Sepedi	Retired Educator
8.	Male	68	Sepedi	Retired teacher
9.	Female	75	Sepedi	Retired senior professional nurse
10.	Male	71	Sepedi	Retired worked at railway

- ***The participants who volunteered to participate in the study***

The age range of participants was 23-80 years of age. For YHHs, 18 years was the justified age for interviewing participants however, the participants' age commenced at 23-34 years; the caregiver age ranged from 33- 56 (excluding the caregivers who are also YHH), and the elders' age ranged from 62-83. They were born and bred in the village, and all belonged to the community of Ga -Maja either by birth or marriage. The aim of interviewing both males and females was to understand if there was a gender difference regarding the participants' lived experiences. The literature reviewed by the researcher pointed out the difference in society's expectation of caregiving with reference to caregivers.

4.8. PILOTING

According to Baker (1994, p.182), piloting refers to pretesting a study, the feasibility study, or trying out a particular research instrument. Piloting is commonly used to assess the practicality of the main study in respect of its implementation before the main study is conducted. The interview schedules were piloted in Ga-Maja Village among people who did not participate in the study and were conducted in January 2018. The pilot study was undertaken to test the questions' suitability and allow the researcher to test the viability of the research before the main study was conducted. Therefore, the pilot study assisted the researcher in revising some of the questions to make them clearer to the participants.

In the pilot study, the researcher interviewed two participants in each category. After the pilot interviews, some of the questions were adjusted to suit the participant's level of understanding. This became necessary when the participants responded to questions because their responses seemed far-fetched. The adjustment of some of the questions helped to amass more information during the study because the participants could identify themselves with the questions asked, and they were better able to answer the questions with ease and confidence.

4.9. DATA COLLECTION

Data collection is the process of gathering and measuring information on targeted variables in an established system, which then enables one to answer relevant questions and evaluate outcomes (Creswell, 2014). In this study, individual interviews were conducted to collect the data from the heads of households, elders, and caregivers. Individual interviews allow an interviewer to communicate with one research participant at a time (Creswell, 2014). The individual interview is a valuable method of gaining insight into people's perceptions, understanding and experiences of a given phenomenon, and it can contribute to in-depth data collection (Ryan et al., 2013). In this study, individual interviews were viewed as appropriate because they

allowed the researcher to probe participants' deeper understanding, beliefs, attitudes, desires and experiences to acquire detailed information.

There are two categories of interviews, namely, structured and unstructured interviews (Chauhan, 2019). Structured interviews present a particular set of predetermined questions prepared by the interviewer in advance, while an unstructured interview refers to an interview in which the questions to be asked are not set in advance (Magnusson & Marecek, 2015). In structured interviews, the questions, order, wording and sequence of questions are similar and permanent for every participant (Brynard et al., 2014). A structured interview was preferred to ask all participants related questions in this study. Marshall and Rossman (2014) and Flick (2018) argue that semi-structured interviews are suitable for this type of research since they require in-depth explanations from the participants to unleash rich original knowledge. The interviews were intended to gather information on the participants' experiences, understandings and feelings about child-headed families. The heads of the YHHs were interviewed at their homes, while all the other participants were interviewed at the Sentahle Drop-in Centre, and each interview lasted one (1) hour.

An interview schedule is a list of questions that guide the interviewer through the interview (Creswell, 2014). The interview schedule was used in this study, and it offered a framework and sequence for the questions and helped the researcher to maintain some consistency across interviews. A participant was asked a question and was allowed to talk freely while the researcher guided the discussion to ensure that all the responses were relevant. During the interview, the researcher was flexible, allowed slight deviations from the topic, and probed where necessary. Each participant was interviewed for 60 minutes. An audio tape recorder was used to capture participants' narrations during the interviews. The tape recording enabled the researcher to focus on the discussion and probe where necessary.

4.10. DATA ANALYSIS

The concept of "data analysis" refers to a process of exploring and understanding data to derive meaning and develop empirical knowledge (Babbie, 2020). Data analysis aims to describe the data clearly, identify what is typical and atypical of the data, bring to light differences, relationships and other consistent patterns existing in the data and answer research questions. This study utilised narrative data analysis to analyse the data collected through interviews. Understanding qualitative research data analysis is the first step to conducting narrative data analysis (Creswell, 2014). Furthermore, qualitative data analysis is an inductive process that is comprised of examining raw data, organising the data into categories, identifying patterns and relationships amongst the categories, reducing them to themes through coding and recording processes

and representing the data in figures, tables and narratives in a final research text. Qualitative data analysis consists of four basic elements: codes, categories, patterns and themes (Creswell et al., 2007).

The researcher used the narrative data analysis by Polkinghorne (1995), who asserts that narrative reasoning operates by noting the differences and diversity of people's behaviour. "Narrative data analysis is the approach to the elicitation of accounts in the form of the stories told by the narrations. It is a shift from what happened to how people make sense of what happened; and to what effect. Narrative analysis can be employed in relation to documents to provide a potential strategy for analysing such sources" (Bryman, 2012, p. 584) The purpose of narrative data analysis is to understand meaningful human experiences that are given through the storytelling of the research participants. The narratives that were collected in Ga-Maja reflected diverse aspects of experience that involve human actions or events that affect human beings (Polkinghorne, 1988)

The researcher used the narrative method to tease out the culturally viable understandings of participants that made sense of their own lived experiences. Polkinghorne (1988; 1995); Ricoeur 1984; 1992) Ricoeur (1986, p. 75) writes: "We tell stories because in the last analysis human lives need, and merit are being narrated", furthermore, how, what they say impacts on their lives.

In this study, the experiences of participants were narrated, and participants had the opportunity to share their lived experiences based on their identity and the African perspective. This meant that verbal and nonverbal narration was taken into consideration. This happened because telling and listening to stories is an activity that involves bodily processes: the body and its parts were used as communicative instruments and as sources for structuring and interpreting stories (Andrews, Squire, & Tamboukou, 2013). The researcher chose the narrative method to understand or explain behaviour or beliefs, identify processes and understand the context of people's experiences. (Hennik et al., p. 17) Similarly, study participants can reflect on their life stories (Flick, 2010).

In this study, the researcher employed the narrative analysis method illustrated by Polkinghorne, summarised as follows:

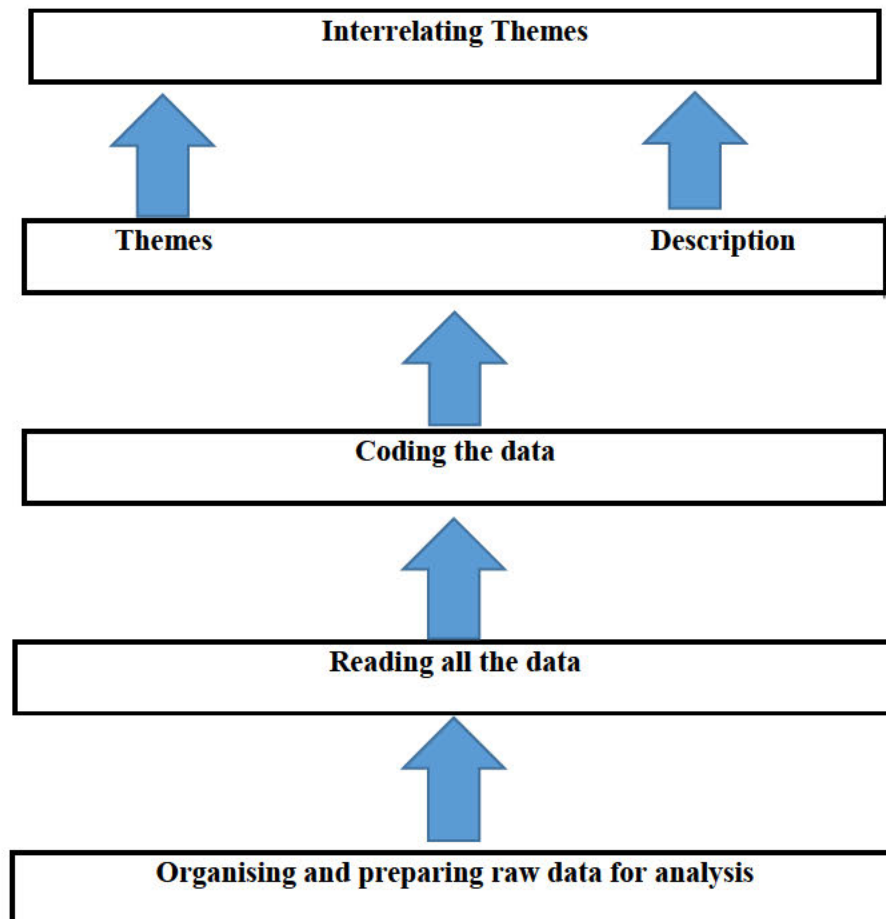
- Polkinghorne's (1995) method of analysis called analysis of narratives (paradigmatic mode of analysis) was used
- In this study, the researcher organised consistent human experiences with the same characteristics and categories. Polkinghorne's (1995) paradigmatic mode of analysis is born from a grounded theory developed by Glaser and Strauss (1967) This type of analysis is summarised as follows:
 - (a) The researcher repeatedly flirted with data.

(b) The researcher classified concepts of the same meaning together.

- According to Polkinghorne (1995), the paradigmatic mode of cognition produces cognitive networks of concepts that allow people to construct experiences as familiar by emphasising the common elements that appear over and over”.

In the process, the researcher continually identified similar concepts and categories from the data. This was an effort to develop themes from data. This is a situation where themes are created inductively (Polkinghorne ,1995). The themes developed assisted the researcher in determining the findings from the data. Figure 4 below illustrates the seven steps that were followed when analysing the data of this study. What follows the figure are brief explanations of the process in each step, as outlined by Creswell (2009).

Figure 4: Steps in Thematic Analysis Method (Creswell, 2009)



Step 1: Organising and preparing. After collecting the data, the researcher created the transcriptions of the interviews, which assisted her in acquiring a better understanding of the study. In this step, the researcher sorted and arranged the data into diverse types depending on the source.

Step 2: Read through all the data. The researcher studied the interview transcripts and obtained a general sense of the information. The researcher then reflected on the data's overall meaning to understand the participants' general ideas. Thereafter, notes were written on the margins, recording thoughts about the data.

Step 3: Coding the data. Here, the researcher reviewed the transcripts and gave labels or names to the parts of the data. The researcher picked one document, went through it, and asked what that document was about. Then, the researcher wrote the thoughts on the margins. After several transcripts were read, the researcher made a list of topics and clustered them with related topics. The researcher returned to the data, abbreviated the topics as codes and wrote the codes next to the appropriate text segments. Then found the most descriptive wording for the topics and categorised them. The topics which related to each other were grouped and abbreviated in each category, and assembled the data belonging to each category was in one place.

Step 4: Generating a description and theme. Description involved a detailed rendering of information. In this step, the researcher used the code to generate a small number of themes or categories. These themes are the ones that appeared as major findings and were used to create headings and subheadings in the next chapter of the thesis.

Step 5: Interrelate themes. Here, the researcher used a narrative passage to convey the findings of the analysis. The themes were interconnected into a storyline, and additional layers of complex analysis were built using tables to aid the discussions.

Step 6: Interpretation. This was the last step of data analysis in this study. As shown, the researcher made sense of the meaning of the data derived from comparing the findings with the information collected from the literature and theories reviewed.

4.11. ENSURING THE TRUSTWORTHINESS AND CREDIBILITY OF THE STUDY

The trustworthiness of the research means the extent of correspondence between the descriptions of the occurrences and the actuality of the universe (Creswell, 2014). McMillan and Schumacher (2014) assert that to regulate the preciseness of the research data, debate the universality of the research, and suggest the

probability of duplicating research is considered the methodical proof of the study. The researcher acquires these procedures by creating the trustworthiness of the research.

McMillan and Schumacher (2010) define the term “credibility” as the level of similarity between the universe's actuality and the phenomena' description. The standards of credibility are aimed at designing that the results of qualitative research are reliable or acceptable from the participant's perceptions of the research procedure. The researchers use different criteria to ensure the trustworthiness and credibility of the research (Pandey & Patnaik, 2014). In this research, the following criteria were applied to ensure the quality and integrity of the research process:

(a) Prolonged Engagement

This entails staying in the field with the participants until data is saturated. When a researcher stays in the field until data saturation, a deep comprehension of instructional leadership and the participants' opinions, experiences and cultures are acquired. Spending extensive time in the field aims to build trust and rapport between the researcher and participants, which is needed to gather rich data (Schultze & Avital, 2011; Noble & Smith, 2015). This view is shared by McMillan and Schumacher (2010), who highlights an “extensive collaboration” between the investigator and the participants to acquire sufficient comprehension of a particular organisation and to create collaboration and confidence between the parties. Thus, the researcher remained in the field for one hour with each participant until data saturation occurred. Each participant was provided with sufficient time to answer and ask questions. The researcher also probed most participants' responses to acquire more information.

(b) Use of Heterogeneous Sample

The trustworthiness and credibility of this study were also ensured by using a heterogeneous research sample. A heterogeneous sample is a model that is not uniform in composition and is composed of items or individuals that are different from one another (Creswell, 2014). Thus, the heterogeneous sample consisted of ten (10) household youth, (10) ten caregivers, (10) ten elders, male and female and young and older participants.

(c) Review of Data by the Participant or Member Checking

In this study, the researcher also guaranteed the trustworthiness and credibility of the study by allowing the participants to review the data provided (Connelly, 2016). Review of data or member checking refers to the verification by participants through casual conversations in informal settings (Candela, 2019). McMillan and Schumacher (2010) regard member checks as the most significant process that can bolster the study's credibility. In this study, member checks related to the correctness of the information provided were

conducted “on the spot” during the interviews and after the data collection process. As shown, member checks focused on whether the participants considered their words to match what they intended to communicate. The participants listened to the tape recorder and determined whether the tape recorder had accurately captured what they said. The researcher used the tape recorder to provide genuine and complete records of the data collected by means of interviews (McMillan & Schumacher, 2014).

(d) Data saturation

Data saturation in a qualitative study means a process conducted to ensure that enough data answers the research questions (Walker, 2012). Data saturation is achieved when there is sufficient data, and repeating the research no longer necessary (O’Reilly & Parker, 2013). In this study, the researcher stayed in the field until data saturation, and a deep comprehension of youth-headed households and the participants’ opinions, experiences, and cultures was acquired. McMillan and Schumacher (2010) prefer an “extensive collaboration” between the investigator and the participants to acquire sufficient comprehension of a particular organisation and create collaboration and confidence between the parties. Research experts recommend various strategies for data saturation; i.e., McMillan and Schumacher (2010) indicate that data saturation may be achieved by conducting 20 to 30 interviews and that the interviews should last an hour or more. Weller et al. (2018) emphasise that the number of interviews needed for a qualitative study to reach saturation is a number that cannot be quantified, however, the interview questions should be structured to facilitate asking multiple participants the same questions. Fetters et al. (2013) state that reaching saturation means conducting 20 to 60 interviews. In this study, data saturation was ensured by interviewing 30 participants, asking the interviewees the same questions, and conducting individual interviews that lasted one hour.

(e) Pilot study

In this study, the trustworthiness and credibility of the study were achieved by conducting a pilot study. A pilot study is a small-scale version of a planned study conducted with a small group of participants similar to those recruited later on a larger-scale (Doody & Bailey, 2016). According to Doody and Doody (2015), a well-conducted pilot study with a clear aim and objectives within a formal framework ensures methodological rigour and can lead to higher-quality research and scientifically valid publishable work. Pilot studies are done to test the validity and reliability of the research instruments to make the necessary adjustments before the commencement of the main study. The function of a pilot study is to establish the trustworthiness of an instrument, improve questions and format, evaluate the procedures, and gather data before the main study is conducted to enhance the quality of the research (Fetters et al., 2013). At the end

of the pilot study, the participants were requested to comment on the research questions. The research instruments were thus adjusted accordingly.

(e) Use of thick description (narrating)

The concept of “*use of the thick description*” involves deep sense and detailed accounts of a phenomenon of inquiry with consideration of the contexts in which it occurs (Creswell & Miller, 2000; McMillan & Schumacher, 2010). Thick description involves complete and rich explanations of participants’ experiences of the phenomena and the context in which these experiences occur (Leeds-Hurwitz, 2015). In this study, the researcher guaranteed trustworthiness and credibility by conducting a thick description of the phenomenon through narration under scrutiny. Furthermore, the detailed narratives were incredibly significant in ensuring transferability because they assisted the researcher in communicating the actual situations that have been investigated and the contexts that surrounded them.

(f) Promotion of honesty

In this study, the trustworthiness and credibility of the study were also ensured by promoting honesty. To promote honesty, all the participants of this study were not forced to participate. This process ensured that the provision of data would only involve the people who were genuinely willing to take part and prepared to offer data honestly and freely.

(g) Transferability

The trustworthiness and credibility of the study were also ensured by transferability. The term “transferability” means the extent to which qualitative results can be generalised or transferred to other contexts or settings (Denzin & Lincoln, 2005; Guba & Lincoln, 1994). In qualitative research, transferability is the primary responsibility of the person who is doing the generalising. The researcher promoted transferability by performing a thorough function of clarifying the research context and the assumptions that are central to this study. After the publication of this study’s findings, anyone interested in transferring the findings of this study to a different context will be responsible for making the judgment of how sensible the transfer would be.

(h) Dependability

The researcher guaranteed the research quality by ensuring effective dependability in the study. Dependability guarantees that the research results are always similar and can be repeated. This was measured by the standard by which this research was conducted (Lincoln & Guba, 1982). The researcher ensured the dependability of this study by implementing an effective and reliable method of data collection, analysis and presentation.

(i) Confirmability

The trustworthiness and credibility of the study were ensured by confirmability. The term “confirmability” describes the degree to which the results or findings can be corroborated or confirmed by other people (Amankwaa, 2016; Guba & Lincoln, 1994). Confirmability is based on the acceptance that there is no objective research. Confirmability is aimed at addressing the fact that research findings should represent the situation being researched as far as is humanly possible rather than the researcher’s beliefs, pet theories, or biases. The researcher implemented procedures for checking and rechecking the data throughout the study. At the end of the study, the researcher conducted a data audit to examine the data collection and analysis procedures and made judgments about the potential for bias or distortion.

(j) Mechanical recording of data

The researcher also ensured the trustworthiness and credibility of the study by recording the individual interviews. The tape recorder aims to provide genuine and complete records of the data collected (McMillan & Schumacher, 2010). During the interviews, all the responses of the heads of households, elders and caregivers were recorded using a tape recorder.

4.12. ETHICAL CONSIDERATIONS

The concept of “ethics” refers to the beliefs of what is correct or incorrect from a moral view (McMillan & Schumacher, 2010). This view is confirmed by Babbie (2020), who asserts that ethical research consideration refers to any method that the researcher uses to ensure that moral principles guide the research. This implies that the researcher should follow moral guidelines for the research findings to be reliable and relevant. In this study, the researcher adhered to the following most important ethical standards of the research described by Babbie (2020), Bless et al. (2006) and McMillan and Schumacher (2010).

(a) Getting Permission to Conduct the Study

In undertaking this study, the researcher ensured that ethical requirements complied with the University of KwaZulu Natal policy (Wa-Mbaleka, 2019). Firstly, I submitted and defended the proposal in front of the Higher Degrees Committee of the University of KwaZulu Natal and requested permission to conduct the study. I then submitted an application for ethics clearance to the Higher Degrees Committee of the School of Applied Human Sciences of the University of KwaZulu Natal. I subsequently obtained ethical clearance certificate number HSS/0616/017D and an approval letter (Appendix 3) from the University of KwaZulu Natal Ethics Committee, which allowed me to conduct the study.

Similarly, the University of KwaZulu Natal Ethics Committee provided me with a clearance certificate that granted me access to the Department of Health to request permission to conduct research at Ga-Maja. I

then requested permission to conduct the study in Ga-Maja Village from the Department of Health. The Department of Health permitted me to conduct research in Ga-Maja Village in Limpopo Province (Appendix 5).

(b) Informed Consent

Informed consent is a voluntary agreement to participate in research (Earl-Babbie, 2013), it involves researchers from public or private organisations educating prospective research participants about a proposed study and prospectively seeking their consent to participate (Babbie, 1998; Earl-Babbie, 2020). To guarantee informed consent for participating in the study, the researcher gave all the participants information about the study. In research, the informed consent process serves two purposes: to make individuals aware of the risks and potential benefits of their research participation and establish their voluntary willingness to participate (McMillan & Schumacher, 2010). From the onset, the researcher met all the participants and explained the research goals and their rights, i.e., rights to informed consent. The researcher also requested entry into the study area from Chief Maja. As advised by Bless et al. (2006), the researcher also informed participants that the study's findings might be used to improve the YHHs. Finally, the researcher requested participants to sign the consent forms indicating their willingness to participate in the study.

(c) Voluntary Participation

Voluntary participation refers to human subjects' exercise of free will in deciding whether to participate in research (Shepherd, 2012). In this study, all participants were informed that they were not forced to participate. All the participants were given enough time to decide whether they intended to be the research participants. The researcher also informed participants that they had the freedom to stop their participation in the research at any time without any consequences.

(d) Right to privacy and confidentiality

The term "privacy" refers to the control over the extent, timing, and circumstances of sharing one's physical, emotional and intellectual space with others, physically, behaviourally, or intellectually with others (Surmiak, 2018). On the other hand, confidentiality means treating information that an individual has disclosed in a relationship of trust and with the expectation that it will not be divulged to others without permission (Surmiak, 2018). Therefore, the researcher guaranteed the privacy and confidentiality of the participants in the research by not exposing their names. This was done to avoid negative consequences, such as damaging their reputation or embarrassing them (Denzin & Lincoln, (Eds.), 2017). The privacy of participants was also protected by conducting individual face-to-face interviews with all the participants at the offices of Sentahle NGO. The researcher also guaranteed that all the information collected from the

participants would be kept in a safe place. The researcher stored all the hard data in a locked cabinet in the office, and all the information was destroyed after one year. The researcher also stored all electronic data on a computer not used by the public and required password access. The researcher also guaranteed the participants that the research information and findings would only be used to complete this study and that the information would not be shared.

(e) Plagiarism

The ethics of the study were also ensured by avoiding plagiarism. The term *plagiarism* means “not giving credit to a source of an idea or writing” (McMillan & Schumacher, 2010). Plagiarism is a very serious offence equated to stealing, even if you did not do so intentionally, and it can result in the research being discredited (Crook & Nixon, 2019). In this study, the researcher avoided plagiarism by paraphrasing (putting it in their own words), proofreading, citing or duly acknowledging all the sources used, quoting (using the source exactly the way it appears) and using an online plagiarism checker.

(f) Minimisation of Risk to Participants

The term “risk” refers to the probability of harm (physical, psychological, social, legal or economic) that occurs as a result of participating in a research study (Creswell, 2014). Handling sensitive information may result in injury to subjects through a breach of confidentiality, and these breaches may result in embarrassment, loss of employment or criminal prosecution (McCosker et al., 2001). Therefore, it is very important to assess the potential risks before starting the research. In this study, the researcher ensured that no participant was exposed to any risk, danger, discomfort, emotional stress or humiliation. This was ensured by identifying the risks associated with the research and determining how the risks would be fully minimised where possible. The researcher also informed all the study participants that this project would never interfere with or interrupt their lives.

