CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This is qualitative research, which focused on two primary sources for the collection of data. These were children orphaned by HIV/AIDS who were interviewed as primary targets or key informants for the study. In instances where the children had difficulty answering some of the questions, their family members were also interviewed. On the other hand secondary sources comprised interviews with people who directly or indirectly worked with the HIV/AIDS orphans in Winnie Mandela Park, namely, Social Workers, Housing officials from the Ekurhuleni Metro Municipality, the local Council officials, the Local Clinic’s HIV/AIDS Counsellor and some of the members of the organizations that are active in the area. Complementary data was collected from other sources such as academic literature, the Internet, newspaper articles and past research papers or theses.

3.2 Selection of research methods

The advantage of using the interpretive social science (ISS) and critical social science (CSS) approaches was that it enabled the researcher to observe and critically analyze behaviour (verbal and non-verbal) of the respondents during the interviews and to understand how they feel (empathic understanding) and the meaning they attach to their experiences. According to Neuman (1994:61-62), social action is central in the interpretive social science approach in that it focuses on the behaviour of others.

Field research was conducted in a form of a case study. The reason for choosing a case study was that it allowed for “exploration or in-depth analysis” of the HIV/AIDS households at the Winnie Mandela Park and also allowed interactive discussions with the respondents during the interviews (Creswell, J.W 1998:61). On that basis, the research
was respondent-driven and the interviews were conducted with the research participants who had the latitude to “actively” engage in discussions and were able to define social reality from “their own” frame of reference and experience. Prompts were used to allow respondents various options from which to select their responses, thus facilitating the provision of accurate information.

3.3 Sampling procedure

In selecting a research sample the researcher implemented purposive sampling. The advantage of implementing this procedure was that it enabled the researcher to make use of her own judgement with regards to the criteria (de Vos et al, 2002:207). With additional sources from which data was collected, the total research sample consisted of 11 participants, which included 5 children aged between the ages of 10 – 18 years who were chosen as the primary targets for the interviews. These children were randomly selected from the local clinic records of HIV/AIDS households at the Winnie Mandela Park, Zone 1,2,3,5 and 6. The selection of these sections was based on the fact that they fell under the area that was serviced by Margaret Zuma Clinic, which received HIV/AIDS records mainly from the neighbourhood Tembisa Hospital.

3.4 Profiling the respondents

3.4.1 Key informants

To protect the image of the families and to maintain confidentiality, fictitious names have been used.

Profiling respondent no. 1

Boy aged 10 years is the eldest of his 3 siblings. He is a shy and soft-spoken boy but is very self confident. What makes him unique from his siblings is that whilst they have no contact with their fathers, he says he maintains constant contact with him. He also is the
only one who has had an experience of staying with both parents whilst the others have been raised by both their mother and grandmother as single parents. Boy is very fond and protective of his younger siblings, which he demonstrated by saying that if he were to make a choice to move back to his father, he would rather remain in his grandmother’s custody so as not to be separated from his siblings. His younger brother, Sipho aged 6 years and him, are the only two who attend school at a local primary school. His sisters Patience aged 2 years attends crèche and his Aunt Bongi looks after their little sister, Mpho aged 10 days. Though shy, Boy speaks very passionately about his late mother. He also spoke very nostalgically about the experience of staying with both parents.

Like most children of his age, Boy likes friends. Though he has made new friends where he now stays with his grandmother, he says he still misses his other friends that he used to play with where he was staying with his parents. Boy wishes to become a policeman when he grows up so that he could arrest people who kill and steal other people’s possessions.
Respondent no.1 household type: *Granny headed*

Maria Thoolo, aged 46 years – mother and grandmother (employed)

- Themba, aged 30 years (unemployed)
- Bongi, aged 27 years unemployed
- Ntombi, aged 26 years (deceased)

4 children, aged 10 years, 6 years, 3 years, and 2 weeks (2 attend school)

4 children, aged 12 years, 10 years, 6 years and 4 years
Maria Thoolo, aged 46-years is both a grandmother and a single parent. She is the only one who is gainfully employed and a sole breadwinner of a family of 11 members. Of these, 2 are her own children, namely, Themba aged 30 years and Bongi aged 27 years. The remaining 8 are the grandchildren who are born to her 2 daughters, Bongi who lives with her and Ntombi, who died of Tuberculosis in 2003 at the age of 26 years. The whole family stays in a one-roomed shack serviced site, which is partitioned with a ragged piece of cloth. One part of the shack serves as a bedroom which Maria Thoolo shares with her grandchildren some of who sleep on the floor and others on an old bed, which they share with her. The other part of the shack serves as a kitchen and a bedroom where the elder siblings and some of their children sleep. Privacy for this family does not exist since all members, female and male, young and old are all cramped in this small shack.

