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"Getting their stories : narratives of youths in a shelter for orphaned and vulnerable children"

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Title

Getting Their Stories: Narratives of Youths in a Shelter for Orphaned and Vulnerable Children.

Abstract

This research explored the narratives of orphaned and vulnerable youths who currently reside, or have previously lived their childhood and/or adolescent years, in a shelter in Johannesburg, Gauteng. Data was collected using a semi-structured interview and thematic content analysis was used to interpret and analyse the collected data. Interviews were conducted with 8 participants, all male youths between the ages of 18 and 25 years. This research explored their perceptions of life in the shelter and particularly how the youths make sense of their experiences, relationships, social support, and their ability to cope in the childcare institution. This research also explored the participants' views of the future.

The elicited 'insider' perspectives yielded rich information regarding life in a childcare institution, and may additionally serve to guide future interventions to adequately meet the needs of Orphaned and Vulnerable Children (OVC) in childcare institutions, and subsequently attempt to improve their psychosocial well-being. Results of the study indicate that there is a need for more consistent psychosocial support for institutionalised OVC, especially during the adjustment period into the institution. It seems that participants in the study were still struggling with unresolved emotional issues of the past which appeared to be negatively impacting their current well-being. Consequently, it was not uncommon for them to rely on unhealthy coping strategies to deal with the emotional distress thereof. Despite the various challenges described, it seems that participants have demonstrated considerable resilience, gratitude, and hopefulness for the future.

Declaration

A research project submitted in partial fulfilment of the requirements for a Masters in Educational Psychology in the Faculty of Humanities, University of the Witwatersrand, Johannesburg.

I declare that this research project is my own, unaided work. It has not been submitted before for any other degree or examination at this or any other university.

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Chapter 1: Introduction

The HIV/AIDS epidemic, in addition to various other factors, has negatively impacted the lives of many individuals around the world. Sub-Saharan Africa, in particular, has the upmost rates of HIV/AIDS in the world contributing to "the worst orphan crisis" and a plethora of additional social issues (Simbayi, Kleintjes, Ngomane, Tabane, Mfecane, & Davids, 2006, p.1). Particularly in South Africa, this phenomenon has significantly contributed to the escalating numbers of orphanhood (World Bank, 2002). Interventions are therefore needed in order to alleviate the prospective proliferation of OVC (Simbayi et al., 2006).

The loss of a parent (or both) may be associated with the loss of a "significant income producer" or a "significant caregiver" where the provision of financial resources and social, cultural and psychological development is hindered (Meek & Rew, 2006, p.293). This consequently results in an array of difficulties that may affect the quality of life for numerous OVC (Munyati, Rusakaniko, Mupambireyi, Mahati, Chibatamoto, & Chandiwana, 2006). Many of these OVC are therefore taken in by their extended families in order to be taken care of. These families, however, often lack sufficient resources, suffer with disease, or are too old to adequately take care of and provide for these children (Meek & Rew, 2006). Numerous OVC are thus sent to institutional care facilities "provided by government and nongovernment sponsored orphanages" in an attempt to adequately provide for their needs and facilitate healthy development (Meek & Rew, 2006, p.295).

1.1 Definitions

Orphan

"In the context of the HIV/AIDS epidemic, UNAIDS defines an orphan as a child who has lost its mother (a maternal orphan) or both parents (a double orphan) before the age of 15

years" (Jooste, Managa, & Simbayi, 2005, p.2). This definition is generally used; however, the age has often been increased to 18 years of age by various researchers and organisations implementing interventions within this field (Munyati et al., 2006).

An orphan may be classified as a 'maternal orphan', 'paternal orphan', or a 'double orphan'. The definition of an 'orphan' varies among different countries and cultures. According to Skinner, Tsheko, Mtero-Munyati, Segwabe, Chibatamoto, Mfecane, et al. (2004), community and government definitions of an orphan may differ too. Every definition, however, is important to acknowledge as they may lead to differing potential ramifications for OVC (Mpofu, 2011). For example, depending on the definition used, the established age limitations may possibly exclude many children from aid.

In order to avoid any negative outcomes stemming from varying definitions proposed by the community and government, it would perhaps be beneficial for the government to incorporate a "bottom up approach" which would allow the community to facilitate and guide government decisions to assist OVC in their respective countries (Skinner, et al., 2004, p.4). By incorporating the community more frequently in such vital matters, this may provide more insight into relevant issues and provide a more holistic approach towards assisting and providing for the needs of OVC.

Vulnerable Children

'Vulnerable children' refers to those children who have "limited access to his or her basic needs" (Mpofu, 2011, p.181). Vulnerable children may also be defined as those "whose survival, well-being, or development is threatened by HIV/AIDS" (UNAIDS/UNICEF/USAID, 2004, p.6). Vulnerable children may also include those who are disabled, terminally ill, street children, children in conflict and neglected children (Mpofu, 2011).

1.2 Research Aims

This study aimed to explore the narratives of orphaned and vulnerable youths who have lived their childhood and/or adolescent years in a shelter in Johannesburg, Gauteng. This research aimed to investigate life in a shelter, and particularly how youths make sense of their experiences, relationships, social support, and their ability to cope, in the institution. This research also aimed to explore the participants' views of the future.

1.3 Research Questions

1. What are the participants' constructions of life in the institution?
2. How do the participants construct relationships and social support in the institution?
3. What are some of the coping mechanisms employed by the participants?
4. What are the participants' constructions of the future?

1.4 Research Rationale

Using the JSTOR and EBSCO Host search engines, it is evident that little research in South Africa has focused on investigating life in a childcare institution, especially from the perspectives of the residents themselves. It appears that "the majority of reports on institutional care rely on adult interviews" and "the voices of children have been conspicuously absent from the debate" (Morantz & Heymann, 2010, p.2). This research, hence, aimed to investigate how orphaned and vulnerable youths make sense of their experiences of life in a shelter, directly from the youths themselves as opposed to proxy informants. This has yielded rich information regarding everyday experiences within a shelter, and therefore provided a deeper and more meaningful understanding.

With reference to a broader context of academic enquiry, this research may prospectively contribute to the psychological base of qualitative and academic knowledge and contribute to

knowledge production in South Africa. Furthermore, this study is relevant as there is always a necessity for more research to be done in this area of study. This research therefore aimed to draw more conclusions regarding life in a childcare facility and encourage future advancements for childcare institutions in South Africa. The elicited perspectives may additionally serve to guide the development and modification of interventions to adequately meet the needs of OVC in childcare institutions and shelters, and subsequently attempt to improve their psychosocial well-being.

1.5 Outline of Report

Chapter 2 will include a discussion of the relevent literature obtained, which will address the pertinent areas of focus. In Chapter 3, there will be a discussion regarding the research methods employed in the study. Chapter 4 will explore the findings of the study, and include a discussion thereof. The main conclusions and recommendations, as well as the limitations of the study, will thereafter be discussed in Chapter 5.

Chapter 2: Literature Review

2.1 Context of OVC

The unbridled spread of the HIV/AIDS epidemic has significantly contributed to an array of negative consequences for countless children in South Africa (Morisky, 2006). It has become the leading contributor to the escalating numbers of OVC in South Africa today, overriding, yet not excluding, the effects of poverty, violence, abuse, and the aftermath of the apartheid regime (Morisky, 2006; Davids & Skinner, 2006). In the year 2015, it is estimated that the number of children (below the age of 15) who have lost one or both parents will rise to 20 million in southern Africa. The current estimate is approximately at 11 million (Davids & Skinner, 2006). Especially in sub-Saharan Africa, the HIV/AIDS epidemic has had a significant impact on child survival and life expectancy rates (Kaul, 2002). It is reported to "account for a 100 percent increase in the number of deaths of children under five years" in South Africa and Zimbabwe (Kaul, 2002, p.352).

In 2007 it was estimated that 68% of all children in South Africa were living in circumstances of absolute poverty, with approximately 12.4 million children living in households earning below a monthly income of R350 (Boezaart, 2009). It is suggested that children's health and well-being are strongly associated with the availability and quality of resources provided to them. Due to the negative impact of poverty, however, many children do not receive adequate basic essentials such as food and nutrition, in addition to access to basic services (Davids & Skinner, 2006). Children in South Africa, as well as entire families and communities, are thus significantly affected by poverty and the consequences thereof.

In addition to the orphan crisis, the impact of the HIV/AIDS epidemic has led to numerous social and economic implications, which are further exacerbated by the existence of poverty (Davids & Skinner, 2006; Simbayi et al., 2006). This may involve direct and indirect

influences which further amplify the burdened difficulties in daily living (Lumbi, 2007). These effects may include the infection of HIV, losing natural or foster parent(s), having an unstable living arrangement, and losing rights to family properties (Simbayi et al., 2006). Many OVC are additionally exposed to a variety of risk factors such as socio-economic disadvantage, stressful life events, family dissolution, parental health issues or substance abuse (Gutman, Brown, Akerman, & Obolenskaya, 2010).

As a result of the aforementioned implications, many OVC are thus rendered helpless and alone, and may often remain living with a surviving parent or be placed in informal care (such as kinship care or other family-based arrangements) (Roby, 2011). When this is not possible, it is also common for OVC to either live in child-headed households, on the street, or in formal care (Roby, 2011). When living alone, or with family members lacking sufficient resources, the levels of hunger and poverty are elevated, which also contributes to the rising numbers of children engaging in crime and prostitution in order to survive. This further places many OVC at a higher risk for HIV/AIDS infection, thus feeding back into the perpetuating vicious cycle (Skinner, 2006).

2.2 Challenges for OVC

2.2.1 In Kinship Care

The extended family is a common support structure for OVC and carers are most often maternal grandmothers or aunts (Van der Brug, 2012). Many carers of OVC are very much dependent on pension grants or child support grants. However, as mentioned, not all families are able to recieve this support. The extended family as a support structure is thus becoming overwhelmed with the increase of OVC (Institute of Medicine, 2011). The quality of care and support for OVC living with relatives may also be unfavourable in certain circumstances where the carers are frail or ill (IOM, 2011). Furthermore, OVC living with extended family

members may enter into circumstances of already existing poverty. The carers may therefore experience greater financial difficulty when caring for OVC (Miller, Gruskin, Subramanian, Rajaraman, & Heymann, 2006). According to Foster (2000), African families who look after OVC are likely to experience more weaknesses than families who did not. This may potentially decrease the quality of care given to OVC and result in various consequences such as "poor outcomes in school enrolment" (Roby, 2011, p.18; Ainsworth & Filmer, 2006). Furthermore, when OVC are brought into the families of their relatives, there may also be conflict between them and their caregiver's biological children, particularly due to jealousy (Roby, 2011).

The quality of kinship care may be strongly influenced by factors such as the amount of resources available, the age and sex of the OVC and their carers, the circumstances of being taken in by the family, the culture surrounding kinship care, and "the degree of relatedness between the child and caregiver" (Roby, 2011, p.17). Bishai et al. (2003) investigated whether biological relatedness affects survival of OVC in Rakai, Uganda. Results showed that the quality of care given to OVC was strongly related to the extent of biological relatedness, which may be a favourable or unfavourable factor for children, depending on the situation. Other factors may include caregivers' parenting skills, level of education, stress levels, and health (Cuddeback, 2004; Broad, 2004).