(g) Promotion of Honesty

The researcher ensured this study's ethics by ensuring that all the participants were honest. This was promoted by ensuring that all the participants were not forced to take part. The participants enjoyed the freedom of refusing to participate in this study. This freedom ensured that all the participants were honest in providing the information because no one forced them to participate.

4.13. LIMITATIONS OF THE STUDY

The study's limitations refer to all the potential weaknesses of research that the researcher cannot control (Creswell, 2014). This study was limited by only conducting the study in one village, namely, Ga-Maja in Limpopo Province. Lack of time and financial challenges forced the researcher to conduct the study in Ga-

Maja village. The researcher believes that the limitation of the study to only one village has decreased the generalisability of the study. The researcher could have avoided this limitation by conducting this study in three or four villages of the Limpopo Province. Despite this limitation, the researcher believes that the findings of this research will contribute extensively to enhancing the lives of youth-headed households in Ga-Maja Village and other villages.

4.14. SUMMARY

The chapter provided the justification for Afrocentricity as a theory suitable for the paradigm for the study. This chapter also discussed the research design and methodology of the study. The chapter included the research questions, research approach, population, sampling, data collection, data analysis, trustworthiness and credibility of the study, ethical considerations and limitations of the study. The next chapter deals with the research data's findings, analysis and interpretation.

CHAPTER 5

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

“It is essential for an intellectual to be fully committed to making a difference in the analysis and interpretation of situations involving people of African descent. Who can now continue to make analysis of African situations without advancing the idea of Africans as subjects within their own narratives? (Asante, 2017, p. 3).”

5.1. INTRODUCTION

The primary aim of the study was to explore the narratives of young people heading youth-headed households and the narratives of caregivers and elders about youth-headed households in Ga-Maja Village in the Limpopo Province. The previous chapter focused on research methodology and design, including research paradigm, population, research design, data collection and research approach. It also included sampling, data analysis, trustworthiness and credibility, ethical considerations and limitations of the study. This chapter presents the analysis and interpretation of the data collected through interviews. This study presents, analyse and interprets data in Chapters 5 and 6.

The following four research questions guided the two chapters:

- (a) What are the personal narratives and needs of the heads of YHHs and caregivers in Ga-Maja?
- (b) What is the gendered dimension of the heads of YHHs and caregivers in Ga-Maja?
- (c) What are the sources of support at the disposal of caregivers and heads of YHHs?
- (d) What strategies can be suggested to assist the caregivers and YHHs?

Chapter 5 presents the findings concerning the first two research questions, while Chapter 6 presents the findings concerning the last two. The next section focuses on the presentation, analysis and interpretation of data collected from heads of youth-headed households, caregivers and elders through individual interviews.

5.2. ANALYSIS OF DATA COLLECTED FROM HEADS OF YOUTH-HEADED HOUSEHOLDS, CAREGIVERS AND ELDERS

This section focuses on the presentation, analysis and interpretation of data collected through individual interviews with heads of youth-headed households, caregivers and elders from Ga-Maja Village in the Limpopo Province. The thematic Data Analysis Method was used to analyse the qualitative data described in section 4.11 of Chapter 4. In this chapter, the participants' views and feelings about child-headed households are presented in a narrative form, supported by evidence in the form of verbatim extracts from

the interview transcripts. In this section, the participants are referred to as heads of youth-headed households 1-10, caregivers 1-10 and elders 1-10. As indicated above, this chapter is based on research questions 1 and 2, and the findings are categorised into the following two main themes and sub-themes:

Table 6: *The first set of Main Themes and Sub-themes*

MAIN THEME	SUB-THEMES
1. Personal narratives and needs of the heads of YHHs and caregivers in Ga-Maja Village	<ul style="list-style-type: none"> • The socio-economic aspect • Need to have stable housing/shelter • The need for emotional support • Financial challenges • Narrative of hope • Need for love and belonging • Shared experience, common identity, and purpose.
2. The gendered dimension of the heads of YHHs and caregivers in Ga-Maja Village	<ul style="list-style-type: none"> • Hygiene, bathing and personal care • Transactional relationship • The disproportionate burden of caring.

The above two main themes are based on the first two research questions of the study. The following section focuses on the presentation, analysis and interpretation of data collected from the heads of households, advisors and elders through individual interviews.

5.2.1. Personal Narratives and Needs of the Heads of YHHs and Caregivers in Ga-Maja Village

This theme emerged from Research Question 1. The participants were asked questions about the personal narratives and needs of the heads of YHHs and caregivers in Ga-Maja Village. An analysis of the findings of this study produced five sub-themes: the loss of childhood innocence, the need to have stable housing or shelter, the need for emotional support, financial challenges, the narrative of hope and the need for love and belonging.

5.2.1.1. The socio- economic aspect

This sub-theme emerged from the analysis of the participants' responses. The participants were asked to give personal narratives about the needs of the heads of YHHs and caregivers in Ga-Maja Village. An analysis of the data indicates that the YHHs are prematurely thrust into positions of responsibility and caring

for their family members, some older than them. In a context characterised by economic hardships, this role reversal interferes negatively with the youth's psychosocial developmental trajectories. The following extracts confirm this finding: the participants' responses.

Extract 1: Head of YHH 6

...wa mathomo ke mošimane o bethilwe ke stroke, ga a bereke, o iphelela ka ya modende, wa bobedi o Gauteng, o bereka dipiece jobs, wa boraro o a bereka o na le mosadi le bana gomme o re o lebeletše lapa la gagwe, wa bohloano le yena o dula le rena, ke nna ke ba hlokometšego. Ba bangwe ba dula Gauteng. Ke a mo hlapiša, ka mo hlatswetša, ka, ka bona gore o sekono, ka bona gore o jele, o nwele dipilisi le ge a eya kliniking ke a mo felegetša. Go boima, ee, go boima. Nna ke ngwana ke be ke swanetše ke ihlokomele. Ke lesitše sekolo ka go bona gore, go boima ke bona o ka re community e ka re thuša ka go re e nyakele buti motho yoo a ka mo thušago. Ge a eya go gola ke kgopela motho wa monna yo a fetago ka tsela gore a tle a mo hlapiše. Buti o na le mengwaga e 46 ge o mo hlapiša o fila bad ka gore ge ke re a hlobola borokgo ke mo hlapiše; o tšea borokgo a bo bee mo matolong a re mphumule maoto. Ee, ge go tlile motho yo mongwe wa monna o a dumela gore ba mo hlapiše. Ke bona o ka re ke ba yo mogolo ke se ka swanela go ba motho yo mogolo ke bona o ka re ke nna ke tšereng maikarabelo. Ke fila o ka re ke nna ke tšereng maikarabelo, ke bona o ka re ke na le ngwana yo ke ke dutšego nae. Nkabe ke swana le bana ba bangwe. Eee..., ka gore ke pallwa ke go ba le bakgotse ke re ba tlo ntshega ba re butiago..., Why batswadi ba re šeile go le ka mokgwa wo?

English Version

The firstborn succumbed to a stroke, and he is unemployed. He depends on a government grant. The second brother works temporarily in Gauteng. The third lives with his children and wife and only cares for his family. The fifth stays with us. I make sure that the elder brother is bathed and his laundry is washed. I make sure that I cook for the household. I ensure that my brother takes his medication. I accompany him to the clinic and also when he goes to collect his grant. My responsibility is to make sure that he takes a bath. However, I must find a male passer-by to assist him as I am a woman. My responsibility is to ensure he is clean and takes the medication regularly. It is a challenge; yes, it is a challenge. I am still young and supposed to be taking care of myself. I left school to take care of my brother because there was no one to care for him. I would appreciate having a male person who can bathe him, especially when we go to collect his grant.

He is 46 years old and feels bad when I bathe him. I, therefore, ask the male passer-by to bathe him. I must accompany him to the clinic. I the responsible, and I'm becoming an adult before my time. It is as if I have a child, yet I do not have one. I don't even have friends. I avoid them because I'm

worried he will become a laughingstock. The question remains; why did our parents die and leave us this way?

This extract is from Participant 6, a 24-year-old female head of the household. The above extract reveals a female head who took on the responsibility of caring for the siblings at a tender age. Furthermore, she had to leave school to care for her elder brother, who had suffered a stroke. As the only female in the household, she was forced to take on the responsibility prematurely. Even though she had other male siblings, they never bothered to assist her, as they were not staying in the same household. The head of this YHH takes care of her brother and makes sure she cooks and bathes the sibling. Bathing her brother is a challenge because her brother is uncomfortable and prefers to be bathed by a male passerby. She does not have the luxury of being with her age mates because of the premature responsibility that she took. That is why she blames her parents for dying. Mogotlane et al. (2010) reveal that the YHHs are left destitute. The experience of YHH 6 is similar to the findings of Moyo (2017), who discovered that some of the heads of YHHs might not be able to complete their studies as they are forced to ensure that their siblings are catered for.

Extract 2: Caregiver 7

YHHs ke yena a tšeang responsibility, ke yena a hlokometšego lapa labo. Ee le ge a sa šome o bona polane gore bana ba gabo ba a ja, ba a hlapa, gape go boima. Ga go yo a šomago ba phela ka tšhelete ya molwetši ya modende e lego malome wa bona. Eish go boima, ee... go boima (sigh, then silence). Go boima go ba mma le go ba papa, ka lebaka le gore nto ye nngwe le ye nngwe e lebeletše wena (silence). Go thoma ka society, bupi, uniform ya bana ba sekolo e nyaka o bereka.

English version

The young person takes responsibility by caring for the household... Yes, it is not easy, the young woman sees that her siblings wash and eat. No one works in the family is working. They live on their uncle's SASSA grant. Eish, it's really challenging (sigh, silence). It is challenging to be a father and mother because you must attend to everything in the household. (silence). Starting from society, food and the school uniform. One has to work to afford all these.

The following extract is a response from Participant 7, a 45-year-old female caregiver. The above response is meant to endorse the premature adult responsibility taken on by the head of YHH. In the extract, the caregiver shares her experiences concerning the challenges faced by the heads of YHHs and the challenges they face in their responsibility to maintain the households. The heads of YHHs as breadwinners must ensure that siblings are well taken care of. She expressed her frustrations with what the head of the YHH was going through in making ends meet, starting from providing the household with food and uniforms for

her siblings. She felt that the grant they received needed to be increased and wished they could find work to supplement the grant.

The participant's challenges show a lack of empathy or *Ubuntu* in the community. *Ubuntu* means sacrificing for others, caring for and protecting fellow humans (Marfo, 2015). When *Ubuntu* is applied, children with life-limiting conditions will be connected and receive care from community members. Community members in the village must practise empathy and understand that *Ubuntu* is central to the survival of African communities (Mokgoro, 1998). This indicates that an African cannot be a rugged individual but a person living within a community, and it is only through community solidarity that hunger, isolation, deprivation, poverty and any emerging challenges can be overcome. Therefore, community members should alleviate the frustrations experienced by youth-headed households by visiting children who are not necessarily their relatives. They should have initiatives like adopting an orphan and providing the child with food and clothing.

Extract 3: YHH 2

Re no iphelela, sometimes o gapeletšega go dula le motho o sa mo rate, like papage ngwanaka. Yeo ke situation ya ka mo gae, ke yena a nthušago ka ge situation e le so. Diuniform tša ngwana ke lebeletše yena, ge go hlokega mohlagase sometimes ke yena a nthušago. Ke gore ga ke tsebe go ba ngwana... Ke motho yo mogolo ke sa le yo monnyane, ke nagana sesadi, ga ke tsebe go nagana bjalo ka thaka tšaka ... taba ye e nkweša bohloko. Sometimes wa ke blaima gore naa mama wa rena o reng a re tlogela re sa le ba banyane gore ke bone situation e sokhšai. Ke hwetša R700 ya grant ya bana ba babedi. Moratho wa ka o hwetša R380 ya ngwana wa gagwe. Tšhelete yo ga e hlakana dihlokwa tša rena bjalo ka sesepe, bupi, mohlagase gape re itshepile di boyfriend.

English version

We are alive, and sometimes... one stays with someone they don't love, like the father to my child. This is the situation that applies to me. He helps me buy the child's uniform and sometimes buys the electricity for us. I have missed my childhood experience. I have assumed the role and responsibility of an adult, this frustrates me and leaves me with a question why did our mother leave us at such a young age? We find ourselves highly inconvenienced. I get an R700 child grant for my two children. My sibling receives R380 for her own child. This combined is inadequate for our necessities like soap, mealie meals and electricity. As such, we rely on boyfriends.

The above extract is a response from a 32-year-old female head of a household. The above extract reveals the challenges YHHs face. Life is tough and emotionally draining, heading the household burdens on young

people. Evans (2010) emphasises that the challenges faced YHHs are complex and differ from youth to youth. The extract also revealed that some young people in Ga-Maja experienced early exposure to relationships that may be exploitative. Thurman et al. (2006) assert that exploitative relationships are rooted in economic and gender inequalities.

Extract 4: YHH 1

Bophelo bo be bo le boima. Ge ke bolela ka go ba boima; ke tla thoma ka morago ga lehu la mma, moo ke ilego ka swanelwa ke go ba bread winner. Ge o raloka le bankane o tle be o gopola gore naa ke ya go apeea eng thapama, re ya go ja eng? Dilo tše bjale go swana le gore o motho o mogolo o dutše o le o monnyane o a kwešiša (Silence). Ke yona hlobaboroko le gona ke be ke se na le yoo nka mmoledišago ge ke ena le mathata a tšhelete.

English Version

Life was challenging, talking about challenges... I will start when I was growing up after my mother died. I instantly became had to be a breadwinner. When you are playing with peers at school, you will think about what will I cook tonight, what is there to eat tonight, those kinds of things, like you are an old young person, ...understand? (Silence). That was a challenge; I had no one to talk to when I experienced financial difficulties.

The above extract is a response from a 24-year-old female head of a household. The extract shows that people need to survive. The narrative of basic needs explains the situation where people cannot cope because of a lack of necessary needs. Safety and security are the main challenges confronting the heads of YHHs. The heads of YHHs and caregivers explained that the government social grants are overstretched and inadequate to cover their basic needs. Even though some YHHs had family, like grandparents, aunts, or uncles, they did not reside with them and could not assist them financially. Most YHHs experienced poverty as no one in the family was employed.

Extract 5: Caregiver 6

Bjalo ka caregiver, ke hloka tšhelete. Re na le go fetša 3 – 5 months re sa gole. Ga ke kgone go fihlelela dihlokwa tšaka. Tšhelete yeo ke e hwetšago mola e le gore ke mma ebile ke papa; gape dihlokwa e no ba mašelang ... Ma YHHs ona, gore ba tle ba je, motho wa gona o tshepa tšhelete ya SASSA, Gantši re kgona go bolela le bona ra re tšhelete ye ya SASSA motho a bereke ka budget, a

thome ka dilo tše bohlokwa pele, go swana le bupi le sesepe. Gantši re ba hlohleletša go dira dirapana tša merogo gore e be sešebo.

English Version

I need money; as ... caregivers, we cannot meet our needs because we get our stipend after three to five months. As a breadwinner, the money does not cover our needs. The YHHs depend on the SASSA grants. We advise them to budget and buy basics like mealie-meal and soap. The YHHs are encouraged to plant some vegetables.

The above extract reveals that caregivers experienced the same financial challenges regarding the government's irregular payment of their stipends. Furthermore, caregivers shared their stipend with those they cared for. Financial challenges are not only experienced by the heads of YHHs but also by the caregivers.

Extract 6: YHH 1

A single parent, a mother, raised us, so, unfortunately, she died... We were young and I was in high school... Staying alone ...not our choice. I can't say it's by our choice, and it's just something that happened. ...we were young, unable to decide for ourselves. From that time, we had to fend for ourselves. Fortunately, by God's grace, we secured a social grant that helped us a lot, yes, I can say that. The experience was very tough. It was a very lonely life; we had no one to rescue us. Some of our family members tried to be there for us. Life was challenging because we had to always think of what to eat at night by ourselves... we have been feeding ourselves; a while back, we were supported by the social grant.

Up to so far, the social grant is no more, [it] has lapsed. The loneliness is just that, ee... that feeling of having a parent telling you what to do and what not to do. A parent's love is what we miss. Yes, I have two uncles and one aunt. She is the one who tried to be there for us, ...the problem is that she is not financially stable... eh- my two uncles and distant uncles are not staying around...I am a person who would pray. I would pray, and pray and pray and ask God to provide for me. I will not go around and do some illegal things. I get all the support from the church.

The interview was conducted entirely in English because the participant chose the language. The above extract explains that the heads of YHHs yearned to have an extended family that could support and love them, irrespective of their situation. They desired to be loved and belong, where they could find a sense of

connection and learn the family ways of doing things. The young person yearned to be loved unconditionally, guided and mentored in raising their siblings. However, in the absence of all these, they resorted to God. Young people heading YHHs understood that their family members were not well off and were not in a position to assist them, therefore, they resorted to prayer.

They expressed that taking on the parental role is a huge responsibility for the youths taking care of the household and simultaneously caring for their siblings. Evans (2012b) and Bastawrous (2013) agree that the heads of YHHs assume their role at an early age. This shows that the responsibility comes prematurely for the heads of YHHs. The young people need money to cover their needs since they live on child grants that do not cover all their needs. The caregivers also attested to the issue of premature parenthood and indicated that this poses a challenge for the heads of YHHs.

5.2.1.2. Need to Have Stable Housing/Shelter

This sub-theme emerged from the analysis of the participant's responses to the first question. The participants were asked to explain the needs of heads of YHHs and caregivers in Ga-Maja Village. An analysis of the data provided by the participants revealed a need for stable housing or shelter. The following extracts are the participants' responses:

Extract 7: Female YHH 4

Ke dijo le bupi... Ke RDP, gape ntlo ye ga e enough; re na le bana. Ke three rooms. Le toilet... e a tlala.

English Version

It's food, mealie meal... as well as RDP house because I have children and our house is not big enough. It's a three-roomed house. The toilet is almost full.

The above extract indicates the participant's need for standard living conditions, housing, clothing and food. RDP housing and toilets are necessities for some of the heads of YHHs and caregivers. Some participants lived in shacks. Their poor living conditions could affect their health. Some of the shacks did not have proper ventilation, and the conditions were unbearable. The extract above revealed the living conditions in a YHH in Ga-Maja, which highlighted a lack of adequate housing or shelter. The extract below denotes:

Extract 8: Female YHH: 2

Maybe ba re tlele dijo ...dijo ka diplastiki... Maybe ba ka re thuša ka mmereko. ...mmereko o thuša malapa.

English Version

We could be provided with food and find employment because employment brings relief to households.

The above extract reveals the wish to receive food parcels and, most importantly, to be employed so that they can support themselves and their families. The extract above also shows that, even though the heads of YHHs suggested that they be provided with food parcels, employment was still considered the epitome, as earning a living would relieve their households.

Extract 9: Caregiver 2

Dichallenge tseo re hlananang le tšona re le caregiver ke gore bana [YHHs] ga ba na tšhelete ya go emaema go ya masocial workeng. ...namile o kgona go itshetšha gore a yo bona social worker, O hwetše e le gore o swanetše go ya le family ya gagwe ka moka ene o swanetše a e patelele, ga a na tšhelete. O kgona go itshetšha wa mo fa ke challenge ya gore batho ba hloka tšhelete. Ye nngwe taba o hwetša ba se na diaparo...e tloga e le ba basehlana as long go sa tsene selo o no picture [ukama] gore bana bale ba jele eng... re ba direla application ya digrant.

According to the above extract, Caregiver 2 shows a connection between the caregivers and the YHHs. The caregivers offer financial assistance out of love and compassion and wanting to see the YHHs out of their situations. This sharing is in line with African culture, where the support of community members is evident in the interconnectedness of members of the community. Bassuk et al. (2014) indicate that “housing first” has become the state-of-the-art approach for addressing family homelessness because of the risk factors associated with homelessness, including minority status, childhood sexual abuse and foster care placement.

5.2.1.3 The Need for Emotional Support

This sub-theme emerged from the analysis of the participants’ responses to the first question. The participants were asked to explain the needs of the heads of YHHs and caregivers in Ga-Maja Village. An analysis of the data provided by the participants revealed that there is also a need for emotional support. The following extract is one participant’s response.

English Version

Among the challenges we face as caregivers is that children (YHH) do not have enough money to visit social workers. We end up using our finances to secure the services of social workers. Moreover, we have traced some family members and spent our money because these children have no money. Another crucial matter is the need for clothing. One often wonders: did these children have anything to eat? We have no choice but to put in the applications for child grants.

Female Caregiver 2 confirmed the financial constraints experienced by YHHs. As a result, the caregivers had to assist the YHHs by giving them transport money to enable them to visit the social workers and assist them in applying for the social grant. Moreover, the caregiver was uncertain whether the YHHs had food.

5.2.1.4. Financial Challenges

This sub-theme emerged from analysing the participants' responses to the first question. The participants were requested to share narratives on the needs of heads of YHHs and caregivers in Ga-Maja Village. Participants narrated their experiences of financial challenges and the inability to access necessities. The following extracts are the participants' responses.

Extract 10a: YHH 6

Nna ga ke tsebe gore ke reng ka gore ka mo gae, ga re na le šeleng re reka ka tšhelete ya pay (child grant). Ke gola R700 ya bana ba babedi, moratho waka o gola ya ngwana wa gagwe (R380) re swanetše re reke sesepe, bupi, mohlagase, re reke dišebo. E ne dilo tše ka moka di a re palela, le society ga re naso... Re ya di-boyfrienteng, re zama ke boyfriend... Leloko re na le lona (o šupa next door), ga koko ke kua bokoko le borakgolo ba hlokošetše, bjalo ka kua ga go no šala mmamogolo o dula le bana ba gagwe, malome yena o Gauteng. Mmamogolo yena le ge a le gona ke motho wa go ya bjalleng le ge a tšofetše. Ga a sa bereka, ga a na tšhelete ba a mo nweša ko bjalleng. Ba ga rakgadi ba gona eupša ba dula kgole Matobole, feela ga ke ba tlo re hlola ka gore ga ba iketle ba a babja.

English Version

I do not know what to say, we use the child grant. I am paid R700 for two children, and my younger sister receives R380 for her child. We are supposed to buy food, toiletries and electricity. We are unable to do all these things; we do not even have the funeral cover... We resort to boyfriends, and they do assist us. We have relatives (she points at the neighbour's house), my granny's house. My

grandparents died, and my aunt lives with her children there. My aunt is not working as she is retired; however, she drinks a lot, but other people buy her beer. My uncle lives in Gauteng and another in Matobole but is not well.

Extract 10b: Caregiver 2

Ke thuša batho bao ke ba hlokomelago ka tšhelete ye nnyane yeo ke nago le yona gore ba kgone go yo dira dipampiri tša go gola modende le go ba lefela transport ge ba eya kliniking go lata dihlare.

English Version

...with the little money I have, I sometimes help my patients and members of YHHs. I give them fares to go to the SASSA offices to submit grant applications or to the clinic to collect medication.