The family uses candles for lighting and paraffin or open fire for cooking. Water is drawn from an outside tap and the ablutions (pit latrines) are commonly shared with the neighbours. Maria Thoolo works as a labourer at the Engen Service Station in Jet Park where she commutes by train a distance of approximately 60 kms daily and earns a meagre weekly wage, which is not enough to fend for the whole family. Both Bongi and Themba are unemployed. Bongi and her four children, two of whom are at primary school and the other two at crèche, depend on a childcare grant, which she uses to pay for their schooling and for general maintenance.

Four of Maria Thoolo’s other grandchildren aged 10 years, 6 years, 2 years and ten days have been staying with her ever since their late mother Ntombi, moved in with her family in 2002. Before joining her family, she had also been staying in Winnie Mandela Park with her boyfriend in a shack, which she had built on a stand that was allocated to her by the Municipality. Her boyfriend is a biological father to her eldest child (a respondent in the study) and occasionally maintains contact with him. The other three siblings were born of different fathers who do not maintain any contact with them. Since the deceased was a member of the support group which is run by the HIV/AIDS Counsellor based at
the Clinic, the family gets support from the Margaret Zuma Clinic in the form of soup, food parcels, and second hand clothing.

Profiling respondent no.2

Thembani aged 14 years is the second of three siblings. During the time of the interview, he was in Grade 8 at a local high school. He is a very easy child who speaks very confidently and is not shy. His aunt, Mrs. Mazibuko described him as a very brilliant child who is very dedicated to his schoolwork. However he also demonstrated a lot of sensitivity. For example, when asked about his mother and his father, his tone of voice changed and became softer. When talking about his elder brother’s delinquent behaviour, his voice showed a lot of remorse and betrayal. He is also a very loving and respectful child who is very caring and friendly to everyone.

He seemed to have adjusted well in his ‘new’ family and the neighbourhood. For example when asked about whether he had any friends, he freely explained that he had a lot of them both in the neighbourhood and at school. He said he also had made a lot of friends in Winnie Mandela Park where they were staying with their mother and also missed them. Jacob can also be described as a very ambitious and mature child. When asked what his future career was, he confidently explained that he wanted to be an accountant so that he could contribute towards the economic development of the country.
Respondent no. 2 household type: *Maternal Aunt and Uncle Headed*

Mrs Mazibuko, aged 50 years - maternal aunt and custodian (unemployed)

- Toloki, aged 19 years (scholar)
- Thembani, aged 14 years (scholar)
- Lethabo, aged 11 years (scholar)
Before moving to Winnie Mandela Park, the Motshele children (Toloki aged 19 years, Thembani aged 14 years and Lethabo aged 11 years) stayed with their mother and father in Nelspruit, in Mpumalanga Province. When their parents separated, they moved with their mother to Winnie Mandela Park where they all stayed with their grandmother in a one roomed-shack on a stand owned by their grandmother. When she (grandmother), later died, they continued living in the shack with their mother. After a few years their mother started ailing and when her health condition deteriorated, their aunt in Thokoza took her in her care. They were forced to remain behind in the custody of their uncle and his family who subsequently moved in with them. Whilst in their uncle’s custody, they allegedly experienced complications in their life. They experienced various problems such as overcrowding and were also ill treated by their aunt who allegedly abused them by, amongst other things, allocating them difficult chores whilst her children were allowed ample time to play. In 2002 their mother died of HIV/AIDS. Shortly after she was buried their aunt together with the HIV/AIDS Counsellor removed them to the custody of her family in Thokoza. Besides being orphaned, one of the reasons for their removal was that their uncle and his family continuously abused them. As a result, their elder brother Toloki had dropped out of school and had joined a group of gamblers in the neighbourhood.

