

**Analysing Conceptions of Zulu Kinship System in Present Times  
and Their Influence on Orphaned Children's Education in  
KwaZulu-Natal, South Africa**

**By**

**LORNA JONATHAN**

**A thesis submitted in fulfilment of the requirements for the degree of**

**DOCTOR OF PHILOSOPHY**

**COLLEGE OF HUMANITIES**

**University of KwaZulu-Natal**

**School of Education**

**2021**

**Supervisor: Professor T.M. Buthelezi**

## **DECLARATION**

I, **LORNA JONATHAN**, the undersigned, declare that the contents of this thesis constitute my own original work, which has not previously been presented to another institution, either in part or as a whole, for the purpose of obtaining a degree. Where use has been made of the work of others, this has been acknowledged and referenced accordingly.

**SIGNATURE:**

A solid black rectangular box redacting the signature of the author.

**DATE: 02/08/2021s**

## ACKNOWLEDGEMENTS

As I conclude this project, I am grateful to the following people who played such a pivotal role in my academic career:

I want, at the outset, to express my sincere gratitude to my Lord and Saviour Jesus Christ who granted me the ability and strength to complete this study.

To my late parents, Mr and Mrs Moorgas, thank you for raising me with such high moral values. I am the strong woman through your love and guidance.

My supervisor, Professor T.M. Buthelezi.

Crispin Hemson, for editing with such precision, thank you for your incredible support and critical analysis that ensured the completion of my PhD. Your positivity, professionalism and fabulous insight allowed me to excel.

Mr. T. Erasmus for your encouragement, immeasurable support, and commitment, I thank you.

Sincere thanks and acknowledgements are expressed to all the participants who willingly and unsparingly gave their time, and who unreservedly shared their experiences with me. I trust that this research will accurately and sensitively reflect the strength of feeling that was communicated to me in the interviews and drawings with them. It has been an honour listening to your stories. I hope that this research will result in recommendations that will bring about positive changes for kinship caregivers and children who are placed in their care. You are doing such a good job. May God continue to sustain you.

To my amazing family the centre of my success. I was so blessed to have the outstanding support of my soulmate, my wonderful husband Jonathan. You inspired me to persevere. Thank you for urging me again and again to complete my study.

To my darling sons, Erwin Bradley Jonathan and Avenel Oswin Jonathan, your love and inspiration during my difficult journey has been remarkable. Thank you for believing in me.

Your outstanding love and prayers inspired me to achieve. I only pray that you are as proud of me as I am of you.

## ACRONYMS

<b>AECF</b>	Annie E. Casey Foundation
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ART</b>	Antiretroviral Treatment
<b>CBOC</b>	Community Based Orphan Care
<b>CHH</b>	Child Headed Household
<b>ECCD</b>	Early Childhood Care and Development
<b>FCG</b>	Foster Care Grant
<b>HIV</b>	Human Immune Deficiency Virus
<b>KZN</b>	KwaZulu-Natal
<b>MDG</b>	Millennium Development Goals
<b>OVC</b>	Orphaned and Vulnerable Children
<b>SALC</b>	South African Law Commission
<b>SASA</b>	South African Schools Act
<b>SASSA</b>	South African Social Services Act
<b>TA</b>	Thematic analysis
<b>UNAIDS</b>	The joint United Nations Programme on HIV/AIDS
<b>UNICEF</b>	United Nations Children Fund
<b>USA</b>	United States of America

## TABLE OF CONTENTS

DECLARATION .....	ii
ACKNOWLEDGEMENTS .....	iii
ACRONYMS .....	iv
TABLE OF CONTENTS .....	v
LIST OF FIGURES .....	xi
LIST OF TABLES .....	xii
ABSTRACT .....	xiii
1 CHAPTER ONE BACKGROUND TO THE STUDY AND INTRODUCTION TO THE THESIS .....	1
1.1 INTRODUCTION .....	1
1.2 BACKGROUND TO THE STUDY .....	1
1.3 IMPACT OF HIV & AIDS ON CHILDREN IN AFRICA .....	5
1.4 DIFFICULTIES THAT ORPHANED CHILDREN ARE EXPOSED TO .....	9
1.5 RESEARCH OBJECTIVES .....	12
1.6 RESEARCH QUESTIONS .....	13
1.7 RESEARCH METHODOLOGY AND PARTICIPANTS .....	13
1.8 SIGNIFICANCE OF THE STUDY .....	14
1.9 ARRANGEMENT OF CHAPTERS .....	15
1.10 CHAPTER SUMMARY .....	16
CHAPTER TWO LITERATURE REVIEW .....	17
2.1 INTRODUCTION .....	17
2.2 CLARIFICATION OF CENTRAL CONCEPTS .....	17
2.2.1 WHAT IS A NUCLEAR FAMILY? .....	17
2.2.2 WHO IS AN ORPHAN? .....	17

2.2.3	THE POSITIVE INFLUENCE OF A MOTHER.....	18
2.3	ABSENCE OF THE FATHER.....	18
2.4	WHAT IS KINSHIP CARE?.....	19
2.4.1	The strength of kinship care.....	22
2.4.2	Kinship care in various countries.....	24
2.5	THE ROLE OF GRANDMOTHERS.....	27
2.6	STRONG FAMILY VALUES WITHIN THE AFRICAN CULTURE.....	30
2.7	WHY THE KINSHIPCARE SYSTEM IS FAILING.....	33
2.8	WHY CHILDREN ARE PLACED IN INSTITUTIONS.....	36
2.9	WHY EDUCATION MATTERS.....	36
2.10	SOCIAL, PSYCHOLOGICAL AND EDUCATIONAL CONSEQUENCES OF ORPHANHOOD.....	38
2.11	CHAPTER SUMMARY.....	43
CHAPTER THREE CONCEPTUAL FRAMEWORK AND BRONFENBRENNER'S ECOLOGICAL SYSTEMS THEORY.....		44
3.1	INTRODUCTION.....	44
3.2	CONCEPTS.....	44
3.2.1	Home for a child.....	44
3.2.2	Family unit.....	45
3.2.3	Institutionalised care.....	45
3.2.4	Community based care.....	46
3.2.5	Kinship care.....	46
3.2.6	Vulnerability.....	47
3.3	BRONFENBRENNER'S ECOLOGICAL SYSTEMS THEORY.....	48
3.3.1	Microsystem.....	50
3.3.2	Mesosystem.....	52
3.3.3	Exosystem.....	54

3.3.4	Macrosystem .....	55
3.3.5	Chronosystem .....	56
3.4	RELEVANCE OF BRONFENBRENNER’S ECOLOGICAL SYSTEMS THEORY TO THE STUDY .....	58
3.5	CONCLUSION .....	59
CHAPTER FOUR THE EXPLICATION OF THE RESEARCH DESIGN AND METHODOLOGIES .....		60
4.1	INTRODUCTION.....	60
4.2	ONTOLOGICAL AND EPISTEMOLOGICAL PERSPECTIVES .....	61
4.2.1	Ontology .....	61
4.2.2	Epistemology .....	62
4.3	RESEARCH PARADIGM.....	63
4.3.1	Post-Positivism .....	64
4.3.2	Interpretivism.....	64
4.3.3	Critical paradigm .....	67
4.3.4	Reasons for the interpretivist paradigm adopted .....	68
4.3.5	Research design and approach: Ethnography and qualitative.....	70
4.4	THE CONTEXT OF THE RESEARCH PROJECT.....	71
4.5	SELECTION OF PARTICIPANTS.....	72
4.6	THE RESEARCH PROGRAMME .....	77
4.7	DATA PRODUCTION METHODS.....	81
4.7.1	Interviews.....	82
4.7.2	Focus group discussions with caregivers.....	83
4.7.3	Focus group discussion and drawings with children .....	83
4.8	DATA ANALYSIS .....	84
4.9	TRUSTWORTHNESS, RELIABILITY AND RIGOUR.....	86
4.9.1	Dependability.....	86

4.9.2	Credibility .....	87
4.9.3	Confirmability .....	87
4.9.4	Transferability .....	87
4.10	LIMITATIONS OF THE STUDY .....	88
4.11	ETHICAL CONSIDERATIONS .....	88
4.12	CHAPTER SUMMARY .....	89
CHAPTER FIVE THE FINDINGS: EXPERIENCES OF CHILDREN, CAREGIVERS AND TEACHERS .....		91
5.1	INTRODUCTION.....	91
5.2	SOURCES OF DATA AND THE THEMES .....	91
5.3	THE LIFE BEFORE: BOTH CARE AND ABUSE WHEN WITH PARENTS.....	92
5.3.1	Mothers and grandmothers at the centre of care .....	97
5.3.2	Absence of father .....	100
5.3.3	Children in contexts of abuse and neglect .....	102
5.3.4	Placement of children into the E-Centre .....	107
5.3.5	Contrasting journeys of children.....	109
5.4	THE LIFE AFTER: BOTH CARE AND ABUSE .....	109
5.4.1	Caregivers' perspective on care in the extended family .....	110
5.4.2	Children's experiences of positive care in extended families.....	111
5.4.3	The impact of poverty on family and school life.....	116
5.4.4	Physical abuse of children .....	121
5.4.5	Emotional abuse.....	125
5.4.6	Sexual abuse.....	126
5.4.7	Order and care in the E-Centre .....	127
5.5	CHILDREN LONGING FOR FAMILY .....	130
5.6	CONCLUSION: LIFE WITH EXTENDED FAMILY .....	134
5.7	CHAPTER SUMMARY .....	134

CHAPTER SIX ANALYSIS OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS.....	135
6.1 INTRODUCTION.....	135
6.2 APPLICATION OF BRONFENBRENNER’S THEORY TO THE STUDY .....	135
6.3 Findings in response to research questions .....	137
6.3.1 The current nature and effects of the Zulu kinship system.....	138
6.3.2 Positive and negative effects of kinship.....	139
6.3.3 The impact of poverty on the education of orphaned and vulnerable children	143
6.3.4 Institutional care and its impact on emotions and well-being.....	145
6.4 ADDITIONAL ISSUES FROM THE THEMES .....	147
6.4.1 The life before: both care and abuse .....	147
6.4.2 Longing for family .....	148
6.5 OTHER FINDINGS OF SIGNIFICANCE.....	148
6.5.1 Mothers’ positive influence .....	148
6.5.2 Caring grandmothers.....	148
6.5.3 Absence of the father .....	149
6.6 STUDY CONCLUSIONS .....	150
6.7 RECOMMENDATIONS .....	152
6.7.1 Children in the E-Centre .....	152
6.7.2 Recommendations for further research.....	152
6.8 THESIS IN RETROSPECT .....	153
REFERENCES .....	154
<b>APPENDIX 1: INTERVIEW SCHEDULES .....</b>	<b>180</b>
<b>APPENDIX 2: ETHICAL CLEARANCE.....</b>	<b>181</b>
<b>APPENDIX 3: INFORMED CONSENT: ENGLISH .....</b>	<b>182</b>
<b>APPENDIX 4: INFORMED CONSENT (ISIZULU).....</b>	<b>184</b>
<b>APPENDIX 5: GATEKEEPER PERMISSION A.....</b>	<b>186</b>

<b>APPENDIX 6: REQUEST FOR PERMISSION A.....</b>	<b>188</b>
<b>APPENDIX 7: REQUEST FOR PERMISSION B.....</b>	<b>189</b>
<b>APPENDIX 8: GATEKEEPER PERMISSION B.....</b>	<b>190</b>
<b>APPENDIX 9: REQUEST FOR PERMISSION C.....</b>	<b>191</b>
<b>APPENDIX 10: GATEKEEPER PERMISSION C.....</b>	<b>192</b>
<b>APPENDIX 11: REQUEST FOR PERMISSION D.....</b>	<b>193</b>
<b>APPENDIX 12: GATEKEEPER PERMISSION D.....</b>	<b>194</b>
<b>APPENDIX 13: REQUEST FOR COUNSELLING SUPPORT.....</b>	<b>195</b>
<b>APPENDIX 14: APPROVAL FOR COUNSELLING SUPPORT.....</b>	<b>196</b>
<b>APPENDIX 15: REQUEST FOR PERMISSION E.....</b>	<b>197</b>
<b>APPENDIX 16: GATEKEEPER PERMISSION E.....</b>	<b>198</b>
<b>APPENDIX 17: EDITOR’S LETTER.....</b>	<b>199</b>

## LIST OF FIGURES

Figure 3.1 Bronfenbrenner's Theory .....	50
Figure 5.1 Noncebo, female, 15 years .....	93
Figure 5.2 Thandeka, female, 16 years .....	94
Figure 5.3 Amelda, female, 16 years .....	95
Figure 5.4 Sindy, female, 15 years .....	96
Figure 5.5 Aphiwe, female, 16 years .....	97
Figure 5.6 Zamakuhle, female, 17 years .....	99
Figure 5.7 Thabiso, male, 16 years .....	101
Figure 5.8 Ntombifuthi, female, 14 years .....	102
Figure 5.9 Ntombifuthi, female, 14 years .....	103
Figure 5.10 Thandiwe, female, 16 years .....	104
Figure 5.11 Thandiwe, female, 16 years .....	105
Figure 5.12 Rachel, female, 14 years .....	106
Figure 5.13 Rachel, female, 14 years .....	107
Figure 5.14 Nomfundo, female, 17 years .....	112
Figure 5.15 Thandiswa, female, 16 years .....	113
Figure 5.16 Seloleku, male, 18 years .....	114
Figure 5.17 Nokubonga, female, 16 years .....	116
Figure 5.18 Zinhle, female, 15 years .....	117
Figure 5.19 Mary, female, 16 years .....	118
Figure 5.20 Sinenhlanhla, female, 15 years .....	122
Figure 5.21 Zodwa, female, 16 years .....	123
Figure 5.22 Charity, female, 15 years .....	124
Figure 5.23 Donna, female, 15 years .....	126
Figure 5.24 Minenhle, female, 15 years .....	127
Figure 5.25 Angelo, male, 14 years .....	129
Figure 5.26 Angelo, male, 14 years .....	131
Figure 5.27 Vuyo, male, 15 years .....	131
Figure 5.28 Vuyo, male, 15 years .....	133

## LIST OF TABLES

Table 4.1 Characteristics of the interpretivist paradigm as applied to the study .....	67
Table 4.2 Details of children from the three participating schools.....	73
Table 4.3 The nine participating children from the E-Centre (childcare E-Centre in Durban) .....	74
Table 4.4 The ten participating children from community settings.....	75
Table 4.5 The thirteen participating caregivers from Groutville .....	76
Table 4.6 The twelve participating foster parents from Zamini and Shakaville in KwaDukuza .....	76

# **Analysing Conceptions of Zulu Kinship System in Present Times and Their Influence on Orphaned Children’s Education in KwaZulu-Natal, South Africa**

**By**

**LORNA JONATHAN**

## **ABSTRACT**

---

The kinship care system is the preferred option, should it become necessary for a child to be removed from home and placed within a safe environment. It is the least restrictive and most family-like out-of-home placement. This study explored the lives of children in KwaZulu-Natal, who have been orphaned or are otherwise vulnerable, in relation to the Zulu kinship care system. Orphanhood has become widespread because of the HIV&AIDS pandemic, though there are also other contributing factors. The main purpose of the study was understanding how the children adapt to a life living with extended family because of being orphaned. The second purpose of the study aimed to find out why the children who have extended families are sent to live in an institution and how they understand both their family circumstances and their present context. The study design is a qualitative case study, designed with an interpretive paradigm. Bronfenbrenner’s ecological systems framework provided the lens for this study. This examines a child’s development within the complex “layers” of environment, each influencing a child’s development. The framework provided a way of approaching and analysing the data. There were 45 orphaned child participants, primarily girls, between the ages of 15 and 18, who were living with their caregivers, 25 of whom were also interviewed. The orphaned children were selected from three high schools in KwaDukuza area of KwaZulu-Natal; selection was undertaken on a systematic sampling basis. In addition, nine children were selected from a childcare facility in Durban, as well as a social worker from the same facility. The data collection strategies included focus group discussions with caregivers, individual interviews with participating teachers and a social worker as well as drawings and interpretation with children. Interviews with caregivers in a township revealed that the families themselves were poor and humble yet had been open to accepting yet another child to care for. The most significant finding is that the Zulu kinship system continues to operate but is under

severe stress, and at times is not serving to protect children to the extent needed. The pattern of families intervening to protect and care for children in difficulties still continues, as indicated in the township settings; the caregivers report on their care as a labour of love that entails sacrifice. However, there is evidence from children that, while that is true of some situations, other placements are subject to abuse and exploitation. In many cases the care is inadequate simply because of the poverty of the family. The impact of poverty on schooling, and the degree of ostracism within schools, is a constant problem. In some families, the system has failed to the point that the only option for vulnerable and orphaned children is institutional care. Children in care report fully on the abuse and neglect that led to their placement, while most of those who had been placed with the extended family had enjoyed family life before the loss of parents. An additional finding was on the central role of mothers and on the frequent absence of fathers, before the loss of parents, as well as the major role played in the extended families by grandmothers. Significantly, despite the evidence of abuse and despite the evidence that institutional care was supportive and warm, children in care expressed a longing for family, even some children from families that had failed them completely. There is clearly, as recommended, a pressing need for ongoing visits by a social worker to orphaned children placed with extended families, given the extent of abuse revealed. In terms of further research, proposals are made to explore areas that would buttress the capacity of the kinship system in relation to social work and school, and to understand the possibilities for intervening before families lose their capacity for care.

# **1 CHAPTER ONE**

## **BACKGROUND TO THE STUDY AND INTRODUCTION TO THE THESIS**

### **1.1 INTRODUCTION**

The main aim of the study was to understand kinship and how it impacts on the positive development of children. My main aim was to explore the effects of kinship care on orphaned children who are presently living with extended family members and on children who are living in an institution.

In this chapter, I outline the background of the study and my reasons for embarking on it. First, I address the whole problem of vulnerable and orphaned children, in relation to families and to kinship generally. I then set out the focus of the study, its purpose, and the research questions that guide the study. A brief exploration of the methodology is then presented, the significance of the study addressed, and the final section presents the arrangement of chapters.

### **1.2 BACKGROUND TO THE STUDY**

According to Panda (2020), the family makes up the initial cell of the society. Children observe other family members to work out how to interact with others, setting in place patterns that remain through the lifespan. The problem for some children that results from the family's being an agent of socialisation is that these young people may potentially grow in a damaging set of relationships, which has taught them to love and identify with the people who had abused them.

My knowledge that I gained over the years, based on my experience of working with Zulu children and their communities in the schools where I teach, shows that the Zulu kinship system with the associated cultural and social values has been an accepted norm of African culture. The extended family played a pivotal role in raising children (Ogbonmwan, 2008). African people have placed high value on the extended family system traditionally. This identification with family is intrinsic to shaping the personality and views of African people. In comparison with Western cultures, the African approach stresses not only the nuclear family but a much wider set of family connections (Ogbonmwan, 2008). In village settings, children can readily access people whom he or she has learnt to regard as equivalent to his parents or siblings and who have themselves learnt to respond accordingly. Thus, the child's sense of home extends beyond the structures where his parents are based, and the child thus connects constantly with

other people in the village. As Kanu (2010) states, in African communities, the responsibility for a relative's widow and children must be assumed by a man related to the deceased. If such a man fails to take up that responsibility, there is open opprobrium, and he would himself find it hard to get help in future. In the event of the death of a mother, the mother's sister assumes the responsibility of nurturing and caring for the siblings of her sister, irrespective of her own financial background or the circumstances under which she may live.

Madukwe (2010) uses the term "African communalism" to describe the system of general valuing of human being and concern for their well-being. This sense of being connected with others extends beyond the family to the broader community, in which people see the need to provide care to each other. Where help is needed, help is provided, and the process of mutual assistance is ongoing. It would be seen as unacceptable for one family to live in affluence while a neighbour suffers from lack of resources.

Zulu kinship, by the very essence of the family values, will accept an extended family. Even if the living space is small and can only accommodate her own family, a mother will openly accept a child into her home. Children are taken in sometimes without any kind of financial assistance. According to Panda (2020), the primary responsibility for the socialisation of children lies with the family, however diverse it is in its structure. This is where they learn how to deal with friendship or conflict, how to work collaboratively with others for a common goal (Panda, 2020).

However, one very disturbing incident led me to believe that society has lost its moral ethics. Simphiwe lost his biological mother at the age of six. At that time, he did not know his biological father. However, the father was asked by the family to step in and take care of his son. His father, who already had a wife and two other sons, took Simphiwe away. He then moved in with the family he did not have a close relationship with. Simphiwe, who is now 14 years old, reported that he was ill-treated by his stepmother.

According to Ntuli (2020), orphaned children experience discrimination that was not experienced by kin children in the same setting. In her study, half of the participants continued in the same extended family context, under the care of grandparents. The others lived in youth-headed households. The evidence was that, even within the protection of the extended family, relatives treated the orphaned children more harshly than they would treat their own children, for example by speaking to them in harsh or demeaning ways. Ntuli (2020) argues that such

mistreatment within the extended family drives such children into life within youth-headed households.

In Simphiwe's case, he did not have clothes and was forced to walk a long distance to school. He was also expected to do house chores even though his mother was a housewife. If he did not complete the task assigned to him, Simphiwe was badly beaten. He endured this suffering for eight years before he decided to run away. According to Lang (2008), learners in contexts where HIV&AIDS is prevalent, such as the context of this study, suffer traumatic conditions, with the abuse of children, the exploitation of young women and growing poverty. Such young people may be losing family members, friends and educators to the disease. Some are displaced and have to find new homes. The impact on their access to learning is severe, with absence from classes or feeling unable to concentrate while in them.

Simphiwe managed to locate his aunt, his mother's sister. He was in a bad state – no clothes, torn shoes and in desperate need of care. His aunt, a domestic worker who lives in a one-bedroom low-cost house, took him in with no questions asked. This is in accordance with the Zulu kinship care system, where children are a big part of a larger family. Ogbonmwan (2008, p. 1) reports that, “everybody is linked with all the other members, living or dead, through a complex network of spiritual relationship into a kind of mystical body.” In contrast with Western cultures, the key concept is not simply “being” but “being-with-others” or “being rooted in kinship”. These are central ideas that inform the life experiences of African people, reducing any sense of isolation because individuality in this context entails also being part of a family, part of a clan, part of a community.

The communities in the rural areas share a very close bond and this ensures the well-being of all children. Ntarangwi (2012) repeats the well-known phrase that ‘it takes a village to raise a child’. This saying recognises that the network within which a child is located encompasses the nuclear family and the extended family, as well as beyond that to the wider community. This is truly of communities in rural settings with high levels of social cohesion, where people share resources and there may be common patterns of descent, where people share one language and a set of norms and mores that inform daily life. People know each other and know what values shape their relationships.

In conceptualising a family, Bales (1955) recognises the shifts in the nature of families. In the pre-industrial era, people's experience of family was typically of an extended set of relationships linked through kinship and socially. This network provided essential support for

children's socialisation. This gradually shifted to the experience of nuclear family that has typified the post-industrial era. Some of children's socialisation of children now happens outside the family. Amoateng and Heaton (2007) present a more complex view of families as multidimensional, shaped by and also shaping social, cultural, economic and political elements of the broader society. Children within African cultures often live with the fuller extended family, even when their biological parents are alive.

From the viewpoint of functionalism, the family has two core functions. The first is that it is the primary agent for socialisation, developing in children the cultures values and norms. The second is that it provides a secure base for adults, protecting them from what may well be a harsh outside environment, in particular for working men. However, Moghadam (2004) is critical of this "haven ideology", in that it validates the needs of men while ignoring those households that are headed by women. Such criticism of functionalism come also from feminist perspectives, which argue that it fails to take into account or address the structural imbalance of power within this tradition view of family life. A further criticism is that families under the pressures of social and economic change are no longer able to take on this role of protection, care and socialisation (Amoateng & Heaton, 2007). As a result, authors like Allen (2001) assert the need for a greater consciousness and more inclusive understanding in the way in which people conceive of family, as the ways in which people actually experience families indicate that it is not easily reduced to neat definitions. A focus on how people actually experience family is thus more important, and this approach is taken in this study, in exploring the experiences of children facing hardships.

The ways in which parents relate to their children has been drastically reshaped by the practices that follow from formal education and economic change. Parents spend more time than in the past at work, including work away from home. This gives them little chance to spend time interacting in depth with their children. In the case of somewhat wealthier families, the pressures of work and changes in lifestyles have led to increased reliance on domestic workers such as maids or nannies. Such workers provide care for the children's physical needs, organise their social relationships and even take on educational responsibilities such as helping with homework. For the great majority of families that do not have some support, where parents are absent for whatever reason, children have to take care of themselves are depend on caregivers who are not so closely related (Ntarangwi, 2012).

In addition to providing necessities, such as food, shelter, and clothes, families transmit cultural and educational values and help children adapt to societal demands and opportunities. Early parent-child interactions help children learn regulatory process and socialize them into the rhythm of their family and culture (Black, 2008).

The family within the Zulu kinship system, its capacity for care and the stresses it now faces, are at the heart of this study.

### **1.3 IMPACT OF HIV & AIDS<sup>1</sup> ON CHILDREN IN AFRICA**

According to the University of KwaZulu-Natal (2005, p.3), “South Africa is facing one of the most serious challenges since the demise of apartheid, in the form of HIV/AIDS.” The HIV & AIDS pandemic has taken an enormous toll on the lives of children and has thus contributed to the overburdening of kinship care system. According to UNICEF, the global statistics read thus:

#### ***GLOBAL HIV STATISTICS***

- 26 million [range: 25.1m–26.2m] people were taking antiretroviral therapy (June 2020).
- 38.0 million [31.6m–44.5m] people globally were living with HIV in 2019.
- 1.7 million [1.2m–2.2m] people became newly infected with HIV in 2019.
- 690 000 [500 000–970 000] people died from illnesses related to AIDS (in 2019).
- 75.7 million [55.9m–100m] new infections with HIV since the start of the epidemic (end 2019).

---

<sup>1</sup> In line with a preference by one of the examiners, the term used is HIV & AIDS rather than HIV/AIDS.

- 32.7 million [24.8m–42.2m] deaths from AIDS-related illnesses in total (as at end 2019).

The HIV&AIDS pandemic has had serious implications for the lives of children, in particular in Africa, the epicentre of the pandemic. Families face increased poverty and stress as they watch parents suffer. According to Nybderg et al. (2012, p. 4), there is an impact on affected children that is diverse and generally cumulative. As children lose those that care for them, they become exposed to malnutrition. Diseases are more likely, they fail to get the services they need, and can suffer neglect and abuse, leading to failure to achieve their full potential. Some face labour or sexual exploitation; other move to places that may be more threatening, such as inner cities.

Those who have been orphaned because of AIDS experience a series of harmful stresses in them that make loss more extreme and grief more intense. It is likely that they have witnessed the decline and death of one or more parent, such situations often compounded by the parent's loss of bodily functions and possible mental illness. In addition, it may not only be the parent but other family members, including sometimes a sibling infected at birth. Those who care for them may experience similar stresses and may have their own psychological problems. In addition, there is the stigma that makes dealing with these issues even harder. Often the cause of death remains unclear, and the child is left fearing that they may also die (Cluver, 2006).

This extends beyond the situation related to HIV&AIDS. According to Hope (2005), African children face various risks and situation that are more extreme than in other developing parts of the world, mainly because of the poor economic and social conditions on the continent. Unlike other regions, Africa has had an increasing childhood burden of poverty and disease. High death rates and exploitation have risen for the past decades. The hostility of these environments has had severely damaging effects on childhood growth and development, emotionally, mentally, physically, and socially. In cases where children have been orphaned, families have an additional burden that they cannot meet, in terms of food and clothing. Moszynski (2008) reports that the Association Francois-Xavier Bagnoud has provided evidence that only a small proportion of orphaned children get support from people outside the immediate family.

Whiteside (2002) reports how social roles, right and obligations have been disrupted by AIDS. The orphaned child may find themselves exposed to all the responsibilities of adulthood

without the status and resources that we associate with adulthood. This may be a slow and painful process of transition as often such children must provide care to an ill patient over a long period.

The HIV&AIDS pandemic has affected the schooling of children and they struggle with the payment of school fees. Children shoulder the financial burden of adults. According to Andrew (2006), HIV&AIDS is one of several other factors found in such contexts that impose heavy burdens on children, who are particularly vulnerable in society. These factors include conflict, poverty, and exploitation. The impact of HIV is felt by children long before the death of their parents (Andrew, 2006), as earnings drop sharply and as the ability of parents to care for children declines, making them increasingly vulnerable.

The HIV&AIDS pandemic has impacted on the psychosocial development of children. Olutayo (2012) argues that orphaned children are disadvantaged not only by the experience of suffering but also by the long-term limitations placed on their development unless conditions change. Such chronic harm could likely have been prevented by suitable intervention in the form of adoption by caregivers who could have provided for their material, emotional, and developmental needs. Olutayo (2012, p. 264) quotes the Yoruba proverb, "*Bi ku ile o pani, tode o le pani*" (if your own relatives have not already killed you, it's not likely other people will). The significance of the saying is even though Yorubas value most highly the relationships you have with your mother's children and relatives. Nonetheless, people need to be warned of the dangers even from relatives. Kokumi is a girl from Nigeria, one of the participants in the research conducted by Olutayo (2012), found expression and justification in this saying: "*T'eni n t'eni t'ekisa n t'atan*" (one's own is one's own; rags will end up on dumpsites)" (Olutayo, 2012). The implication is that relatives are relatives, whether they are good or bad. The above proverb shows that kin will forever remain kin, no matter what happens, whether positive or negative, and we remain permanently attached to them, even when they undermine you. Kokumi experienced the truth of this statement when relatives tried to steal her inheritance from her. According to Olutayo (2012), children need care because of their vulnerability and fragility; those who received the necessary care and a supportive home environment can see clearly the benefits we gained throughout life.

Doku (2009) provides an account of the various impacts on children orphaned through AIDS. They experience the trauma of losing parents and are not further in need as they lack the guidance that parents should be providing through critically important life-stages and entry into

adult life. In addition, they are exposed to stigma and discrimination. The social consequences of the HIV&AIDS epidemic for southern Africa and the continent are thus major. According to Raymond and Zolnikov (2018), AIDS-affected orphaned children across rural areas in sub-Saharan Africa are exposed to poverty in various ways. This was manifest in the lack of food; in turn this deprives children of access to education, as children could not then get to school.

The impact of HIV&AIDS places a greater burden on those children who are caring for younger siblings and have to sometimes find employment. Ntuli (2020) reports the evidence indicating that it is the older orphaned children who are most vulnerable to psychological and social harm, as these can be experienced most amongst older children. They are also more likely to drop out of school unless there is support by relatives. The factors include heightened vulnerability for orphaned children who are themselves mothers, as they are likely to lack nutrition and for children in child-headed households, who are likely to do worse in education. The older amongst them are likely to leave school to find work, to enable them to care for younger siblings.

BenDavid-Hadar (2015) argues that children are likely to drop out of school even if family members head the household, when parents are ill and dying, when there are also foster children and when there is poverty over long periods of time. These conditions develop also where a grandparent heads the household and becomes ill. In such situations, the heads of the household cannot provide the necessary emotional and material care.

If parents become infected it has a ripple effect on the lives of children. Zagheni (2011) argues that HIV&AIDS has had a range of negative impacts on the lives of children, and that the disease may impact negatively on the whole community or more directly on them if a family member or they themselves become infected. Children often leave school to undertake housework or to look after parents who are infected. They also suffer both hardship and distress if and when a parent dies. How harsh the impact depends on various factors that may weaken the strengthen the effects when combined, such as the prevalence of the disease in the whole community, the economic position of the community and of the families who are directly affected, the gender and age of children at the time a parent or other family member becomes infected and whether there is a strong social safety net or not (Zagheni, 2011).

Ebersohn (2002) reports on the significant changes that occur to the traditional family structure when communities are affected by HIV & AIDS and when children have to respond to the

increasing poverty and additional demands. Serious effects follow from the death of a mother who is the caregiver. Typically, as parents fall ill or die, the grandparents become the caregivers, while the children themselves have to take up adult responsibilities unfamiliar to them. Some become the caregivers to their own parents and cook for and feed the sick, undertake washing of their clothes. Thus, the HIV & AIDS pandemic is one of the greatest threats to the rights of orphaned children and to the care they need.

The implications for this study are that the pandemic continues to orphan children; the economic, social and personal consequences are directly addressed in the study.

#### **1.4 DIFFICULTIES THAT ORPHANED CHILDREN ARE EXPOSED TO**

When children lose their parents, they are vulnerable and are exposed to crime, mistreatment, hunger, lack of education and fear of the unknown. My intention was to highlight the huge complex problems that children experience when they are orphaned. The discrimination, stigma, low self-esteem, and emotional distress that orphaned children experience is indeed disturbing. I do however try and relate their experiences in detail so that the seriousness of their difficulties is well documented. Evans (2002) comments how being an orphaned child is often evident by the lack of school uniform, wearing a torn dress. Lack of the right clothes alone could lead to such a child dropping out of school. Further, children who are adopted because of being orphaned also face difficulties and are often subjected to abuse.

Mwoma and Pillay (2016) argue that school attendance may heighten anxiety amongst orphaned adolescents if they are not able to get what is needed for school or if they are cared for by family members other than their parents and these members do not have sufficient funds to provide what is needed at school. Evans (2002) highlights the challenges such children face after the death of parents. These include uncertainty over where one will live, often having to move to other relatives, leaving school and even caring for other relatives. Gebhardt (2012) provides an account of how a mother from Tennessee in 2010 resolved that she did not want to keep a child, seven years of age, whom she had adopted from Russia. She simply put him on a plane to go back to his home country, after only six months of adoption. In this instance we again are exposed to the trauma faced by orphaned children. This child was expected to enjoy a better life but instead was never enrolled at school. In another case (Gebhardt, 2012), it was found that pornographic pictures of a very young girl were posted on the Internet from a hotel in Florida. The paedophile turned out to be the adoptive father. The girl, once rescued, reported that she had been abused by the father from the first evening that she had arrived in the country.

Again, we see an adoption gone horribly wrong. This child was expected to lead a better life but instead suffered abuse at the hands of a man who was expected to play the role of a father.

I believe that by sharing the complete story of Happy Mbhele, the reader will know the full extent of the suffering that children go through without us even being aware. Happy is a participant of a research conducted in rural Magangangozi, in the Drakensberg area of KwaZulu-Natal. Her strength and courage displayed in adversity is remarkable. At the age of 13 she was living with her mother and sibling in their dwelling, close to the homestead of her father, who was generally absent at work in Johannesburg. Until her mother died of AIDS in 2000, she cared for the mother and little sister, even though she had to go to school very early. Her clothing was in poor condition. Once her mother had died, both Happy and the sister went to be with the wife of her father's brother (*mamkhulu*, or big mother). She herself was a widow and had her own six children. At another time, both girls instead stayed with their mother's mother. She was an *isangoma*, a traditional healer.

At one stage both girls visited their father in Johannesburg. "We went there, and we lived with my father and *mamncane* (father's new wife; literally 'little mother'). *Mamncane* treated us like own her children until they sent us back here. The only thing that disappointed us was that they did not buy us anything. There was no *umphako* (food for the road). We came back in the clothes that we had worn to go there. My father did not give us any money, not even for small necessities (*izidingo ezincane*) like school fees. Instead, he wrote a letter and told *mamkhulu* to chase us away from here, and he told her not to ask him for anything for us. But *mamkhulu* is happy to stay with us. And she is better than anyone else. So, we will stay here until we are able to stand on our own" (Henderson, 2006, p. 313).

This story is typical of what happens in such cases, according to Mwoma and Pillay (2016), when orphaned children must be cared for by the grandparents or even by older siblings. Very often, these caregivers do have not the funds to ensure sufficient educational resources for the child.

In cases of poor social support, there are both short and long-term negative impacts on the child's development. These include impacts on the emotions, on thinking, on scholastic progress during childhood, and these flow into impacts on general functioning and mental health as adults (Thurman, 2011). In contrast, greater social support was far less associated with symptoms of psychosocial distress and was positively associated with indicators of psychosocial well-being (Gilborn et al., 2006). As Shave (2016) asserts, children need parents

to take on essential roles in relation to the physical, social, and psychological needs. Parental death obliterates the support structure that children need. This support includes the need for comfort and love; such tasks now often fall on the older siblings. However, Watkins et al. (2014) report that, after the death of parents, many orphaned youngsters become separated from their siblings. This is an additional loss; the collapse of the family structure and its cohesive support imposes additional burdens on the child and impacts negatively on schooling.

According to Foster (2000), the impact on children who have been orphaned includes emotional distress, poverty, and general deprivation. Many children, even before HIV&AIDS, have suffered from poor conditions and lack basic food and clothing, across many parts of Africa. Evans (2011) reports on what orphans have spoken of their experiences in Tanzania and argues that, when a parent dies, the need for the caring role and the significance of ties with siblings in the household become that much more evidence. Evidence is that siblings often resolved to live together, independently from other family members, sometimes because they feared losing their home and its assets. According to Evans (2011, p. 387) , aged 16, is an orphan from Uganda who had to take care of three siblings when her mother died. It was the dying wish of the mother that the siblings remain together as she knew that the extended family will not care for the children

Subbarao (2002) states that the immediate likely implications for orphaned children are the possibility of abuse and mistreatment, poor nutrition, being displaced and have to leave school, apart from the emotional trauma. Mushunje (2014) describes how such children may rapidly become required to take on the responsibility for young siblings, without the resources to do this adequately. They may themselves become passive or even abusive; some resort to leaving school and taking up sex work or crime to get the money they need. In addition, they suffer the trauma of loss, the breaking of emotional connections to their parents (Shave, 2016). All children in such households suffer loss in their access to education. Frequently, they do not complete high school, as a result of having to find money and take on the stress of care themselves. BenDavid-Hadar (2015) also points out the likelihood that children will drop out of school in situations where, even though the household is still headed by family members, when there is persistent poverty or foster children are present, putting further stress on the financial situation.

Le Roux-Kemp (2013, p. 4) states that children suffer from psychological trauma as they lose parents. In addition, they face social stigma, but also experience extreme poverty, malnutrition,

high levels of psychological and emotional strain and anxiety. They also have a low level of education as they are forced to quit school and take on household responsibilities. According to Salaam (2005), orphaned children are often subjected to a life on the street. Such a life, for the growing number of children involved, means that they are dislocated from social networks, lacking in education and nurture. They are vulnerable to being recruited into crime, or militaristic or even terrorist networks. Orphanhood is generally associated with stigma and lack of resources (UNAIDS, 2013). This threatens the chance that the child can satisfactorily complete high school; strategies that are then used to ensure survival may increase vulnerability to HIV. Even when family members take over the care of orphans, they may subject them to neglect or to abuse, instead of the necessary care (Dahl, 2009). Villagers often decry “greed” or “jealousy” (bofula, lefufa in the Setswana language) as the motivation underlying this sort of behaviour.

Nyambedha (2004) reports that widows and orphans have other reasons why they do not always approach their kinsmen for support, preferring to deal with other institutions such as the church and other donor-supported initiatives.

#### **1.4 FOCUS AND PURPOSE OF THE STUDY**

The focus and purpose of the study is to determine why the kinship care system is failing and how this has affected the lives of orphaned and vulnerable children. According to Iwelunmor (2006), a basic feature of family systems in both Africa and India is that there are strong emotional bonds that ensure cohesion, encourage sharing and acknowledge reciprocal dependence. These ties extend beyond the nuclear family to the whole extended family, including the families of spouses, such as cousins, uncles and aunts, and even neighbours and friends. People living in such systems are likely also to live near each other, with commitments that means that they act less as individuals and more as a collective, with mutual responsibilities.

#### **1.5 RESEARCH OBJECTIVES**

The study research objectives were to explore:

- the current nature of the Zulu kinship system
- its effects on orphaned and vulnerable children
- the positive and negative effects of kinship care
- the importance of siblings remaining together

- the education of orphaned and vulnerable children affected by poverty
- the effects of institutionalised care on the emotions of orphaned and vulnerable children
- the effects of institutionalised care on the well-being of orphaned and vulnerable children.

## **1.6 RESEARCH QUESTIONS**

The study focuses on the following research questions:

- 1) What is the current nature of the Zulu kinship system?
- 2) What are the positive and negative effects of Zulu kinship care on orphaned and vulnerable children?
- 3) How is the education of orphaned and vulnerable children affected by poverty?
- 4) What are the effects of institutionalised care on the emotions of orphaned and vulnerable children?
- 5) What are the effects of institutionalised care on the well-being of orphaned and vulnerable children?

## **1.7 RESEARCH METHODOLOGY AND PARTICIPANTS**

A methodology is “the strategy, plan of action, process or design lying behind the choice and use of particular methods and linking the choice and use of the methods to the desired outcomes” (Crotty, 2003). Within, broadly, the interpretivist paradigm, this is a qualitative study. As detailed in chapter four, a range of methods of data production were employed, in particular, with child participants, art expression. The purpose of this method was to enable children who may have endured harsh experiences to reveal in pictures what may initially be difficult to express in words (Fraenkel, 2016).

Participants included adults to a limited extent – foster parents in two townships, childcare workers in an institution of childcare. However, the main focus was on the child participants themselves.

The child participants in this study consist of three groups of children:

1. Children from the E-Centre: African/Coloured/Indian
2. Children from the three schools: African

### 3. Children from a low-cost township: African

There are children living in the townships that are orphaned, and children that are struggling to cope financially. Some children are accepted by their immediate family but face extreme difficulty. Children as young as 12 years of age assume responsibility of their younger siblings, forgoing their own education to ensure that their siblings have a meal to eat and receive education.

When parents die, children are lost and are too young to make decisions. Ntuli (2020) describes the distress caused by parental death, such as major problems that include depression and such negative emotions. They may become withdrawn and isolate themselves. These reactions result from the profound loss they have experienced. Orphans are susceptible to long-term psychological problems including depression, anger, anxiety, and feelings of sadness, and are inclined to withdraw and self-isolate. These psychological problems are brought about by their failure to deal with their sense of loss. In addition, they experience the stress of having to take on the role of caring for younger siblings, in the absence of support from other family members.

It is with such children that data was produced in this study. Analysis of the data was thematic, following the work of Braun and Clark (2006). The findings derived from the analysis are presented in chapters five and six.

Focusing on children and, in particular, children who are vulnerable raises major ethical issues; there has been considerable attention paid to ensuring anonymity and confidentiality; this becomes evident in the ways in which the drawings and written words of the children are presented.

The issue of limitations of the study is also addressed in chapter four. The study in no ways aims to extend its findings in a general way to other contexts; however, the insights achieved in this study may well inform research being undertaken on orphaned and vulnerable children elsewhere. As it happened, a strongly positive impression was given of the childcare facility in the study, and it is recognised that this would not be true of all such facilities.

## **1.8 SIGNIFICANCE OF THE STUDY**

The particular focus of this study means that its role is to contribute knowledge to the field of education and society, more specifically within the area of orphaned and vulnerable children.

It will also contribute knowledge in the understanding of (i) the kinship system and (ii) the institutionalised care as networks to support orphaned and vulnerable children. I hope that by understanding the experiences of orphaned and vulnerable children in both the kinship and institutionalised care will open up studies that will explore how best to support these institutions in their work of caring for the increasing orphaned and vulnerable children.

## **1.9 ARRANGEMENT OF CHAPTERS**

Chapter one discusses the kinship care system according to African culture. It further discusses the reason why the kinship care system is failing children and how it impacts on their well-being. The children face emotional and physical distress, and, in spite of their own inner pain, family go on to make them feel unwanted and unloved. If the African kinship system highlights their obligations, why then are children subject to being placed in an institution?

Chapter two consists of a literature review. It brings out the significance of the kinship care system and how it positively enhances the life of an orphan. It also highlights the important role that grandmothers play in raising orphaned and vulnerable children, and further discusses the importance of education in the life of orphaned and vulnerable children.

Chapter three discusses the theoretical and conceptual framework of the study. The researcher used the ecological systems theory of Bronfenbrenner to show that, if the different layers are not present in the life of the child, then the child's entire being is broken. This theory presents the micro-system, which is the innermost part of the life of the child, the mesosystem, which is the second layer, for example, the church, the school and the neighbourhood, and the exosystem, the third layer of the environment. This third layer is never experienced by the child but indirectly affects the child. This, for example, is the parent's work place and peer groups. The macrosystem is the cultural and socio-political context within which all systems are located. This system is made up of the different beliefs, values, laws, customs, and resources of the culture in question. All these in turn interact with the chronosystem, which encompasses the dimension of time as it relates to a child's environment.

Chapter four will adopt a qualitative approach. It is the intention of the researcher to find out what happens to children when they are orphaned and how do they find themselves in the home of relatives. Are the children readily accepted? Do they cope emotionally? Are they treated like the

rest of the children within that home? If not, what can we as a community do to assist the children in finding some kind of comfort and stability.

In chapter five, the researcher presents what emerged from the use of arts-based methodology to find out what was happened to children before they lost their parents – the kind of life they experienced whilst their parents were alive. The second aspect of the study enlightens us on the kind of life they experience after the death of their parents, or on removal to the E-Centre.

Chapter six sets out the key findings of the study, beginning with the way in which the theoretical framework is applied and responses to the research questions. The themes are recorded and explored further in cases where they do are not already covered in the responses to the research questions, as well as other key findings. Conclusions and recommendations are then drawn, including recommendations for futher research.

## **1.10 CHAPTER SUMMARY**

This chapter has provided an introduction to the research study as a whole by providing a background from the literature on orphaned and vulnerable children, before proceeding to the specific focus, purpose and research questions that apply to the study. From here, we turn to the considerable literature that informed the design and analysis of the study.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

It is important to understand that a family plays a pivotal role in the development of a child. In this chapter, I will explore the various understandings of ‘family’ across various cultural settings and then proceed to address the ways in which orphanhood and vulnerability are responded to in these settings.

In particular, the chapter addresses the ways in which understanding of kinship shape the handling of situations of orphanhood, first across different cultural settings and then more specifically within African and Zulu contexts. As will be seen, African societies have traditionally had highly effective collective approaches to support of children in conditions of vulnerability; the question then arises of how families now cope given decades of societal and economic disruption. In this process, the role of grandmothers has been central, both in traditional contexts and in the highly disrupted family settings of KwaZulu-Natal at present. Another element is the role of education in providing some possibilities for the development of children in conditions of orphanhood and vulnerability.

#### **2.2 CLARIFICATION OF CENTRAL CONCEPTS**

##### **2.2.1 WHAT IS A NUCLEAR FAMILY?**

According to Bartlett (2006), parenthood, with few exceptions, is an exclusive status. The law recognises what is effectively only the nuclear family – a child has a pair of parents at any one time, these parents acting independently with rights that are not shared with others. The law acts on the premise that parents bring up their own children within this family structure. This structure of the nuclear family is not recognised in Western law as connected basically to any other structure. In reality, though, many children live with only their mothers. A mother has a central role in the lives of her children.

##### **2.2.2 WHO IS AN ORPHAN?**

The English word “orphan” is derived from Greek and Latin roots meaning “a child bereaved by the death of one or both parents”. Whilst some orphan estimates are specific to children orphaned by HIV&AIDS, others include orphans from all causes (Back, 1996).

According to the Government (2005) child is defined as someone under the age of 18. Section 28 (3) of the South African Constitution stipulates "...child' means a person under the age of 18 years". However, a definition of an orphan varies from country to country, but the common elements include age (being under 18 years) and the death of both parents regardless of how they died.

In South Africa, orphans are regarded as children in need of care and protection and are also vulnerable (OVC) according to Section 150 (1) of South Africa Children's Act 38 of 2005 This means that they deserve psychosocial services from state and care by families or volunteers who would want to assume parental roles and provide for their basic needs in terms of Section 28 (1) of the Constitution of the Republic of South Africa. Basically, AIDS orphans are those children who have lost either one or both parents due to the AIDS epidemic. The HIV&AIDS orphans are also included in the category of orphaned vulnerable children (OVC) and they qualify to receive assistance from the state (Government, 2005)

### **2.2.3 THE POSITIVE INFLUENCE OF A MOTHER**

Motherly love is, according to Mayblin (2012), the force that develops the child's ability to demonstrate love for others. This forms the first and most powerful bond of kinship, a template for relationships that spread out to encompass siblings, spouse, children, friends and neighbours (Mayblin, 2012). It does not have an obvious reward, as the mother gives without expecting to be recompensed in some way.

Takseva (2017) asserts that mother love is presented as unquestionably selfless, without conditions, and a constant presence in one psyche. Mothers may experience their love for their children as fulfilling, though in reality there are many whose love is more qualified, being not endlessly selfless and, despite the ways in which society constructs it, not always pure joy.

### **2.3 ABSENCE OF THE FATHER**

According to Eddy (2011), in the African context, many fathers go out and work or are never present in the lives of their children. The causes for such absence, reflected in the pervasive status of single mothers, are varied. Eddy (2011) points out that one factor is that men are far more prone than women to experience premature deaths. Where they are alive, however, such factors as migration, the prevalent forms of masculinity, the divisions caused by violence

against intimate partners, and even abandonment are typical factors that mean that men have no role or limited roles in relation to their children.

According to Richter (2006), the fact that a father is not there does not mean that there are no men around that take on the role of a father, for better or worse. In part this is because, in South Africa, children often lived within extended families, so men in those families take on the role and even the name of 'father'. Biological fathers often do not take pride in their role, are generally absent when the child is born and do not want to take responsibility for their own children or take part in what happens in their children's lives (Richter, 2006).

#### **2.4 WHAT IS KINSHIP CARE?**

Kanjanda (2014) states that the prevailing African understanding has been that members of the extended family would take over the care of orphaned children when both parents died. In that context, the orphaned children would benefit from all resources and social needs available to the kin children, including guidance and socialisation. This has helped to maintain social cohesion and enhanced social, economic and spiritual harmony. The characteristic approach in this understanding is that of mutual love and respect for each other. Thus, the African kinship care system is a phenomenon whereby children are taken in by extended family when they become orphaned, or they live with elderly grandparents as their mothers go out to seek employment. According to Cudjoe (2020), in Africa it is a cultural practice for children who are orphaned to be cared for by relatives or close friends. According to Van Dijk & Van Driel (2009), families and community provide an effective alternative to institutional care for orphaned children - an alternative that was always considered to have existed in sub-Saharan Africa. Kinship care has become an integral part of childcare, as it is a better option than placing a child within an orphanage. In an institution, children are separated from family and live in a home with unfamiliar people and a surrounding totally different from a home surrounding. Children are subjected to strict rules and regulations as they themselves may demonstrate disruptive behaviour as a result of their circumstances.

Mtshali (2002) describes kinship as a central factor in households, the fundamental basis for bringing people into social relationships. Kinship is recognised automatically within cultures as the ways in which people who are biologically related are connected to each other. According to Warren (2013), kinship provides many benefits, the first being the provision of care. This in turn depends on the underlying emotional sense of connectedness within the

relationships of kinship. Within families, childcare is seen as a natural process; similarly, the capacity for childcare is threatened when the family structure is broken down (Richter, 2008).

The presence of immediate family in the life of orphaned children has a great advantage that enhances their social well-being. According to UNICEF (2003), across sub-Saharan Africa, the extended family generally takes in orphaned children. This system provides a form of social security that has the capability of responding rapidly to parental death. The family structure is central in its role in sustaining care for children over long periods of time. Yet this role cannot be taken for granted; its ability to support children and to step in when parents die depends on the broader social context. It is threatened by labour migration and by poverty. Despite that, Howard (2006) argues that it is in the extended family that we can find the only structure that has the capacity to make critical decisions on how orphans are to be cared for.