Extract 10c: Caregiver 10

Bjalo ka caregiver ke bona gore batho bao ke ba hlokomelago ba sekono, ke ba rekela sesepe sa go ba hlatswetša le go ba nametsa transport ge ba ile go thoma go gola modende.

English Version

As a caregiver, I ensure that those I care for are clean and presentable. As such, I sometimes buy them powdered soap and give them transport fares when they go to get their social grants.

Extract 10d: YHH 5

Dicaregivers, dielders le community ya Ga-Maja ba a re thuša ka go re fa tšhelete ya go reka dipedu gore re bjale merogo le go reka bupi le swikiri le merogo le go re thuša go šomiša tšhelete ya modende.

English Version

The caregivers, the elderly and the community at large help us a lot. They gave us money to buy seedlings so that we could grow our own vegetables. They also help us with money to buy necessities such as maize meal, sugar and vegetables. They also guide us on how to best use our grants.

The above extracts indicate that YHHs are financially challenged. As a result, heads of YHHs have to fend for themselves and their siblings. In the case of YHH 6, she has resorted to seeking help through multiple relationships, and this behaviour risks her health and safety. Caregiver 10 and YHH 5 attest to the fact that YHHs have financial challenges, and as a result, caregivers and elders in the community give them fares to SASSA offices or to pay points when they have to go collect their social grants.

Extract 11: Elder 4

Ke ile ka kwa batho ba bagolo ba re dilo di fetogile, ga di sa swana le pele, matšatsing a lehono ikonomi e boima... Ge o hweša gore YHH ga ba na dijo o ka dira eng? O swanelwa ke ko abelana le bona tšhelete ya gago... ke moo bothata bo thomago gona, bjale go bothata go arogana tšhelete. Go bothata, dilo di fetogile ga go sa swana le pele.

English Version

I have heard older people saying things like.... Things have changed, it's no longer like in the olden days this economy is demanding... If you find that they do not have food, what can you do...? You must share the money... that is where the problem is. Now that is no longer happening, but that's what we did in the olden days.

The elders indicate that the state of the economy has changed, and it is difficult for most people to assist other people in need. This is happening because orphans would be an added responsibility. This is because people have become impoverished, so values such as Ubuntu are eroded. After all, everyone is overstretched. Cluver (2011) indicates that people believe their children will not lead quality lives if they accommodate extended families. The narration of the elder bears references to the financial challenges experienced in Ga-Maja by the YHHs. This un-African behaviour is occurring because of the economic pressures experienced by the communities in Ga-Maja.

Smiley (2016) and StatsSA (2016) show a noticeable difference in poverty levels in geographic locations, population groups, gender and household structures. The extract below shows that community members are sceptical about offering financial support because of affordability issues.

Extract 12: Female CG 4

Ke thušo ya tšhelete... Ke thušo ya tšhelete, di caregivers ba bereka mmereko o mogolo le ge e le gore ga ba kereye tšhelete ye enough. Tšhelete ye ba e kereyago ke ye nnyane, le gona re na le go

feta dikgwedi tše pedi tše tharo re sa gole. Kgwedi e no fela ba re botša gore tšhelete ga e go, mara re le busy re eya meberekong.

English Version

Financial assistance is important. Caregivers do so much, yet they do not receive enough. Sometimes we go for two to three months without compensation, and they will only tell us at the end of the month that there is no money. However, we continue with our work under the circumstances.

The above extract confirms that the heads of YHHs are financially challenged. It also highlights that caregivers continue with their duties, irrespective of not being reimbursed for their services. This became a challenge as they were unable to sustain themselves due to the stipend not being regular. The caregiver further explained that, despite these challenges, they still honoured their obligation.

5.2.1.5. Narrative of Hope

This sub-theme emerged from analysing the participants' responses to the first question. The participants were requested to explain the narratives and needs of the heads of YHHs and caregivers in Ga-Maja Village and they expressed their narratives of hope about their needs. The following extracts depict the participants' responses:

Extract 13a: YHHs 3

Leeto la bophelo bjaka bjalo ka mohlakomedi wa lapa le bile boima, gabotse ga ke nyake go bolela maaka ke re ke tsamaya ke le one, re e tsamaya ka group le bana ba gešo. Pain re e fila ka moka ka gore re a kgothatsana. Support group e nkholo ka gore ke kgona go bona gore ga se nna ke le tee o ke sokolago, ene ke kgona go bona gore ga se nna ke hlokago batswadi ke le tee. Re kgona go eletšana ke gore pain yeo ke lego mo go yona le bona ba mo go yona, O kgona go lemoga gore motho yo mos o tsamaya tsela yeo ke e sepelago, O a go kgothatsa wa kgothatšega.

English Version

My journey as a YHH has been challenging; however, I can survive the situation with the support of my siblings and other YHHs. It is important to support each other as the support soothes and gives one a chance to debrief. We feel different after talking to others as we can accept the situation

after sharing our challenges. We feel supported and can go on with our lives after noticing that we are not alone in this journey. The group support assists us in soldiering on.

Extract 13b: YHH 5

Ge re phela re ithekga ka community ya Ga-Maja gomme le nna ke bona re tšwelapele ka dikolo gomme re ba batho ka lebaka la support ya community.

English Version

We are alive today because of the support we get from the community. I see progress, and we are able to go to school like others due to the very support from our community.

Extract 13c: Elder 9

Ka moo ke bonago re sepetšana tsela le YHH le caregivers ke bona community ya Ga-Maja e tla atlega gomme ya ba progressive.

English Version

The way we do things, I believe we are on the right path, and I see great things happening for this community if we continue in this fashion.

The above extracts illustrate that the siblings support each other, irrespective of the pain and challenges they are going through. The extracts also show that community members support YHHs. Researchers have outlined the challenges faced by orphans, which among others, are a lack of guidance, protection, emotional and material support and the absence of adult figures to instil norms, values and beliefs (Asikhia & Mohangi, 2015; Chimhenga, 2016; Motha, 2018; Motha & Frempong, 2014). This is similar to what is experienced by the participants in Ga-Maja. YHH 1 raised the frustration at growing up independently without the support of an adult in the family. Furthermore, the fact that the grant lapses frustrated them even further. However, even when they were challenged, they were still hopeful. Thus, the following extract explains further:

Extract 14: YHH1

The experience of growing up in a CHHs is very tough. It was a very lonely life ... eh. We had no one to come to our rescue. Some of our family members tried to be there for us. Even though life was challenging, we had to think of what to eat. And at night, we will be by ourselves... We had to

feed ourselves; a while back, we were supported by a social grant. So far, the social grant has lapsed.

The above extract reveals that the head of this YHH was leading a lonely life without the support of family members. The participant indicated that the situation was very tough but ensured that the household was fed. The stance of this YHH head shows hopefulness, even when life is challenging. Caregiver 5 was able to share her experience, epitomised by hopefulness because they could comfort each other as they realised that they were not alone in their challenges.

Extract 15: Caregiver 5

Mmereko wa bo caregiver ke a o rata, ke gore o kgona go ikgothatsa gore mathata ao ke gahlanego le ona ke a manyane goba mohlomongwe a ke a magolo, ke gore o kgona go kgothatsa motho ka nto ye wena o e tsebago. ...then ka gešo re be re kgona go robala ka lekokoro, koko o be a sa bereke a gola modende. Mara ge o fihla ka go di orphan o kgona go mmošša gore eya sekolong ka lebaka la gore ke paletšwe ke go ya sekolong ka lebaka la gore ka gae re ne re se ne letseno.

English Version

Being appointed as a caregiver offers valuable experience. One often realises that the worst one has experienced cannot compare with caregiving demands. When one gives advice, it is based on genuine experience. We used to have dried mealies at my place as dinner. When you advise an orphan to pursue their education, it is something that comes sincerely. I did not receive an education because my parents had no income.

The above extract indicates that the YHH can support one another by sharing their lived experiences and knowing they are not alone. They rally behind one another and support each other. In the narrative of hope, the participants described situations where they could thrive through extreme experiences. The participants show that moral support and sharing their experiences can motivate other orphans to soldier on and not give up. African spirituality and belief, to a greater extent, enable them to keep going.

The heads of YHHs, survive through various means, such as accepting responsibility, spirituality, and incidental help from peer support groups and members of the community. According to Dennis et al. (2017), children can only survive when they accept spirituality and are resilient to all the challenges they experience, which implies that children can develop successfully despite serious challenges. Martin-Breen and Anderies (2011) state that resilience implies bouncing back after challenges. Furthermore, Martin-

Breen and Anderies (2011) emphasise that a resilient person can recover quickly from shock or strain. Therefore, the crises, disturbances and stress experienced by caregivers and the heads of youth-headed households in Ga-Maja, should only be looked at through the lens of decreasing the risk and severity of disturbances and restoring challenges.

Furthermore, the narrative of hope is inspired by what Mbanaso et al. (2006) refer to as the purpose of developing, which means becoming self, expressing self, unity with others and serving others. This perception is related to the African theory of *Ubuntu*. Ramose (1999) states that *Ubuntu* is the essence of driving social and political philosophies centred on sharing and caring. Again, Mpofu (2011) emphasises that *Ubuntu* is the root of African philosophy which embraces concepts founded on the goodwill among Africans and refers to common humanity, interconnectedness and spiritual connectedness.

5.2.1.6. Need for Love and Belonging

This sub-theme emerged from analysing the participant's responses to the first question. The participants were asked to explain the needs of the heads of YHHs and caregivers in Ga-Maja Village. An analysis of the data provided by the participants revealed a need for love and belonging. The following extracts support this finding:

Extract 16a: YHH 1

We were raised by a single parent, a mother, so, unfortunately, she died... We were young and in high school... Staying alone ...not our choice. I can't say it's by our choice, and it's just something that happened, I can't ... we were young and unable to decide for ourselves. It was something that happened. At that time...so we had to feed ourselves. By God's grace, we secured a social grant that helped us a lot, yes, I can say that. The experience is very tough. It was a very lonely life; eh- - we had no one to come to our rescue. Some of our family members tried to be there for us.

Extract 16b: Caregiver 3

Thlokomelo, lerato le thekgano tseo di lego gona mo motseng wa Ga -Maja di re thusa gore re ikgantshe ka setšhaba sa ga maja.

English Version

The love and care we have for one another in this community makes us proud. I can say proudly that I'm a member of a great community.

Extract 16c: YHH 7

Batho ka moka ba šoma bjalo ka ngata e tee mo Ga-Maja gore community e be seo e lego sona. Ka baka la lerato, tshepano le go amogela seo re se fiwago ke community ka lerato.

English Version

People in this community work together, as the saying goes, we are intertwined. ...because of the love, trust and accept each other regardless, we appreciate and are grateful for what community members share with love.

The above extract reveals an intense desire for love and belonging experienced by the participants in the absence of parental figures. It shows that they had to fend for themselves without anyone to look after them. The extract shows that the participant experienced an intense need for love and belonging. Wilson and Williams (2013) assert that caring is an act of love and empathy which reflects an effort to maintain the wellness of others. Mbiti (1972) emphasises that caring for others is endorsed by the maxim “I am because we are, and we are because I am”.

5.2.1.7 Shared Experience, Common Identity and Purpose

This sub-theme emerged from analysing the participant’s responses to the first question. The participants were asked to explain the narratives and needs of heads of YHHs and caregivers in Ga-Maja Village. An analysis of the participants' data reveals a need for shared experience, common identity and purpose. The following extracts support this finding:

Extract 17a: YHH 9

Re kgona go eletšana, ke gore pain ye ke lego go yona le yena o mo go yona...O kgona go lemoga gore motho yo mos o tsamaya tsela yeo ke e sepelago, o a go kgothatsa, gabotse ka kgothatšega. Gabotse ge o kgetha friend o swanetše go kgetha friend ya status sa go swana le sa gago. ...like ka mokgwa wona wo e lego gore ka mo ga go na motho yo mogolo. Ka tsena friendship le motho yo e lego gore o na le mo a dependang gona; ga ka swanela gore ke be ba ka se tsogile ba swane. Bjale ge e le di YHHs le kgona go eletšana... e nkholo ka gore ke bona gore ga se nna ke le tee yo ke sokolago, e ne ke kgona go bona gore ga se nna ke hlokago batswadi ke le one.

English Version

We can advise each other because we have similar experiences. We can easily comfort each other. It is advisable to look for companions with the same experiences because we can comfort one another. We are able to advise each other. Situations are different; some depend on others, so it does not help to make comparisons. We need to befriend people with similar experiences because we are able to advise each other. I realise that I am not alone, and I am not the only one who does not have parents and is financially challenged.

Extract 17b: Elder 2

We, as the community of Ga-Maja, take instruction from the chieftain. The elders are there to support and guide the community, whereas the caregivers offer support to the needy in the village to make a community vibrant, and this is our rich culture.

Extract 17c: Caregiver 6

The caregivers strive for one goal, which is to ensure that the community is healthy, respectable and clean. In that manner that they give support to the community.

The above extracts revealed a narrative of support where the heads of YHHs rally together and help each other. They share their challenges and strengths. Through their conversations, they realise that others are going through the same, and the experiences become bearable. They sometimes realise that others are going through a lot compared to what they are experiencing. This is an instinct where individuals feel safe in the presence of others who share the same experience. They can realise that they are not alone in the challenges they experience. Through that, they tend to accept their situation, and they can rally together and assist each other in their challenges, as epitomised by the YHH 9 in the extract above. YHH 9 above endorses the notion that one should choose a friend with similar experiences as you would be able to share the same experiences and understand each other's backgrounds. Most of the heads of YHHs found solace in the support they received from other heads of YHHs as they could share the same experience, reflect on what they go through, and try to come up with solutions to their challenges. Elder 2 and Caregiver 6 also show how the community are supported through traditional structures that are upheld by the community.

Extract 18: Caregiver 7

Leeto la bophelo bjaka bjalo ka mohlokomedi wa lapa le bile boima, gabotse ga ke nyake go bolela maaka ke re ke tsamaya ke le one, ke le tsamaya ka group le bana ba gešo. Pain re e fila ka moka

ka gore re a kgothatsana. Support group e nkholo ka gore ke kgona go bona gore ga se nna ke le tee o ke sokolago, ene ke kgona go bona gore ga se nna ke hlokago batswadi ke le tee. Re kgona go eletšana ke gore pain yeo ke lego mo go yona le yena o mo go yona, O kgona go lemoga gore motho yo mos o tsamaya tsela yeo ke e sepelago, O a go kgothatsa wa kgothatšega.

English Version

My journey as a YHH has been challenging. However, I can cope with the support of my siblings and other heads of YHHs. It is important to support each other as it soothes. Through the support, I realised that I am not alone, and it also gives me a chance to connect with other young people from YHHs. We advise and comfort each other.

The above extract revealed that there is a need for support each other to overcome the challenges they experience in youth-headed households. Caregiver 7 above explained how they rally together to support each other. The caregivers formed a support group to assist each other in debriefing to confirm that they were not alone in their challenges. Sharing helps them to feel relieved from stressful experiences. The extract further reflects the situation where YHHs rally together to discuss their experiences heading their households. According to Nwoye (2017), support is related to *Ubuntu*, which refers to assisting each other to become better persons physically and spiritually. Mbiti (1989) argues that an individual cannot exist alone in African communal life. Africans, in their tradition and culture, expect individuals to give a helping hand and support each other. This means those who can go the extra mile have to for the betterment and development of the community. This affirms the importance of the support group when people experience similar challenges and can share the situations and be pliable after realising that they are not alone (Ramose, 1999).

5.2.2. Gendered Dimensions of YHHs and Caregivers in Ga-Maja Village

This theme emerged in the participants' responses to Research Question 2. The participants were asked about the gendered dimensions of YHHs and caregivers in Ga-Maja Village. An analysis of the participant's responses to the main theme produced three sub-themes that focused on gendered dimensions of YHHs and caregivers in Ga-Maja Village: hygiene, bathing and personal care, transactional relationship and disproportionate burden of caring.

5.2.2.1. Hygiene, Bathing and Personal Care

An analysis of the data related to the main theme produced sub-theme 1, which focuses on the gendered dimension of hygiene, bathing and personal care. The issue here is that while it may be culturally appropriate

for a female to bathe another female, strict gender roles are observed, and males prefer to be bathed by another male. The following extract confirms this finding from one participant of the study:

Extract 19: YHH 6

Ke bona o ka re community e ka re thuša ka go nyakela buti waka motho yo a ka mo hlapišago. Ge a eya paying ke a mo hlapiša goba ka kgopela motho mo strateng wa monna a tla a mo hlapiša. Buti o na le 46 years. Ge ke mo hlapiša o fila bad, ka gore ge ke re hlobola borokgo ke go hlapiše o tšea borokgo a bo buše mo matolong a re mphumule maoto. Ee, ge go tlile motho yo mongwe wa monna o kgona gore a mo hlapiše. ...ee, ka gobane o kereya ke mmeela meetse ke lebelle yo a fetago ka tsela ke mo kgopele gore a mo hlapiše.

English Version

I would appreciate having a male person who can bathe him, especially when we go to collect his grant. My brother is 46 years old, he doesn't feel comfortable when I bathe him. So, normally I prepare a hot bath for him and ask the male passer-by to bathe him. I do this when he has to go to the clinic and or to collect the social grant. I accompany him to the clinic. I became an adult before my time. It appears as if I have a child, yet I do not have one. I don't even have friends to avoid turning him into a laughing stock. The question remains: Why did our parents leave us this way?

Extract from Youth 19, the head of the household depicts the cultural aspects that depict gender stereotyping and the cultural outlook of the people of Ga-Maja. It also shows a sense of anger directed at the parents. In this extract, the female younger sibling took care of her 46-year-old elder brother, who had suffered a stroke. He was her responsibility as she was the only female sibling who could care for him. Another reason for her frustration could be that her brother refused to take orders from her, especially when she had to bathe him. He preferred to be bathed by a male passer-by rather than his sister. Githaiga (2017) indicates that the issue of females seeing an elderly male naked when bathing is vicarious humiliation because the females feel embarrassed to see an older male naked or bathe the male person.

5.2.2.2. Transactional Relationships

An analysis of the data related to the main theme produced sub-theme 2, which focuses on dating older men for financial gain. Ranganathan et al. (2018) define transactional sex as a sexual relationship outside marriage where gifts, money or material goods are exchanged for sex. Historically, the literature emphasised that transactional sex is primarily motivated by basic survival or subsistence needs. However, Stoebenau et

al. (2013) indicate that there is also evidence that young women whose opportunities are limited may use transactional sex to elevate their status in youth cultures that prioritise conspicuous consumption.

In this study, the YHHs engaged in transactional sex because they were in dire financial need. The YHHs heads must provide for their siblings and, as such, keep the relationship with their older boyfriends, who provide material support. The fact that the heads of YHHs are involved in relationships for financial reasons could pose a risk for HIV/AIDS since the relationships could involve more than one partner as they are based on gifts and money. This indicates that the motivations for transactional sex are complex. However, young women said they know the risks of such affairs. Sometimes, they are also in relationships with partners their age primarily for love. The girls are forced into a transactional relationship to sustain themselves and their siblings, which means they are entirely dependent on their boyfriends; so even when the relationship is strained, they will stay for the money. Stoebenau et al. (2016) avow that if young women practise transactional sex purely motivated by material gain, it can result in them transitioning into sex work for a living if they rely on it too much for too long.

5.2.2.3. Disproportionate Burden of Caring

Analysing the data related to the main theme, one produced sub-theme 3, which focuses on disproportionate relationships. The narratives in this section represent the traditional stereotype of gender roles. The practice is cultural because all the participants agreed that certain roles are traditionally expected to be performed by a particular gender. The participants further explained that they are comfortable in the gender-based chores to the extent that the community does not have a problem performing unplanned gender roles when asked. Therefore, there are feminine vs masculine chores endorsed by the community. The extracts below explain the gender dimension roles in Ga-Maja. The following extracts confirm this finding from the participants of the study:

Extract 20: YHH 6

I am prepared to engage in roles culturally known to be performed by females, which includes caring for the family. I ensure the wellbeing of my uncle just like my mom would. I am doing the caring as expected from me culturally by the Africans. However, my uncle refuses to be bathed because it is not African culture to be bathed by a person of the opposite sex.

The above extract from Youth 6, the head of the household, revealed a need to support each other to survive. From the response of the sick brother in refusing to be bathed by his sister and agreeing to be bathed by a passerby, the gendered dimension of caring manifests spatially in the community. The female, a younger

sibling heading the family, is compelled to ask male strangers passing by to help bathe her brother. Historically, as Pharr et al. (2014) say, cultural values and norms influence the perception of caregiving in terms of anticipated or unanticipated roles. The extract depicts the cultural aspect that directly affects gender stereotyping and the cultural values of Ga-Maja. According to Mkabela (2005) and Githaiga (2017), caring for ill family members was historically an expected role for women.

Extract 21: Female Caregiver 4

Ba bantši ke basadi; banna ba a eko wohlokwa... ka kwešišo yaka goba ka tebello yaka, banna mmereko wo wa bocaregiver ga ba o tšee serious, ba bona eka ke mmereko wa basadi... Ke boledišwa ke gore banna ka mo go ya rena organisation re na le o tee. Bontši ke basadi, e ne mo Ga-Maja ge ke lebeletše, bontši ba banna mmereko wo ga ba o kganyoge... Ka ge re na le monna o tee ke yena re felego re mo kgopela gore a re thuše ka banna gomme rena re thuše basadi. Ka gore..., aowa a ke re nka se thuše monna ke le mosadi? Le banna bao ga ba dumele gore ke le mosadi ke tle ke mo thuše.

English Version

There are more female than male caregivers. Most men regard this kind of service as suitable for women. We have only one man in our organisation. It appears that in this village, men are not interested in this kind of work. It is an advantage because we have a man whom we often ask to assist us where help is needed, and we focus on women [There was an outburst of laughter]. As women, we cannot help men; they refuse if we try to assist.

The above extract explains how the caregivers were challenged when they had to help sick male adults. In Extract 21, a caregiver confirms that bathing a person of the opposite sex outside the context of a husband-wife relationship is a cultural taboo and is avoided. In terms of bathing, the male patients would resist being undressed in the presence of a female caregiver, which made it difficult to give them a proper bath. They would rather get help from male caregivers. In addition, men feel disrespected to be bathed by females because it is taboo. In Ga-Maja, men and women believed in performing different chores according to gender because they were socialised differently from a tender age. According to Caregiver 4 above, men only cared for other men and did not care for a person of the opposite sex. The patriarchal mindset affects men negatively. Men not wanting to be bathed by women is reflective of cultural beliefs.

Extract 22: YHH 2

Eish, a re šupetšane, re a tseba gore re no apea, if go apeiwa... if re a fsiela, re no fsiela, o a ekwago go fsiela a se gore re a šupetšana.

English Version

We share whatever needs to be done without assigning roles. We just share responsibilities because we know what needs to be done.

Extract 22 from YHH2 presents a situation where all the siblings performed the chores, irrespective of gender, because they do not have any alternative since this family is made up of females only. According to the extract above, the roles are not gendered. Siblings equally shared the house chores amongst themselves. That happens because of the respect that is seen among siblings. However, females are expected to do household chores as per the role culturally inclined for a female. Hence, females do domestic chores to ensure the environment is homely.