After joining the Mazibuko family, their aunt and uncle registered them in the local schools in Thokoza and paid for all their schooling requirements without any external financial assistance. Since the eldest of the siblings was already 19 years, he was enrolled at night school whilst the younger ones were enrolled at primary and high schools. The Motshele children were apparently happier and well received by their aunt’s family. They bought them new clothes and for the younger ones, also bought bicycles. According to Mrs. Mazibuko, taking her sister’s children into her family’s custody created a lot of challenges. For example, they had to extend the house by making some alterations to the four-roomed Municipal house.

They added extra bedrooms inside the house for the two younger siblings and also built outside rooms for the elder boys. To increase the source of income, they also converted
the garage, which they had built onto the Municipal structure, into a spaza shop. Another challenge that the Mazibuko family experienced was to cope with the problem of truancy by Toloki, the eldest of the siblings who had a tendency of disappearing from home with his friends and stayed for days not going to school.

Profiling Respondent no.3

Phumzile aged 17 years is currently doing standard 8 at a neighbouring high school in Tembisa. She and her younger sister seemed very close and she kept on referring to her during the interview to get her opinion. She is a very stout and tall girl who speaks confidently. She respects her eldest sisters Mary and Mapule and acknowledged the fact that though unemployed, they played a very active role in paying her school fees. Though her family is struggling to make ends meet, Phumzile seemed to have very strong family ties. This was evident when asked if she would consider moving to another place when given a choice. She said that she would not because she liked her family and had a lot of friends in the neighbourhood too. She also seemed to have been very close to her late mother. When asked about her future career, she said that she wanted to be a Social Worker so that, like her mother who was a prophet and worked with people, she too could be able to help people with their problems.
Respondent no.3 household type: *Sibling headed*

- Mary aged 36 years (unemployed)
- Mapule aged 21 years (unemployed)
- Thandi, aged 19 years (imprisoned)
- Phumzile, aged 17 years (scholar)
- Thozi, aged 13 years (scholar)
- 2 children, aged 10 years and 15 years (scholars)
- 1 child, aged 5 years (scholar)
After the death of their parents, Mary aged 36 years and Mapule aged 21 years who are the eldest in this family had to take over the household headship where they had to fend for both their children and their three younger sisters Thandi aged 19 years, Phumzile aged 17 years and Thozi aged 13 years. The whole family stays in Winnie Mandela Park where they occupy two separate single-room shacks on a formal site previously owned by their deceased parents. Both Mary and Mapule are unemployed. Amongst the challenges they are faced with is paying school fees for their three children aged between 5 years and 15 years who attend school and crèche. They also have to pay for their two younger sisters Phumzile and Thozi both of whom attend school at a neighbourhood high school. One of the younger siblings, Thandi aged 19 years, is currently in jail after being arrested in 2003 for shoplifting.

Mary and Mapule are HIV positive and both receive a disability grant of R700 each. Their grant is used to cater for the general needs of the family including school fees. As a means of supplementing the grant, which is the only source of income for the family, Mary sells African beer during the day, from one of the shacks. They also receive support from various external networks such as the clinic and the neighbourhood church groups. Both of them belong to the clinic support group where besides counselling, the whole family receives soup, bread, food parcels and second hand clothing donated by both government and neighbourhood church organizations. The support group meets at the clinic once a week and is facilitated by the HIV/AIDS Counsellor based at the clinic. They hold group discussions once a week where they discuss and share their personal and family problems and experiences. Whilst the family receives external support, the income seems insufficient to cater for all the household chores. This was evident from their inability to pay the Municipal services such as water, electricity and waste removal. Water is collected from a communal tap. Candles and gas are used for cooking and lighting. It was however stated during the interview that though water meters were connected, they were not as yet functional in that neighbourhood.

To have full ownership rights over the property, both Mary and Mapule have tried to apply for the transfer of the title deed from the local housing office but to no avail. It was
established during the interview that when they tried to pursue the application, they were asked by the local housing officials to produce documentation such as, amongst others, birth certificates of every member of the family residing on the property. These documents were required as proof of relationship to the deceased. Apparently, they all did not have them at the time and were subsequently sent back.

**Profiling respondent no.4**

Phumla is 16 years old and doing Std 8 at a neighbourhood High School in Tembisa Township. She is a very assertive and ambitious child whose future ambition is to become a Social Worker. When asked why she wanted to be a Social Worker, she said that she wanted to help other people. She is also very assertive and dedicated to her schooling. Asked why her late sister Moipone’s son was also 16 years old but still in Std 5, she said that he was too playful and had no time to do his homework. He spends most of the time in the company of his friends. When her elder sister was at work during the day, she took over the role of caregiver and helped the younger siblings with their homework. She also prepared food for them and collected the food parcels and soup from the clinic.