According to Shetty and Powell (2002), in Africa, the deep sense of connection of the child to its family and beyond that to the clan is a central role in social development and helps to shape their place in the broader society. Remarkably, despite the great numbers of orphaned children in Africa, most have been taken into the network of the extended family, perpetuating the strength of African kinship systems, and ensuring that orphans have the necessary protection and a sustained supportive environment. Where adults are driven by a sense of obligation to family and compassion, their willingness to take on such children can ensure that each child has a home, despite the constraints of poverty (Howard et al., 2006a).

The strong value of family care and support is deeply embedded in the life of the African family. Leclerc-Madlala (2005) states that, in many African societies with wide kinship networks, social norms do not readily permit an individual, male, or female, to reject kin who are experiencing a serious problem, particularly a serious illness.

Olutayo (2012) states that one of the roles of the extended family network has been that of providing effective social security to orphans and other vulnerable children in traditional agricultural societies. Mushunje (2016) argues that “traditional” ways of providing care to orphaned children are still prioritised in programmes of child welfare. Breen (2015) points out that, when children remain within the family, care does not cease at a certain age. They are in connection with a support network that includes parents, brothers and sisters and a community of relatives. In contrast, the care of children in orphanages ends at a point in time, typically at the age of 18.

A very important aspect of kinship care is that siblings stay connected. This is a very important aspect of Bronfenbrenner's theory. According to Kidner (2013), kinship care is the way of referring to how children are cared for by relatives, or, in certain jurisdictions, non-relatives who are close to the family (the term sometimes used is finitude kin). The term 'kinship care' refers to this process of enabling the family to continue despite disruption. If possible, the resource for such children who have to be separated from their biological parents should be their relatives, as this ensures that children continue to be connected with their family.

According to Achebe (2004), there is universal recognition of African people's sense of kinship or family. The scholarship backs up that assertion by demonstrating the powerful role of kinship in African societies. This provides a system in which "everybody is somebody". Westermann (1949) declares that what distinguishes the lives of African people is the pervasive idea of community: "The whole of existence for the African is organically embodied in a series of associations and life appears to have full value only in those close ties." This is one of the most vital features of the African heritage. Writing of the attraction of African kinship, Achebe (1949) states, "A man who calls his kinsman to feast does not do so to save them from starving. They all have food in their homes." Alward (1975) similarly notes how, traditionally, African life is arranged with the family at the centre. It is the source of life, the unit that presents in miniature the structure of the whole population. The family is the place where the clan's, tribe's and Africa's values are passed on (Achebe, 1949).

Generally, it is such families that have provided the care for orphaned and vulnerable children in Africa. These family ensure the deeply valued support structure that is found in African societies. While it is regarded internationally as the best approach to the care of orphans, it is also the only sustainable way of dealing with this problem on a major scale, enabling such children to remain with a context of family and culture (Powell, 2002).

According to Abdullahi (2010), scholarship demonstrates that the capacity to children to endure disruption and hardship is increased when those around them provide love, care and protection. Children are better equipped to handle suffering and to maintain their hopes for the future when they experience the sense of belonging from such close relationships.

Roby (2011, p. 10) defines 'informal kinship care' as "any private arrangement provided in a family environment whereby the child is looked after on an ongoing or indefinite basis by

relatives or friends, at the initiative of the child, his/her parents or other person.” In contrast, ‘formal kinship care’ refers to “arrangements that have been ordered or authorized by a competent administrative body or judicial authority. It usually involves an assessment of the suitability of the family for the child and possibly the provision of continuing support and monitoring.” The kin that provides care can sometimes consist of an approved foster carer, who acts in accordance with the formal fostering requirements (Roby, 2011). Mbiti (1971) defines the system of kinship in terms of an extended network that stretches in all directions, embracing all people in any specific community.

#### **2.4.1 The strength of kinship care**

Iganus and Haruna (2017) write of Africa as “a home of cultures” and argue that the strength of these cultures is the ability to resolve and manage crisis. There are culturally informed norms and values that members of the society learn, absorb and accept. Such norms and values keep society intact; without them social life is impoverished. In Africa, as in other parts of the world, such norms include kinship care. This provides the closest substitute for a family, for those children whose parents are no longer available. Research indicates (Gibson, 2014) that children have greater self-confidence if they have people connected to them by biological relationship and if those people love them and are willing to take care of them. Children in such situations are generally still in the same group of siblings.

According to Foster (1999), throughout sub-Saharan Africa the safety net of the extended family still provides what is by far the most effective response to crisis. The support that is provided in such cases is social, economic, psychological and emotional.

Being removed from a family is traumatic, but that trauma can be minimised by being placed with caregivers in the extended family. According to Epstein (2017), being removed means that children frequently lose everything they are accustomed to, such as parents, home, siblings, friends, and so on. Placement within the extended family mitigates this loss, especially if relatives are willing to take the whole family group and live in the same area, enabling the child to continue in the same school and community. The child can live with someone he or she knows and is related to. Richter (2008) terms those families that provide adequate love, care and protection to the children as ‘functional families. Functional families have enough resource, both material and social, to provide adequate childcare and have the commitment to nurture and protect children at home and within the community.

In the view of Maphalala (2007), the family plays a huge role at every stage of the child. The ukama view of Ubuntu states that a child is an intrinsic part of the family, and family members are bound together through blood, rules and identity. Family does not only refer to one's spouse and offspring, but all relatives. The concept of extended family has been very useful in offering opportunities for the care of orphaned and vulnerable children in Africa. In Ubuntu, much value is placed on parents' involvement in children's development. For example, a lot of education, socialisation and mentoring takes place within the home and community to protect Ubuntu values (Maphalala, 2007).

There is ample evidence (UNICEF, 2014) that children who have experienced fully nurturing family life are much more likely to have positive outcomes in their later lives. The benefits include the experiences of being loved, feeling a sense of belonging and being connected for life to a community. Mkhwanazi et al. (2018) note that families give care to children, ensuring their well-being and development. Such families are responsive to the needs of children and provide safety, stimulating and nurturing.

Save the Children (2017) emphasises the value of kinship care in its ability to provide a range of benefits to children, when compared to alternatives like orphanages. By enabling children to stay with people who are well-known, it reduces the extent of separation from those the child loves. It preserves existing attachments and ensures a continued sense of identity. Within this process, there need be no loss of self-esteem, because the sense of culture and of family history remains intact, there is less distress from having to move to strangers, with the risk of having to endure more than one placement or possibly institutional care. This approach does not dislocate the child from the culture and draws on the practice of families taking care of their own (Save the Children, 2017).

According to Mafela (2008, p. 101), the perceived benefits of kinship care in such a context are this practice reduces the possibility of traumatic separation and does not remove the child from the community and the culture.

In explaining kinship relations in African culture, Mandela (1994, p. 2 ) writes:

“...in African culture, the sons and daughters of one's aunts and uncles are considered brothers and sisters, not cousins. We do not make the same distinctions among relations practiced by Whites. We have no half-brothers or half-sisters. My mother's sister is my mother; my uncle's son is my brother; my brother's child is my son, daughter.”

Mafela (2008) states that kinship relationship is the foundation of social life, and the basis of custom and law among the Africans. This emphasizes the unity that prevails among Africans. African culture does not preach individualism but encourages living together as communities.

Assim (2013) explains that the various elements of Ubuntu that underpins African societies, informs the lives of families and shapes all social interactions within and beyond the kinship system. It connects with the values of African cultures generally and ensures stability and security for the child. Shumba (2014) observes how highly valued the kind of social protection afforded by the extended family is within the traditional economic practices of African societies. It provides a systematic way of setting out how people have rights and responsibilities, including towards those who have fewer resources or are incapacitated. The person who does not enact this approach is subject to criticism within the community and receives lack of help when needed. This underpins kinship care in African communities.

More generally, Winberg (2008) believes that the form of care for children in need is the care that the extended family provides when parents are no longer able or willing to provide effective support. According to Hamilton (2006), kinship care has great advantages in ensuring continuity in the lives and identities of children, even in relation to sustained contact with their biological mothers.

According to Adinlofu (2009), the uniqueness of childcare in African societies is not focused on the biological parents. It is that it is shared by the extended family. The African proverb states that “a single hand cannot nurse a child.” Adinlofu (2009) goes on to say that, if it were not for the strong values that inform such care, children in need would remain uneducated. The extended family parents the child. Members who cannot take on all care still provide some degree of support that takes the load off a relative (Adinlofu, 2009). This develops in the child a deep sense of social responsibility, ensuring that the child can themselves become a thoughtful and responsible element in both family and community (Adinlofu, 2009).

#### **2.4.2 Kinship care in various countries**

Kinship care is a significant element that provides alternative care to orphaned and vulnerable children as we witness how HIV&AIDS has spread. The reason why the following comparison is made is that in every country the main aim of kinship care is to ensure that children are first given the option to remain with immediate family as it does not significantly change their lives

as they are with family – people they have a relationship with, not thrown into the deep end of trying to foster new relationships in the course of their already traumatic life.

#### *2.4.2.1 Kinship care in Ireland*

According to Gilligan (2013), since the start of the 1990s, Ireland has experienced growing prevalence of formal kinship or relative care. Relative care was legally recognised by the Child Care Act 1991. It is not a significant element in the care system of Ireland, perhaps because it recognises the value of ties to extended families and is encouraged by social workers who are willing to explore this as an option in cases where it is possible. It is striking that, in Northern Ireland, which has similar cultural practices, there is also a high rate of kinship care (Gilligan, 2013).

#### *2.4.2.2 Kinship care in England, Wales, and Northern Ireland*

There is no formal requirement to inform a local authority when a child goes to live with carers who are, in legal terms, the child's relatives. Generally, it seems that this is the prevailing form of kinship care in operation. Providing that the carers are relatives of the child as defined by law, when such a child moves to live with them there is no requirement to notify the local authority of the arrangement. It is believed that most informal kinship arrangements are of this type. "However, if the carer is not a step-parent, grandparent, sibling, uncle, or aunt (full, half, or by a civil partnership) and the child is under 16 years of age (or 18 years if disabled) AND the placement lasts longer than 28 days, the arrangement falls within the definition of private fostering in the Children Act (1989), the Children (Northern Ireland) Order 1995 and the Children (Private Arrangement for Fostering) Regulations 2005" (Gilligan, 2013).

#### *2.4.2.3 Kinship care: Scotland*

In Scotland, it is understood also that 'kinship care' refers to a situation where a relative or possibly a friend takes over the care of a child in cases where the parent can no longer provide that care. This is frequently undertaken informally without the involvement of social work or formally, following an arrangement and assessment by a social work office prior to placement. In between these two arrangements, there may be a grey area that would have implications for the level at which support would be provided. "Part 10 of the Bill creates a new duty for local authorities to provide assistance to kinship carers if a child is not 'looked after' by the local authority. There are currently three main legal routes for local authorities to provide support: • Section 50 of the Children Act 1975 enables local authorities to make payments for maintenance or accommodation for children not living with their families. This is discretionary

rather than a requirement and is not restricted to looked after children. Section 22 of the Children (Scotland) Act 1995 allows local authorities to make services available to ‘children in need’. These services may include giving assistance in kind or, in exceptional circumstances, in cash. The Looked After Children (Scotland) Regulations 2009 provide for the assessment, approval and support of kinship carers of looked after children. Kinship carers approved under these regulations must have a written agreement with the local authority specifying the assistance and support that they will receive (regulation 12). Schedule 4 to the regulations sets out the obligations of the local authority and of the kinship carers. Regulation 33 provides that “local authorities shall, subject to such conditions as they consider necessary, pay an allowance as they see fit,” to foster and kinship carers of looked after children who are assessed and have an agreement under the 2009 regulations” (Gilligan, 2013).

#### *2.4.2.4 Kinship care in Baganda*

According to Thembo (1990, p. 1) the kinship care system in Baganda dictates that all brothers of the father are called “father”, all sisters of the mother are called “mother”, all their children “brother” and “sister”. In male-speaking terms, father’s sister’s daughters (cross-cousins) are called cousins.

When a man dies, the heir to that property is decided by the clan. “The clan assumes control of inheritance; the wishes of the dead person may or may not be honoured. The eldest son cannot inherit” (Thembo, 1990). Thembo (1990) further states that the tribe also practises the levirate system, which means that, when a man dies, the man who is heir must take on the responsibility for the family of the widow. That man must also adopt the children of the deceased. He calls them his children and makes no distinction between his own children and them.

Research conducted by Fair (2006) emphasises motherhood (uMama) as a shared responsibility between a mother and her daughter; the women within the homestead often combine their efforts to help raise the young. Most often it is not out of kindness that other women care for other’s children, but the obligations imposed by the kinship system that require them to mother such children. In such circumstances, children are unconsciously exposed to kinship and hence it becomes easier for an orphaned child to fit into the life in the extended family (Fair, 2006).

#### *2.4.2.5 Kinship and clan of the Bemba of Northern Zambia*

Amongst Bemba people, kinship is driven by matrilineal descent, and this applies also to other tribes in Zambia, such as the Bisa, Lamba, Luba, etc. Your entitlement and rights to inherit rest on the side of your mother, and not with the paternal clan. “A Bemba belongs to his mother’s clan (umukoa), a group of relatives more or less distantly connected, who reckon descent from real or fictitious common ancestries, use a common totem name, and a series of praise titles, recite a common legend of origin and accept certain joint obligations” (Thembo, 1990).

#### *2.4.2.6 Kinship and clan amongst the Zulus*

According to Krige (1977), the idea of family and of the significance of kinship is central in Zulu society and pervades the whole cultural system. Without understanding that and the philosophy that informs that, one fails to understand the lives of Zulu people. While this is not unique in traditional societies, amongst Zulus, kinship plays a central role in bonding people and knitting into a cohesive group many that in the West would not be seen as related. This entails that each Zulu person has more than one father and mother, and the idea of siblings extends far. Yet, despite this, the notion of a nuclear family of a man, his wife and children, is still highly significant as the central unit of Zulu society (Krige, 1977). An implication for this study is that children may well speak of ‘family’ when referring to either the nuclear family or the extended family, or both.

Ngubane (1987) reports how children in Zulu contexts use the term ‘father’ for their own father, as well as for the father’s brothers. Similarly, the wives of these men also get to be termed ‘mothers’, and the children of these people are seen as one’s own brothers and sisters. As a result, children grow up within a large group of people who were family to them. These terms of kinship demonstrate how close kinship relationships are. ‘Baba wami’ (my father) is the term used in addressing all men of the same generation as the speaker’s own father, from married men in the same clan.

## **2.5 THE ROLE OF GRANDMOTHERS**

According to Bigombe (1996), grandmothers play an important role in constructing families, in educating younger family members and ensuring continuity across generations. In many cases, it is the grandmothers who provide family leadership, often taking on what is seen as the role usually bestowed on men as providers for the family. This typically occurs when parents

die or for some other reason cannot be the primary caregivers for the family, which has a devastating impact on the wellbeing of the children. If parents die while young or of middle age, the person who takes full-time care of the younger children is typically the grandmother, while the children may also have to take on some of the adult roles within the home.

According to Silverstein (2002), grandparents provide care in different ways to their grandchildren. Some take on the full responsibility in the absence of parents within the household (custodial grandmothers), while others help their own children by supporting both them and their children (co-parenting). Petros (2011) observes that the responsibility of care in South Africa falls primarily on older members of the family, typically the older women, in cases where care is needed by people with HIV&AIDS or by orphaned and vulnerable children in South Africa. Very often, grandmothers take on this burden when they themselves experience deprivation, lack of preparation and lack of support.

According to UNICEF (2007), in a Ugandan study it was found that there is a heavy burden of care of caring for orphaned children within households headed by women, which have the highest dependency ratios. Many of the women who take this responsibility are elderly, generally themselves grandmothers who take over the responsibility of care for orphaned and vulnerable children, often in cases where their own children die. Such women are compelled to work long hours; they may have to sell personal belongings and assets of the family to cover the costs of health care and funerals (UNICEF, 2007).

It is argued that there were few limits in the past to the degree to which members of an extended family would exercise duties and responsibilities to other members of the family, across Africa (Foster, 2004). According to Littreal et. al., (2012, p. 14 ), the stability of young families is put at risk when orphaned children need care, and the task of protecting the family then typically passes to older women. Where available, grandmothers use their old age pension to care for orphaned children. Schatz et al. (2020) explain that such older family member contributes to the education of the children by taking money that would go to other family needs and using it for school fees and books.

However, grandmothers can become overburdened, and it poses a serious difficulty. As they become frail, they are given the added burden of caring for grandchildren. The AIDS pandemic in particular has damaged families, with families taking different forms, such as families

headed by women, grandparents with grandchildren, families headed by adolescents, or collections of siblings, adults being cared for by their children and other community members, as people try to cope (Bigombe, 1996). The HIV&AIDS pandemic has put a real strain on grandmothers as they do not have time to grieve for their own children, as they assume the responsibility of caring for grandchildren. According to UNAIDS (2003), this compels grandparents to provide care even while they themselves are being impoverished, changing their own role in the family to that of mother. How these new relationships work out depends on the numbers in the family, their ages and the resources available to the family. Similarly, Foster (2000) reports that for those communities hardest hit by HIV&AIDS, the severity of impact is made worse by the reality such families are typically living in communities already subject to poverty, inadequate infrastructure and difficulties in gaining access to services.

A study conducted in Khayelitsha, Cape Town, by an organisation named Grandmothers Against Poverty and AIDS (GAPA), found that older women are taking on the immense task of addressing both HIV&AIDS and poverty. They care for children orphaned through AIDS while they themselves may need to care for their own adult children who are ill, while having little resources apart from the State pension (Miller, 2012). This is not normal - in a study conducted in Zimbabwe by Madavanhu (2008) he reiterates that raising grandchildren on a full-time basis is not expected of grandparents under normal conditions. However, grandmothers are said globally to keep the family intact and ensure stability. Minkler (2000) explains how the practice of children being raised by grandparents has a long history in the culture of African Americans.

Damien et al. (2019) reports a study conducted in the Vhembe District of South Africa, where grandmothers experienced emotional stress because they were unable to provide the basic needs for the grandchildren. The physical health of the grandmothers also suffered as they try to take on the role of mother instead of grandmother in their old age employment. They also had small homes and accommodation posed a great difficulty.

Grandmothers go out of their way to source income for grandchildren although they are frail and in need of care themselves. Bullock (2004) argues that there are, though, historical precedents to the ways in which grandparents have taken on central roles in providing care within family structures. In the present context in Africa, though, ailing grandmothers have no choice but to take care of grandchildren at the expense of their own health and wellbeing.

According to Watson (2014), at this point there is generally little assistance in place that helps grandparents deal with this transition.

The relationship between the grandmother and the grandchildren shapes a unique bond and Tang (2015) emphasises that, whatever hardships grandparents may face in these situations, the relationship between grandparents who are also the carers and the children who is brought up by them can be mutually rewarding. This outcome is more likely when families or social programmes provide a degree of support. Sibanda (2020) argues that, where grandparents are present in extended families, the children have been observed as benefitting from what is known as the ‘grandmother effect’. Michel (2019) also notes that children and grandchildren who are faced by life’s storms often share them with grandmothers. She gives them the assurance that the need. This gives them an indescribable assurance as they carry on with life despite the rain. Their love, devotion and determination make a difference in the life of children.

Thus, resilient grandmothers’ contribution to the lives of orphaned children is immeasurable. They experience emotional and psychological stress and yet they continue to meet their obligations.

## **2.6 STRONG FAMILY VALUES WITHIN THE AFRICAN CULTURE**

Swigart (2001) emphasis the significance of African families, which are the central founding units of society. Generally, people spend their lives in households that include not just the children and parents but other members of the extended family, such as aunt, uncles and their children, grandmother and grandfather, and so on. This provides an ongoing structure with economic, social and emotional benefits. It also provides a sense of identity and belonging, and ensure that certain values are upheld. Kanu (2010) states that the values that inform social life may be abstract in nature; they are adopted by both individuals and groups as worthy of being observed over time. They address the right way to act or not to act.

Ekeopara et al. (2010) explains that African hospitality, which he sees as a central element of African life, still remains as a core value and practice despite the pressures from outside and from inside societies. According to Kanu (2010), the requirement on an African man has been to take care of the widow of his deceased brother and the children, an expression of such hospitality. Such values underpin family cohesion and community integrity.

According to Brown (2011), kinship continues to inform social life in Namibia. It has greater significance than class and is central to informing decisions that are taken on how to rear and care for children. Such a system then takes care where fostering is needed. If this can be done through the extended family, the child's care and development continue uninterrupted and the family can further call on support from others in the community.

Kinship care is an admirable value in the African tradition as it encapsulates the values and in so doing benefits the child by way of stability (Shumba, 2014). This rests on the foundation of the extended family system and its social and economic support. According to Nyaumwe and Makabela (2007), even those beyond the extended family would take in orphaned children. This served to advance the commitment that such children were fully part of the broader community, which relied on mutual support and protection.

Nussbaum (2003) also reports that Ubuntu, an Nguni term, refers to the ability of African societies to express values around humanity and mutual respect, enabling social justice and caring. The term relates to the complex forms of interdependence and mutual responsibility. It addresses the common good and the sense of sharing in both the trials and benefits of communal life. "*Umuntu ngumuntu ngabantu* – a person is a person because of others." This values thus ensures a strong basis for recognising and enacting the humanity of all people (Nussbaum, 2003).

The importance of family in the life of orphans cannot be over emphasised. In African contexts, family life is represented through the contiguous but separate houses forming the family homestead. Adinlofu (2009) further notes that the system of extended family forms a cohesive structure that addresses the emotional, economic and social needs of those within it. The system ensures children's care and socialisation. Adinlofu (2009) adds that it defines "social and moral norms and safeguards both material and spiritual customs and traditions as well as providing a variety of role models preparing the way for adulthood". Further, the senior role of the older members provides some degree of social control over the young in particular.

One role of the extended family network has been that of providing effective social security to orphans and other vulnerable children in traditional agricultural societies (Mushunje & Mafico, 2017). Within African societies, this responsibility falls on others beyond the actual parents within the extended family, a commitment expressed through the proverb that says that "a single hand cannot nurse a child", meaning that a mother is not solely responsible (Mushunje

& Mafico, 2017). Further, Beard (2005) states that Community Based Orphan Care (CBOC) imposes the lowest costs even if it is not always visible, in the context of the HIV&AIDS pandemic.

## 2.7 WHY THE KINSHIPCARE SYSTEM IS FAILING

Modernization through industrialization, which has included a westernized educational system, has affected Africa societies and introducing new lifestyles (Ayoyo, 1997). According to Mhlanga (2018), there are implications for the care of orphaned and vulnerable children. Health problems have brought further changes within African states, as they have limited the capability and sustainability of the extended family network in the performance of its proper functions as an informal social security provider. Madhavan (2004) reports that the death of both parents pushes responsibility onto the few remaining adults, such as grandparents.

Mutiso (2018) states that the way the system of the extended family operates has changed, threatening its capacity to provide protection to orphaned and vulnerable children. One factor is that poverty has reduced the resources available. Further, according to Hearle and Ruwanpura (2009), in South Africa the Foster Care Grant (FCG) has led to conflicts between different sides of the family, who both seek to gain the financial benefits given for the care of orphans. A combination of poverty and the individualism that becomes possible as a result of the grant system can undermine support and togetherness.

Even though the elderly is generally treated with respect in the society, orphaned children can themselves exploit their situation because of the FCG, claiming great power because of their capacity to bring in the money. Some carers spoke of their fear of grandchildren or other young children receiving the grant: “The orphans are very rude. You can’t stay with them. I am too scared to tell them what they are supposed to do. They are just taking drugs, alcohol, and it is too hard for us to look after them”. One caregiver gave a more troubling account: “After the police left, they started hitting me. I was too scared, so the police returned, took them and arrested them” (Hearle & Ruwanpura, 2009).

HIV&AIDS, when linked to the prevailing poverty, can undermine the system of kinship care (Foster, 2000). If parents die at a time when children are young, they children are suddenly forced to rely on themselves, possibly move to a place with poorer resources, causing great anxiety. The new family may not be able to cope with the new demands, especially around education. This may leave the child feeling angry and resentful, or possible blaming itself for being a burden on the family (Pillay, 2016). According to Foster (1997), the arrival of such children can take its toll on relatives, who may then not be willing to take on this responsibility. This illustrates the weaking of practices of care within the extended family and can lead to the

phenomenon of child-headed households. Other contributing factors are the lack of, or distance from, relatives, who may also be ill or too poor to take on the responsibility.

Nduna (2012) also reports how children are exploited and are treated differently in the allocation of household tasks. Some in the relevant study were exploited and made into domestic workers, sometimes getting school fees only when they have done their chores. Some caregivers use strict corporal punishment and children sometimes reported how they had been deprived of resources available to their non-biological siblings. A further difficulty is that even the better-off families find their resources depleted by the demands of caring for orphaned children. With time, they become less able to contribute resources (Foster, 1997).

The kinship care system is fast becoming a system that is overburdened because of many people dying of the HIV&AIDS pandemic and the sustainability of the kinship care system is almost impossible. According to Mushunje (2014), as the numbers of orphans increase, families that are experiencing their own financial difficulties are struggling to cope. One of the roles of the extended family network has been that of providing effective social security to orphans and other vulnerable children in traditional agricultural societies. According to Tanga (2013), in a study conducted in Lesotho, orphaned children complained of the poor conditions in their new households. Tanga (2013) reveals that the dwellings were not repaired and often leaked; there was also severe over-crowding.

Food shortages also contributed further to the problems and affected the access to education. Often all people in the household were already short of food, leading to hunger and poor nutrition (Tanga, 2013). Poverty is also a reason for the kinship care system failure as families struggle to sustain the household (Tanga, 2013). A further problem the orphans experience is the psychological impact of the loss of parents (Doku, 2009).

One specific factor that can contribute to the declining kinship care system is poverty. According to Dziro (2018), the traditional family system has been severely affected by urbanisation, poverty and HIV & AIDS, to the extent that it has been left threadbare. This has therefore exposed orphans and other vulnerable children to poverty and depravity, thereby leaving them more vulnerable. It is apt therefore to conclude that a kinship based foster care can only be sustainable if resources for the wellbeing of children are availed.

This system of support provided by the extended family has prevailed across sub-Saharan Africa, enabling children whose parents die to be taken in by relatives. Yet such family

networks are under extreme pressure by the scale of the multitude of orphans and these systems are tending to break down (Ardington, 2010). Nziyane (2011) notes that families that are already in deep poverty have to take on the extreme burden of taking in additional children. Further, according to Nziyane (2011), in a study conducted in Bushbuckridge in Mpumalanga, those who could potentially take care were held back by their inability to make food and clothing available. Unemployment and accommodation needs were cited as a further difficulty.

Meli (2015) records the strain placed on social systems by the need to cater for the great number of orphaned children, which puts great pressure on other members of the extended family. The burden is felt largely by grandparents. The system relies on the resilience of communities and their ability to keep absorbing children in difficulty, but this capacity has become limited (Meli, 2015). According to Chirwa (2002), the problems of unemployment and insufficient spending by the State on services such as education contribute to the inability extended families to meet the financial and education needs of orphans. Family members that live in very often one-bedroom homes with their own families have difficulty in trying to accommodate yet another child.

There is a need to provide support to the new caregivers, support that is generally unavailable. Grandparents, for example, may need cash stipends or material assistance to adequately feed and clothe a grandchild (Faith Action Initiative, 2015). Large families of their own experience a serious problem as accommodation is limited. They themselves experience difficulties. According to Prazak (2012), orphans from sibling groups that are split up and placed with various relatives are the most difficult to track, since they often move out of the communities surveyed. They are generally in unstable family environments; one factor is the tension that both the incoming children and those that provide care report after arrival into the family. The orphans often feel that they are not treated as well as their cousins, and that the expectations their care providers have of the contribution the orphans are to make to the work of the home makes them into labourers, rather than kin.

However, Ayoyo (1997) indicates that it would be an oversimplification of reality if we assume that the decline of the system of kinship care takes place uniformly across Africa. The changes are related to the degree of industrialisation and urbanisation within the relevant countries.

## **2.8 WHY CHILDREN ARE PLACED IN INSTITUTIONS**

According to Tolfree (1994), there are various factors leading to the separation of children from their biological families. These include being abandoned or orphaned, armed conflict, extreme poverty, destructive behaviour by the child, abuse or neglect by a parent sufficient to justify removal of the child. Where parents are addicted to alcohol or drugs, children may experience abuse and neglect. UNICEF (2014) also reports that such factors lead to children being placed in residential care. The precipitating factors may be when the children are abandoned or has run away to live on the street.

Finding alternative care for abused and neglected children is the best option. According to UNICEF (2014), an ideal option may be within a small group home, in formal residential care. Children in this model will get care that is provided generally by carers who live in the house for extended periods, a system that is far better than situations where carers come and go or rotate, as in some institutional care. This home-like environment requires permanency planning, an approach that may enable the child to re-join its parents or to find other family care within a reasonable period of time.

An additional factor leading to placement in care is when children themselves witness domestic violence. According to UNICEF (2015), children may also be separated from their families for their own protection, such as in cases of domestic violence. Indeed, most separated children have already had to bear the burden of traumatic experience, leading to even greater insecurity at the time of separation. Having parents present can mitigate adversity and promote resilience (Ellison, 2020).

## **2.9 WHY EDUCATION MATTERS**

Brown (2005) points out why we understand education as a basic human right. It has the potential that is available to a government for advancing the welfare of its citizens. It serves to develop people, enabling the learning of skills for the workplace and life more broadly, such as confidence and effective communication. Thus, according to Pendlebury (2009), compulsory education is seen as a state requirement, ensuring that all schools can be accessed and can be afforded by children of compulsory school age. Further, Jukes et al. (2008) regard education as a way of assisting young people to prevent the spread of HIV&AIDS.

Education has the potential to bring major benefits to orphaned and vulnerable children through developing skills and understanding. Effective schooling enables a child to integrate socially

and maintain emotional wellbeing, providing a necessary space of safety and structure (UNICEF, 2002). Idris (2011) argues that education contributes significantly to a person's future, being understood as ensuring a basis for future economic and social prosperity and harmony in the society. Education is also capable of giving vulnerable children power, giving voice and revealing to themselves what they are capable of, opening up the world to them. This provides opportunity for upward mobility and success, including access to work that brings satisfaction. Idris (2011) further argues that education serves to prepare people for both the workplace and for social integration, including values and morality and the secure functioning of the society.

According to Kangawa and Nakata (2016), education plays a significant role in reducing poverty, and inequality of educational opportunity relates to inequality of income. Kelly (2002) also maintains that schooling can be a positive force in the context of HIV & AIDS. Extending educational access can reduce poverty, but it also enables process of "lifelong learning and human development". Ardington (2010) also points out that failure in childhood education has negative consequences in adult life. Bhardwaj (2016) affirms education as a way to achieve understanding, wellbeing and success in life. It also gives access to positive social relationships and a positive sense of self. Education is also critically important to children's social integration and psychosocial well-being. For vulnerable children the stability and sense of purpose gained from attending school helps them to feel a sense of things working right, and an opportunity to end the sense of disruption. Education also contributes to greater productivity in employment and enhances health (USAID, 2008).

According to Al-Shuaibi (2014), education opens up the possibilities in life and illuminates our thoughts and reflection. There is both personal and social satisfaction from achievements in education. It is also an important indicator of the well-being of children. It enhances positivity and sense of belonging. Tripathi (2014) states that education is necessary for a sense of citizenship that spans the world and that encourages working for the wellbeing of all. Such a person always works for the benefits of humanity. Education, in the views of Tripathi (2014), should produce citizens of integrity, wisdom and tolerance. It also contributes to economic development and this understanding underpins the emphasis that developing countries place on schooling.

Education makes children believe in themselves and it increases a sense of well-being. According to Tripathi (2014), education contributes also ultimately to producing adults who

have developed useful habits and a positive sense of social involvement. Education opens new job opportunities for children. According to BenDavid-Hadar (2015), years in schooling correlates positively with future income. One reason for this is that, as the economy has changed to be based more on knowledge, lesser-educated workers are less in demand.

## **2.10 SOCIAL, PSYCHOLOGICAL AND EDUCATIONAL CONSEQUENCES OF ORPHANHOOD**

Schools matter hugely to orphaned children, providing them with consistency, staff who care for them and reassuring routines, apart from knowledge and skills through education, schools provide orphans with a consistent environment, routine, and access to caring adults (Cho et al., 2018). Orgina (2019) explains, however, that orphaned children are erratic in attending education because of such obstacles as the lack of food and clothing, as well as inadequate family or social support. Teachers surveyed identified the lack of financial resources and school clothing as contributing factors to poor attendance. Mohlakwana (2013) identifies the environment of the school as a contributory factor to poor attendance in these cases. Orphans fear getting into trouble for getting to school late, or for poor performance in tests or for failure to complete homework as a result of household chores. Managing the dual requirements of home and school may lead them to playing truant.

When there is parental illness or death, the right of children to educational opportunities that are central to improving one's prospects in life are jeopardised. Orphaned children are often compelled to help out with care giving and other chores within the home (UNAIDS, 2002). Hepburn (2002) observes how children who cannot pay school fees and related costs of schooling are likely to drop out. There may also be psychological distress as a result of parental illness or death, as well as stigmatisation relating to HIV, that contributes to the child leaving school. An additional factor is that orphaned children spend time trying to get money to keep themselves and their siblings going.

According to Pillay (2018), OVC are in jeopardy of leaving school early. This has significant negative consequences for the economy of developing countries in Africa. Attending to their progress in the early years is highly important as evidence is that the ways in which children develop into adults is shaped by the care and education in their early years. This is foundational to their later success in education and for effectiveness in their future careers. However, as USAID (2008) reports, schools are often the site of stigmatisation and discrimination in relation

to HIV, driven by lack of good information and misunderstanding. When teachers and other learners are not thoughtful about the orphaned child, this can make the child feel unwelcome and out of place. Intervention is needed to ensure that the child does not withdraw from school.

Case (2004) furthermore identifies factors causing lower enrolment with orphans. They are more likely than their nonorphan peers to be in poor households. Constrained by the additional burden, their household is likely to have lesser financial resources.

According to Nambi (1997), a child experiences major changes as a result of the death of parents, including the possible end of educational opportunities as financial constraints may end the payment of school fees. Some children may move in with other relatives, but others may stay in what is now a child-headed family. The implications are both physical and psychological, introducing major stresses and limitations. UNICEF (2006) similarly notes that the start of a serious illness such as HIV & AIDS often entails the start to the disruption of the child's education. Disease imposed a major financial stress and there may be too little money for the child's school attendance. Caregivers may also have little commitment to the child's welfare and direct them to undertake work in the household or ways of generating an income, rather than to go to school. Since many people are already unable to cope well financially or psychologically in these contexts, the difficulty of the introduction of additional children may cause further disruption in the life of the child, sometimes even including early death (UNESCO, 2003).

In societies stricken by HIV&AIDS, OVC typically lose out on schooling in different ways (Gunderson, 2004). The factors responsible vary. They may need to become carers to their own parents and undertake housework, this missing school. The financial impact impairs their ability to pay school fees and to afford uniforms and books. Some leave school so they can find ways of generating an income to keep the family going. An additional factor is the disruption to their school performance from their emotional trauma. Depression frequently becomes a factor, leading to withdrawal from school activities. These have negative effects on their progress in school.

Rural children experience particular hardship in these conditions, suffering a loss of care and of the resources needed for effective schooling (Oleke, 2007). In a study conducted in Uganda (Raymond & Zolnikov, 2018), orphans do not attend school regularly, even though the OVC and their families have a high regard for education and what participation can achieve in later

life. These children also performed poorly at school. Similarly, in Zimbabwe, where mothers have died, the orphaned children underperform in schooling because of the lack of adequate support from their fathers and from the caregivers now in place.

The impact of HIV&AIDS is of course not only indirect. Infected children's nutrition and their general health may be threatened, leading to poor performance in school, with compromised attendance. However, the factor most likely to lead to dropout from school have been the financial impact, affected the payments for fees, stationery and school uniforms (Raymond & Zolnikov, 2018), while Desmond (2002) similarly identifies the barriers that infection with HIV can place to education.

While, according to Abushula et al. (2014), Ethiopian primary schooling is free, OVC also lack the basic support needed to enable them to go to school. This is the typical pattern in those countries hard-hit, with OVC more likely to miss school, especially where both parents have died (Andrews, 2006). The long-term impact of this on their life chances is clearly negative. The financial pressure arising from loss of resources or the need to generate extra income is a key factor. Sherr (2014) also states that the combination of disease, the related mental health problems and the lack of resources all prevent families from meeting the child's needs regarding school attendance and full participation.

According to Howard et al. (2006b), while OVCs mainly receive care within the extended family, there are major short-term costs in responding to the emergency created in having to respond to loss of parents. These costs may exceed what is possible for the children, the new caregivers and the community to manage, as HIV & AIDS have harmed local economies. Foster (2002) also points out how the lack of material possessions contributes to OVC's low self-esteem. Those whose parents are suffering AIDS may have to watch their parents' deterioration and then death, sometimes with both parents dying in rapid succession. The trauma, stigmatisation and possible depression are compounded by poverty (Cluver, 2007). According to Schenk (2010), in a Rwandan study of children and adolescents who headed households, respondents reported emotional problems typical of clinical depression. They felt that the death of their parents had impaired the confidence they placed in themselves and others, the value they gave to their own lives and their spiritual beliefs. They often felt hopeless and there were cases where they had attempted to kill themselves.

Peterson et al. (2010) report that the loss of biological parents was emotionally painful. The manner of their deaths itself influenced their emotional responses, but there was also deep grief

over losing people who provided them with love and anxieties regarding who would take care of them. Similarly, Maqoko and Dreyer (2007) state that such children are deeply affected when parents fall ill, the impact worse in cases of HIV&AIDS. Stigmatisation and the discrimination against those affected by the disease make the situation more hurtful.

Whether resulting from AIDS or not, Nyamukapa (2008) reports that children may experience a number of shocks and changes before or immediately after the death of the parent. These include trauma and major adjustments in place of residence, childcare arrangements, and available financial resources. These changes may be so devastating and demanding that they cause psychosocial distress including depression, anxiety, and low self-esteem.

Moreover, according to Thurman (2016), parental death impacts profoundly and for many years on the wellbeing of the affected children. Those in their teenage years are highly vulnerable psychologically because of their emotional state and the strains of development. If they have been orphaned through HIV&AIDS, this makes psychological impairment more likely. At this time of bereavement, children who do not experience support and adequate care in making the adjustment to the strange environment are likely to develop short or long-term depression. It is possible that they witnessed the illness and death of one or more parents, their grief and fear being intensified by the uncertainty of who will take care of them after the death (Gow, 2002).

The gradual decline in Africa of traditional collective values affects such children, who are likely to be perceived as a financial burden, causing isolation and loss of resources, including uniforms for school and stationery. The dislocation of orphaned children from the rest of the extended family impels some of them to take the role of caring for themselves and their brothers and sisters, both in emotional and physical terms (Motsa, 2016).

It has become increasingly necessary for such children in Africa to receive external support for their development and psychosocial support. The experience of poverty, of inadequate nutrition, of stigmatisation, neglect and sometimes abuse, in the absence of a loving and supportive family, and without the kind of education that would equip them with understanding and skills, vulnerable children suffer further trauma beyond the death of parents. Such trauma is often compounded by the discrimination against those affected by HIV&AIDS, leading to further stress and isolation (Shetty & Powell, 2003). Nambi (1997) reports on the general failure to provide sufficient emotional support to vulnerable and orphaned children. Richter (2004) points out the consequences of emotional deprivation. The lack of caring and loving

adults may lead to deep emotional scarring, such as a lack of empathy and a recourse to hostile or destructive behaviour.

When parents die as a result of illness, there are immediate psychological impacts on other members of the family, such as fear that they will be infected and grief at what is expected to happen. The experience of watching your parent die is deeply traumatic, especially if you have no opportunity to communicate about that experience. This trauma impairs the child's functioning within the family and the school (Ebersohn, 2002).

Alem (2020) explains how children in these situations suffer in multiple ways. They are likely to experience deep loneliness, feel the pain of loss of parents, worry about separation from siblings and are often likely to be exposed to neglect, abuse, hunger and illness. These factors make psychological problems more likely, such as anxiety and trauma. Orphaned children are prone to a range of emotional problems and distressing situation that may have long-term impacts on their future development (Alem, 2020). Such emotions as grief can impair their scholastic performance, interfering with the ability to concentrate. Schooling may feel like a low priority and the resulting poor performance can bring further anxiety. Those who were previously weak in their studies may deteriorate further (Schonfield, 2015).

Ibrahim (2010) points out how the loss of parent's troubles children in ways that may reveal themselves years later. The sadness may manifest itself as long-lasting depression that impairs health and development. It is the loss not only of the presence of parents, but also the loss of the positive experiences they had previously enjoyed, such as protection and love. Often, these children lack access to someone with whom they can discuss their feelings, and this intensifies the sense of hopelessness (Ibrahim, 2020). Such children often withdraw from social situations and learn fewer social skills. They may lack the ability to focus on schoolwork and fall further behind. Their unhappy emotions may impair their capacity to relate to carers, teachers and other children, who may not understand what lies behind their depression (Shiferaw, 2018).

In a study by Cluver (2007), children who were orphaned sometimes suffered from depression and anxiety. The extended family bought clothes for their own children. Children were always reminded that this home does not belong to them, leaving them feeling lonely and sad. Children were locked in the flats whilst parents go out. Children were not provided with washing powder to wash their clothes. They were not provided with basic toiletries (Cluver, 2007). A study in Tanzania revealed that orphaned children told of persistent stigmatisation. The greater the awareness was of the stigmatisation, the stronger the relationship between harsh experiences

and the degree of depression. Such orphaned children may have taken in the negative perceptions that others have of them and ascribe the harsh treatment to the own perceived inferiority. This makes continuing negative emotions much more likely (Hermenau et al., 2015, p. 3 ).

Living through cycles of poverty, malnutrition, stigma, exploitation, and often sexual abuse, without the love and support of a family, without education to understand and rise above their circumstances, orphans in Africa suffer recurrent psychological trauma - the primary one being the illness and deaths of their parents (Shetty & Powell, 2003).

In a study conducted in Swaziland (Motsa, 2016), the circumstances that led to the vulnerability of the children left trauma, suffering and anger, which were exacerbated by the humiliating ways in which relatives then treated the children. The fact that close relatives rejected them to a greater or lesser degree had a negative impact on the children's emotions, psychology and social relationships.

## **2.11 CHAPTER SUMMARY**

The literature reviewed sets out how, in various settings internationally, orphaned and vulnerable children very often face discrimination and stigmatisation. The role of family and kinship has historically been the first and most effective means of addressing this problem. However, social and economic changes have broken down many of these effective support systems, leading societies to set up institutional care.

The evidence is still that the optimal response by society is the placing of orphaned and vulnerable children within the extended family. Within African societies, this was historically the only form of support and generally highly effective. However, across all societies, such children may also be exposed to exploitation, neglect and abuse. The placement may also be with a family that is itself highly vulnerable in terms of disease and poverty.

Within education, such children are often stigmatised, one reason being that children face poverty and are often not in full school uniform.

The study now presents, in the next chapter, the conceptual framework that is employed in addressing the research questions.

# **CHAPTER THREE**

## **CONCEPTUAL FRAMEWORK AND BRONFENBRENNER'S ECOLOGICAL SYSTEMS THEORY**

### **3.1 INTRODUCTION**

As portrayed by Harasim (2017, p. 4), “a theory is an explanation for why something occurs or how it occurs”. In writing of learning theory, she states that it aims “to help us to understand both how knowledge is created and how people learn”. Similarly, Lefrançois (2019, p. 25) describes a learning theory as theory that aims to “systematise and organise what is known about human learning”. In this approach, the role of such a theory is the explanation, the prediction and even the shaping of how people who learn behave.

According to Reeves (2008, p. 631), the task of a theory is to present an encompassing way of approaching complex issues, such as the ways in which society operates, how an organisation functions, why it is that people behave one way or the other in their interactions. For the researcher, a theory provides different ways of seeing these complex issues, organising different elements of the data and setting out a framework for conducting analysis (Reeves et al. 2008). This study focused on the impact of the Zulu kinship system in the development, schooling and education of orphaned and vulnerable children whose lives have been deeply disrupted, and it examines in particular the impact of these disruptions on their learning.

This chapter therefore discusses the theoretical and conceptual framework of this study. I chose Bronfenbrenner's ecological systems theory to guide my study. However, before I discuss this theory in the following subsection, I discuss these concepts: home, kinship system and vulnerability, all relevant to my study.

### **3.2 CONCEPTS**

#### **3.2.1 Home for a child**

According to Natalier (2018, p.1), what we mean by the concept of ‘home’ goes beyond the physical building. It encompasses such feelings and senses as comfort, knowing that this is your space, feeling connected with family members, a place where you feel you belong because of the familiar ways in which things are done. Having that connection to a specific place you call ‘home’ is significant for your identity, for healthy psychological functioning and for

knowing that one can rely on some people and some things as a constant element. Fairholm (2009) argues that we, as adults, need to create environments in which children are safe, where they spend their time. To do this, we need to recognise what it is that makes some spaces unsafe for children and to make whatever changes are then needed. This requires that we review our own values and focus specifically on what is best for the children concerned. This study focuses on three different home environments for children: a family unit, institutionalised care and community care.

### **3.2.2 Family unit**

According to Sharma (2013), the task of a family system is that it functions in ways that enable growth, ensure socialisation and help in developing a sense of personal identity. It also needs to be consistent with the ways in which society handles its cultural expressions and its values and norms. Thus, the family system provides a way for children to move fully into social and adult life.

This is thus the prime space for where the expectations of life, its duties and responsibilities, as well as its satisfactions, are formed. It provides critical learning experiences that should guide towards sustainable happiness, involvement in responsibilities and functioning according to social norms. should function salubriously for the child to evolve into a healthy individual (Sharma 2013).

### **3.2.3 Institutionalised care**

According to Gabatz (2019), institutionalised care applies to situations where some organisation other than the family takes over the role of providing care for children and adolescents. This entails that the children's relations with other family members are disrupted. Gabatz (2019) further states that children in this situation have to adapt to a different world, in which new caregivers are expected to understand the individual needs and characteristics of each in their care. Gabatz (2019) goes on to say that the institution responsible is required to care for and ensure education of the child; it must provide the necessary resources and should enable the development of the child's emotions, thinking and social functioning. If it provides a degree of care and shelter, being put into an institution is likely to cause anxiety from the disruption to life and removal from the people the child grew up with. Those who work in the institution must take responsibility for addressing the young people's physical needs and affective needs.

Institutionalised care is relevant to my study as some participants live within an institution. The participants that live within this institution have led a very traumatic life and have come to this place where they are well cared for. Despite this safe environment, children still long to be united with their respective families as the findings, which I discuss in chapter five, show.

### **3.2.4 Community based care**

Tolfree (2003) defines “community-based care” as “a range of approaches that are designed to enable children either to remain with their own (or extended families) to prevent the need for separation, or to be placed with an alternative family, if possible, within his/her community.” It aims to keep such children, where it is possible, within their existing communities, and, again where possible, to be cared for with adults with whom they form an ongoing relationship. Such care can both address their needs for development and help them to develop the necessary learning that will enable them to live independently in the community. This enables them to remain in contact with support structures in the area and preserves their sense of belonging (Tolfree, 1995). In the case of this study, we should similarly assess the degree of protection offered by extended families in the local community and the quality of love and care.

### **3.2.5 Kinship care**

According to Geen (2002), kinship care is “any living arrangement in which children do not live with either of their parents and are instead cared for by a relative or someone with whom they have had a prior relationship.” Bretto (2010) refers more narrowly to the statutory form of kinship care, where formal agencies such as courts place vulnerable children with relatives, friends or community members. Broad (2007) describes kinship care as a form of care that is based on family relationships, either within the extended family or with associates of the family whom children would know well. It could take a formal or an informal approach and could rely on relatives, godparents, adults with some kinship connection or even members of tribes. The informal approach relies on some family agreement in response to a request by the parents, the child or another member. This does not include any official order or decision. This is by far the most frequent form that kinship care takes. According to Broad (2007), the US Department of Health and Human Services states that this applies to more than 90% of the roughly 2.1m children who are brought up by their grandparents. The formal approach relies on orders or authorisations made by a relevant administrative body or court authority. Typically, this entails assessing whether the family is suitable for providing care and ensuring that there is a degree of monitoring and supporting of the care. This approach is more likely than the informal

approach to involve a foster parent. However, Geen (2002) points out that the distinction can be misleading, as the term 'informal' may suggest a temporary arrangement. In reality, there are legal and binding arrangements such as adoption or guardianship, or the use of a power of attorney.

The participants of my study from the three secondary schools are all living with extended families as they have been orphaned. The kinship care system has benefitted many young children who have a home to go to as opposed to living in an institution with people they have no bond with. The kinship care system allows for the child's identity to be maintained and to enjoy the comfort and support of family they are familiar with.

A major advantage of placing a child in the extended family is that it is likely to be accepted within the cultural setting and will thus attract support from other community members, making it more likely that it can continue for the duration of the child's development. In the majority of such placements, the children who are placed within the extended family do enjoy stability, affection and emotional care.

### **3.2.6 Vulnerability**

Arora et al. (2015 p. 193) define the term "vulnerability" as "the state or condition of being weak or poorly defended." When this term is applied to children, it suggests that they are more exposed to risks than the other children around them. Vulnerability can apply to deprivation of food, of education or of care. It can apply to in cases where the child is exploited, abused, neglected, or subject to violence or even infection with grave disease. A child that is vulnerable may be resilient on one hand or totally helpless on the other. Marianti and Butterfill (2006, p. 9) define vulnerability as "the outcome of complex interactions of discrete risks; namely of being exposed to a threat, of a threat materialising, and of lacking the defences or resources to deal with a threat."

When parents die children become soft targets as they are exposed to the outside world without any kind of initial support. The traditional kinship care system is diminishing as poverty becomes a reality and families are unable to absorb additional children in the families. This makes the children vulnerable as they sometimes look to other adults outside their family for love and care.

Skinner (2006) defines vulnerability as a state of being without full access to what are regarded as the most basic needs and rights. Even when children have two parents in place, there are

other ways in which the children are vulnerable. This thus applies where there is a lack of ensuring that all needs and rights can be fulfilled or where the environment in which the child lives includes significant and threatening problems.

According to Faith to Action Initiative (2015), the term is applied to a child in situations where, as a result of to whom, where and when the child is born or as a result of the environment around it, that child is likely to be abused or deprived of its needs, care and adequate, in particular more so than its peers. Typical examples of those with poor access to schooling, health services and other social protection, those living with parents or caregivers that have a chronic illness, those that live outside the scope of family care (which could include being with extended family, on the street or in an institution) and those infected with diseases such as HIV (Hephzibah, 2017).

