

Appendix A.

GENERAL SUBJECT INFORMATION SHEET FOR KEY INFORMANTS

RESEARCH ON: “THE ENTITLEMENT OF HIV/AIDS ORPHANS TO HOMEOWNERSHIP”

Hello,

I am a student researcher from the University of the Witwatersrand (Wits), registered with the Faculty of Humanities. I am doing research in Winnie Mandela Park on the children orphaned by HIV/AIDS. The aim of the research is to establish what happens to the ownership of the family home after the death of the parent(s). Information obtained from this study may assist the government in shaping and improving its policies on housing and HIV/AIDS, especially children orphaned by the HIV/AIDS pandemic. I am inviting you to help me with my study by participating in the research interview, which will take approximately one hour.

With assistance from the local clinic called Margaret Zuma, five households affected by HIV/AIDS have been selected from the clinic records where five children between the ages of ten and eighteen years will be interviewed in their respective homes on a one-to-one basis. The names of the children will not be disclosed and confidentiality is assured.

Attending these interviews will also be an HIV/AIDS Counsellor from the clinic. Information from the interviews will be captured by means of note taking which will be done by the researcher and through tape recording, which will be operated by the HIV/AIDS Counsellor as my assistant. The purpose of recording the interview on tape is to ensure that accurate information is captured. To maintain confidentiality, the tapes will be destroyed on completion of the interview.

Participation in this study is voluntary and you are free to withdraw at any time when you feel uncomfortable and this will not harm you in any way.

I pledge to treat the information you shall have given me with absolute confidentiality and ensure that your name will not be revealed in any of the reports nor to anyone outside the interview.

Finally, you are reminded that you have the right to refuse to participate and to withdraw your participation at any time you want to and this will not affect you in any way. Should there be anything you do not understand about the study, please feel free to ask any questions. You can also contact my supervisor, the HIV/AIDS Counsellor or myself on the following telephone numbers:

Makha Thusi (Researcher): ***(011) 488-5061; Cell. 083 401 5061***

Graeme Reid (Supervisor): ***(011) 717-4227***

Lettie Ramalepe (HIV/AIDS Counsellor): ***Cell. 082 585 6382***

APPENDIX B

INFORMED CONSENT FORM (1) FOR CHILDREN'S INTERVIEWS **(10 – 18 YEARS)**

RESEARCH ON: "THE ENTITLEMENT OF HIV/AIDS ORPHANS TO HOMEOWNERSHIP".

The aims of the study and the procedures involved have been explained to me. I understand that:

- a) My participation in the study is voluntary and that I can withdraw at any time I want to without any effect on me.
- b) My name will not be disclosed to anyone and will not appear in the final report.
- c) Any information I reveal to the researcher will be treated with absolute confidentiality.
- d) If I experience any emotional distress whilst answering the questions, I agree to be referred for counselling provided by the Margaret Zuma Clinic.

I therefore agree to take part in the study by answering the questions asked during the interview.

.....

Full name of child

.....

Date

.....

Signature

I, (***Researcher***), confirm that I have explained the procedures and aims of the study to the best of my ability. I have assured the participant

that participation in the interview is voluntary and that he/she is free to withdraw at any time he/she feels like, without any harm.

I have also assured the participant that all information revealed to me during the interview will be treated with absolute confidentiality and that his/her name will not be disclosed anywhere or used in the final report.

If the participant demonstrates any signs of emotional distress whilst answering the questions, I will refer him/her for counselling provided by the clinic.

.....
Researcher's signature

.....
Date

APPENDIX C: “USE OF A TAPE RECORDER”

INFORMED CONSENT FORM (2.1) FOR CHILDREN

***RESEARCH ON “THE ENTITLEMENT OF HIV/AIDS ORPHANS TO
HOMEOWNERSHIP”***

I understand the aims of the study and purpose of recording the interview on tape. I have also been assured that:

- a) My participation in the study is voluntary*
- b) When I feel uncomfortable I can ask the researcher to switch off the tape and this will not harm me in any way.*
- c) My name will not be divulged to anyone and will not be revealed in the research reports.*
- d) Any information captured on this tape will be treated with absolute confidentiality and will be destroyed on completion of the study.*

NB: *I therefore agree to the use of the tape recorder during the interview.*

.....

Full name of child

.....

Date

.....

Signature

Appendix D

INFORMED CONSENT FORM FOR SECONDARY INFORMANTS.

RESEARCH ON: “THE ENTITLEMENT OF HIV/AIDS ORPHANS TO HOMEOWNERSHIP”.

The aims of the study and the procedures involved have been explained to me. I understand that my participation in the study is voluntary and that I can withdraw at any time I want to without any harm.

I have also been assured that:

- a) My name will not be disclosed to anyone and will not appear in the final report.
- b) Any information I reveal to the Researcher will be treated with absolute confidentiality.

I therefore agree to take part in the study by answering the questions asked during the interview.

.....
Full Name of informant

.....
Date

.....
Signature of informant

I.....(***Researcher***), confirm that I have explained the procedures and processes of the study to the best of my ability. I have assured the informant that participation in the interview is voluntary and that he/she can withdraw at any time without any harm.

I have also assured the informant that all information revealed to me during the interview will be treated with utmost confidentiality and that his/her name will not be disclosed anywhere or used in the final report.

.....

Signature of Researcher

.....