Despite living a strife-torn life, Phumla did not think of staying away from her family. She said that with the loss of all three of her family members from HIV/AIDS, she had become very close to her family. When asked where she would prefer to stay if given a choice, she boldly stated that she would prefer to remain with her family. She also stated that she had grown up in Winnie Mandela Park and had made a lot of friends in the neighbourhood and at school.
Respondent no.4 household type: *Sibling headed*

- **Fikile. Aged 25 years - custodian (employed)**
  - **Phumla, aged 16 years - sister to custodian(scholar)**
  - **Junior, aged 16 years – Custodian’s nephew, born of late sister. (scholar).**
In this case study, both mother, Mrs. Dhlomo aged 64 years, and her daughter Moipone aged 36 years, who were breadwinners, died of HIV/AIDS. Moipone died in 1996 and her mother died four years later in 2000. They both left behind orphaned children who had to be taken care of by the eldest siblings. Moipone had two children aged 14 years and 11 years. The youngest aged 11 years also died of HIV/AIDS in 2003, whilst doing grade two at a local primary school. Besides Moipone, Mrs. Dhlomo had three other children. They too had their own children but had since left the house and found their own accommodation in the neighbourhood.

Though overcrowded with no privacy, the whole family has been staying together in a one-roomed shack since 1995. To maintain privacy, a curtain is used as a partition, which creates two separate rooms. The second room serves as a multi-purpose room for sleeping and cooking. The stand on which the shack is built, was registered in Moipone’s name in 1995. When she died in 1996, her mother, Mrs. Dhlomo moved in to take care of her children and grandchildren. When she died four years later, her older children who were Moipone’s younger siblings had to take care of all the younger ones including their own children. In this family, none of the members is gainfully employed. Before Moipone and her mother’s death, the family was dependent on the disability grant, which Moipone received for her HIV/AIDS condition and her mother’s old age pension.

Two of the older siblings and their children have moved out and have built their own shacks in the neighbourhood whilst awaiting the approval of their housing subsidy. Fikile aged 25 years is the only one of Mrs. Dlomo’s children who has remained in the house. She takes care of her younger sister Phumzile aged 16 year and her late sister’s son also aged 16 years. She is the sole breadwinner and is employed as a domestic worker in a neighbourhood township of Tembisa, which is a walking distance from where they stay. With her meagre salary, she is responsible for all the family’s financial needs including payment of school fees for the children. Because of the poor financial state, the family is unable to pay for Municipal services. As a means of survival, the family depends on donations of food and clothing from the Local Clinic, the community as well as the
Church. Since the breadwinner was not present during the interview, the issue of title deed could not be adequately pursued.

Profiling respondent no.5

At the age of 15 years, Mapule is a very brave and confident girl. Though her mother was battling to pay for her and her little brother at school, she was very enthusiastic about her schooling. Though she is only in grade 9, she already has a future ambition of becoming a singer and is also in a school choir. Because of the unstable nature of her family, she was very concerned about their future. Her main concern was what would happen to them should their mother be removed to a hospice and if she were to die. She was also worried about the fact that they did not have a home. She seemed very torn apart and was also very tense and angry. On the other hand, she is a very responsible young girl who takes care of her frail mother and her younger brother. Like any child of her age, she has a lot of friends both in the neighbourhood and at school, but does not allow them to come between her and her family. She has very strong family ties. When asked during the interview where she would prefer to stay when given a choice, she said she would still prefer to stay with her family anywhere in Winne Mandela Park as long as it was not in the same place where they were currently staying. She also stated very clearly that she had no intention of going back to her family in Lesotho.
Respondent no.5 household type: *Single parent family*

Mrs Lepitse, aged 50 years (unemployed)

Nkule, aged 23 years (unemployed)

Mapule, aged 15 years (scholar)

Morakane, aged 9 years (scholar)
Mrs. Lepitse aged 50 years, is originally from Lesotho. She moved to Johannesburg in 1992 after she and her husband divorced. She has six children. The eldest daughter is 32 years old. She works as a domestic worker in Randburg and stays at her workplace. The son aged 25 years old, is mentally disabled and stays at an institution in the Free State. She also has a daughter aged 21-years old who stays with her boyfriend in Ivory Park and they have a one-year old baby. The boyfriend is working and maintains her and the baby. Since she is still at school, he also pays her school fees. She is currently doing standard eight in one of the high schools in Tembisa. The other 3 siblings aged 23 years; 15 years and 9 years stay with their mother, Mrs Lepitse, in the one-roomed shack. The older sibling is unemployed. She has tried unsuccessfully to look for a job. The two younger ones attend school at the neighborhood high school and primary school.