### **3.3 BRONFENBRENNER'S ECOLOGICAL SYSTEMS THEORY**

A theoretical framework should guide the full scope of a research study. This includes how the research problem is defined, how literature is surveyed, the understanding of use of methodology, how findings are presented and discussed and how conclusions are drawn. Eisenhart (1991) argues that such a framework provides a vantage point from which the researcher can critique other theories that could provide a different perspective; this enriches the study. Goes (2011) and Maxwell (2004) state that the use of a theoretical framework provides greater clarity to a research study. For this reason, a requirement of funded research is that the theoretical framework on which the study rests should be clearly set out. This enables potential funders to assess whether the study is worthy of support. For academic scholars and general readers, a well presented and argued framework provides evidence that the research is not an expression of the individual responses of the researcher but is based on theory that is well recognised and thoughtfully selected (Akintoye, 2015).

From the perspective of Bronfenbrenner's ecological systems theory (2001), the damage done to family life as a result of economic forces has done the greatest destruction to the development of children. These forces have deprived children of the necessary ongoing interactions with the significant adults that should be around them, interactions that enable development. In terms of this theory, when there is disruption to the relationship immediately around the child, that child will lack the tools needed to explore those parts of the environment beyond the family

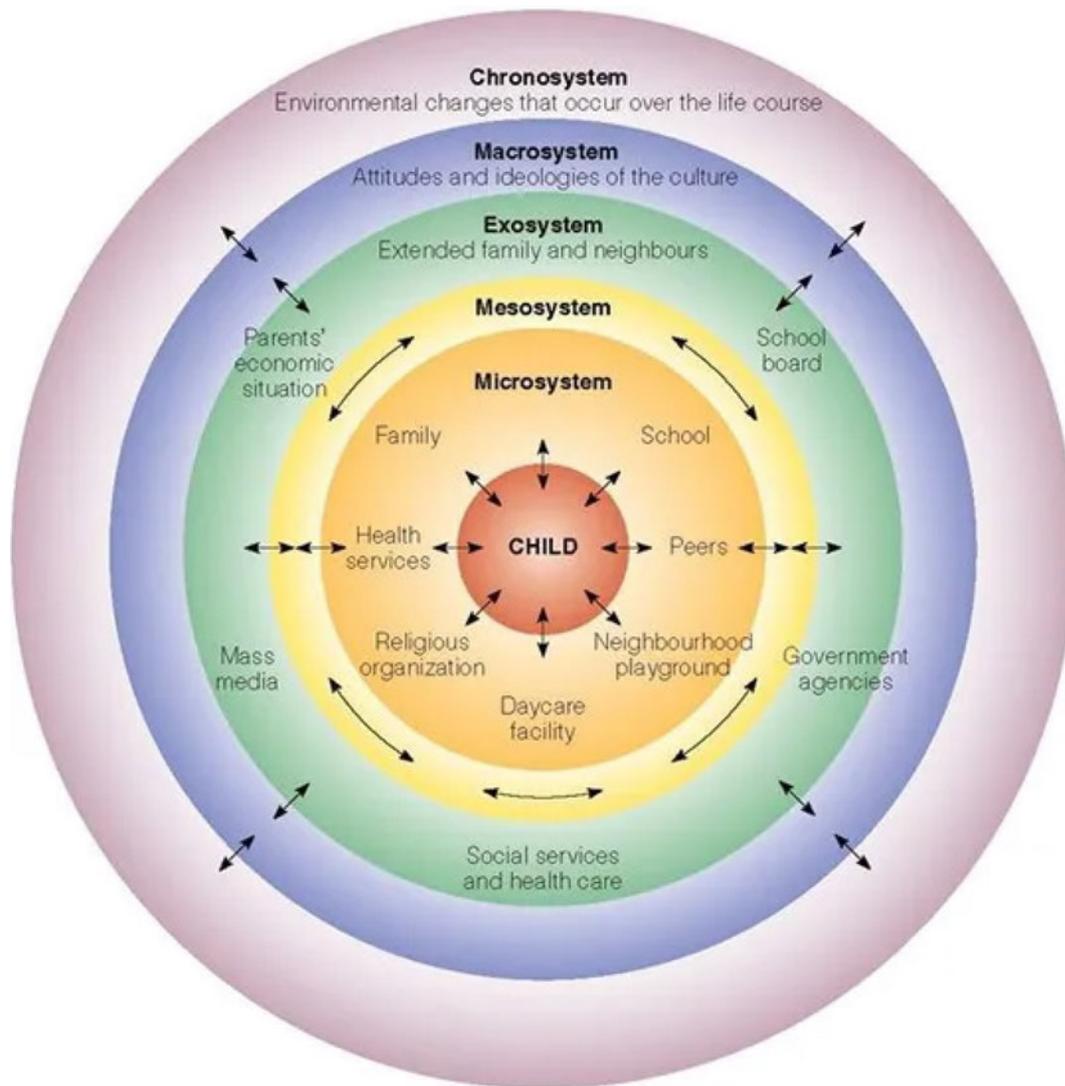
setting. When children and adolescents seek the affirmations that they need to find in relationships with parents or other significant adults but do not find them, they seek them in places that cannot provide them – for example, they may visit pubs and drug dens and consume alcohol and they may try drugs or alcohol to get rid of fear and anxiety. These lacks manifest themselves, in adolescent life particularly, as behaviour that is anti-social, as a lack of self-discipline and a failure to be able to direct oneself.

Bronfenbrenner (2001) maintains that the family unit plays an integral part in the development of children. This includes language, nutrition, security, health and beliefs. Children whose relationships are fostered within a safe school environment experience this as a positive impact on their well-being. One may however, encounter children who through their emotional difficulties in the home environment and in the absence of parent's experience difficulties at school. This moves into the area of sociology, when Bronfenbrenner (1995) describes how factors in the environment impact on the social well-being of a young child. The different systems that exist ensure that, in a society where these are well-ordered, there are beneficial interactions within the system that creates a stable, confident individual.

The family is a social entity on its own, mother, father, brother, sisters, uncles, and aunts. This chain of relationships prevents a child from developing in isolation. For any person to become a part of society he must be exposed to the outside world, to family, to education and to religion.

Bronfenbrenner's theory addresses both the quality and the context of the child's environment. As the child grows, the interactions with elements of the environment become more complex, in accordance with the growth and gradual maturing of the child's physical and cognitive structures. It is, though, not enough that there is a natural development of a child – the key issue is whether the world surrounding that child helps or hinders its ongoing development (Bronfenbrenner, 1995). The responsiveness of both family and culture are relevant here. The significance of this theory is that it draws together culture, development and meaning in ways that give useful perspectives to those working in kinship care and those studying it. (Bronfenbrenner, 1995). The ecological system theory sets out four elements within the overall system that the child exists within, each of which impacts on the child's growth and development (Bronfenbrenner, 1979), which I discuss below.

**Figure 3.1 Bronfenbrenner's Theory**



### 3.3.1 Microsystem

For Bronfenbrenner (1995, p. 227), the **microsystem** is a child's immediate surroundings. Bronfenbrenner (1979, p. 22) states that the microsystem is “the most proximal setting, with particular physical characteristics, in which a person is situated, such as the home, childcare, playground, and place of work, and in which the developing person can interact in a face-to-face way with others. The setting is one in which activities and interpersonal roles and relations engaged in overtime are the constitutive elements.”

According to Bronfenbrenner (1979, p. 22) the microsystem are the different elements that impact directly to develop the child, such as the family and the child's peers. A direct element is the child's own biology and its ongoing development. More indirectly, there are cultural

influences. These different factors in the environmental interact with each other and help shape how the child develops. The greater the extent to which these factors encourage and nurture the child, the more effective will be the growth of the child. An additional element is how the child itself acts towards these elements or responds to them. Children have their own personalities shaped by genetics and biology that affect how other people respond to them. According to Bronfenbrenner (1995), s/he interacts on a personal level. S/he learns to speak and is given individual attention as parents seek to develop his skills like reading. This experience is termed proximal (Bronfenbrenner, 1995).

In the case of the children that are living with extended families, this layer is present although the children still long for their own family interaction. In some instances, the children are mistreated and clearly being raised in an unstable environment. In cases when the grandmothers become the substitute parents, the children potentially do not enjoy personal interactions like reading and perhaps taking care of their personal development, as the grandmothers are often too old or sick to care for the children. Grandmothers are forced to take on this pivotal role of being mothers to their grandchildren.

In the case of children that are placed in institutions who are missing the interaction with immediate family, it is the duty of the system that placed the child to ensure that the children experience greater stability and optimal development outcomes. The social services should also ensure that the substitute family that are presently caring for the orphaned children provide the safety and stability they need. These children are though likely to miss out on personal attention from their biological parents, who would have taken extra care to ensure that they always interact. In the absence of parents who would have taken an active interest in the case of orphaned and vulnerable children, this layer is very often absent. Then one sees the difficulties innocent children must suffer.

The key element in the microsystem is the family. Amatea (2009, p. 2) defines a family system as “any perceived whole whose elements hang together because they continually affect each other over time and operate toward some common purpose”. Implicit in this is that the members of the family collaborate in pursuing their goals, and that the family helps to inform the child’s development through its interactions with other members. Bronfenbrenner (1979) stresses the powerful role of the family in enabling children’s well-being and their scholastic progress; in the case of orphans and vulnerable children, the issue arises as to who takes on that role. The implication is that sustained positive interaction with the same adults is needed.

According to Bronfenbrenner (1995), the first human development occurs through the ways in which the developing “biopsychological” human interact in reciprocity with individuals, objects, and symbols around them, for an extended period of time. For this process to be effective they must occur regularly over extended periods of time. Proximal processes between parents and children, and within peer, school, learning and recreational activities must be present. It is then that full psychological functioning is realised.

In the microsystem, according to Bronfenbrenner (1995), the way that individuals relate impact both ways – that is, towards and away from the child. As much as the parents may have an effect on the child’s beliefs and behaviour, the reverse is also true, what Bronfenbrenner refers to as “bi-directional influences”. Such influences are present among the different environmental levels, even though they are strongest at the microsystem level. A central element in the theory is the ways in which structures at each level interact with each other and also interact with structures at other levels. Although the microsystem (Bronfenbrenner, 1995) is the smallest of the levels, it is made up of the immediate elements, such as care in school or home, and involvement with the peer group and with the community.

The family is perhaps the most timeless, central, and enduring of all social institutions (Lubba, 2008). According to Mushunje (2014, p. 81), when the nuclear family fails, OVC are in most cases cared for by members of the extended family, true to the African proverb, “it takes a village to raise a child”. Ubuntu is an “age-old term for humanness; for caring, sharing and being in harmony with all of creation.” This value enhances mutual dependence amongst people, cultures and societies. Mushunje (2014, p. 82) describes how the family is designed to uphold and transmit “the attention one human being gives to another: the kindness, courtesy, consideration, and friendliness in the relationship between people, a code of behaviour, an attitude to others and to life...” The person with this spirit of hunhu/ubuntu, according to Samkange (1980), is a person who keeps alive African cultural values, norms and expectations in the family and community (Samkange, 1980).

### **3.3.2 Mesosystem**

“The mesosystem, simply stated, comprises the linkages between microsystems” (Bronfenbrenner, 1995, p. 227). In the same way that the school and other structures in the microsystem influence each other, the mesosystem is where various structures influence each other. For example, parents may have expectations about how their children progress academically and in extra-curricular activities that will have a direct or indirect effect on the

processes within the school. Parents may expect too much and be intolerant of failure, which can create tense and fearful relationships between parents and the child. In turn, this will influence the school either directly or indirectly. It may shift the ways in which learners behave in class, or parents may put pressure on the teachers with the aim of ensuring their child's success, or teachers may hold back information on achievement in an attempt to prevent parental pressure on the child.

Thus, the mesosystem is a layer in the various microsystems connect with and impact on each other, and thus, indirectly, on the individual child or adult. A particular element would be how parents and teachers interact. If a child's parents play an active role in the life of the school, for example, if a parent attends school meetings and volunteers to assist in the classroom, the child benefits as the elements of the microsystem are positively aligned. Similarly, there is a negative impact on development when the different elements of the microsystem are not aligned but are in conflict (Bronfenbrenner, 1979). Gestwicki (2007), in identifying this layer as the second within the overarching ecological system, emphasises the significance of the interaction between home and school. The effectiveness of the child's education is driven by the nature of the involvement of both the teachers and the parents.

According to Shumba (2014), Bronfenbrenner believed the development of children is strongly enhanced when the systems have effective and supportive links. Children feel secure as they these links bridge the gaps between the home and the school, enabling the child to pursue achievement. The interactions between parents and teachers determine the nature of the mesosystem's influence; in the case of vulnerable children this becomes crucial as it strengthens the capacity of the home environment. Generally, though it is important to know the value of a secure school environment in enabling learning to proceed unhindered (Williams, 2012).

The mesosystem sets out how the different microsystems of the child impact on its development. It further presents the roles and activities that span the diverse microsystems. For example, a child or adolescent may take part in choir activities within the school or church with others from their peer-group. Such interconnections help to provide additional stimulation, meaningful activity and purpose.

A child placed in an institution because of circumstances misses out on this important part of his growth. He misses out on an intimate family life. Children in institutions are not cuddled and provided with the love a normal mother or father would give his child. Family mealtimes

are lost. Bedtime stories are not read to these children. They also lose out on interaction with brothers and sisters and on the significance of emotional connection to their parents.

Children that live with extended family also miss out on this kind of personal interest of a parent. The extended families have children of their own, they also experience poverty, yet so graciously accept an additional member into their already struggling circumstances. It is not possible for an individual to offer personal attention to every child within their households.

### **3.3.3 Exosystem**

The exosystem is where the overarching social system is represented. It includes those elements beyond the influence of the person in development, such as events, constraints, decisions, and policies. It has a unidirectional impact on the person, whether taking a direct or an indirect form. For a specific school, this layer is made up of such issues as laws and policies, the broader economy and major events that impact on area, such as emergencies or armed conflict (Bronfenbrenner, 1979, p.25).

Within the ecological systems theory, this is “larger level of social system in which the child does not function directly” (Gestwicki, 2007) The exosystem include organisations and institutions within the community. Bronfenbrenner (1995, 599-618) argues that partnerships between schools and other institutions in the society can help it provide support to families. Communities should take responsibility for ensuring a degree of support, both in terms of emotional support and resources, to assist families to enjoy productive lives. Such support would include housing programmes, substance abuse programmes, childcare facilities and food support. Gestwicki (2007) states that such support enables the community to play its role in underpinning the mesosystem and its relationships, to facilitate the child’s development.

The exosystem is a layer in which the individual does not participate actively and directly but is still affected by it. Some decisions that are taken impact on the individual without the individual being able to participate in the decision-making, for example, a child whose life chances change when a parent at work is promoted or loses their job (Bronfenbrenner, 1979).

The workplace of the child’s parents is an important element in that child’s exosystem. According to Bronfenbrenner (1979), a child is never directly involved with a parent’s place of work but a father or mother who faces difficulty at work carries that pain home and is sometimes abusive or quick to lose their temper with family members. The child in turn carries the pain to school and loses concentration (Bronfenbrenner, 1979, p 526). According to

Housten (2015), the exosystem may enhance or impair the child's development, but does so indirectly, as the child is usually not an active element in this layer. A further example would be when a parent enters unemployment (a change within the exosystem) and experiences depression, which will impact heavily on the children at home.

I believe that a child in kinship experiences the same emotions as children within their own household. In case of a child who is living in an institution this layer of his / her life is different. To some extent, there may be advantages in that the child no longer experiences parents who come home distressed and out of frustration lose their tempers in the home. The child instead interacts with the housemothers who provide the meals and care for the child. Equally, though, the child loses out on being hugged and reassured constantly as would normally happen in family life.

### **3.3.4 Macrosystem**

Bronfenbrenner (1995) sees the macrosystem as the “social blueprint” of each culture, each subculture, and the broader context of society. It is made up of the whole array of values, of beliefs, ways of living, opportunities and obstacles, of the mores and cultures and the resources these hold. The macrosystem is understood as exerting a unidirectional influence that impacts on the person as well as on each layer – the micro-, meso-, and exosystems. Each school is embedded in the culture, politics, economy and social context of that community and also in the whole nation.

Bronfenbrenner (1979) states that individual development takes place within the macrosystem, in that it is made up of all the cultural attributes that shape how a child develops. Bronfenbrenner (1979) believes that when a child is placed in foster care, it is imperative that it still enjoys a complete and safe environment, being taught and being encouraged to strive to achieve goals.

A child that is placed in an institution loses out on the human chain that links the home with the school, relevant cultural beliefs and the society at large that moulds and shapes the learner into a stable, contented adult. A child placed within the kinship system, I believe, has a stronger chance of developing into a strong adult, who may miss out on care and love of biological parents, but who is enfolded with love and affection by the greater family. A child realises that,

in the absence of family and in the case of emergencies, there are people they can turn to for assistance.

### **3.3.5 Chronosystem**

This is the fifth of ecological levels Bronfenbrenner (1979) described. It consists of the full range of events in the environment and the transitions that take place across the life of the child, including socioeconomic change, for example. It deals with the processes when each level influences those before it and after it. It applies also to the time in history; for example, periods of social deprivation over time may impair the development of a child in a rural or township area.

This forms an outer layer in Bronfenbrenner's theory, not truly a system layer like the other four, but the ways in which the dimension of time has an effect on all levels in the system. There are various ways in which time shapes an individual over their life, in both the short term and the long term. There is also the time dimension of the macrosystem around that person. For example, each school has its own chronosystem. There are the daily events and also the changes over the years relating to which students and what teachers are present, the choices made on the curricula, as well as the period it has been operating (perhaps a new school has specific challenges and specific possibilities that are not the same as an established school) (Bronfenbrenner, 1979).

The value that this theory brings through including the dimension of time is that it highlights the role of change and constancy for the child. What becomes visible in the chronosystem are changes in the structure of the family structure, its location, the status of parents in the workplace, as well as major social changes, including economic cycles, armed conflict and transitions to democracy (Bronfenbrenner, 1979). In relation to a specific child, the changes may be internal (e.g., physiological change in the child) or external (e.g. the time at which a parent dies).

For any child to have a holistic development, it needs to have the complete ecological system positively present in his life. This will ensure a stable, strong and confident individual. Disruptions in the system can impair development. For example, when children are living with the extended family, they may sometimes or maybe at the onset experience a certain amount of anxiety. The trauma of losing family, sometimes being separated from siblings, can cause depression and sometimes loneliness and a longing to see siblings.

Bronfenbrenner's ecological theory is able to highlight how diverse influences interact to shape a child's development. It does so by focusing on each layers of the system that simultaneously impact on that child. Being aware of each context makes us more sensitive to changes in how the child acts in its different locations (Bronfenbrenner, 1995). The theory focuses on how each layer interacts with the others over time. An example is when a parent tells a child not to be disobedient, an example of the interaction between microsystem and macrosystem, as, although the parents are element in the microsystem, they are also driven by and reinforcing a value in the culture that a child must listen to directions from the parent. This is intended to ensure that the child grows up being obedient (Bronfenbrenner, 1995).

Bronfenbrenner's theory, as cited by Henderson (1995), is directly relevant to the practice of teaching. Can in schools make up for the failings in the homes of children, once they know what is going wrong? The theory points out the value of teachers and the school in ensuring stable, long-term relationships. However, Bronfenbrenner asserts that the significant primary relationship should be with a person who provides nurture and a sense of caring over long periods of time within the immediate environment of the child. Thus, schools play a significant secondary role, but it lacks the full and complex interactions that involve the primary adults.

Society is guilty of denying the core issue when schools are expected to take on this primary role. The major problems faced by children and their families are from the tensions between the workplace and the family, and not between the family and the school. Instead of making up for the role of families, schools should aim to support them in their primary relationship and to provide a place where families are welcomed and nurtured. The vehicle for this lies in Bronfenbrenner's idea that public policy should ease the conflicts between workplace and family (Henderson, 1995).

Bronfenbrenner's (1995) thinking reminds social workers that the development of humans is first and foremost a social affair. Even though psychological theories that relate to progressive development, such as lifespan psychology (Santrock, 2009), are relevant, if we want to understanding children's development more fully, we must look primarily to the 'social'.

The ecosystemic theory by Bronfenbrenner is relevant to my study as it will investigate the multi layers of his theory on the human development, including the ways in which non-governmental organisations and the extended family can assist the development of young children. Bronfenbrenner goes on to state that children play an active role in ensuring their own

development, while also bringing into the equation the role of parents, of the whole community, of activities in schools and of the relevant culture.

### **3.4 RELEVANCE OF BRONFENBRENNER'S ECOLOGICAL SYSTEMS THEORY TO THE STUDY**

The microsystem, the first layer of development, includes parents, siblings, teachers and peers. A child who is orphaned, although living within a family, does not have his own parent to share his dreams and aspirations. The absence of a parent has serious repercussions, as the child, apart from the love and care of the parent, sometimes is left without the essentials of clothing and the personal interaction between the teacher and the parent.

The role of the family is thus hugely significant in forming most of the microsystemic context within a child develops. There are the complex characteristics of each individual family member and then the critical interactions amongst them (Bronfenbrenner, 1995).

Bronfenbrenner (1979) states that a child in development interacts, usually, face-to-face with those around them. In such a setting, there is a sustained time within which the child is engaged with a range of activities and interpersonal relationships. He further asserts that this process is more successful when the quality of such relationships with those to whom the child is emotionally attached are mutual and last over a long time (Bronfenbrenner, 1979). For a child placed within an institution this layer is initially absent. The child must adjust to a new and strange environment and is often separated from siblings. The child within the institution initially has no positive emotional attachment to anyone within the institution as the child is forced to live within this environment because of disturbing circumstances.

The mesosystem is where a person's individual microsystems do not function independently but are interconnected and assert influence upon one another. In the case of a child living with extended family, there is often no personal interest that is shown in the academic life of the child. One of the reasons may be illiterate grandmothers, or there maybe too many children within the household. In the case of the children living within an institution, there may be some sort of interaction as the institution will have to produce reports of the children to the department from time to time. However, this is generally not a personal interaction.

An example of how the exosystem, as one of the components of this theory (Bronfenbrenner, 1979), operates is when a parent has a disruptive conflict with someone in a different context.

In the case of the child living with extended family, this would relate to whatever impacts from the outside on that household and how that affects the development of the child. The uncomfortable – or positive – situations that may arise will directly influence the child living within that household. In the case of the children living within the institution, this layer of his/her life is perhaps further distant as the child is living first with house-parents who are then in a larger institutional context.

Individual development takes place within the macrosystem. This is the cultural and socio-political context within which the microsystem, mesosystem and ecosystem are located (Bronfenbrenner, 1979). It is in this layer that a child develops values, beliefs, customs laws and resources of a particular culture. They should by now be taught the goals that they should strive for. A child living with extended family may sometimes experience some of the values as they are taken by extended family who are also struggling to meet their daily requirements.

The layer raises questions as to the broader context of the institution and how it affects the children placed there.

### **3.5 CONCLUSION**

The ecosystemic theory is relevant to my study as it indicates the impact of these multiple levels of the environment on human development. It is through this system that one sees or fails to see the development of a child into a stable adult.

According to Bronfenbrenner (1994), the nested structure of the ecological environment provides a useful framework for examining theories of the effects of economic deprivation on children's socioemotional development. Eamon (2001) explains that stressful life events or chronic strain caused by economic deprivation appear to affect children's socioemotional functioning. Poverty may also influence peer relations, as would attending low quality schools or being exposed to unsupportive school environments.

The study now proceeds to the findings and the themes generated from the data.

## **CHAPTER FOUR**

### **THE EXPLICATION OF THE RESEARCH DESIGN AND METHODOLOGIES**

#### **4.1 INTRODUCTION**

This chapter outlines the methodological choices that I made and the reasons for such a choice. It reflects the focus and perspective of my study and what was important in trying to address the research questions, which I stated in chapter one. The study was concerned with the rich culture of the African kinship care system and the positive effects it has on the emotional stability of a child. The study also sought to explore how the kinship care system provides or not a network of support for orphaned children in the present times and if there are difficulties that children encounter. In the case of children who are placed in institutions that care for vulnerable children by the high court, the study sought to explore their situation. The specific stated research aim of this study was to explore the conceptions of the Zulu kinship system and its influence on orphaned and vulnerable children's schooling and education in KwaZulu-Natal. Here I am discussing the research methodologies that I used to produce the data, which I analysed to arrive at the findings.

A methodology is “the strategy, plan of action, process or design lying behind the choice and use of particular methods and linking the choice and use of the methods to the desired outcomes” (Crotty, 2003). According to Kothari (2004), a research methodology is a systematic way to solve a problem. It is the science of studying how to conduct research. Essentially, research methodology consists of procedures that researchers follow in their work of describing, explaining, and predicting phenomena. Research methodology encompasses the studies of methods used to gain knowledge (Kothari, 2004). A key aim of research methodology is to give the work a plan for conducting research.

In this chapter I discuss the research design and paradigm that are pertinent to my study and then give reasons for my choices. I also discuss the ontology and epistemology aligned to the chosen paradigm, the research approach, and the data generation methods that I used in this study. In addition, I discuss the data analysis methods that I used to analyse the qualitative data that I generated from interviews, focus groups, and drawings. The design and methodologies I discuss under the following headings:

- i. Ontological and Epistemological Perspectives
- ii. Research Paradigm
- iii. Research Programme
- iv. Research Design and Approach
- v. The Context of the Research Project
- vi. Selection of Participants
- vii. The Research Programme
- viii. Data Production Methods
- ix. Data Analysis Process
- x. Trustworthiness and Research Rigour
- xi. Ethical Consideration
- xii. Limitations of the Study
- xiii. Conclusion.

## **4.2 ONTOLOGICAL AND EPISTEMOLOGICAL PERSPECTIVES**

### **4.2.1 Ontology**

In my study, I intended to uncover how children adapt to living with extended family after they lost their parents. In this study I was aware of some of the difficulties of children living with extended families and of children that are living in institutions, but the only way to uncover the truth was to conduct the research. This assumes that there is a ‘truth’ out there. Ontology addresses the nature of that truth. According to Crotty (2003), ontology is the study of being. It is concerned with “what is” with the nature of existence and with the structure of reality. Social research concerns ontological questions and assumptions concerning the nature of the subject; namely, in this case, the social world. It raises questions such as: How is the social world perceived and understood? What is a human being (Hitchcock, 1995)? Similarly, Morgan (1979) treats the nature of ontology as the set of assumptions about the nature of the social world and the way in which it may be investigated (Morgan, 1979).

According to Lawson (2004 p. 1) *ontology* derives from the Greek word “onto” (meaning, being, becoming) “logos” (science). Therefore, ontology means the science of being-or-becoming. Identifying the subject of this science, whether it is the study of being-or-becoming, refers to two Greek traditions: Heraclitus who emphasised a changing world and Parmenides, who placed a different emphasis on an unchanging reality. The first is called ontology of

becoming and the second is conceptualised as the ontology of being. The ontological question of social sciences refers to what that is out there can be known. In this sense, ontology is the study of being and that which shapes reality. Researchers have to take a position of how things really are and how they really work (Malakani, 2019), thus influencing their research design. For example, a researcher believing in an absolute truth that can be discovered and known will do a quantitative study; whereas when a researcher believes that there is no one truth but the truth is relative to a person's worldview and is bounded by context will do a qualitative study. The latter was my stance in this study.

Ontology is concerned with identifying the overall nature of existence of a phenomenon. When we seek answers to our research questions, we are referring to a reality that exists externally to the researcher; just the way things are. On the contrary, epistemology is about how we go about uncovering this knowledge (that is external to a researcher) and learn about reality. So, it is concerned with questions such as: How do we know what is true and how do we distinguish true from false? Therefore, epistemology is internal to the researcher. It is how researchers see the world around them (Edirisingha, 2012), and I discuss the concept of epistemology in the following subsection.

#### **4.2.2 Epistemology**

The theoretical perspective of epistemology defines it as a way of looking at the world and making sense of it. Epistemology deals with the nature of knowledge (Crotty, 2003). For example, an epistemological notion may assert that meaning exists in objects independently of any consciousness (Crotty, 2003). It is concerned with providing a philosophical grounding for deciding what kinds of knowledge are possible and how one can ensure that they are both adequate and legitimate (Hitchcock, 1995). The objectivist epistemology holds that meaning and therefore meaningful reality exist as such, apart from the operation of any consciousness. In this objectivist view of 'what it means to know', understanding and values are considered to be objectified in the people we are studying and, if we go about it the right way, we can discover the objective truth (Hitchcock, 1995).

In this study, I used Hitchcock's (1995) definition of epistemology to discover the truth about the lives of the participants, whether they are positive or negative and how that affects the children's well-being.

### 4.3 RESEARCH PARADIGM

The word paradigm has its aetiology in Greek, where it means pattern. In educational research, the term paradigm is used to describe a researcher's 'worldview' (Mackenzie & Knipe, 2006). This worldview is the perspective, or thinking, or school of thought, or set of shared beliefs, that informs the meaning or interpretation of research data. Or, as Lather (2002) explains, a research paradigm inherently reflects the researcher's beliefs about the world that s/he lives in and wants to investigate. It constitutes the abstract beliefs and principles that shape how a researcher sees the world, and how s/he interprets and acts within that world. When I say that it defines the researcher's worldview, I mean that a paradigm constitutes the abstract beliefs and principles that shape how a researcher sees the world, and how s/he interprets and acts within that world; a researcher looks at the world through this lens. The paradigm is the conceptual lens through which the researcher examines the methodological aspects of their research project to determine the research methods that they will use to generate or collect data. It is also used to analyse that data. Guba (1994) defines a paradigm as a set of beliefs or worldview that assists in research; paradigms are important because they provide beliefs of what is to be studied, how it should be studied and how the results of a study should be interpreted. A paradigm tells us how to construct meaning from the data that was gathered. Schensul (1999) portrays a paradigm as a way of looking at the world; interpreting what is seen; and deciding which of the things seen by the researcher are real, valid and important to document. Answers to these questions give one an insight into the social world; the known and then the unknown. These assumptions about a paradigm represent a worldview that defines four correlated components: ontology, epistemology, methodology, and methods (Malakani, 2019).

Every paradigm is based on its own ontological and epistemological assumptions. The different paradigms express differing ontological and epistemological views and hence the differing assumptions of reality and knowledge. The research approach is then decided. As I discussed in chapter three in this study, I used Bronfenbrenner's ecological systems theory (1979) to anchor my study, as it takes a sociological approach, whereby Bronfenbrenner describes the influences of environmental factors on children and how it influences the social well-being of a young child. The different systems that exist ensure that, in any given society, these systems in turn interact with each other and create a stable and confident individual.

There are three broad research paradigms; namely post-positivist, interpretivist and critical that several researchers consider and choose from, and that researchers such as Lather (1986), Norman (2000), Bryman (2012) and Cohen (2007), have utilised. To contextualise my chosen paradigm, I briefly discuss the other two paradigms and argue the relevance of the chosen paradigm to my study.

#### **4.3.1 Post-Positivism**

Crotty (2003) describes post-positivism as a paradigm that uses objective epistemology. It is a methodological philosophy in quantitative research that applies the methods of natural science to social phenomena. According to Bryman (2012), quantitative research has its basis in the post-positivist and early natural science paradigm that has influenced social science throughout the 19th century and first half of the 20th century. Bryman (2002) defines post-positivism as a descriptive category, one of the philosophical positions that can be discerned in a certain approach to research. He goes on to state that post-positivism entails elements of both a deductive and an inductive strategy and states that post-positivism is an epistemological position that advocates the application of methods of natural science to study social reality. One of the traits of this type of research is the quest for objectivity and distance between researcher and those studied, so that bias can be avoided (Bryman, 2002). Realism that is espoused by the post-positivist tradition suggests an independent existence of the reality. In this way, reality exists “out there”, outside of the mind of the observer. This tradition is challenged by the interpretivist paradigm, which I discuss below, and which I adopted for this study.

#### **4.3.2 Interpretivism**

Interpretivism and the interpretivist model have their roots in philosophy and the human sciences, particularly in history, philosophy and anthropology (Bryman, 2012). Social scientists in this approach do not see people as individual entities who exist in a vacuum; instead, they explain their world within the whole of life’s context (Bryman, 2012). The interpretivist tradition is a challenge to the realist ontology adopted by the post-positivism. It espouses the relativism that reviews this ontological position, confirming that the social world is not like the physical world. Truth is not absolute but provisional, and its interpretation differs from person to person. As a result, there is no single reality, but multi-realities. The object they observe can influence researchers in the discipline of social sciences. Moreover, interpretivist researchers argue that the “discovered” truth is itself our belief. Therefore, they replace the idea

of “discovered knowledge” with “constructed knowledge”. In other words, interpretivists refuse to accept that knowledge is value-free and context-free. They adopt “subjective epistemology” whereas post-positivist epistemology is an objective epistemology (Norman, 2000). The interpretivists’ qualitative research is the overriding term given to a field of inquiry in which the researcher as observer is part of the work. In other words, the researcher is located within the world she/he is researching. Norman (2000) states that this type of research transforms the world into a series of representations in the form of interviews, conversations, field notes, photographs, recordings, observations, focus group discussions, workshops and meetings, and memos to the self, from which the researcher seeks a better understanding of the phenomenon being studied.

The interpretivists’ qualitative research is an examination of how people make meaning of their lives. Its foundation is “the cumulative, trenchant, and increasingly definitive critique of the inadequacies of post-positivist assumptions in the face of the complexities of human existence” (Lather, 1986). According to Lincoln and Guba (2000), anti-foundational, or the idea of fluidity in the standards by which a truth is known, is a word associated with the constructivist paradigm. Truth arises from the context; that is, relationships, dialogue, and history of the community in which the research participants are situated.

According to Nel (2018), interpretivists argue that precise, systematic and theoretical answers to complex human problems do not exist. Every cultural and historical situation is different and unique and requires analysis of the uniquely defined, contexts in which it is embedded. Because of the specific social, political, economic and cultural experiences underpinning each study, the findings cannot be generalised; however, they provide greater clarity on how people make meaning of phenomena in a specific context, thus aiding greater understanding of the human condition.

Nel (2018) asserts that interpretivism is of the opinion that human life can only be understood from within. Human activities cannot be observed from some external reality. Reality is multi-layered and complex, and a single phenomenon can have multiple interpretations. Interpretivism therefore focuses on people’s subjective experiences, on how people “construct” the social world by sharing meanings, and how they interact with or relate to each other. An individual views and interprets social reality according to the ideological position that she or he holds. Therefore, knowledge is personally experienced rather than acquired from or imposed from outside.

Human behaviour is believed to be affected by knowledge of the social world. Interpretivism proposes that the realities of phenomena can differ across time and space. As our knowledge of the social world and the realities being constructed increases, it enriches our theoretical and conceptual framework. There is, thus, a two-way relationship between theory and research. Social theory informs our understanding of issues that, in turn, assists us in making research decisions and making sense of the world (Nel, 2018). The experience of doing research and its findings also influence our theorising. Inevitably, as theory will be abstract, it gives a partial account of the multifaceted social world. Such a theory allows researchers to link the abstract with the concrete, the theoretical and the empirical (Nel, 2018).

Since the characteristics of the interpretivist paradigm are that there is more than one reality, in this study, the research participants and I worked in harmony to gain an insight into the lives of children living with extended family members and those living in a childcare institution after the loss of their biological parents. This paradigm recognises the different realities of myself as a researcher and the adults and children's participants in these different contexts.

According to Kanjanda (2014, p.1), the culture of the African kinship system, simply explained, is that family members automatically adopt children who have lost their parents without deciding on the basis of their financial situations. Nel (2018) states that, in interpretivism, social life is regarded as a distinctively human product. Thus, this kinship system is recognised in this approach as a social product. Interpretivists assume that reality is not objectively determined, but is socially constructed in terms of language, consciousness, and shared meanings. The underlying assumption is that, by placing people in their social contexts, there is a greater opportunity to understand the perceptions they have of their own activities. The uniqueness of a particular situation is important to understand; researchers in this approach generally attempt to understand phenomena through the meanings that people assign to them. In table 4.1 below I show the characteristics of the interpretivist paradigm as applied to this study.

**Table 4.1 Characteristics of the interpretivist paradigm as applied to the study**

<b>FEATURE</b>	<b>DESCRIPTION</b>
<b>Purpose of Research</b>	The focus and purpose of the study is to explore the effects of kinship care on orphaned children who are presently living with extended family members and also children who are living in an institution.
<b>Ontology</b>	<ol style="list-style-type: none"><li>1. There are multiple realities.</li><li>2. Reality captured by broad critical examination and interpretation.</li><li>3. Social realities exist because of varying human experiences. This includes people's knowledge, views and interpretations.</li><li>4. Knowledge is produced by exploring and understanding the social world of the people being studied.</li></ol>
<b>Epistemology</b>	<ol style="list-style-type: none"><li>1. The researcher, the participants and the social world influence each other.</li><li>2. Knowledge is seen as personal, subjective, and unique.</li><li>3. Social world is approached through the understanding of human behaviour.</li><li>4. Knowledge of the world is intentionally constituted through a person's lived experience.</li></ol>
<b>Methodology</b>	<ol style="list-style-type: none"><li>1. Processes of data collection by drawings, interviews and observations.</li><li>2. Data analysis is thematic, and findings are reported through discussion of themes.</li></ol>

In my study, I interacted with the children and they drew and wrote about their lives both before they lost their parents and after they lost their parents. Cohen (2007) states that, in the interpretivist paradigm, the researcher interacts with the participants. The participants are the most important people and researchers should give them undivided attention.

### **4.3.3 Critical paradigm**

Guba (1994) states that ethics is more nearly intrinsic to the critical paradigm, as implied by the intent to erode ignorance and misapprehensions and to take full account of values and historical situatedness in the inquiry process. According to Nel (2018), the term 'critical' refers to the capacity to enquire 'against the grain': to question the conceptual and theoretical bases of knowledge and method, to ask questions that go beyond prevailing assumptions and understandings, and to acknowledge the role of power and social position in phenomena. The critical paradigm is prescriptive, explanatory, practical and normative, all at the same time. The researcher explains what is wrong with the current social reality, identifies the actors to change

it, and provides both clear norms for criticism and achievable practical goals for social transformation. Its intention is not merely to give an account of society and behaviour but to realise a society that is based on equality and democracy for all the people in the society (Nel, 2018). In other words, its intention is transformative – to transform society and individuals to social democracy, improving the quality of life, whether the workplace or in social settings therefore it focuses on the elimination or reduction of inequality, preferential treatment, and discrimination (Nel, 2018).

Conflict and inequality are crucial to understanding the dynamics of human relations. Our understanding of the educational, political, economic, or social situation depends on the context within which we encounter them, and our own theoretical knowledge and assumptions influence our observation. These factors create our ideological frames of reference that act as the lenses through which we see the world. Research making use of a critical paradigm should therefore take the context and environment in which people find themselves into consideration when seeking for theoretical and physical improvements. It is the task of the critical researcher to disclose the needs and struggles of the people, regardless of whether or not they are conscious of them (Nel, 2018).

Researchers using the critical paradigm assert that what counts as valid social science knowledge arises from the critique of the social structure and systems as revealed through the analysis of the discourse in society. The critical researcher lays bare the current discourses in society and analyses them in terms of the system within which they operate, with the aim of disclosing the power relationships between the system and its structures so that the oppressive nature of the system can be revealed (Nel, 2018). In this respect, the purpose of critical educational research is intensely practical, to bring about a more just, egalitarian society in which individual and collective freedom are practised, and to eradicate the exercise and effects of illegitimate power (Cohen, 2007). However, as I mentioned earlier, my study adopted the interpretivist paradigm that I discussed earlier.

#### **4.3.4 Reasons for the interpretivist paradigm adopted**

According to Guba (1994), a paradigm may be viewed as a set of basic beliefs that deals with ultimate or first principles. It represents a worldview that defines for its holder, the nature of the “world” the individuals place in it and the range of possible relationships to that world and its parts. Research paradigms define for inquirers what it is they inquire about, and what falls within and outside the limits of legitimate inquiry (Guba, 1994). Crotty (2003) states that the

interpretive paradigm reflects recognition that meaning is a human constitution. It is with the views of Guba (1994) and Crotty (2003) that I adopted the interpretivist paradigm to guide this study.

The central endeavour of the interpretivist paradigm is to understand the subjective world of human experience. This approach makes an effort to get into the insider-perspective of the participants and to understand and interpret their thinking or the meaning they are making of their context (Guba, 1989). According to Hitchcock (1995), the interpretive paradigm does not see society as having a fixed structure, hidden or not; the social world is created by the interaction of individuals. The interpretivist tries to show how participants or actors in social situations within the process of interaction make choices (Hitchcock, 1995). Methods favoured in interpretivist studies include interviews and observations that allow the situation to be as normal as possible (Hitchcock, 1995). Interpretivist studies tend to be small scale (micro) aiming for detail understanding (Hitchcock, 1995). This justifies my choice of the interpretative paradigm as the philosophical rationale for this study as it was small-scale and aimed at understanding the insider-perspective.

In seeking to understand the experiences of children who are orphaned and are living with extended family, the researcher used the interpretive paradigm to construct and interpret understanding from data that was gathered. Biklen (2007) defines qualitative data analysis as “working with the data, organising them, breaking them into manageable units, coding them, synthesising them, and searching for patterns”, as will be explored below. One of the advantages of the interpretative paradigm is that it can accommodate multiple perspectives and versions of truth. This I apply in my study of orphaned children who live in a childcare institution and were not taken by extended family automatically at the death of their parents.

Maxwell (2004), however, states that interpretive research does not predefine dependent and independent variables but focuses on the full complexity of human senses as the situation emerges. It aims to explain the subjective reasons and meaning that lie behind social action. Henning, Van Rensburg and Smit (2004) state that African families typically constitute wider relationships than those that are characteristic in Western nuclear families. African families are typically extended to aunts, uncles, grandparents, cousins and other relatives that form a family that functions in unison.

The purpose of this study was to explore the conceptions of the Zulu kinship system and its influence on orphaned and vulnerable children's schooling and education in KwaZulu-Natal. In this study, I identified three secondary schools where the children were living with extended family members. The E-Centre is a faith-based childcare centre run by a Christian organisation. The children that live at the E-Centre have been placed via the high court. As I believe that this should not have been the case, what caused this situation to prevail?

#### **4.3.5 Research design and approach: Ethnography and qualitative**

My study is qualitative in nature. Qualitative research claims to describe life worlds from the inside out – from the point of view of the people who participate. By doing so, it seeks to contribute to a better understanding of social realities and to draw attention to processes meaning patterns and structured features. Flick (2004) asserts that in qualitative approaches reality is created interactively and becomes meaningful through subjective processes, and that it is transmitted and becomes effective by collaboration and individual instances of interpretation (Flick, 2004). In this way, the qualitative approach is coherent with the interpretivist paradigm that I chose, which I discussed earlier in this chapter.

According to Bryman (2002), qualitative research predominantly uses methods of inquiry that produce text rather than numbers. Textual sources could include transcripts of interviews or conversations, free text comments on a questionnaire, diary entries, observation and case history. It could also include pictorial evidence (Bryman, 2002). The importance of textual data is that they allow people to express their thoughts and beliefs in their own words and on their own terms (Bryman, 2002).

Qualitative research entails the explicit employment of distinctive mythological and epistemological theories, such as grounded theory, phenomenology or ethnography to investigate peoples understanding of their lives in a social context (Flick, 2004). The design that I chose for this study was ethnography. According to Flick (2004), qualitative ethnographic research relies on extensive interaction with the participants. During data production, I had extensive interactions with the participants, as I will discuss later in this chapter. This is because qualitative research recognises that the people who are participating in research are not simply passive subjects but are active contributors to the research project (Flick, 2004). Qualitative research usually involves a flexible plan of inquiry, since qualitative research aims to interact with people in an open and unconstrained manner (Flick, 2004).

#### **4.4 THE CONTEXT OF THE RESEARCH PROJECT**

The areas where this study was conducted were: (i) the childcare centre (pseudonym E-Centre) that is situated in Durban, (ii) three schools in the KwaDukuza area, (iii) two townships (Zamini and Groutville) in KwaDukuza, where the children in the three schools come from, and (iv) Shakaville Township, which is about 8km from the Central Business District of KwaDukuza and where the orphaned children living with extended family members came from. The study of orphaned and vulnerable children who were not adopted or taken by extended family members through a kinship system was conducted at the E-Centre, which is a children's home in Durban. Many of the children had either been orphaned or abused by their parents/guardians. The parents/guardians who had been perpetrators of abuse were often drug addicts and had exposed their children to danger and neglect. The children were placed in the childcare institution (the E-Centre) through the order of the high court.

The Zamini and Groutville townships in KwaDukuza are the areas where some of the children who participated in the study lived, either in low-cost housing or in informal houses (the shacks). Despite the difficult financial circumstances of families who have large families of their own, people take children from extended family members who have passed on, as the kinship care system is a very rich culture of the African families. The Groutville community where the children reside is about 14km from the Central Business District of Stanger town and the Zamini Township where the children reside is about 16km from the Central Business District of the Stanger Town. The children, the caregivers, some community members, and the teachers of the children living in the townships were interviewed.

The children from the three different secondary schools participated in the exercise. The one school is situated in the Central Business District of Stanger. The second school is about 6 km away from the Central Business District of Stanger and the third school is about 14 km away from the Central Business District of Stanger. The children that attended these schools sometimes have to travel to these secondary schools because of the different courses that are offered. These courses are sometimes not offered at the local schools.

#### **4.5 SELECTION OF PARTICIPANTS**

Since the study centres around the Zulu kinship system, which is part of African culture, my choice of participants were African children who were orphaned and who were living either in extended families of Groutville and Zamini Townships in KwaDukuza area. The participating children that were selected had to be children that were orphaned and who were living with the extended family. According to Cohen (2007), systematic sampling is a modified form of simple random sampling. It involves selecting participants from a population list in a systematic rather than a random fashion. Thus, in this study, 45 orphaned African children (35 female and 10 male) between the ages of 15 and 18 years were selected from three different high schools. These children were living with their extended family in the two Townships, Groutville and Zamini in KwaDukuza area. Twelve children per school was selected from the first two schools and 11 from the third school.

The nine participants that were selected from the E-Centre were assigned to me by the social worker. The social worker indicated that only the nine participants were prepared to share their experiences and the rest of the children residing in the E-Centre were very young. The social worker was present throughout the interviews as the children have had very traumatic experiences. The E-Centre social worker was protective of the children and they were never left unattended in the company of strangers; I was also a stranger in this situation. However, she did not have access to the data that the children produced.

The Shakaville area is about 8km from the Central Business of KwaDukuza. The participants that were selected from Shakaville area were orphaned children living with extended family. This sample yielded positive experiences of children living with extended family. I secured the assistance of the Minister from the local Shakaville church who assisted me in finding children within the community who lived with extended family. This is a poor community. All the families in this area live in low-cost houses. The unit consists of two small bedrooms and a kitchen. These children were not in the schools. This area is also an area where there is a low costing housing complex. I met with the Minister who accompanied me to try to find these children. I used the snowballing technique to select my sample. The Minister assisted me finding children who were orphaned and living with extended family and to his knowledge were very stable children as they attended his church. As I managed to get participants, consent forms were signed. I used the local church to conduct my research. On the Wednesday, during our meeting with the participants, I asked them to draw as well as write about their lives at that

time as they lived with extended family members and also about their lives whilst they lived within their own families. I was the only person present with the children when the data was being collected. The data collection process lasted for about two hours. After the data collection process, I personally collected all the data.

The participants from the three local high schools were selected by the teachers who work closely with the orphaned children. One of the criteria for selection was that the children had to be orphaned and living with extended family. The principals assisted me in identifying the teachers.

**Table 4.2 Details of children from the three participating schools**

FEMALE CHILDREN			MALE CHILDREN		
NO	NAME	AGE	NO	NAME	AGE
1	Noncebo	15	36	Siyabonga	15
2	Thandeka	16	37	Mcebe	16
3	Amelda	16	38	Seroke	17
4	Mukhelwa	17	39	Thabiso	16
5	Zamakuhle	17	40	Lethokuhle	17
6	Noncebo	17	41	Seloleku	18
7	Happy	17	42	Nqoba	16
8	Zodwa	16	43	Lungelo	16
9	Fiona	15	44	Philani	17
10	Londiwe	16	45	Simon	17
11	Charity	16			
12	Rosemary	16			
13	Ntombifuthi	15			
14	Silindile	16			
15	Sinanthla	15			
16	Zinhle	15			
17	Pretty	16			
18	Nokubonga	16			
19	Nomthandazo	16			

20	Lindiwe	16			
21	Nombulelo	16			
22	Princess	17			
23	Zandile	17			
24	Minenthle	15			
25	Honesty	15			
26	Linda	15			
27	Aphiwe	16			
28	Thandiswa	17			
29	Donna	17			
30	Phindile	16			
31	Sindy	17			
32	Precious	15			
33	Nobuhle	17			
34	Fizeks	15			
35	Silungelo	16			
<b>TOTAL</b>	<b>35 Female children</b>			<b>10 Male children</b>	

The children that live in the E-Centre in Durban belonged to different race groups such as Indian, White, Coloured and African. There were about 100 children living in this Centre. Many children were below the age of ten and I selected children who were 14 years and above; hence the nine participants from the E-Centre were of different races between the ages of 14 and 17.

**Table 4.3 The nine participating children from the E-Centre (childcare E-Centre in Durban)**

NO	NAME	GENDER	AGE	CONTEXT
56.	Thandiwe	F	16	E-Centre
57.	Ntombifuthi	F	14	E-Centre
58.	Rachael	F	14	E-Centre
59.	Mary	F	14	E-Centre

60.	Roselyn	F	17	E-Centre
61.	Angelo	M	14	E-Centre
62.	Vuyo	M	15	E-Centre
63.	Xolani	M	15	E-Centre
64.	Musa	M	15	E-Centre

Beck (2010) states that the snowballing method of selecting participants in research, which is also called the “chain method,” is efficient and cost effective to access people who would otherwise be very difficult to find. In this method, the researcher asks the first few samples of people who are usually selected via convenience sampling, if they know anyone with similar views or situations to take part in the research. The snowballing method not only takes little time but also provides the researcher with the opportunity to communicate better with the samples of people, as they are acquaintances of the first sample, and the first sample is linked to the researcher. In this study, I used the snowballing method to select ten participating children directly from the Shakaville Township communities

**Table 4.4 The ten participating children from community settings**

NO	NAME	GENDER	AGE	CONTEXT
46.	Nomfundo	F	17	Shakaville
47.	Thandi	F	16	Shakaville
48.	Thandiswa	F	16	Shakaville
49.	Thandeka	F	16	Shakaville
50.	Onathi	F	17	Shakaville
51.	Mukhelwa	F	17	Shakaville
52.	Phindi	F	16	Shakaville
53.	Nonto	F	17	Shakaville
54.	Precious	F	17	Shakaville
55.	Sabelo	M	17	Shakaville

I also used the snowballing method to select the 13 participating caregivers in Groutville.

**Table 4.5 The thirteen participating caregivers from Groutville**

NO.	NAME	GENDER	AGE	CONTEXT
1.	Margret	F	45	Groutville
2.	Athilda	F	50	Groutville
3.	Lungile	F	60	Groutville
4.	Nelly	F	56	Groutville
5.	Bongiwe	F	63	Groutville
6.	Xolini	F	61	Groutville
7.	Dudu	F	57	Groutville
8.	Fazile	F	70	Groutville
9.	Nothile	F	66	Groutville
10.	Phumzile	F	70	Groutville
11.	Mawande	F	68	Groutville
12.	Ayanda	F	68	Groutville
13.	Toholie	F	59	Groutville

Similarly, I also used the snowballing method to select the 12 participating foster parents from Zamini Township. The reason why the snowballing method had to be used was that all the parents did not want to be involved in the focus group discussions, although they were caring for orphaned children.