2.2.2 Exploitation and Abuse

Placement in the care of kin may place OVC at a greater risk for exploitative work as they are sometimes treated as domestic servants. Some may be treated as "second-class family members" and "given excessive household chores" (Frohlich, 2005, p.354). OVC, furthermore, may also be at greater risk for exploitation and abuse when taken in by non-kin members of the community (Roby, 2011). In some circumstances this may represent a type of

child abuse (International Labour Organization, 2006). This is a very serious yet hidden issue in many countries today, as the rights of children are often violated and left unaddressed. According to the International Labour Organization (2007), there is currently an estimate of 53,942 South African children who are child domestic servants under the age of 15, 38,000 in Guatemala (between 5 and 7 years old), and 30,000 female child servants in Cote d'Ivoire (Jacquemin, 2004, Roby, 2011). Moreover, it is estimated by The Network against Child Labour that "in South Africa more than 200 000 children between 10 and 14 years are engaged in paid work" (Donald, Dawes, & Louw, 2000, p.49). The use of children as child domestic servants may violate various statutes proposed by the Convention on the rights of the Child, and the ILO Convention. For example, rights that are often violated include the "right to protection from abuse, neglect and exploitation (CRC Art.19)... a right to protection from economic exploitation, and from doing hazardous work, or work that interferes with education (CRC Art.32)" (Roby, 2011, p. 31).

2.2.3 Education

According to Desmond and Gow (2002), orphans have a lower rate of school enrolment as compared to non-orphans in African countries. Furthermore, Case, Paxson and Ableidinger (2003) analysed "19 DHS surveys from 10 countries between 1992 and 2000" and discovered that the rates of school enrolment were significantly lower for orphans (maternal, paternal and double) when compared to non-orphans living in the same household (Adato & Bassett, 2012, p.36). Although the South African Schools Act states that orphans are exempt from paying school fees, this statute is not always respected and thus orphans may at times be expected to pay (Skinner, 2006). Numerous OVC are therefore unable to continue with an education due to the lack of financial resources. Additionally, many OVC may be given more responsibilities in the household and therefore drop out of school to fulfill their duties (Davids & Skinner, 2006). This work includes caregiving (of the elderly, sick or young), domestic

chores, or providing some sort of income to the family such as begging or subsistence agriculture (Simbayi et al., 2006; Bray, 2003).

Furthermore, the inability to continue with an education may lead to a higher risk of HIV/AIDS infection (Morisky, 2006). Nevertheless, a UNICEF progress report in 2009 indicates that the majority of countries in southern Africa have made progress in increasing the rates of school enrolment for "orphans and non-orphans 10 to 14 years of age" (Roby, 2011, p.19). It is important to remain cognisant though that those who are able to attend school may also face numerous challenges; such as becoming disheartened and demotivated in class due to their arduous life circumstances (Skinner, 2006).

2.2.4 Psychological Implications

Many OVC who have lost their parent(s) to AIDS are at a larger risk of "early school termination, abuse and sexual exploitation" (Jooste et al., 2005, p.3). OVC may therefore potentially experience higher levels of anxiety, grief, depression and a loss of parental love (Simbayi et al., 2006). There is an increasing amount of research which proposes that, depending on the social context, OVC in sub-Saharan Africa experience a greater amount of psychological distress than non-orphans (Nyamukapa, et al., 2010). A study by Nyamukapa et al. (2010) used qualitative and quantitative methods to measure "the effects of orphanhood on psychological distress and to test mechanisms for greater distress amongst orphans" in eastern Zimbabwe (Nyamukapa et al., 2010, p.988). Findings suggest that male and female orphans experienced greater levels of psychological distress than non-orphans. Female orphans reported higher levels of psychological distress than male orphans, and younger male orphans reported higher levels of psychological distress than older male orphans (Nyamukapa et al., 2010). Various factors which contribute to the greater amount of psychological distress in orphans may include "trauma, being out-of-school, being cared for by a non-parent,

inadequate care, child labour, physical abuse, and stigma and discrimination" (Nyamukapa, et al., 2010, p.988).

The experienced emotional distress may also be exacerbated by losing assets belonging to their parent(s); frequently as a result of "property grabbing" by relatives (Simbayi et al., 2006, p.83; Roby, 2011). Many children are thus left without any items, which may have carried sentimental value, to help them cope with the grieving process (Simbayi et al., 2006). The manner in which the grieving process and its associated emotions are handled is very important to a child's well-being. This is influenced by the amount and quality of external support that a child is given prior to, and following, the loss of one or both parents (Simbayi et al., 2006). It is not uncommon, however, for caregivers to lack adequate parenting skills necessary to help children through the grieving process and the emotional distress thereof (Roby, 2011). Many children, furthermore, are often not told of the illness and impending death of a parent or loved one and are thus unprepared for the process and consequences thereafter (Simbayi, et al., 2006).

2.2.5 Life on the Street

Many OVC, furthermore, may experience life on the street. There are large amounts of children living on the street in South Africa, which may be largely attributed to the negative consequences of poverty, the HIV/AIDS epidemic, and unemployment (Lefeh, 2008). Other factors specific to South Africa may involve "legacies of colonisation, political violence, and migratory labour and forced removals" (Smith, 2003, p.308). It appears that these factors have also contributed to weakened family and community based support structures (Smith, 2003).

Children living on the street are often rendered more vulnerable than other types of OVC as a result of the various dangers they are exposed to on the street, such as pollution, harrassment, and "beatings, rape, and sexually transmitted diseases like AIDS, along with other health

problems" (McAdam-Crisp, Aptekar, & Kironyo, 2005, p.77; Lefeh, 2008; Montgomery, 2004). The United Nations Children's Fund suggests a distinction between different types of street children. 'Children on the street' refers to those who spend most of their time on the streets yet still return home afterwards and have constant contact with their families (Deb, 2006; Montgomery, 2004). 'Children *of* the street', on the other hand, refer to those who live and seek shelter on the streets and only occasionally keep in contact with their families (McAdam-Crisp et al., 2005; Deb, 2006; Montgomery, 2004). Lastly, the third category pertains to those who live in absolute poverty and have no contact with their families whatsoever (Montgomery, 2004; Deb, 2006; McAdam-Crisp., et al, 2005).

The majority of all street children fall into one or the other of the first two categories; however, they may often shift categories at various points in their lives. Taking to life on the streets may be a personal choice, the last resort, or a way of coping and thus escaping unfavourable environments (McAdam-Crisp et al., 2005). In South Africa, street children are predominantly male adolescents, and it is believed that all come from African origin, which may be a reflection of the country's inauspicious past of racial segregation (Le Roux, 1996).

Life on the streets may involve numerous challenges and consequences for OVC. In addition to the aforementioned risks which they are exposed to, street children often earn very little income (if any), may be roped into exploitative work, and may find difficulty when in need of food, shelter, and toilet facilites (Montgomery, 2004). Children seen to be involved in prostitution are as young as nine years of age (Human Rights Watch, 2001). Furthermore, street children may also be at risk of severely unfavourable outcomes associated with their physical, social, emotional, cognitive and educational development (Donald & Swart-Kruger, 1994).

With regards to their physical development, street children may often lack adequate clothing to protect themselves from the harsh environmental factors and may also be at greater risk of pedestrian accidents (Donald & Swart-Kruger, 1994). According to Anarfi (1997), the need to surivive on a daily basis often outweighs the importance of efforts to protect oneself from HIV/AIDS infection. OVC on the streets may thus be at a greater risk of infection (Anarfi, 1997; Richter, 2004). Some of them, furthermore, actively engage in behaviours which may put them at risk of negative repercussions. This may involve alcohol and drug use, including tobacco, marijuana and inexpensive legal inhalants such as glue or aerosols, (Montgomery, 2004; United Nations Human Settlements Programme, 2007).

Furthermore, as a result of risky behaviours (such as drug use), school drop out, and the lack of the development of new skills, street children may endure cognitive and educational consequences. According to a study by Richter (1988), difficulties in scholastic activities (involving verbal comprehension and spatial orientation) were most likely to be encountered by street children if at school. Additionally, according to Jansen, Richter, Griesel, & Joubert (1990), it seems that there is evidence of the consequences that sniffing glue may have on an individual's spatial orientation and motor co-ordination skills, thus adding to the potential difficulties street children may experience if returning back to school.

Although many OVC on the street have dropped out of school, and may only have acquired very basic skills involving literacy and numeracy (or perhaps even be illiterate), they may still be developing new skills through their daily activities on the street (Donald & Swart-Kruger, 1994). It it thus evident that those on the street may be at great risk for various developmental implications; however, many appear to be rather resourceful and resilient which helps to combat any potential negative outcomes.

With reference to social development, it is evident that they are often rejected by the broader society and may be viewed as criminals or nuisances (UNHSP, 2007). They may consequently experience abuse, discrimination, and denigration from the society around them. Living on the street for a long time, furthermore, may also perhaps result in feelings of loneliness, negativity, and difficulty in trusting and thus relying on others (Clayton & Priyadarshni, 2012).

2.2.6 Community Attitudes and Stigma of OVC

According to a study by Mahati et al. (2006), where a qualitative assessment of OVC was done in two Zimbabwean districts, the interviewed community members generally held a positive attitude towards OVC. Many were concerned for them, yet were unable to financially support them due to their own circumstances of poverty (Mahati, et al., 2006). Furthermore, according to a qualitative study of OVC in South African communities by Davids and Skinner (2006), community members also generally expressed a positive attitude towards OVC in their communities. Despite the desire to help them, however, many also lamented to the fact that they were unable to effectively help them.

Not all community members, on the other hand, expressed the same positive attitude towards OVC. Some held negative views towards OVC and did not allow their own children to play with them, expecially those who they knew or assumed were infected with HIV/AIDS (Davids & Skinner, 2006). According to Cohen (2006, p.842), "stigma is a term originating from ancient Greece signifying an actual mark or brand placed on or burned into the skin of members of castigated groups". Today, stigma may be viewed as a symbolic representation of social judgement and prejudice; often resulting from an individual being perceived as 'different' (Cohen, 2006; Green, 2009). It is evident that many OVC are perceived as

'different', and are often labelled by community members or relatives and consequently ostracized and avoided.

According to Mahati et al. (2006), OVC in the Chimanamani District in Zimbabwe reported instances of verbal abuse and discrimination from non-orphan children in their community. It is therefore not uncommon for OVC to experience stigmatisation and social isolation in their own communities (Skinner, 2006). Furthermore, some avoided playing with non-orphans or those who had families with adequate financial support, as they often felt inferior and embarrassed. Some children even reported avoiding church services due to the embarrassment they felt from lacking suitable clothes to wear (Mahati, et al., 2006). This could lead OVC to withdraw from interacting with others in their community, thus further contributing to a situation of helplessness and social isolation. Although it seems that there are conflicting attitudes towards OVC in the researched communities, there appears to be a general sense of care and a desire to support them.

2.3 Coping Mechanisms of OVC

"Coping mechanisms for orphans are complex and vary according to age and experience, differing cultural, geographic, economic, environmental and social settings" (Landry, Luginaah, Maticka-Tyndale, & Elkins, 2007, p.79). In order to deal with psychological distress, OVC may employ a variety of coping strategies. These coping mechanisms, nevertheless, may be limited by children's age, lack of experience, and "cognitive, affective, expressive, or social factors of development" (Landry et al., 2007, p.82). Children may furthermore employ emotion-focused or problem-focused coping in order to effectively deal with the experienced distress (Landry et al., 2007).

Landry et al. (2007, p.75) investigated the "everyday challenges, stressors and coping strategies" employed by orphans with HIV/AIDS in Kenya. With regard to emotion-focused

coping, orphans tended to focus on things that made them feel happy and on strategies such as withdrawal (escaping everyday difficulties by thinking or talking "about the good things their parents used to do for them") and sublimation (praying to God, singing, storytelling) (Landry et al., 2007, p.87). With reference to problem-focused coping, though, results indicated that orphans used altruism in order to help others and forget about their own issues (Landry et al., 2007). Furthermore, it is suggested that the quality of care received from caregivers may influence OVC's abilities to cope. Positive coping strategies were influenced by the reception of good treatment from an orphan's caregiver (Landry et al., 2007).