Date

APPENDIX E.

INFORMED CONSENT FORM OF GUARDIANS

RESEARCH ON: “THE ENTITLEMENT OF HIV/AIDS ORPHANS TO HOMEOWNERSHIP”

The aims of the study and the procedures involved have been explained to me. I understand that:

- a) Participation of the child under my care in this study is voluntary.
- b) That he/she can withdraw at any time she feels uncomfortable without any negative effect.
- c) That his/her name will not be disclosed to anyone and will not appear in the final report.
- d) Any information revealed to the researcher will be treated with absolute confidentiality.
- e) If he/she experiences any signs of emotional distress whilst answering the questions, he/she will be referred to the Margaret Zuma Clinic for counselling.

I therefore agree that he/she takes part in the study by answering questions asked during the interview.

.....

Full Name of Guardian

.....

Date

.....

Signature

I.....(***Researcher***), confirm that I have explained the procedures and the aims of the study to the best of my ability. I have assured the Guardian that the child’s participation in the study is voluntary and that should he/she

wish to withdraw at any time during the interview he/she could do so at any time without any harm.

I have also assured the Guardian that all information revealed to me by the child during the interview will be treated confidentially and that his/her name will not be disclosed anywhere or used in the final report.

If the child demonstrates any signs of emotional trauma whilst answering the questions he/she will be referred for counselling at the Margaret Zuma Clinic.

.....
Signature of Researcher

.....
Date

APPENDIX F: “USE OF A TAPE RECORDER”

INFORMED CONSENT FORM (2) FOR GUARDIANS

RESEARCH ON “THE ENTITLEMENT OF HIV/AIDS ORPHANS TO HOME OWNERSHIP”

I understand the aims of the study and the purpose of recording the child’s interview on tape. I have also been assured that:

- a) Participation of the child under my care in this recording is voluntary
- b) He/she can withdraw at any time he/she feels uncomfortable and that this will not harm him/her in any way.
- c) His/her name will not be divulged to anyone and will also not be revealed in the research reports.
- d) All information captured on the tape recorder will be kept confidential
- e) Should he/she feel uncomfortable about the recording he/she is free to ask the researcher to switch off the tape
- f) On completion of the study the tapes on which the interview was recorded will be completely destroyed.

NB: I therefore agree that the child’s interview for this study be recorded on tape.

.....

Full Name of Guardian

.....

Date

.....

Signature

Appendix G

INTERVIEW GUIDE FOR CHILDREN'S INTERVIEWS

RESEARCH ON: "THE ENTITLEMENT OF HIV/AIDS ORPHANS TO HOME OWNERSHIP – A CASE STUDY OF WINNIE MANDELA PARK".

NB: Fictitious names have been used in the transcripts to protect the identity of the respondents.

Q: Whose house is this where you are presently staying?

Q: Who do you stay with here?

Q: How old are you?

Q: How old are your siblings?

Q: Do you attend school?

Q: What is the name of your school.

Q: Before your mother died, did she have a house?

Q: Was it here in Winnie Mandela Park?

Q: Did you stay with her there?

Q: Whom else were you staying with?

Q: Were they working?

Q: Who did the house belong to?

Q: How do you know that?

Q: If moved, when did you move from original home?

Q: Who lives in the original home?

Q: Do they pay for staying there? If yes, who do they pay to?

Q: Do you visit them?

Q: How often do you visit?

Q: Who pays for your schooling?

Q: When your mother died were you already staying with your grandmother?

Q: Do you long for your mother's/father's house?

Q: What do you particularly miss about the house?

Q: It sounds like you miss your mother/father a lot?

Q: Do you sometimes dream about them at night?

Q: What do you particularly miss about them?

Q: Did you have any friends at your mother's/father's house?

Q: Do you miss them?

Q: Do you have friends where you stay now?

Q: If you had a choice, where would you prefer to stay?

Q: Why?

Q: If you were to be moved to your mother's/father's house would you agree? If YES/NO, could you please explain?

Q: When you grow up, would you like to go back to your mother's/father's house?

Q: What would you like to be when you grow up?

Q: Why?

Appendix H.

INTERVIEW GUIDE FOR SECONDARY INFORMANTS.

RESEARCH ON: “THE ENTITLEMENT OF HIV/AIDS ORPHANS TO HOME OWNERSHIP – A CASE STUDY OF WINNIE MANDELA PARK”.

Q: Describe your role in the Organisation.

Q: For how long have you worked with the community of Winnie Mandela Park?

Q: Are you aware of households that are affected by HIV/AIDS in this area?

Q: In your role, what have been the issues that you had to deal with from the affected households?

Q: How are such cases dealt with?

Q: In your understanding, how do you think children from the affected households could be protected?

Q: In your understanding what happens to the house and the children in an event where their parent(s) die of HIV/AIDS- related illnesses?

Q: What are the provisions of the housing policy in such cases?

Q: In an event where the house or the subsidy gets approved during or when the parents have died, what happens to the allocation?

Q: In cases of removal of the children, what measures are implemented to ensure that they do not lose the house?

Q: Are you aware of any HIV/AIDS affected households whose houses have been rented out or sold to other people? If YES, what measures are in place to address this problem?

Appendix I

Margaret Zuma Clinic in Winnie Mandela Park- Author's photograph



A shack in Winnie Mandela Park – Author's photograph