**Table 4.6 The twelve participating foster parents from Zamini and Shakaville in KwaDukuza**

14.	Sthembile	F	60	Zamini
15.	Lucy	F	67	Zamini
16.	Angel	F	70	Zamini
17.	Thembi	F	69	Zamini
18.	Khyni	F	70	Zamini
19.	Fikile	F	65	Zamini
20.	Yandisa	F	66	Zamini
21.	Thuli	F	68	Shakaville

22.	Anele	F	63	Shakaville
23.	Ntombi	F	64	Shakaville
24.	Thandi	F	66	Shakaville
25.	Sibahle	F	65	Shakaville

The teachers from the schools assisted me in identifying the 12 participating parents from Zamini and Shakaville. All the parents that were selected had children of their own and they lived in the low-cost houses. The homes consisted of two small bedrooms, a small kitchen and a toilet and bathroom. Considering their own difficult financial situation, the lack of space and their own personal challenges, they did not hesitate to take an additional child into their home. Many of the other additional foster parents were at work and 12 parents agreed to participate.

Many of the mother reiterated their cultural values, that your sister's or brother's child is your own children. A few of the mothers were domestic workers and went on to explain that their priority was ensure that the children were well fed, and all their school requirements were provided for. The house was extremely small, and they used their kitchen floor for the makeshift beds. The mothers also said that the children were often subdued and had to be constantly assured of their love and support. The mothers said that their priority was the wellbeing of the children that they took into their homes. Sometimes their own children objected to this. The mothers said that knowing that their biological mothers were not around made them give even more love and care to the children.

#### **4.6 THE RESEARCH PROGRAMME**

The seven-week field research began in January 2020 and was programmed in the following way.

**Week-1: 20 January 2020** I initially visited the E-Centre, which was based in Durban. I made an appointment to visit Centre Manager and the social worker who works at the E-Centre. I produced my permission letter from the Department of Education Kwa-Zulu Natal authorising my study. I introduced myself and I enlightened the purpose of my study. The Centre Manager did however inform me that she had to have a board meeting to discuss my visit and the fact that I needed to conduct research. The study was very sensitive as the children came from very troubled backgrounds.

**22 January 2020** After a month, the social worker from the E-Centre contacted me to inform me the board meeting approved my request and that I could come to conduct the interviews with the children. She also informed me that the E-Centre social worker would be present during interviews. A letter of permission from the E-Centre was granted to me.

**24 January 2020** I visited the three schools and spoke to the principals and showed them my letter from the Department of Education in KwaZulu-Natal granting me permission to conduct the research in schools. The children that were to be selected must be orphaned children who have been accepted by an extended family, as the kinship care systems envisaged. I handed consent letters to the principal so that the guardians could sign the permission letter to conduct the research. The principal introduced to an Educator who was to assist me with the selection of participants to meet the criteria of my study. I explained the focus of my study to the educator and the criteria that is to be used when selecting participants. I left a set of forms which was to be signed by the guardians of the participants granting permission to conduct the research.

**Week-2: 27 January 2020** I visited school one and the teacher assigned to me had the signed consent forms as well as the classroom ready for me to interview the children before the actual process started. I introduced myself and explained to the 10 children the actual purpose of my visit. We had a focus group discussion before the process commenced. I did inform the children that the information they would give was confidential and that their names and the school were not to be told to anyone. I then asked the children to write as well as draw pictures of their lives at that time as they lived with their extended family members in the low-cost houses in Groutville. The children were quite happy to participate in the study. The data production process took two hours. The teacher assigned to bring all participants to the room. After they were settled, she left the room. I was the only teacher present and after the data was collected, I personally collected the data and left the school.

**Tuesday 28 January 2020,** I visited school two and the teacher assigned to me had the signed consent forms of ten children as well as the classroom ready for me to interview the children before the actual process started. I again introduced myself and explained to the children the actual purpose of my visit. We had a focus group discussion before the process commenced. I did inform the children that the information they were to give was confidential and that their names and the school would not be told to anyone. The children were at ease as they participated in the data production process. I then asked them to draw and write about their lives at that time as they had been taken by their extended family members. At no stage was

the educator present during the data collection process. The data collection process took about three hours. After the data collection process was completed, I personally collected the data.

**Wednesday 29 January 2020** I visited school three and the teacher assigned to assist me had the classroom as well as the signed consent forms ready for me to proceed. I introduced myself and explained to the children the purpose of my visit. The ten children and I had a focus group discussion before the process commenced. I did inform the children that the information they would give was confidential and that their names and the name of their schools' school would not be told to anyone. The data collection process took about three hours. After the data collection the children were at ease as I proceeded. The children were asked to draw as well as write about their lives at that time as they were living with extended family members. At no stage was the educator present during the interview. After the data was collected, I personally collected the data and thanked the children for their participation.

**Week-3: Monday 3 February 2020** I visited the E-Centre, which is based in Durban. The children as well as the social worker were in the library. The library is a part of the E-Centre. I introduced myself and explained to the children the purpose of my visit. The children were at ease as the social worker was present. They appeared to have a very warm understanding with the social worker who knew exactly how to make them comfortable. Nine orphaned African/Indian/Coloured children between the ages of 14 and 17 years were asked to draw as well as write about their lives at that time, as they lived in the childcare E-Centre with people whom they do not have a relationship with but whom they regarded as family. The E-Centre had about 100 children from different race groups living at this institution. Many of the children were under the age of ten and I did not include them as part of this study. Although the social worker was present during the data collection process, at no stage did he have access to data collected. He sat away from the children. The data collection process took about an hour.

**Week-4: Monday 10 February 2020** I again visited the E-Centre. The children as well as the social worker were in the library. The library is a part of the E-Centre. The children were expecting me and were quite happy to continue with the study. The social worker was again present. Nine orphaned African/Indian/Coloured children between the ages of 14 and 17 years were asked to draw as well as write on a different topic: on their lives previously, when they lived with their own families before they came to the E-Centre. The social worker although

present sat away from the children. He didn't intimidate them in any way. The data collection process took about 1 hour.

**10,11,12 February 2020** I re-visited the three schools to conduct the second round of the data production process with the children. I followed the same processes that happened in the first round of data production; however, in this instance I asked the children to write as well as draw pictures of their lives when they lived within their own households before the loss of their parents. The data collection process lasted about two hours.

**Week-5: 17/18/19 February 2020** I visited all three schools and at each school interviewed two teachers: one male and one female teacher. The teachers were selected based on their keen interest in the lives of orphaned and vulnerable children within their schools. The principals of the different schools selected the teachers based on the interest that they show to the orphaned children. They ensured that these children receive support from within the school. I visited school one on Monday, school two on Tuesday and school three on Wednesday. The interviews lasted about 40 minutes.

**21 February 2020** I again visited the E-Centre, to conduct interviews with the different housemothers as well as with the social worker. The housemothers are adult females who live in the institution with the children in different cottages. Each family unit has a housemother who takes care of about 6 children each. The unit has all the facilities of a normal home set up. The housemothers were uncomfortable to be interviewed by me. However, they were interviewed by the social worker who offered to assist me in that case and passed on the information to me. The researcher then interviewed the social worker who gave me a very good account of how these children came to be placed in this childcare E-Centre. I observed that the close relationship that these children had with the social worker could attest to the love and care these children receive at the childcare E-Centre. The interview lasted about 45 minutes.

**Week-6: 25 February 2020** I conducted a focus group discussion with the foster parents of some of the children from the three schools. I arranged for the parents to meet me at the school near their places of residence. I used the focus group discussion as I engaged with the parents. The mothers went on to explain that although they themselves had families, their homes were small, they had their meagre earnings but that their cultural obligations and their obligations to their family were their primary concern when orphaned children were taken into their homes.

**28 February 2020** I secured the assistance of the Minister from the local Shakaville church, who assisted me in finding children within the community who lived with extended family. This is a poor community. All the families in this area live in low-cost houses. The unit consists of two small bedrooms and a kitchen. These children were not in the schools. This area is also an area where there is a low costing housing complex. I met with the Minister who accompanied me to try to find these children. I used the snowballing technique to select my sample. The Minister assisted me finding children who were orphaned and living with extended family and to his knowledge were very stable children, as they attended his church. As I managed to get participants, consent forms were signed. I used the local church to conduct my research. On the Wednesday, during our meeting with the participants I asked them to draw as well as write about their lives at that time as they lived with extended family members and also about their lives whilst they lived within their own families. I was the only person present when the data was being collected. The data collection process lasted for about two hours. After the data collection process, I personally collected all the data.

**Week-7: 2/3/4 March 2020** I met 20 parents from the children of the 3 local schools who were caregivers and five parents from the local Shakaville community. I introduced myself and showed them the letter that I had received from the Department of Education and explained the purpose of the study. The parents were quite comfortable to enlighten me of the circumstances of the children. The teachers from the three different secondary schools identified the parents whom I was able to interact with. Some of the parents do not reside in the local area where the children attend school. The courses offered at the local school are not what the children from the local area wish to study, hence the travelling to schools outside their place of residence.

The ages of the participants varied between 30 to 70. All the participants were female. Twenty-three were domestic workers and two worked at a local supermarket. I met the parents from the three different schools on three different days and the parents from the Shakaville community. We had a focus group discussion to explain how the children came to live within their households. They then discussed some of their challenges.

#### **4.7 DATA PRODUCTION METHODS**

The qualitative researcher is able to use a variety of techniques for gathering information. Cohen (2007) states that the ethnographer is a mythological omnivore; there are many types of

data production instruments that are used widely in qualitative research. In this study, I used focus group discussions, interviews, and drawings to produce the data that was pertinent to the study.

There are specific advantages to using a range of different methods of data production, in particular that of triangulation (Cohen et al., 2000; Noble & Heale, 2019). This enables the researcher to explore “the richness and complexity of human behaviour by studying it from more than one standpoint” (Cohen et al., 2000, p. 112). In my study, I was able to approach the phenomenon of how the Zulu kinship system is now operating in relation to OVC by taking sometimes the standpoint of the child (through drawings and through the focus group discussions) and sometimes the standpoint of caregivers and educators (through interviews). This enabled me to understand whether I could report consistency across these different standpoints, which would enable me to make confident claims as to my findings, or whether there were areas of inconsistency, which would lead to questioning further.

I discuss each of these methods below.

#### **4.7.1 Interviews**

According to Humphrey (2004), semi-structured interviews allow the interviewees a degree of freedom to explain their thoughts and to highlight areas of particular interest and expertise that they felt they had, as well as to enable certain responses to be questioned in greater depth, and in particular to bring out and resolve apparent contradictions. During the interview, I tried to be as simple, yet direct and very compassionate in trying to gain the confidence of the participants.

Considering the semi-structured data collection method, White (1994) states that it is well suited for exploration of the perceptions and opinions of the participants regarding complex and sometimes sensitive issues and enable probing for more information and clarification of answers.

#### **INTERVIEW WITH THE SOCIAL WORKER**

The social worker gave me a very good account of how these children came to be placed in this childcare E-Centre. The social worker also enlightened me on the way they placed the children into different cottages. I observed that she spoke in a way that attested to the love and care these children receive at the childcare E-Centre. The interview lasted about 30 minutes.

## **INTERVIEW WITH SIX EDUCATORS FROM THE LOCAL SCHOOLS**

The educators highlighted the difficulties the children faced. There are times when orphaned children find it difficult to concentrate. It is very evident that they suffer a very low self-esteem because they do not have proper school's uniforms. They often come to school without lunches.

The extended families that they live with do not give them any access to their child support grant. When the school embarks on an excursion the children cannot attend as they do not have money. The educators also highlighted the poor academic performance of learners. Orphaned learners are often stigmatized and discriminated against. Children want to feel a part of the crowd. The interview lasted about 40 minutes.

## **FOCUS GROUP DISCUSSION**

### **4.7.2 Focus group discussions with caregivers**

It was possible to organise a meeting with 25 caregivers from the township, which is located within the KwaDukuza district. This is a generally impoverished community, with low-cost housing. The discussion lasted roughly two hours.

The participants in the discussion were rather shy and came over as very humble and accommodating. Although they did not want to be recorded, they were nonetheless willing to speak about their motivation and experience with the children they have taken in.

### **4.7.3 Focus group discussion and drawings with children**

In my study, I used focus group discussions with open-ended questions to enlighten the children about the purpose of the study and the information that is required of them. After the discussion, the children then proceeded to write and draw about their lives before their parents passed away and life after their parents passed away and this occurred in separate meetings. One could feel their sadness and many of the emotions in the actual data that was produced. The children did not express any emotions overtly, but they however expressed their emotions using art therapy. Each focus group discussion in the three different schools as well as in the E-Centre lasted between 45 to 60 minutes. It was a very fruitful exercise.

According to Fraenkel (2016), art expression is a form of non-verbal communication. For children who may not be able to articulate thoughts, sensations, emotions, or perceptions, it is one way to convey what may be difficult to express with words. For children who have experienced abuse, it is one way to "tell without talking" when they are unable or afraid to speak about specific events or feelings. In addition, as a sensory-based approach it allows the

children to experience themselves. Art expressions, particularly drawings, provide useful information on development in children. It helps us understand something about a child's emotional experiences.

Yip (2019) states that art therapy is emerging as an effective treatment for children suffering from trauma as opposed to verbally based forms of therapy. Art therapy enables children to create symbols and images, bypassing the need for verbal language and allowing for better understanding of their emotions. Art therapy possesses the incomparable and profound ability to help children heal from trauma. According to Hussain (2010), art therapy is a growing field of mental health treatment that uses art as a form of illustrative communication. Art therapy acts as a form of subconscious expression, can help identify inner conflicts, engender self-esteem and self-awareness, reduce stress, and rebuild an overall physical, emotional, and social sense of well-being. Art therapy is thought to be especially valuable for treating children, who often lack the social or verbal capabilities to express their thoughts and emotions, particularly when they have experienced trauma. Hussain (2010) states that art therapy has three main benefits: it engages the physical body in relaxation through manipulation of art materials, it allows the person to engage in a personalised introspective exercise in which the process and finished product become the "symbolic container of traumatic memories". Art allows a cognitive reflection through discussion of the artwork.

According to Cherry (2020), the use of artistic methods to treat psychological disorders and enhance mental health is known as art therapy. Art therapy is a technique rooted in the idea that creative expression can foster healing and mental well-being. Art, either creating it or viewing others' art, is used to help people explore emotions, develop self-awareness, cope with stress, boost self-esteem, and work on social skills. In my study, I asked the participating children to draw, because these were children who might have experienced trauma in their lives. I hoped that this method would help to prevent secondary trauma as the children thought about their experiences. I also hoped that the method would contribute to the healing processes.

#### **4.8 DATA ANALYSIS**

The data that were collected from the children who were in the three different high schools were in the form of drawings. The children wrote of their experiences before the death of their parents and after the death of their parents. The children from the E-Centre also wrote and drew

about their experiences. In the case of the children from the E-Centre, the children are not orphaned, but had to endure very difficult experiences before being placed at this centre by the high court.

The data collected from the educators of the three secondary schools was a one-to-one interview.

The data collected from the social workers was a one-to-one interview.

The data collected from the parents was a focus group discussion.

According to Braun and Clark (2006), thematic analysis is a method for identifying, analysing and interpreting patterns of meaning ('themes') within qualitative data. It offers a method - a tool or technique, unbounded by theoretical commitments. Thematic analysis provides accessible and systematic procedures for generating codes and themes from qualitative data. Codes are the smallest unit of analysis that capture interesting features of the data (potentially) relevant to the research question. Codes are the building blocks for themes, larger patterns of meaning, underpinned by a central organising concept, a shared core idea. Themes provide a framework for organising and reporting the researcher's analytic observations. The aim of TA is not simply to summarise the data content, but to identify, and interpret, key, but not necessarily all, features of the data, guided by the research). The emphasis is on producing rigorous and high-quality analyses (Braun & Clark, 2006).

Coding is about naming segments of data with a label that simultaneously categorises, summarises, and accounts from each piece of data. Coding helps researchers to see the familiar in a new light, gain distance from their own as well as participants taken for granted assumptions (Chamaz, 2006). According to Chamaz (2006), when focus coding is being conducted, grounded theorists explore and decide which codes best capture what they see happening in the data they collected. This allows them to raise the codes up to tentative conceptual categories. This process means that the categories are given conceptual definitions and a researcher assesses relationships between them.

Chamaz (2006) states that qualitative coding, the process of defining what the data are about, is our first analytic step. The initial stage of qualitative data analysis that I used was open coding. After open coding I did the axial coding using the same codes that I developed during open coding. After I had coded the data, I continued to re-code it and from categories until the themes emerged. I present the findings in themes in chapters five.

## **4.9 TRUSTWORTHINESS, RELIABILITY AND RIGOUR**

Cypress (2017) states that it is critical to understand rigour in qualitative research. Rigor is the quality of being thorough and accurate. The term qualitative rigour itself is an oxymoron, considering that qualitative research is a journey of explanation and discovery that does not lend to stiff boundaries (Cypress, 2017). According to Guba (1994), reliability and validity within qualitative research have been replaced with the concept of trustworthiness. “Trustworthiness is used as a central concept in their framework to appraise the rigor of a qualitative study. Trustworthiness refers to quality, authenticity and truthfulness of findings in qualitative research” (Guba, 1994). I used triangulation to gather the data for my study, by collecting information from a diverse range of individuals and settings, using a variety of methods. Specifically, I used drawings and focus group discussions with the children and semi-structured interviews to gather data from the teachers. Triangulation also allowed me to cross-check the data and to increase credibility of my research with the social worker.

I realised how my personal feelings could influence the research process. To obviate bias, I used different scenarios to introduce discussions. This method allowed me some distance and it enabled participants to feel at ease and only thereafter provide examples in their own lives. I read the transcripts repeatedly to ensure that I indeed identified the main topics. I then proceeded to group them into different categories.

Because interpretive research is based on different set of ontological and epistemological assumptions about social phenomenon than positivist research, the positivist notions of rigor, such as reliability, internal validity, and generalisability, do not apply in a similar manner. However, Guba (1985) provides an alternative set of criteria that can be used to judge the rigour of interpretive research. These are dependability, credibility, confirmability and transferability, which I discuss below.

### **4.9.1 Dependability**

Interpretive research can be viewed as dependable or authentic if two researchers assessing the same phenomenon using the same set of evidence independently arrive at the same conclusions or the same researcher observing the same or a similar phenomenon at different times arrives at similar conclusions. This concept is similar to that of reliability in positivist research, with

agreement between two independent researchers being similar to the notion of inter-rater reliability, and agreement between two observations of the same phenomenon by the same researcher akin to test-retest reliability. To ensure dependability, in this thesis I provide a detailed account of my research, which the readers who have interest in my topic will be able to follow.

#### **4.9.2 Credibility**

Interpretive research can be considered credible if readers find its inferences to be believable. This concept is akin to that of internal validity in functionalistic research. The credibility of interpretive research can be improved by providing evidence of the researcher's extended engagement in the field and by demonstrating data triangulation across data collection techniques. It can also be achieved by maintaining accurate and verifiable records of the produced data. All the data that was produced in this study is safely kept and can be accessed should a reasonable request that respects confidentiality be provided to myself and my supervisor.

#### **4.9.3 Confirmability**

Confirmability refers to the extent to which the findings reported in interpretive research can be independently confirmed by others (typically, participants). This is similar to the notion of objectivity in functionalistic research. Since interpretive research rejects the notion of an objective reality, confirmability is demonstrated in terms of "inter-subjectivity"; that is, if the study's participants agree with the inferences derived by the researcher. The findings that emerged from this study are presented in chapters five and six with a chain of evidence from the data that were produced from all the participants.

#### **4.9.4 Transferability**

Transferability in interpretive research refers to the extent to which the findings can be generalised to other settings. This idea is similar to that of external validity in functionalistic research. In this study I provide a rich, detailed description of the research context and research

processes that I followed so that readers can independently assess whether and to what extent the reported findings are transferable to other settings.

#### **4.10 LIMITATIONS OF THE STUDY**

I am mindful of specific limitations when embarking on this qualitative study. Firstly, it was essential to recognise that the study was extremely sensitive, because children were already traumatised, having lost parents, and because some children were placed in the institution (the childcare E-Centre). I was also aware that there might be some reluctance from some foster participants to speak their mind. I had to gain the participants' confidence to allow them to feel at ease. It is however still possible that either children or adults were reluctant to provide full information on the more traumatic aspects of their experiences. However, the information that I gathered was adequate for me to analyse and arrive at the findings.

According to Cohen (2007), there is no correct way to analyse and present qualitative data. Qualitative data is often heavy on interpretation and there are frequently multiple interpretations to be made of qualitative data. The number of participants were limited to the three schools, where children live in a disadvantaged community, namely, the Zamini and Groutville communities. The sample size was 30 and the E-Centre sample size was nine. According to Woodsong (2005), the strength of qualitative research is its ability to provide complex texture description of how people experience a given research issue. It provides information about the "human" side of an issue that is often contradicting behaviour, beliefs, opinions, emotions and relationships of individuals. Woodsong (2005) states that there is no attempt to generalise the findings of qualitative research. Qualitative research is used to gain insights into people's feelings and thoughts. It is with this concept in mind that I conducted my research. This study gave me an in-depth understanding of the phenomena that was being studied.

#### **4.11 ETHICAL CONSIDERATIONS**

In line with good research practice, ethical considerations were accorded the highest priority during data collection. Therefore, both my supervisor and I reviewed the data collection protocol and instruments. I obtained the ethical clearance certificate from the University of KwaZulu-Natal, where my study is situated, before I went out to the field of research to produce data. I also obtained permission from the Kwa-Zulu Natal Department of Education to conduct

research at the three schools. I also obtained signed informed consents from both adults and children who were participants. I also secured the assistance of a professionally trained counsellor from the local hospital to assist me, should I need to refer the children from the three schools, if any kind of trauma was experienced during data production. Fortunately, none of the participants displayed any evidence of discomfort or anxiety in the time spent with me and I judge that they did not require any kind of counselling, so I did not call on the counsellor. I believe that provision was adequate. The process of the data collection went extremely well.

In the case of children at the E-Centre, the safeguard was that the social worker was present in these interviews because it is the policy of the institution to have a social worker in all cases where there is contact with visitors. Again, there seemed to be no need for further counselling.

According to Roshaidai (2018), the anonymity and confidentiality of the participants were preserved by not revealing the names and identity in the data collection process. In this study, privacy and confidentiality of the interview environment were managed carefully during the interview process.

According to Bryman (2002), prospective research participants should be given as much information as might be needed to make an informed decision about whether or not they wish to participate in the study. They should not be under any duress and the basis for participation is voluntary. The voluntary participation was ensured with all the participants.

Anonymity has traditionally been considered as one of the elements of research ethics, the purpose of which is to protect the identity of the participants to prevent any potential harm (Vaino, 2012). In this study, the identity of the participants has been kept strictly confidential. It required that some of the names on the images be blocked out, to ensure that experiences, some of which were very sensitive, could not be linked to any participant. The data that is presented does not reveal the names of either the institutions or the participants; and pseudonyms are used. My supervisor and I are the only people who will have direct access to the information. According to the University of KwaZulu-Natal ethics policy guidelines, after five years have elapsed after the last publication has been produced from this study, all the data will be destroyed.

#### **4.12 CHAPTER SUMMARY**

In this chapter I discussed the research design and paradigm that are relevant to my study, and I have provided reasons for the choices of these approaches. I also discussed the ontology and

epistemology aligned to the chosen paradigm, the research approach, and the data generation methods that I used in this study. I have also explained the methods that I used to analyse the qualitative data. For the purpose of this research, I elected to adopt a qualitative research approach. Accordingly, in this chapter I outlined the research design and methodology used in the empirical phase of this study. In the next chapter I present the findings of this empirical investigation.

## **CHAPTER FIVE**

### **THE FINDINGS: EXPERIENCES OF CHILDREN, CAREGIVERS AND TEACHERS**

#### **5.1 INTRODUCTION**

This chapter presents the findings of the study on conceptions of Zulu kinship system in present times and its influence on orphaned and vulnerable children's schooling and education in KwaZulu-Natal in South Africa. It focuses on the experiences of teachers, a social worker, caregivers and the children themselves, in conditions where children have been orphaned or removed from families for other reasons.

Trivedi (2019) states that the "harm of removal" from home is a blanket term used in the child welfare system for the multiple ways a child may be negatively impacted by separation from her family and placement into foster care. It conveys a recognition that "removal and placement in foster care may have a worse impact on the child than neglect." Notably, while the term is phrased in the singular "harm" there is no single "harm" of removal, but rather numerous independent and overlapping "harms."

However, as will be demonstrated in this chapter, the degree of harm varies considerably. While there may always be some sense of loss at losing the family environment, children expressed widely divergent feelings at their situations.

#### **5.2 SOURCES OF DATA AND THE THEMES**

The data that was analysed to form the findings of children came from participants from three different high schools in KwaDukuza, first from the orphaned children selected in these three schools. I had initially had a focus group discussion with the children, so they clearly understood what was expected of them. The children then drew and wrote about their life whilst the parents were alive and after their parents died. Interviews were also conducted with six educators from the local schools. In addition, a focus group discussion was conducted with parents from the local schools – the caregivers – who accepted orphaned children into their homes, despite their own financial difficulties. A focus group discussion with six educators provided another perspective on the lives of the children in school.

Data was also collected at the E-Centre from children who were placed there via the high court. The E-Centre is managed by a mainline church of Southern Africa. The children that resided

at the E-Centre had experienced severe psychological problems because of parents who were addicted to alcohol and drugs. They were then moved to the E-Centre via the high court. The children wrote and drew of their experiences whilst they were living with their biological families and also of their life experiences at present as they live at the E-Centre.

Apart from the drawings, I had a focus group discussion with the children in the presence of the social worker, so the children had a clear understanding of what was expected of them and the institution was reassured that the discussion would be handled in an ethical way. Another set of data that I analysed came from the interview that I conducted with the social worker at the E-Centre.

The findings are presented according to the themes that emerged during data analysis. What emerges from the analysis of the data is the sense that the children have of a sharp transition from their lives before removal, either to extended family or to the E-Centre. However, what affected many children both such removal was the way in which poverty impacted their lives. Further, a typical theme was that children longed for a stable and supportive family life. Thus, these were the themes:

- 1) The life before: both care and abuse when with parents
- 2) The life after: both care and abuse
- 3) Poverty and its impacts
- 4) Longing for family

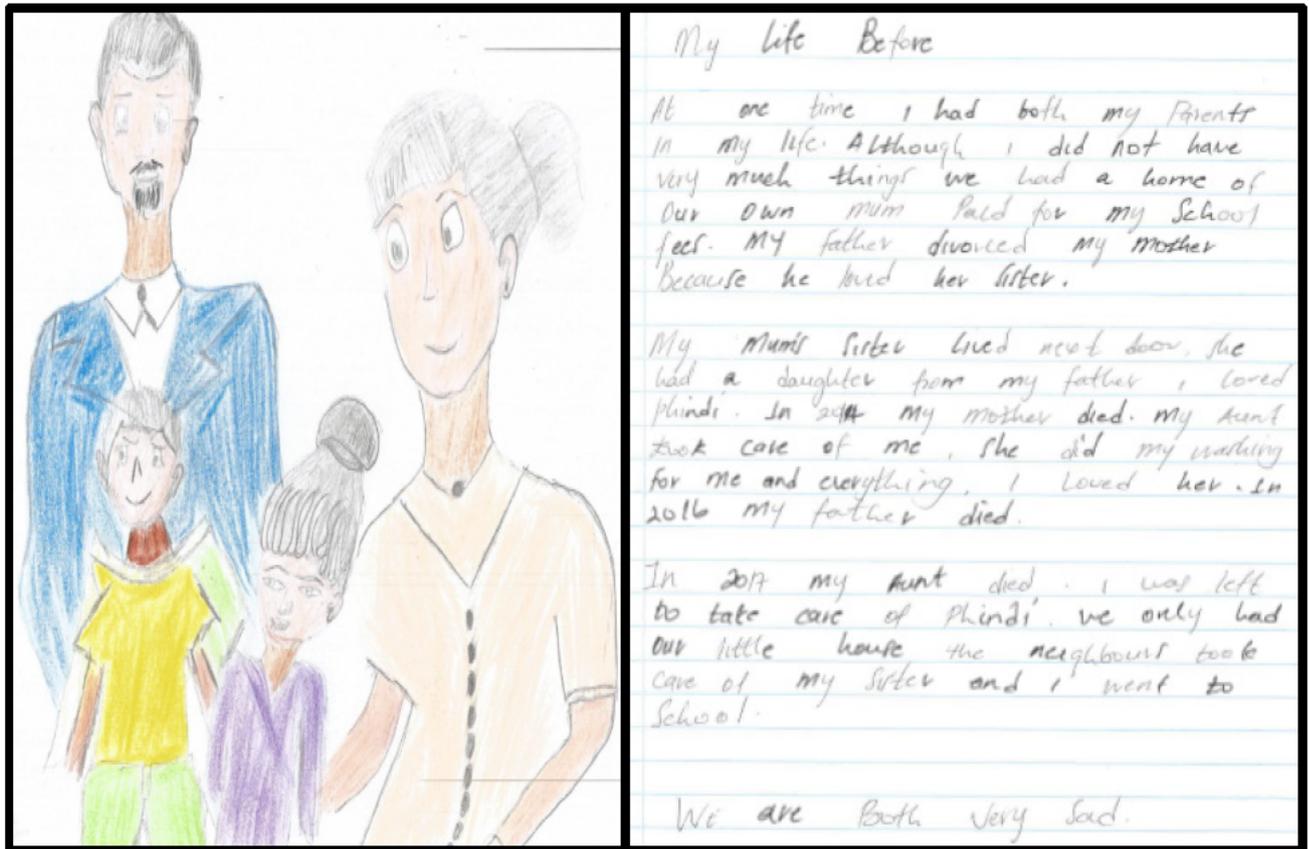
### **5.3 THE LIFE BEFORE: BOTH CARE AND ABUSE WHEN WITH PARENTS**

Most children, with the exception of those in the E-Centre, enjoyed family life, though there were elements of dysfunction in many cases. The children expressed the love and care that they had from their biological parents. They were not afraid of their future and their family were around to provide for their needs. The children maintained strong family values. Education was very important. Some children did experience financial difficulties, but they continued to attend school.

According to Prakash (2018), the family is your baby's first social group. This means whatever your kid may be learning, he may be learning by observing the family members. It is observed that happy families or families that treat each other with love and respect help in giving a positive outlook of a family with their kid or share a positive example of social interaction. If

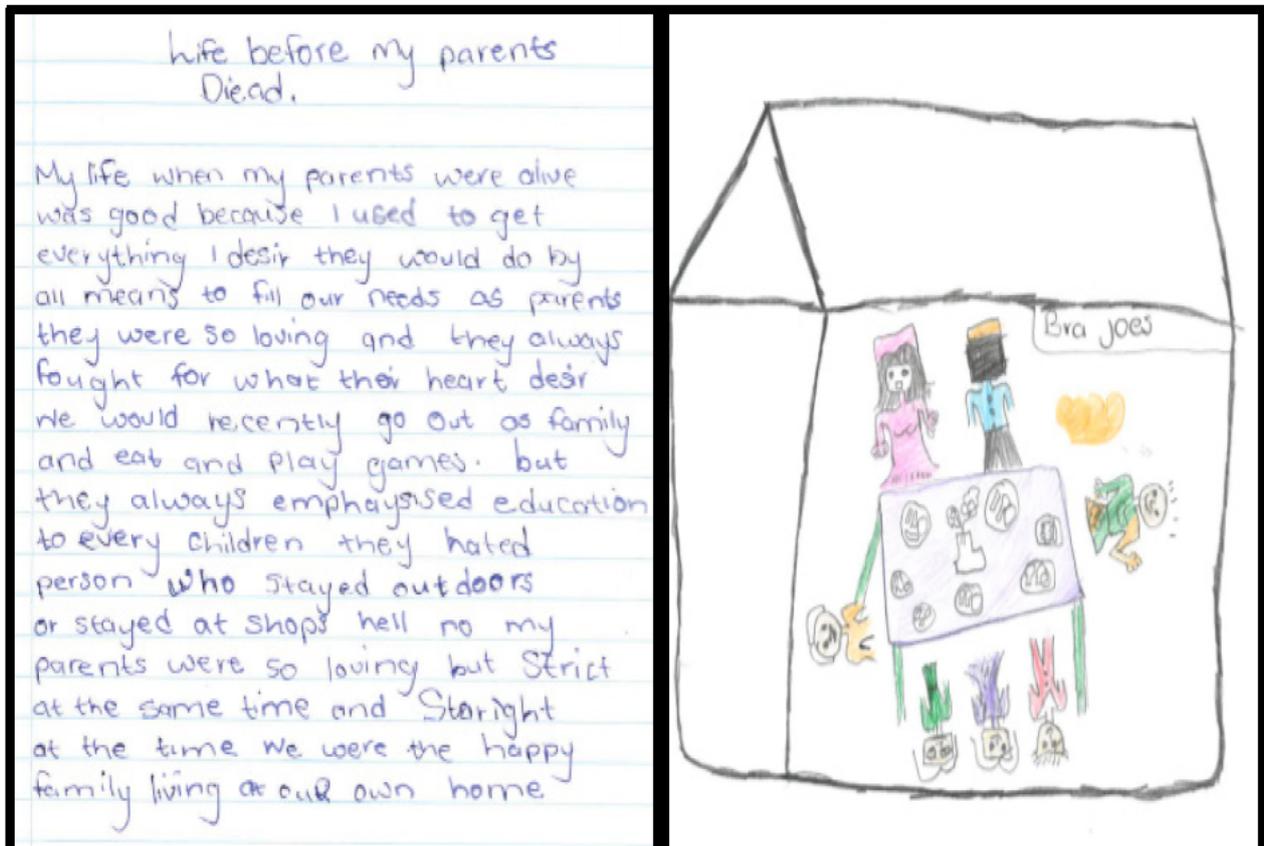
your family spends quality time by having meals together, watching television together or spends time doing other such things together, it may help in fostering healthy social development.

**Figure 5.1 Noncebo, female, 15 years**



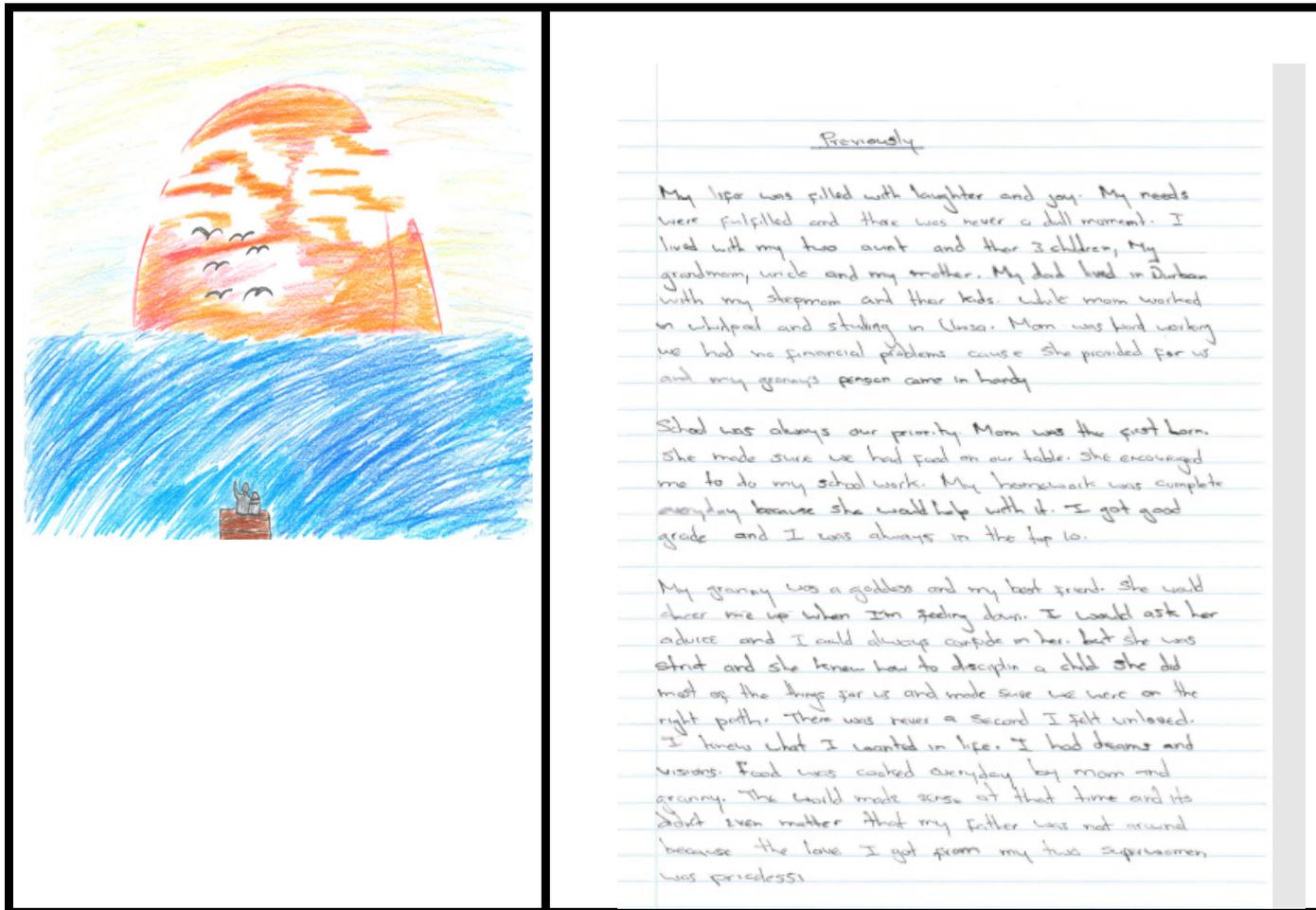
Noncebo draws a picture of the ideal family – limited though by her father’s behaviour. She drew a picture of her mother and her father. She also drew her brother. “Although I did not have very much things we had a home of our own. Mom paid my school fees. My mum’s sister lived with us, and she had a daughter from my father. My father divorced my mother because he loved her [the sister] better” (note that I am presenting the actual words as they appear in the drawings without correcting spelling and grammar, to be as faithful as possible to the data).

**Figure 5.2 Thandeka, female, 16 years**



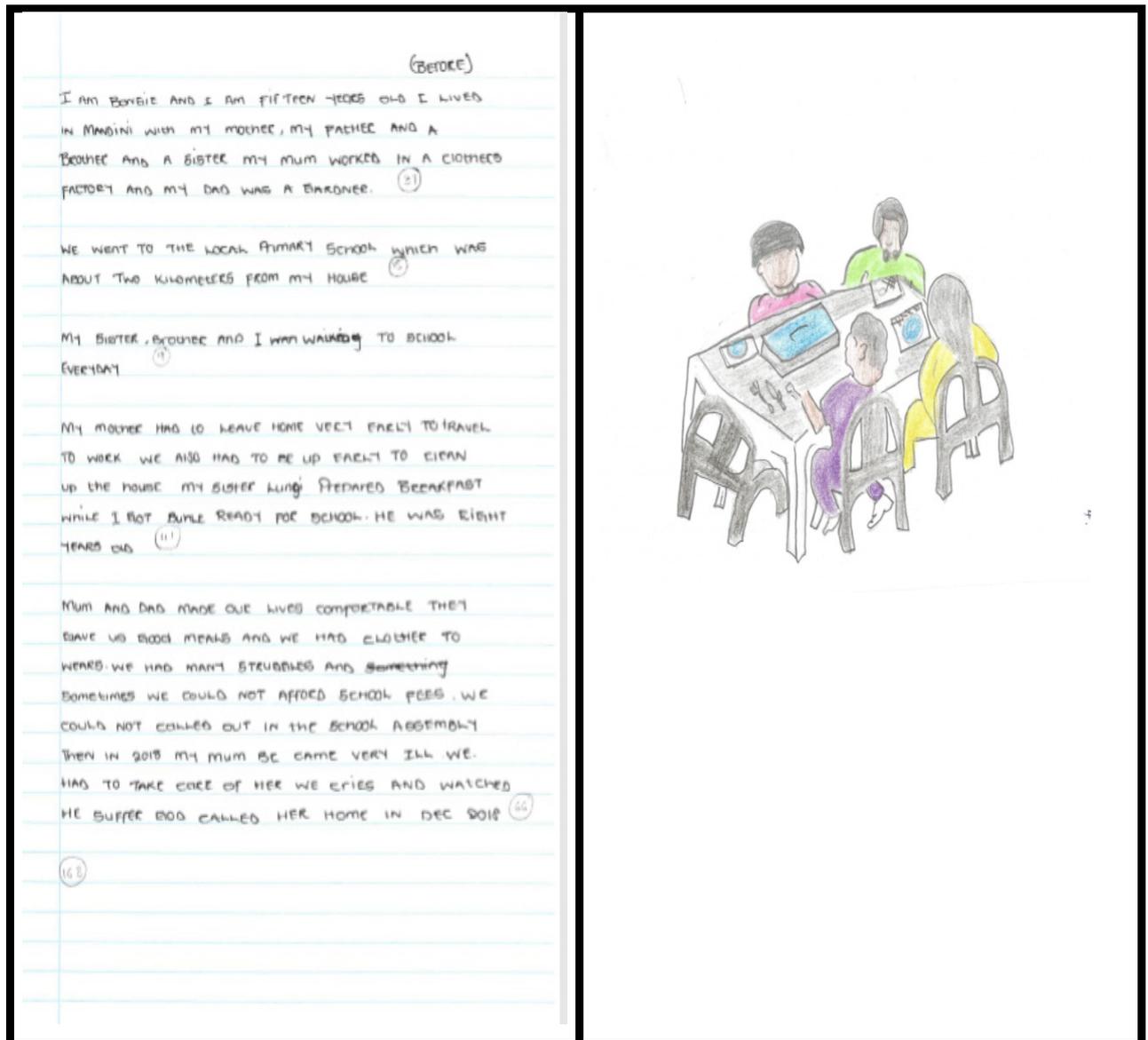
Thandeka enjoyed a loving home environment. They went out as a family. The parents were protective of their family and emphasised that education was important: “My life when my parents were alive was good because I used to get everything I desir... They would try by all means to fill our needs as parents. We would recently go out as family and eat and play games, but they always emphasised education to every children they hated person who stayed outdoors or stayed at shops hell no my parents were so loving but strict at the same time...”.

Figure 5.3 Amelda, female, 16 years



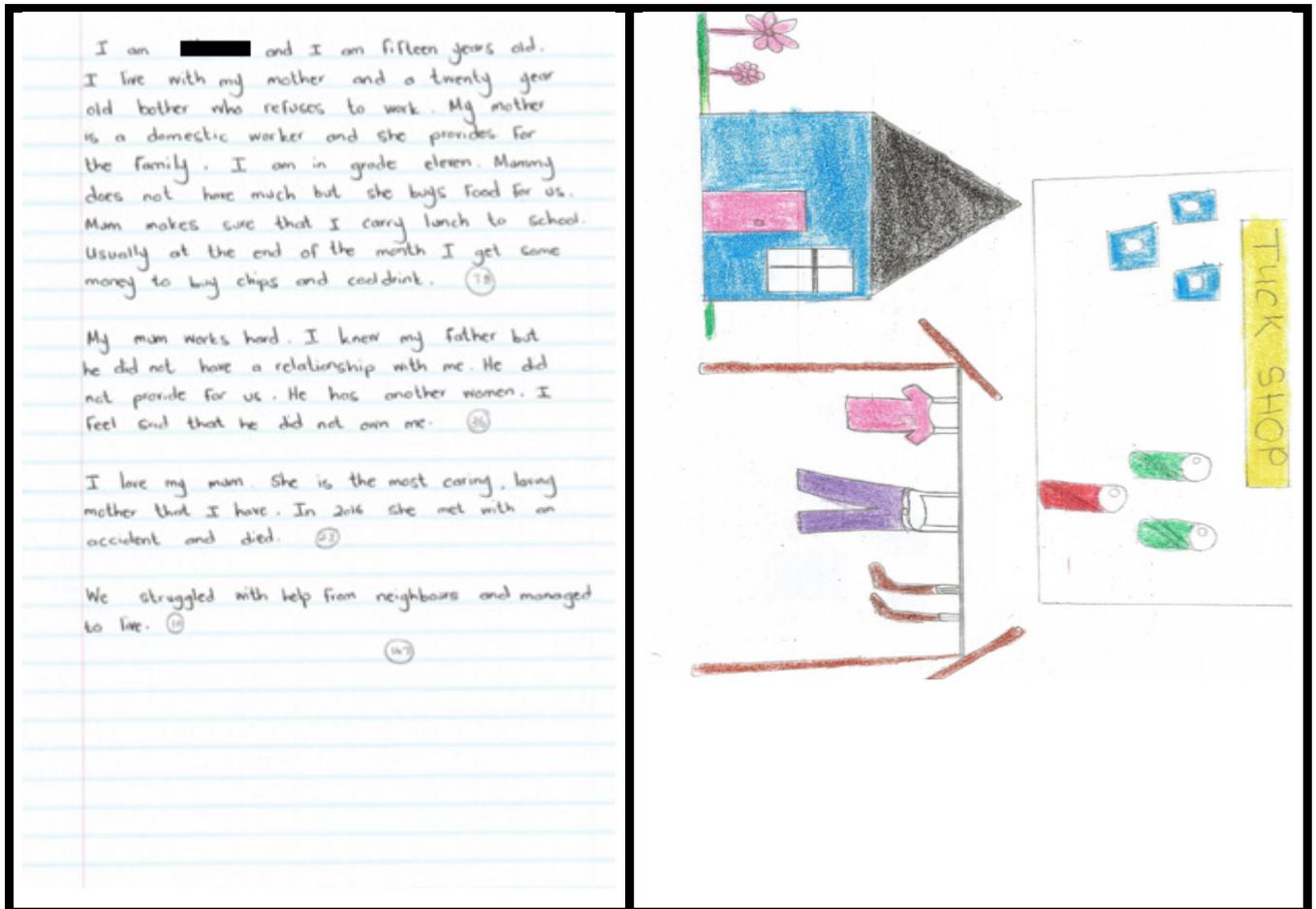
The picture depicts a tranquil atmosphere of just sitting and watching the ocean as the sun rises. “My life was filled with laughter and joy. My needs were fulfilled and there was never a dull moment. I lived with my 2 aunt and their 3 children, my grandmum, uncle and my mother. My dad lived in Durban with my stepmother and kids while my mum worked in Whirlpool and studied in Unisa. She encouraged me to do my schoolwork”.

Figure 5.4 Sindy, female, 15 years



This picture speaks of a warm family life. “My mother has to leave home very early to travel to work. We have to get up early to clean up the house. Mum and dad made our lives comfortable. They give us good meals and we have clothes to wear. We have many struggles and sometimes we could not afford school fees. We were called out in the school assembly”.

**Figure 5.5 Aphiwe, female, 16 years**



“I live with my brother who is twenty years old who refuses to work. My mother is a domestic worker, and she provides for the family. My mother is a domestic worker... She does not have much but she provides for us. My mum works hard. I knew my father, but he did not have a relationship with me. He does not provide for us. He has another women. I feel sad that he did not own me”.

### **5.3.1 Mothers and grandmothers at the centre of care**

The findings of the orphans’ life before the loss of parents show that the children, despite poverty in some instances, had a very close-knit family life environment. In the past in most African societies, the sense of duty and responsibility of extended family towards other members was almost without limits (Foster, 2000). Central to the sense of care and support

was the role of mothers and grandmothers, while, as is described below, fathers were often absent.

According to Meier (2017), mothers, in particular, have been central to key theories on child development and are often times the default person to be included in research and intervention on child development and family life. The children within this research related experiences before the death of their biological mothers. In many instances children had very fond memories of their late mother.

Mayblin (2012) states that the good mother is expected to nurture and protect her children with profound love. A mother love is deemed to be both spontaneous and unmotivated by worldly concern. A mother does not love her child for what that child brings her in terms of status, or material wealth, she loves it simply for being a part of God's creation in the world. This explains a mother's idealized capacity to love every one of her children in equal measure, regardless of time.

Amelda, 16, writes, "My mom... made sure we had food on the table. She encouraged me to do my schoolwork. My homework was complete every day because she would help with it. I got good grades and I was always in the top 10." Similarly, Mukhelwa, 17, writes. "It was amazing living with my mom. I was a good girl and also loved my schoolwork. Living with my mom was like living with one of my sisters."

However, sometimes the children in the study had been without mothers as a result of work absence, illness or even death. In such cases, the role of grandmothers typically come to the fore. According to Lewis (2010, p. 1), grandmothers have emerged as the unsung heroes of Africa. These magnificently courageous women bury their own children and then look after their orphaned grandchildren, calling on astonishing reserves of love and emotional resilience. MacNab et al. (2015) further report that the grandmothers they studied believed that keeping their focus on their grandchildren contributed to their sense of resilience. This involved maintaining a sense of responsibility to their grandchildren, having hope for their grandchildren's futures, and finding enjoyment in the grandmother-grandchild relationship.

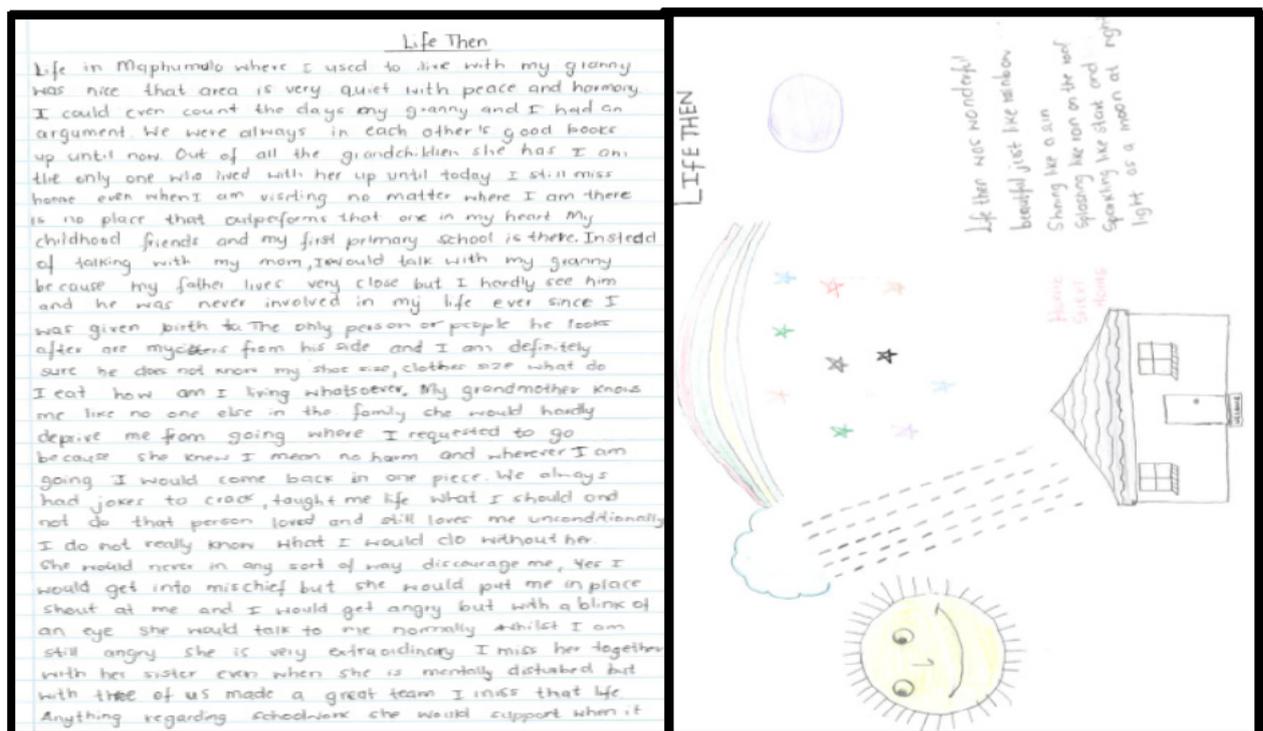
This was the basis for the assertion that, traditionally, there was no such thing as an orphaned child in Africa (Foster, 2000). Even if the family did not have sufficient resources to care for existing members, orphans were taken in as a group that deserved special attention. In my study, we see the richness and compassion of strong African values as we encounter children

being raised by grandmothers, many of whom just survive on their pensions. Erikson (1982) states that old age is supposed to be a relaxed time. Smolak (1993) says that age is evidence of the resilience and persistence of people. He goes on to say that their presence gives the family a sense of continuity, rootedness, and the means to survive adversity. In my study we see the strong bond of family and their cultural obligations.