A study by Lumbi (2007) explored the emotional well-being, social adjustment and coping strategies of 16 orphaned and vulnerable children who were affected by HIV/AIDS in Lusaka, Zambia. Results showed that the 8 female orphans employed coping techniques such as interacting with their friends, singing, listening to music, and reading. For the 8 male orphans however, "their coping strategies while primarily unhealthy and dangerous allowed them to exist from day-to-day" (Lumbi, 2007, p.39). Substance abuse, whilst living on the streets, was expressed as "providing some protection against the harshness they endured" (Lumbi, 2007, p.39,40). This, in addition to hunger, consequently brought about dishonesty and disobedience as a method of coping. These boys later adapted to healthier coping strategies such as playing soccer (Lumbi, 2007).

2.4 Formal care

When the aforementioned forms of alternative care are not possible, many OVC may be placed in formal care such as judicially ordered foster care or institutional care. Although institutional care is often the last resort, it is evident that many institutions are becoming overwhelmed with the addition of new children and lack of funding. Desmond & Gow (2001, p.1) identified and evaluated "the cost-effectiveness of six models of care" for OVC, ranging

from informal to formal care. This included statutory residential care, statutory adoption and foster care, and unregistered residential care. Somewhat less formal included home-based care and support, community-based support structures, and informal fostering (Desmond & Gow, 2001, p.8). It seems that institutional care appears to be "the least cost-effective model, while informal models, such as community-based care and informal fostering, are relatively more cost-effective" (IOM, 2011, p.75).

2.4.1 Types of Institutional Care

Statutory residential care is known as "the accommodation of orphans in institutions removed from their community" (Subbarao & Coury, 2004, p. 33). Children in these institutions are placed there by social services (Desmond & Gow, 2001). It is often recommended for children who do not have any others who are willing to look after them. It is also considered by many as the better option for children who have disabilities or have HIV/AIDS, in order to receive the appropriate and most effective care necessary for them (Subbarao & Coury, 2004). As previously mentioned, this is considered the least cost-effective type of care, which thus limits the amount of children able to receive this care. Although it may provide many benefits for OVC, due to the suggested negative implications for the children, it is considered the least preferred type of care and should be "the last resort" (Lloyd, 2007, p.60).

Orphanages and shelters are also included in formal care and are run by various organizations (religious, governmental, or non-governmental). Here, children's basic needs are met; however, this also depends on funding and the quality of care given to them (Subbarao & Coury, 2004). Social workers, or other trained staff, are usually placed in the caregiver role and are often a source of emotional support for the children. For many orphanages, however, the child to caregiver ratio is rather overwhelming and not all children are able to receive adequate care and attention. Moreover, according to Chernet (2001), the limitations of

orphanages in Ethiopia (which could also be applicable for other countries) include the lack of funding, trained staff, and psychosocial services, to name a few.

Formal types of care have begun a process of desinstitutionalization in many countries. For example, the development of children's homes (or foster family homes) and children's villages are common, where a family-type setting is recreated (Subbarao & Coury, 2004). Children's homes are less of an institutionalized setting, where a few children are placed in the care of a trained foster mother. This setting is more similar to a personal home setting where more individualized attention may be placed on each child. Although children's homes may be considered to be better equipped to adequately meet the basic needs of the OVC living in them, the absence of a father figure may be a limitation (Subbarao & Coury, 2004). Although many institutions aim to re-unite OVC with their families, this is often not possible. Consistent with the spread of the HIV/AIDS epidemic, and the rise of OVC in South Africa today, there are not enough institutions to provide them all with housing and adequate care (Smith, 2003).

Children's villages, on the other hand, refer to a grouping of houses which create "a community and provide a family-like setting" for OVC (Subbarao & Coury, 2004, p.35). There are a few (perhaps 8-10) children in each house, who are looked after by a trained caregiver. The presence of a father figure, furthermore, is not uncommon in these settings (usually the director) and children grow up in a setting similar to having a family (Subbarao & Coury, 2004). There are, however, various limitations associated with this type of setting. For example, children may become accustomed to the quality of life and well-being given to them in the village and thus find difficulty when having to reintegrate back into the real community after life in the village (Subbarao & Coury, 2004). Furthermore, it may be challenging for a children's village to function effectively due to issues with funding, lack of resources,

integrating children with their surrounding community, and staff availability (Subbarao & Coury, 2004).

2.4.2 Institutional Care and Basic Needs of OVC

Throughout history, childcare institutions have been greatly criticized in the literature. According to Bowlby (1951, as cited in McKenzie, 1997, p.88), "institutionalization necessarily breaks the mother-child bond that is needed for a child's healthy psychological development". This may additionally cause numerous emotional issues due to the "caregivers' high turnover rates" (McKenzie, 1997, p.88). In many childcare institutions, there may also be an abundance of children and few caregivers, thus resulting in an unfavourable child to caregiver ratio (McKenzie, 1997). Adequate psychosocial support may thus not always be available to all children. Consequently, institutionalized OVC may potentially "experience additional trauma from lack of nurturance, guidance, and a sense of attachment, which may impede their socialization process" (Subbarao & Coury, 2004, p.20).

The developmental outcomes for OVC, in addition to experienced emotional and social difficulties, may consequently be worsened by one's exposure to various risk factors (Gutman et al, 2010). After the loss of one or both parents, young children are at an increased risk of "losing the ability to make close emotional bonds-to love and be loved- and is as well at increased risk of illness and death" (Heymann, Sherr, & Kidman, 2012, p.79). Young children, furthermore, are generally perceived to become more independent between the ages of 3 and 6. Although this is a crucial period for learning and establishing a variety of skills, the psychosocial needs of OVC may be neglected at times due to their perceived independence (Heymann et al., 2012). This is especially detrimental as a form of social and emotional support and a sense of belonging is needed for healthy development (Heymann et al., 2012). Additionally, placement into institutional care may potentially hinder normal

development due to inconsistent care giving or an absence of the required care and nurture (Heymann et al., 2012). According to Richter (2004, p.12), the "lack of positive emotional care is associated with a subsequent lack of empathy with others and such children may develop antisocial behaviours".

The placement of children into institutional care has raised concerns surrounding the quality of care given to them (Subbarao & Coury, 2004). This is particularly concerning as many childcare institutions provide less than satisfactory care and appear to deprive OVC of an environment optimal for psychosocial well-being and healthy development (Subbarao & Coury, 2004). Furthermore, OVC may also be at risk of neglect, abuse and exploitation, which may potentially be influenced by child and caregiver characteristics and their respective circumstances.

Once placed in a childcare institution, the social experience of OVC may be limited (Morantz & Heymann, 2010). According to Prisiazhnaia (2009, p.26), "living in a closed institution may limit OVC's ability to gain social experience; it substantially reduces the number and quality of models and constructs of behaviour that are accessible to be learned". Further disadvantages of institutional care may involve the lack of funding and therefore availability of resources, lack of psychosocial services, shortage of trained caregivers, and lack of parental guidance (Subbarao & Coury, 2004).

Although some institutions may provide access to basic resources, many are unable to attain and provide such resources as childcare institutions are largely reliant on external funding. This may result in an abundance or complete dearth of the provision of basic needs for these facilities. In many impoverished areas of South Africa, due to the lack of external funding, many OVC are therefore at a high risk of malnutrition and often do not have access to "basic health care, clothing, housing, and education" (Worldwatch Institute, 2003, p.111). OVC are

therefore at a large risk of numerous developmental disadvantages if their basic needs such as food, education, shelter, clothing and psychological resources are not met.

The potential health and nutritional outcomes for OVC may additionally serve to be developmentally disadvantageous. This is suggested by Watts, Gregson, Saito, Lopman, Beasley and Monasch (2007) in their investigation of these outcomes in orphans and vulnerable young children in Zimbabwe. A theoretical framework was tested to investigate why OVC experienced higher levels of malnutrition and illness. This was explored by a "statistical analysis of data on 31 672 children aged 0-17 years (6753 aged under 5 years) selected from the Zimbabwe OVC Baseline Survey 2004" (Watts et al., 2007, p.584). Their findings suggest that it is more likely for young OVC (compared to non-vulnerable children) to endure stunting, acute respiratory infection, diarrhoeal disease and being underweight. These results were, however, regardless of their exposure to poverty (Watts et al., 2007).

There are, nonetheless, many advantages to institutional care. Many of these childcare facilities provide access to essential resources (health care, food, shelter, clothing, psychological resources) and the opportunity to continue with an education, which may not have been otherwise attainable (Morantz & Heymann, 2010). These institutions may also be considered as opportunities for empowerment, where children are equipped for a better future. Additionally, some institutions provide a homelike environment, which may facilitate adjustment into a new environment and perhaps improve the quantity and quality of care and attention given to each child (Carp, 1998).

2.4.3 Adjustment Into the Institution

The loss of a primary caregiver may bring forth noteworthy social changes for OVC, which may also include institutionalization. For many OVC, the transition into a new environment may be a daunting one and potentially contribute to adjustment difficulties. A study by

Morantz and Heymann (2010) used semi-structured interviews to investigate life in institutional care for OVC in Botswana. Findings show that "nearly half of the children (46%) describe a difficult adaptation on arrival, and report an adjustment period lasting weeks to months" (Morantz & Heymann, 2010, p.12). These adjustment difficulties may be due to long-standing effects of previous trauma experienced in situations and the "disruption of interpersonal relations with adults and peers which, in its turn, creates internal tension, anxiety, aggressiveness, inclination towards conflicts, feelings of incompleteness and abandonment" (Shipitsyna, 2007, p.52). A new environment with new routines, rules, and people may thus cause one to feel overwhelmed and alone. Adjustment problems might also stem from factors such as the characteristics of the caregivers within the institution, experiences in previous institutions, and inconsistent or inadequate care (Benson & Haith, 2009).

The inability of a child to adapt to these changes may cause psychological problems involving stress, depression and disobedience (Sengendo & Nambi, 1997). Children who have been placed in the institution at a very early age, however, have a decreased risk for maladjustment (Benson & Haith, 2009). For adolescents, on the other hand, adjustment into the institution may be more difficult. This is potentially due to the various changes and anxieties associated with the period of adolescence (Gutman et al., 2010). By young adulthood, though, adjustment diffficulties are largely reduced (Benson & Haith, 2009).

2.4.4 Psychosocial Distress

It is common for OVC to experience emotional and psychological ramifications as many have not adequately dealt with the loss, illness or abandonment of one or both parents. In addition to this inconsistency, siblings may be separated from one another, which may also contribute to experienced vulnerability and emotional distress when institutionalized (Richter, 2004).

According to Skinner (2006), alternative environments of care are not always adequate for optimal child development and may possibly exacerbate already existing emotional distress in OVC.

Despite numerous intervention strategies, emotional issues are still often experienced by many OVC partially due to the inability of adults to identify, pay attention to, or handle these issues correctly (Sengendo & Nambi, 1997). A study by Makame, Ani and Grantham-McGregor (2002) was done where 41 orphans were interviewed and compared with 41 non-orphans from the same area in order to explore their psychological well-being. Results showed that 34% of orphans had contemplated suicide in the previous year as opposed to 12% of non-orphans. Orphans, furthermore, were more likely to display internalizing problems than non-orphans (Makame et al., 2002). Moreover, Beck Youth Inventories of Emotional and Social Impairment (BYI) was used to assess symptoms of psychological distress in 123 orphans and 110 non-orphans in a study by Atwine, Cantor-Graae and Bajunirwe (2005) in rural Uganda. The results indicate that orphans had higher levels of psychological distress, such as anxiety and depression, than non-orphans (Atwine et al., 2005). OVC therefore have an increased risk for experiencing symptoms of psychopathology, especially when deprived of emotional support and care (Doku, 2009; Wild, 2002).