Extract 23: YHH 9

Ba nthuša ka go kga meetse, nako e nngwe ba hwetša ke kgele... go apea ba a apea... ga ba dumele go apea matšatsi a mebedi, ka laboraro ba re ba lapile...masokisi le tša ka gare ba ihlatswetša, ke gapeletšega go hlatswa tša sekolo, tše dingwe ba itirela.

English Version

They help me fetch water... they cook, but after two or three days, they start complaining that they are tired. They do their laundry, especially school uniforms, however, socks and lingerie each do their own.

This extract presents a different version of what is commonly practised in Ga-Maja; for example, male siblings only fetch water, while the females do household chores such as sweeping, cooking and laundry. Extract 23 reveals that the females are overburdened with their duties and responsibilities. However, the older male and his siblings expect the females to fulfil these roles and responsibilities traditionally assigned to women. The male siblings occasionally help with house chores when they want to. However, they help the elder brother with fetching water. He does their laundry, cooks for the siblings and encourages them to

wash their own socks and clothes. He cares for the siblings and, at the same time, ensures that they learn to take care of themselves.

Bianchi-Hayes et al. (2020) assert the disproportionate burden of caring, stipulating that entrenched stereotypes insist that men are breadwinners while women are homemakers and caregivers. According to the OECD, these stereotypes are present today in reality, with women worldwide spending up to ten times more on unpaid care work than men. If a family member becomes ill or has a disability, the commonly adopted attitude is that the caregiver should be a female family member. Bianchi-Hayes et al. (2020) further emphasise that the role of a caregiver, predominately assumed by women, contributes to inequalities between genders, with women having fewer opportunities to attain their basic level of human rights compared to their male counterparts. Das et al. (2010) show that the work done by family-based caregivers aligns with the gender-based division of labour, which has contributed to keeping women well within the traditional role.

According to Posner (2015), in the African context, women are the main caregivers of persons with disabilities, and two-thirds of the caregivers in South African households are women. Chitayat (2009) emphasise that this is often accepted as the regular mandate in South African culture. Women are placed into the caregiving role, resulting in fewer opportunities for socio-economic growth and employment (Makiwane & Berry, 2013). Besides caregiving, women generally hold more household duties and responsibilities, limiting their opportunities for income generation and further contributing to their state of poverty (Cordier, 2014). It must be realised that there is an exception in only male households, where the roles are not gender-based, as the head of the male household performs these roles. The situation requires the male heads of YHHs to focus on all the roles that the females perform. Whereas the siblings are given time to study, should they have to do the house chores, it will be done over the weekend and on a minimal scale, such as fetching water.

5.3. SUMMARY

This chapter presented the descriptive data from the responses of heads of youth-headed households, elders and caregivers through the interviews. The Thematic Qualitative Data Analysis Method was used to analyse all the data. This involved breaking the data into manageable themes, sub-themes, patterns, trends and relationships. All the data collected focused on the narratives of heads of YHHs, caregivers and elders in the Ga-Maja Village in the Limpopo Province. As shown in 5.1 above, data analysis and interpretation of this study are presented in Chapters 5 and 6 and based on four research questions. Chapter 5 was based on the following research questions:

- What are the personal narratives and needs of the heads of YHHs and caregivers in Ga-Maja Village?
- What is the gendered dimension of the heads of YHHs and caregivers in Ga-Maja Village?

In this study, participants answered all the questions, which showed they were easy to understand. The analysis and interpretation of data revealed focused on the following themes: the loss of childhood innocence, the need to have stable housing or shelter, the need for emotional support, financial challenges, the narrative of hope, the need for love and belonging, shared experience, common identity and purpose (Question 1), hygiene, bathing and personal care, transactional relationship and disproportionate burden of caring (Question 2). The findings of this study revealed areas of dissonance and concurrence between participants' views concerning youth-headed households in Ga-Maja Village. The data analysis of this study will continue in Chapter 6, which is based on the study's last two research questions.

CHAPTER 6

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

“It is essential for an intellectual to be fully committed to making a difference in the analysis and interpretation of situations involving people of African descent. Who can now continue to make analysis of African situations without advancing the idea of Africans as subjects within their own narratives?”

Asante (2017, p.3)

6.1. INTRODUCTION

The primary aim of this study is to explore the narratives of young people heading youth-headed households and the narratives of caregivers and elders about youth-headed households in Ga-Maja Village in the Limpopo Province. As shown in Chapter 5, in this study, data are presented, analysed and interpreted in Chapters 5 and 6. Four research questions guide the two chapters. Chapter 5 was based on the first two research questions, while Chapter 6 is based on the following two research questions:

- What are the sources of support at the disposal of YHHs and caregivers?
- What are the strategies that can be suggested to help the YHHs and caregivers?

This chapter presents, analyse and interprets the data collected through interviews. The two research questions will serve as the main themes of Chapter 6. The next section focuses on the presentation, analysis, and interpretation of data collected from heads of youth-headed households, caregivers and elders.

6.2. ANALYSIS OF DATA COLLECTED FROM HEADS OF YOUTH-HEADED HOUSEHOLDS, CAREGIVERS AND ELDERS

The narrative, Thematic Data Analysis Method, was used to analyse the qualitative data. The narrative, Thematic Data Analysis Method, is discussed in section 4.10 of Chapter 4. In this chapter, the participants' views and feelings about child-headed households are presented, supported by evidence in the form of verbatim extracts from the interview transcripts. In this section, the participants are referred to as heads of youth-headed households 1-10, caregivers 1-10 and elders 1-10. As shown above, this chapter is based on research questions 3 and 4. In this chapter, the findings are categorised into the following two main themes and sub-themes:

Table 6: Second Set of Main Themes and Sub-themes

MAIN THEME	SUB-THEMES
1. Sources of support at the disposal of YHHs and caregivers	<ul style="list-style-type: none"> • Spiritual support • Support from community-based organisations. • How do the caregivers deal with their emotional stress and challenges?
2. Strategies that can be suggested to help the YHHs and caregivers	<ul style="list-style-type: none"> • To strengthen community-based assets • Compassion

The above two main themes are based on the last two research questions of the study. The next section focuses on the presentation, analysis and interpretation of data produced by main theme 1.

6.2.1. Sources of Support at the Disposal of YHHs and Caregivers

This theme is based on Research Question 3. The participants were asked questions about the sources of support at the disposal of the Heads of Youth-Headed Households (HYHHs) and caregivers in Ga-Maja Village. An analysis of the findings of this study produced three sub-themes, namely, spiritual support, support from community-based organisations, and how caregivers deal with their emotional stress and challenges.

6.2.1.1 Spiritual Support

This sub-theme appeared from the analysis of the participants' responses to question 3. The participants were asked to explain the sources of support at the disposal of YHHs and caregivers. An analysis of the data provided by the participants revealed spiritual support as the main source of support at the disposal of YHHs and caregivers in Ga-Maja Village. The term "spirituality" refers to the participants' narrations that shed light on transcendental connectedness through prayer, God, ancestors and cultural beliefs (Mbiti, 1990). This finding is shown in the following extracts:

Extract 24a: HYHH 10

Ge re lwala dingaka tša Sesotho di a re thuša, mara ga re tsebe gore di ka re thuša go fihla kae, le gona re kwa bokoko ba rena ba re gape ge le na le mathatha le ne le bitša ba bagolo badimo ba bo lena bo makhukhu wa lena. Le batswadi ba rena bao ba šetšego ba itshepeletše. Gape ge re ena

le mathata re se ke ra lebale go ya mabitleng go phasa badimo ba rena. Re ka phasa ka gae mo thitikwaneng. ge re phasa re tšea lesola le bjala bja go hlotlwa ka gae gomme ra di tšhela thitikwaneng goba mo lebitleng la badimo ba rena.

Ge re phasa re bolela le badimo re ba bitša ka tatelano ya bona ra ba botša mathata a rena. Ge re dira bjalo re kgopela gore ba re kgopelele pholo go Modimo le malwetši le tšeo di re tswenyago di tloge ka gae. Re kgopela gore le senyama se tloge. Ba bangwe re bina malopo re betha meropa e le go bolela le badimo ba gabo rena. Re sa šomiša di sangoma le dingaka tša sesotho ka tshepo ya gore ba ka fodiša molwetši a rena, HIV/AIDS o kgona go ya dingakeng tša sekgowa gomme ka morago a ye go kwešiša gore e kaba bolwetši bo hlotšwe ke eng.

English version

Traditional doctors help us when we are sick; however, I do not know how far they can help. I learned from our grandparents that we need to consult and consider our ancestors in times of challenges. Furthermore, when we are troubled, we need to depend on our forefathers and our ancestors. We always revert to our ancestors when we are troubled, we put the snuff and beer at the graveside to communicate our challenges to the ancestors. As we communicate with our ancestors, we call them by their names and ask them to be our mediators with God. By so doing, we ask for healing and for whatever bothers us at home to not bother us again. We also ask that bad luck should not bother our homes. We trust that traditional doctors and sangomas will heal our ailments and to tell us the causes of the ailments.

Extract 24b: Elder 5

Re fela re botša caregivers le YHH gore ba se nyatše setšo gomme ba tsebe gore badimo ba thuša ka go ba kopantšha le Modimo. Ba re motho o tswalwa le badimo, go a kgonega gore motho a šomiše badimo go ba le dipono. O hwetša o lwala o na le badimo o sa je. Se se ka thušwa ke go šomiša Sesotho bjalo ka kalafi. Ka nako o bona dipono tša batho bao ba hlokafetšego, badimo ke mediator ba kgokaganya batho le Modimo.

English version

We tell caregivers and YHHs that they should respect our traditions. They must understand that ancestors are a channel to the Almighty. As the saying goes, a person is born with the spirits, yes it is possible for the living to be one with the spirits. Sometimes people are sick, and only traditional

methods can help, as Africans, we have our own ways. Sometimes a person has visions and can see those who have passed on, in those instances, the ancestors can help and mediate between the patient and God.

Extract 24c: YHH 8

Ge re le bjale re hloka batswadi re hwetša thekgo kerekeng le gore Eder e re rutille go rapela. Re ka rapela gore Modimo le badimo ba re thuše mo re lego gona. Thapelo ke makgonatšohle ka gore moya o alafša ke thapelo.

English version

As we do not have parents, we get support from the church. The Eder church has taught us praise and worship. We can pray to God and our ancestors to protect us always. Prayer is the ultimate, it can heal, and it can comfort.

The above extracts show that the people of Ga-Maja believe in their ancestors and during tough times, they always communicate their challenges to the spirits. The term “spirit” refers to the part of a human being that is not physical and consists of character and feelings (Schiele, 1996). YHH10 show that in difficult situations, the family requires spiritual guidance and support, which can be accessed through consultation with the ancestors. According to Brittan and Spencer (2011), spirituality involves recognising a feeling or sense or belief that there is something greater than oneself, something more to being human, a sensory experience and that the greater whole of which we are part. That which is cosmic or divine in nature. Participants emphasised that the ancestors play a significant role in the lives of the living. An analysis of data revealed that spirituality differs from participant to participant based on their belief system, namely, God and traditional ancestral spirits. Nwoye (2017) asserts that the tenets of the African worldview symbolise the perspective in the African metaphysical system, which recognises both the physical and spiritual side of Africanness.

According to Masango (2006), ordinary human beings cannot speak to God directly because God is not their equal – hence ancestors become a link between the lower and higher being. Therefore, the requests of the YHHs are to God through the ancestors, which reflects the type of protocol that people follow in Ga-Maja. Extract 24 also revealed that the head of YHHs shared how their grandmothers taught them the traditional ways of protective living. They drew on the divine intervention powers of their ancestors when they are challenged. According to Mkabela (2005), the spiritual connection with the ancestors is of absolute

essence in life. The findings show that spirituality is based on believing in the ancestors who, according to them, can connect them to God and who will tell who and what is troubling them.

Furthermore, Mbiti (1970) asserts that the ancestors are the dead who can connect and assist the living. The participants further pronounced that ancestors are the protectors of families, traditions, ethics and activities because they are closer to God and can appeal to God on behalf of the living. The research findings indicate that the ancestors play a significant role in the lives of the living. Equally, Mbiti (1989) emphasises that the ancestors are the living dead who can connect and be of assistance to the living. This implies that ancestors are the guardians of families, beliefs, principles and actions because they are the link between God and the living.

Extract 25: Male HYHH 1

My aunt is the one who tried to be there for us, the problem is that she was not financially stable. At that time ... we had to feed ourselves, fortunately, through God's grace, we secured a social grant that helped us a lot, yes, I can say that. So, when I experience financial challenges, there is no one to help us...Actually, I am a person who would just pray, I would just pray – and pray and pray and ask God to provide for me. I will not go around and do some things that are illegal. I get all the support from the church. [Emphasis added].

Sepedi version

Rakgadi o lekile go re thekga eupša o be a ihlakela a se na tšhelete. Nkare re ile ra kgona go hwetša grant ka mogau wa Modimo. Bjale ge ke le bana le mathata a tšhelete ga go yoo a ka re thušago. Efela ke motho go rapela, ka a rapela ka rapela ka kgopela Modimo gore a re thuše. Nke se ke ka dira tšeo e sego tša loka, ka gore ke hwetša thekgo kerekeng.

Extract 25 of a male HYHH 1 illustrates the plight of the heads of YHHs, where even the extended family cannot help with monetary support because of poverty and, as a result, resort to spiritual support in the form of prayer. The above extract 25 of male HYHH revealed that young people trust in the Almighty in all their challenges. This shows that the head of YHHs are spiritual people who may call to the Creator when they need support. The fact that the head of this YHH could take care of his siblings shows that he is spiritually grounded to take care of the household. The spiritual realm of helping those around him is morally good. The heads of YHHs take care of their siblings because he is informed by the culture that the eldest person in the family should take care of the siblings after the death of their parents. This is also the case even when the parents are still alive but are sick. It is reflected in the narratives of the YHHs. In some instances, heads

of YHHs blame themselves for their parents' deaths thinking they did not do enough to protect them from dying. This shows that the responsibility is quite demanding on their part. This implies that it is emotionally draining; however, they rise above all odds. Taking responsibility is a challenge for heads of HYHHs due to financial constraints, as they have to ensure that the needs of their siblings are met.

The head of this YHH seemed to be frustrated because no one could help them financially. Hence, he found solace through spiritual reality in prayer. Prayer connects him to God. At the same time, he established a trust in God. He believes God would take care of his needs. Mkhize (2004) opines that spirituality is expressed in terms of personhood, including values, beliefs and one's relationship with self, others and God. Spirituality refers to the personal beliefs that give meaning to existence and provide a sense of a connection to the universe or a Higher Power, and it includes the norms or moral codes for behaviour that have been attributed by individuals, families and society (Salmoirago-Blotcher et al., 2012). Spirituality acts as a buffer in times of distress because it provides life satisfaction, social support, increased self-esteem, longevity, decreased self-destructive behaviours such as smoking and drug use as well as positive satisfaction with family, increased opportunity for goods and services, stress and other mental health conditions (Murphy et al., 2005).

Moreover, Wright (2002) states that spirituality transcends the here and now by reaching beyond and within the self and can search for meaning by addressing the bigger questions of life and death. Therefore, believing in God, called spirituality, is particularly important in improving people's lives, including youth-headed household dwellers. The advantages of spirituality reveal that spirituality is related to interconnectedness because it is the relational ties of the family, community and society. The underlying concern of interconnectedness is with the welfare of others, which means that interconnectedness is engrained in the community. In the African communal life, an individual cannot exist alone except corporately, and this highlights the importance of mutual care for one another, which is endorsed by the maxim *I am because we are, and we are because I am* (Mbiti, 1980, p. 56). All these perceptions reveal that spirituality reflects the interdependence and interconnectedness of the people, and for human beings to exist in harmony, *Ubuntu* and spirituality need to prevail.

Extract 25: Caregiver 5

Eish, go boima, go boima. Go boima go ba mma le go ba papa ka lebaka la gore nto ye nngwe le ye nngwe e lebeletše wena. Go thoma ka society, bupi, uniform ya bana ba sekolo e nyaka o bereka, mara ka gore Modimo o gona, re a kgona, tše dingwe ke no bona ke kgona... gore bjang a ke tsebe,

ka baka la Modimo. ...but, ge o holofela gore go tlo loka, like gona bjale re na le 2 -3 months re sa gole mara ka maatla a Modimo tše dingwe ke no bona ke fentše gore bjang nka se go botše.

English version

To play the dual role of father and mother is a challenge with all responsibilities before you (pause). From providing for burial society membership, maize meal and school uniforms, one wonders how it is possible. This is only possible through God's grace. God being who He is, one cannot account for managing. How? I cannot tell you because our jobs are part-time at times, we go for two to three months without any income. We survive by God's grace. [Emphasis added]

The above extract 25 by Caregiver 5 illustrates the spirituality that the caregivers and the HYHHs possess. The above extract reveals that even though life is challenging, the people have sufficient faith for survival. The extract provided by caregiver five also revealed that life as an orphan is challenging, especially when wearing the additional cap of parenthood, as do most heads of YHHs. Life is emotionally draining and tough. It is also difficult to provide for the family's needs, as every basic need must be provided for by the heads of YHHs. Trust in God is the one thing that helps them to survive because, with God, all things are possible. Their spiritual connection to God is profound in that it reflects their acknowledgement of being in harmony with the creator and the self.

The views of Caregiver 5 are related to *Ubuntu* philosophy. The participant expressed that they found solace in prayer, attending church services and receiving counselling and advice from their spiritual leaders. The lives of both participants are also guided by their belief systems. Caregivers and the heads of YHHs expressed a strong sense of belief and a sense of purpose that participants fostered. Mutambara and Sodi (2018) emphasise that believing in a Higher Power, like God, helps participants to be resilient against any challenging situation. Believing in God and attending churches is also regarded as spirituality. Spirituality involves the recognition of a feeling or sense or belief that there is something greater than me, something more to being human than sensory experience and that the greater whole of which we are part is cosmic or divine in nature (Spencer, 2012). Attendance of religious services and participation in an organised form of religion is very significant in people's lives because it serves as a place of refuge. Chaney (2008) emphasises that the church also serves as a place of education, political grounds or places offering social, emotional or financial welfare to its community. The church also allows people to examine existential questions on the meaning and purpose of their lives. This implies that when the residents of youth-headed households attend the churches, they will receive education about their lives and social, emotional and financial support from their spiritual leaders. Therefore, the caregivers and heads of youth-headed households should always rely

on the church to assist them in providing the children in youth-headed households with a solid moral foundation. Taking care of the children in youth-headed households is very important in life. Mbiti (1989) asserts that the act of giving a helping hand within a community, supporting the people in need for their benefit, is “going an extra mile”, as the individual cannot exist alone in the African community. These perceptions indicate that taking care of the children who live in youth-headed households is an act of love, appreciation and empathy for other people, and it is important for the coexistence of the community. The caregivers and the youth who are leaders of youth-headed households in Ga-Maja Villages should continue and improve their caregiving.

Furthermore, in a situation of desperation, humans would invite the assistance of a higher spiritual order, which is called divine intervention. A call for divine intervention becomes a common thread among the participants and literature to explain the ultimate hope for survival. The participants expressed that the influence of the church’s teaching shapes their livelihood or that they believe it has the spiritual force to overcome their challenges, indicating that they have infinite trust in the counsel of their church leaders. According to Moyo (2011), the spiritual dimension of people is important as they refer to God when anything fails.

The participant revealed that spirituality is also reflected in the beating of drums, consultation with traditional healers and belief in ancestors as the mediators of supernatural powers. Through spirituality, the participants can overcome their challenges. Furthermore, traditional dancing as a ritual connects the participants to their inner being, others and their ancestors. Through dancing, the participants draw divine intervention powers from the ancestors and dancing as a ritual connects them to their inner being, others and their ancestors. According to Masango (2006) and Mbiti (2009), the connectedness of people to their ancestors reflects the connection of body, mind and soul. This view is supported by Mpofu et al. (2011), who emphasise that people can overcome their challenges through spirituality which focuses on ancestors in times of distress. What the NGO in Ga-Maja did aligns very well with Letseka (2012) when stating that caring for others is an integral part of *Ubuntu*.

6.2.1.2. Support from Community-based Organisations

Sub-theme 2 emerged from the analysis of the participants’ responses to question 3. The participants were asked to explain the support that is provided by the community to YHHs. An analysis of the data provided by the participants revealed the support to YHHs from community-based organisations in Ga-Maja Village. This finding is confirmed by the following extracts, which are the participants' responses.

Extract 26: Elder 10

I found that many people are sick at home with no care, as you would know very well that at the clinic you would find that there was maybe one professional nurse, the rest would be random nurses and assistant nurses, so some people would call me or visit me when they are physically ill, so this made me feel that something must be done. I decided to establish a programme that would be used to support members of the community. The programme included caregiver training, monitoring and creating drop-in centres for the orphans.

The above extract from Elder 10 responded to the needs of the community of Ga-Maja by establishing services that would benefit the community. Participant Elder 10 saw fit to initiate a programme that would cater to the community's needs. These services included caregiver training and monitoring and the establishment of a drop-in centre for orphans. This did not end there; she created job opportunities for the villagers by training them to care for the sick. This was an opportunity for the training of the caregivers since they would then visit people who were sick and were at home. It was the initiative of the NGO to respond to the need of the people of Ga-Maja. Participant Elder 10 heeded the call from the community and responded unconditionally and positively to their needs. Elder 10 became a source of support as the founder of the NGO in Ga-Maja. Therefore, Elder 10 played a significant role in the lives of the community of Ga-Maja and was concerned about the plight of the YHHs, especially the fact that they stayed alone, even in the presence of their grandfathers and grandmothers. The participant interceded by asking the grandmothers to take care of their grandchildren, and they accepted the request to stay with them. Tutu (2000) asserts that caring for others is an integral part of *Ubuntu*.

Extract 27a: Elder 10

There were families that were headed by youths, and fortunately, they had their grandmothers on the paternal side and others on the maternal side, so I asked their grandmothers to stay with them, as they were (...) some of them were starting to be loose in behaviour, smoking, drinking, then [I] made it a point through the families that they should stay with them, fortunately, some were grown-up already, but even the old lady agreed to stay with them. The YHH do have ana family however, they prefer to stay alone even when they have extended family members who may assist them. The YHH claim that the granny is unable to stay with them because she still stays with her own children (aunt and uncles).

Extract 27b: YHH 10

The support that we get from the community is enormous. The chieftain makes sure that there is order in the village by laying out ground rules and the laws that the villagers will abide by, like making sure that the YHHS get that support from different structures in the village and ensuring that each person is treated with respect. “Kgoro” is responsible for order and a good neighbourhood in the village.

The extract above is meant to explain the initiative of Elder 10 who voluntarily contacted the grandparents of the YHHs and asked them to assist with their grandchildren. Her intervention worked for some of the families but not for all of them because some of the YHHs were not comfortable staying with their grandmothers as they still lived with their uncles and aunts. YHH 10 attest that community members are guided by the traditional authority. From the extract it is clear that the community has embraced and appreciates the ways in which the community conducts themselves.