Many of the children demonstrate the significant role that the grandmothers play in their lives. Their biological mothers go out and work and the grandchildren are often left in the care of grandmothers. Some of the children don't know their mothers; they have been raised by the grandmothers, the only mother they know. The children also spoke about her warm caring nature, someone who prepared their meals, always ensured their safety and well-being. Amelda, who is 16 years old, spoke about an aging grandmother who needed care and support herself, yet she cared for the children at the expense of her own well-being.

“My grandmother is very old but she cooks for us. I go with my granny to get her pension and our grant. I now live in Stanger with my grandmother. She is very old and can't do much. She tries to take care of me and my little brother. My grandmother has a small garden. She uses the vegetable to feed us.”

**Figure 5.6** Zamakuhle, female, 17 years



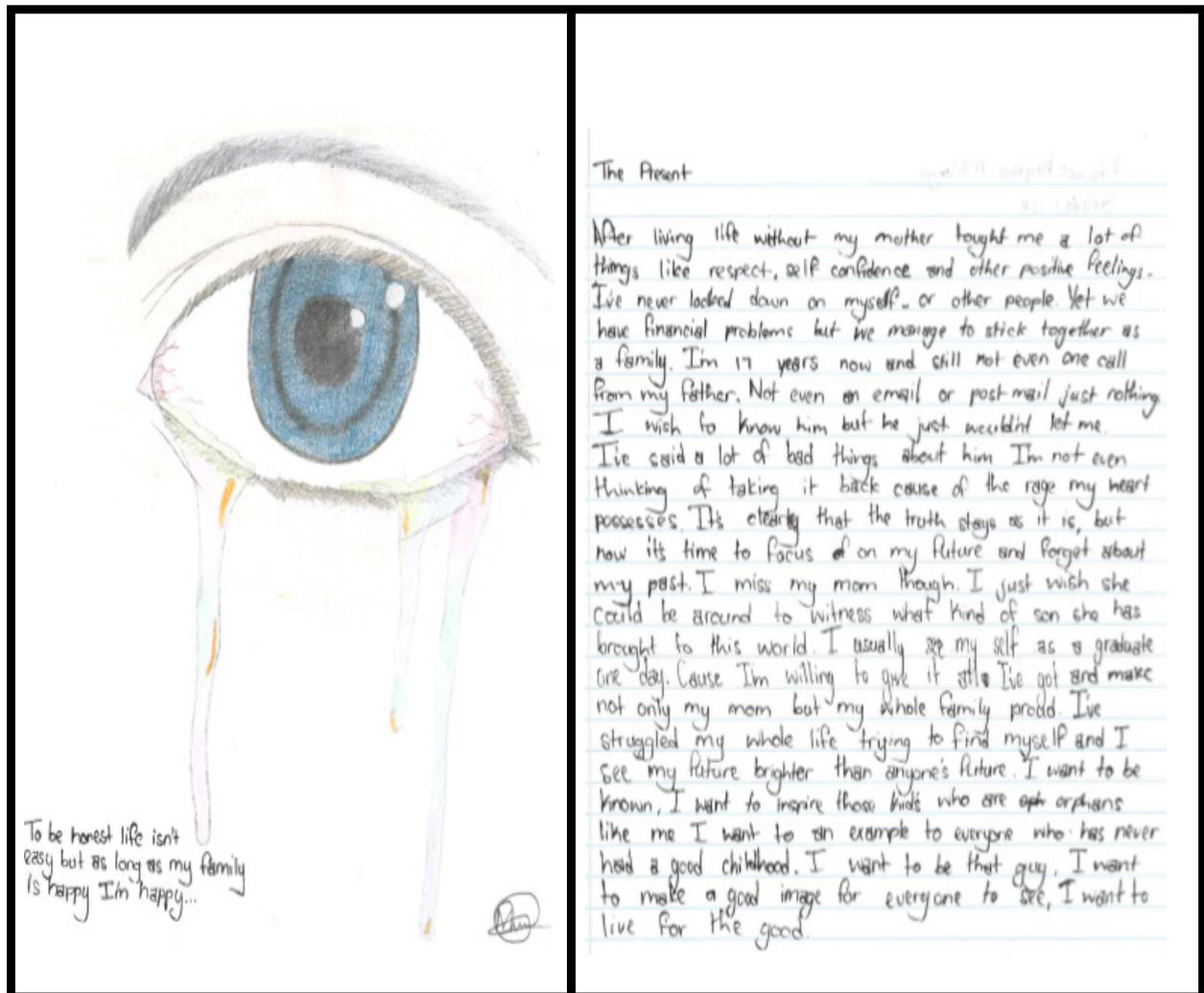
Zamakuhle, who is 16years old, drew a beautiful home she calls home sweet home:

“Life then was wonderful, beautiful just like the rainbow, shining like a son, splashing like rain on the roof, sparkling like stars and light as a moon at night. I can count the days my granny and I had an argument. We were always in each other’s good books”.

### **5.3.2 Absence of father**

However, despite the positive experiences of family life in the past, many of the children related their experiences of the absence of their fathers in their lives. In their experiences of growing up before the death of their parents’ children wrote of their fathers not living within their households whilst he was alive. According to Alderman (1997), there is considerable evidence from industrialised and less industrialised nations that suggests that father’s absence from home has a negative short- and long-term impact on children’s psychological development cognition and education as well as health. Kismet (2020) goes on to say that psychological studies show that children growing up without fathers are more likely to be aggressive and quick to anger.

Figure 5.7 Thabiso, male, 16 years



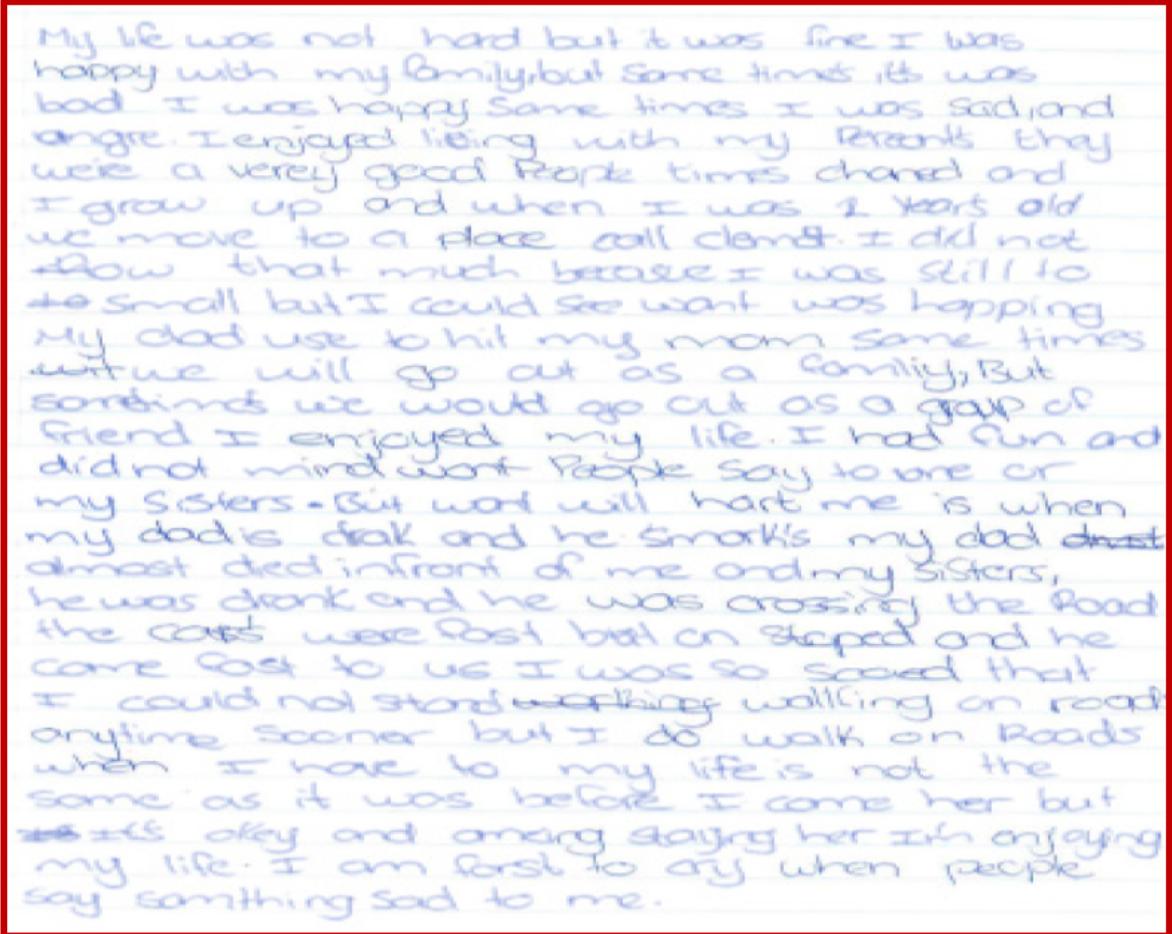
This is a striking picture of just an eye with tears streaming down his face, showing us the pain and agony children face.

“After living life without my mother taught me a lot of things like respect, self-confidence and other positive feelings. I’ve never looked down on myself or other people, yet we had financial problems, but we managed to stick together as a family. I’m 17 years now and still not even one call from my father. Not even an email or post mail just nothing. I wish to know him, but he just wouldn’t let me. I’ve said a lot of bad things about him. I’m not even thinking of taking it back cause of the rage my heart possesses... I miss my mum though I just wish she could be around to witness what kind of son she has brought to this world.”

### 5.3.3 Children in contexts of abuse and neglect

In contrast to the more positive experiences of children who had lost their parents, the findings in relation to the children in the E-Centre were that they had been exposed to alcoholic parents and parents who were on drugs at their homes before they were removed. The children, because of their unsafe environments at home, experienced physical and emotional abuse. Some children were forced to take care of younger siblings. Some parents also had multiple partners and children were exposed to this situation. In some instances, the fathers were abusive to the mothers and this this created a hostile environment for the children. Please see figure 5.4 below.

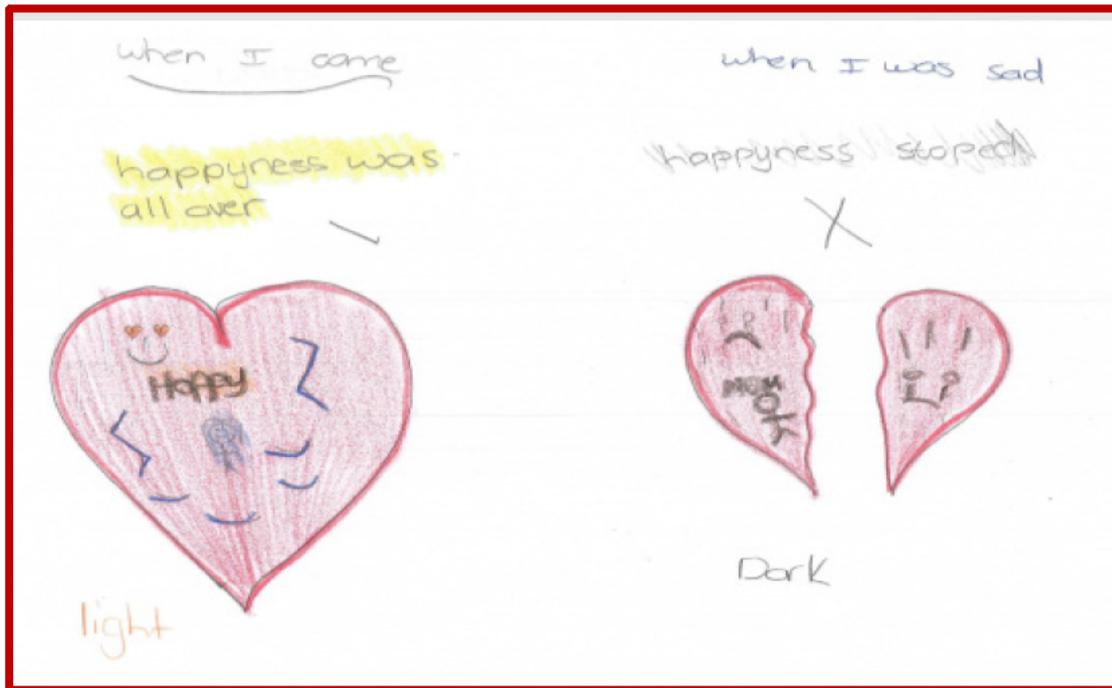
Figure 5.8 Ntombifuthi, female, 14 years



My life was not hard but it was fine I was happy with my family, but some times it was bad I was happy some times I was sad, and angry. I enjoyed living with my parents they were a very good people times changed and I grow up and when I was 2 years old we move to a place call dlamini. I did not know that much because I was still to small but I could see what was happening. My dad use to hit my mom some times with we will go out as a family, but sometimes we would go out as a group of friend I enjoyed my life. I had fun and did not mind what people say to me or my sisters. But what will hurt me is when my dad is drink and he smokes. My dad almost died in front of me and my sisters, he was drunk and he was crossing the road the cars were fast but on stoped and he come fast to us I was so scared that I could not stand watching walking on road anytime sooner but I do walk on roads when I have to. My life is not the same as it was before I come here but it's okay and aming staying here in enjoying my life. I am fast to cry when people say something sad to me.

“My life was not hard but I was fine. I was happy with my family, but some times it was bad I was happy some times I was sad, and angry... My dad use to hit my mum some times... What hurt me is that my dad drinks and he smoke. My dad almost died in front of me and my sisters. He was drunk and he was crossing the road.”

**Figure 5.9 Ntombifuthi, female, 14 years**

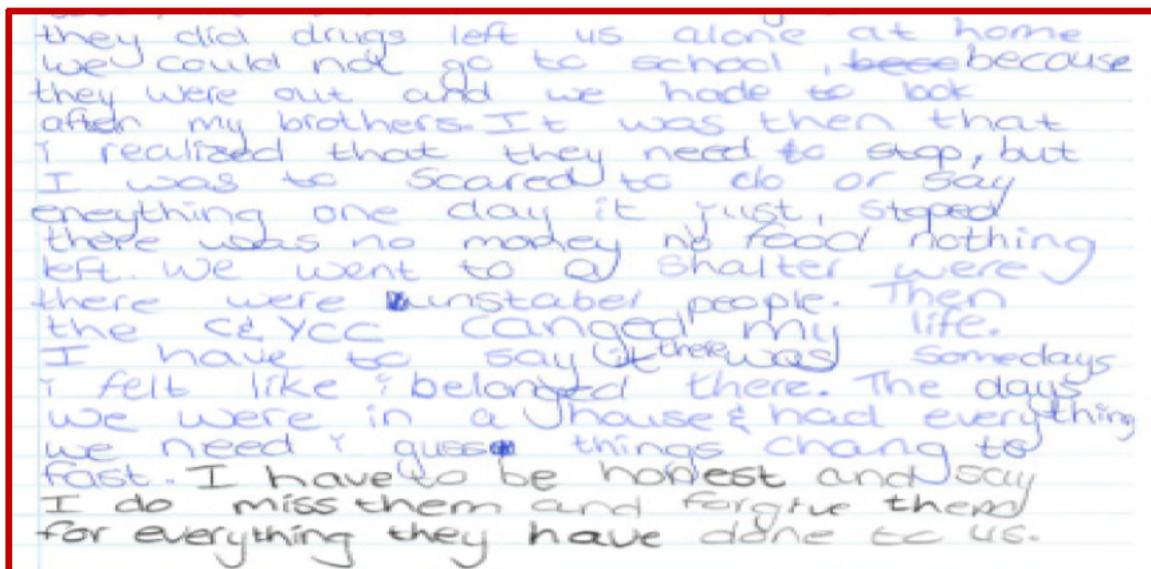


Children in abusive homes expressed fear and anxiety as they witnessed their fathers assaulting their mothers. For example, Thandiwe, 16 years, writes:

“My life was not the life I wanted, but I was living. We went through a lot of tough times where we had no shelter. Parents were fighting, drinking and taking drugs. It was sleepless nights day after day hoping for it to become better, but it did not it was getting worst”.

According to McKaganey (2002) and Richter (2000), parental substance abuse has deleterious effects on children, since these parents often cycle between relapse and recovery. McKaganey (2002) asserts that parental substance abuse has deleterious effects on children since these parents often cycle between relapse and recovery. Solis et al. (2013) state that parental substance use may undermine the stability of a child’s living, making children’s needs secondary to the parents. For example, Thandiwe and her siblings’ basic needs were compromised because of their parents’ drinking and drug abuse problems.

**Figure 5.10 Thandiwe, female, 16 years**



they did drugs left us alone at home  
we could not go to school, because  
they were out and we had to look  
after my brothers. It was then that  
I realized that they need to stop, but  
I was too scared to do or say  
anything one day it just stopped  
there was no money no food nothing  
left. We went to a shelter where  
there were unstable people. Then  
the C&YCC changed my life.  
I have to say that there was some days  
I felt like I belonged there. The days  
we were in a house & had everything  
we need I guess things changed  
fast. I have to be honest and say  
I do miss them and forgive them  
for everything they have done to us.

Thandiwe explains her life before she came to live in the E-Centre: “They did drugs and left us alone at home we could not go to school, because they were out and we had to look after my brothers. It was then that I realised that they need to stop, but I was too scared to do or say anything one day it just stopped. There was no food no money nothing left. We went to live in a shelter where there were unstable people”.

**Figure 5.11 Thandiwe, female, 16 years**



Many children suffer emotional and physical abuse at the hands of parents. According to William (2000), severe emotional abuse is characterised by actions that inflict emotional harm and are performed with malicious intent. The parent is aware that the actions may cause emotional distress and yet the parent continues. Alternatively, the parent may be unable, because of his or her own psychiatric problems, to control his or her actions and thus the malicious intent standard may be impossible to meet.

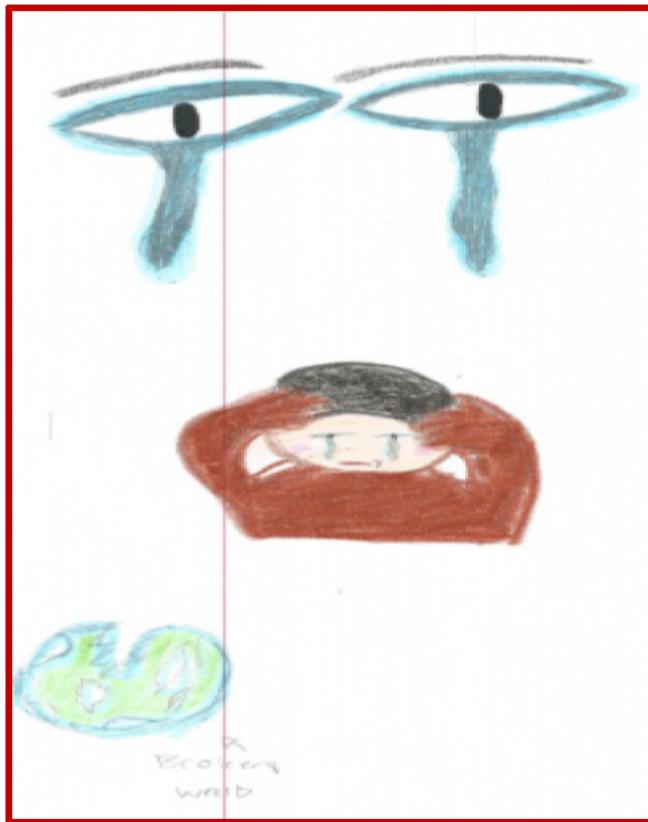
According to Richter (2000), a lack of parental care and nurturance are hallmarks of neglect. It poses one of the greatest threats to children's healthy growth and well-being, for example, see figure 5.12 below.

Figure 5.12 Rachel, female, 14 years

My name is [redacted] because I was put in a childrens home called [redacted] I was visited by my mom and step dad (I did not know who my dad was) I stayed there with my twin sister and two brothers. I went to a school close by. there I was well known because of my brothers. When I was about 6-7 I moved to stay with my mother. There for the first few days it was fine then I was abused physically and emotionally. My mom was a heavy drinker and she would come home and hit me. One she whacked me with a charger cable for no reason I was put under a chair to sit there every day. Once my mom friend put my left hand on a burning stove for nothing. I did not go to school but instead left alone day and night in the toilet with the door closed. My mom once almost crashed me and my ~~two~~ sister with a car. She threw us on the road luckily our step dad was there to save us. My step dad had a baby girl. So my mom would smear the babies food on mouth to make it look like I stole so when <sup>he</sup> she come back <sup>she</sup> would belt me. I was not allowed to use the toilet even though I sat on it so one day I since I was not allowed to use the toilet I peed in the bath and wasted it my mom found out and she beat me till I was black and blue that day I made a run for it. I ran away at 8:00 at night I went to a friend who was in his 20's and I looked at him and found him at a club I went to him at the club and he talked to me and told me to explain what happened I told him what had happened and he spoke to me and bought me things to eat (I would go day without eating at home) then I went with him to his house the next day I went back home my mom was not there so I sat and watched TV with my brothers and step dad when she come back for some reason she overdosed luckily she woke back up. that night she asked me where I had being the previous night I told her at my friends house. she then took me threw me on the bed and beat me. Once she brought bought a aeroplane and she would make my siblings throw it in my eyes when they told her they dont use to she would beat and threaten them. she threw it in my eyes that they turnt red she then told me to go find a new place and she chased me out. I then went to my friend again and he cycled me go to the police. The police went to where I stay but I did not go for I was scared so I ran away they then searched for me everywhere and they found me. That night I not sleep in the toilet or under a chair

Rachel writes of the emotional and physical abuse that she had to endure from her mother who was an alcoholic. "...I was abused physical and emotionally. My mom was a heavy drinker. She would come home and hit me. Once my mom friend put my left hand on a burning stove for nothing. I did not go to school but instead left alone day and night in the toilet with the door closed. My mum almost crashed me and my 2<sup>nd</sup> sister with a car".

**Figure 5.13 Rachel, female, 14 years**



The child drew eyes with tears streaming down. She drew herself with tears streaming down her face. Her hands on face expressing hopelessness. In the third picture she writes “broken”.

#### **5.3.4 Placement of children into the E-Centre**

These experiences of abuse led, then, into removal and placement in the E-Centre. The E-Centre is a very structured institution which is managed by one of the main line churches of Southern Africa. The principles and values are very well always maintained. How, it is important to note that the children placed in the E-Centre had experienced severe emotional, physical and sexual abuse before being placed at the E-Centre.

The children that live in this institution have been placed there by the high court because of parents that were alcoholics and were addicted to drugs. The children were emotionally and verbally abused. Children were also mistreated because of step parents and brothers and sisters. This kind of abuse has had a detrimental effect on the life of children. Children also expressed the feeling of hopeless as they encountered abusive parents on a daily basis. Children had to take care of siblings although they were children themselves. They did not have their basic needs. Abuse and chronic neglect by parents or other caregivers are also reasons for placement of children in residential care, especially in the face of alcohol and drug abuse or in cases of

untreated mental illness. Here children may be placed in residential care after being removed from their families via external intervention, after being abandoned, or after running away and living on the street. The stress associated with single parenthood, family breakdown, or parental illness, when coupled with lack of access to a reliable social support system, medical care, or services such as day care, can also increase the risk of loss of parental care.(Initiative, 2014). Children are often abused and neglected by biological parents who are either alcoholics or drug addicts. According to UNICEF (2014), abuse and chronic neglect by parents or other caregivers are also reasons for placement of children in residential care, especially in the face of alcohol and drug abuse or in cases of untreated mental illness. Here children may be placed in residential care after being removed from their families via external intervention, after being abandoned, or after running away and living on the street.

Drug abuse, alcohol abuse and physical abuse of children have led to children being removed from the care of their biological parents (UNICEF, 2015). When separation from parents has occurred or is at risk of occurring, temporary residential care can provide services that evaluate and help address the immediate needs of the child and family.

The institution is Christian based and managed by a main line church of Southern Africa. This institution is overseen by an umbrella body. The children live in separate homes which are managed by a house mother. Four children live in each apartment. The house mother ensures that the children come to a normal home set up. She prepares their meals and they come home from school to hot meals love and care. They have a beautiful surrounding, with sporting facilities and a library. They also have trained counsellors who live on the premises. The children are allowed to visit extended family over the weekends and on holidays but this is very closely monitored. The children are sometimes difficult to manage but from my interaction with them it would appear that they are so lovingly corrected that it only moulds and shapes their character.

Life at this institution as explained by the children is amazing. Children relate their experiences as being lovingly cared for. According to the children is a home that teaches them to achieve. Some children say they are taught to operate at their maximum level. Children also highlight the love, care and compassion they receive from staff. They are extremely well cared for. It seems like this home is a home away from home. The children love the set up and seem to enjoy their lives here. They are given sumptuous meals which they enjoy. Children are taught

strong moral values . Whilst this home is a very well structured environment children still express their desire to be reunited with their biological families.

### **5.3.5 Contrasting journeys of children**

There was thus a marked difference between those children who had been orphaned, whose experience of family life was expressed as being positive and supportive, and those in the E-Centre, whose abusive family circumstances had led to their removal. What is hard to determine, though, is whether the sense of loss experienced by orphans leads them to create an unrealistically glowing perception of earlier family life.

Generally, though, the sense gained from these accounts is of two very different groups, those who went from lives of care and familial support to the much more uncertain context of extended family, and those who went from contexts of family abuse and neglect into a secure and more predictable institutional life.

## **5.4 THE LIFE AFTER: BOTH CARE AND ABUSE**

In each case, there had been a transition from a previous family life, good or bad, to life with members of an extended family or to the E-Centre. At this point, it is necessary to bring together the narratives of the children with the data gathered in the focus group discussion with caregivers from the community, in an attempt to triangulate the data (Cohen et al., 2000, Noble & Heale, 2019).

According to Gitonga (2015), there are both negative and positive outcomes for children living in kinship care. Some children experience a sense of belonging, love, care and protection in extended families, and have their basic needs and rights met. In contrast, other children experience discrimination, mistreatment and are not having their basic needs and rights met. This denotes that there are inherent strengths and risks within kinship care relations, and it is crucial to build upon the strengths and resilience of children and mothers, and to reduce the risks faced to ensure children's wellbeing, care and protection. Undoubtedly, these strengths can be the basis upon which components crucial for strengthening and advocating for family-based care can be built. This would save a lot of children from entry into institutionalized care, which may not always be protective.

The township is located within the KwaDukuza district. It is a community made up of low-cost homes. Each consists of two bedrooms, a kitchen and a toilet and bathroom. Despite these poor circumstances that families face, they have accepted orphaned children as part of the family. Sometimes families cannot pay school fees, which then speaks of financial hardships, yet family don't hesitate to assist. In cases where the mother died and the children had to be relocated, it was because the father had already been absent from the lives of these children.

Before presenting the findings from the data that children provided, I will set out the evidence from the caregivers themselves.

#### **5.4.1 Caregivers' perspective on care in the extended family**

Perhaps not surprisingly, the caregivers presented a positive view of their role. They explained the circumstances in allowing the children from extended family to be a part of their homes.

I asked the mothers how they came to accepting the children from the extended families after the loss of their parents. I also asked them to explain how they manage financially, because their difficulties were very noticeable. and these were the findings:

##### **Cultural values**

The participating mothers from the community who accepted orphaned children from the extended family alluded to their strong family values. They said that the children of their sisters and brothers were their own children and it meant that the children would not be outcasts within their homes. "In our culture we cannot throw away our children. My sister's daughter is my daughter." The mothers said that their priority was the wellbeing of the children that they took into their homes. Sometimes their own children objected to this. The mothers said that knowing that their biological mothers were not around made them give even more love and care to the children.

##### **Financial difficulties**

The caregivers explained their own financial difficulties. The mothers went on to say that their priority was to provide meals for the children and to ensure their safety and well-being. "I work at the Naidoo's house. I only work three days a week. I love Phindi and I will make sure that she goes to school."

##### **Small living space**

The caregivers also described their small living space, but also said that during the evenings the kitchen is also used as a space for the children to sleep. The children sleep on the floor with her own children as well. “I live in the low-cost house. I only have one room and a kitchen. We make beds on the floor, but I want my child to have the best.”

### **Depression**

Caregivers spoke about the children being withdrawn, as some of the children witnessed the death of their parents who were ill. They constantly checked on the children and tried to fill the void that has been created because of the death of their biological mothers. “The children are sometimes quiet and sad but I try to do my best to make her happy”.

### **Sense of obligation**

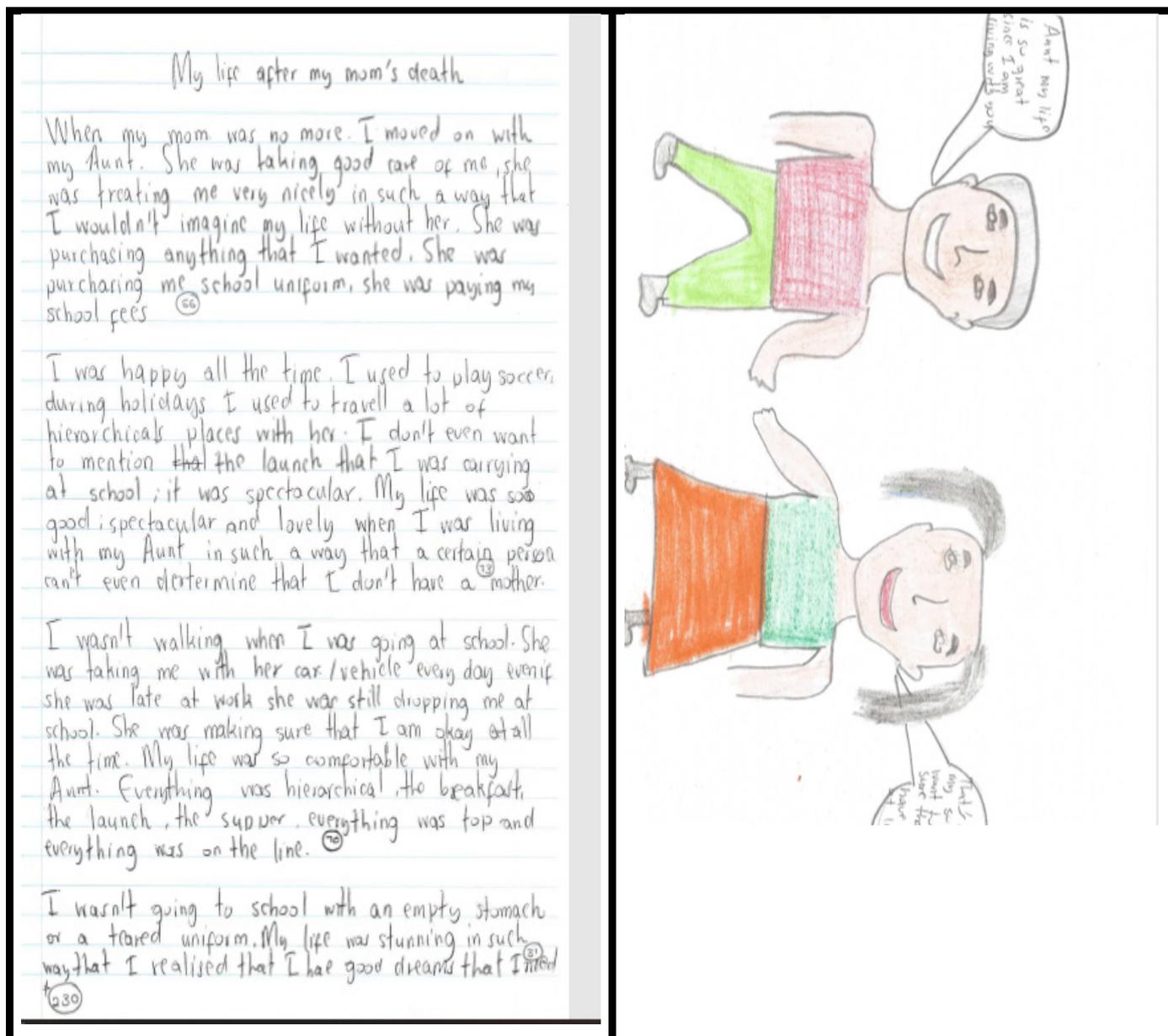
The participating mothers from the community who accepted orphaned children from the extended families felt that, because of the traumatic life that the children faced, they went the extra mile.

#### **5.4.2 Children’s experiences of positive care in extended families**

When children are gladly accepted into the extended family, the results are phenomenal. The children in my study express their joy of being accepted by family who love and care for them. They are also provided with all their necessities.

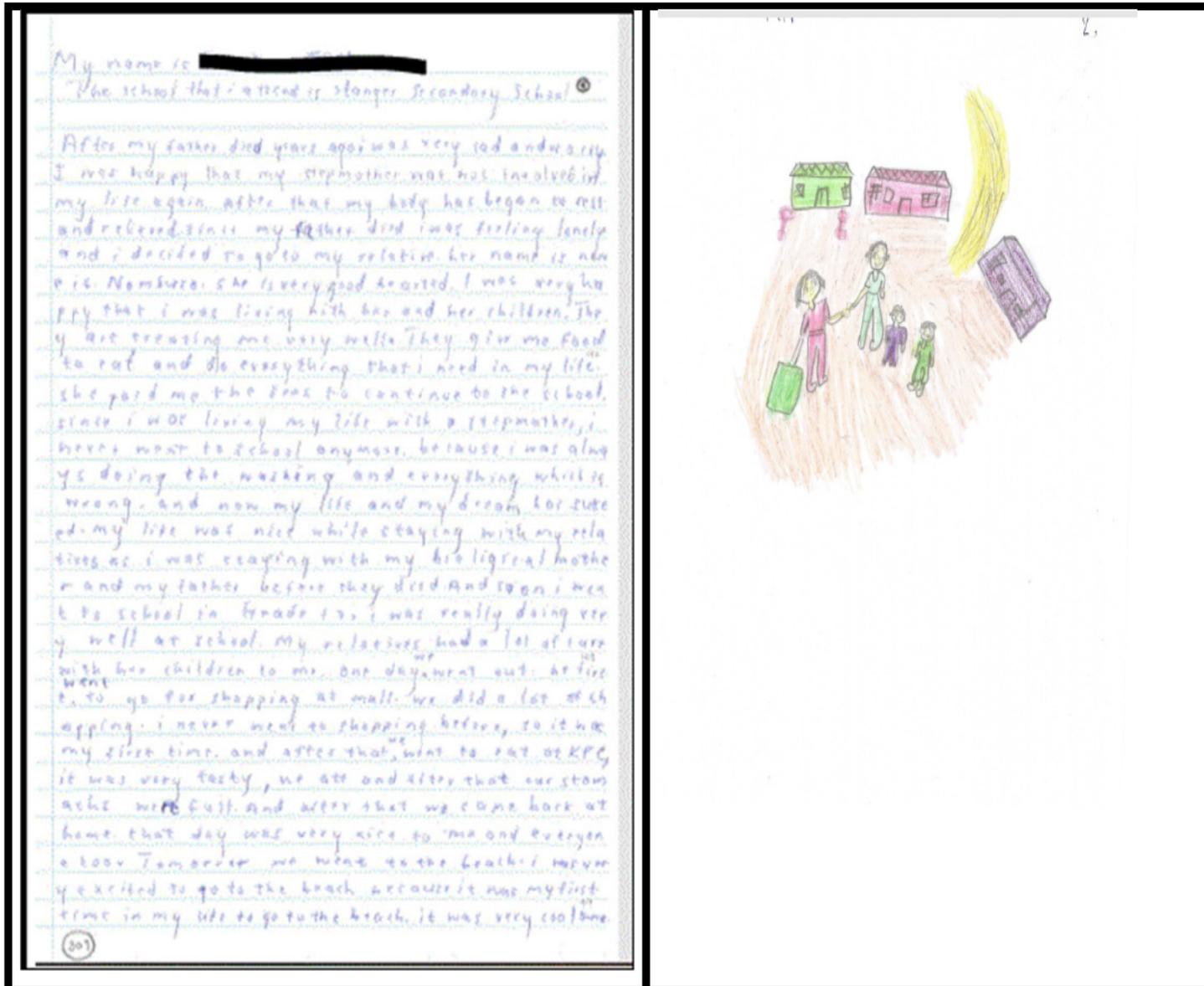
I was struck by one of the mothers who told me that the child she took into her home was three months old when her mother died. The father also abandoned the child. She was the mother’s sister, and she embraced this child. Syne grow up knowing that Ma was her very own mother. She said she didn’t want anyone to say or do anything to this child. She ensured that Syne received the best of everything. She had to have some documents completed at school and it was the very first time that Syne knew that Ma was not her own mother. Syne, although shocked, thanked her Ma for embracing her and giving the best. Syne said she will never ever forget the love that she receives in this home. This then concludes that, if children are taken into to the extended family homes, they need to be treated as one of the children of that home; it only brings out the best and enhances the life of an orphaned child.

Figure 5.14 Nomfundo, female, 17 years



“When my mum was no more, I moved on with my aunt... I used to play soccer, during the holidays I used to travel a lot of hierarchical places with her. I don't even want to mention the launch that I was carrying to school it was spectacular... I was living with my aunt in such a way that a certain person can't even determine that I don't have a mother”.

Figure 5.15 Thandiswa, female, 16 years

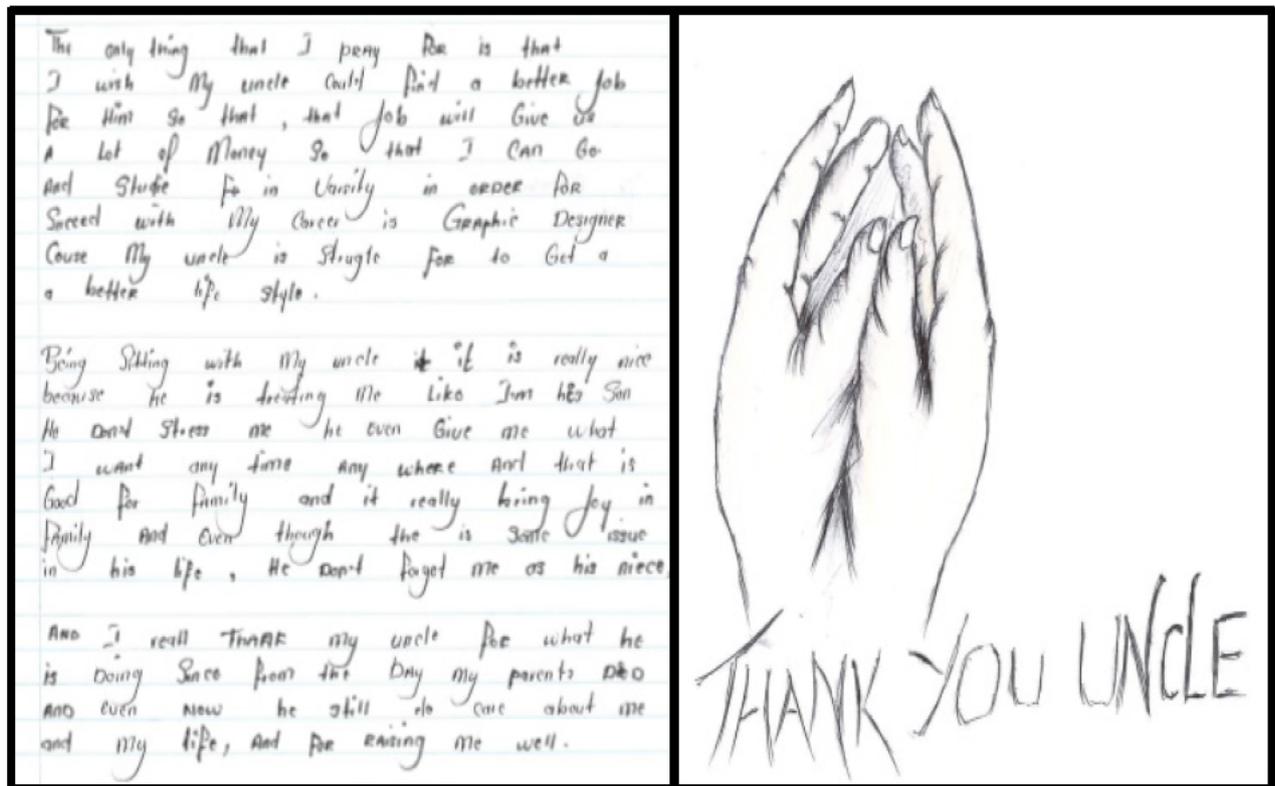


“After my father died years ago was very sad... I was happy that my stepmother was not in my life. I was very lonely and decided to go to my relatives. They take good care of me and give me everything I need”.

Onathi, 17 years, writes, “Life is hard, we don’t have clothes, but my aunt gives us food. We don’t have money for school fees.”

Lindiwe, 16, drew and wrote of the stability, love, care and support accorded by extended family.

Figure 5.16 Seloleku, male, 18 years



This picture of praying hands is the child who thanks his uncle for taking care of him. The only thing that I pray for is that I wish my uncle could find a better job so that the job will give us a lot of money. So that I can go and study at university. I really thank my uncle for what he is doing for my family. Since the day my parents died and even now he still cares about me”.

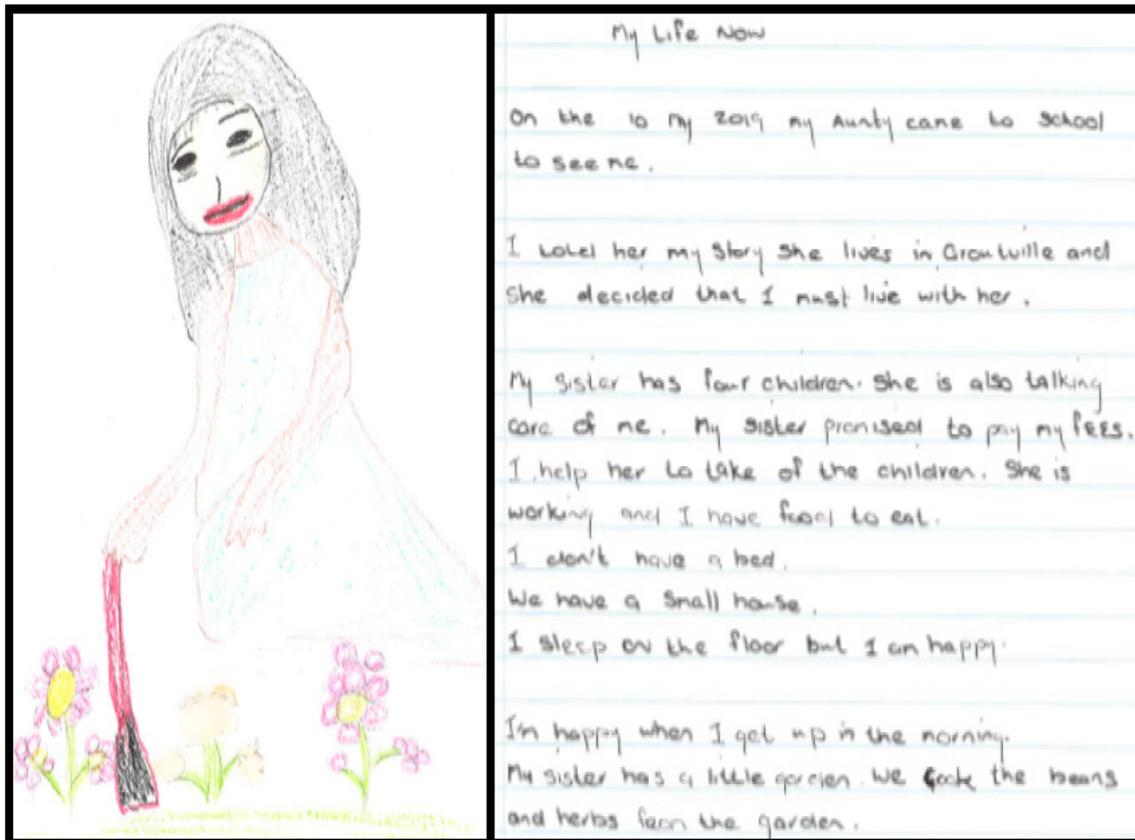
Phindile, 16, writes, “My sister is a hairdresser in Stanger who doesn’t earn much money but she provides everything for us. She managed to make me forget all those hardships of being an orphan. My sister has four children. She is also taking care of me. My sister promised to pay my fees. I help her to take care of the children. She is working and I have food to eat. I don’t have a bed. We have a small house. I sleep on the floor, but I am happy.”

In the absence of the nuclear family, vulnerable children are generally cared for and nurtured by the extended family (Mushunje, 2014). This is also derived from the African “ubuntu” concept. Ubuntu is an “age-old term for humanness; for caring, sharing and being in harmony with all of creation. As an ideal, it promotes co-operation between individuals, culture and nations” (Ubuntu: World Forum of Civil Society Networks, 2013). Ubuntu symbolises the backbone of African spirituality; the quality of Ubuntu gives people resilience, enabling them

to survive and emerge still human despite all efforts to dehumanize them (Tutu, 2000). This refers to the attention one human being gives to another: the kindness, courtesy, consideration and friendliness in the relationship between people, a code of behaviour, an attitude to others and to life....” Thus, a person with hunhu/ubuntu is one who upholds the African cultural standards. The extended family also provides for informal adoptions and fostering of vulnerable children. For example, in a collegial set up, vulnerable children that are fostered within the extended family set up are raised as part of the family and an outsider would never know they were not biological members of the nuclear family unless the family chose to divulge such information (Mushunje, 2014).

Lungelo, 17, writes, “When my mom was no more, I moved in with my aunt. She was taking good care of me. She was treating me very nicely in such a way that I wouldn’t imagine my life without her.”

**Figure 5.17 Nokubonga, female, 16 years**



“On the 10 My 2019 my aunty came to school to see me. I told her my story she lives in Groutville and she decided that I must live with her. My sister has four children she is also taking care of me. My sister promised to pay my fees. I help her to take care of the children. She is working and I have food to eat. I don't have a bed. We have a small house. I sleep on the floor but I am happy”.

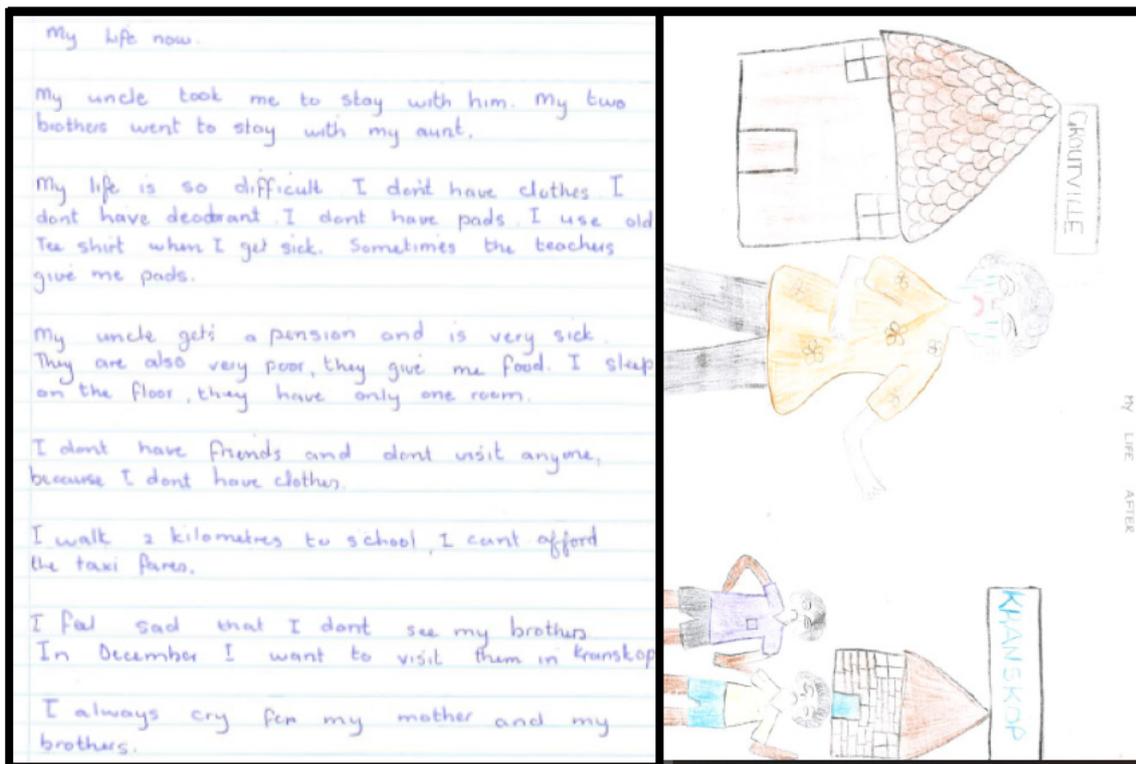
#### **5.4.3 The impact of poverty on family and school life**

Even in families that were fully supportive, the children were often exposed to the difficulties created by poverty. Children wrote, as well as drew, of the poverty they had to live with. Orphans are often cared for by extended family members, such as grandparents, ill-prepared physically, financially, and socially for this new challenge. Therefore, these children face grim prospects. They are often stigmatized by society, live in poverty, are more likely to be malnourished, attend school less frequently than their peers, and have a greater incidence of

psychological illnesses such as post-traumatic stress disorder, major depression, anxiety and behavioural problems (Acheba, 2004).

Orphaned children expressed concern about the unhealthy housing conditions in extended family households in which they lived. They revealed that they lived in traditional houses that were either leaking or in a state of disrepair. Apart from this, they mentioned that there was congestion in some of the houses, with family members crammed into rooms (Tanga, 2013).