2.4.5 Social Relationships and Emotional Needs of OVC in Childcare Institutions

It is thus crucial for OVC living in institutions to receive adequate social and emotional support in order to facilitate healthy development and adjustment into the institution. Often, however, caregivers are devoted and caring yet lack sufficient training in areas such as counselling (Morantz & Heymann, 2010). Furthermore, the unequal child to caregiver ratio may serve to limit the amount and quality of attention given to each child (Morantz & Heymann, 2010). The caregiver turnover may also influence a child's adaptation to the

institution. Results from the study by Morantz and Heymann (2010) show that although most OVC felt that they had a confidant, many did not have anyone to talk to when "feeling down" (Morantz & Heymann, 2010, p.13). These children therefore either confided in someone outside the institution or kept their emotional distress to themselves (Morantz & Heymann, 2010). Institutionalized children are frequently exposed to many different caregivers and may thus lack the opportunity to develop a consistent relationship with one caregiver. This may contribute to feelings of loneliness and the need to be self-sufficient. Developing such a relationship may possibly allow children to feel more secure and contained. Having a consistent caregiver, furthermore, may also teach them to trust and depend on another individual.

Further results indicated that many children in the study had very little exposure to what the role of a father is. The absence of a father figure may have numerous implications for boys as they therefore lack a consistent male role model which whom they could identify with in order to establish a masculine identity (Pease, 2000). The presence of a father figure is also suggested to reduce the possibility of engaging in violent behaviour and in facilitating school academic performance (Mackey & Immerman, 2004; Mzobanzi & Nesengani, 1999). The absence of a father, however, may contribute to difficulties in self-esteem, forming long-term attachments, partner intimacy, and psychological maladjustment (Balcom, 1998; Lamb, 1997). It is also postulated to contribute to crime, substance abuse, sexual activity, poverty, and teen pregnancy (Duncan, Duncan, & Hops, 1994; Beck, Kline, & Greenfield, 1987; McLanahan & Garfinkel, 1989).

Many institutionalized children have relatives whom they regularly see for visits or holidays. Missing extended family members was experienced as one of the most difficult aspects of living in the institution, according to participants in the study by Morantz & Heymann (2010). Additionally, hostility amongst the residents in the institution was perceived as a regular

occurrence as “nearly one in five children (18%) spontaneously brought up fighting amongst residents as something that they did not like about living there” (Morantz & Heymann, 2010, p.13). Children also seemed to display a sense of ‘yearning’ for contact with the community, especially toward the end of their residency. Activities such as playing soccer with other children outside the institution were desired. Relationships with the community were perceived as important to some children. One boy expresses this yearning by saying that the residents of the institution ought to “always be involved in activities outside...so that you can interact with other people and learn about life on the outside” (Morantz & Heymann, 2010, p.14). Furthermore, it was apparent that children experienced some community contact by going to school; however, many experienced forms of discrimination from their peers and teachers due to their residency at the institution (Morantz & Heymann, 2010).

Furthermore, Cluver and Gardner (2006) investigated the psychological well-being of children in Cape Town who were orphaned by AIDS. Interviews were conducted with 30 orphans and 30 non-orphans. The findings of this study showed that orphans were more likely to perceive themselves as lacking good friends (Cluver & Gardner, 2006). Additionally, orphans were more likely to report concentration difficulties, have nightmares and report somatic symptoms. According to Cluver and Gardner (2007), furthermore, South African orphans reported experiences of stigmatisation, bullying and social isolation, which may result in a range of disadvantageous consequences.

2.5 Theoretical Frameworks

2.5.1 Theoretical Framework of Psychosocial Distress for OVC by Nyamukapa et al. (2008)

This research may be contextualised in the theoretical framework of psychosocial distress by Nyamukapa et al. (2008). They sought to measure the “psychosocial effect of orphanhood in a

sub-Saharan African population" where "a new framework for understanding the causes and consequences of psychosocial distress among orphans and other vulnerable children" was evaluated (Nyamukapa et al., 2008, p.133). Although not all orphans are orphaned by HIV/AIDS, the context within which most children are orphaned involves either direct or indirect influences of HIV/AIDS. These influences may potentially affect the immediate or extended family of OVC. The impact of HIV/AIDS may therefore limit the family members' ability to take in and look after children who have been orphaned (Nyamukapa et al., 2008).

This theoretical framework suggests that,

> the effect of parental (or other caregiver) loss is moderated by the number, sequence, and timing of previous deaths in the family and the cause of parental death, by the child's characteristics, and by family and other social and contextual circumstances, which inhibit or facilitate the development of psychosocial distress (Nyamukapa et al., 2008, p. 133).

Consequently, the experiences before or after the death of a parent may involve many changes for children. These experiences may also include changes to financial resources, residency and also trauma. Although not all changes are as direct and sudden as others, some changes are likely to cause children to experience psychosocial distress involving feelings of depression and anxiety (Nyamukapa et al., 2008). Gradually, children may potentially develop "a sense of relative deprivation as their poorer circumstances coupled with stigma and discrimination result in their continually having reduced access to services and material resources" (Nyamukapa et al., 2008, p.133). Nyamukapa et al. (2008) suggested that

psychological distress (resulting from the effects of HIV/AIDS) may present children with immediate and short-term consequences. This may include poor mental and physical health, chronic trauma, low future expectations, living on the street, dropping out of school, adjustment problems and regular absenteeism from school (Nyamukapa et al., 2008). It is suggested that more psychosocial distress is thus experienced by orphaned adolescents, as opposed to those who are non-orphans (Nyamukapa et al., 2008). Such consequences, in addition to other significant stressors during childhood, may potentially limit children's access to, and capitalization of, social and occupational opportunities during adulthood (Nyamukapa et al., 2008). This will additionally have "implications for their ability to contribute to national development" (Nyamukapa et al., 2008, p.134). Consequently, this may cause them to remain in a state of dependancy on family members and the government to meet their needs. A cycle of poverty may therefore be endured as the children will inadvertently be influenced by this way of living (Nyamukapa et al., 2008).

2.5.2 Bronfenbrenner's (1979) Eco-Systemic Theory

An individual's unique context is essential to understanding development, as it is influenced by extensive environmental factors (associated with their unique cultural, socio-political and historical contexts) (Hook, 2009). According to Levine and Perkins (1997, p.113), "to understand a tree, it is necessary to study both the forest of which it is a part as well as the cells and tissue that are a part of the tree". In order to provide a more holistic understanding of the situations of OVC, it is therefore important to consider the unique contexts that they are a part of. Bronfenbrenner's (1979) eco-systemic theory will be used to contextualise this research and inform proposed interventions. This will entail an exploration of the various factors influencing development, and the consequent adjustment or maladjustment of OVC.

According to this theory, individuals are viewed as being enveloped by numerous environmental systems, which are multifaceted in nature. Each system, furthermore, is enveloped by a larger interdependent system (Kail & Cavanaugh, 2008; Rathus, 2010). Should a change be experienced in one of the systems, this may consequently intiate a wave of influence to the other systems subsequently impacting the individual (Nelson, Lord, & Ochocka, 2001). Development thus involves a dynamic interaction between individuals and their environments, where both entities are considered to be ever-changing and multidimensional (Bronfenbrenner, 1979; Bjorklund & Blasi, 2011). Individuals, moreover, are suggested to embody a proactive existence within their particular milieus; by actively interacting as opposed to passively reacting to their environments (Zastrow & Zastrow, 2008).

It is important to explore these layered environmental systems and their functions in human development and behaviour, with a particular focus on understanding the context of OVC. These settings include the microsystem, mesosystem, exosystem, macrosystem and chronosystem (Bronfenbrenner, 1979). The microsystem refers to one's immediate setting of development whereby an individual is directly and powerfully influenced by others (usually friends and parents, and vice versa) (Garbarino, 1992; Shaffer & Kipp, 2009; Onwughalu, 2011). The mesosystem, on the other hand, refers to a range of the developing individual's microsystems where optimal adjustment requires harmonious and supportive links amongst them (Bronfenbrenner, 1979, p. 25). For many OVC, favourable development is often inhibited when these links "work in isolation" or oppose one another (Garbarino, 1992, p.47).

The exosystem, furthermore, involves settings in which the developing individual does not actively participate yet is still indirectly influenced (Bronfenbrenner, 1979, p.25; Hook, 2009). This may include health systems, media, governmental agencies, and the distribution of goods and services (Hook, 2009; Onwughalu, 2011). The lack of emotional and financial support, slow service delivery, inadequate infrastructures and poor access to health care may

serve as risk factors which negatively impact many OVC. The macro-system, moreover, may refer to the economic, political and legal systems within a society, as well as the various values, ideologies, religious beliefs and traditions that exist therein (Bronfenbrenner, 2005; Hook, 2009).

The current evidence of poverty and inequality in post-apartheid South Africa may be largely attributed to apartheid legislation, and the associated ideologies thereof (Hook, 2009). A violent and neglectful society was created under the laws of the apartheid regime, with unfavourable outcomes especially for Black children (Duncan & Rock, 1997). The ramifications are still obvious in post-apartheid South Africa today, despite the country's efforts for political transformation (Dissel, 1997; Hook, 2004). Due to apartheid legislation, equal opportunities were not given to many parents of OVC which consequently limited their access to education and other vital resources. For the next generations, these ramifications may therefore serve to influence "where black children can live and results in inequalities in economic, educational, nutritional and other resources available to families" (Boss, Doherty, LaRossa, Schumm, & Steinmetz, 1993, p.441). Lastly, the chronosystem refers to one's non-static temporal dimension (Bronfenbrenner, 1979). OVC today are placed within the temporal context of post-apartheid South Africa, and are forced to deal daily with the aftermath of the apartheid regime and the various impediments to the desired transformation of South Africa, such as crime and poverty.

Chapter 3: Research Methods

3.1 Research Design

A qualitative narrative inquiry was employed in this study as it sought to explore and understand life in a childcare institution from the perspectives of orphaned and vulnerable youths. From a psychosocial perspective, this was appropriate and had the advantage of allowing for "a more detailed understanding of the phenomena of interest" (Houser, 1998, p.38).

By employing a narrative approach to collect data, a valuable source of information was collected and analysed. This approach, furthermore, provided a deeper understanding of life in the institution by eliciting an 'insider' perspective. This additionally facilitates one's understanding of how individuals subjectively perceive their unique experiences (Willig, 2008; Sirakaya-Turk, 2011).

A semi-structured interview was employed (Appendix G, p.33, 34) to collect the data. This method of data collection was valuable as it allowed flexibility in terms of the order of questions asked, whilst still maintaining the appointed guideline (Shapiro, 2002; Bless, Higson-Smith, & Kagee, 2006). Additionally, thematic content analysis was employed to analyse the collected data.

3.2 Research Setting

JCG[1] is a shelter in Johannesburg which provides a place of refuge for children who are living on the street or whose families are unable to take care of them. Their aim is to deliver quality support structure primarily for boys between the ages of 8 and 18 years old. The boys' family circumstances are determined and, if possible, they are thereafter encouraged to return to their

[1]Pseudonym

caregivers with the provision of counselling if required. If, however, any of the children are not willing or able to return to their families, the shelter provides alternate accommodation and support. It provides for the educational, physical, developmental, emotional, and medical needs of the boys. They receive basic residential care and skills training in specific areas such as academia, pottery, beadwork, baking, IT, plumbing, construction and cooking. They additionally receive basic life skills training as well as training for future employment. Furthermore, the shelter provides vocational counselling and guidance, HIV/AIDS education and awareness, and sports activities through their numerous programmes. Where socially unacceptable behaviour is apparent, the children are re-socialised (in an attempt to build their confidence and sense of self-worth). This organisation also attempts to successfully re-integrate them into society.

3.3 Participants

A non-random purposive technique was employed based on convenience. Participants were sourced from JCG, a shelter in Johannesburg, Gauteng. The sample comprised of 8 youths who were between the ages of 18 and 25 years, and have lived their childhood or adolescent years at JCG. These participants were either orphaned, abandoned, or unable to be looked after by their families. Moreover, these participants included those who are still residing at JCG and those who had left the shelter and are now employed by JCG. It is important to acknowledge that not all youths in this shelter are double orphans or orphaned from HIV/AIDS. Residents comprise of maternal and paternal orphans (orphaned by various explanations) in addition to those who have been abandoned, neglected, and whose families have not had the capacity to look after them.