Extract 28: YHH 8

Eish, e tla ba manyami, fela go be go tlo šokisa bjale ke leboga le mosadi o la wa caregiver, a re lata ka mo gae a re botšiša gore re hlokometswe ke eng? Nna ke be ke rata go leboga bo mma (...) caregiver ge ba ile ba kgona go bona situation yeo re bego re le ka go yona ba ithwala ba tla ka gae; ke gopola tšatši le lengwe a tlile mo go rena re se na le tšhelete ya go namela ya go ya Ga-Maja [Matshelapata]. Ke bona ba re nameditšeng ba re iša Ga-Maja ra dira dipampiri ra ya toropong ra yo kgopela tšhelete ya go ya SASSA; ba mpha ka dira dilo tše ka moka. Tšhelete ya mathomo e rile ge e etla ke re ke ya ba leboga ba re, “go leboga nna.”

English version

Our situation would have been more dire if not for the caregiver who wanted to know who was taking care of us. I would like to thank the caregiver after noticing our challenge, she took it upon herself and paid us a visit. I am so thankful to the caregiver that she was able to see the situation we were facing. I remember one day when she came around, and we did not have money for transport, she then gave us the fare to go to Matshelapata, Ga-Maja, to sort out the necessary documents required by SASSA with the NGO. We used the same money after consultation with the NGO and proceeded to SASSA in town to process the grant documents. When SASSA released the money, I wanted to express my gratitude by giving the caregiver what I owed her. She refused to accept the money back and was only thankful that she was able to assist me.

The above extract 28 of the head of YHH 8 revealed how the Non-Governmental Organisations supported the community unconditionally. The monetary contribution provided by the caregiver towards the transportation of the heads of YHHs to SASSA was appreciated, as it enabled them to collect the necessary grant documents. Lutz (2009) indicates that NGOs provide support to YHHs. This shows that the community members are supportive and committed to improving the lives of the YHHs. It also shows that the caregiver went the extra mile to ensure the betterment of the lives of the YHHs. Community-based organisations in Ga-Maja, such as Sentahle NGO, do their best to support the YHHs (Karenga, 1993).

Extract 29: YHH 7

Masocial worker le Mantona ba a re thuša if go na le something seo ba swanetšego gore ba re fe information ka sona. Eee..., re a kgotsofala because government re bona e direla batho, e fa batho tšhelete, e fa batho dijo ke gore dilo tša mohuta wona wo ke bona e ka re ba a dira.

English version

I think the government have already [contributed] done [something.] Social workers and indunas furnish us with essential information. One appreciates the contribution the government makes. We are satisfied because it is quite evident that the government is doing its best to assist with grants and food parcels.

Extract 29 from YHH 7 indicates that the government, social workers, and *indunas* support YHHs in Ga-Maja Village. YHH 7 commented positively about the government's support, chieftain and social workers. The government provides grants and food parcels. Teffo (2017) says that in the service of the people, leaders must be public-spirited, compassionate, and empathetic and demonstrate commitment to social justice for the less privileged, vulnerable and others in need.

Extract 30: Caregiver 1

Ehh (yes) ba no fela ba re iša diworkšopong ... ba re išitše ya HCT gore re tsebe gore molwetši wa HIV ba mo lemoga le go mo treater bjang. Ehh... yes, training ke a tšwa even le ya (FDP) Foundation for Professional Development ebile ke na le certificate. Ka 2006 ke ile ka attender course engwe ya bo Auxiliary Health Care, le yona e tloga e bolela ka yona HIV/AIDS and then ka tla ka trainer ke ba (...) bangwe ba re ke (GEP) Geon Educational Programme le yone e be e le ya HIV/AIDS. Ka information ya HIV/AIDS ke

na le dicertificate tše dintši, plus being a peer educator for a long time, ke ruta a lot ka HIV/AIDS.

English version

We regularly attend workshops and training sessions. We have also been offered HCT orientation on how to treat HIV patients as well as identifying the symptoms. I have attended a lot of training and workshops on HIV/AIDS one was offered by Geon Educational Programme. I have also attended training offered by the Foundation for Professional Development. I have so many certificates on HIV/AIDs and I'm also a qualified peer educator and have been doing that for years now.

The above Extract 30 from Caregiver 1 indicates that Non-Governmental Organisations in Ga-Maja Village provide caregiving training by conducting workshops. The people who attend the workshops are also trained to treat HIV-infected patients. These activities indicate that NGOs are serious about supporting the communities.

6.2.1.3 How the Caregivers Deal with Their Emotional Stress and Challenges

This sub-theme emerged from the data analysis related to main theme 2. An analysis of data revealed that caring for the ill is emotionally challenging, leaving the caregivers vulnerable to stress. The following extracts confirm this finding:

Extract 31: Caregiver 7

Re bolela ka mathata a re hlakanang le ona, le balwetši, ba rena as di caregivers. Ke bona e re thuša ka gore ge re bolela re a imologa, e ne le distress tšela di a fokotšega. Ge re bolela le mathata a balwetši ao re hlakanang le ona, ka gore ge o hlakana le mathata o sa a ntšhe a fetša a gobatša wena.

English version

Our talks revolve around challenges and difficulties we often come across. We talk about our challenges and the challenges that our patients experience. Sharing our experiences relieve stress and makes us cope with stressful situations we are facing. A larger part of our conversations is about the challenges we experience when caring for patients and how

to care under the circumstances. This offers relief because if we do not talk, we will be stressed.

From the above extract 31, Caregiver 7 shares the challenges they experience in the course of their work. Caregiver 7 talks about the need to share the challenges they encounter in the field and talk to each other to avoid stress. They are soothed after sharing with other caregivers. They also acknowledge that sharing with YHHs is therapeutic. Narrating experiences is therapeutic as one is able to share and get support and advises from colleagues. This helps as they are able to share the burdens. Caring for the sick is not easy, even the most resilient persons become emotionally and physically affected. Caregivers should never forget that the service is rewarding but stressful. For most caregivers, being there when needed is central to providing quality service. It is natural to feel alone or sad, angry, frustrated or exhausted as a caregiver, which indicates that they undergo stressful situations when caring for others. According to Adelman, Tmanova, Delgado, Dion and Lachs (2014), people who experience caregiver stress can be vulnerable to changes in their own health. The risk factors for caregivers include:

- Social isolation;
- Stress;
- Having depression;
- Financial difficulties;
- A higher number of hours spent caregiving;
- Lack of coping skills and difficulty solving problems; and
- Lack of choice in being a caregiver.

The findings of this study reveal that all the caregivers of youth-headed households in Ga-Maja are exposed to the risk factors for caregiver stress. The caregivers and young people heading YHHs take care of their loved ones and sometimes do not realise that their health and wellbeing are affected in a negative way. According to Adelman et al (2014), the following are the signs of caregiver stress:

- Feeling overwhelmed or constantly worried;
- Feeling tired often;
- Getting too much sleep or not enough sleep;
- Gaining or losing weight;
- Becoming easily irritated or angry;
- Losing interest in activities one used to enjoy;
- Feeling sad;
- Having frequent headaches, bodily pain or other physical problems; and
- Abusing alcohol or drugs.

All the above signs of caregiver stress indicate that too much stress over a long period can harm one's health.

Extract 32: HYHH 3

We are familiar with similar pains, therefore we are in a better position to advise each other. Comforting each other becomes easier – one realises that one is not alone in the struggles of life; one is not alone in the world as an orphan.

The above extract 32 from YHH3 confirms that the heads of YHHs and the caregivers have similar experiences. According to YHH 3, friendships that matter the most emanate from the same group because birds of the same feather flock together. The same is true with the heads of YHHs in Ga -Maja. The above extract also indicates the importance of supporting each other. Support comforts the heads of YHHs, and they, in turn, realise that they are not alone in experiencing the challenges. Eliastam (2016) confirms that people suffer profusely and sacrifice for the betterment of others.

Extract 33: Elder 5

We ... err ... we have also got, to add on that, we also help them from the position of being a member of a clan. Kgoro, re re ke dikgoro, different kgoro, re na le (Malatswe) kgoro, even then we try to encourage people to come together to know one another, particularly value them to such families were there are no adults, parents are not there, only children are looking after themselves, we try to support one another, for instance, if we've got one who is sick, then "kgoro" is there to help (pause), even though it is not done formally or regularly, occasionally such ... err ... families are considered.

Extract 34 from Elder 5 above depicts support provided to YHHs in the community of Ga-Maja, where many structures are involved. In Ga-Maja, consultation is observed, and the Chief and his community practice it. Elder 5 above indicates that the chief and Non-Governmental Organisations support YHHs in Ga-Maja, but it is not done formally and regularly. Mbiti (1989) points out that providing support starts with acknowledging that every individual cannot live alone.

Extract 34: Male Elder 2

Akere ba le bitša ka magoro a lena ka tatelano ya lena ya bogoši, go re le be gona ba tlo botša bagolo ba lena ka gore ba a kgobokana kua dikgorong tša bona ba ba le dipolelo ba

kgobokana le mantona a bona ka tshoganetšo. Go sepehwa ka ona mokgwa woo. Tšhipi tšona le tšona di sa le gona le mantona a gona, ba e leša tšatši le leo go hlagilego bothata gona mo mošate. Ge gona le motho a tlogile go na le yo a tiago tšhipi ene go na le mokgwa wa go letša tšhipi ye.

Go na le tšhipi ya sebatakomo mara ga e lle go swana le ya lehu. Ya sebatakomo ba e tia kgafetšakgafetša, then ye ya lehu ba e tia ba homola sebakanyana se senyane ba e boeletša gape morago ga metsotsonyana. Tšhipi ya kgoro e re e re tong-tong-tong. Ya lehu ba e tia ba ema ba e tia ba ema. Ya sebatakomo ba e itia kgafetšakgafetša.

English version

We are addressed by our clan names, and protocol is observed because we are addressed by our hierarchy. The eldest in our clan would then attend the meeting at the chief's kraal. The same procedure would be followed where the eldest people from different clans would convey the message to their clans. The clans will meet with their indunas for emergency purposes. The bells are also used to inform the community of various occasions.

The bell ringing is used to invite people if there is a problem at the chief's kraal, for a death case, the bell will sound differently. The emergency bell but also sounds different from the bell that reports the death case. The emergency bell sounds are quick, whereas the death case one is slow and rings in intervals. The bell that invites the community to the chief's kraal rings like tong tong-tong. The one for the death case is slow and rings in intervals. The emergency bell is quick.

The above Extract 34 was a response from Male Elder 2. The participant was asked to explain the sources of support at the disposal of YHHs and caregivers. An analysis of the data provided by Elder 2 revealed that the chief is the source of support in the villages. The participant shows that the chieftains have their way of gathering their subjects, according to lineage, when there are urgent matters to discuss. In the event of a death, the sounding of a bell is distinct from the one for village gatherings. The chieftain uses the bell ringing to invite the community to different meetings. The community responds to the bell's ringing and attends to the Chief's call, depending on the nature of the bell. Communication happens variously, and the people of Ga-Maja still follow a traditional way of life. They are in touch with their environment, making them respond positively to the "tšhipi". The bell is used to communicate with the community when there are emergencies at night, a death in the community, or if the headman wants to invite the community to a

meeting held at the Chief's kraal. The chieftain also acts as a source of information to the community. This community's development depends upon the connections between caregivers, YHHs and social workers because *Ubuntu* is the cornerstone of the community.

Extract 35: YHH 7

Re tlile mo ka 2003 ke be re dula le koko waka, ka re ge ke dula le koko wa ka, gwa hlaga gore mme (granny) a re "apholaele" RDP. ...mama wa ka o hlokofetše ka 2003, ke sa le o monnyane ga sanko a re Re "apholaetšwe" ke koko wa ka RDP... Mme o sa le gona... O na le bana, so sometimes bana ba gagwe ba ne ditshela, gona le ditshela ka family(ing) ... ke bo malome wa ka le bo mmamogolo, ga ba na taba le rena gore re a phela goba ga re phele.

English version

We have been staying with our grandmother since 2003. She put in an application for an RDP house as my mother died in the same year. My grandmother has her own children who are not comfortable with our presence. We have uncles and aunts who do not seem to care about our wellbeing.

In Extract 35, YHH 7 responded to a research question where the participant was asked to explain the sources of support at the disposal of YHHs and caregivers. An analysis of the data provided by the head of a youth-headed household revealed that the grandmother is the source of support in the YHHs of Ga-Maja Village. YHH7 indicated that members of some of the YHHs were forced to stay alone after the death of their mother because their grandmother had secured RDP houses for the grandchildren. Since they were still noticeably young, they did not have any choice but to stay alone or with their grandmother. YHH7 emphasised a challenge in the YHH because the grandmother's children were not comfortable with their presence, and their uncles and aunts were not prepared to support them. The extended family members did not support them financially because they were burdened with household responsibilities and caring for them. Tutu (1998) asserts that community members must show *Botho (Ubuntu)* to each other.

Extract 36: Elder 10

They started smoking, they started being restless, I cannot work alone, I work with the social workers, with the "ntonas" with the chief, so we try that the next of kin, whether is the uncle or the grandmother or the aunt, to look after them to stay with them.

In Extract 36 above, Elder 10 responded to the researcher's questions. The researcher asked Elder 10 to explain how orphans in youth-headed households are supported. An analysis of the data revealed that the orphans in the households are supported by the elders, i.e., relatives such as an uncle, grandmother, aunt, social workers and the chief. The extract above revealed the initiative of Elder 10, who voluntarily contacted the YHHs to assist and support the children. Elder 10 indicated that, after observing young people's self-destructive behaviour, she took the initiative to talk to the extended family members to ensure that these individuals were taken care of. Elder 10 indicates that all these caregivers ensure that the youths in the community are guided and mentored to keep them off the streets. The support provided by the elders, relatives such as an uncle, grandmother, aunt, social workers, and the chief indicates that in Ga-Maja Village, Ubuntu is respected by the community members who support the YHHs. The support of orphans in the households is in line with the position taken by Schiele (2000), who emphasises that supporting others is very important because a person becomes complete through others.

Extract 37: HYHH 6

Leloko re na le lona (pointing next door) Ga koko ke kua. We have relatives (she points at the neighbour's house) my granny lives there. Bokoko le rakgolo ba hlokošetše kua ga koko go no šala mmamogolo o dula le bana ba gagwe, malome yena o Gauteng. Mmamogolo yena le ge a le gona ke motho wa go ya bjaleng le ge a tšofetše, ga a sa bereke ga a ne tšhelete ba a mo nweša ko bjaleng. Ba ga rakgadi ba gona eupša ba dula kgole Matobole fela ga ke ba tlo re hlola ka gore ga ba iketle ba a babja.

English version

We do have relatives. My grandparents died, and my aunt lives in their house with her children. My uncle lives in Gauteng. My aunt is not working as she is retired; however, she drinks a lot, and she doesn't have money as a result, other people buy her liquor. My paternal aunt lives far and doesn't come often because she is not well.

The above extract 37 was a response from HYHH 6, whom the researcher requested to explain the support provided to orphans in youth-headed households. An analysis of the data revealed that children in YHHs in Ga-Maja have extended family members, and sometimes it is their choice not to stay with their families. HYHH 6 indicated that even though they had family members, such as an aunt who could take care of them, they preferred not to stay with her since she was retired and not financially stable. Furthermore, the aunt indulges in drinking alcohol bought by other people. The head of this YHH also confirmed that there is

another who lives in Gauteng whom they consult for advice when necessary. Supporting the youth-headed households is noticed by Asante (2017), who asserts that the Afrocentric paradigm proposes that humanity be viewed from a collective rather than an individual view. On the other hand, Nwoye (2017) indicates that support is a collective view expressed as a shared concern and responsibility for the wellbeing of others and represents human personhood. Schiele (1994) further states that *Ubuntu* is about collective vision because the individual can only be understood in unison with other people. In many areas of SA, *Ubuntu* is gradually disappearing, but in Ga-Maja, support is entrenched in the people because *Ubuntu* has remained intact, which refers to our common humanity, interconnectedness and spiritual connectedness.

Extract 38: Elder 10

As it is in the rural area, one cannot start something in the community without consulting the chief. I went to Chief Maja and told him about the situation in my area. He called a meeting and told me to explain to the community what I wanted to do...so I could say ... that was the first home-based care in Limpopo; I started this in 2001, and this is the first NGO in Ga- Maja...To assist the family in administering medication, providing nutrition and giving advice to the community on cleanliness, the caregivers/YHH demonstrated the necessary support to the patients cared for by the YHH and the caregivers.

The above extract 38 was narrated by Elder 10, whom the researcher asked to explain how orphans in youth-headed households are supported. An analysis of the above extract revealed that Elder 10 was the first to establish a caregiving Non-governmental Organisation in Ga-Maja, Limpopo Province. Elder 10 indicated that in Ga-Maja, there are protocols to be followed, and the consent of the chief is always required before anything that affects his community can be initiated. Then, Elder 10 communicated with the Chief and explained to him the necessity of the project and why it was important. This is a good example of human interdependence, where people are respected for who they are and not taken for granted. The support of the orphans in youth-headed households in consultation with the chief was postulated by Maphalala (2017), who opines that caregiving is based on interconnectedness, emphasising that a person is a person through other persons. The (ibid) further stipulates that *Ubuntu* consists of three pillars, namely, intrapersonal values (regard for self), interpersonal values (regard for others) and environmental values (regard for the environment). Louw (2011) also asserts that an individual's self-worth is seen in the interconnectedness of people when helping each other become better individuals in the community.

6.3. STRATEGIES THAT CAN BE SUGGESTED TO ASSIST THE YHH AND CAREGIVERS

This theme is based on research Question 4. The participants were asked questions about the strategies that can be implemented to assist the YHH and caregivers in Ga-Maja Village. An analysis of the findings of this study produced three sub-themes, namely, to strengthen community-based assets, ubuntu and compassion.

6.3.1. Strengthening Community-based Assets

This sub-theme emerged from main theme 2, which is based on Research Question 4. The participants were asked to explain the strategies that can be implemented to assist the YHHs and caregivers in Ga Maja Village. The importance of strengthening community based assets is to afford local residents the ability to keep community identities, maintain local control over decision making, and address their own community needs. It is a central component of community and social well-being. An analysis of the data revealed that one of the major strategies that can be implemented to assist the young people heading YHH and caregivers in Ga-Maja Village is strengthening community based assets, *Ubuntu* and compassion. The following extracts confirm these findings.

Extract 39: YHH 1

Ja, if we can get more support from the community, the family and the government, I do not think that the government is doing enough to support the YHHs because we had to do everything for ourselves. If the community can have something like the community centre that can approach the YHHs and invite them to be assisted. They can provide food, clothes, and information about higher education to assist us. The government can send counsellors that can talk about career opportunities and, in line with caring and particularly caring for YHHs, these counsellors will have to visit schools regularly (Silence) and visit the YHH and check how they are doing and provide them information.

The above extract response to extract 39, the Male YHH, indicates that the government should improve its support for YHHs because it is currently not doing enough. The elder also wished that the community could be supported with information on career opportunities and information that will help develop the area. The fact that the community supports each other is confirmed by (Letseka, 2012) when they highlight the notion of humanity/*Ubuntu*, which implies the creation of a healthy relationship that is founded on the understanding that within the community, every person is linked to others. *Ubuntu* is practised in the community understudy because people work together with young people heading YHHs (Marfo, 2015).

The YHH 1 recommends that the government establish a community centre that will be used to support YHHs by providing food, clothing and information on higher education. The YHH 1 also recommend that the government ensures to facilitate the availability of counsellors who will counsel the heads of YHHs about careers.

Extract 40: Elder 2

Batho ba motse ba swanetše go tšea karolo kgodišong ya ditšhiwana. Kgale go be go se na tšhelete ya mmušo, setšhaba le meloko a kgauswi ke bona ba bego ba thekga malapa a ditšhiwana, ka morago ga poloko, meloko a tla hlakana ya abelana bana. Ka setšo, setšhaba ke sona se godišago le go hlokomela bana ba ditšhiwana.

English version

The villagers should take care of the orphans. In the olden days, there were no social grants; however, the community and extended family members supported the orphans. After the funeral, the family would sit down and assign the children to the extended family members. It must be remembered that the extended family also refers to the community.

The above extract is a response from Elder 2 regarding the strategies that can be implemented to assist the YHH. Elder 2 indicates that extended families and the community are responsible for supporting the YHHs. Elder 2 emphasises that this strategy complies with the African culture of *Ubuntu*, which requires the community to support each other. Watson et al. (2011) highlight that the YHHs should be shared among their immediate, extended families and the community. Mturi (2012) opines that traditionally, orphans should be absorbed by members of the extended families and should not be left to fend for themselves, and community members must carry out their roles as parents so that the YHHs can feel safe and cared for. This indicates love and support for one another as relatives and community, which means that people survive or are who they are because of the support of others, Ramose (1999).

In African culture, *Ubuntu* is part and parcel of taking care of the community to ensure that the children in the community are raised by elders as community members (Tutu, 2004). Thus, *Ubuntu* is not only raising orphans after the death of their parents but also ensuring that they are raised in a way that they observe and respect culture. To protect the orphans and raise them in such a way that they become responsible members of the community. The community benefit the most by raising orphans, and Mbigi (1997) refers to the gesture as the collective role of *Ubuntu*. Through *Ubuntu*, the orphans would be raised to become

responsible members of the community who would learn, observe and practice the culture and tradition. members.

Extract 41: Elder 4

Traditionally, we know that if your mother or father died, the mothers' people would take the orphans. The paternal relatives would even take some but mostly went to the maternal side. ...because if they are her daughter's children, the grandmother will look well after them. Sometimes, kids are not comfortable on the paternal side, as most of the time, they are accustomed to the mother's people. African families mostly prefer people from the maternal side.

Extract 41 from Elder 4 also highlighted the strategies that can be implemented to assist the YHH and caregivers. The elder states that according to tradition, when a mother and father die, orphans are taken to the maternal side, where the grandmother will look after them. The elder further indicates that traditionally, Africans always love people from the maternal side than the paternal side. The views of Elder 4 indicate that the family is important in rearing the members of YHHs because it serves as a net that safeguards the safety of the youths and supports them to grow up like any other children. The cultural way of caring for orphans allows them to be nurtured and grow in a respectable manner and unconditionally treats them with respect. Most of the time, the orphans would feel comfortable being raised by their aunt from the maternal side because in African culture aunts from their mothers' side are regarded as mothers either (*mmame*), literally translated as younger mother or *mmamogolo* literally translated as older mother. In so doing, it is taken as offering *botho/ubuntu* to the orphans that is handed over because of a direct lineage.

Extract 42a: HYHH 8

YHHs: Community e ka thuša ka maele a go kgala bana, ra boledišana ra kwana. Bjale ka ge e le motse wa kgoši ge o hloka se sengwe o ya ntoneng, ba kgona go thuša go kgala bana. Ke šetše ke ile ka ya go yena yo wa rena o a tšhaba a sanke a nyake go ba kwa. Bona ba lekile batho bao ke etilego ke ba kgopela. Ke bomalome waka o mongwe o gona ka mola fase ke ile ka mo lata ke gopola mola ba mo rakile sekolong ka kgopela gore a tle re mo saenele sekolong ka gore ba letše ba mo rakile. A gana go saena ka yo bitša malome bale. Ka re ba ye le nna re yo mo kgopella tshwarelo mara a re go fihla, a roga mathitšhere mo pele ga malome wa gagwe.