**Figure 5.18 Zinhle, female, 15 years**



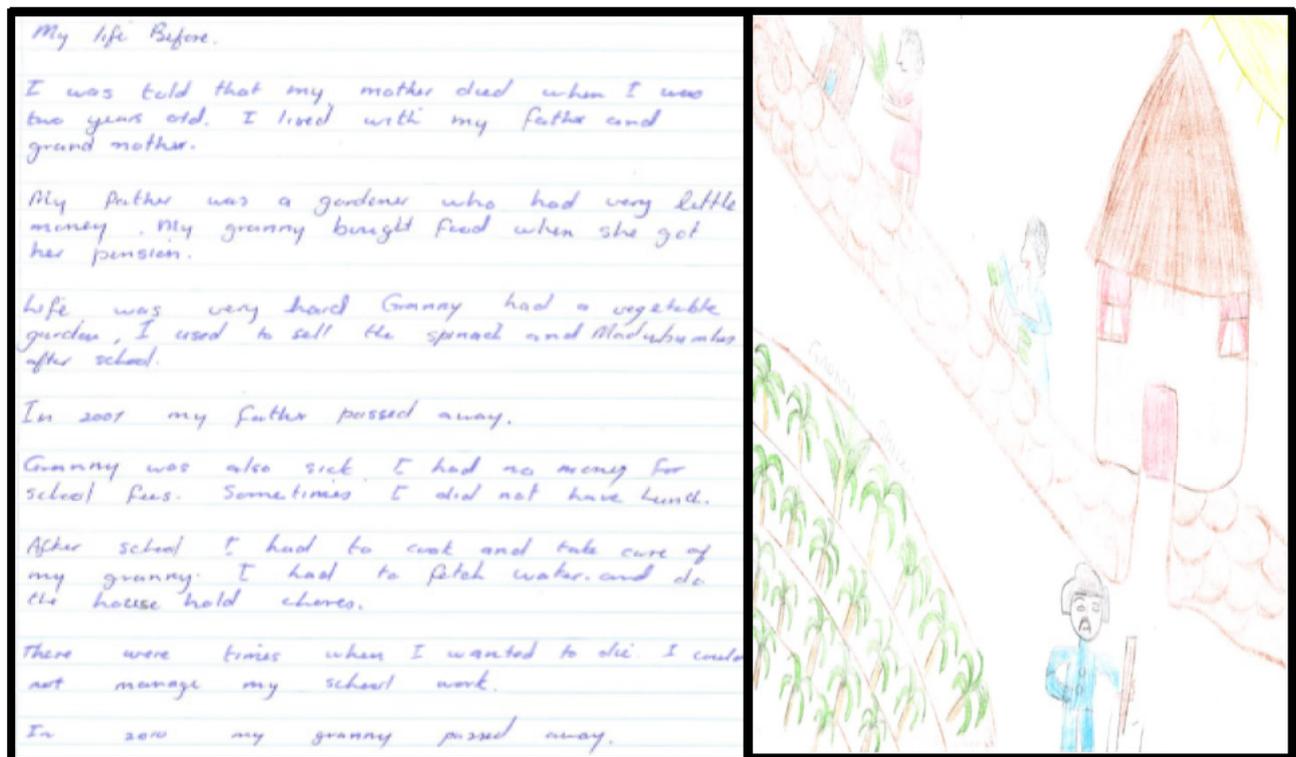
We see a picture of a child who is clearly very distressed, not by abuse or neglect, but by poverty. “My life is so difficult. I don’t have clothes. I don’t have deodorant. I don’t have pads I use old tee shirts when I get sick. Sometimes the teachers give me pads. My uncle gets a pension, and is very sick. They are also very poor. They give me food. I sleep on the floor. They have only one room”.

Fikile, 15, writes, “Life was very hard; granny had a vegetable garden, I used to sell the spinach and madumbe after school. Sometimes I did not have lunch.”

In terms of Bronfenbrenner's theory, the connection between microsystems such as family and school constitutes the mesosystem. Here the family's poverty leads to poor academic performance and stigmatisation.

Some children speak about poverty and the difficulty in paying school fees. Children also had difficulty coping at school because of hunger and the embarrassment of not paying school fees.

**Figure 5.19 Mary, female, 16 years**



“I was told that my mother died when I was two years old. My father was a gardener who had very little money. My granny bought food when she got her pension. Life was very hard. Granny had a vegetable garden. I used to sell the spinach and Madumbes after school.”

Mary draws the picture of two homes, one in Groutville and one in Kranskop. She is presently living in Groutville but wishes to see her brothers and sisters who live in Kranskop.

Zodwa writes: “There is no money to buy my lotion and even money to come to school. I’m not getting a grant. I can’t pay my school fees.”

Happy writes: “I don’t have clothes my school uniform is torn.”

Charity writes: “I had to often stay at home to take care of the children. My schoolwork suffered. I had no money to pay my school fees.”

Thabiso said: “I see myself as a graduate one day. I’ve struggled my whole life trying to find myself and see my future brighter than anyone’s future”. Thabiso’s thirst for education in his short but powerful excerpt, is an indication of the fact that children struggle to be educated.

According to Case et al. (2004), education is crucial to development. Declines in school investment that result from parents’ deaths have the potential to reduce the living standards of a large number of African children throughout their lives and to slow African growth further.

The focus group discussion with six educators (two from each school) enabled the triangulation of the data. These educators were very aware of issues faced by the orphaned children, such as the perception that orphaned children suffer a very low self-esteem. According to the educators almost all the orphaned children do not have proper school uniforms. They also attend school without lunches this then leads to poor concentration during instruction time.

“The orphaned children fall off to sleep during instruction time. They find it difficult to concentrate. We do try to assist only to discover that they have not had breakfast and they do have lunch to eat. We do have a nutrition program, but that meal is only served at 12h30.”

The educators highlighted the embarrassment orphaned children face when the school embarks on educational trips. The children cannot pay the fees as they themselves do not have access to their child support grants. The orphaned children had poor academic results. Orphaned learners are often stigmatized and discriminated against. Children want to feel a part of the crowd.

According to the educators, the extended families that they live with do not give them any access to their child support grant. When the school embarks on an excursion the children cannot attend as they do not have money. The educators also highlighted the poor academic performance of learners. Orphans may be more likely than nonorphans to live in poor households and, in the presence of credit constraints, lower household wealth may reduce investment in schooling (Case, 2004).

Carroll (2003) argues that education is a basic human right of every child, yet there are children who struggle to be educated. The educators highlighted the difficulties the children faced. There are times when orphaned children find it difficult to concentrate. It is very evident that they suffer a very low self-esteem because they do not have proper school uniforms. They often come to school without lunches. Current knowledge suggests that when parents die, the number

of resources available for education decreases. As a result, orphans are more likely to drop out of school than non-orphans, as school fees become unaffordable. However, when looking at the impact of orphanhood on education, it is important to consider not only enrolment rates, but also the quality and consistency of attendance. Such stigma and discrimination in schools contravenes the underlying principles of Education for All, and governments must legislate against all forms of discrimination (Carroll, 2003).

According to Rodriguez (2020), families living in poverty must often choose between sending their child to school or providing other basic needs. Even if families do not have to pay tuition fees, school comes with the added costs of uniforms, books, supplies, and/or exam fees. School remains too expensive for the poorest families. Some children are forced to stay at home doing chores or need to work. In other places, especially in crisis and conflict areas with destroyed infrastructure and limited resources, unaffordable private schools are sometimes the only option. Rodrigues (2020) further states that lack of access to adequate menstrual hygiene management also stops many girls from attending school. Some girls cannot afford to buy sanitary products, or they do not have access to clean water and sanitation to clean themselves and prevent disease. If safety is a concern due to lack of separate bathrooms, girls will stay home from school to avoid putting themselves at risk of sexual assault or harassment.

Schools not only benefit the child but can serve as important resource centres to meet the broader needs of the community (Pepfar, 2006). Schools can provide children with a safe structured environment, the emotional support and supervision of adults and the opportunity to learn how to interact with other children and develop social networks. “Education is likely to lead to employability and can foster a child developing a sense of competence” (Pepfar, 2006).

In households affected by HIV & AIDS, the school attendance of children drops off because their labour is required for subsistence activities and, in the face of reduced income and increased expenditure, the money earmarked for school expenses is used for basic necessities, medication and health services. Even where children are not withdrawn from school, education often begins to compete with the many other duties that affected children have to assume. In addition, stigmatisation may prompt affected children to stay away from school, rather than endure exclusion or ridicule by teachers and peers (Richter, 2004).

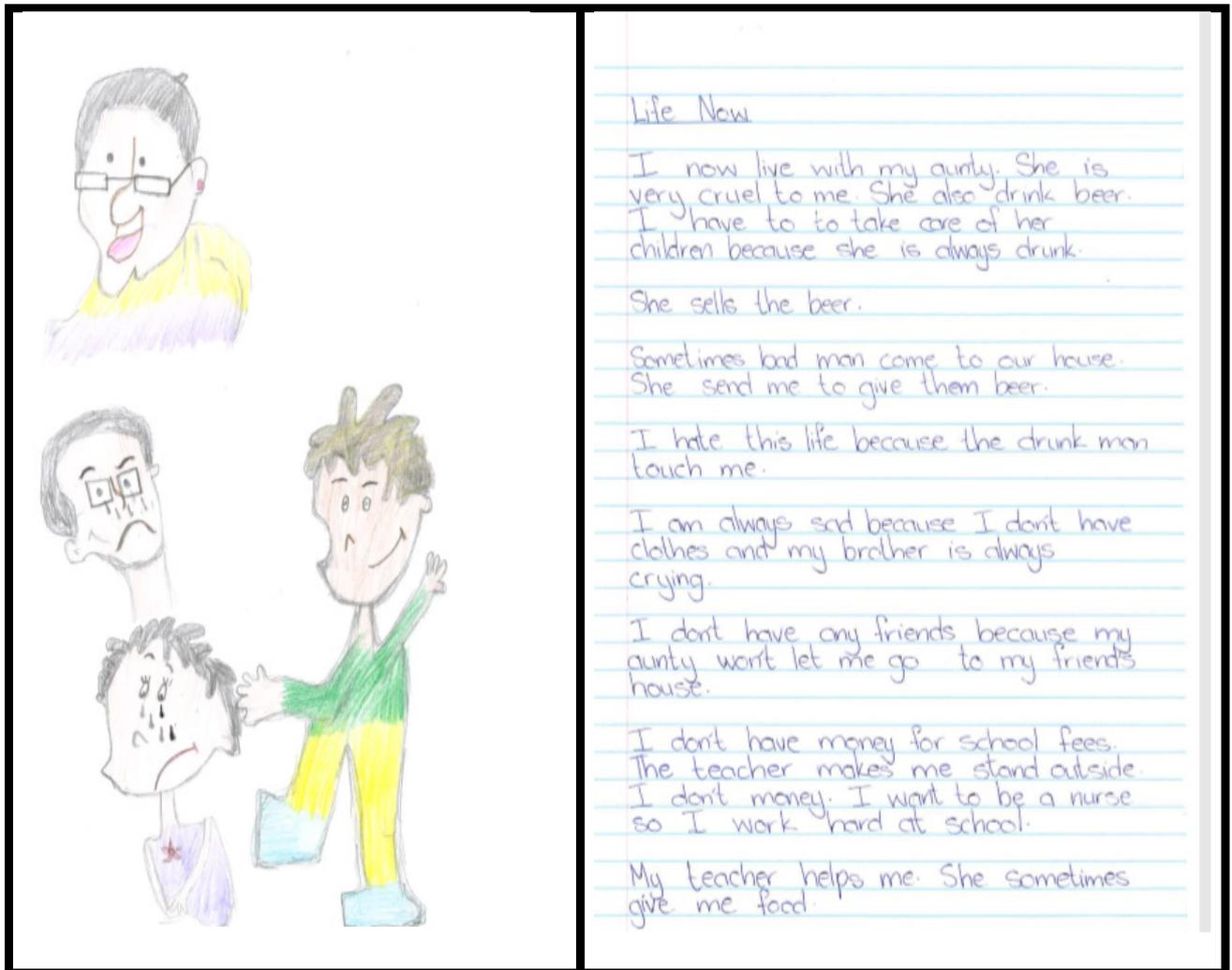
According to Mihai et al. (2015), poor families cannot cope with these financial limitations; there are also economic realities. Children have to quit school in order to earn money where "welfare" would depend on the family. Children drop out of school because of poverty. This leads to the perpetuation of child poverty and the potential to achieve incomes decreases. Lack of education perpetuates poverty and poverty limits access to education.

#### **5.4.4 Physical abuse of children**

Children living with extended families after the loss of parents spoke about being ostracised and abused, both physically and sexually. This causes children to be emotionally distressed and this in turn leads to depression. Children wrote and drew about the abuse that they encountered.

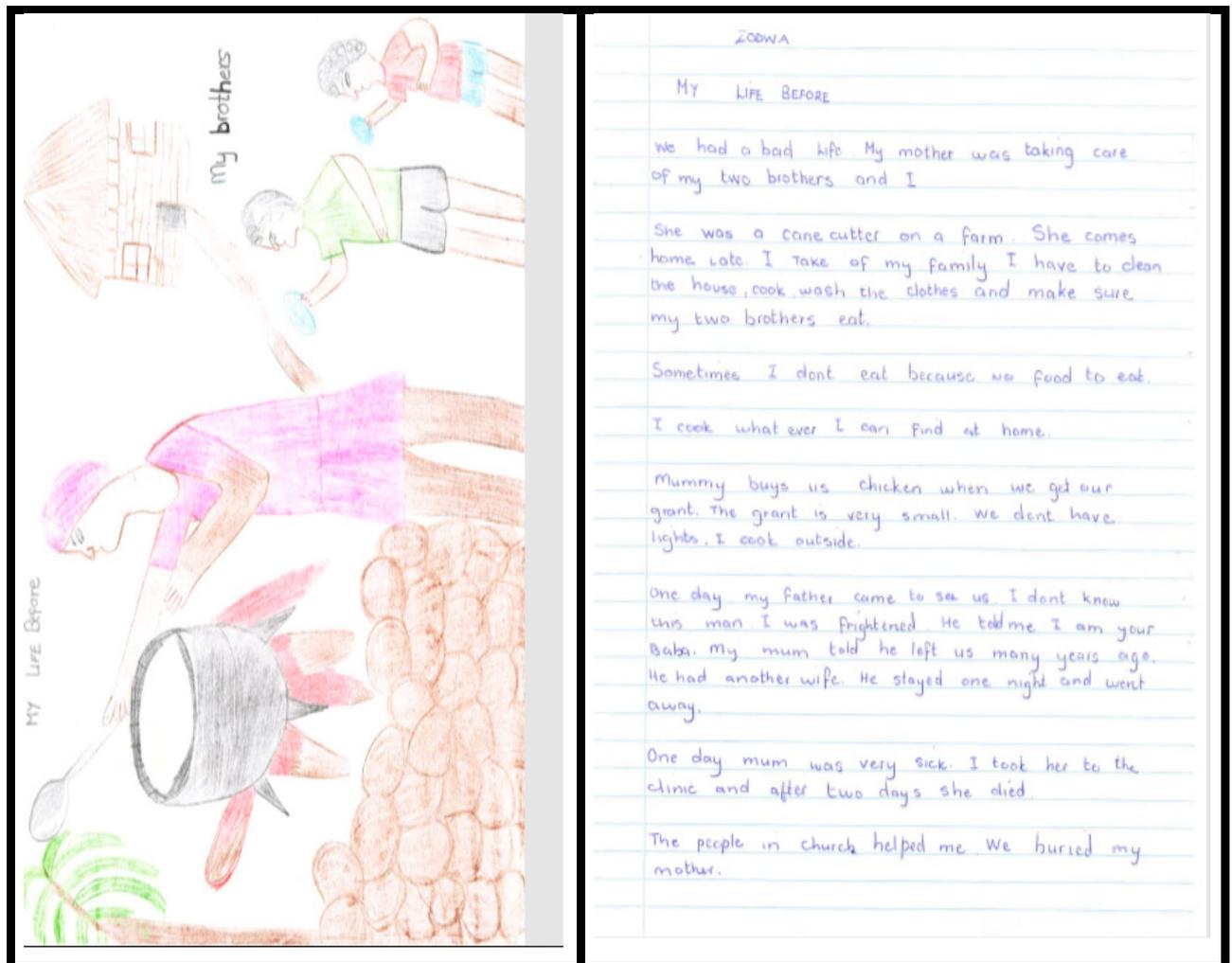
Kettler (2008) points out that kinship care arrangements are complicated by abuse and family dysfunction. Family relationships become strained by conflict, threats, and violence. Substance abuse, in particular, creates great difficulties, given its serious impact on parenting capacity and on relationships between children, carers and parents, and its coexistence with family violence, often testing loyalties to the limit.

Figure 5.20 Sinenhlanhla, female, 15 years



Sinenhlanhla is always unhappy. "I now live with my aunty. She is very cruel to me. She also drink beer. I have to take care of her children because she is always drunk. She sells the beer. I hate this life because the drunk man touch me. I am always sad because I don't have clothes and my brother is always crying."

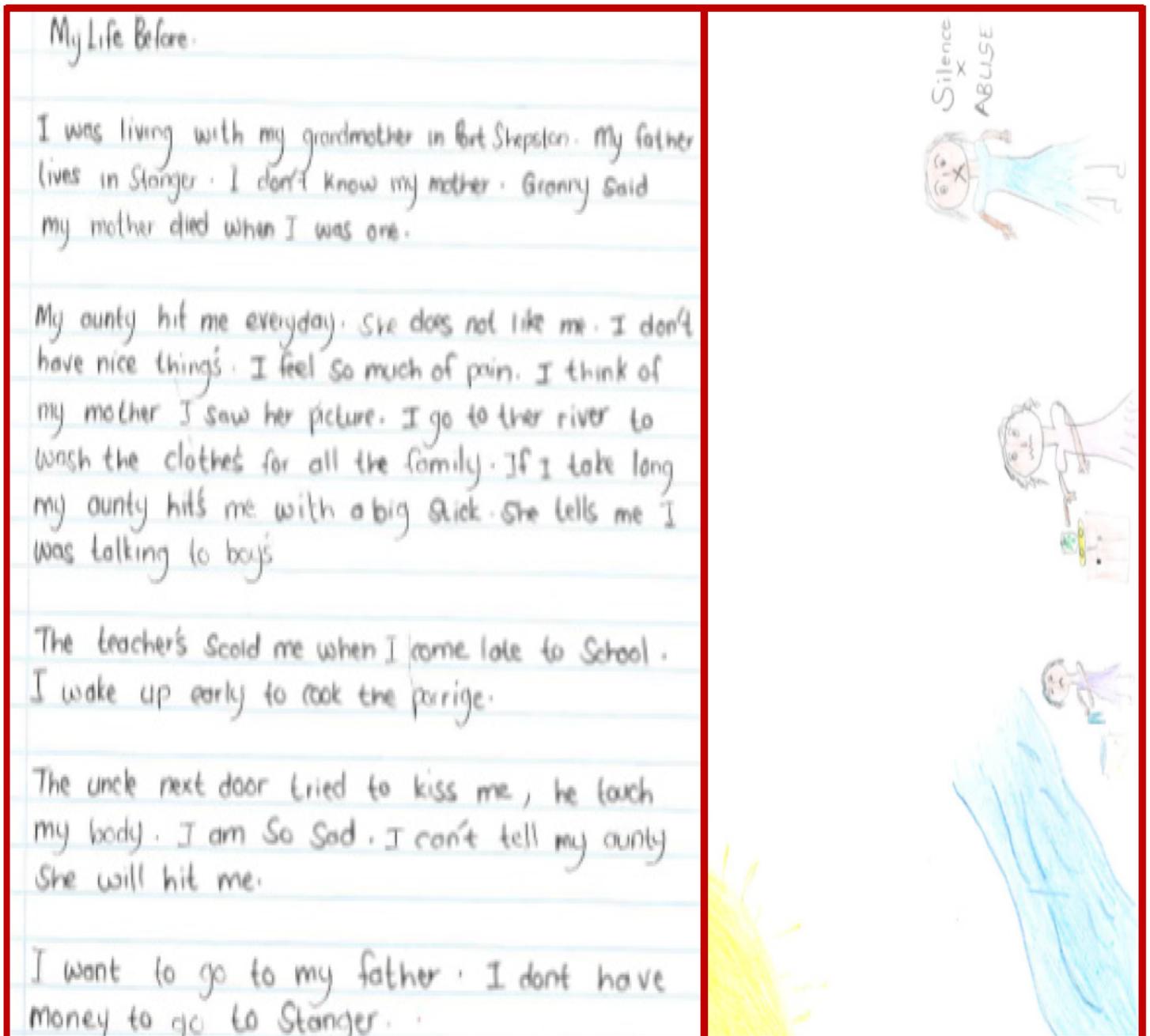
Figure 5.21 Zodwa, female, 16 years



“We had a bad life my mum was taking care of my brother’s and I. She was a cane cutter on a farm. She came home late I [took] care of the family. I have to clean the house and wash the clothes and make sure my two brothers eat. Sometimes I don’t eat because no food to eat. Mummy buys us chicken when we get our grant. The grant is very small we don’t have lights, I cook outside... One day mum was very sick. I took her to the clinic and after two days she died.”

Zandile, 16, writes, “My dad works but he didn’t care about us, he left everything to my grandparents. He didn’t send any money just for cosmetics. Well, I don’t blame him because he is a drunkard, and we don’t have a good relationship.”

Figure 5.22 Charity, female, 15 years



This a picture of a child being physically abused. Charity writes. "My aunty hits me everyday. She does not like me. I don't have nice things. I feel so much of pain. I think of my mother. I saw her picture. I go to the river to wash the clothes for the whole family. If I take long my

aunty hits me with a big stick. She tells me I was talking to boys. The teacher's scold me then I come late to school. I wake up early to cook the porridge.”

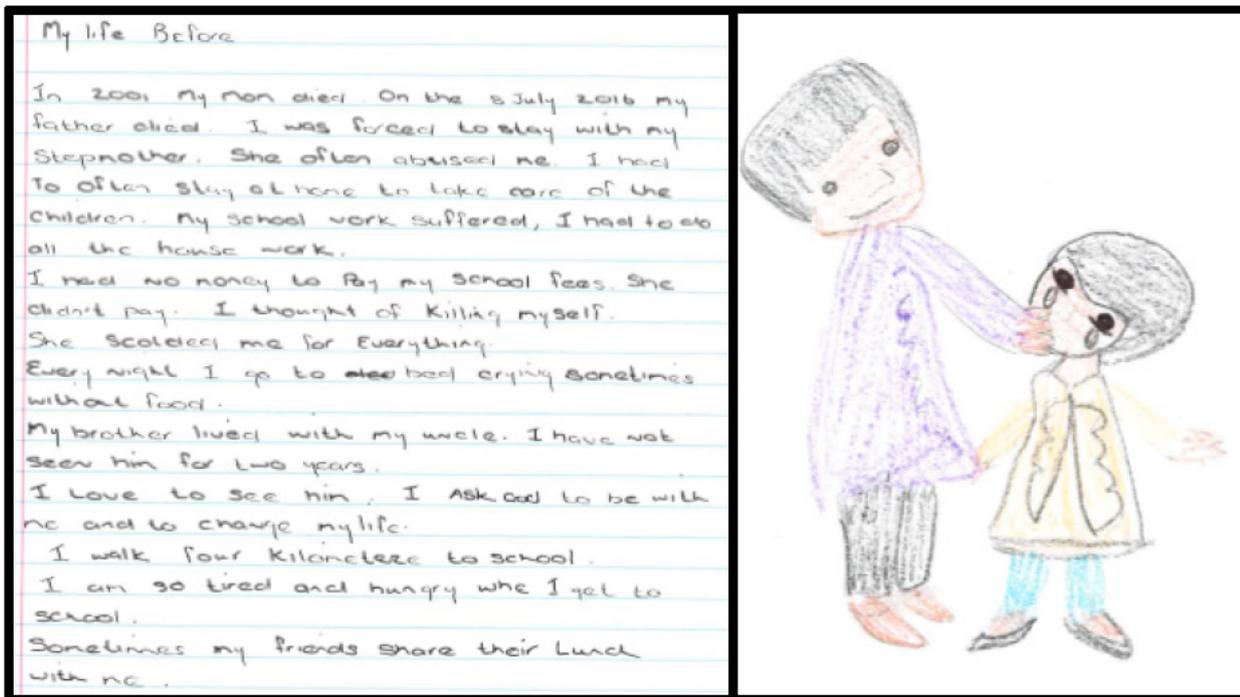
Silindile, 16 years, writes, “I go to the river to wash the clothes for all the family. If I take long my aunty hits me with a big stick. She tells me I was talking to boys... My aunty hit me every day. She does not like me. I don't have nice things. I feel so much pain. I think of my mother.”

Mandisa, 17, writes, “I now live with my aunty. She is very cruel to me. She also drinks beer. I have to take care of her children because she is always drunk.”

#### **5.4.5 Emotional abuse**

A few children wrote about the emotional abuse they had to endure. According to Langham (2019), emotional abuse, also known as mental abuse, psychological abuse, and verbal abuse, is a form of psychological harm that occurs when one person subjects another one to harmful, degrading, belittling, and derogatory words and/or actions. Years of being emotionally abused can, as a result, lead to emotional trauma and/or a mental health condition like an anxiety disorder, depression, or post-traumatic stress disorder.

**Figure 5.23 Donna, female, 15 years**



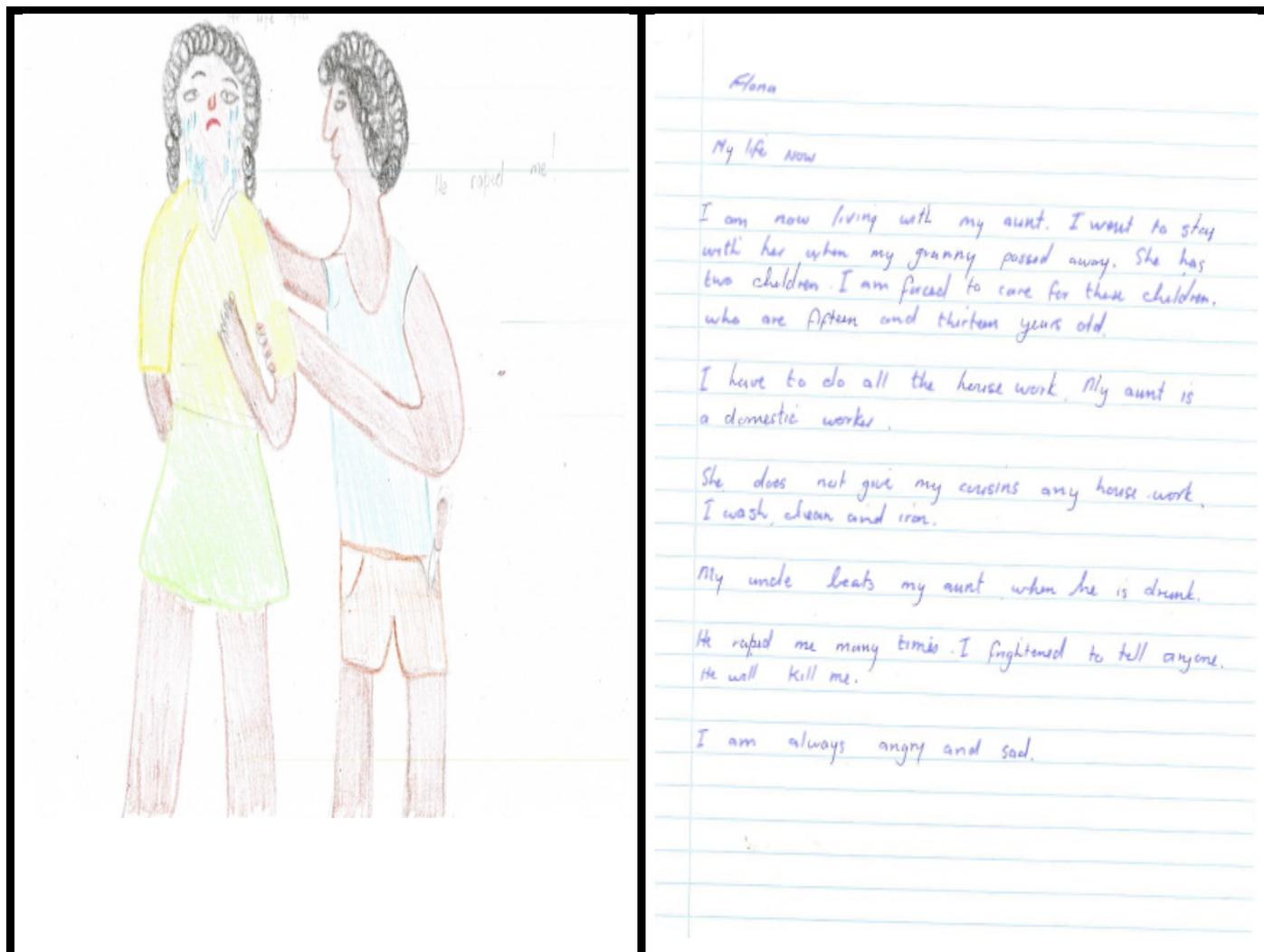
“I love to see him [my brother]. I have not seen him for two years. I ask God to be with me and to change my life. I walk four kilometers to school. I am so tired and hungry when I get to school. Sometimes my friends share their lunch with me”.

#### **5.4.6 Sexual abuse**

Childhood sexual abuse infringes on the basic rights of human beings. Children should be able to have sexual experiences at the appropriate developmental time and within their control and choice. The nature and dynamics of sexual abuse and sexually abusive relationships are often traumatic. Childhood sexual abuse has been correlated with higher levels of depression, guilt, shame, self-blame, eating disorders, somatic concerns, anxiety, dissociative patterns, repression, denial, sexual problems, and relationship problems (Hall, 2011).

The pain and trauma of sexual abuse of children were expressed in their drawings.

Figure 5.24 Minenhle, female, 15 years



The picture is of a very distressed girl in tears and a male touching her. “I now live with my aunt. I went to stay with her when my granny passed away. She has two children. I’m forced to care for these children who are fifteen- and thirteen-year-old. I have to do all the housework my aunt is a domestic worker. My uncle beats my aunt when he is drunk. He raped me many times. I frightened to tell anyone he will kill me”.

#### 5.4.7 Order and care in the E-Centre

A major contrast between the experiences of children in extended families and those in the E-Centre was that between the wide range of experiences in the former and the sense of institutional order and predictable care in the latter.

Brown (2017) states that an institution for children is defined as “a group living arrangement for more than ten children, without parents or surrogate parents, in which care is provided by a much smaller number of paid adult carers. Residential care implies an organised, routine and impersonal structure to the living arrangements for children; [for example], all children sleep, eat and [go to] toilet at the same time) and a professional relationship, rather than parental relationship, between the adults and children.”

The abuse and neglect experienced by the children in their family lives, as reported above, pose challenges for staff in the E-Centre, as the social worker explained in his interview. He stressed that when the children initially enter the Centre, they display a lot of behavioural difficulties. The social worker had this to say “Their general behaviour is on and off, it varies from a good couple of hours, on a good day if you are lucky, you will have a good week. This is influenced by a number of factors. The children themselves influence each other. You must be very observant and correct unacceptable behaviour instantly. They must adjust to a new home, new surroundings and new people.” He also said that they come there with a lot of pain and anger, and they have to be very patient and understanding to allow the process of integration to take place. According to Norman (2012), compared to their peers, children of substance abusing parents show increased rates of anxiety, depression, oppositional behaviour, conduct problems, and aggressive behaviour as well as lower rates of self-esteem and social competence.

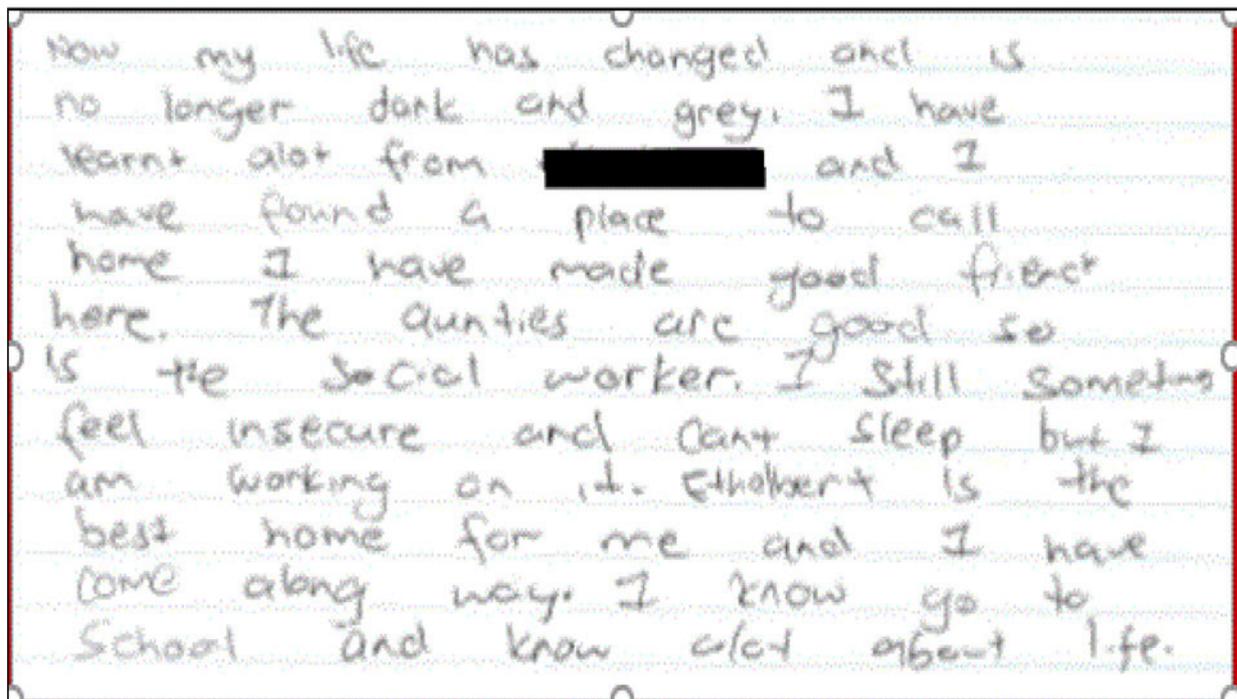
Despite their own personal challenges, they are made aware of the rules and values which they themselves come up with during discussion with the social worker and of the E-Centre. They are reminded that it must be followed or there are consequences. “They have a set routine; they know it they don’t follow it. They must be constantly reminded. There must be constant supervision.

Staff also have difficulties with children who are not interested in their education. They often hide their homework. The social worker goes through all their books. The social worker also visits the different schools to check on the progress of the children. Each child is given a book where the teachers make note of additional work to be done. The social worker also writes notes to the teacher if the need arises.

“Children are not very interested in schoolwork. Some lack focus, others try to hide homework. We have a strict routine. Everyone must be doing the same thing at the same time. We check homework books and sign them. We also communicate with teachers through writing little notes to the teacher in the homework book” (Social worker).

In this study, what the children report of their placement at the E-Centre is that their lives changed for the better.

**Figure 5.25 Angelo, male, 14 years**



Angelo is comfortable and safe in the E-Centre. “Now my life has changed it is no longer dark and grey. I have learnt a lot and I have found a place to call home. I have made good friends here. The aunties are good so is the social worker. I still sometimes feel insecure and can’t sleep but I am working on it. I go to school”.

One child, Dumisani, a male 15 years old, wrote this about the E-Centre:

The children’s home is very strict, organised with good rules that we are given. The home teaches you morals, lessons how to deal with life.

Another child, Sanele, a male 15 years old, wrote,

My life at the E-Centre is actually amazing and it was bad at some time I had many challenges.

The children in the E- Centre are well cared for. The children are expected to abide by the rules and values of the Centre. Although the children's home is not a nuclear family the safety, care and love accorded to the children is exemplary. Children who have experienced physical and emotional abuse find comfort within a safe institution. Gibbs (1998) reports that children and young people who live in institutions frequently cite the positive relationships with staff as central to their care experience. He further states that children in residential care express their preference for residential care over other alternatives. The goals of many childcare institutions are to improve and enhance the lives of vulnerable and orphaned children.

## **5.5 CHILDREN LONGING FOR FAMILY**

According to Marmot (2012), families are the primary environment for children's emotional, physical and social development, especially in the years before reaching school-age and again during adolescence. Pringle (1986) argues that parental love is not just behavioural or attitudinal but has emotional components that permeate through all our actions with a child. Furthermore, if we love a child, then we would try to be close and maintain closeness to the child, both physically and psychologically, other things being equal.

Despite the management ensuring the safety and well-being of the child, we see in the findings that child still long for biological families. Family care is our species-specific cultural adaptation to ensure children's growth, learning and socialisation. As human beings, our neurophysiological functioning, emotional regulation and cooperative learning, are tailored to function optimally in stable, secure and affectionate relationships with others. For children, especially young children, this is critical (Richter, 2004).

Klingvall (2001) emphasises that a child is entitled to grow up in a family. In the preamble to the Convention on the Rights of the Child, the family is emphasised as the natural setting for a child's development and wellbeing: 'The child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding'. Throughout their upbringing, children depend on their parents and on interaction with them. This interaction and parent-child bonding form the basis of the child's entire development. It is thus in close contact with parents, that can provide the security and care the child needs, that the rights of the child assume a genuine meaning.



Wen I was yung my mom but mi on the ~~sid~~  
road and ~~my~~ someone tall me to a home  
and I was in three homes and I riel  
loved my mom and ~~my~~ dad and I have a Sitter  
but he love me a lot I want my mom and dad  
buck with me. and this home is Very nice and  
I have lots of fun. and I went to play for the  
mimp sheks Ruby and I went to pretoria ~~in~~ with  
lots of polpe and win. I am big a went to ~~p~~ become  
a spot man and I went to ~~a~~ corree to see how this  
home ~~is~~ is like so I can preg something for this home  
~~to~~ and Tell them a was ~~is~~ ~~thi~~ and let ~~me~~ ~~at~~ them  
no about my life was I was in this home  
and to tell thim not to loss hope and one day  
the god will find thir mom ~~em~~ and dad and to live  
a happy life and belive in God your fatter  
and wed do ~~the~~ <sup>good</sup> thing to help peple and I love  
muck ~~new~~ meet new pelpe and have lot of fun

“Wen I was yung my mum but mi on the road and someone tall me to a home and I was in three homes... I want my mum and dad buck with me. and this home is Very nice, and I have lots of fun... and one day the God will find their mum and dad and to live a happy life”.

**Figure 5.28 Vuyo, male, 15 years**



Vuyo drew a picture of his mother and father, and he says he loves them,

Vuyo, male, 14 years wrote,

“I was in three homes, and I really love my mum and dad. I have a sitter and he loves me a lot. I want my mum and dad back with me”.

Donna, female, 14 years wrote:

“What makes me sad is that I did not go to see my mum.”

Angelo, male 14 years wrote,

“The only thing that the [E-Centre] cannot do is to get everyone back to their families.”

According to Goldsmith (2004), during their foster stay, children experience confusion and significant emotional distress as they attempt to manage the continued separation and their desire for reconciliation.

When children are subjected to maltreatment in the United States, state laws mandate removal from the home under certain circumstances. Unfortunately, the child’s distress over being removed from the primary caregiver and placed in a shelter environment is often underestimated by professionals. They seem to focus on the maltreatment the child was subjected to by the caregiver and assume that the child will be relieved to escape his or her plight (Goldsmith, 2004).

## **5.6 CONCLUSION: LIFE WITH EXTENDED FAMILY**

The rich values of the IsiZulu culture encapsulates the strong value of family and the importance of constantly maintaining strong relationships, which then highlights the lives of orphaned children who, in essence, according to the IsiZulu culture, are not orphans. Whilst this is the norm of society, many children are taken in by extended family and are so badly mistreated. Children suffer emotional abuse, physical abuse and sexually abuse. What has gone wrong with society and why have we lost our dignity and decorum?

Mutiso (2018) states that, as in the rest of Africa, the functioning of the extended family system is changing. It has for generations functioned as a safety-net for orphans and vulnerable children, but due to modernization this is changing. Migration to urban areas creates a distance between people and their extended family and people tend to lose their feeling of responsibility towards more distant family members. The growing idea of the nuclear family also contributes to the notion of the family consisting of mainly mother, father and children, leaving out “the rest”. Poverty is also a major reason why orphans are rejected by their extended families. They simply do not have the resources to care for them.

Dalen (2009) indicates that orphans experience emotional and psychological distress following the deaths of their parents, which leads to their poverty, their exploitation in the homes of their relatives, and their loss of educational opportunities. The emerging evidence suggests that older orphans are at risk of poorer psychosocial outcomes as the negative mental health outcomes amongst orphans are maintained and worsen into later adolescence. Furthermore, older orphans have a higher risk of school dropout which is heightened by lack of kin support.

## **5.7 CHAPTER SUMMARY**

This chapter has addressed the findings from the data from the children in both groups, as well as from caregivers and educators. It has demonstrated the continued strength of the Zulu kinship system, as well as the stress it now faces and its occasional failure.

The chapter has presented the themes that emerge from analysis of the data. The next chapter will take up a fuller analysis of these findings, connecting with the relevant literature.

## **CHAPTER SIX**

### **ANALYSIS OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

#### **6.1 INTRODUCTION**

This chapter concludes the analysis of the findings that were presented in chapter five, and sets out the final conclusions and recommendations. Chapter five dealt with the findings related to both groups of children – those removed from parents to go into the E-Centre and those who were orphaned and move to caregivers from extended families. These findings relate to the periods both before the transition from being with parents and after they were moved.

The findings are analysed through Bronfenbrenner's Ecological Systems Theory, which was presented in chapter three. It proceeds to a discussion of the responses to the six research questions, before addressing other issues that go beyond those and that were identified within the themes. In addition, there are other findings of significance.

This chapter is therefore arranged according to the following subheadings:

- (i) Application of Bronfenbrenner's theory to the study
- (ii) Findings in response to research questions
- (iii) Additional issues from the themes
- (iv) Other findings of significance
- (v) Recommendations
- (vi) The thesis in retrospect

#### **6.2 APPLICATION OF BRONFENBRENNER'S THEORY TO THE STUDY**

Bronfenbrenner (1974, 1979) defined the microsystem as the most proximal setting with particular physical characteristics in which a person is situated, such as the home, child care, playground, and place of work, and in which the developing person can interact in a face-to-face way with others. The setting is one in which activities and interpersonal roles and relations engaged in over time are the constitutive elements.

According to Bronfenbrenner (1977), the microsystem is the most intimate, intense, durable, influential, and innermost level of the different systems that make up the environment. Much

of an individual's behavior is learned in the microsystem. An individual is the product of her microsystem. The microsystem includes family, peer group, classroom, and, in many cases, the relevant religious institution. The influences of the microsystem extend to all aspects of development, language, nutrition, security, health, and beliefs. Of all the microsystems, family is the most influential for emotional development, and as an individual matures the range of emotion grows to include the influences of his expanding environment. As previously stated, the relationships between the ecological systems and the individual are dynamic and influence one another, therefore it is important to note that these systems are not static.

In the context of this study, the theory directs our attention to the family and school context, in particular, of children with their parents and then in the changed context, either within the extended family where they are placed or in the E-Centre.

Bronfenbrenner (1977) further states that the development of a child is largely dependent on his environment. This environment impacts greatly on the development of the child. If the environment is loving encouraging and nurturing then out of this environment a beautiful soul emerges. This can only be possible if the children are nurtured in a loving manner. The children that experience emotional, physical and sexual abuse within the immediate setting will develop into unstable adults. Physical and emotional abuse can impact on the child's mental health and well being.

The microsystem is determined by the people that actually influence his growth. If the people around him play an active part in his life then he will also grow under positive circumstances. In this instance the extended family must encourage and be extremely supportive in order for the child to grow. The fact that they have assumed the responsibility they need to fulfil their obligations. The microsystem, through the cultural values of African culture, means that a child, even when not a biological sibling, is expected to be treated as one of the immediate family members.

The mesosystem comprises "the relationship among major settings containing the developing person at a particular point of his or her life" (Bronfenbrenner, 1977) The mesosystem refers to a system of microsystems, or to the interactions between the microsystems. Each mesosystem, through which an individual experiences new activities and social structures, influences development. Mesosystems can also be dyadic systems that include interpersonal relationships. A mesosystem could manifest itself as the interpersonal bonding between the developing individual and the members of a specific microsystem. The interconnections

between settings and people are not limited to those made by the developing individual, but also include those made between other people in her microsystems. Such interconnections could vary from connections between a child's home and school, to his parents and teachers trying to coordinate their efforts to educate the child. The lives of the children living with extended family are not limited to that context – there are also relationships with teachers, while those in the E-Centre are interacting with the social workers and house parents.

According to Bronfenbrenner (1977), the exosystem surrounds the microsystems. These systems include all external networks, such as community and educational structures that influence the microsystems. Even though a developing individual has no direct interaction with the exosystem, it nevertheless affects her experiences. These experiences are impacted because the exosystem influences the settings of the systems in which the individual participates directly. Whether formal or informal, exosystems are an extension of the mesosystems and influence their social structures. These structures provide a foundation for the relationships of the developing person such as values, resources, and context to their relationships in the communities. Health agencies, religious institutions, mass media, communities, and schools are examples of exosystems in the life of the developing individual, that in turn may influence the microsystem and other layers. For example, an effective health system has an ameliorating impact on the HIV & AIDS pandemic, extending the lives of caregivers in many cases. .

The macrosystem differs fundamentally from the other levels of context, embracing the institutional systems of a culture or subculture, such as the economic, social, education, legal, and political systems Bronfenbrenner stated that the influence of the macrosystem on the other ecological settings is reflected in how the lower systems (e.g., family, school) function (Bronfenbrenner, 1977). This becomes relevant in this study through such issues as foster grants received by caregivers, through the economic context, for example, in the ability of the economy to generate employment or not, and the legislation that is intended to ensure freedom from abuse or neglect, whether this is effective or not.

### **6.3 FINDINGS IN RESPONSE TO RESEARCH QUESTIONS**

This section summarises the findings that have been made in relation to these research questions:

- 1) What is the current nature of the Zulu kinship system?
- 2) What are the positive and negative effects of Zulu kinship care on orphaned and vulnerable children?
- 3) How is the education of orphaned and vulnerable children affected by poverty?
- 4) What are the effects of institutionalised care on the emotions of orphaned and vulnerable children?
- 5) What are the effects of institutionalised care on the well-being of orphaned and vulnerable children?

### **6.3.1 The current nature and effects of the Zulu kinship system**

This addresses research question 1.

The research that was conducted with the orphaned children from the three schools yielded a range of experiences related to kinship. In some instances the values of the kinship care system are evident as children are accepted and well treated with the households of family members. The positive impact of the kinship care then shapes a well balanced child who integrates into the community as one of their own. In other instances, it is clear that the kinship care system is failing our children as they are exposed to child abuse and neglect. This abuse has had a negative impact on the development and well being of children.

In one sense, the Zulu kinship system remains powerful and effective. In a context with high levels of orphanhood, children are being taken up by other members of the extended family. Such fostering is treated by the caregivers as a natural process; the strength of the family as an institution means that responsibility is assumed almost automatically.

In terms of Bronfenbrenner's Ecological System (1979), this means that the microsystem takes the form not only of the nuclear family; the extended family is the central element in the microsystem. According to Swigart (2001), family is very important throughout Africa. Families, not individuals, are the building blocks of African society. Most people live in households that include not only the nuclear family (mother, father, children) but also members of their extended family (grandparents, aunts, uncles, cousins, and others). Family members act as both an economic and emotional network and provide individuals with a sense of who they are and where they belong.

Children's formative years shapes who they eventually become as they grow older. To reach and achieve their full potential, children need a safe and secure home environment. They need

a safe and secure home environment, nutritious food and clothes and above all access to good education. According to Heurta (2013), although parents are primary in ensuring their children's well-being and healthy development, a broad range of government programmes also play an important role, especially for children in low-income families. Safety net programmes provide financial assistance to families in the form of cash payments or subsidised housing, child care, or food, all of which help to alleviate the immediate effects of instability.

Family is also beneficial for the child's self-confidence. Growing up in a stable, unified household gives the child the ability to go out and face the world without the worry that they won't have a support system to back them up. Not only do these family qualities influence their child's self-confidence, they have also been shown to create better communication skills (Mlodzienski, 2019). All in all, having a child grow up in a family environment leads to them seeking out better relationships, have better communication and social skills, are better prepared for school, and helps them get ready to experience success in their lives (Mlodzienski, 2019).

However, Dalen (2009) states that, while the extended families remain the principal care units for orphaned children, due to the greatly increased number of orphaned children in some regions, the families' abilities to care for orphaned children seem to have reached the maximum elasticity of absorption which, in turn, has led to the growth of sibling headed households. It is important to note that this study did not collect data from children in this situation. It represents the weakening of the kinship system as it has been strained beyond its capacity. This is a new development within a microsystem that is under considerable stress.

In conclusion, there is ample evidence from the study that the Zulu system of kinship care is still alive and functions in ways that succeed in taking responsibility for orphaned children. However, it is under stress; further, as is explained more fully below, taking up these responsibilities is one thing; it is the quality of care that must also be addressed.

### **6.3.2 Positive and negative effects of kinship**

In relation to research question 2, the findings were that both care and abuse are found in these situations of placement within the extended family. While caregivers speak of their role in uniformly positive terms, pointing to their willingness to bear sacrifices for the sake of the children they foster, the view provided by the children in extended families is far more diverse. Children report sacrificial care, warmth and financial support; they also report being subject in

some cases to physical, emotional and even directly sexual abuse. As Bronfenbrenner (1979) points out, this has long-term implications for the development of these children, with either positive or negative outcomes, depending on the quality of care.

In many cases, it is evident from the findings that children in many instances have been accepted as their own children by adults within the household that they were moved to. One of the roles of the extended family network has been that of providing effective social security to orphans and other vulnerable children in traditional agricultural societies (Mushunje & Mafico, 2017) The uniqueness of this system with regards to parenting in our traditional African communities is that the responsibility in taking care of the child is not only to the biological parents. This is shared by all in the extended family. This is buttressed by the African proverb on parenting which says that “a single hand cannot nurse a child”. This implies that, although the biological mother has the responsibility of taking care of the child, the responsibility is being shared by all. Adinlofu (2009) further noted that the extended family provides emotional needs to all involved. It is a cohesive unit that ideally provides economic, social and psychological security to all its members. Adinlofu (2009) further mentions that the extended family ensures procreation of children and provides for the early care and training of children. This same family system defines “social and moral norms and safeguards both material and spiritual customs and traditions as well as providing a variety of role models preparing the way for adulthood”. Adinlofu (2009) emphasizes that the dominance of the elders/aged has a relatively high degree of social control on the individual especially, the youth.

The presence of immediate family in the life of orphaned children has a great advantage that enhances their social well-being. The children live in an environment with family they are. As Ogobnwam (2008) records, an important traditional value has been modern African love for, and practice of, the extended family system. As a matter of fact, the extended family characterizes the life of the African and somehow shapes his personality and outlook on life.

According to Abdullahi (2010), it is widely recognized that children have increased resilience to be able to bear shocks and hardships when they are surrounded by people who love, care and protect them. The sense of belonging that children achieve through such relationships and the hope for a positive future that is nurtured enable them to cope with suffering. Psychosocial wellbeing refers to the love and affection caregivers provide daily.

Children are often separated from siblings because it often not possible for family to accommodate all the children of one family. The families themselves are not able to cope

financially but through their cultural obligations accept the children within their homes. According to Epstein (2017), an important benefit of kinship care is the increased likelihood of living with or staying connected to siblings.