After her divorce and subsequent departure from Lesotho, Mrs Lepitse’s husband married another woman after which all their children except for the one in the mental institution ran away in 2001 and came to stay with her in Johannesburg. She stayed with them in Ivory Park in Midrand, where she was renting a two-roomed cottage in a backyard. After a short while the two older children left the house. One found a job as a domestic worker in Randburg and also stays at her work place. The other daughter became pregnant whilst still at school and moved out to stay with her boyfriend.

In 2002, Mrs Lepitse was diagnosed HIV positive after which she was referred to the Margaret Zuma clinic in Winnie Mandela Park where she joined the clinic support group. When her health condition deteriorated, she stopped working. Since she was a single parent and sole breadwinner, she no longer could afford paying rent and for the children’s schooling. As a result they were finally evicted from the house. She then moved from place to place looking for accommodation until she met a man she knew from Lesotho, who offered her temporary accommodation on his stand in Winnie Mandela Park sites and services area in Tembisa Township. This man had built himself a one-roomed shack on his stand and was staying alone. He allowed Mrs Lepitse to build another room next to his. Though the room was very small and overcrowded, it at least provided accommodation for Mrs Lepitse and her three children. It could only accommodate one
bed, which Mrs Lepitse shared with her youngest children whilst her older daughter slept on the floor. Due to overcrowding and lack of privacy, it was impossible for the children to study or do any school work at home.

The relationships in this family seemed very strained. During the interview it became evident that there was a degree of disgruntlement amongst the children about the relationship between their mother and the landlord. There was also a question of what would happen to the family when their mother was taken to the hospice and later died. Generally, children were worried about their state of homelessness. To them, the man who had offered the family accommodation still remained a stranger and they did not foresee any future with him. The relationship with their family in Lesotho was also strained and there was no communication between them and their father.
3.4.2 Secondary informants

People who were interviewed, as secondary informants in the study comprised the following:

**One (1) HIV/AIDS Counsellor:** Based at the Margaret Zuma Clinic, she renders counselling services and runs support group programmes for HIV/AIDS households in Winnie Mandela Park and the neighbourhood areas.

**One (1) Ward Councillor:** Operates from Margaret Zuma clinic and is responsible for the residential needs of the community. Since the Ward Councillor works with housing officers who work directly with the community, the researcher also interviewed one of the officers so as to obtain a wider perspective on local housing issues which are dealt with on a day-to-day basis. To endorse this decision de Vos et al (2002:275), states that, “the exploration and description of the case takes place through detailed, in-depth data collection methods, involving multiple sources of information that are rich in context”

**One (1) Social worker from the Tembisa Child and Family Welfare Society:** Responsible for, amongst others, foster care placement of all ‘children in need of care’. Orphans from the local HIV/AIDS households are also included in this category of children.

**One (1) Regional Housing Manager:** Based at the Ekurhuleni Metro Municipality, who deals with all housing issues including subsidy applications in the Region, of which Winnie Mandela Park is part.

**One (1) Micro Lender:** Responsible for disbursing cash loans in the area. This interview could not be conducted as the respondent was allegedly reported to have withdrawn his business due to financial problems caused by the high unemployment rate in the community.
3.5 Access to the research site and ethical challenges

3.5.1 The choice of Winnie Mandela Park as a research study:

The choice of Winnie Mandela Park as a research site was based on the following:

- A high statistics of HIV/AIDS households which indicated the ‘right place and the right time’ for carrying out the research
- Easy access to the site due to proximity to the researcher’s place of abode and the convenience of conducting interviews even after hours or on weekends.
- Support from the Local Clinic and willingness to avail their facilities and staff to accompany the researcher to the HIV/AIDS affected households

3.5.2 Gaining entry into the site – process:

In preparation for entry into the research site, the researcher went through the following process:

- Contacted the Sister in charge at the Margaret Zuma Clinic to obtain permission to conduct research in the Community and to obtain access to clinic records of HIV/AIDS affected households in Winnie Mandela Park.