English version

The community can assist in giving advice and talking to our siblings when need be. Ga-Maja is under the chief's authority, and assistance is available from the chieftains. My younger brother did not want to listen at school and dropped out of school. I then requested my uncle and ntona to apologise on his behalf at school for the wrongs that he did. He was not ashamed and then disrespected the teachers in front of the elders.

Extract 42b: Elder 9

Community e bohlokwa ka gore mo Ga-Maja re na le dikgoro tšeo e lego gore di re thuša go thekga setšhaba. Gape Matona le ona a kgona go re mema. Ge ba dira bjalo ba letše tšhipi, yona e lla go ya ka pitšo, tšhipi ya go bitša batho mošate, (toto-tong-tong-tong) for polelo ko kgorong (meetings), tšhipi ya lehu (e lla e ro kong--- kong—kong ---) le ya sebatagomo yona e lla setsonkela.

English version

Collaboration among community members is important. In this village, we have ways in which the royal house support and ensure that we work in unison. Mantona/headmen make it a point that we are informed and up-to-date with what is happening. They will ring the bell when there is an important announcement, and the different sounds tell the occasion. As such, we know when we are called for a meeting or when there is death.

Extract 42c: Elder 6

Community e bohlokwa ka gore gona mo Ga-Maja re na le dikgoro tšeo elego gore di re thuša go thekgana. Gape Matona le ona a kgona go kgala malapa ao a sa dirego tša go ya ka tsela. Bana ba kgalwa ke kgoro mo pele ga setšhaba, ge setšhaba se sa theetše ba rakwa.

English version

Working together as a community is very important. In this village, we have our own ways of supporting and working together. The headmen are able to reprimand families, and this is done in front of everyone. If the family continue in their wayward behaviour, then they are expelled. The same is done with young people they are reprimanded at the traditional council.

The above extracts confirm that strengthening community-based assets is one of the strategies that can be implemented to assist the YHH and caregivers. The participant indicated that the chief and the community care for the youth-headed households. When there is a problem in youth-headed households, a chief or community member is requested to come and assist them. The chieftain and the uncle of the head of the YHH heeding the call is a sign of *botho* where the peoples' collectiveness makes a difference in the lives of the participants in Ga-Maja Village. They accepted the invitation to ensure that the sibling was raised in a proper cultural way, which improved the life of the household and the community. The community in Ga-Maja still follows the cultural practices that influence its way of life and keep them together since the king rules the community. This means that each clan is responsible for ensuring that they take care of each other, which is part and parcel of their responsibility as elders, and to see that the YHHs grow responsibly by mentoring them regularly in terms of their health and general guidance (Mkabela, 2015). The YHH in Ga-Maja found support from the community where interconnectedness matters the most. Mpofu (2011) also emphasises the importance of the community in practising mutual care for one.

6.3.2. Compassion

Sub-theme 2 emerged from main theme 2, based on research question 4. The participants were asked to explain the strategies that can be implemented to assist the YHH and caregivers. An analysis of the data revealed that one of the major strategies that can be implemented to assist the YHH and caregivers in Ga-Maja Village is to ensure that they offer services with compassion. The following extracts confirm this finding:

Extract 43: Elder 2

... the position of being a member of a clan. Kgoro, re re ke dikgoro, different kgoro, re na le (Malatswe) kgoro, even then we try to encourage people to come together to know one another, particularly families where there are no adults, parents are not there, only children are looking after themselves, we try to support them. For instance, if one is sick, then "kgoro" is there to help (pause), even though it is not done formally or regularly, occasionally such ... err ... families are considered. Err... we meet once a month, ...every month, on every third Sunday when we meet and check whether we've got a case to be attended, where we can we send an elder to check and to give advise.

English version

Elder: Jah, but in this case, looking at those that I have got, err... prevailing problem, perhaps a chronic problem, where we find the children are fighting one another, so we have got an issue that needs attention but not every YHH family but we usually help those who are having a problem, so one, either a boy or a girl is having a problem, need to be disciplined, knowing that children cannot discipline themselves, then we send an elder, we send the kgoro members.

The above extract 43 of Elder 2 is a response from one of the elders who participated in the study. Elder 2 was asked to explain the strategies that can be implemented to assist the YHH and caregivers. An analysis of the above extract, a response from Elder 2, revealed that elders are also responsible for assisting the YHH and caregivers. Elder 2 indicates that when the elders become aware of a prevailing chronic problem in a household, they immediately send *kgoro* members who are elders to the YHH to assist them. This response indicates that the elders are responsible for bringing peace and stability to the YHHs. Similarly, the YHHs are encouraged to observe the importance of childrearing and how it could benefit them. Elder 2 indicated that this strategy is applied to the YHHs of Ga-Maja Village.

Mkabela (2015) asserts that the strategy is intertwined with their philosophy of communal life centred on blood lineages or clan or social solidarity as strategies for their descendants' development. Etieyibo (2017) also supports the role of the elders in the YHHs by indicating that the welfare of others is important for the coexistence of the community. Etieyibo (2017) further emphasises that humanness cannot exist in isolation because it gives a helping hand within a community.

Extract 44: Elder 1

Nakong tša kgale bana ba be ba godišwa ke rakgadi wa bona. ...gona bjale bana ga ba swanela go dula ba le tee ba swanetše go ya melokong go swana le kgale. Gona bjale re a ba tšea ra fana bona, o mongwe a golela ga mokete o mongwe a golela ga mokete. Ba mengwaga e 18 go ya godimo ba ka kgona go dula ba le noši. Mara ge ba sa le ba sa le kua fase ga go kgonege.

English version

Traditionally children were brought up by their aunts. Children cannot look after themselves. They should live with their relatives, as was the case in the past. The responsibility of bringing them up is shared among relatives. The 18-year-olds can look after themselves; below this age, it is not possible.

Extract 44 was a response from Elder 1, who also focused on the strategies that can be implemented to assist YHHs and caregivers in Ga-Maja Village. In the above extract, Elder 1 revealed that relatives in the community support one another to ensure the wellbeing of the YHHs and orphans after their parents' death. In the Northern Sotho culture, they say that “ngwana wa monna, molao o tsea tseleng,” which indicates that the community is responsible for assisting the YHHs. Elder 1 indicated that the relatives play a significant role in the Ga-Maja community and assist the YHHs with challenges. Elders take the lead in caring and offer guidance toward community building in Ga-Maja. They play a significant role in solving the problem of child-headed households without adult supervision. Elders act as facilitators and mediators between youth-headed households and their families. Thompson et al. (2013) emphasise that it takes the whole village to raise a child.

Extract 45: Elder 6

The role that we play is to encourage all families, especially those that are headed by children... We sometimes send out our members to motivate learners and encourage them never to give up as they have no parents. We advise them and encourage them to continue with their education... They are conscientised of the dangers of drugs and liquor and are encouraged to engage themselves in youth activities. We also encourage them to be a member of the community by attending gatherings at kgoro. These young people must know each other and support one another. If one is sick, kgoro is there to help. Occasionally such families are considered. We send the representatives of the elders to talk to the YHHs for advice.

Extract 45 is a response from Elder 6, a member of the *Kgoro* group of elders who participated in the study. Extract 45 explains how the orphans are taken care of, traditionally by the elders, who also put procedures in place to take care of the orphans in YHHs. Elder 6 indicated that they send out *Kgoro* members to go and encourage the orphans in YHHs never to give up, motivate them to proceed with their education and advise them not to indulge in drugs and alcohol. Ramose (1999) asserts that caring for orphans in YHHs is the application of *Ubuntu*, a phenomenon according to which persons are holistically, physically, socially, and spiritually interconnected. According to Whitworth and Wilkinson (2013), *Ubuntu* refers to the relational ties of the family, community, and society and the interconnection of adults and children to ensure the community's wellbeing.

Extract 46: Elder NGO

Traditionally, if your mother dies or father, the orphans are taken to the mother...some go to the mother on the paternal side, but most go to the mother on the maternal side... in our culture, you may have a grandmother, aunt or uncle to stay with you if you are an orphan.

When I retired ...I thought of doing something for the community. ...so I found that many people when they are sick, there was no one to care for them. ...and again, some people, when they were sick and critical, would call me, which compelled me to do something.

The above Extract 46 is a response from the elder, a Non-Government Organisation (NGO) member in Ga-Maja Village. According to this elder, Non-Government Organisations are important in taking care of orphans in youth-headed households. The elder indicated that he established an organisation to care for sick people who have no one to care for them. The elder indicated that when people are critically ill, they always request him to go and assist them. Kotze (2011) indicates that members of Non-Governmental Organisations are responsible for caring for orphans because the youths head many households of orphans.

Extract 47: Male Elder 2

Mo Ga-Maja batho ba bagolo ba as le gona go hlokomela bafsa. Nkanore dikgoro di as le gona bjale ka dikgoro tša malapa, kgoro ya ga Tleane bjalo bjalo. Tšona di thusa bafsa le community. 119ag a ena le polelo mo Ga-Maja batho ba ya kgorong. Mantona kie bona baetapele ba rena; tšatši leo 119ag a bitša kgothe kgothe gona ka mo diholong.

English version

... here in this village, old people take care of the young ones. There are still clans in Baga- Maja, like Baga-Malatswe and the Tleane clan, to assist the YHHs and the community.

The above Extract 47 is a response of Male Elder 2, who was asked to explain the strategies that can be implemented to take care of orphans in youth-headed households. Male Elder 2 indicated that the elderly care for orphans in Ga-Maja Village. Male Elder 2 also indicated that after the death of their parents, all the orphans below 18 years are assigned to families that are requested to take care of them. All the orphans above 18 years can stay alone but are always assisted by the elders. Male Elder 2 emphasised that at Ga-Maja, old people care for the young ones. This strategy of taking care of orphans indicates the importance

of *Ubuntu* in the community. Mokgoro (1998) states that when people have *Ubuntu*, they strive for a common vision because they can only be understood in unison.

Extract 48: Elder 10

Ka segagaborena rena motse ga o tswalelwe, ge go setše go ena le bana bao ba lego gona ešita le ge ba se gona, re nyaka mosadi wa go tsoša lapa o tla reelwa ka monna wa e mongwe ka gae. Mohlomongwe ka ngwana wa mathomo goba wa mafelelo re re ke mosadi wa gagwe re re o tla tsoša lapa lela gore le se ke la hwa. Lapa le tšwela pele, mosadi ola a tsoša lapa lela namile le rena re tla be re tsena re mo thuša. Re mmoiša ka mo re phelago ka gona. Re mmoiša gore weno ke ofe le maina a bana o tlo fiwa ke rena ee.

English version

Traditionally, the family house is kept to accommodate children who will continue staying in the house. Even if no one remains in the family, the extended family looks for a female person who can keep the home. The same female is named after one of the family members, and she keeps the family surname. Her children also adopt the family names and surnames, and we will come and guide her and show her our ways as elders.

Extract 48 is a response from Elder 10, who was asked to clarify the strategies that can be implemented to take care of orphans who live in youth-headed households. Elder 10 indicated that traditionally, after the parent's death, the family houses are kept alive to accommodate children still staying in the house. The extended family must look for a female person to care for the family. Traditionally, the female must change her surname and adopt the family's surname. The children of the female person also adopt the family names and surnames. The role of the female person is to take care of all the orphans in that family. Elder 10 indicates that in Ga-Maja, the caregivers assist the female person and heads of YHHs in administering the relevant documents to secure a grant. The female persons as caregivers bring joy and meaningful life to the orphans in YHHs. Thurman et al. (2015) emphasise that changing surnames is important for obtaining documentation that will enable them to apply for social grants for orphans.

Extract 49: Caregiver 6

Re thomile re dira di door-to-door ka malapeng, re ruta batho ka tša maphelo gore batho ba ka ithlokomela bjang, gape re lebelela ka malapeng ao e lego gore go na le ditšhiwana. Re humana ba bangwe ba be ba se na di birth certificate, ba bangwe disurname ka lapeng di a fapana, ba

bangwe ba bitša ka sa bo papago bona, ba bangwe ba nyaka go bitša ka sa bo mmagwe, o mongwe o bitša ka sa bo koko wa gagwe kae kae, difane di a fapana ka malapeng.

English version

We started with door-to-door visits, educating people on health and giving special attention to orphans. We discovered that some did not have birth certificates, some had different surnames but stay in the same family. Others used their fathers' surnames, and some used their grandparents' surnames.

In Extract 49, Caregiver 6 was asked to explain the strategies that can be implemented to take care of orphans in youth-headed households. The extract revealed that caregivers are significant in caring for orphans in youth-headed households. Caregiver 6 indicated that the caregiver conducts door-to-door visits to educate people about their health, focusing on youth-headed households. The caregiver discovered many challenges in the youth-headed households, including the lack of birth certificates. The caregivers assist the orphans in the youth-headed households to resolve their challenges. Akintola (2006) indicates that caregivers provide moral support by listening and being compassionate and loving towards the infected and affected community members. Sherr et al. (2014) point out that caregivers assist in daily tasks, such as cooking, bathing, feeding, dressing the sick and coordinating financial assistance.

Extract 50: Elder 1

Gona bjale mo Ga-Maja; gona le older persons organisation, re kgona go fa di health talks... Re na le go etela di YHHs, re kgona go kgetha lapa ra hlwa le bona ... re be re je le bona tšatši leo. Re na le go ba lebelela ra ba referela masocial workeng go ya ka mabaka ao re tla bego re a lebeletše. Re kgona go bolela le ba kliniki gore ba yo lebelela malapa a bana bao ba dulago ba le tee. Le sekolong re kgona go ba botša gore bana ba go ema ba rile ge ba ka se ba bone botse ba tsebe gore be tšwa ka lapeng le le bjang. Re kgona go ba thuša gore ba ye kliniking, ba bangwe ke disocial worker, baruti, le dikereke di a ba etela.

English version

In Ga-Maja, Older Persons' Organisation is committed to giving health tests to the community. We visit YHHs and single out some families to spend a day with them. We refer social workers to some families for assistance. Clinic staff receive information about some families, especially those

entirely on their own. Schools are made aware of families that are battling severely. Arrangements with churches and social workers are made to pay regular attention to such families.

In Extract 50, Elder 1 was asked to explain the strategies that can be implemented to assist orphans in youth-headed households of Ga-Maja Village. According to Elder 1, the Non-Governmental Organisations of the elderly are responsible for caring for the orphans in youth-headed households. Elder 1 indicated that the elders ensured that the YHHs' needs were met and referred them to the relevant people who could assist them. The Non-Governmental Organisations of the elderly organise health tests in the communities, visit YHHs, refer social workers to some families for assistance, provide the health workers with information about some families and provide the required information about the struggling YHHs to the schools, churches, and social workers. The elders are concerned about the wellbeing of the YHHs and engage them in different activities that will take them off the streets. This is the value of going the extra mile entrenched in *Ubuntu* and transferred to the community by the elders in Ga-Maja. This strategy indicates that the elders are morally obligated to care for the orphans in youth-headed households. The elders advise and guide the community, where necessary, to build a better society. A moral obligation is a duty one owes and ought to perform but is not legally bound to fulfil because it is founded on the natural right (Dictionary, 2010; Merriam-Webster's Collegiate Dictionary, 2010). This shows that Ga-Maja elders tap into their skills to empower and support the YHHs, caregivers, and the community. Ssengonzi (2007) emphasises that middle-generation individuals who contract HIV/AIDS always succumb to the disease, and grandparents are left to raise the orphaned grandchildren. Grandmothers are considered good caregivers of young children because they love and pamper their children (Bledsoe & Brandon, 1992). Additionally, these grandparents are assumed to be less likely than other women to discriminate against children because they have no young children of their own competing for food.

Extract 51: Elder 4

We try to educate them not to indulge in drugs. Beer drinking, loitering around, in case they must engage themselves with the youth activities, either in sporting activities rather than going to taverns, which is the role that I am trying to play, for instance, we have got the home team called Lesedi United Brothers. When we are together holding meetings, we try to err ... to inform the youth, to make them aware that one must be able to strive for success, rather than them giving up and mob-psychology group, they surrender to peer group pressure, so we try, even if it is not formal and regular, whenever we have got a chance, meeting our home players in the official meetings, then we provide them with such guidance.

Extract 51 is a response from Elder 4, who was asked to explain the strategies that can be implemented to assist orphans in youth-headed households. Elder 4 indicated that the elders are responsible for educating the communities and youth-headed households about the dangers of using drugs, drinking beer and loitering. Elder 4 also said that they use the home sports team called Lesedi United Brothers to talk to the youth in their sports meetings to motivate them to work hard. According to Johanson et al. (1996), many older persons suddenly face a situation where they have to start again with a parental role and all the responsibilities that go with it while having no reliable source of livelihood. In many cases, they do not have the physical capability to undertake such a responsibility. Cattell (1993) observed that the caregiving role could be burdensome to the elderly, but providing such support for children was equally a source of pride and self-respect for the elderly.

Extract 52: Elder 8

Bana ba be ba dula le batho ba bagolo, ba se na toka ya gore nna ke nyaka go tšwa, ba be ba no tseba gore ka mo bošwana bo thomile ka gona ke moo a swanetšego gore a godišwe gona.

English version

Children were brought up by elderly people and learnt to accept their status of orphanhood. They did not have the rights as such and had to accept the conditions as a way of life.

Extract 52 is the response from Elder 8, who was requested to explain the strategies that can be implemented to take care of orphans in youth-headed households. Elder 8 also confirmed that the elders are responsible for caring for the elderly. Elder 8 emphasised that in the past were brought up by the elderly. According to Shetty and Powell (2003), many orphaned children are reliant on ageing and often impoverished grandparents. On the other hand, in the absence of grandparents or other extended families, the children rely on their older siblings, a trend increasingly practised (Shetty & Powell, 2003). According to UNICEF (2008), orphaned children often live in households headed by unemployed older siblings who are unlikely to have a regular source of income. This may result in orphans receiving inadequate care and food.

6.4. SUMMARY

This chapter presented the findings from participants' responses to the interview questions. The participants included ten heads of YHHs, ten caregivers and ten elders. Individual interviews were conducted to collect data from participants. In this study, the data was presented, analysed and interpreted in Chapters 5 and 6. In this chapter, data was presented as verbatim extracts, analysed and interpreted by the thematic analysis

method. This involved the breaking up of the data into manageable themes and sub-themes. Participants answered all the questions, indicating they were straightforward and easy to comprehend. The findings of this study reveal the challenges experienced by young people heading YHHs and the distinct types of support provided by caregivers and elders in the community. The findings also reveal that an Afrocentric approach can be used to deal with the challenges that young people heading YHHs and their caregivers face. The summary of the study's findings, contributions, and recommendations are presented in the next chapter.

CHAPTER 7

CONCLUSIONS AND RECOMMENDATIONS

“Afrocentricity is not anti-White; it is, however, pro-human.”

(Asante, 1991, p. 179)

7.1. INTRODUCTION

The primary aim of this study was to explore the narratives of young people heading youth-headed households and the narratives of caregivers and elders about youth-headed households in Ga-Maja Village in the Limpopo Province. The study explored the narratives and needs of the heads of YHHs and caregivers at Ga-Maja Village, the gendered dimension of the heads of YHHs and caregivers in Ga-Maja Village, the sources of support at the disposal of caregivers and heads of YHHs, and the strategies that can be implemented to assist the caregivers and YHHs. Interviews were used to answer the following research questions:

- (a) What are the personal narratives and needs of the heads of YHHs and caregivers in Ga-Maja?
- (b) What is the gendered dimension of the heads of YHHs and caregivers in Ga-Maja?
- (c) What are the sources of support at the disposal of caregivers and heads of YHHs?
- (d) What strategies can be suggested to assist the caregivers and YHHs?

The previous chapter (Chapter 6) presented, analysed and interpreted data collected from heads of youth-headed households, caregivers and elders. This chapter presents the summary of all the chapters, a summary of research findings from heads of YHHs, caregivers and elders, the research contribution, recommendations of the study and concluding remarks.

7.2. OVERVIEW OF CHAPTERS

This section presents the chapters' summary to integrate the study. In Chapter 1, the background and rationale of the study, statement of the problem that triggered the study, main and sub-research questions, aim of the study and objectives of the study, conceptual framework, a summary of research design and methodology, the significance of the study and chapter outline of the research were presented (cf. sections 1.2 to 1.9).

Chapter 2 provided an overview of the literature on the personal narratives and needs of the heads of YHHs and caregivers, the gendered dimension of the heads of YHHs and caregivers, the sources of support at the disposal of caregivers and heads of YHHs and the strategies that could be implemented to assist caregivers and YHHs.

The literature review included the conceptual framework, legislative framework, youth-headed households in various countries, challenges experienced in youth-headed households, the role of caregivers in youth-headed households and strategies that can be implemented to enhance youth-headed households (cf. sections 2.2 to 2.7). The literature revealed that youth-headed households are found throughout the world, and HIV/AIDS pandemic is the main contributor. According to StatsSA (2016), there were 6,522 youth-headed households in SA, and most are in KwaZulu Natal, Limpopo, and the Eastern Cape.

In many countries, young people are forced to be heads of families when their parents are no more. The literature revealed that throughout the world, the government and NGOs intervene and support youth-headed households (Ansah-Koi, 2006; Ciganda et al., 2012; Forehand et al., 1999; Francis-Chizororo, 2010; Kotze, 2011; Pillay & Nesengani, 2006; Schenk, 2009; Visser et al., 2015). Governments and NGOs appoint men and women, train them to become caregivers and who provide service to youth headed households. The literature also revealed that young people heading households experience many challenges, and as a result, governments and NGOs implement various strategies to alleviate the challenges experienced by youth-headed households (Chigwenya et al., 2008; Meintjes et al., 2010). Examples of interventions include providing economic needs, legal aid, spiritual support, and health and social services.

Chapter 3 discussed Africentricity. According to Asante (1991), Afrocentricity is a frame of reference wherein phenomena are viewed from the perspective of African people. Mpofu (2011) and Watson *et al.* (2011) maintain that *Ubuntu* is the root of African philosophy, and it embraces several concepts founded on the goodwill among people, which include common humanity, interconnectedness and spiritual connectedness. Phasha et al. (2017b) emphasise that spirituality reflects the interdependence and interconnectedness of people.

Chapter 4 focused on the research design and methodology. The chapter revealed four types of research paradigms: positivism, post-positivism, constructivism, and critical theory paradigms. This study is guided by the constructivist (interpretivist) paradigm. Constructivism believes that reality is created by social circumstances and people's opinions about it (Wahyuni, 2012). The current study adopted the qualitative research approach, which is an inquiry procedure of comprehending a particular social or human problem based on creating an integrated picture created with words and reporting the complete opinions of participants (Creswell, 2014).

In Chapters 5 and 6, the study's findings were presented, analysed and interpreted. The narrative, Thematic Data Analysis Method, was used to analyse the data qualitatively, and the data was presented in two sections.

Chapter 7 outlines the conclusions that emanated from the findings, as discussed in the previous chapters. The findings are summarised in the next section following the research questions. This chapter presents an overview of previous chapters, a summary of findings, the study's contribution and recommendations.