3.4 Procedure

The Operations Manager of JCG was first approached to request permission to source participants from the shelter (Appendix B, p.28). Further information regarding the research was thereafter provided in a formal letter (Appendix A, p27). After permission was granted by the Operations Manager, potential participants who met the inclusion criteria were identified by the Operations Manager and social worker.

Formal letters of invitation (Appendix C, p.29) were sent to the residents who met the criteria for participation at JCG. These letters ensured that all of the potential participants were informed of the nature and intention of this research. All interviews were then scheduled at the convenience of each participant, based on their availability. The researcher met the participants at the confirmed location (JCG) and orally explained the research study in more depth to the participants for a better understanding. Furthermore, rapport was initially established through the use of non-research related questions prior to the start of the interview process.

3.5 Data Collection

Data was collected using a semi-structured interview which was recorded on a digital audio-recorder. The duration of each interview was 30-45 minutes. The questions in the interview schedule were created to address the research aims and questions, and comprised of open ended questions. The participants were asked these in no particular order.

The use of a semi-structured interview had the benefit of allowing the researcher to "expand on any question" with the view of delving into participant's responses in more detail and profundity, and to "follow up on interesting or unexpected answers to the standard questions"

(Mitchell & Jolley, 2009, p.277). An interpretivist paradigm was additionally used to explore the individual subjective experiences of the interviewees.

3.6 Data Analysis

Thematic content analysis was used to interpret and analyse the collected data. This method entailed the analysis, identification and reporting of emergent themes from the collected data (Braun & Clarke, 2006). Using this method provided the benefit of eliciting a broad variety of analytic options (Braun & Clarke, 2006). This flexibility, however, also made the analysis of data more challenging for the researcher to develop particular guiding principles for "higher-phase analysis" (Braun & Clarke, 2006, p.97). Pertinent data-driven themes were thereafter identified and discussed.

The researcher followed the suggested six steps by Braun and Clarke (2006). Firstly, the researcher repeatedly familiarized herself with the collected data. Secondly, the researcher coded "interesting features of the data in a systematic fashion" throughout the elicited data (Braun & Clarke, 2006, p. 87). Significant data was then identified and assigned to each of the established codes. Thirdly, themes were identified and pertinent data was gathered for each of the identified themes. Fourthly, each of the themes were reviewed and holistically evaluated in terms of their appropriateness to the research (Braun & Clarke, 2006). Each theme was then defined and labelled, before a final analysis of the findings was conducted. This entailed revisiting the data and relating the findings back to the aforementioned research aims, questions and literature in this study (Braun & Clarke, 2006).

In order to tie in the element of narratives, the collected information was treated as stories that constitute the "social reality of the narrator(s)" (Etherington, 2004, p.81). Although conceptual themes have been identified, this research acknowledges, and also values, "the messiness, depth and texture of the lived experience" (Etherington, 2004, p.81).

3.7 Ethical Considerations

With regards to ethical considerations, institutional approval of this research was first sought by the internal ethics committee at the University of the Witwatersrand (Protocol number: MEDP/12/008 IH). Permission from the Operations Manager of JCG was granted in order to source participants. Pertinent details of the study were also explained in a written detailed account to all the participants (Appendix C, p.29). Practical particulars regarding the interview were confirmed with the participants such as the location, length, confidentiality, right to withdraw, and audio-taping with permission for the researcher to use direct quotes from the interview.

The researcher engaged in the consent process directly with the participants through verbal interchange. Prior to the interview, participants were required to sign forms of consent to participate (Appendix D, p.30) and to be audio-taped and directly quoted (Appendix E, p.31). Participants also completed a biographical questionnaire (Appendix F, p.32) which solicited relevant details pertaining to each participant's age, gender, ethnicity, arrival date to the home, last level of education completed, and primary language(s) spoken.

Furthermore, the participants were informed that all the information they provided, in addition to any identifying content (such as their names), would remain confidential and be limited only to the researcher and the supervisor. To ensure anonymity, the researcher used pseudonyms to report on the collected data so as to protect the identities of participants. All the collected data from the interviews were safeguarded and protected from unauthorised access by enforcing a password on the computer. The digital recordings and written transcripts were additionally locked in a cupboard and were only accessible to the researcher and the supervisor when needed. The elicited data will be kept for a maximum period of six years and will thereafter be destroyed.

Should any of the interview questions cause any of the participants to feel uncomfortable or upset, the toll free contact details for LifeLine were given to participants in the participant information sheet (Appendix C, p.29). Counselling services are additionally offered by the shelter's social worker. The researcher emphasised that participation in the research was entirely voluntary and that participants had the right to withdraw from the study at any time without any negative consequences. Participants were also given permission to only respond to questions which they felt comfortable with, and were not subjected to harm or benefit by choosing to participate or not in this study. Additionally, the researcher informed the participants that feedback would be made available to the shelter in the form of an executive summary. The participants may access this executive summary by requesting it from the social worker or by contacting the researcher directly.

3.8 Trustworthiness

Lincoln and Guba (1985) propose four criteria in order to judge the quality of qualitative research. This involves credibility, dependability, confirmability and transferability. Credibility speaks to the assurance in the accuracy and truthfulness of the elicited data and how it is interpreted (Polit & Beck, 2008). The researcher thus ensured that the data is reliable as well as the interpretations thereof. Dependability involves the "stability (reliability) of data over time and over conditions" (Polit & Beck, 2008, p.539). The researcher also ensured this criterion by making clear the logic behind the findings. Confirmability, furthermore, alludes to "the degree to which study findings are the product of a systematic methodology and analysis and not of the biases of the researcher" (Thornicroft, Szmukler, Mueser, & Drake, 2011, p.308). The researcher ensured that the data is a correct representation of the information provided by participants. The interpretations are thus true reflections of the participants' voices and not of the researchers own expectations, motivations or biases (Polit & Beck, 2008). Transferability, lastly, pertains to the degree in which the findings of the study

could be relevent to other contexts and various other individuals who are in a context similar to that of the reserach study (Thornicroft et al., 2011, p.308). The researcher thus aimed to ensure the criterion of transferability by providing adequate descriptive data in order for the generalizability to be evaluated (Polit & Beck, 2008).

3.9 Reflexivity

Reflexivity refers to the process in which a researcher critically reflects on oneself. This includes "a conscious experiencing of the self as both inquirer and respondent, as teacher and learner, as the one coming to know the self within the process" (Denzin & Lincoln, 2011, p.124). It speaks to explicitly acknowledging the life, existence and views of the researcher as being inextricably linked to the research itself (Etherington, 2004). The impact of the researcher may hence be made transparent in the process and consequent outcomes of research (Denzin & Lincoln, 2011; Etherington, 2004). It is therefore imperative for researchers to remain cognisant of pertinent issues and factors involving their culture, race, gender, age, and class.

In order to ensure objectivity, the researcher has thus acknowledged that there are numerous factors which may have influenced the research process, and the amount and quality of information disclosed to the researcher by participants. Firstly, being a young white female may have possibly influenced the participants' perceptions of her and potentially limited the content they disclosed with the researcher during interviews. Secondly, raised in a different environment and culture, this is an element which has possibly influenced the views and expectations of the researcher, and perhaps those of the participants too. Thirdly, having previously done volunteer work at various childcare institutions may have additionally influenced the researcher's views and expectations of what life may be like in the shelter environment.

3.10 Reflection Notes

Despite the numerous abovementioned factors which may have perhaps influenced the research process, and thus the amount of information disclosed to the researcher, it appears that these did not have a significant negative influence on the amount or quality of information that was shared with the researcher. Most of the participants seemed to feel rather comfortable with the researcher, and vice versa. According to Cockburn (1991), those who have experienced life on the street may be very reluctant to share their life stories with others. Half of the participants had, at one point in their lives, experienced life on the street. It was thus interesting that all participants shared a wealth of rich and valuable information with the researcher and did not hesitate to share the various difficult experiences that they had previously encountered or were currently going through.

The interviews were conducted at the shelter, which may have been a contributing factor enabling participants to be more comfortable with the process. This is additionally important as the perceptual cues in the familiar environment may have helped participants to remember certain facts or memories associated with their experiences in the shelter (Jacko & Sears, 2003). The researcher initially took a few minutes to establish rapport with each of the participants before the interview was conducted, and attempted to put them at ease with the process and her attendance. Instead of imposing a dominant expert role on the participants, the researcher emphasised to them that they were the experts in the process and that she would like to learn from them. This may have facilitated the process by giving them confidence in their importance to the process and the value of their responses (Jacko & Sears, 2003). Furthermore, the researcher was aware of her own cultural beliefs and values in addition to those of the participants.

Moreover, the researcher made an effort to listen and pay close attention to everything that was said, which perhaps made the participants feel heard and understood. She was often silent and occasionally used gentle verbal and non-verbal encouragers throughout the interview where necessary. She also avoided interrupting participants unnecessarily, which gave them space to freely express themselves (Jacko & Sears, 2003).

Moreover, the researcher attempted to convey a sense of warmth, compassion, and gentleness towards each participant. She engaged them with a non-judgemental attitude and attempted to show them unconditional positive regard. These are important qualities when interviewing others, and may help participants to feel contained and accepted (Jacko & Sears, 2003). She aimed to be truly empathic towards each participant and made a genuine effort to feel what they were feeling and to understand where they were coming from. For many, this may have been a new and welcoming experience. The researcher feels that this appeared to be rather cathartic for them and further highlights the need for consistent counselling services to be delivered to individuals living in childcare institutions.

Chapter 4: Results and Discussion

The narratives of the various participants have provided valuable and insightful information regarding the pertinent focus of investigation. Their experiences and perspectives have been analysed and grouped into themes and sub-themes, which will henceforth be discussed. The main themes which were evident in the narratives may revolve around four significant life periods experienced by all participants. The first period involves i) the experiences of participants before life in the shelter and the reasons for taking up residency at JCG. The second and third themes involve ii) participants' experiences of adjusting to life in the shelter, and iii) their experiences of living in the shelter thereafter. This additionally involves a discussion on the various 'survival' and coping mechanisms employed, and their experiences of social and familial support experienced inside and outside of the shelter. The last theme delves into iv) participants' constructions of the future, where their future hopes, goals and dreams are explored.

4.1 Brief Narratives of Participants

Lethukuthula

Lethukuthula was sent to the shelter by his mother who was unable to provide for his basic needs, especially for school fees. He was sent to Johannesburg on his own in order to find the shelter. Adjustment into the shelter was very difficult for him and he described feeling scared and confused. He described seeing other boys fight with one another and steal his shoes or money. It was challenging to make friends and he felt a need to prove himself to others. He described experiencing peer pressure from others and consequently started smoking marijuana in order to fit in. He has a few friends outside of the shelter and felt that his friends in the shelter could not be relied on in times of need. He had only one close friend but generally felt

that he could not trust anyone. In the future he dreams of living in the UK and also creating a shelter for other OVC.

Meshack

Meshack has never known his father, and when his mother passed away he was sent to live with his grandmother. She was unable to take care of him and he was thus sent to live in the shelter when he was 16 years old. Adjustment into the institution was a difficult process as he was unprepared for relocation, and felt rather scared and confused as to why he was sent there. As a result of experiencing peer pressure in the shelter, Meshack started smoking in order to fit in. He had a general appreciation for what the shelter provides him and felt that he has learnt a lot about life living there. He feels, however, that it is difficult to live with so many people and lack the desired privacy. Meshack hopes to own his own business and home one day and live in another country (Italy). His dream is to become an actor and to create a shelter for OVC.