- Wrote a letter to the Senior Sister in Charge of the Main Clinic which is situated in Tembisa Township, and services Winnie Mandela Park, to obtain authorization to conduct research in the area and also to make use of the Margaret Zuma clinic facilities and resources.

- Held informal discussions with members of various organisations that are involved in service delivery in Winnie Mandela Park. These were, among others, the Anglican Women’s Fellowship (AWF). This is a church based group which comprises members of the St. Monicas Anglican Church in Midrand, and is
situated approximately 10 kilometers North West of Winnie Mandela Park. For the past 3 years, the group has been visiting and distributing second hand clothing and food parcels to HIV/AIDS households in the area. They work closely with the Margaret Zuma clinic.

3.5.3 Ethical challenges:

The researcher encountered a variety of ethical challenges such as:

- Obtaining endorsement from the Ethics Committee at Wits before conducting the study.

- Interviewing the respondents on HIV/AIDS which is a sensitive topic due to, among other factors, the stigma associated with fear of disclosure.

- The reluctance by some of the respondents to actively participate in the interviews.

- Getting the respondents to first sign consent forms agreeing to being interviewed.

- Having to obtain approval from the respondents to make use of the tape recorder to capture the interviews and to assure them of confidentiality.

- Being accompanied by the HIV/AIDS Counsellor during the interviews in order to gain acceptance and to establish a rapport with the respondents and their families.
3.6 Data collection methods

Since the researcher made use of qualitative research techniques in this study, interviews were deemed a most appropriate tool of collecting information because they would create a platform for individual interviewees to actively participate in the interview and a choice not to if they felt uncomfortable. Endorsing this view, de Vos et al (2002:292) explains that qualitative interviews attempt to understand the world from the participant’s point of view…” Semi-structured and open-ended questions which the researcher prepared as a discussion guide were asked in one-on-one interview sessions with the respondents.

For accurate capturing of information from the interviews, the researcher also made use of a tape recorder, which was backed up by note taking. To prevent the recording process from being a communication barrier during the interviews, the AIDS Counsellor assisted with the operation of the tape recorder, thus enabling the researcher to interact closely with child respondents. This enabled them to freely engage in the discussion about their experiences as orphans and their future aspirations with regards to returning to their parental home when they become independent. In the same vein, reluctance to participate was equally respected.

Informal interviews, which were aimed at probing experiences and policy stipulations in dealing with housing needs of HIV/AIDS orphans, including their entitlement to family property, were also conducted with key informants on a one-on-one basis. To capture information from these interviews note taking was used as a main tool. The use of a tape recorder was purposefully eliminated due to the fact that it had a potential to intimidate the respondents, thus creating resistance.
3.6.1 **Secondary data collection:** An intensive literature review was conducted. Books, reports, internet articles, government reports, source documents and legal documents were analysed.

3.7 **Data Analysis**

As stated in Neuman (1994:404), qualitative data analysis focuses on, amongst others, text, written words, phrases or symbols that describe or respect people, actions and events in social life. He further bases the meaning of data analysis on, inter alia, a search for recurrent behaviour, objects and a body of knowledge where, once identified, a pattern is interpreted in terms of their social theory or a setting in which it occurs. To this end, data collected through the tape recorder was, on completion of the interviews, transcribed into a type written format and then thematically analysed by searching for recurring patterns of responses.

**Conclusion**

This chapter has given light to how the research report was carried out. It outlined the advantages of selecting a case study and the qualitative data collection methods during field research, thus enabling the researcher to obtain information from the respondents’ perspective. It also sketched individual profiles of the respondents thus providing insight and a better understanding of the environment from which the respondents were drawn and how this influenced their behaviour and participation during interviews.

This was, however, not without shortcomings. For example, given enough time more HIV/AIDS households and people involved in service delivery within Winnie Mandela Park would have been interviewed. This would have enabled the researcher to obtain a more indepth understanding of the challenges facing children orphaned by the pandemic. For example, the role played by housing policy decision makers and other role players as well as legislation in addressing these problems. However, although the sample is small, the experience of respondents is typical and the study shows how orphaned children
experience the deprivation of their rights of ownership to family property by unscrupulous caregivers.

The chapter that follows details the findings and results of the study focusing specifically on key themes that came out during interviews with the respondents.