7.3. SUMMARY OF FINDINGS

This section presents a summary of the study's findings and is based on the study's research questions.

7.3.1. Research Question 1: What are the Personal Narratives and Needs of YHHs and Caregivers in Ga-Maja Village?

The findings of this study revealed that the heads of youth-headed households view the experience of heading the households as challenging since they have to assume the role of parenting their siblings at a premature age. One of the challenges is that the heads of YHHs do not have role models from within their communities who can teach them their culture and guide them in adult related matters. The heads of youth-headed households revealed that some of the challenges are situation oriented, as some of them had to head their families even in the presence of their sick parents.

The heads of YHHs and caregivers experience financial hardships. The heads of YHHs depend on child grants, however, the grant is not enough to cater for all their needs. The caregivers stated that youth-headed households do not have the basic needs, such as sufficient food, clothes, toiletry, ablution facilities and housing. The caregivers and YHHs require financial support because they find themselves over-stretched as the grants they receive do not cover all their needs. Through humanness, the caregivers sometimes use their own money to buy food for youth headed households. The caregivers find themselves over-stretched as they need to share the stipend they receive with the people they care for. The stipend is insufficient to cover their necessities and is also inconsistent. Finances also become a challenge for the heads of YHHs who are of age and no longer entitled to receive a child grant. Heads of YHHs feel that the government is doing something by providing grants. However, they would prefer a situation where work is available to enable them to take responsibility for themselves and their households. The heads of YHHs need a mother figure to always be there for them and with whom they can share their challenges.

The heads of YHHs further articulated that they find it challenging to carry out a role that is supposed to be carried out by their parents. In Ga-Maja, some of the young people who head the families participated in intragenerational relationships and strong youth support networks, which helps to sustain their lives. The support the heads of YHHs receive gives them hope and resilience, as such, they are able to pull through, even in inconvenient situations. The findings revealed that in Ga-Maja Villages, caregivers are enthusiastic about their work and care about the needy. Some caregivers are trained and hope to be trained further to

become professional nurses. Despite their challenges, heads of YHHs still rise above all odds (Phasha et al., 2017b). Mutambara and Sodi (2018) assert that believing in a Higher Power, like God, helps the heads of YHHs to be resilient. Akintola (2010) indicates that the heads of YHHs and volunteer caregivers who do not have a financial backup cannot sustain the service. Despite the financial strain, caregiver participants indicated they would continue assisting the community. According to Henderson and Meier (2013), caregivers always take financial responsibility for their patients. The initiative taken by the caregivers to share necessities with the people they care for reflects compassion and Ubuntu. Teffo (2017) asserts that in the service of the people, leaders must be public spirited, compassionate, empathetic and demonstrate commitment to social justice for the less privileged, vulnerable and others in need. Despite the challenges experienced by caregivers, they are always upbeat and hopeful because of the support they receive from their families and communities.

7.3.2. Research Question 2: What are the Gendered Dimensions of YHHs and Caregivers in Ga-Maja Village?

The study's findings revealed that the participants engaged in various roles based on their gender. The female heads of YHHs expressed concern about caring for male siblings and patients. In many youth-headed households, some of the male heads perform female-oriented roles they do not have a choice as there are no females in their households. The findings revealed that in Ga-Maja Villages, caregiving is mainly done by females; however, when it comes to bathing men, females seek the assistance of their male counterparts. In Ga-Maja, the roles of caregivers in the YHH environment are gender-based. Reinhard and Feinberg (2015) assert that most caregivers are women who can stand their ground, regardless of the challenges they encounter, in supporting members of their communities. Such is confirmed by Githaiga (2017) that few men IN Africa assist in YHH rearing and/or act as caregivers. According to Revenson et al. (2016), caregiving is gender-based due to the disparity in numbers between females and males. Similarly, the heads of YHHS indicated that in mixed-gender families, females assume the responsibility of taking care of their siblings, irrespective of age.

The female caregivers indicated that they financially assist the families. They help them because the families usually do not have food, and the caregivers must provide them with meals before they take medication. Akintola (2008) emphasised that the socio-economic burden is shouldered by women caregivers, who comprise 68% and spend 3-7 hours per day caring for needy and dying patients. Therefore, in most families where the eldest is male, the female sibling still takes responsibility for the household. From the narratives, the caregivers specified that they also rely on the services of a male caregiver to bathe male community members. On the other hand, the participants indicated that the eldest male child in male-

only households assumes the caring responsibility. In these instances, chores are not gender-based, as there are no female persons to share the chores with.

7.3.3. Research Question 3: What are the Sources of Support at the Disposal of Caregivers and YHHs?

This study revealed that the Ga-Maja community is still traditional, led by the chief and *indunas* who support, guide and provide relevant information. The community members offer support to the YHHs because they are influenced by their culture, which promotes humaneness. The participants also indicated that caregivers support the YHHs. This is epitomised by the support YHHS get from caregivers, extended family members, elders and chieftain. The support is in the form of care and guidance. The caregivers also assist financially in instances where the YHHs need financial assistance. The findings also revealed that the heads of youth-headed households also give a helping hand in the community by doing domestic work to be paid for or given food or furniture. The heads of YHHs use the money the caregivers give them for transport to SASSA offices, where they process the relevant documents for their grants.

The heads of YHHs revert to spiritual support to strengthen themselves in dire times. The heads of YHHs benefit from participation in community initiatives as the community still leads a life rich in culture. Offering voluntary service to others in the community, the young people heading YHHs show they are eager to work and do not want handouts. Mkhize (2006) indicates that the communal conception of the self requires individuals to be fully aware of their responsibilities and obligations towards the family and the community. Mkhize and Frizelle (2000) also assert that, according to the Afrocentric paradigm, people derive their sense of selfhood through the relationships they have, first with their extended families and then with the community. Watson et al. (2011) state that, traditionally, human life was stable and static and that a traditional society served as a safety net for orphans. However, it has been asserted by elders at Ga-Maja that even though most of the people still observe culture, only a tiny percentage of the community feels that assisting the YHHs will compromise their families' finances and are, thus, not comfortable in supporting the needy. These practices are inconsistent with the tradition and practice of the community. Therefore, this type of response raises concern because it might jeopardise the safety net in Ga-Maja if it is not curbed.

The participants also indicated that their support sources are spiritual and social. Their spiritual support varies because some believe in ancestral spirits, while others believe in Christianity. The participants' belief in spirituality is related to the theoretical framework of this study, namely the Afrocentric Theory, which is imbued in the African way of life. The findings indicated that the heads of YHHs seem to have a relationship with a Higher Power that fosters a sense of meaning, purpose and mission (Mazama (2002). Sterba et al.

(2014) assert that spiritual assistance was highlighted by caregivers and the heads of YHHs, who would pray and trust in God. According to Mbiti (1990), spirituality is not linked to any particular religion but is about the moral good, where people assist unconditionally.

The findings also revealed that NGOs provide financial support and food to the youth-headed households at Ga-Maja. The caregivers, attached to Sentahle NGO, meet every Monday to debrief and support each other. In the meetings, the heads of the YHHs share their experiences and get counselling. Health professionals are also engaged in these meetings. The Director of Sentahle NGO assists in providing training to the caregivers in the much needed skills to ensure they care for the community with respect and compassion. Furthermore, she provides food parcels and clothes to the YHHs who do not receive grants. The findings revealed that NGOs link the relevant support structures, such as the clinic, where health professionals, such as psychologists and social workers, are also available. The findings also revealed that the Department of Health supports youth-headed households by providing counselling and health care. Mkhize and Frizelle (2000) assert that selfhood is not a given but a practical moral engagement and must be earned by living a generous and exemplary life.

7.3.4. Research Question 4: What Strategies can be used to Assist YHHs and Caregivers?

The participants' responses revealed the following strategies that can be used to assist YHHs and caregivers:

- Provision or creation of jobs for the YHHs and caregivers;
- Training of caregivers in the nursing profession;
- Establishing and conducting a mentorship programme for the YHHs that addresses the issue of how to live independent lives;
- Building a community hall where the skills programmes and mentorship programmes can be conducted;
- Requesting the elders in the community to assist in guiding and mentoring young people heading YHHs;
- Appointment of male caregivers to could take care of male patients;
- Providing financial support to the heads of YHHs who completed school and are not working until they are absorbed in jobs; and
- Supporting the heads of YHHs above 18 years of age.

7.4. LIMITATIONS OF THE STUDY

The obvious limitation of this research study is the use of one community Ga-Maja Traditional Authority, which comprises nine villages. Thus, the findings are not generalisable because the study was conducted in one context. This limits the generalisability of the study's findings. The research was limited in terms of the number of participants per gender. In this study, two males and eight females per group participated because more females headed households in the area.

7.5. CONTRIBUTIONS OF THE STUDY

The findings of this study might improve the support of youth-headed households in Ga-Maja Village, they will offer research new directions focused on the enhancement of support provided to youth-headed households in SA.

7.5.1. Contribution to the Quality of Support Provided to the Youth-headed Households

The findings of this study will enhance the quality of support provided to the YHHs in Ga-Maja Village in Limpopo Province and other villages in SA. The findings will improve the existing body of knowledge on using the Afrocentric method to understand the role of heads of YHHs, caregivers and elders in youth headed households.

7.5.2. Contribution Towards the Advancement of New Knowledge

The findings of this study have also contributed to the advancement of new knowledge. Numerous studies have been conducted on youth-headed households, but there is a paucity of knowledge on the role and experiences of the youths who heads these families. This is the first study in Ga-Maja Village, focusing on the elders' experiences, challenges and dilemmas of youth-headed households.

This study also advances new knowledge by proposing caregiving and support using the Afrocentric Theoretical Framework as proposed in chapter three. According to Asante (2017), Afrocentricity is a perspective on the African experience that posits Africans as subjects and agents and which demands grounding in African culture and the worldview on which it rests. When reflection is done, kings, chiefs, and *indunas*, in conjunction with caregivers, can explore strategies to improve the caregiving of communities. The reflective spiral of planning, action, observation, reflection and replanning is essential for solving problems. Evaluation and continuous improvement are also crucial with these kinds of offerings.

The study also recommends that the young people heading the households use spirituality or religion as the main strategy for mitigating and buffering psychological distress experienced in youth-headed households.

This study also showed a challenge most were unaware of the caregivers using their stipend to buy food for the people they care for. Furthermore, it demonstrated a very painful challenge of heads of YHHs dropping out of school and domestic work in the community to be remunerated with food or furniture. Additionally, this study discovered that in many youth headed households, some of the male heads perform female-oriented roles, such as bathing sick females, as there are no females in their households. Something very unusual has been discovered in this study: through *Ubuntu*, some community members support youth-headed households without receiving any remuneration. These members are not employed to do that, however, they are doing this in adherence to the African practises of *Ubuntu*.

7.5.3. Contribution to the Heads of YHHs, Caregivers and Elders

The findings of this study discovered various roles caregivers perform in youth headed households, the challenges they experience in the provision of support, as well as the multiple methods that can be used by the heads of YHHs, caregivers and elders to improve the quality of caregiving. Therefore, this study may assist the heads of YHHs, caregivers and elders in understanding and enhancing the quality of caregiving in youth headed households. The findings of this study may also assist NGOs in improving the quality of caregiving in youth headed households.

7.5.4. Contribution to the Orphans who Live in Youth-headed Households

This study revealed many challenges experienced by orphans in YHHs. The findings of this study recommend strategies that can be implemented to deal with the difficulties experienced by orphans in YHHs. Therefore, the findings of this study may ensure that orphans in youth-headed households receive effective quality care and support.

7.5.5. Contribution to the Kings, Chiefs, Induna and Communities

The findings of this study discovered that in the continent, caregiving is regarded as a tradition, with traditional practices including the importance of ancestries, spiritual connection and religion. The findings revealed that the kings, chiefs, *indunas* and communities are committed to supporting youth headed households. Therefore, the findings of this study may motivate and assist the kings, chiefs, *indunas* and communities in improving their traditional ways of supporting youth headed households.

7.5.6. Contribution to Policymakers

Youth-headed households worldwide are based on legislation, policies and regulations. In SA, youth-headed households are based on the National Children's Act 38 of 2005, which takes into consideration what is in the best interests of the child and the South African Bill of Rights, which is enshrined in Chapter

2, sections 7 to 39 of the Constitution of the Republic of South Africa Act 108 of 1996. The findings of this study may help policymakers design YHH programmes and policy revisions to improve the quality of caregiving in youth headed households.

7.6. RECOMMENDATIONS OF THE STUDY

Based on the findings of this study and all discussions above, the study makes the following recommendations:

7.6.1. Recommendations for Future Research

- How can heads of youth-headed households be best equipped with the knowledge and skills for effective caregiving?
- What are the minimum knowledge and skills required by caregivers to implement effective caregiving and support?
- What are the best strategies for support in youth headed households?
- What is the role of the government in implementing effective caregiving in youth headed households?

It will be vital for future studies to address the questions outlined above to confirm the findings of this study and strengthen and improve caregiving in youth headed households.

7.6.2. Recommendations for the Improvement of Practice

In this study, the following recommendations are made to improve the practice of caregiving in youth-headed households:

(a) Recommendation 1: Training of heads of youth-headed households

It is recommended that the heads of youth-headed households should receive professional training to equip them with the necessary knowledge and skills for caregiving for households. Given the findings of this study, it is recommended that the government establishes training centres for the heads of youth headed households. It is also recommended that many male caregivers be recruited and trained to offer services to male community members who are in need. In Ga-Maja Village, the recruitment and training of male caregivers are ideal for assisting male members of the community.

(b) Recommendation 2: Collaboration of government, Non-Governmental Organisations and independent caregivers

It is also recommended that there be a collaboration between the government, NGOs and independent caregivers. These entities ought to work together to assist the heads of youth-headed households in effectively implementing quality caregiving.

(c) Recommendation 3: Designing of new policies

It is recommended that the government, in conjunction with NGOs, draft new caregiving policies to improve caregiving in youth-headed households. The findings indicated a need to develop a policy that addresses the YHHs between the ages of 18 to 35, as no policy covers this cohort. The existing policy deals with OVC, which covers orphaned children up to 18 years. The study recommends that policy change be affected and social grants be available for orphans above 18 who head families.

(d) Recommendation 4: Practice traditional spiritual practices

The heads of YHHs must learn from the community elders and guardian parents. According to Watson et al. (2011), culture needs to be respected as it is central to the people of African ancestry. The heads of YHHs and caregivers understand the importance of spirituality to pull through their challenges. Therefore, it is recommended that the YHHs adhere to the practices informed by the cultural norms learnt from the elders and guardians.

7.7. THE RESEARCHER'S REFLECTIONS

The researcher's contribution is original because the study advocates for and advances African scholarship. The contribution to the field of knowledge includes:

- (a) The adoption of an Afrocentric worldview in exploring the experiences of heads of YHHs and caregivers.
- (b) Narratives of young people heading YHHs.
- (c) Narratives of caregivers and elders taking care of YHHs.
- (c) Highlighting policy gaps in YHHs caregiving.

7.8. CONCLUDING REMARKS

The primary aim was to explore the narratives of young people heading youth-headed households and the narratives of caregivers and elders about youth-headed households in Ga-Maja Village in the Limpopo Province. This study employed the Afrocentric Theoretical Framework, constructivist (interpretivist) paradigm, narrative design and qualitative research approach as the basis on which to reflect on caregiving practices in youth-headed households. The population of this study was heads of YHHs, caregivers, elders and Sentahle NGO. In this study, individual interviews were utilised to collect data from the study participants. After collecting the data, a narrative data analysis method was used to analyse the data. Findings were made, and conclusions were drawn from these findings.

The findings of the study revealed several challenges experienced by the orphans and caregivers in Ga-Maja, such as financial hardships and the quality of caregiving provided. The heads of YHHs believe in maintaining their households by working as domestic and voluntary workers rather than waiting for the government to offer them jobs. In Ga-Maja, the roles of caregivers in the YHH environment are gender based, the findings revealed that females mainly care for the households. The findings also revealed that the Ga-Maja community is still traditional, led by a chief who is supported by *indunas*. The findings also revealed the strategies that can be implemented to improve caregiving in youth headed households, such as providing and creating jobs for the heads of YHHs, training young people and caregivers with skills to improve the quality of care, conducting mentorship programmes and providing financial. The findings of this study suggest that the challenges the participants face should be dealt with by using a traditional approach of *Ubuntu*, where community support is of utmost importance. The researcher believes this finding will contribute to improving the caregiving quality in youth-headed households in South Africa.

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APPENDICES

APPENDIX 1: LETTER TO THE LIMPOPO DEPARTMENT OF HEALTH REQUESTING PERMISSION TO CONDUCT THE STUDY



School of Applied Human Sciences
University of KwaZulu-Natal
Howard College Campus
Memorial Tower Building
Tel +27 (31): 260 2006
Fax: +22 (31) 260 2458

26 August 2016

Mrs Ntsewa
Senior Manager
Department of Health

Dear Madam

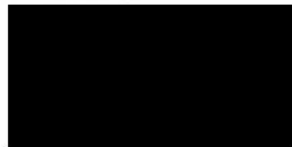
RE: Ms. MEMERU LEPHONDO'S PHD STUDIES

The above-named is a PhD student at the University of KwaZulu-Natal, where she is pursuing her studies on the experiences of youth headed households and community-based carers, in the Ga-Maja village in the Province of Limpopo. Since her study deals with a vulnerable population, it is important that measures are in place to ensure that the study participants have access to counselling services, should this be necessary. Only those who are 18 years or older will partake in the study.

I am writing to request that you assist Ms. Lephondo, by availing your organization and/or staff to her for the counselling of participants during and after her study, should this be necessary. An executive summary of the findings, with specific recommendations, will be availed to the organization.

Your assistance will be appreciated. Please feel free to contact me should you need additional information.

Yours Sincerely



Prof. Nhlanhla Mkhize, PhD (Supervisor)
Dean & Head: School of Applied Human Sciences
University of KwaZulu-Natal
Email: Mkhize@ukzn.ac.za

APPENDIX 2: PSYCHOLOGIST CONFIRMATION LETTER



Tholene Sodi & Partners Inc
CLINICAL PSYCHOLOGISTS

64a Compensatie Street, Folegane, 0699 F.O. Box 2922, Folegane, 0700
Tel: 015 291 1110 / Fax: 088 015 291 1110
Email: info@tholensodipartners.co.za
Website: www.tholensodipartners.co.za

Date: 19 September 2016

TO WHOM IT MAY CONCERN

RE: Ms. MEMERU LEPHONDO'S PHD STUDIES

This serves to confirm that Tholene Sodi and Partners Inc is a company of clinical psychologists.

We further confirm that the clinical psychologists at the company are available to offer counselling service to the study participants as and when such a service is required.

Yours faithfully



Mrs Edzisani Sodi
Clinical psychologist
Tholene Sodi and Partners Inc

Clinical Psychologists

Pr. No: 0283891 Reg No: 2006/000658/21 Ver No: 4810242828
T Sodi, BA Hons (Psych) (Unisa), MA (Clin. Psy) (Wits), PhD (Psy) (UCT);
S Ndlepo BA Hons (Psych) (Unisa), M Soc. Sc. (Clin. Psy) (North West)
E Sodi, BA Hons (Psych) (Fort Hare), M Phil (So. Sc) (Stellenbosch), MA (Clin. Psy) (UE)
Services: Psychological assessment, Forensic (Psycho-legal) evaluations, Psychotherapy /Counselling

APPENDIX 3: APPROVAL LETTER IN DEFENCE OF THE PROPOSAL



School of Applied Human Sciences
University of KwaZulu-Natal
Howard College Campus
Memorial Tower Building
Tel +27 (31): 260 2006
Fax: +22 (31) 260 2458

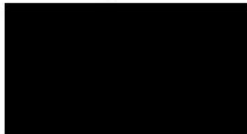
16 March 2017

To whom it May Concern

RE: MS LEPHONDO MMEMERU'S PHD STUDIES

This is to confirm that Ms Lephondo Mmemeru has successfully defended her PhD proposal at the University of KwaZulu-Natal, Howard College Campus. The issuance of the ethical clearance certificate, by the Humanities and Social Sciences Research Ethics Committee, will follow soon.

Yours Sincerely



Prof. Nhlankhla Mkhize, PhD
Dean & Head: School of Applied Human Sciences
University of KwaZulu-Natal
Email: Mkhize@ukzn.ac.za

College of Humanities
School of Applied Human Sciences
University of KwaZulu-Natal, Durban, 4041
Telephone: +27 (0) 31 260 2006 Facsimile: +27 (0) 31 260 2458 Email: ghlayon@ukzn.ac.za Website: www.ukzn.ac.za

1910 - 2010
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APPENDIX 4: ETHICAL CLEARANCE CERTIFICATE UKZN HIGHER DEGREES COMMITTEE



24 May 2017

Ms Mmemeru Lephondo (211560841)
School of Applied Human Sciences – Psychology
Howard College Campus

Dear Ms Lephondo,

Protocol reference number: **HSS/0616/017D**

Project title: Growing up in Child Headed-households in Ga-Maja Village in Limpopo: Narratives of youths and caregivers

Approval Notification – Expedited Application

In response to your application received on 16 March 2017, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully


.....
Dr Shenuka Singh (Chair)

/ms

Cc Supervisor: Professor Nhlanihla Mkhize
Cc Academic Leader Research: Dr Jean Steyn
Cc School Administrator: Ms Ayanda Ntuli

Humanities & Social Sciences Research Ethics Committee

Dr Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4609 Email: simbap@ukzn.ac.za / swmanm@ukzn.ac.za / mshuno@ukzn.ac.za

APPENDIX 5: LETTER INDICATING LIST OF DOCUMENTS REQUIRED BY THE DEPARTMENT OF HEALTH

██████████
██████████
0787

7/7/2017

Enquires: M J Lephondo

██████████

████████████████████

and cc

lephomj@unisa.ac.za

Ms M. Stols

18 College Street

Department of Health

Research Unit

Polokwane

0700

Request for approval to conduct Research at Sentahle NGO Ga Maja and approval for the provision of Psychological services.

My name is Mmemeru Lephondo I am a student at the University of Kwa- Zulu Natal. I am requesting approval to conduct research at Sentahle (NGO) at Ga Maja and approval for the provision of psychological services to research participants during and after the interviews should the services be necessary.]

I have included the following documents:

1. A letter requesting an approval with all my contact details and other relevant information.
2. Full research proposal
3. Ethical clearance certificate
4. A consent forms
5. An instrument for data collection (Interview guide)
6. Registration number for uploading the documents

Regards

M J Lephondo

APPENDIX 6: DEPARTMENT OF HEALTH APPROVAL TO CONDUCT RESEARCH AT GA-MAJA

Department of Health approval to conduct research at Ga-Maja



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Stols M.L (015 293 6189)

Ref:4/2/2

Lephondo MJ
P.O. Box 352

0787

Greetings,

RE: Growing up in Child Headed households In Ga-Maja village In Limpopo : Narratives of youths and caregivers

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that:-
 - Research must be loaded on the NHRD site (<http://nhrd.hst.org.za>) by the researcher.
 - Further arrangement should be made with the targeted institutions, after consultation with the District Executive Manager.
 - In the course of your study there should be no action that disrupts the services.
 - After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
 - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
 - The above approval is valid for a 3 year period.
 - If the proposal has been amended, a new approval should be sought from the Department of Health.
 - Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.