According to Hamilton (2006), kinship care can reduce the trauma children experience from being placed with strangers and can help to reinforce their identity and feelings of security. Youngsters in kinship care tend to keep in closer contact with siblings and are more likely to retain weekly contact with their birth mothers. Overall, research has shown that children who are looked after by relatives do better in virtually all respects than those who are looked after by strangers. According to Richter (2006), as a result of death and migration, family members, including dependent children, often move in and out of households. Caregivers change and siblings may be split up. Separation from siblings has not only been found to be a predictor of emotional distress in children and adolescents.

Kettler (2008) points out that kinship care arrangements are complicated, however, by abuse and family dysfunction. Family relationships become strained by conflict, threats, and violence. Substance abuse in particular creates great difficulties, given its serious impact on parenting.

According to Nduna (2012), children are exploited and are treated differently when non-biological siblings in the household were not expected to carry out similar chores. Though informal fostering within families is often presented by families as an act of sisterly duty, some participants received little and were turned into child servants. Children had to complete household chores in return for the support of school fees a meal to eat. Guardians enforced discipline with severe corporal punishment and spoke of efforts to marginalise them in families in order to deny them access to resources.

A few of the children had to endure emotional abuse whilst living with extended family. According to Dalen (2009), the death of a parent gives rise to emotional distress. The orphaned children are susceptible to long-term psychological problems including depression, anger, anxiety, and feelings of sadness, and are inclined to withdraw and self-isolate. These psychological problems are brought about by their failure to deal with their sense of loss. Those living in child or youth headed households experience hidden grief manifested as a prolonged bereavement. One other key challenge and source of distress to orphaned children heading households is to adjust to the role of taking care of their siblings unprepared and with no kin support.

Gitonga (2015) states that kinship care has the potential to provide vast benefits to the child. Within most Kenyan communities, kinship care is the most culturally appropriate and understood form of alternative care. The care arrangement is based on community mechanisms and processes. Kinship care allows children to maintain cultural, religious and linguistic links with their families and communities and ensures continuity, stability and a sense of identity and self-esteem for the child.

In such circumstances, the child also experiences less distress after parental death or separation. When living with relatives, the child usually experiences fewer multiple placements and avoids the risks associated with institutional care. It is a more cost-effective arrangement and children typically prefer this arrangement. During instances of family separation, kinship care can also be an important temporary arrangement until the child's family has been traced and he/she can be reunified with his/her family. However, as revealed during our research, living in kinship care can also place children at risk of discrimination and mistreatment. Thus, it is important to strengthen community-based child protection mechanisms, and child welfare services to better support kinship care families to provide care and protection in the child's best interests.

When relating this scholarship to the study, the strengths and limitations of such an African kinship system become evident. In reality, the nature of support accorded to children living with extended families differed. A few children were treated as part of the extended family. They enjoyed the love and care as if they were within their own households. Although the family were not financially stable, they opened their home to the children in need.

Some children experienced emotional abuse. The children felt as if they were a burden to the family. If the children did or said anything they were really scolded. They also experienced mistreatment as opposed to the children within their own home. Two children experienced sexual abuse. These children were vulnerable and did not speak out about the abuse.

There is thus ample evidence both of the strengths of the system and its limitations. At its best, the system has delivered the best possible outcomes. At its worst, it has enhanced the vulnerability of the orphaned child. The latter thus requires some outside intervention, which is addressed under Recommendations, below.

### **6.3.3 The impact of poverty on the education of orphaned and vulnerable children**

This, the response to research question 3, is an area where Bronfenbrenner's macrosystem (1979) intrudes. The lack of economic development means that perhaps the majority of these children experience poverty, though the poverty is mitigated by another feature of the macrosystem, the system of grants provided by the State.

Some of the children wrote about the poverty with the households where they were now living. The resources even of genuinely supportive families are stretched by the additional responsibility of care for the fostered children,

According to Mushunje (2014), the kinship care system is becoming overburdened as the numbers of orphans increase and families that are experiencing their own financial difficulties are struggling to cope. One of the roles of the extended family network has been that of providing effective social security to orphans and other vulnerable children in traditional agricultural societies some of the children wrote about the poverty within the homes of the According to Tanga (2013), shortages of food in the households of extended families were identified as leading to a vicious circle of problems, which negatively affect the education of orphans. Food shortages were a general problem, the addition of household members made things worse in extended households which were already suffering from starvation, malnutrition and poor diets.

However, many of the children, both those now with extended families and those at the E-Centre, reported the evidence of poverty in the life before the transition. We are seeing the impact, then, of poverty in the lives of many families. Such poverty has clearly had a direct impact on the children's ability to attend school, possibly because they cannot pay school fees, which was reported in some cases. In addition, some children did not get enough food to sustain their journey to school, while others were unable to have the right uniforms. In turn, this can intensify stigmatisation and isolation. It also interferes with the ability of children to focus on their studies, missing the possibility that provides for career development in future.

However, in almost all cases the biological parents and caregivers made certain that they were enrolled at school and received a sound education. Brown (2005) points out that education is recognized as a basic human right. Pursuing its improvement puts governments on the path to improve the welfare of their people. As an instrument of development, education is important for the enhancement and creation of work skills and broader life skills such as confidence and

sociability. These skills in individuals promote economic growth on a societal level, via increased productivity and, potentially, better governance. When communities come together around schools, education can also enhance social capital, notwithstanding the fact that, conversely, by making people more mobile, education can also weaken family and geographical ties.

Kangawa and Nakata (2016) report that education is also widely recognized as one of the most essential components for poverty reduction, according to current discourses of developmental studies, which conclude that inequality of income affects opportunities of education. Moreover, primary education generally shows the highest return to investment. Poor households attain less enrolment and completion of schools because direct and indirect educational expenditures are considerable burdens. This results in a perceptibly lower literacy rate of these households than that of middle- or high-income households. Such low-level attainment of education causes a lack of employment opportunity for poor households, and even though there is the opportunity, these poor households cannot earn sufficiently for their basic needs.

Many of the children in the study, which was conducted in Assam State in India, highlight their difficulty in accessing education. The children did not have money to pay for their school fees. The children sometimes walked long distances to attend school. The children did not have proper school uniforms. The educators embarrassed them when school fees were not paid. The children had to stand outside the classroom. According to Kangawa and Nakata (2016), education is also widely recognized as one of the most essential components for poverty reduction according to current discourses of developmental studies, which conclude that inequality of income affects opportunities of education.

According to Du Plessis (2007), in a study conducted in South Africa, children suffered stigma, discrimination and abuse at the hand of educators. They were beaten and refused entry to school because they did not have school uniforms. If they were allowed into the school, they were further victimized by being made to sit on the floor rather than to sit at the desk in view of their failure to pay school fees. Children walk long distances to school and often arrive late. Many schools experienced problems with attending school or problems with homework because they had to attend to younger children, fetching wood and water (Du Plessis, 2007).

Thus, at the point where the macrosystem interfaces with the immediate environment of the child, such as the family and school, children in this study have experienced hardships, both before and after loss of parents.

#### **6.3.4 Institutional care and its impact on emotions and well-being**

This section addresses research questions 4 and 5; it applies only to those children in the E-Centre. It is generally accepted that institutionalized care is not the best option. According to Ellison (2020), how seriously children are affected can depend on factors such as whether the separation was voluntary or not, how long it lasts and what kind of care exists in its wake. Permanent loss of parents can create some of the most severe consequences, while long periods of parent-child separation, even if followed by reunification, can seriously disrupt a child's emotional health. Children are generally more vulnerable to long-term harm to their social-emotional development in early childhood, up to five or six years, but no period of development is immune.

According to UNICEF (2015), in some instances some youth and young adults may prefer living in residential care, particularly in small group homes, to living with relatives or foster or adoptive families. This may be the case especially for youth who have experienced abuse in family or foster placements, who have lived with their peers on the street, or who have participated in armed conflict. Despite this, according to UNICEF (2015), family tracing and reunification and alternative family care are much more effective responses than placement of children in orphanages. Short-term care can play a key role in assessing the needs of a child, providing a framework for permanency planning through the possibility of reunification, or when this is not possible, supporting a child's transition into alternative family care.

The children that were placed at the E-Centre were placed via the high court. The children had been often abused and neglected by their biological parents who are either alcoholics or drug addicts and according to UNICEF (2014), abuse and chronic neglect by parents or other caregivers are also reasons for placement of children in residential care, especially in the face of alcohol and drug abuse or in cases of untreated mental illness. Here children may be placed in residential care after being removed from their families via external intervention, after being abandoned, or after running away and living on the street. The stress associated with single parenthood, family breakdown, or parental illness, when coupled with lack of access to a reliable social support system, medical care, or services such as day care, can also increase the risk of loss of parental care.

Drug abuse, alcohol abuse and physical abuse of children have led to children being removed from the care of their biological parents (UNICEF, 2015). When separation from parents has occurred or is at risk of occurring, temporary residential care can provide services that evaluate and help address the immediate needs of the child and family. Short-term care can vary widely from basic respite care to more targeted therapeutic or rehabilitative services for children and families in crisis. Short-term care can also provide physical, psychosocial, and other holistic support for children with special needs, children living on the streets, children involved in armed conflict or sex trafficking, or children and families in emergency contexts, such as natural disasters. All too often in emergency contexts, children are separated from their families.

Abuse and chronic neglect by parents or other caregivers are also reasons for placement of children in residential care, especially in the face of alcohol and drug abuse or in cases of untreated mental illness. Here children may be placed in residential care after being removed from their families via external intervention, after being abandoned, or after running away and living on the street. The stress associated with single parenthood, family breakdown, or parental illness, when coupled with lack of access to a reliable social support system, medical care, or services such as day care, can also increase the risk of loss of parental care (Initiative, 2014).

Jukic (2012) states that the family remains the primary source of attachment, nurturing, and socialization for humans in our current society. Therefore, the impact of substance use disorders (SUDs) on the family and individual family member's merits attention. Each family and each family member are uniquely affected by the individual using substances including but not limited to having unmet developmental needs, impaired attachment, economic hardship, legal problems, emotional distress, and sometimes violence being perpetrated against him or her. For children there is also an increased risk of developing an SUD themselves. The way in which the primary caretaker responds to these cues will establish the quality of the attachment. Generally, if the child experiences the primary caretaker as responsive and nurturing, a secure attachment will form. If the child experiences the primary caretaker as unresponsive or inconsistently responsive, an insecure attachment may form that can result in a variety of problems including anxiety, depression, and failure to thrive (Jukic, 2012).

The children that were placed in the E-Centre acknowledged the love and support of the housemothers and the social workers. The children who experienced a very traumatic life report

having now a safe environment. Their needs are met; the children attend school regularly and the social worker ensures that the child is indeed progressing at school. They keep in contact with the educators. Whilst there is a positive outcome of safety and well-being within the institution some of the children longed to be with their parents and with siblings, and this is addressed below.

#### **6.4 ADDITIONAL ISSUES FROM THE THEMES**

What emerged from the data analysis as the major themes overlaps with the findings in response to the research questions. These were the major themes:

- 5) The life before: both care and abuse when with parents
- 6) The life after: both care and abuse
- 7) Poverty and its impacts
- 8) Longing for family

To avoid repetition, this section will present only the elements of the themes that are not already covered above. The findings relating to themes 2 and 3 have already been reported. What is important to add to the discussion is the portrayal of family life before the loss of parents, in the case of those who were moved to caregivers from within the extended families, and the sense of longing for family.

##### **6.4.1 The life before: both care and abuse**

It is not surprising that those moved into the E-Centre reported considerable abuse and neglect. However, for those moved within the extended family, the memories of the life with parents were generally very positive.

This finding relates to the children before they were orphaned and taken in by the kinship family. As reported in the previous chapter, children expressed a great deal of loss of the close connection they had experienced with their biological family.

Most children had had a safe stable home where they experienced love and care from their biological families. The children were not afraid of their future as their parents were around. The children were disciplined when the need arose. Parents also ensured that children's education was a priority.

### **6.4.2 Longing for family**

The children in the E-Centre have a very warm structured life but despite the abuse the children suffered at their own homes the children still expressed their desire to be reunited with family.

Klingvall (2001) emphasises that a child is entitled to grow up in a family. In the preamble to the Convention on the Rights of the Child, the family is emphasised as the natural setting for a child's development and wellbeing: 'the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding'. Throughout their upbringing, children depend on their parents and on interaction with them. This interaction and parent-child bonding form the basis of the child's entire development. It is thus in close contact with parents that can provide the security and care the child needs that the rights of the child assume a genuine meaning.

## **6.5 OTHER FINDINGS OF SIGNIFICANCE**

### **6.5.1 Mothers' positive influence**

Some of the children speak of the positive influence of their mother in their lives. A mother plays a very significant role in the life of her children. The children look up to a mother for love, compassion and their basic needs. Children need committed, supportive relationships as they grow up, but they also need strong role models. According to Takseva (2017), mother love is presented as unproblematically selfless, unconditional, and a source of continuous joy. Most mothers likely love their children and find great and sometimes unique fulfilment in that emotion, but many mothers identify their love in more qualified terms; children are a source of joy for them, although not a continuous one that always reflects selflessness and unconditionality. In its mythic dimensions, mother love is constructed as a perfect blend of continuous self-sacrifice and the experience of unadulterated joy in always fulfilling the needs of one's children.

### **6.5.2 Caring grandmothers**

In the African culture, grandmothers play a very pivotal role in raising grandchildren. In many instances, when the mothers go out and work, children are left in the care of grandmothers. According to Bigombe (1996), in the customary practices of multi-generation households, mutual support between generations guarantees the well-being of a person born into African families throughout their life cycle. Studies in KwaZulu-Natal province found that

grandmothers perceive themselves as important in building families, educating younger generations, and providing generational continuity. A survey of rural women of KwaZulu-Natal with an average age of 51 years indicates that most of them felt empowered when they took responsibility for important family decisions including the education of grandchildren. In addition to being homemakers, the women were proud of adopting the 'traditional male' role as providers of the family if their men were unemployed. Since the major source of funds for multigenerational support for grandchildren are pensions from grandparents, the post-apartheid South African government has continued to make transfers in the form of the state old-age pension to extended families. As a result, pensions have enhanced the status of elderly household members as income earners and provided lifelines to poorer older households.

A study conducted in Khayelitsha Cape Town by an organisation named Grandmothers Against Poverty and AIDS (GAPA) found that elderly women are picking up an outsized share of the burden of AIDS and poverty in South Africa, caring for their AIDS-orphaned grandchildren as well as providing for their own jobless, and sometimes ill adult children, with few resources other than their government pensions. These women often fell ill themselves, and frequently felt overwhelmed by their huge responsibilities (Miller, 2012).

### **6.5.3 Absence of the father**

Many of the children related the experience of the absence of the fathers. According to Richter (2006), not all fathers are proud to be fathers, and unfortunately not all fathers want to participate in the lives of their children. In fact, most South African men do not seem especially interested in their children. They seldom attend the births of their own, they don't always acknowledge that their children are their own, and they frequently fail to participate in their children's lives.

Economic fathers are men who contribute to the upkeep of a child. Social fathers include a range of men who live with and/or care for children who may not be their offspring. Such men might be in situations of formal adoption, or in a living relationship with the mother of the children, or a member of an extended family who has taken on the role and responsibilities of caring for children (for example, a man's brother might see himself as having the responsibility of father when his male sibling is out of work, or because he is the older son). However, not all men accept the role of fatherhood (Richter, 2006).

It is important to recognise that, in this study, the evidence is that the strengths of the Zulu kinship system were most often achieved even in the absence of fathers. Those who yearned

for the time they were with their 'own' families often reported that, within that family, the father was absent. The same frequently was true of the family within which the orphaned child was placed.

## **6.6 STUDY CONCLUSIONS**

The main aim of the thesis is to understand kinship and how it impacts on the positive development of children. My main aim is to explore the effects of kinship care on orphaned children who are presently living with extended family members and also children who are living in an institution.

In the case of the children living with extended family we found that the children were physically and emotionally abused by some family members. The children experienced pain and suffering. Child maltreatment has serious immediate and long-term consequences for children's healthy development. Maltreated children may experience a myriad of adverse emotional, cognitive, academic, and social impacts in childhood and suffer from long term effects on adult functioning and mental health. In a study conducted in Africa children reported being disciplined with hard objects, some reported being slapped, some children reported being threatened and verbally abused and children were threatened to leave the homes (Thurman, 2011).

According to Nduna (2012), children are exploited and are treated differently when non-biological siblings in the household were not expected to carry out similar chores. Though informal fostering within families is often presented by families as an act of sisterly duty, some participants received little and were turned into child servants. Children had to complete household chores in return for the support of school fees a meal to eat. Guardians enforced discipline with severe corporal punishment and spoke of efforts to marginalise them in families to deny them access to resources.

Children also wrote about the poverty they experienced within the households they were presently living in. According to Tanga (2013), shortages of food in the households of extended families were identified as leading to a vicious circle of problems, which negatively affect the education of orphans. Food shortages were a general problem and the addition of household members made things worse in extended households that were already suffering from starvation, malnutrition and poor diets.

Foster (1999) reports multiple cases of abuse, mistreatment or exploitation of fostered children have been reported. Girls may be taken in by relatives because of their economic value in carrying out domestic chores or obtaining bride price. Judging by reports from child rape centres, cases of sexual abuse of orphans also appear to be increasing.

The extended family is thus not a social sponge with infinite capacity to soak up orphans. Some children do slip through the extended family safety net and end up in a variety of extremely vulnerable situations. These include living and working on the streets, working for other people in low-paid domestic jobs (Foster,1999).

However, in sharp contrast, some of the children were openly accepted by family members and treated as their own siblings. This had a positive impact on the lives of orphaned children. The importance of family in the life of orphans cannot be over emphasised. The extended family is composed of a number of joint, compound, elementary and nuclear families occupying separate but nearby homesteads. Adinlofu (2009) further noted that the extended family provides emotional needs to all involved. It is a cohesive unit that ideally provides economic, social and psychological security to all its members. Adinlofu (2009) further mentions that the extended family ensures procreation of children and provides for the early care and training of children. Adinlofu (2009) adds that this same family system defines “social and moral norms and safeguards both material and spiritual customs and traditions as well as providing a variety of role models preparing the way for adulthood”. Adinlofu (2009) emphasizes that the dominance of the elders/aged has a relatively high degree of social control on the individual especially, the youth.

The findings at the E- Centre revealed the abuse and trauma the children had suffered at the hands of their biological parents. The abuse of alcohol and drug abuse warranted the removal of children from their homes. Children were separated from their parents as well as siblings.

The children had led a very traumatic life and were then placed into this institution. In spite of their difficult circumstance, some children express their desire to see their parents as they miss them. Jukic (2012) states that the family remains the primary source of attachment, nurturing, and socialization for humans in our current society.

According to Rosenberg (1983), family provides to its members love and care. This helps the child to grow socially, emotionally, and physically. The parent is the most crucial in the development of the child. By interacting with other family members, the child learns social,

acquaintance, loyalty, and patriotic skills. When a child lacks a family to train him in his early stages, then socialization for this child becomes exceedingly hard.

## **6.7 RECOMMENDATIONS**

I recommend that the children that are taken by extended families be closely monitored by a social worker. The social worker should ensure that the children attend school regularly. The social worker should also ensure that the child receives all her basic needs. Meeting with the child away from the family, e.g. at school, to ensure the psychological *well-being* of the child and to make sure that no abuse takes place. There must be psychological therapy to ensure that the children are coping with the grief. Orphaned children should not be paying school fees; education for such children should be free.

### **6.7.1 Children in the E-Centre**

The children that live within the institution have had a very traumatic past. The E-Centre has successfully ensured the psychological well-being of the children.

I recommend that the institution try and monitor the well-being of the children after the children leave their care for at least a year. The children that have been sheltered will now have to face an open society with people they don't know. This can be challenging and intimidating.

Tertiary Education should be free for the children from the E-Centre.

### **6.7.2 Recommendations for further research**

A key area for research needs to be what is happening within families that leads to abuse and neglect. We need to understand more how the capacity of families to handle difficulties has been weakened, and what points of intervention there could be that are likely to succeed.

Secondly, given that the Zulu kinship system now exists in conjunction with formal systems such as social work, research into how social work either supports or fails to support the kinship system would be valuable.

A third area for research would be the actual capacity of schools in our context to provide effective support to vulnerable and orphaned children.

## **6.8 THESIS IN RETROSPECT**

Chapter one discusses the kinship care system according to African culture. It further discusses the reason why the kinship care system is failing our children and how it impacts on their well-being.

Chapter two presents the literature review. It brings out the significance of the kinship care system and how it positively enhances the life of an orphan.

Chapter three discusses the theoretical and conceptual framework of the study. The researcher used the ecological systems theory of Bronfenbrenner to show that, if the different layers are not present in the life of the child, then the child's entire being is broken.

Chapter four adopted a qualitative approach in asking what happens to children when they are orphaned and how do they find themselves in the home of relatives. Are the children readily accepted? Do they cope emotionally? Are they treated like the rest of the children within that home? If not, what can we as a community do to assist the children in finding some kind of comfort and stability?

In chapter five, the researcher presented data from the use of arts-based methodology to find out what was happened to children before they lost their parents – the kind of life they experienced whilst their parents were alive. The experiences of love and support permeated most accounts of those moved within the extended family, while abuse and neglect were evident in those moved to the E-Centre. The second aspect of the study enlightens us what the kind of life they experience after the death of their parents. In some instances children experience great difficulty within the extended family, despite the positive reports of caregivers. For those in the E-Centre, institutionalised life has had a relatively positive impact, though there remains still a longing for a normal family life.

Chapter six has addressed, first, the responses to the research questions, and other issues that emerged within the themes, as well as other findings. It has addressed the implications of these findings and the recommendations that are then made, both for action within these contexts and for further research.

## REFERENCES

- Abdullahi, R. A. (2010). *Orphan and Vulnerable Children National Plan of Action*. Federal Ministry of Women Affairs and Social Development. UNESCO Press.
- Abashula, G., Jibat, N. & Ayele, T. (2014). The situation of orphans and vulnerable children in selected Woredas and towns in Jimma Zone. *International Journal of Sociology and Anthropology*, 6(9), 246-256.
- Achebe, C. C. (1949). *Things fall apart*. Pan African Press.
- Achebe, C. C. (2004). AIDS: A disease of mass destruction. *Dialectical Anthropology*, 28, 261-287.
- Adama, S. (2007). Living together: African community-based values in Toni Morrison's Song of Solomon. *Journal of Social Issues*, 9(2), 301.
- Adinlofu, E. (2009). Modernity and extended family system: The Nigerian Village Square. Nigerian.Com.
- Akanle, O., & Olutayo, O. A. (2012). Ethnography of kinship construction among international returnees in Nigeria. *Journal of Anthropological Research*, 68(2), 249-271.
- Akintoye, A. (2015). *Developing theoretical and conceptual frameworks*. Course Hero. Com
- Alem, S. (2020). Investigating psychosocial problems of orphan children in primary schools. *Journal of Pedagogical Research*, 4(1), 48
- Allen, K. (2001). Finding new paths to family scholarship. *Journal of Marriage and Family*, 63(3), 899-901.
- Alpaslan, A., & Nziyane, L. F. (2011). Barriers hindering the effective integration of orphaned children living in child-headed households into extended family folds. *Social Work*, 47 (2), 1-21.
- Alubo, O., Zwandor, A., Jolayemi, T., & omudu, E. (2002). Acceptance and stigmatization of PLWA in Nigeria. *AIDS Care*, 14(1), 117-126.
- Alward, S. (1975). *African Christian Theology: Adaptation or incarnation*. Geoffrey Chapman.
- Amatea, E. S. (2009). *Building culturally responsive family school relationships*. Pearson Education.
- Amoateng, A.Y. & Heaton, T.B. (2007). Families and households in post-apartheid South Africa : Socio demographic perspective. *Human Science Research Council Cape Town*
- Amos, P. M. (2013, December 18). Parenting and culture: Evidence from some African countries. <https://www.intechopen.com/books/parenting-in-south-american-and-african-contexts/parenting-and-culture-evidence-from-some-african-communities>.

- Anderson, G. (1990). *Fundamentals of educational research*. Falmer Press.
- Andrews, G. S. (2006). Epistemology of health and vulnerability among children orphaned and made vulnerable by HIV/AIDS in Sub-Saharan Africa. *AIDS Care*, 18(3), 269-276.
- Ardington, C., & Leibbrandt, M. (2010). Orphanhood and schooling in South Africa: Trends in the vulnerability of orphans between 1993 and 2005. *Journal of Economic Development and Cultural Change*, 58, 507-536.
- Armstrong, N. (2013). The importance of extended families in the African American Community: A qualitative analysis using the social learning theory. *Proceedings of the National Conference on Undergraduate Research (NCUR)*, 29-31 March 2012. Weber State University, Utah.
- Arora, S.K., Shah, D., Chaturvedi, S., & Gupta, S. (2015). Defining and measuring vulnerability in young people. *Indian Journal of Community Medicine*, 40(3) 193-197.
- Assim, U. M. (2013). Understanding kinship care in Africa: A family environment or an alternative care option? University of Western Cape. <https://core.ac.uk/download/pdf/58914601.pdf>
- Ayieko, M. A. (2003). *From single parents to child-headed households: The case of children orphaned by AIDS in Kisumu and Siaya District*. UN HIV and AIDS Development Programme.
- Back, C., Michaels, D. & Levine, C. (1996). A comparison of definition of HIV and AIDS orphans and implications for policy development. *International conference on AIDS*.
- Bales, T. P. (1955). *Family socialization and interaction process*. Free Press.
- Barribal, K., & White, A. (1994). Collecting data using the semi-structured interview. *Journal of Advanced Nursing*, 19(2), 328-335.
- Bartlett, K.T. (2006) Rethinking parenthood as an exclusive status: The need for legal alternatives when the premise of the nuclear family has failed. *Virginia Law Review*, 70, 879.
- Beard, B. J. (2005). Orphan care in Malawi : Current practice. *Journal of Community Health Nursing*, 22(2), 105-115.
- Beavers, R. (1977). *Psychotherapy and growth: A family system perspective*. Brunner Mazel.
- Beck, P. D. (2012). *Nursing research: Generating and assessing evidence for nursing practice*. 9<sup>th</sup> edition. Lippincott, Williams & Wilkins.

- BenDavid-Hadar, I. (2015). Education, cognitive development, and poverty: Implications for school finance policy. *Journal of Education Finance*, 40(2), 131-155.
- Bigombe, B., & Khadiagala, G. M. (1996). Major trends affecting families in sub-Saharan Africa. *Journal of Family Comparative Studies*, 25(2), 1-25.
- Bigombe, B., & Khadiagala, G. M. (2004). *Major trends affecting families in sub-Saharan Africa*. UN Population Division.
- Bigombe, K. M. (2007). *Major trends affecting families in sub-Saharan Africa*. Zed Books.
- Biklen, R. B. (2007). *Qualitative research for education: An introduction to theories and methods*. Sage.
- Black, P. L. (2008). *The effects of poverty on child development and educational outcomes*. New York Academy of Science.
- Board on Global Health.(2016). The effects of institutionalization and living outside of family care on children's early development. National Academies Press.
- Braun, V. & Clark, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Breen, N. (2015). *Foster care in South Africa - Where to from here? Annual Report*. Johannesburg Child Welfare.
- Boetto, H. (2010). Kinship care. *Family Matters*, 85, 60-67.
- Boler, T., & Carroll, K. (2003). Addressing the educational needs of orphans and vulnerable children. HIV policy & research. *Action Aid International*, 2, 1-12.
- Bray, P. & Mak, D. (eds.) (2013). *People being patients: International interdisciplinary perspective*. Inter Disciplinary Press.
- Breckenridge, T. A., Black-Hughes., & Rautenbach, J. (2017). HIV/AIDS orphans in South Africa: NGO intervention supporting transitions to alternative care. *International Social Work Journal*. <https://doi.org/10.1177/0020872817732377>
- Broad, B. (2007). *Kinship care: Providing positive and safe care for children living away from home*. Save the Children UK, Greenaways Ltd.
- Bronfenbrenner, U. (1979). *The ecology of human development*. CUP.

- Bronfenbrenner, U. (1995). Developmental ecology through space and time: A future perspective. In P. Moen, G. H. Elder, Jr., & K. Lüscher (Eds.). *Examining lives in context: Perspectives on the ecology of human development* (pp. 619–647). American Psychological Association. <https://doi.org/10.1037/10176-018>.
- Bronfenbrenner, U. (2001). *The bioecological theory of human development*. Sage.
- Brown, J. (2011). Child fostering chains among Ovambo Families in Namibia, Southern Africa. *Journal of Southern African Studies*, 37(11), 155-176.
- Brown, S., & Cohen, D., & Wheeler, R. 2002. African American extended families and kinship care: how relevant is the foster care model for kinship care? *Children and Youth Services Review, Elsevier*, 24(1-2), 53-77.
- Browne, E. (2017). *Children in care institutions*. K4D Helpdesk Report. Brighton, UK: Institute of Development Studies.
- Bryman, A. (2002). *Social research method: Introduction to qualitative research*. Blackwell.
- Bullock, K. (2004). The changing roles of grandparents in rural families: The results of exploratory study in South-eastern North Carolina. *Journal of Contemporary Social Science*, 85(1), 45-54.
- Burkholder, M. (2019). The impact of HIV/AIDS on orphans in a South African context. *Orphans and Vulnerable Children Student Scholarship*, 5. <https://pillars.taylor.edu/ovc-student/5>
- Case, A., Paxson, C., & Ableidinger, J. (2004). Orphans in Africa: Parental Death, poverty and school enrolment. *Demographics*, 41(3), 483-508.
- Chamaz, K. (2006). *Constructing grounded theory*. Sage.
- Charema, J. C. (2008). Counseling indigenous Shona People in Zimbabwe: Traditional practices versus western Eurocentric perspectives. *AlterNative: International Journal of Indigenous People*, 4(2), 1-12.
- Cherry, K. (2020). *How art therapy is used to help people heal*. <https://www.verywellmind.com/what-is-art-therapy-2795755>.

- Children's Grief Education Association. (2006). *How grief affects thinking and learning*. ACG Press.
- Crotty, M. (2003). *The foundations of social research*. Sage.
- Chirwa, W. C. (2002). Social exclusion and inclusion challenges to orphan care in Malawi. *Nordic Journal of African Studies*, 11(1), 93-113.
- Chitma, R. D. (1996). Cultural practices associated with death in the North Nyanga District of Zimbabwe. *Journal of Social Development in Africa*, 11(1), 79-86.
- Cho, C., Ryberg, R., Hwang, K., Pearce, L. D., & Iritani, B. J. (2017). A school support intervention and educational outcomes among orphaned adolescents: Results of a cluster randomized controlled trial in Kenya. *Prevention Science Journal*, 18(8), 943-954.
- Close, S. (1997). *Elderly slaves of the plantation South*. Garland.
- Cluver, L., & Gardner, F. (2007). Risk and protective factors for psychological well-being of children orphaned by AIDS in Cape Town: A qualitative study of children and caregivers' perspective. *AIDS Care*, 19(3), 318-325.
- Cohen, J. (2005). Letting them fail: Government neglect and the rights and education for children affected by AIDS. *Human Rights Watch*, 17(13), 1-59.
- Cohen, L. M., Manion, L., & Morrison, K. (2000). *Research methods in education* (5<sup>th</sup> ed.). Routledge.
- Cohen, L. M. (2007). *Research methods in education*. Routledge.
- Connolly, D. (2017). *Orphans and the impact of HIV/AIDS in sub-Saharan Africa*. UNAIDS.
- Coombe, C. (2000). *Managing the impact of HIV/AIDS on education in South Africa*. UNAIDS.
- Cooper, E. (2012). Following the law but losing the spirit of child protection in Kenya. *Development in Practice*, 22(4), 486-497.
- Cross, G. (2016). *A stable home equals a successful child*. [https://www.huffpost.com/entry/a-stable-home-equals-a-successful-child\\_b\\_9688750](https://www.huffpost.com/entry/a-stable-home-equals-a-successful-child_b_9688750).

- Cross, G. (2017). *A stable home equals a successful child*. [https://www.huffpost.com/entry/a-stable-home-equals-a-successful-child\\_b\\_9688750](https://www.huffpost.com/entry/a-stable-home-equals-a-successful-child_b_9688750) .
- Crotty, M. (2003). *The foundations of social research*. Sage.
- Cudjoe, E., Abdullah, A. & Chin, M.Y.L. (2020). Experiences of children in kinship care (C.K.C.) in Ghana: Challenges for Cultural Practices. *Journal of family issues*. 1
- Cypress, B. S. (2017). Rigor, reliability and validity in qualitative research. Research dimension, perspectives, strategies, reconceptualisation, and recommendations. *Dimensions of Critical Care Nursing*, 36(4), 253-254.
- Dahl, B. (2009). The "failure of culture": Christianity, kinship and moral discourses about orphans during Botswana's AIDS crisis. *Africa Today*, 56(1), 23-43.
- Dalen, N., Nakitende, A. J., & Musisi, S. (2009). "They don't care what happens to us." The situation of double orphans heading households in Rakai District, Uganda. *BMC Public Health* 9, 321(2009). <https://doi.org/10.1186/1471-2458-9-321>
- Damien J.V., Mashau, N.S. & Tugli, A.K. (2019). Experience of grandmothers raising grandchildren in Vhembe District South Africa. *Journal of gender information and development in South Africa*.
- De La Barra, X. D. (1998). Poverty: The main cause of ill-health in urban children. *Health Education & Behaviour*, 25(1), 46-59.
- DiMaria, L. (2020). *When children experience depression after the death of a parent*. [www://verywellmind.com>depression after death of a parent](http://www.verywellmind.com/depression-after-death-of-a-parent).
- Doku, P. (2009). Parental HIV/AIDS status and death, and children's psychological wellbeing. *International Journal of Mental Health Systems*, 3(26). <https://doi.org/10.1186/1752-4458-3-26>
- Du Plessis, P. (2007). Children and poverty in South Africa: The right to social security. *Educational Research and Review*, 4(2), 49-59.
- Duncan, G. J., & Brooks-Gunn, J. (1994). Economic deprivation and early childhood development. *Child Development*, 65(2), 296-318.

- Dunne, E. G., & Kettler, L. J. (2008). Grandparents raising grandchildren in Australia: Exploring psychological health and grandparents experience of providing kinship care. *International Journal of Social Welfare*, 17(4), 333-345.
- Dziro, C., & Mlanga, J. (2018). The sustainability of kinship foster care system in Zimbabwe: A study of households caring for orphans and other vulnerable children in Biketa. *African Journal of Social Work*, 8(2), 20-28.
- Ebersohn, L. (2002). The black, white and grey of rainbow children coping with HIV/AIDS. *Perspectives in Education*, 20(2), 77-86.
- Eisenhart, M. A. (1991). *Conceptual frameworks for research circa ideas from a cultural anthropologist: Implications for mathematics education researchers*. Proceedings of the 13th Annual Meeting of the North American Chapter of the International Group for the Psychology of Mathematics Education. Blacksburg, 1, 202-219.
- Ekeopara, C. A. & Ekeke, E.C, (2010). God's divinities in African traditional religious ontolpgy. *American Journal of Social and Management Science*, 1(2), 209-218.
- Elhage, A. (2016). *Keeping children in the family instead of foster care*. Institute for Family Studies.
- Eliasson, J. (2006). *Rewrite the future education for children in conflict-affected countries*. International Save the Children alliance.
- Ellison, K. (2020). *Why family separation is growing into a global crisis*. PBSO News Hour. 28 January 2020 @1:30 pm.
- Endirisingha, P. (2012). *Interpretivism & positivism: Ontological and epistemological perspectives: research paradigm approach*. <http://prabash78.wordpress.com/2012/03/14/interpretivism-and-positivism-ontological-and-epistemological-perspective/>.
- Epstein, H. R. (2017). Kinship care is better for children and families. *American Bar Association*, 36(4), 1-25.
- Erikson, E. H. (1982). *The life cycle completed*. Norton.
- Evans, R. (2002). Poverty, HIV, and barriers to education: Street children's experience in Tanzania. *Gender and Development*, 10(3), 51-62.

- Evans, R. (2011). We are managing our own lives: Life in transition and care in sibling-headed households affected by AIDS in Tanzania/Uganda. *Royal Geographical Society*, 43(4), 384-396.
- Fair, K. (2006). *Zulu tradition as customs and culture*. Art Publishers.
- Faith to Action Initiative. (2015). *A continuum of care*. [https://www.faithtoaction.org/wp-content/uploads/2015/08/Faith2Action\\_ContinuumOfCare.pdf](https://www.faithtoaction.org/wp-content/uploads/2015/08/Faith2Action_ContinuumOfCare.pdf)
- Fairholm, J. S. (2009). *Ten steps for creating a safe environment for children and youth: A risk management road map to prevent violence & abuse*. Canadian Red Cross RespectEd.
- Flick, E. V. (2004). *A companion to qualitative research*. Sage.
- Foster, G. (1999). *Safety nets for children affected by HIV & AIDS in Southern Africa*. UNICEF.
- Foster, G. (2000). The capacity of the extended family safety net for orphans in Africa. *Psychology, Health and Medicine*, 5(1), 55-62.
- Freeman, T. (2006). Best practice in focus group research : Making sense of different views. *Journal of Advanced Nursing*, 56(5), 491-497.
- Gabatz, R. I. B., Schwartz, E., & Milbrath, V. M. (2019). *Institutionalized child care experiences: The hidden side of work*. <https://doi.org/10.1590/1983-1447.2019.20180412>.
- Ganga, E. & Chinyoka, K. (2010). Exploring psychological disorders caused by poverty amongst orphans and vulnerable children living within child-headed households. *Journal of Sustainable Development in Africa*, 12, 1-16.
- Gebhardt, G. (2012). "Hello mommy and daddy": How in the world did they let you become my parents? *Family Law Quarterly*, 419-449.
- Geen, R. (2004). The evolution of kinship: care, policy and practice: Children, family and foster care. *Future Child*, 14(1), 130-149.
- Gestwicki, C. (2007). *Home, school and community relations*. Springer.
- Gibson, P. (2014). *A guide to understanding and supporting kinship care*. University of Minnesota Press.

- Gilborn, L., Apicella, L., Brakarsh, J., Dube, L., Jemison, K., Kluckow, M., Smith, T. & Snider, L. (2006). *Orphans and vulnerable youth in Bulawayo, Zimbabwe: An exploratory study of psychosocial well-being and psychosocial support*. Regional Psychosocial Support Initiative.  
<https://bettercarenetwork.org/sites/default/files/attachments/Orphans%20and%20Vulnerable%20Youth%20in%20Bulawayo%20Zimbabwe.pdf>
- Gilligan, E. R. (2013). The dance of kinship care in England and Ireland: Navigating a course between regulation and relationships. *Psychosocial Intervention*, 22, 185-192.
- Gitonga, J. W. (2015). *Understanding informal alternative care mechanisms for protecting children: Study of kinship care practices in Busia County, Kenya*. Save the Children Resource Centre.
- Goes, M. K. (2011). *Developing a theoretical framework*. Dissertations Success LLC.
- Goldberg, R. E., & Short, S. E. (2012). "The luggage that isn't theirs is too heavy": Understanding of orphan disadvantages in Lesotho. *Population Research and Policy Review*, 31(1), 67-83.
- Gow, J., & Duncan, C. (2002). The current and future impact of the HIV/AIDS epidemic on South African Children. *AIDS Public Policy and Child Wellbeing*, 47.
- Guba, Y. L. (1985). *Naturalistic inquiry*. Sage.
- Guba, Y. L. (1994). *Competing paradigms in qualitative research*. Sage.
- Guerin, B. M. (2006). Using children's drawings as data in child centred research. *Irish Journal of Psychology*, 48.
- Gyeke, K. (1996). *African cultural values: An introduction*. Sankofa Publishing.
- Hall, M., & Hall, J. (2011). *The long term effects of childhood sexual abuse: Counseling implications for sexual abuse*.  
[http://counselingoutfitters.com/vistas/vistas11/Article\\_19.pdf](http://counselingoutfitters.com/vistas/vistas11/Article_19.pdf)
- Hamilton, A. (2006). *The importance of kinship care*. The Law Society of Scotland.
- Harasim, L. (2017). *Learning theory and online technologies* (2<sup>nd</sup> edition). Routledge

- Hearle, C., & Ruwanpura, K. (2009). Contentious care: Foster care grants and the caregiver–orphan relationship in KwaZulu-Natal Province, South Africa. *Oxford Development Studies*, 37(4), 423-437. [https://doi: 10.1080/13600810903305240](https://doi.org/10.1080/13600810903305240).
- Heaton, A. Y. (2007). *Families and households in post-Apartheid South Africa*. Human Sciences Research Council.
- Henderson, Z. P. (1995). Renewing our social fabric. *Human Ecology*, 23(1), 16-19.
- Henning, E., Van Rensburg, W. & Smit, B. (2004). Finding your way in qualitative research. *Van Schalk*.
- Hephzibah, N. (2017). *The effect of parental participation in orphan and vulnerable child education*. Postgraduate Mini-dissertation. Kaduna College.
- Hermenau, K., Eggert, I., Landolt, M. A., & Hecker, T. (2015). Neglect and perceived stigmatization impact psychological distress on orphans in Tanzania. *European Journal of Psychotraumatology*, 6(1).
- Heurta, H. S., & Sandstrom, S. (2013). *The negative effects of instability on child development*. Urban Institute.
- Hitchcock, D. H. (1995). *Research and the teacher*. Routledge.
- Hollard, R. E. (2012). *What is a qualitative interview?* Bloomsbury.
- Hong, Y., Chi, P., Li, X., Zhao, G., Zhao, J., Stanton, B., & Li, L. (2015). community-based family style group homes for children orphaned by AIDS in Rural China: An ethnographic investigation. *Health Policy and Planning*, 30(7), 928-937.
- Hope, K. R. (2005). *Child survival, poverty, and labour in Africa*. UNICEF.
- Hope and Homes Association. (2019, July 4). *What is institutional care?* <https://www.hopeandhomes.org/blog-article/what-is-institutional-care?>
- Hope and Homes Association. (2019). *Why do children end up in orphanages?* <https://www.hopeandhomes.org/blog-article/why-do-children-end-up-in-orphanages?>
- Housten, S. H. (2015). Towards a critical ecology of child development: Aligning the theories of Bronfenbrenner and Bourdieu. *Families, Relationships, and Societies*, 6(1), 53-69.

- Howard, B. H., Phillips, C. V., Matinhure, N., Goodman, K. J., McCurdy, S. A., & Johnson, C. A. (2006a). Barriers and incentives to orphan care in a time of AIDS and economic crisis: A cross sectional survey of caregivers in rural Zimbabwe. *BMC Public Health*, 6(7), 6-27.
- Howard, B.H., Phillips, C.V., Matinhure, N., Goodman, K.J., McCurdy, S.A., & Johnson, C.A. (2006b). Psychological disadvantages preparation, grieving, remembrance and recovery for orphans in Eastern Zimbabwe. *African Journal of AIDS* 5(1), 71-83.
- Huber, U., & Gould, B. (2003). *Draft paper presented at the Project Results Dissemination workshop of the Project 'Estimating School Enrolment Demand in HIV/AIDS Affected Populations in Tanzania and Uganda'*. University of Dar es Salaam, 10th-12th March 2003.
- Humphrey, C. (2004). *The real life guide to accounting research*. Elsevier.
- Humuliza Project. (1999). *Psychosocial support of children affected by AIDS: Terre des Homes*. Tribune, 19 July 1999.
- Ibrahim, A., El-Bilsha, M. A., El-Gilgany, E., & Khater, M. (2020). Prevalence and prediction of depression among orphans in Dakahlia orphanages, Egypt. *International Journal of Collaborative Research in International Medicine and Public Health*, 4(12), 1-8.
- Idris, F. H. (2011). The role of education in shaping youth's national identity. *Social and Behavioural Sciences*, 59, 443-450.
- Iganus, R.B. & Haruna, A. (2017). The strength of African culture in managing family crisis in a globalized world. *Anthropology*, 5(4). DOI: 10.4172/2332-0915.1000197
- IvyPanda. (2020, March 22). *Family as agents of socialization*. <https://ivypanda.com/essays/family-as-agents-of-socialization/>
- Iwelunmor, A. O. (2006). *Family system and HIV/AIDS in South Africa: Community health education*. USAID.
- Johnson, C. (1934). *Shadow of the plantation*. University of Chicago Press.
- Jukes, M., Simmons, S., & Bundy, D. (2008). Education and vulnerability: The role of the school in protecting young women and girls from HIV in Southern Africa. *AIDS*, 22(4), 41-56.

- Kang'ethe, S. (2010). The dangers of involving children as family caregivers of palliative care and home based care to advanced HIV/AIDS patients in Botswana. *Indian Journal of Palliative Care*, 16( 3), 117-122.
- Kanjanda, O. (2014). The African orphans' life yesterday and today. *European Scientific Journal*, 10 (10). <https://doi.org/10.19044/esj.2014.v10n10p%p>.
- Kangawa, M. & Nakata T. (2016) Assessment of access to electricity and the socio-economic impact in rural areas of developing countries. *Energy Policy*
- Kanu, M. A. (2010). The indispensability of the basic social values in African tradition: A philosophical Appraisal. *New Journal of African studies*, 7, 149-161.
- Kidner, C. (2013). Children and Young People (Scotland) Bill. *Spice Information Centre*, 13-38.
- Kismet, M. (2020). *Psychological effects of growing up without a father*. <https://owlcation.com/social-sciences/Psychological-Effects-On-Men-Growing-Up-Without-A-Father>
- Kothari, C. R. (2004). *Research methodology*. New Age International.
- Krige, E. J. (1977). *The social systems of Zulus*. Shuter & Shooter.
- Kroll, B. (2007). A family affair: kinship care and parental substance misuse: Some dilemmas explored. *Child and Family Social Work*, 12(1), 84-93.
- Kuyini, C., & Bawa, A. (2017). Understanding and applying research paradigms. *International Journal of Higher Education*, 6(5), 26-41.
- Lang, D. (2008). *Saving Mandela's children: The true story of South Africa's unwanted children*. Harry's Printers.
- Lather, P. (2002). *Introduction to qualitative research in education*. Aera.
- Lawson, T. (2004). A concept of Ontology. *Pubmed* (1)
- Lefrancois, G. (2019). *Theories of human learning: Mrs Gribbins' cat*. Cambridge Universal
- Le Roux-Kemp, A. (2013) Child-headed households in South Africa: The legal and ethical dilemmas when children are the primary caregivers in a therapeutic relationship.

- Lexico. (2021). *Definition of vulnerability*. <https://www.lexico.com/definition/vulnerability>
- Liben, L. S. (2011). Children in institutions: Delayed development and resilience. *Society for Research in Child Development*, 76(4), 8-31.
- Lincoln, E. G. (1989). *What is constructivist paradigm anyway?* London : Sage.
- Lincoln, E. G. (1994). *Competing paradigms in qualitative research*. Sage.
- Literat, I. (2013). " A pencil for your thought": Participatory drawings as a visual research method with children and youth. *International Journal of Qualitative Research*, 12, 1-15.
- Leclerc-Madlala, S. (2005). Women caregivers and leaders in the second phase of HIV/AIDS. *Agenda*, 19 (65), 33-39. DOI: 10.1080/10130950.2005.9674618
- Littreal, M., Murphy, L., Kumwenda, M. K. & Macintyre, K. (2003). Gogo care and protection of vulnerable children in rural Malawi: Changing responsibilities: Capacity to provide and implications for well-being in the Era of HIV/AIDS. *Journal of Cross- Cultural Gerontology*, 27(4), 335-355.
- Lubba, C. (2008). Mothers, fathers or parents: Same gendered families in South Africa. *Agenda: Empowering Women for Gender Equity*, 76, 43-45.
- Lewis, S. (2010). *Grandmothers summit to put spotlight on Africa's forgotten victims of AIDS*. <https://www.theguardian.com/world/2010/may/03/grandmothers-summit-aids-africa>
- Mackenzie, N. M., & Knipe, S. (2006). Research dilemmas: Paradigm, methods, and methodology. *Issues in Educational Research*, 16(2), 1-13.
- MacNab, M.L.D., S.E. Jarrot, L. Moore & K.A. O'Hora (2015). Grandchildren: A family resilience perspective. *Gerontologist*, 55(2),33
- Madavanhu, P. (2008). *Grandmothers caring for the grandchildren orphaned by HIV/AIDS*. Master's Dissertation. University of South Africa.
- Madukwe, H. N., & Madukwe, C. I. (2010). African value system and the impact of westernization: A critical analysis. *International Journal of Arts and Social Science*, 2, 11.

- Mafela, M. J. (2008). The revelation of African culture in Long walk to freedom. [https://www.researchgate.net/publication/331349565\\_The\\_revelation\\_of\\_African\\_culture\\_in\\_Long\\_walk\\_to\\_freedom](https://www.researchgate.net/publication/331349565_The_revelation_of_African_culture_in_Long_walk_to_freedom)
- Majanga, E., Mukonyi, P., & Vundi, S. (2015). Socio-pedagogical challenges facing orphans and vulnerable children in the aftermath of the 2007-2008 election violence in Nakuru County, Kenya. *Journal of Education Practice*, 6(6), 1-7.
- Makiwane, M., & Kaunda, C. J. (2018). *The African extended family*. HSRC.
- Malakani, N. (2019). *Post positivist approach: Critical theory*. Ahewar <https://www.ahewar.org/eng/show.art.asp?aid=2629&r=0>
- Mandela, N. R. (1994). *Long walk to freedom*. Abacus.
- Mandivamba, R. (2010). *Being African*. Penguin Books.
- Maqoko, Z. & Dreyer, Y. (2007) Child-Headed households because of the trauma surrounding HIV/AIDS. *Department of Practical Theory*
- Marianti, R. & Butterfill, R. (2006). A framework for understanding old age vulnerability. *Aging Society*, 9-35
- Martin, F. S. (2016). *Who cares for children? A descriptive study of care related data available through global household surveys and how these could be better minded to inform policies and services to strengthen family care*. UN Global Social Welfare.
- Matshalaga, N. R. (2002). Mass orphanhood in the era of HIV/AIDS: Bold support for alleviation of poverty and education. *British Medical Journal*. [https:// doi: 10.1136/bmj.324.7331.185](https://doi:10.1136/bmj.324.7331.185).
- Mayblin, M. (2012) The madness of mother: Agape love and the maternal myth in Northeast Brazil. *American Anthropologist*, 114(2), 240-252.
- Maxwell, J. A. (2004). *Qualitative research design: An interactive approach*. Sage.
- Mbiti, J. (1971). *African religion and philosophy*. Heinemann
- Meli, B. M. (2015). Provision of vocational skills education to orphans: Lessons from orphanage centres in Dar es Salaam City, Tanzania. *Journal of Education and Practice*, 6(15), 1-12.