Aaron

Aaron has divorced parents, and was living on the streets outside of Johannesburg when he heard about the shelter from one of his friends. He begged on the street to save up enough money to travel to Johannesburg and seek help from the shelter. He arrived in Johannesburg late in the night and slept at the police station. The next morning he continued to search for the shelter and was led to it by someone he had just met. He expressed a sense of appreciation of the shelter and the opportunities it continues to give him. When he was younger, he went to a Model C school. However, when his family experienced financial difficulty, his school would only support him until the end of Grade 7. The shelter has given him the opportunity to finish his education and he is now completing Matric. Adjusting to life in the shelter was difficult for him as it was challenging to adapt to the living conditions and the amount of

people in the institution. In order to fit in with others, Aaron started smoking. He described having no real friends in the shelter and only had a few social relationships outside of the shelter (his girlfriend, and a few school friends). Aaron is very focused on finishing his education and will be studying a B.Comm in accounting next year at university.

Jabulani

Jabulani was left homeless after his parents divorced and sold the house. He was living on the street for six months and heard about the shelter from a policeman. He described having no hope on the street and thought he would live there forever. Living on the street was a very difficult experience as he was exposed to many things he had never seen before (for example, corpses and prostitutes). Although life in the shelter was better than life on the street, it was difficult for him to adjust to the living conditions such as wearing clothes he didn't like and having no money. He started smoking to fit in, and described having no friends. He felt that he could not rely on any family or friends in times of need and could not trust anyone. Jabulani dreams of owning a house on the beach, having intelligent children and protecting them from life on the street. He would also like to become a policeman, have a clothing business, and learn many languages. When Jabulani wakes up every morning, he looks at pictures of cars and houses which he uses to visualise his future. Furthermore, he hopes to receive a bursary next year for tertiary education.

Emmanuel

Emmanuel's parents passed away and, thereafter, he was sent to live with his grandparents. Due to their financial difficulties, he was not able to continue living with them. He consequently dropped out of school and travelled to Johannesburg with a friend. He lived on the street and, at age 18, he was raped three times by a person unbeknown to him. He went to the police station and was then told about the shelter by a social worker. He stayed in the

shelter for a few months and his family was contacted. He was reunited with his relatives; however, they did not keep their promise to send him to school. He missed a year of school and then tried to return back to the shelter in order to continue with his education. Unfortunately he was not able to return and instead found accommodation with an adult friend who paid for his school fees. After Grade 7 he hoped to carry on with high school but lacked the necessary funds to do so. He found another adult friend who financially supported his education for 3 years. He then returned to the shelter but was unable to carry on studying further due to issues with documentation. Emmanuel longs to pursue his dream of studying further.

Thapelo

Thapelo was 17 years old when he sought help from the shelter after his mother passed away. He was rendered homeless after his uncle had sold his mother's home. He initially stayed with a family from church and then stayed at the shelter thereafter. He expressed receiving a great amount of support from the shelter, especially in terms of helping him to apply for an Identity Document and giving him employment. Thapelo describes having many friends in the shelter and trying his best to make newcomers feel welcome. He felt that his family was not there for him in times of need and found his support from the shelter. He dropped out of school at a young age and described still feeling sad that he was not able to continue. He dreams of becoming a chef, pursuing a career in sport, presenting a label, and achieving fame. He also desires to help others one day.

Munashe

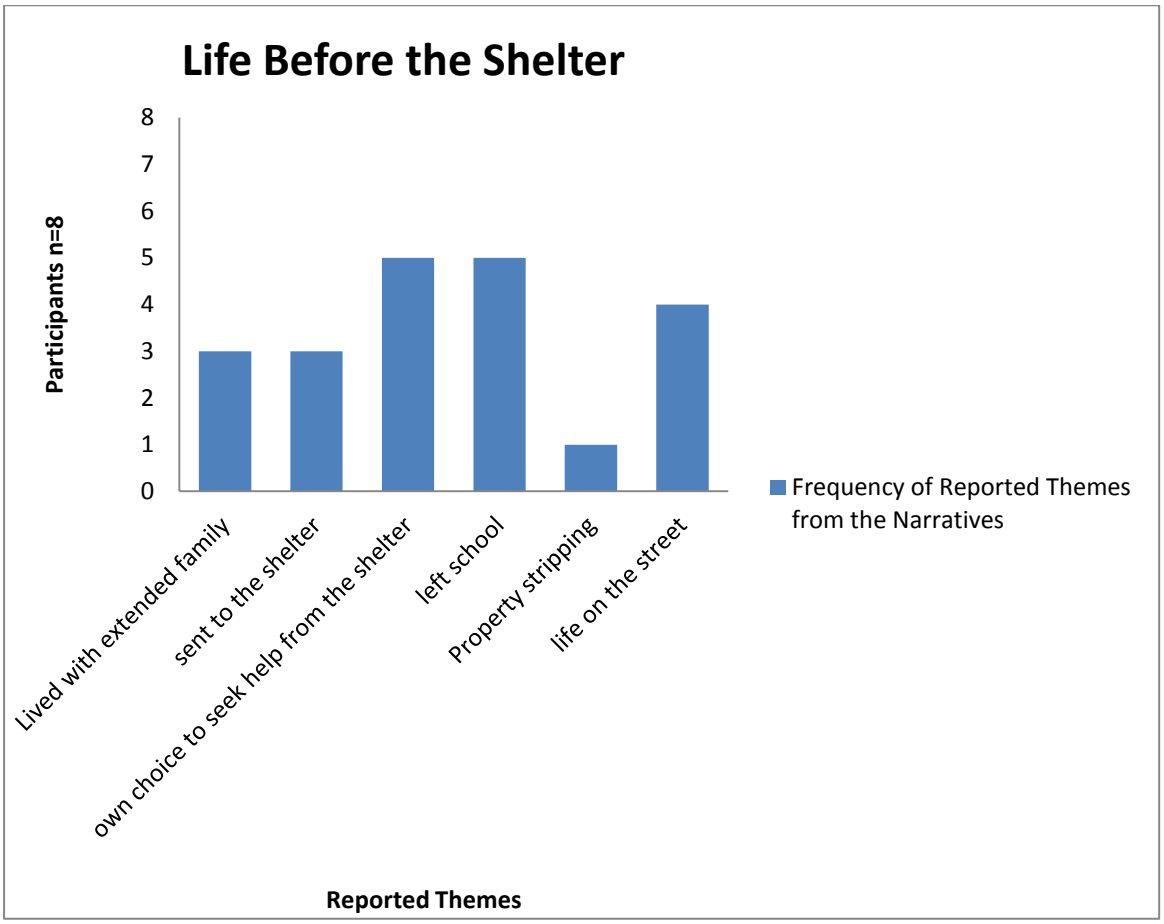
Munashe's parents divorced and, after his mother passed away, he was sent to live with his grandmother. He experienced abuse from his relatives and ran away to Johannesburg. He desired to find his father and learn more about his cultural roots. On his first night of staying

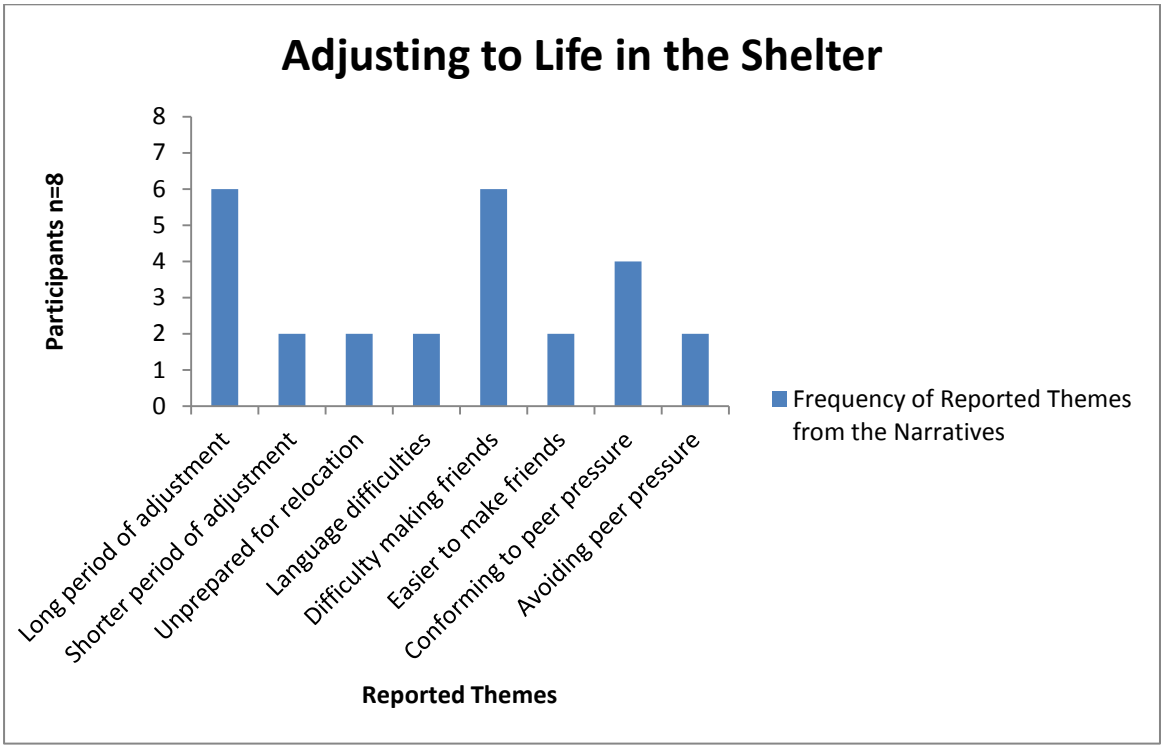
on the street, he was raped. He then heard about the shelter from a policeman and decided to find it. Adjusting to the shelter was a difficult process for him, especially due to the language barrier. He describes having a lot of friends now of all ages. He would like to become a social worker or businessman one day, and desires to help others. He also dreams of having a good family, a big house, and a nice car. He started studying at a college this year.