Head of Department

Date

14/08/2017

18 College Street, Polokwane, 0700, Private Bag x9302, POLOKWANE, 0700
Tel: (015) 293 6000. Fax: (015) 293 6211/22 Website: <http://www.limpopo.gov.za>

APPENDIX 7: PARTICIPATION INFORMATION SHEET

INTRODUCTION

My name is Mmemeru Lephondo, I am a doctoral student at the University of Kwa Zulu-Natal (UKZN). My doctoral degree requires me to complete a research study for my thesis. I would like you to participate in my research study entitled: Growing up in Child-Headed Household (CHH) in Ga-Maja Village in Limpopo Province in South Africa: Experiences of Youth-Headed Households (YHHs) and caregivers.

THE REASON FOR DOING THIS STUDY

In Ga- Maja the youths head many homes due to the death of their parents. I would like to find out about the experiences of YHH in growing up in CHH as well as the experiences of caregivers and elders.

EXPECTATIONS

Should you agree to participate you will have an interview with me. The interview will last for one hour per participant. The researcher will ask the participants about their experiences of growing up in CHH. For the caregivers, the question will be about their experiences in taking care of the YHH. For the elders, the Ubuntu perspective in taking care of the YHH. You will be interviewed where you are comfortable, i.e., your home or the drop-in-centre (NGO)

WHAT WILL HAPPEN AT THE END OF THE STUDY?

At the end of the study the researcher will include the report of all the results in a thesis. The participants will be given the results of the study should they be interested in knowing them.

ARE THERE BENEFITS FOR YOU PARTICIPATING IN THE STUDY?

There are no benefits for participating in the study, however, the researcher will share findings with the participants. If there is a need for counselling, the participants will attend counselling that will be provided during the study and after the study.

IS THERE ANY PAYMENT FOR PARTICIPATING IN THE STUDY?

There are no costs incurred in participating in this study.

RIGHTS

Your participation is voluntary, and you are free to withdraw from the research at any time without any negative or undesirable consequences to yourselves. You are free to answer questions that you want to answer.

CONFIDENTIALITY

During the study, your name will be given a code to ensure anonymity. Information and names of the participants will be kept confidential. Your responses will not be shared with anyone.

DEBRIEFING

If you want to talk to the psychologist during and after the research, the psychologist will be able to talk to you as arranged by the researcher.

Should you have any question, please feel free to contact the following

Ms Mmemeru Lephondo: Researcher: [REDACTED]

Prof. Mkhize: Supervisor: 031 260 2006

Ms B.L.Z. Maja: Sentahle NGO Director: [REDACTED]

APPENDIX 8: LETLAKALA LA TSHEDIMOŠO YA BOTŠEAKAROLO

LETLAKALA LA TSHEDIMOŠO YA BOTŠEAKAROLO

MATSENO

Leina la ka ke Mmemeru Lephondo, ke moithuti wa lengwalo la bongaka Yunibesithing ya KwaZulu-Natala (UKZN). Tikirii yaka e nyaka ke phethe dithuto tša bonyakišiši. Ke rata ge le tšea karolo nyakišišong yaka ya go bitšwa: Growing up in Child-Headed Household (CHH) in Ga-Maja Village in Limpopo Province in South Africa: Experiences of Youth-headed Households (YHH) and caregivers.

LEBAKA LA GO DIRA THUTWANA YE

Ga-Maja malapa a mantši a hlokometšwe ke baswa ka lebaka la go hlokagala ga batswadi. Ke rata go nyakišiša ka maitemogelo a YHH ka go golela ka di CHH gammogo le maitemogelo a bahlokamedi le bagolo.

LEHUTŠO

Ge o ka dumela go tšea karolo, o tla swara inthabjoo le nna. Yona e tla tšea iri go motšeakarolo o tee. Monyakišiši o tla botšiša batšeakarolo ka maitemogelo a bona a go golela ka go CHH. Go bahlokamedi dipotšišo di tla ba mabapi le thlokomelo ya YHH. Go bagolo e tla ba lehlakore la botho mo hlokomelong ya di YHH. O tla inthabjoiwa mo o kgosetšwego, ke gore gae ga gago goba disenthareng tša hlokomelo (NGO).

NA GO TLA HLAGA ENG MAFELELONG A NYAKIŠIŠO?

Mafelelong a nyakišišo monyakišisi o tla akaretša pego ya dipoelo ka moka tša ka go thesese. Batšekarolo ba tla fiwa dipoelo tša nyakišiso ge ba ka kgetha go di tseba

NA GO NA LE MONYETLA BOTŠEAKAROLONG?

Ga go monyetla go tšwa botšekarolong, feela, monyakišisi o tla abelana dipoelo le batšekarolo. Ge go na le hlokego ya go khansela, batšekarolo ba tla tsenela go kganselwa bjoo bo tlogo fiwa nakong ya thutwana ye le ka morago ga yona.

NA GO NA LE TEFO YA GO TŠEA KAROLO THUTWANENG YE?

Ga go tefelo ya go tšea karolo mo thutwaneng ye.

DITOKELO

Botšekarolo ke bja boithaopo mme o lokologile go ikogela morago nako efe goba efe mo thutwaneng ye ntle le ditlamorago dife goba dife. O lokologile go araba dipotšišo tse o di nyakago.

SEPHIRI

Nakong ya thutwana leina la gago le tla fiwa khouto go netefatša go se tsebege. Tshedimošo le maina a batšekarolo e tla ba sephiri. Dikarabo tša lena di ka se fiwe motho.

THUŠANO

Ge o nyaka go boledišana le mosaekholotši nakong goba morago ga nyakišišo, o tla kgona go boledišana le wena bjalo ka ge go beakantšwe ke monyakišiši.

Ge o ka ba le potšišo, hle o lokologile go ikgokaganya le bao ba latelago:

Ms Mmemeru Lephondo: Monyakišiši: [REDACTED]

Prof. Mkhize: Mohlokamedi: 031 260 2006

Ms B.L.Z. Maja: Sentahle NGO Molaodi: 0 [REDACTED]

APPENDIX 9: CONSENT FORM

I _____, agree to participate in this study of experiences of youth-headed households and

Caregivers. I am consenting, and I understand the following:

I will participate in the interview with the researcher to discuss the experiences of youths who head the families.

I choose to participate and may leave the research when I want to without any compulsion.

I have received and understand the possible risks and benefits involved in the research study.

My identity will be kept anonymous and will be replaced with pseudo-names throughout the research process.

I will allow the researcher to make use of direct quotes in the final dissertation that will be kept anonymous.

The interview that I participate in will be tape-recorded for transcriptions and report writing. Access to tape recorders will be gained only by the researcher, research supervisor and potential transcribers. All audio recording will be kept safe by the researcher. They will be kept for a period of 2 years post publication and 5 years should a publication not be completed.

I have read and understood the information sheet and I agree to participate in the study conducted by Mmemeru Lephondo

As audio recording will take place, –

I hereby consent to have this interview audio recorded.

I hereby do not consent to have this interview audio recorded.

Participants name (Print)

Date and Place

Participant Signature

Researcher's Name (Print)

Date and place

Researcher's Signature

APPENDIX 10: FOMO YA TUMELANO

NNA _____,

Ke dumela go tšea karolo thutwaneng ye ya maitemogelo a malapa a go hlokomelwa ke baswa. Ke a dumela ebile ke kwešiša tše di latelago:

Ke tla tšea karolo go di-inthabjo le monyakišisi go boledišana ka maitemogelo a baswa bao ba hlokometšego malapa. Ke kgetha go tšea karolo mme nka tlogela ge ke nyaka ntle le go gapeletšwa.

Ke amogetše ebile ke kwešiša dihlotlo tše di bego gona mo thutwaneng ye.

Boitsebišo bjaka e tla ba sephiri mme bot la emelwa ke mainafiwa mo tshepetšong ya nyakišiso ka moka.

Ke tla dumelela monyakišisi go diriša dikhouto tša go fapana mo pegong ya mafelelo yeo e tlogo ba sephiri.

Inthabjoo ya gona e tla gatišwa gore e tle e ngwalwe le go bega. Phihlelelo go digatišamantšu e tla ba ya monyakišisi, mohlokomedi le ba go ngwalolla. Dikgatišo tša sebopego di tla bolokwa ke monyakišisi. Di tla bolokwa mengwaga ye mebedi morago ga phatlalatšo le ye 5 ge phatlalatšo e ke se phethwe.

Ke badile mme ka kwešiša pampiri ya tshedimošo gomme ke dumela go tšea karolo mo thutwaneng ye ya go dirwa ke Mmemeru Lephondo.

Bjalo ka ge dipoledišano di tla gatišwa: -

Ke a dumela gore dipoledišano di gatišwe.

Ga ke dumela gore dipoledišano di gatišwe.

Leina la motšeakarolo (Ngwala) Letšatšikgwedi le Lefelo Mosaeno wa
motšeakarolo

Leina la monyakišisi (Ngwala) Letšatšikgwedi le Lefelo
Mosaeno wa monyakišiši

APPENDIX 11: CONSENT FORM FOR AUDIO RECORDING OF THE SEMI-STRUCTURED INTERVIEW

I _____, consent to audio recording of the interview and understand confidentiality will always be maintained. According to the HPCSA guidelines (1998), the audio recordings will be stored for a period of two years post publication and for 6 years should publication not be completed.

Name: _____

Date: _____

Signature: _____

APPENDIX 12: SEAMARETŠWA SA C

FOMO YA TUMELELANO YA GO GATIŠA DIPOLELOOTHERIŠANO.

Nna _____, ke dumela go gatišwa lentšu nakong ya dipolelotherišano, gomme ke kwešiša gore sephiri se tla ba gona ka dinako tšohle. Go ya ka dihlahli tša HPCSA (1998), dikgatišo tše di tla bolokwa mengwaga ye mebedi morago ga phatlalatšo le ye 6 ge phatlalatšo e ka se phethwe.

Leina: _____

Letšatšikgwedi: _____

Mosaeno: _____

APPENDIX 13: SEMI-STRUCTURED INTERVIEW QUESTION SCHEDULE-D

The semi-structured interview will be conducted as follows:

A. INTRODUCTION

The researchers will do self-introduction and explain her interest around research

B. PERMISSION TO RECORD

The researcher will request permission from the participant to audio record their interviews for later transcription and analysis.

C. PURPOSE OF THE STUDY

The searcher will provide the participants with the aims of the research and explain the reason they have been asked to participate.

1. YHH

1.1. Please tell me about yourself.

1.2 Tell me about your education and qualification(s)

1.2. Where do you live?

1.3 Where were you born and raised?

1.4 Who did you grow up with?

1.5. How many siblings do you have? Kindly furnish me with their ages and their gender.

1.6. How is work divided amongst the siblings when it comes to house chores?

1.7. What are your needs?

1.8. Who cared for you when you grew up?

1.9 Who supports your family?

1.10. What are your experiences of growing up in CHH?

1.11. Do you ever meet with other YHH to discuss strengths, and challenges?

in heading the family. If so, tell me about them.

2. Previous caregiving experiences

2.1 How long have you been working as a caregiver?

2.2. What type of patients have you had the most experience with?

2.3 How many employers have you had working as a caregiver?

2.4 How many YHH have you cared for?

2.5 Tell me how is it like to care for YHH?

2.6 How is it like to care for HIV/AIDS-infected or affected people?

3. Experiences:

3.1. Tell me about the feelings you have when working as a carer for HIV/AIDS-infected or affected people?

3.2. How is being a carer for HIV/AIDS infected/affected people?

3.3. Have you had any challenges working as a carer for the HIV/AIDS infected/affected people?

3.4. What are some of your best experiences of being a carer for the HIV/AIDS infected/affected people?

3.5. What do you think would be different in the home that you work in if you were not there for them as a caregivers?

4. Caregivers:

4.1. Have you attended any HIV/ADS information talks or support group meetings? If so, tell me about them.

4.2. Have you ever received any caregiving counselling or help after or while working with HIV/AIDS infected/affected people? If so, tell me about it?

4.3. Do you ever meet with other caregivers to discuss challenges in caring? If so, tell me about them?

4.4. Have you ever cared for a patient that passed away? How was the experience? 4.5...Did you speak to anyone about it?

5. Relationships:

5.1. Tell me about the relationship you have with the family of the person you care for?

5.2. What have you learnt from the people that you cared for?

6. Elders.

6.1. What is Ubuntu? Please tell me more about it.

6.2. What is the importance of Ubuntu in the community?

6.3. Tell me about how orphans were raised in the olden days.

6.4. How can Ubuntu be used to improve the lives of the YHH?

6.5. What advice would you give to the NGO, caregivers and YHH about Ubuntu?

7. Questions for elders, YHH and caregivers.

7.1. What are the personal narratives of YHH and caregivers in Ga-Maja Village?

7.2. What are the needs of YHH and caregivers in Ga- Maja village?

7.3. What are the gendered dimension of YHHs and caregivers in Ga-Maja Village?

7.4. What are the sources of support at the disposal of caregivers and YHH?

7.5. What are the strategies that can be developed to assist YHH and caregivers?

7.6. What suggestions can you give to improve the lives of YHH and caregivers?

8. Support groups for YHH and caregivers (both genders)

8.1. Would you like to attend a support group for carers/YHH?

8.2. Where would be the best location for these to take place? (Government clinics, NGO's, Community centres, churches, homes?)

8.3. How often would you like such support groups to take place?

APPENDIX 14: SEAMARETŠWA SA D

ŠETŠULO YA DIPOTŠIŠO TŠA DIPOLELOOTHERIŠANO TŠA GO OTLOLOGA

Dipolelotherišano tša go otlologa di tla swarwa ka tsela ye e latelago:

A. MATSENO

Monyakišiši o tla itsebiša mme a hlaloša kgahlego ya gagwe mo tikologong ya nyakišišo.

B. TUMELELO YA GO GATIŠA

Monyakišiši o tla kgopela tumelelo go tšwa go batšeakarolo gore a ba gatiše mantšu gore ka morago a ngwalwe le go hlathollwa.

C. NEPO YA THUTWANA

Monyakišiši o tla fa batšeakarolo maikemišetšo a nyakišišo le go hlalosa lebaka la gore ba bileditšwe eng.

1. YHH

1.1. Hle mpotše ka wena mong.

1.2 Mpotše ka dithuto tše o di fihleletšego

1.2. O dula kae?

1.3 O belegwe kae wa golela kae?

1.4 O gotše le bomang?

1.5. O na le banabeno ba ba kae? Mphe mengwaga ya bona le bong.

1.6. Na mošomo o arolwa bjang baneng beno mešongwaneng ya ka lapeng?

1.7. Dinyakwa tša gago ke eng?

1.8. Na o be o hlokometšwe ke mang ge o gola?

1.9 Lapa leno le fepiwa ke mang ?

1.10. Na maitemogelo a gago ke afe a go golela go CHH?

1.11. Na o fela o kopana le bana ba bangwe ba YHH go boledišana ka maatla goba dihlotlotša go eta lapa pele? Ge go le bjalo, mpotše ka bona.

2. Maitemogelo a pele a go hlokomela

2.1 Ke nako ye kae e šoma bjalo ka mohlokamedi?

2.2. Na o na le maitemogelo ka balwetši ba mohuta mang kudu?

2.3 Na o bile le bengmošomo ba ba kae ge o šoma bjalo ka mohlokamedi?

2.4 Na o hlokometše di YHH tše kae?

2.5 Mpotše gore go bjang go hlokomela YHH?

2.6 Na go bjang go hlokomela bana ba go angwa/ lwala HIV/AIDS?

3. Maitemogelo

3.1. Mpotše ka maikutlo a o nago nawo ge o šoma bjalo ka mohlokamedi wa batho ba go angwa/ lwala HIV/AIDS

3.2. Go bjang go ba mohlokamedi wa batho ba angwa/ lwala HIV/AIDS?

3.3. Na o kile wa ba le hlotlo ya go šoma le batho ba go angwa/lwala HIV/AIDS?

3.4. Na ke afe a maitemogelo a gago a mangwe a go hlokomela batho ba go angwa/lwala HIV/AIDS?

3.5. Na o gopola nke phapano nke be ele efe lapeng le o šomago go lona nkabe o se gona go ba hlokomela?

4. Mešomo:

4.1. Na o kile wa ya dipoledišanong tša HIV/ADS tša tshedimošo goba dikgobokanong tša thekgo? Ge go le bjalo mpotše ka tšona.

4.2. Na o kile wa amogela mokhanselo wa bohlokamedi goba thušo ge o šoma goba morago ga go šoma le batho ba go angwa/lwatšwa ke HIV/AIDS? Ge go le bjalo re botše.

4.3. Na o fela o kopana le bahlokamedi ba bangwe go boledišana ka dihlotlo? Ge go le bjalo re botše.

4.4 Na o kile wa hlokomela molwetši yoo a ilego a hlokagala? Maitemogelo a bile bjang?

4.5. Na o kile wa bolela le mongwe ka yona?

5. Dikamano:

5.1. Mpotše ka kamano ya gago le lapa la bo motho yo o mo hlokometšego?

5.2. Na o ithutile eng go batho bao o ba hlokometšego?

6. Bagolo

61. Na botho ke eng? Re botše kutšwana ka bjona.

6.2. Na bohlokwa bja botho ke eng mo setšhabeng?

6.3. Mpotše gore na ditšhiwana di be di gola bjang kgale.

6.4. Na botho bo ka dirišwa bjang go hola YHH?

6.5. Na o ka fa keletšo e bjang go di NGO, bahlokamedi le YHH ka botho?

7. Dipotšišo tša bagolo, YHH le bahlokamedi.

7.1. Na dikanegelo tša YHH le bahlokamedi ba motse wa Ga- Maja ke dife?

7.2. Na dinyakwa tša YHH le bahlokamedi ba motse wa Ga-Maja ke dife?

7.3. Na bong bo eme bjang ka go YHH le bahlokamedi ba motse wa Ga-Maja?

7.4. Na methopo ya thekgo ke efe go bahlokamedi le YHH?

7.5. Ke maano afe a a ka logwago go thuša YHH le bahlokamedi?

7.6. Na o ka šisinya eng go kaonafatša maphelo a bahlokamedi le YHH.

8. Dihlopha tša thekgo go YHH le bahlokamedi (bong kamoka)

8.1. Na o ka rata go tsenela kopano ya dihlopha tša thekgo ya YHH?

8.2. Na lefelo le lebotse la dikopano tše e ka ba lefe? (Ditleleniki tša mmušo, di-NGO, Disenthara tša mmušo, dikereke, malapeng?)

8.3. Na o ka rata ke di ka kopana ga kae dihlopha tše?

APPENDIX 15: MEMOS

Memo 1

Collecting data was not an easy assignment. There were challenges during data collection some days went smooth and other days were rough. They were rough in the sense that even when the appointments were set with the participants timeously, some of the days would not go as planned due to emergency meetings between the NGO, the clinic and the participants. Such days would be zero interview days. This meant that the days were lost as well as straining financially as one would be required to revisit the same participants that missed the days. To visit the homes of the YHHs and to listen to the stories of the caregivers was also an eye opener to observe resilience of the YHHs and caregivers due to some of the following hiccups that influenced the progress of running the interviews. At some of the households the researcher had to interview the participant out of the yard because the dogs were uncontrollable and said to be dangerous to be in the yard. At the same time the children interfered as they were playing outside.

here was also road construction that went on however we were able to find our way out. The other obstruction might be that I was given the wrong clearance letter by one of the government employees and I had to come back later after I had the correct clearance letter from the government. There were some minor interruptions at the YHHs though the researcher was able to handle. Interruptions like children playing, people working outside, and cock crowing and birds singing. Some of the YHHs home conditions were unbearable, some of the households cooked outside the house with wooden fire / dried donkey/ cow dung. The YHHs relied on money from their boyfriends for a living. This type

of behaviour happened because of poverty. Furniture like chairs were a luxury to some of the households. As they used empty 25 litre metal paint bucket as their chairs

Memo 4

I was referred by one of the church members who was a nurse who participated in HIV/AIDS community work in Ga-Maja. She recommended Sentahle because the director was the retired matron who work with the community caregivers to take care of the YHHs and the orphans. She then gave me the pamphlet of the services of Sentahle which had the business contact details of the director of Sentahle. I secured an appointment with her, and I went to Sentahle to meet with her. She was happy that I was going to research at Sentahle I then wrote a letter to request to conduct research at Sentahle.

I gave her the letter that was addressed to kgoši requesting him to conduct research at Ga- Maja. The Sentahle director took the letter and told me that she will speak to the king on my behalf I don't have to submit the letter as she is a sister to the king and serve as "motseta wa kgoši." She said she did that as it is costly to secure an appointment to present my request to the king because I will have to bring the cow as "mmego before I can see the king and because I am a student, I cannot afford the cow. Since she is the king's sister, she advised me that she will present the matter to the king because I observed all the protocol. In response to my request, she gave me a letter that allows me to conduct research at Sentahle and the letter was submitted to UKZN.

It was not easy for me to get the permission letter from the Department of Social Welfare as I was told that I need to present the clearance certificate before they can give me the promisory note to conduct research at Ga-Maja. To this effect, I was granted the

promisory letter by the Department of Health It was difficult for me as I had to submit the letter to UKZN before I can be granted the ethical clearance. I requested a letter from one psychologist. (The letter is attached). I had to seek help from one of the psychologists who wrote me a letter that state that he will ensure that his services will be offered during and after the interview to ensure that the participants will be not emotionally affected as the study is overly sensitive. The letters from the gatekeepers were required by UKZN before the ethical clearance could be released.

After the UKZN ethical committee has issued me the ethical clearance I then applied to the Department of Health to secure the approval to conduct research at Ga-Maja (Sentahle NGO). I presented the proposal to the faculty where I was requested to effect the corrections made by the panel; and after I effected the corrections, I presented the proposal to the Higher degree. I received accolades from my promoter on the presentation and had requested me to wait for the results from the Higher degrees committee. I received the UKZN clearance letter in May 2017. I then applied to the Department of Health for their approval to conduct research at Ga-Maja. The approval was issued in October 2017. I then applied for study leave at the Institution where I am working. I was granted sabbatical leave from January- September 2018. I started to conduct the pilot study the first week in January 2018 at a different setting to where I conducted research. This helped me to revise some of the questions to make them clearer for the participants.

Conclusion

The memos assisted the researcher in better understanding the participants environment and to allow the richer narrations that were not only based on the voice heard but also to the nonverbal behaviours and taught me to deal with the unexpected challenges during data collection.

APPENDIX 16: EDITING DECLARATION



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23 May 2023

TO WHOM IT MAY CONCERN

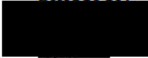
This serves to confirm that I have edited and made the necessary corrections and emendations to the study:

**GROWING UP IN CHILD-HEADED HOUSEHOLDS IN GA-MAJA VILLAGE IN
LIMPOPO PROVINCE: NARRATIVES OF YOUTHS AND CAREGIVERS**

by

Mmemeru Lephondo

Sincerely



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