- Meltz, W. (2002). Treating the sexual intimacy concerns of sexual abuse survivors. *Sexual and Relationship Therapy, 17*(4), 321-327.
- Merz, E., Consedine, N. S., Schultze, H., & Schuenguel, C.. (2009). Wellbeing of adult children and ageing parents: Associations with intergenerational support and relationship quality. *Ageing and Society, 29*, 783-802.
- Milkie, M. A., Bierman, A., & Scott, S. (2008). How adult children influence older parents' mental health: Integrated stress process and life course perspectives. *Social Psychology Quarterly, 71*(1), 86-105.
- Miller, E., Smetherham, J., & Fish, J. (2012). The "nevergiveups" of grandmothers against poverty and AIDS: Scholar-journalism-activism as social documentary. *Kronas: South African Histories, 38*, 219-248.
- Mingers, J. (2001). Combining IS research methods: Towards a pluralist methodology information systems research. *Information Systems Research, 12*(3), 240-259.
- Minkler, E. F. (2000). *America's grandparent caregivers*. National Library of Medicine.
- Mkhwanazi, N., Mukasha, T., Blackie, D., Manderson, L., Hall, K. & Huibregts, M. (2018) Negotiating the care of children and support for caregivers. *Care for children*
- Mlodzienski, K. (2019). *The benefits of a family environment*. <http://onetrackinternational.org>
- Moghadam, V. M. (2004). Patriarchy in transition: Women and the changing family in the Middle East. *Journal of Comparative Family Studies, 35*, 137-162.
- Mokomane, K. H. (2018). The shape of children's family and household: A demographic overview. *South African Child Gauge*. UCT Child Institute:
- Morgan, G. B. (1979). *Social paradigms and organisational analysis*. Heinemann.
- Moszynski, P. (2008). *Charity calls on Government to provide 10% of funding to people orphaned by AIDS*. doi: <https://doi.org/10.1136/bmj.39556.617454.DB>
- Motsa, N. D., & Morojele, P. (2016). Vulnerability and children's real-life schooling experiences in Swaziland. *Educational Research for Social Change*. DOI:10.17159/2221-4070/2016/v5i2a3

- Mtshali. (2002). *Household livelihood security in rural Kwa-Zulu Natal, South Africa*. Doctoral Dissertation. University of Wageningen.
- Mtshali, M. N. (2015). *The relationship between grandparents and their grandchildren in the Black families in South Africa*. University of Toronto Press.
- Mtshali, M. N. (2016). Role reversal of rural Black grandparents in South Africa. *Journal of Comparative Family Studies*, 369-377.
- Mushunje, M. (2006). Challenges and opportunities for promoting the girl child's rights in the face of HIV/AIDS. *Gender and Development*, 14(10), 115-125.
- Mushunje, M. (2014). Interrogating the relevance of the extended family as a social safety-net for vulnerable children in Zimbabwe. *African Journal of Social Welfare*, 4(2).
- Mushunje, M. (2016). Protecting the vulnerable through social protection: Options for the vulnerable. *National Social Protection Framework*
- Mushunje, M., & Mafico, M. (2017). The role of social work in the protection of vulnerable children. *Journal of Social Development*, 53(2), 261-275.
- Mutiso, D. N. (2018). Challenges affecting orphan and vulnerable children (OVCS) in Embu County. *International Journal of Sociology*, 1(1), 18-36.
- Muyomi, B. (2012). Forced into adulthood: An exploration of psycho-social dynamics in child-headed households. *Africa Development*, 3(3), 193-207.
- Mwoma, T., & Pillay, J. (2016) Educational Support for orphans and vulnerable children in primary school: Challenges and intervention strategies. *Issues in Educational Research* 26(1), 82-97.
- Myers, M. D. (2009). *Qualitative research in business management*. Sage.
- Nambi, J. S. (1997). The psychological effect of orphanhood: A study of orphans in Rakai District. *Health Transition Review*, 7, 105-124.
- Natalier, K. (2018, June 5). What does home mean for children? <http://crfrblog.blogspot.com/2018/06/what-does-home-mean-for-children-whose.html>.
- Nel, H. (2018). *The Nature and Elements of Research Paradigm: Interpretivism*. Van Schaik.

- Neuman, W. L. (2003). *Social research methods: Qualitative and quantitative approaches*. 5<sup>th</sup> edition. Allyn & Bacon.
- Ngubane, H. (1987). *Zulus of Southern Africa*. Wayland.
- Noble, H., & Heale, R. (2019). Triangulation in research, with example. *Evidence-based Nursing*, 22(3). <http://dx.doi.org/10.1136/ebnurs-2019-103145>
- Norman, L. Y. (2000). *Handbook of qualitative research*. 2<sup>nd</sup> edition. Sage.
- Ntarangwi, M. (2012). Parent's involvement in children's lives in Africa. *Africa Development*, 3(3).
- Ntuli, B. M. M. (2020). The psychosocial well-being of orphans: The case of early school leavers in socially depressed environments in Mpumalanga Province, South Africa. *PLOS ONE*, 15(2), 1-10. <https://doi: 10.1371/journal.pone.0229487>.
- Nussbaum, B. (2003). African culture and Ubuntu: Reflections of a South African in America. *World Business Academy*, 3(3), 1-12.
- Nyambedha, E. O. (2004). Change and continuity in kin-based support systems for widows and orphans among the Luo in Western Kenya. *African Sociological Review*, 8(1), 139-153.
- Nybderg, B.T., Yates, D.D., Lovich, R., Traore, D., Sherr, L., Thurman, T.R., Sampson, A., & Howard, B. (2012). Saving lives for lifetime: supporting orphans and vulnerable children impacted by HIV/AIDS. *Acquired Immune Deficiency* 60(3), 4.
- Nyuamwe, L. G., & Makabela, Q. (2007). Revisiting the traditional cultural framework of Ubuntuism. *African Journal of Indigenous Knowledge*, 6(2), 152-163.
- Ogbonmwan, S. (2008). *Reflections on the Edo African traditional value system*. Otedo.Com.
- Ochollo-Ayoyo, A. B. C. (1997). The African family in development crisis in the Second Millennium. *African Anthropologist*, 7(1), 84-113.
- Office of the Children's Advocate. (2016). *Don't call me resilient: What loss and grief look like for children and youth in care*. Special Report 2016. Children's Advocate Press.
- Oleke, C. B. (2007). Constraints to education opportunities of orphans: A community-based study from Northern Uganda. *AIDS Care*, 19(3), 361-368.
- Olson, D. (1986). The diversity and strength of American families. *Journal of Social Work*, 33.

- Olutayo, O.A . & Akanle, O. (2012) Ethnography of kinship construction among international returnees in Nigeria. *Journal of Anthropological Research*. 249-271
- Ortiz, Y. (2017). Importance and recognition of the family in health care and a reflection for nursing. *Nursing and Care Open Access Journal*, 3(5), 307-309.
- Oswalt, A. (2020). Child's adolescent development. Golf Bend Center.
- Palmeira Counselling Institute. (2017). *How art therapy works with trauma*. <https://www.thepalmeirapractice.org.uk>.
- Pannilage, U. (2015). Role of the family in a social institution on children's well-being in contemporary Sri Lankan Society. *Journal of Sociology and Social Work*, 5(1), 149-158.
- Panda, A. (2020). Family as an agent of socialization. Retrieved from Ivy Panda: Free study hub: <https://ivypanda.com/essays/family-as-an-agent-of-socialization>
- Paquette, D., & Ryan, J. (2001). Bronfenbrenner's Ecological Systems Theory. *Human Ecology*, 23(1), 16-19.
- Patton. (1999). Enhancing the quality and credibility of qualitative analysis. *Health Science Research*, 34(5), 1189-1208.
- Petros, S. G. (2011). Supporting older caregivers to persons affected by HIV and AIDS: *ESR Review*, 12(1), 25-28.
- Peterson, I., Bhana, A., Myeza, N., Alecia, S., Phiri, S., Holst, H. & McKay, M. (2010). Psychological challenges and protective influence for socio-emotional coping of HIV adolescents in South Africa: A qualitative investigation. *H.H.S. Public Access*
- Philip, L. (2015). An outcome evaluation of psychosocial services to orphans and vulnerable children in the Western Cape. Western Cape Government Press.
- Phiri, S. &. (2002). The impact of HIV/AIDS on orphans, and programme & policy responses. *AIDS Public Policy and Child Well-being*. Paris: UNICEF.
- Pillay, J. (2016). Problematising child-headed households: The need for children's participation in early childhood interventions. *South African Journal of Childhood Education*, 6 (1).
- Piot, P. (2003). *HIV/AIDS and Education*. UNESCO.

- Prakash, R. (2018). *Role of the family in a child's development*.  
<https://parenting.firstcry.com/articles/role-of-family-in-childs-development>.
- Prazak, M. (2012). Studying life strategies of AIDS Orphans in rural Kenya. *Africa Today*, 58(4), 45-64.
- Prevent Child Abuse America. (2020). *Preventing emotional abuse*. Prevent Child Abuse America Press.
- Quackenbush, D. J. (2009). *After a loved one dies: How children grieve, and how parents and other adults can support them*. New York Life Foundation.
- Quek, L. G. (1997). Qualitative research information systems. *London School of Economics and Political Science*, 459.
- Raina, K. (2019). *Family relationships : Importance and how to build healthy relationships*. First Cry Parenting. <https://parenting.firstcry.com/articles/family-relationship-importance-and-how-to-build-healthy-relationships/>
- Raymond, J., & Zolnikov, T. R. (2018). AIDS affected orphans in Sub-Saharan Africa: A scoping review on outcome differences in rural and urban environments. *AIDS & Behaviour*, 22(10), 3429-3441.
- Reeves, S., Albert, M. Kuper, A. & Hodges, B.D. (2008). Why use theories in qualitative research. *BMJ*, 337. a949.
- Rensburg, E. H. (2004). *Finding your way in qualitative research*. Van Schaik.
- Richter, L. (2004). *The impact of HIV/AIDS in the development of children: Children and security in South Africa*. HSRC.
- Richter, L. & Sherr, L. (2008). *Children thrive in families: Family centred models of care and support for orphans and other vulnerable children affected by HIV and AIDS*. HSRC.
- Richie, J. L. (2007). *Qualitative research practice : A guide for social science*. Sage.
- Roby, J. L. (2011). *Children in informal alternative care*. UNICEF.
- Rosenberg, M. (1983). *Introduction to sociology*. Amazon.
- Ruth, E. (2015). Caring responsibilities, change and transitions in young people's family lives in Zambia. *Journal of Comparative Family Studies*, XLVI(1), 137-152.

- Sadler, L. S., Anderson, S. A., & Sabatelli, R. M. . (2001). Parental ompetence among African-American adolescent mothers and grandchildren. *Journal of Pediatric Nursing*,16 (4), 217-233.
- Salaam, T. (2005). AIDS orphans and vulnerable children's (OVC) problems responses and issues for Congress. *Congressional Research Service*, pp. 1-31.
- Samkange, S. A. (1980). *Hunhuism or Ubuntuism: A Zimbabwean, indigenous political philosophy*. Salisbury.
- Santrock, J. (2009). *Life span development*. McGraw Hill.
- Save the Children, (2017). Understanding informal alternative care mechanisms for protecting children: Study of kinship care practices in Busia County Kenya. *Save the children*
- Schatz, E., Seeley, J., & Zalwango, F. (2020). Intergenerational care for and by children: Examining reciprocity through focus group interviews with older adults in rural Uganda. *Demographic Research*, 38(63), 2003-2026.
- Schensul, M. D. (1999). *Designing and conducting ethonographic research*. Rowman & Littlefield.
- Schonfield, D. (2015). *Grieving children: An essential role for schools*. Brooks Publishing.
- Sedwich, D. S. (2003). *Drawing to learn: Art and design for learning*. Hodder & Stroughton.
- Selwyn, J., & Nandy, S. (2013). Kinship care and poverty: Using census data to exam the extent and nature of kinship care in the UK. *Journal of Child and Family Social Work*, 19(1), 44-54.
- Sewidan, N. (2015). *Orphans of poverty*. Orphan Hope International USA. <http://www.orphanslifeline.org/>
- Shafiq, F., Haider, S. I., & Ijaz, S. (2020). Anxiety, depression, stress, and decision-making among orphans and non-orphans in Pakistan. *Psychology Research and Behaviour Management*, 30, 313-318. <https://doi: 10.2147/PRBM.S245154>.
- Shann, M., Bryant, M., Brooks, M., Bukuluki, P., Muhangi, D., Lugalla, J., & Kwesigabo, G. (2013). The effectiveness of educational support to orphans and vulnerable children in Tanzania and Uganda. *Journal of Public Health*, (2013),1-9.

- Sharma, R. (2013). The family and family structure classification redefined for current times. *Journal of Family Medicine and Primary Care*, 2, 306-310.
- Shave, G., Gunhidzirai, C. & Shave, E. (2016). Exploring the experiences of young adults emerging from child-headed households in Alice South Africa. *Journal of Human Ecology*, 55(1-2), 92-103.
- Shetty, A. & Powell, G. (2003). Children orphaned by AIDS: A global perspective. *Seminars in Pediatric Infectious Diseases*, 14(1), 25-31.
- Shiferaw, G., Bacha, L., & Tsegaye, D. (2018). Prevalence of depression and its associated factors among orphan children in orphanages in Ilu Abba Bor Zone, South West Ethiopia. *Psychiatry Journal*. <https://doi.org/10.1155/2018/6865085>
- Shumba, J., Rembe, S., Adewumi, T., Chinhara, H., Shumba, S., & Maphosa, C. (2019). Maintaining safety nets and peace for children and youth at risk. In S. Taukeni (Ed.), *Cultivating a culture of nonviolence in early childhood development centers and schools* (pp. 82-100). IGI Global. <http://doi:10.4018/978-1-5225-7476-7.ch005>
- Sibanda, A. (2020). Ethnic differences in the living arrangements of children in South Africa. *Journal of Comparative Family Studies*, 42, 479-508.
- Siedler, J. J. (2007). Linking teaching and research in disciplines and departments. *The Higher Education Academy*. University of Reading Press.
- Siegel, B. (1996). *African family and kinship*. Furman University Press.
- Silverstein, C. G. (2002). Grandmothers raising grandchildren: Family structure and well-being in culturally diverse families. *Gerontologist*, 42(5), 676-679.
- Skinner, D. (2014). *Transforming young lives through education*. UNESCO, Save the Children.
- Skinner D., Tsheko, N., Mtero-Munyati, S., Segwabe, M., Chibatamoto, P., Mfecane, S., Chandiwana, B., Nkomo, N., Tlou, S., & Chitiyo, G. (2006). Towards a definition of orphans and vulnerable children. *AIDS Behaviour*, 10(6), 619-626.
- Smalley, G. (2005). *The secret of building a close knit family*. The Smalley Center for Children. <https://www.crosswalk.com/family/parenting/the-secret-to-building-a-close-knit-family-1317298.html>

- Smolak, L. (1993). *Adult development*. Prentice Hall.
- Solis, J. M., Shadur, J. M., Burns, A.R., & Hussong, A. M. (2012). Understanding the diverse needs of children whose parents abuse substances. *Drug Abuse Review*, 5(2), 135-147.
- Sri Sarada Devi Ashram. (2014). *Importance of educating orphans*. Sri Saradha Devi Ashram Press.
- Stabile, J., & Stabile, M. (2003). Socioeconomic Status and child health: Why is the relationship stronger for older children. *American Economic Review*, 5(1), 1813-1823.
- Stogsdill, S. (2019). The impact of childhood abuse on moral development. *Orphan and Vulnerable Children Student Scholarship*. <https://pillars.taylor.edu/ovc-student/1>
- Stover, L. B. (1999). The economic impact of AIDS in South Africa. *The Policy Project*, 77-86.
- Subbarao, K. (2002). *Orphans and children at risk in Africa: Issues, challenges and the role of public action*. The World Bank.
- Suraj-Narayan, G. (2009). Gender and poverty: Twin oppressors of girlhood orphaned by AIDS. *Empowering Women for Gender Equity*, 6-12.
- Takseva, T. (2017) Mother Love: Maternal Ambivalence and the possibility of empowered mother. *Hypatia, a Journal of Feminist Philosophy*, 32(1), 152-168.
- Tang, F., Jang, H., & Carr-Copeland, V. (2015). Challenges and resilience in African American grandparents raising grandchildren: A review of the literature with practice implications. *Grand Families: The Contemporary Journal of Research, Practice and Policy*, 2(2). <https://scholarworks.wmich.edu/grandfamilies/vol2/iss2/2>
- Tanga, P. T. (2013). The impact of the declining extended family support system on the education of orphans in Lesotho. *African Journal of AIDS Research*, 12(3), 173-183.
- The National Child Traumatic Stress Network. (2009). *Caring for kids: What parents need to know about sexual abuse*. National Child Trumatic Stress Network.
- Theixos, H., & Jamil, T. H. (2014). The bad habit of bearing children. *International Journal of Feminist Approaches to Bioethics*, 7(1), 35-45.

- Thembo, M. S. (1990). *The traditional african family*. Bridgewater College Press.  
<https://wp.bridgewater.edu/mtembo/articles/the-traditional-african-family/>
- Thomas, D. L. (2012). *Extended families and child well-being*. National Institute of Child Health.
- Thurman, T. &. (2011). Child maltreatment at home: Prevalence among orphans and vulnerable children in KwaZulu Natal, South Africa. UNESCO, Save the Children.
- Tolfree, D. (1994). Alternative to residential care for children. *Development in Practice*, 138-140.
- Tolfree, D. (1995). *Roofs and roots: The care of separated children in the developing world*. Ashgate.
- Tolfree, D. (2003). *Community-based care for separated children*. UNESCO, Save the Children.
- Tooke, W. H. (1985). Decent groups, chiefdoms and South African historiography. *Journal of South African Studies*, 11(20), 305.
- Tripathi, S. (2014). Importance of education. *Important India Journal*, 35.
- Trivedi, S. (2019). *The harm of child removal*. University of Baltimore Press.
- Tshoose, C. (2010). The impact of HIV/AIDS regarding informal social security: Issues and perspective from a South African Context. *SciELO*, 13(3).
- USAID. (2003). *Help the aged: International HIV/AIDS alliance*. UNESCO.
- USAID. (2003). *The role of education in the protection, care and support of orphans and vulnerable children living in a world of HIV/AIDS*. USAID.
- Uma, C. R. (2001). *Applied business research qualitative and quantitative methods*. John Wiley and Sons.
- UNAIDS. (2002). *Children on the brink: A joint report on orphan estimates and program strategies*. UNAIDS.
- UNAIDS. (2013). *The Joint United Nations Programme on HIV/AIDS: Global report*. UNAIDS.

- UNAIDS/WHO. (2008). *Epidemiological factsheet on HIV/AIDS: Core data on epidemiology and response*. WHO.
- UNESCO. (1990). *Declaration on Education for All*. Paris: UNESCO.
- UNESCO. (2003). *Regional overview : Sub Saharan Africa*. UNESCO.
- UNICEF. (2002). *The role of education in the protection, care and support of orphans and vulnerable children living in the world with HIV and AIDS*. UNICEF.
- UNICEF. (2003). *Africa's orphaned generation*. UNICEF.
- UNICEF. (2005). *Africa letting them fail : Government neglect*. UNICEF.
- UNICEF. (2006). *Africa's orphaned and vulnerable Generations: Children affected by AIDS*. UNICEF.
- UNICEF. (2007). *Grandmothers and HIV/AIDS*. UNICEF.
- UNICEF. (2014a). *Africa's orphaned generation*. UNICEF.
- UNICEF. (2014b). *Children orphanages and family. Faith Action Initiative*.  
<https://www.faithtoaction.org/wp-content/uploads/2014/03/Summary-of-Research4.pdf>:
- UNICEF. (2015a). *A continuum of care for orphans and vulnerable children*. UNICEF - Better Care Network.
- UNICEF. (2015b). *Children separated from their families*. UNICEF.
- University of KwaZulu-Natal. (2005). *University of KwaZulu-Natal HIV/AIDS policy*. University of KwaZulu-Natal.
- USAID. (2006). *Monitoring outcomes of PEPFAR Orphans and Vulnerable Children Programs in Mozambique*. USAIDPEPFAR.
- UNAIDS. (2004). *The role of education in the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS*. UNESCO.
- USAIDS. (2006). *Orphans and vulnerable youth in Bulawayo, Zimbabwe: An exploratory study of psychosocial well-being and psychosocial support programs*. Horizons.

- Varnis, S. L. (2001). *Promoting Child Protection through Community Resources: Care Arrangements for Ethiopian AIDS Orphans*. International Conference on Contemporary Development Issues in Ethiopia, August 16-18, 2001, Kalamazoo, Michigan.
- Van Dijk, D., & Van Driel, F. (2012). Questioning the use and value of social relationships: Care and support of youth affected by AIDS in child-headed households in Port Elizabeth, South Africa. *African Journal of AIDS Research*, 11(3), 283-293.
- Wallen, J. R. (2003). *How to design and evaluate research in Education*. McGraw Hills.
- Warren, L. M. (2013). *Caring for and caring about: Embedded interdependence and quality of life*. Routledge.
- Watkins, J. S., Sello, O. M., Cluver, L., Kaplan, L., & Boyes, M. (2014). At school I got myself a certificate: HIV/AIDS, orphanhood, and secondary education: A qualitative study of risk and protective factors. *Global Social Welfare*, 1(3), 1-12.
- Watson, D. R. (2014). Challenges faced by grandparents caring for AIDS Orphans in Koster, North West Province of South Africa. *Journal of Physical Health Education, Recreation and Dance*, 12, 348-349.
- Westermann, D. H. (1949). The African Today and Tomorrow. *Anthropology*, 42(4), 680.
- Whitehead, A. (2002). Poverty and HIV/AIDS in Africa. *Third World Quarterly*, 23(2), 313-332.
- Whiteside, A. (2002). Poverty and HIV/AIDS in Africa. *Third World Quarterly*, 23, 313-332.
- Whitmer, D. (2020). *How to strengthen family bonds*. Very Well Family Association.
- Williams, J. W. (2012). *Safe and peaceful schools: Addressing conflict and eliminating violence*. Corwin Press.
- Williamson, G. F. (2000). A review of current literature of the impact of HIV/AIDS on children in sub-Saharan Africa. *AIDS*, 14(3), 275.
- Willis, J. W. (1995). *Foundations of qualitative research interpretative and critical approaches*. Sage.
- Winberg, C. H. (2008). Give a child a family: Foster families as a model of care for orphans and vulnerable children in Mozambique. *Goteborgs Iniversitet*, 40.

- Winston, R., & Chicot, R. W. (2016). The importance of early bonding on long term mental health and resilience of children. *London Journal of Primary Care*, 8, 12-14.
- Wolfe, R. H. (1995). The Determinants of Children's Attainments: A Review of Methods and Findings. *Journal of Economic Literature*, 33 (4), 1829.
- Wood, L. G. (2011). Care and support of orphaned and vulnerable children at school: Helping teachers to respond. *South African Journal of Education*, 31(2). doi: 10.15700/saje.v31n2a484
- Woodsong, N. M. (2005). *Qualitative research methods*. Sage.
- Yip, E. E. (2019). Art Therapy and trauma in children. *Art Therapy*. <https://www.medicalnewstoday.com/articles/art-therapy>
- Zagheni, E. (2011). The impact of HIV/AIDS Epidemic in kinship resources for orphans in Zimbabwe. *Population Development*, 37(4), 761-783.
- Zimic, J. I. & Jukic, V. (2012). Familial risk factors favouring drug addiction onset. *Journal of Psychoactive Drugs*, 44, 173-185. <https://doi.org/10.1080/02791072.2012.685408>
- Zitzman, B. (2020). Why your family matters: Importance of family. *Population Development Review*, 37(4), 761-783.

## **APPENDIX 1: INTERVIEW SCHEDULES**

### **A Interview questions: learners at the three schools**

- When your mum passed away did you move into the home of a family member?
- Did the family decide where you should live?
- Are you living with a family member?
- Are you comfortable in your present home?
- Do you get support from other family members?
- Do your siblings also live in your home?
- Who pays your school fees?
- If you need any study material for school purposes, are you able to get it?
- Draw a picture of your life now
- Write a short paragraph of your life now.

### **B Interview questions: learners at the three schools and at the institution**

- When mum and dad were around what was your life like then?
- Did you live with your mum and dad?
- How many brothers and sisters do you have?
- Did you all live together?
- Was mum employed?
- Was mum able to pay your school fees?

### **C Interview questions: learners at the institution**

- Are you comfortable in the institution?
- Do your siblings also live here with you?
- Do you miss your normal family life?
- Do family visit you?
- Do you visit family during school vacation?
- Are you coping at school?

## APPENDIX 2: ETHICAL CLEARANCE



26 July 2019

Mrs Lerma Jonathan (206526140)  
School of Education  
Edgewood Campus

Dear Ms Jonathan,

Protocol reference number: HSS/1999/0180

Project title: Conceptions of Zulu Kinship System in Present Times and influence on Orphaned and Vulnerable Children's Schooling and Education in KwaZulu-Natal, South Africa.

### Approval Notification – Expedited Application

With regards to your response received on 13 June 2019 to our letter of 29 November 2018, 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 1 year 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 Rosemary Sibanda (Chair)

/ms

cc: Supervisor: Prof TT Bathalele  
cc: Academic Leader Research: Dr SB Khosa  
cc: School Administrators: Ms S Jeenarine, Ms M Ngizobo and Mr SN Mthambu

---

Humanities & Social Sciences Research Ethics Committee

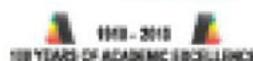
Dr Rosemary Sibanda (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 3657/6353/4657 Facsimile: +27 (0) 31 260 4609 Email: [sibanda@ukzn.ac.za](mailto:sibanda@ukzn.ac.za) / [msmthambu@ukzn.ac.za](mailto:msmthambu@ukzn.ac.za) / [mbathale@ukzn.ac.za](mailto:mbathale@ukzn.ac.za)

Website: [www.ukzn.ac.za](http://www.ukzn.ac.za)



Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

### APPENDIX 3: INFORMED CONSENT: ENGLISH

Social Sciences, College of Humanities,  
University of KwaZulu-Natal,  
Edgewood Campus,

Dear Participant

#### INFORMED CONSENT LETTER

My name is Lorna Jonathan. I am a Social Science PhD candidate studying at the University of KwaZulu-Natal, Edgewood campus, South Africa.

I am interested in learning about the positive and negative effects of kinship care. Is the education of children affected in the absence of parents? What are some of the difficulties that children must face. I am studying cases from the Kwa Dukuza Area. Your community is one of my case studies. To gather the information, I am interested in asking you some questions.

Please note that:

- Your confidentiality is guaranteed as your inputs will not be attributed to you in person but reported only as a population member opinion.
- The interview may last for about 1 hour and may be split depending on your preference.
- Any information given by you cannot be used against you, and the collected data will be used for purposes of this research only.
- Data will be stored in secure storage and destroyed after 5 years.
- You have a choice to participate, not participate or stop participating in the research. You will not be penalized for taking such an action.
- The research aims at knowing the challenges of your community relating to resource scarcity, peoples' movement, and effects on peace.
- Your involvement is purely for academic purposes only, and there are no financial benefits involved.
- If you are willing to be interviewed, please indicate (by ticking as applicable) whether you are willing to allow the interview to be recorded by the following equipment:

	willing	Not willing
Drawings		

Interviews		
Recording		

I can be contacted at:

Email: [lorna.jonathan@telkomsa.net](mailto:lorna.jonathan@telkomsa.net)



My supervisor is Professor Thabisile Buthelezi who is located at the School of Languages, Edgewood campus of the University of KwaZulu-Natal.

Contact details: email: [jonesa@ukzn.ac.za](mailto:jonesa@ukzn.ac.za)



Howard College, University of KwaZulu-Natal  
(Tel) 0312602470  Email: [narsiahi@ukzn.ac.za](mailto:narsiahi@ukzn.ac.za).

You may also contact the Research Office through:

P. Mohun

HSSREC Research Office,

Tel: 031 260 4557 E-mail: [mohunp@ukzn.ac.za](mailto:mohunp@ukzn.ac.za)

Thank you for your contribution to this research.

## APPENDIX 4: INFORMED CONSENT (ISIZULU)

Social Sciences, College of Humanities,  
University of KwaZulu-Natal,  
Edgewood Campus,

Mbambiqhaza Othandekayo

### UKUVUMA UKUZIBANDA KANYA

Igama lami ngingu Lorna Jonathan. Ngifunda izifundo ze Social Science PhD eNyuvesi yaKwa Zulu Natal Edgewood Campus, South Africa. Ngithanda Ka Khulu ukufunda ngemi thelela emihle naleyo engemihle yokunakekelana ngokobuhlobo begaze. Ukuthi ukufunda kwabantwana kuyathinteka ekungabini khona kwabazali? Iziphi izingqinamba ubantwana ababhekana nazo? Ngigxile ekufundeni ngelezi – ngqinamba endaweni ya KwaDukuza. Umphakathi wakho ungenye yezindawo engizenzayo.

Ukuhlanganisa lolulwaazi ngithanda ukukubuza imibuzo.

Ngicela ugaphele lokhu:

- Lokhu oyongazisa khona akuyukwaziswa abanye abantu futhi angeke kunamathelise kuwe uqobo.
- emi buzo ingatha ihora ukuyiphendula noma ihlukanise izigamu ngokuvuma kwakho.
- Lonke ulwazi oyonginika lona alusoze lwasetshe nziswa ukulwa nawe, nalokho okuhlanganisiwe kuyosetshe nziselwa lolucwa-ningo kuphela.
- Ulwazi luyogcinwa endaweni ephaphile iminyaka eyisihlanu bese luyalahlwa.
- Une Lungelo lokuzikhethela ukubamba ighaza, nokungalibambi noma ungaqhubeki nalolu Cwaningo. Awusoze wahlawuliswa ngokuthatha lesosinqumo.
- Ucwaningo lubhekiwe ekwazini umphakathi wakho mayelana nezingqinamba ezidalwa ukushoda kwezidingo, ukushintshashintsha izindawo zokuhlala Kanye nomtheleka oba khona ukuletha ukuthula.
- Ukungenelela kwakho ukulekelela ukufunda kuphela akukho nkokhelo ezoba khona.

- Uma unothando lokuzibanda kanya ngicela ukombise ngophawe (√) nokuthi uyavuma ukuba kugoshwe kusetshenziswa lokhu okulandelayo’

	Ngiyafisa	Angifisi
Imidwebo		
Ingxoxo/Imibuzo		
Ukuqoshwa		

Ngiyatholakala kulezinombolo:

Email: [lorna.jonathan@telkomsa.net](mailto:lorna.jonathan@telkomsa.net)

Cell: 0846195470

Umluleki wami ngu Professor T. Buthelezi

Otholakula e School Edgewood Campus of the University of Kwa Zulu – Natal

Email: [jonesa@ukzn.ac.za](mailto:jonesa@ukzn.ac.za)

Phone: 0332605181

Howard College: University of KwasZulu Natal

Phone: 0312602470

Cell: 0822022524

Email: [narsiah@ukzn.ac.za](mailto:narsiah@ukzn.ac.za)

Uyakwazi futhi Ukuthinta I Research Office:

P. Mohan

HSSREC Research Office

Phone: 031 2604557

E-mail: [mohunp@ukzn.ac.za](mailto:mohunp@ukzn.ac.za)

Ngiyabonga kakhulu ukufaka isandla kwakho Kulolukwaningo

## APPENDIX 5: GATEKEEPER PERMISSION A



education

Department:  
Education  
PROVINCE OF KWAZULU-NATAL

Enquiries: Phindile Duma

Tel: 033 392 1263

Ref: 2148/1503

Mrs L Jonathan  
PO Box 569  
Stanger  
4450

Dear Mrs Jonathan

### PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: "CONCEPTIONS OF ZULU KINSHIP SYSTEM IN PRESENT TIMES AND INFLUENCE ON ORPHANED AND VULNERABLE CHILDREN'S SCHOOLING AND EDUCATION IN KWAZULU-NATAL, SOUTH AFRICA", in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 30 July 2018 to 02 October 2021.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Miss Phindile Duma at the contact numbers below.
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report/dissertation/thesis must be submitted to the research office of the Department. Please address it to The Office of the HOD, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education.

(PLEASE SEE LIST OF SCHOOLS ATTACHED)

  
Dr. EV Ndama  
Head of Department: Education  
Date: 01 August 2018

KWAZULU-NATAL DEPARTMENT OF EDUCATION  
Postal Address: Private Bag 30137 • Pietermaritzburg • 3200 • Republic of South Africa  
Physical Address: 247 Burger Street • Anton Lembede Building • Pietermaritzburg • 3201  
Tel: +27 33 392 1000 • Fax: +27 333 392 1200 • Email: Phindile.Duma@kzndoe.gov.za • Website: kzndoe.gov.za  
Facebook: KZNDOE... Twitter: @KZN\_KDE... Instagram: kzn\_education... Youtube: kzn-doe

Championing Quality Education - Creating and Securing a Brighter Future



## education

Department:  
Education  
PROVINCE OF KWAZULU-NATAL

### LIST OF SCHOOLS/ INSTITUTIONS

1. Stanger South Secondary School
2. Nonhlewa Secondary School
3. Stanger High School

#### KWAZULU-NATAL DEPARTMENT OF EDUCATION

Postal Address: Private Bag 20127 - Pietermaritzburg - 3200 - Republic of South Africa  
Physical Address: 247 Burger Street - Anton Lembede Building - Pietermaritzburg - 3201  
Tel: +27 33 392 1000 - Fax: +27 333 392 1200 - Email: [Private@kzndoe.gov.za](mailto:Private@kzndoe.gov.za) - Website: [kzndoe.gov.za](http://kzndoe.gov.za)  
Facebook: [KZNDOE](https://www.facebook.com/KZNDOE) - Twitter: [@DOR\\_KZN](https://twitter.com/DOR_KZN) - Instagram: [kzn\\_education](https://www.instagram.com/kzn_education/) - YouTube: [kzndoe](https://www.youtube.com/channel/UCkzndoe)

..Championing Quality Education - Creating and Securing a Brighter Future

## APPENDIX 6: REQUEST FOR PERMISSION A

Mrs L. Jonathan  
P.O. Box 569  
STANGER  
4450  
20<sup>th</sup> August 2018

The District Director  
Dr. M.M. Mdondo  
Ilembe District  
Kwa Dukuza Circuit  
Kwa Dukuza  
4450

### PERMISSION TO CONDUCT RESEARCH WITH ORPHANS AND VULNERABLE CHILDREN

I am presently reading for my PHD degree in Humanities and Social Science. My topic is entitled:

#### **Conceptions of Zulu Kinship System in Present Times and Influence on Orphaned and Vulnerable Children's Schooling and Education in KwaZulu-Natal. South Africa**

The research will entail interviews with learners from three different high schools. The age group will be from 15 – 18 years of age. The learners will be expected to draw pictures about their life while their parents were alive and the kind of life they experienced then. They will also be asked to draw pictures about their life after the parents had passed on and some of the difficulties they are now experiencing. The Education Department has granted me the permission to conduct the research.

The anonymity in terms of the participant's response, evidence and documentation used in the research will be guaranteed. Should a need arise to disclose a name or place in the reporting process; pseudonyms will be used to protect their identity.

The participants will be made aware that their participation is voluntary and that they are free to withdraw from the study at any stage for any reason.

Withdrawal from the study will in no way result in any form of discrimination or disadvantage.

Awaiting your kind co-operation

Yours faithfully

.....  
Lorna Jonathan 

## **APPENDIX 7: REQUEST FOR PERMISSION B**

Mrs L. Jonathan  
P.O. Box 569  
STANGER  
4450  
18<sup>th</sup> July 2018  
The Principal  
Nonhlevu Secondary School  
STANGER  
4450

### PERMISSION TO CONDUCT RESEARCH WITH ORPHANS AND VULNERABLE CHILDREN

I am presently reading for my PHD degree in Humanities and Social Science.

My topic is entitled:

**Conceptions of Zulu Kinship System in Present Times and Influence on Orphaned and Vulnerable Children's Schooling and Education in KwaZulu-Natal. South Africa**

The research will entail interviews with learners from three different high schools. The age group will be from 15 – 18 years of age. The learners will be expected to draw pictures about their life while their parents were alive and the kind of life they experienced then. They will also be asked to draw pictures about their life after the parents had passed on and some of the difficulties they are now experiencing.

The Education Department has granted me the permission to conduct the research.

The anonymity in terms of the participant's response, evidence and documentation used in the research will be guaranteed. Should a need arise to disclose a name or place in the reporting process, pseudonyms will be used to protect their identity.

The participants will be made aware that their participation is voluntary and that they are free to withdraw from the study at any stage for any reason. Withdrawal from the study will in no way result in any form of discrimination or disadvantage.

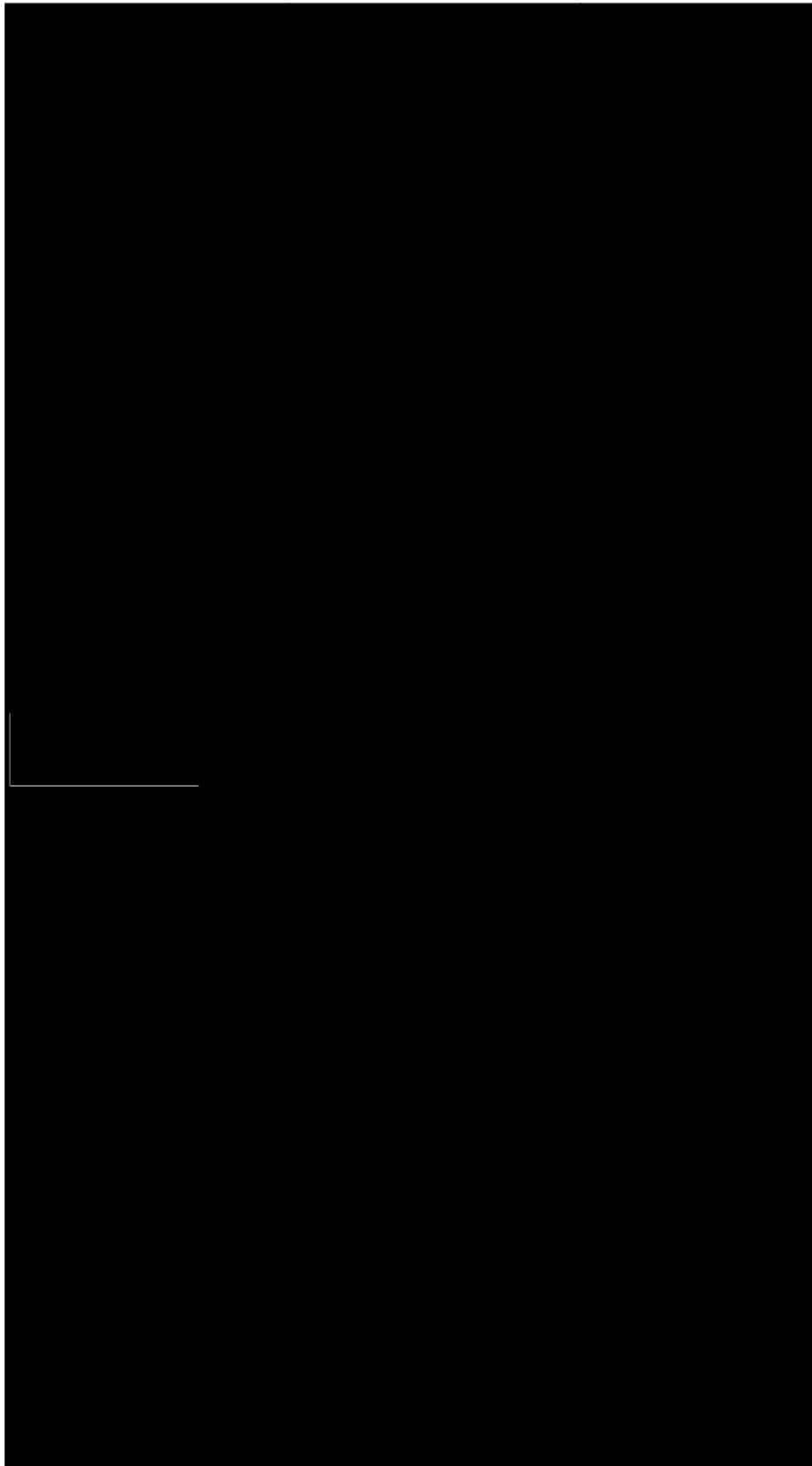
Awaiting your kind co-operation

Yours faithfully

.....

Lorna Jonathan

**APPENDIX 8: GATEKEEPER PERMISSION B**



## APPENDIX 9: REQUEST FOR PERMISSION C

Mrs L. Jonathan  
P.O. Box 569  
STANGER  
4450  
18<sup>th</sup> July 2018  
The Principal  
Stanger High School  
STANGER  
4450

PERMISSION TO CONDUCT RESEARCH WITH ORPHANS AND VULNERABLE CHILDREN

I am presently reading for my PHD degree in Humanities and Social Science.

My topic is entitled:

**Conceptions of Zulu Kinship System in Present Times and Influence on Orphaned and Vulnerable Children's Schooling and Education in KwaZulu-Natal, South Africa**

The research will entail interviews with learners from three different high schools. The age group will be from 15 – 18 years of age. The learners will be expected to draw pictures about their life while their parents were alive and the kind of life they experienced then. They will also be asked to draw pictures about their life after the parents had passed on and some of the difficulties they are now experiencing.

The Education Department has granted me the permission to conduct the research.

The anonymity in terms of the participant's response, evidence and documentation used in the research will be guaranteed. Should a need arise to disclose a name or place in the reporting process, pseudonyms will be used to protect their identity.

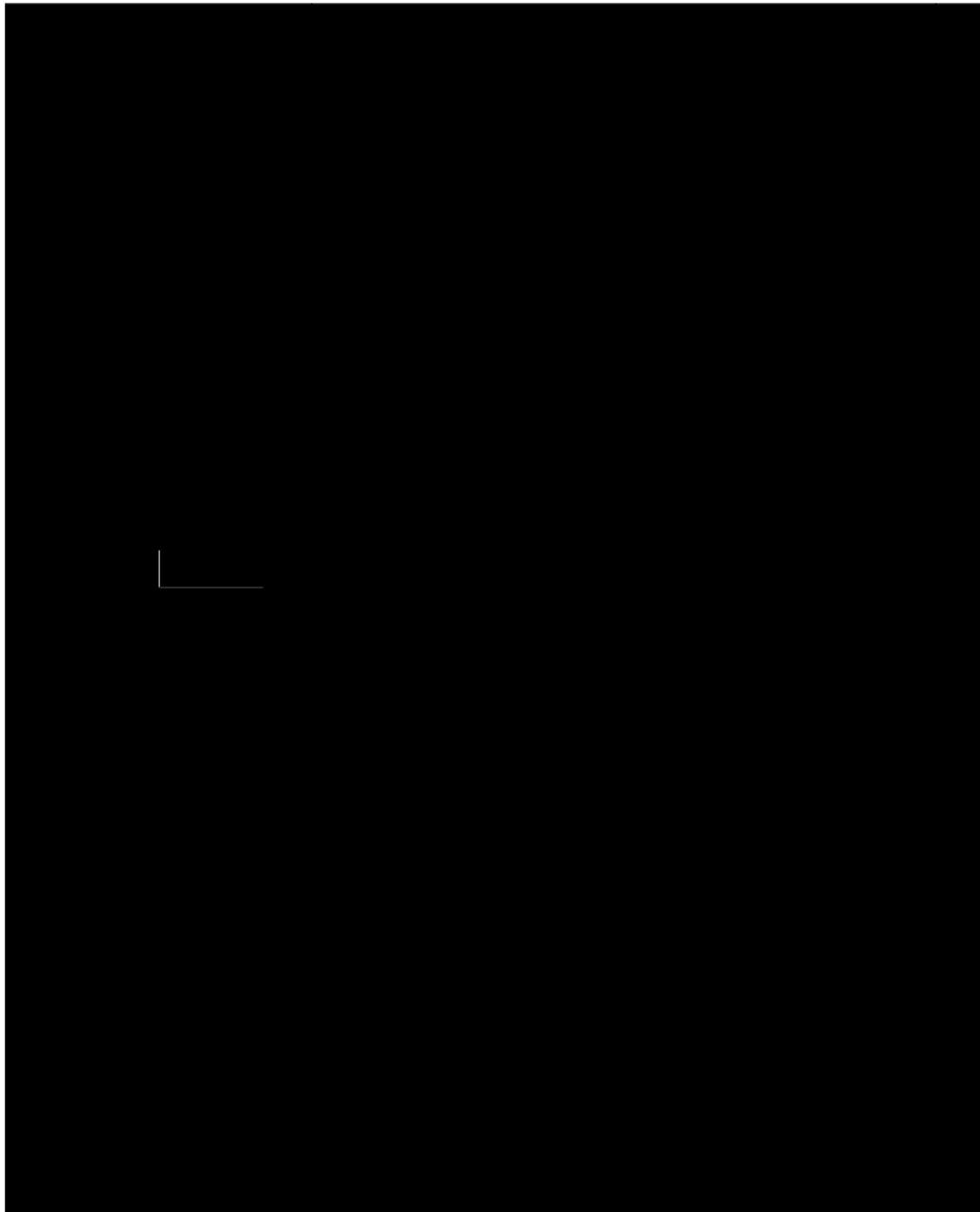
The participants will be made aware that their participation is voluntary and that they are free to withdraw from the study at any stage for any reason. Withdrawal from the study will in no way result in any form of discrimination or disadvantage.

Awaiting your kind co-operation

Yours faithfully

.....  
Lorna Jonathan [REDACTED]

**APPENDIX 10: GATEKEEPER PERMISSION C**



## APPENDIX 11: REQUEST FOR PERMISSION D

Mrs L. Jonathan

P.O. Box 569

STANGER

4450

18<sup>th</sup> July 2018

The Principal

Stanger South Secondary School

STANGER

4450

### PERMISSION TO CONDUCT RESEARCH WITH ORPHANS AND VULNERABLE CHILDREN

I am presently reading for my PHD degree in Humanities and Social Science.

My topic is entitled:

#### **Conceptions of Zulu Kinship System in Present Times and Influence on Orphaned and Vulnerable Children's Schooling and Education in KwaZulu-Natal. South Africa**

The research will entail interviews with learners from three different high schools. The age group will be from 15 – 18 years of age. The learners will be expected to draw pictures about their life while their parents were alive and the kind of life they experienced then. They will also be asked to draw pictures about their life after the parents had passed on and some of the difficulties they are now experiencing.

The Education Department has granted me the permission to conduct the research.

The anonymity in terms of the participant's response, evidence and documentation used in the research will be guaranteed. Should a need arise to disclose a name or place in the reporting process, pseudonyms will be used to protect their identity.

The participants will be made aware that their participation is voluntary and that they are free to withdraw from the study at any stage for any reason. Withdrawal from the study will in no way result in any form of discrimination or disadvantage.

Awaiting your kind co-operation

Yours faithfully

.....

Lorna Jonathan [REDACTED]

**APPENDIX 12: GATEKEEPER PERMISSION D**



## APPENDIX 13: REQUEST FOR COUNSELLING SUPPORT

Mrs L. Jonathan  
P.O. Box 569  
STANGER  
4450  
18<sup>th</sup> July 2018

The Medical Superintendent  
Stanger Hospital  
Stanger  
4450

### PERMISSION TO CONDUCT RESEARCH WITH ORPHANS AND VULNERABLE CHILDREN

I am presently reading for my PHD degree in Humanities and Social Science.

My topic is entitled:

#### **Conceptions of Zulu Kinship System in Present Times and Influence on Orphaned and Vulnerable Children's Schooling and Education in KwaZulu-Natal. South Africa**

The research will entail interviews with learners from three different high schools. The age group will be from 15 – 18 years of age. The learners will be expected to draw pictures about their life while their parents were alive and the kind of life they experienced then. They will also be asked to draw pictures about their life after the parents had passed on and some of the difficulties they are now experiencing.

I believe that the learners may experience secondary trauma.

I make a humble appeal to you to kindly allow me to enlist the services of the social worker should the need arise.

Looking forward to your kind co-operation.

Yours faithfully.

.....  
L. JONATHAN 

## APPENDIX 14: APPROVAL FOR COUNSELLING SUPPORT

### STANGER HOSPITAL



**health**  
Department:  
Health  
PROVINCE OF KWAZULU-NATAL

DIRECTORATE:

Physical Address: Cnr Paterson Street & King Shaka Street, Stanger, 4450  
Postal Address: Private Bag 10609, Stanger, 4450  
Tel: 032 4378015 Fax: 032 55511539 Email: gustavo.lopez@kznhealth.gov.za  
www.kznhealth.gov.za

OFFICE OF THE  
SENIOR MANAGER: MEDICAL SERVICES

Enquiries: DR.G.Lopez  
EXT: 6015  
DATE: 5/09/2018

Mrs Lorna Jonathan

RE: PERMISSION TO UTILISE THE SERVICES OF THE CLINICAL PSYCHOLOGIST AND THE SOCIAL WORKER

Dear Mrs Jonathan

I have pleasure in informing you that we support your request to use our services at Stanger Hospital in the event of secondary trauma being experienced by the participants in your study.

Thanking you



Senior Manager: Medical Services  
Stanger Hospital

## **APPENDIX 15: REQUEST FOR PERMISSION E**

Mrs. L. Jonathan  
P.O. Box 569  
STANGER  
4450

6 March 2017  
The Manager  
Ethelbert Children's Home  
DURBAN  
4000

Dear Madam

### **REQUEST FOR PERMISSION TO CONDUCT RESEARCH**

I am a registered PHD student in the Department of Educational Psychology at the University of Kwa Zulu Natal Edgewood Campus. My supervisor is Professor T, Buthelezi.

The proposed topic of my research is - The kinship system influence on family safety net for vulnerable children and the repercussion of AIDS in Kwa Zulu Natal. The objectives of the study are:

- (a) To establish how life differs in a new environment
- (b) To establish the positive effects of a safe and secure environment

I am a dedicated Christian and a member of the Trinity Methodist Church Stanger.

Your permission to conduct this study will be greatly appreciated.

Yours faithfully

**L. JONATHAN**

**APPENDIX 16: GATEKEEPER PERMISSION E**



The Director  
93 Ethelbert Road  
Malvern  
Queensburgh 4093

17 September 2018

Dear Sir/Madam

**PERMISSION TO CONDUCT RESEARCH**

I hereby grant Mrs. L. Jonathan permission to conduct her research at our institution. However, she can only conduct her research project once ethical clearance has been granted. This permission does in no way compel the childcare workers to be interviewed. Childcare workers can accept or reject to be part of this research project.

A large black rectangular box redacting the signature of the Director.

Director

Yours faithfully,  
93 Ethelbert Road Malvern4093

P.O. box 28119  
Malvern 4055  
Telephone:  
031 464 6555  
Fax: 031 464  
6564

E-mail: [admin@ethelbert.co.za](mailto:admin@ethelbert.co.za)

WebSite:  
[www.ethelbert.co.za](http://www.ethelbert.co.za) Registration No.:  
002-283 Director: Vanessa Theophilus

## APPENDIX 17: EDITOR'S LETTER

Crispin Hemson  
15 Morris Place  
Glenwood  
Durban  
South Africa 4001

hemsonc@gmail.com  
0829265333

---

This is to confirm that I have undertaken language editing of a doctoral thesis by Lorna Jonathan, entitled **Conceptions of Zulu Kinship System in Present Times and their influence on Vulnerable Children's Education in Kwa-Zulu Natal, South Africa.**

The editing has addressed all chapters but is limited to language issues. It has not addressed the final reference list or appendices.

.



27<sup>th</sup> July 2021