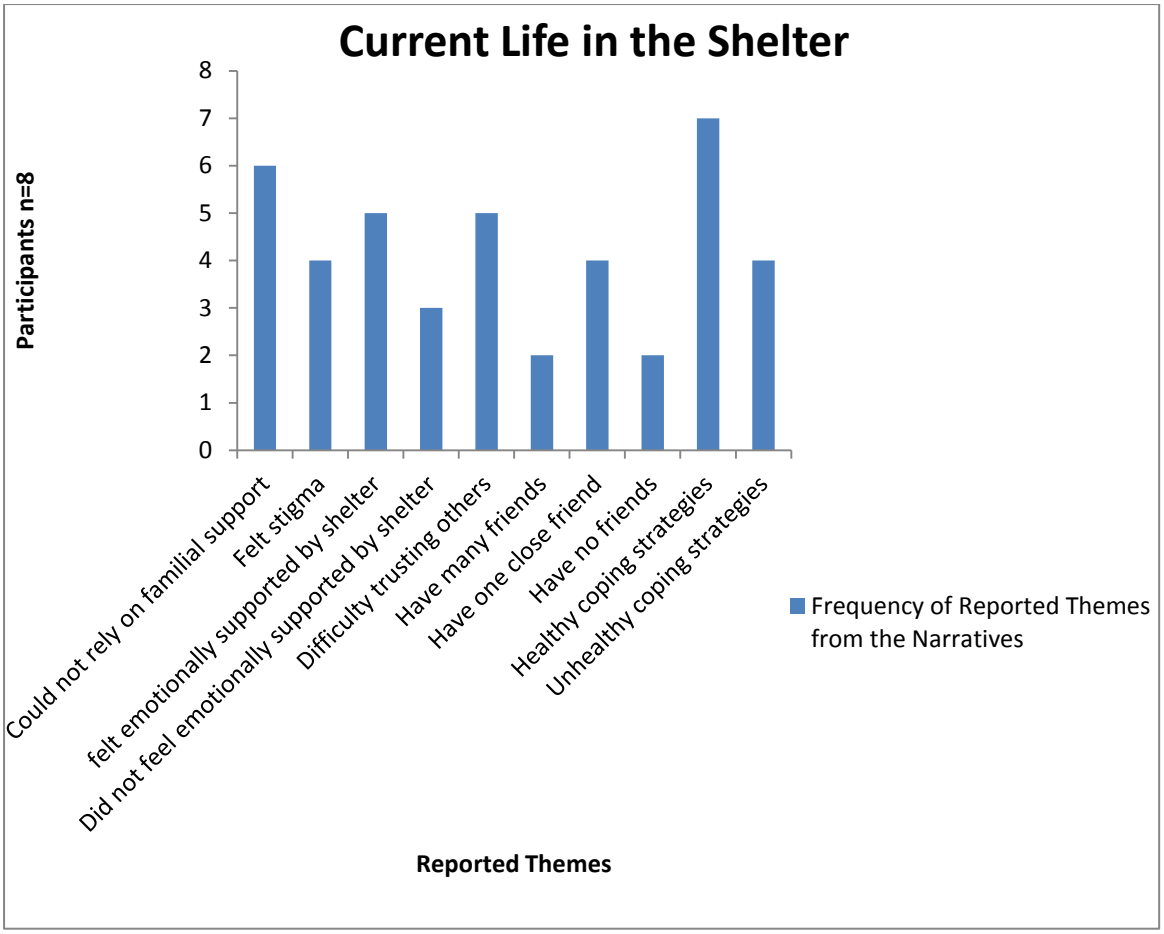
Unathi

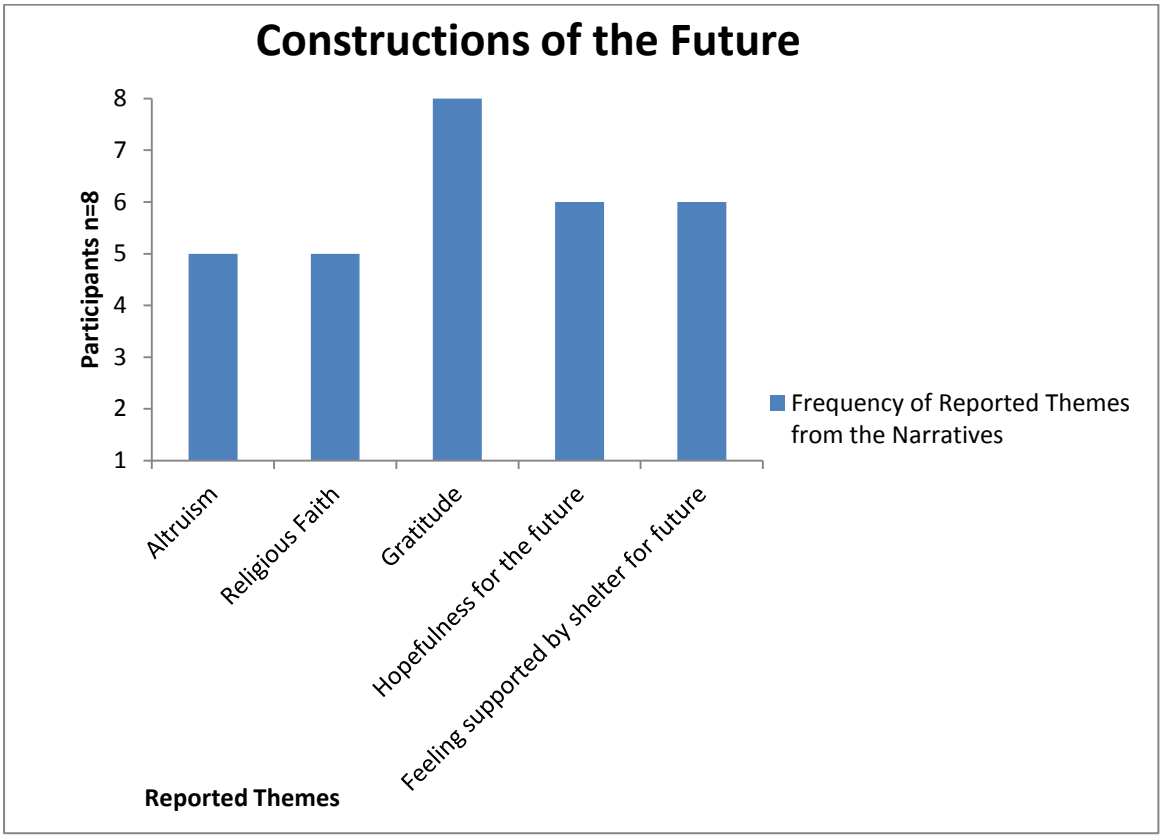
Unathi never knew his mother and was sent by a social worker to a place of safety after his father had passed away. The social worker then brought him to the shelter and told him that she would be back; but she never returned and he was left without at Identity Document. He described feeling sad when he sees other children with families and expressed how he attempted to find 'replacement parents'. It was difficult to adjust to life in the shelter as he was accustomed to a certain lifestyle at home. He avoided the peer pressure from others when coming to the shelter, and socially isolated himself instead. He described only having one friend and not trusting any of the other residents in the shelter. Although he does not have contact with any other relatives, he believes that celebrities with the same surname as his are distant relatives. Moreover, he describes himself as a role model to the younger children. Unathi desires to make South Africa a better country by helping those who are living in poverty, and his dream is to become a pilot one day.

4.2 Analysis of Main Reported Themes



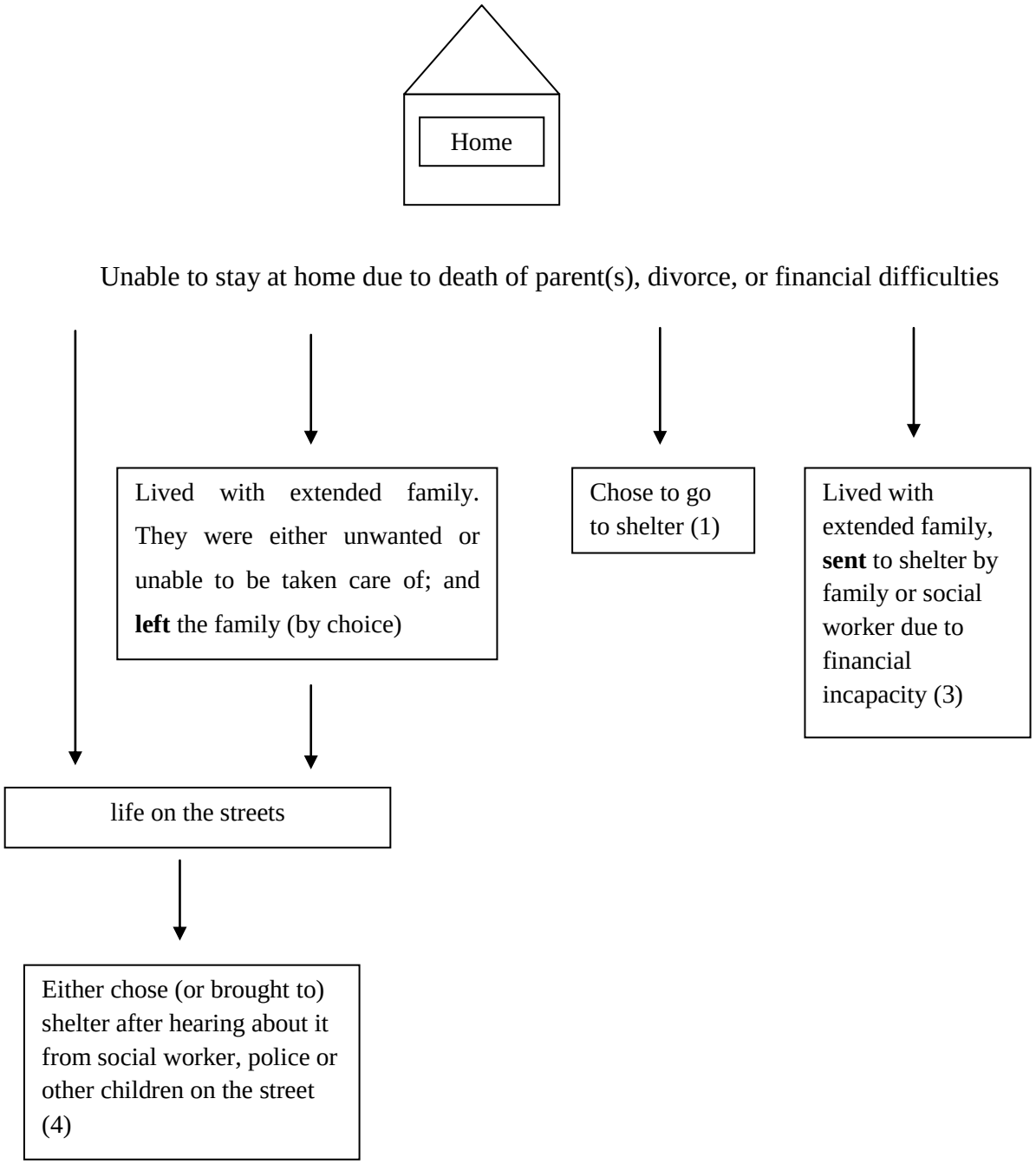



Current Life in the Shelter
Participants n=8
0
1
2
3
4
5
6
7
8
Could not rely on familial support
Felt stigma
felt emotionally supported by shelter
Did not feel emotionally supported by shelter
Difficulty trusting others
Have many friends
Have one close friend
Have no friends
Healthy coping strategies
Unhealthy coping strategies
Frequency of Reported Themes from the Narratives
Reported Themes


Constructions of the Future
Participants n=8
1
2
3
4
5
6
7
8
Altruism
Religious Faith
Gratitude
Hopefulness for the future
Feeling supported by shelter for future
Frequency of Reported Themes from the Narratives
Reported Themes

4.3 Life Before the Shelter and Reasons for Residing at JCG

Drawing from the narratives of the participants, it is evident that each had a unique history and context which led them to living at JCG. Although each of the participants' stories and set of circumstances were unique, it seems that there are various underlying similarities which exist between many of the shared experiences. These may also possibly parallel those of many individuals in South Africa today. The journeys of each of the 8 participants may be illustrated in the following diagram for a better understanding:



4.3.1 Poverty and Hardship

An underlying theme within all stories told involved participants experiences of poverty and hardship. It seems that these participants have been born into the cycle of poverty and have been left to deal with the consequences thereof. It is estimated that, in South Africa, 61% children are living in poverty (Smart, 2000). This may possibly be understood in light of the aforementioned theoretical frameworks, proposed by Nyamukapa et al (2008) and Bronfenbrenner (1979), where it seems that participants life circumstances may have been directly or indirectly influenced by the HIV/AIDS epidemic and its mutually reinforcing relationship with poverty.

There are other factors, however, which may have also directly or indirectly contributed to a life of poverty and hardship experienced by these participants. This may involve South Africa's unfavourable legacy of segregation and oppression, and the various challenges which oppose the construction of a desired post-apartheid South Africa. Although "profound political and legislative transformation" policies have somewhat contributed to the idealised transformation of South Africa, it is clear that many individuals are still experiencing the ramifications of the apartheid regime; and are consequently rendered vulnerable to the effects of poverty and HIV/AIDS (Durrheim, Mtose, & Brown, 2011, p.21). Such ramifications may involve issues in leadership and corruption in government, the lack of progress in the education sector, inadequate infrastructures, the perpetual effects of poverty, unemployment, and underlying ideologies of gender, sexist and racial inequality, to name a few. These serve to hinder transformation in South Africa and thus render many individuals vulnerable to living in deprivation, as illustrated in the participants' shared experiences and outcomes.

All participants revealed having difficult life experiences, plagued with poverty and hardship, which were additionally exacerbated by the significant life events such as divorce or the death

of one's parent(s), and the ongoing effects of poverty. After these significant changes, it seems that participants were often left feeling distressed and alone, with the added burden of having to deal with the lack of financial security and frequent unavailability of extended family members to take care of them. Unathi, for example, describes what it was like for him after his father passed away,

"I tried to kill myself when...when my father passed away, I, like, feeling that I'm alone now, my father's gone, you know... now I understand why people commit suicides because of all the pains."

4.3.2 Living with Relatives

It is estimated that in every sub-Saharan Country, 90% of OVC are taken in and looked after by extended family (UNICEF, 2003). Although it is common for OVC to be placed with extended family members, many families are unable or unwilling to look after them (Davids & Skinner, 2006). Due to the rising numbers of OVC, and the already difficult circumstances of poverty, extended families are becoming overburdened with financial strain (Francis, Mahlomaholo, & Nkoane, 2010; Williamson, 2005). This support structure is under a tremendous amount of pressure in sub-Saharan Africa as more families are becoming "overwhelmed, increasingly impoverished and rendered unable to provide adequate care for children" (UNICEF, 2003, p.15). This may be attributed to various factors such as old age, the lack of space, and financial capacity. Some of the participants (Munashe, Emmanuel, and Jabulani) expressed how they were placed in the care of their extended families and the circumstances of poverty that limited their access to basic needs, such as shelter.

Munashe: "*My mum, she died when I was 12 year... so I was staying with my grandmother."*

Emmanuel: "*...even if I had a problem for a place to stay they couldn't afford, and they didn't give me....*"

4.3.3 Sent to the Shelter by Family

In African countries, institutional care is commonly used as a survival strategy by families living in poverty as many may not receive any form of adequate external support (Richter, Manegold, & Pather, 2005; International Development Committee, 2010). It is thus estimated that the majority of children in institutional care still have one or both living parents (Richter et al., 2005). Drawing from participants' experiences, it is evident that three of the participants (Lethukuthula, Meshack, and Unathi) were sent by family members or social workers to live in the shelter. This was due to financial difficulties in a single parent household, or the inability for extended family members (especially grandparents) to support them after the death of their parent(s).

Lethukuthula: *"My mother can't pay school fees for me so I must go here...."*

Although being cared for by extended family members is often considered better than institutionalisation, it seems that it may also bring challenges for OVC (Williamson, 2005). A study by Mann (2003) investigated the views of Malawian children affected by HIV/AIDS. Many of these children reported instances of discrimination and abuse, and the inability to voice any of their concerns (Mann, 2003). Furthermore, according to the study of OVC in Zimbabwe by Mahati et al. (2006), it was also evident that some children experienced physical and emotional abuse by relatives they were living with, and were often directly or indirectly blamed for worsening the family's financial situation. This was evident in one of the participant's shared experiences as he felt unwanted and experienced physical abuse by some of his relatives that were caring for him. For example, Munashe says "*I was staying with my grandmother... so it was like they didn't like me... so I started to be naughty... they beat my*

brother sometimes with me you know...." He further went on to express, "*he slapped me, you see, hitting me with the sticks...."*

4.3.4 Participants' Own Choice to Stay in the Shelter

The remaining five participants made a conscious choice to seek help from the shelter in order to create a better life for themselves. Four of these participants (Aaron, Jabulani, Emmanuel, and Munashe) took to life on the street after these significant life changes, as they either had no choice or it appeared to be the better option compared to their previous circumstances. They made the choice to enter the shelter after hearing about it from either social workers, policemen or other children living on the street. Only one of these five participants (Thapelo) did not live on the street and sought help from the shelter directly after experiencing some of the aformentioned significant changes after the death of his mother.

Thapelo: *"I just say to myself, let me just go and knock. Maybe the door will be open, maybe yes, maybe no... Because I didn't have anyone to take care of me… I think I was seventeen years, somewhere there... was very young there, by that time. And I couldn't cope it... I just told myself, you know what, you just go and knock and find a place...."*

It is important to remain cognisant of the fact that although most OVC are taken in by relatives, there are many instances where they are left completely alone and unsupported, and are consequently forced to find alternative solutions on their own. It is estimated that "5% of children affected by HIV/AIDS worldwide have no support and are living on the street or in residential institutions" (Salaam-Blyther, 2006, p.49).

4.3.5 Leaving School

According to Richter (2004), being cared for by aged family members (such as grandparents) may increase a child's vulnerability and emotional distress due to the shared dependency and

then often reversed role of care that exists between them. Many families, furthermore, are often unable to pay school fees and send OVC to school, so children are forced to drop out of school (Malshalaga, 2002). In a study of OVC in two Zimbabwean districts, it was evident that the majority of OVC (76%) were not attending school. This was predominantly attributed to the lack of finances to pay school fees (Mahati, et al., 2006; Rusakaniko, Munyati, Sebit & Mbozi, 2006). The absence of basic skills and education may place OVC at a greater risk of plummeting deeper into circumstances of poverty and engaging in risky behaviour "which perpetuates the cycle of HIV transmission" (Adejuwon & Oki, 2011, p.4) It is also not uncommon for relatives to expect them to find other means of providing an income (or performing domestic chores) in exchange for their support (Munyati et al., 2006; Ratele, Skinner, & Nkomo, 2006). In this study, five of the participants (Aaron, Jabulani, Emmanuel, Thapelo and Munashe) were unable to attend school due to their extended families' financial incapacities.

Emmanuel: *"...and there was no one who was working at home. So it was difficult for us to, to, for us to go to school...they didn't keep their promise that they will send me to school and they didn't...."*

4.3.6 Property Stripping

According to Richter (2004), being stripped of one's assets and home by relatives is a common occurrence for children who have lost their parents. Children may also frequently lose their rights to their parents' property and may also lose a sense of belonging to their community or extended families (Jooste et al., 2005). Only one participant (Thapelo) expressed how his home had been taken and sold by his relatives after his mother had passed away. He was consequently rendered homeless and thus sought help from JCG thereafter.

Thapelo: *"When I come back to my mum's tent... this place has been sell by my uncle, sell to stranger. So I spoke to that man. The man wanted to, you know, threaten me that he will just kill me...."*

4.3.7 Life on the Street

As a result of experiencing factors such as abuse, HIV/AIDS, overcrowding, poverty, and family disintegration, many children in South Africa are rendered homeless and consequently resort to life on the street. In South Africa, there is an estimate of 10-12,000 homeless children (Save the Children, 2005). OVC may experience numerous challenges on the street as they are exposed to numerous risk factors such as abuse, exploitation, rape and drugs (Salaam-Blyther, 2005). They may also be vunerable to physcial, psychological and sexual violence (Shukla, 2005). The prevalence of rape for individuals on the street is an increasing phenomenon, particularly in South Africa today, which may also increase one's risk of contracting HIV/AIDS or other sexually transmitted diseases (Salaam-Blyther, 2005). All of the four participants who lived on the street expressed how difficult and unsafe it was for them and two of them reported being raped. They consequently made a choice to seek refuge at JCG in order to ensure their safety and survival.

Munashe: *"I stayed in the street, after, my first day, I was raped on my first day...."*

Emmanuel: *"I was raped in the street, because I didn't know where to go and, was to 18, then, I was raped by, I don't know who, I, I was raped three times...."*

It is evident that life on the streets was a very challenging experience for many participants, where they were exposed to many things. Jabulani describes his experience on the street, "*living in the street. Yes. I've seen, eh, eh. Homosexual. Men sleeping with other men in the streets. Yes. Seeing dead people*." Life on the street, and the various risks theoreof, may

possibly contribute to feelings of sadness and hopelessness, especially when having experienced the aforementioned phenomena. Two of the participants (Jabulani and Emmanuel) conveyed a sense of hopelessness when living on the street. This was a rather daunting experience for them, especially when encountering an unfamiliar environment with unfamiliar people.

Jabulani: *"I had no hope there in the street... I thought I would live there forever"*

4.4 Adjusting to Life in the Shelter

Adjusting into a new environment may be influenced by various factors such as the child's age, life circumstances, perceptions of the new environment, and the unique characteristics and conditions thereof (Horner & Gale, 2010). The adjustment process may vary in length for each individual, and may be strongly influenced by one's resilience. Resilience may be developed through the experience of hardship, and may refer to "one's capacity to adapt successfully in the presence of risk and adversity" (Jenson & Fraser, 2005, p.8; Guess, 2008).

Adjustment may also be conceptualised in terms of the quality of a person-environment fit, where the multifaceted characteristics of both the individual and his environment interact in a transactional notion thus influencing adjustment into the institution (Munger, 1991). With reference to eco-systemic principles, development occurs in, and is inseparable from, each individual's unique context. Issues of maladjustment, hence, may be attributed to disturbances between systemic interactions and a poor person-environment fit (Mugnaioni, 2008; Sayer, 1985; Conoley & Goldstein, 2004). The well-being of OVC may thus be viewed in terms of the quality of their adaptation to a changing environment and the harmony between various systemic interactions (Edlin, Golanty, & Brown, 2000). Instead of attributing their difficulties only to their intra-individual attributes, it is imperative that the maladjustment of OVC is recognized in their unique context as the source of difficulties and potential interventions lie

therein (Mugnaioni, 2008; Gross, 2008). Cumulative effects of risk factors within each system, furthermore, may also be considered to contribute to the maladjustment of OVC (Matlin, 2008). There are many factors that may contribute to a poor person-environment fit, as drawn from some of the parrticipants' experiences. Some of the participants (Thapelo and Munashe), however, seemed to experience a better quality of fit than others.

4.4.1 Long Period of Adjustment

Institutionalisation is considered to disorder the various ties which an individual has with his family and community members (Jacobs, 1993). All of the participants expressed intitally struggling to adjust to life in the shelter. For six of the participants, adjusting to a new environment presented itself with more challenging obstacles and thus took a longer period of time. The time taken to adjust ranged from about one month to nine months. Adapting to a new environment with new people and different routines appeared to be rather difficult for some participants. For example, Aaron describes his experience:

"Agh, it was challenging first time... because I could not cope with the other children, because I was not used to the life of living in the shelter...it was a new environment for me which had an effect on me, trying to cope with others, to be on the same level with others so it was quite... challenging... because you adopt the life of the shelter, it took me a while, nine months, nine months...."

- **<u>Unprepared for Relocation</u>**

The divorce or death of one's parent(s) may bring many significant lifes changes for OVC. This may include relocation, loss of assets, leaving school, and having less money, clothes, and food (Rusakaniko et al., 2006). Adjustment difficulties may also be experienced in the new environment, as these changes may happen rather suddenly and children are often not

consulted regarding them (Simbayi, et al., 2006). According to the study of the psychosocial issues impacting the lives of OVC in two South African communities by Simbayi et al. (2006), only a few children were prepared or consulted with regards to relocation and the managing of their parents' assets. OVC may often be left alone and may turn to life on the street. It is important for the well-being and adjustment of OVC that they are prepared for such significant changes. Two of the participants (Meshack and Unathi) in the study were unprepared for relocation to the shelter, and consequently experienced great psychosocial distress.

Meshack: *"my mother died, my father, I don't know him... when they take me here I become so frustrated and confused being annoyed...when I came here I become stressed, you know, since why they just dropped me here."*

Unathi described his experience where he was brought to the shelter by a social worker who promised to come back for him and never did. Coming to the shelter may be a very confusing and frightening experience for some, as they are never certain of where they are going and what is going to happen to them. He expressed feeling overwhelmed, stressed and confused when brought to the shelter, which may have consequently made the adjustment period more difficult for him.

Unathi: *"...it was a day when, uh, when my father passed away because I didn't even know my mom...there was a social worker...she knew my father...she came and... brought me here... and said that she will come back but she never came back... I don't know where she is now."*

Meshack: *"when you first came here, it was scary, you know, it was hard, because you don't know what was going on…, it was really, really, really hard."*

- **Conditions of the Shelter**

Moreover, it seems that the lack of privacy, unfamiliarity of the environment and people, and the new rules and regulations given to the boys in the shelter made it somewhat difficult for all the participants to initially adapt to life in the shelter. It was not easy to suddenly adjust to a life that was so different to what they had experienced before. For example, Jabulani explains that "*you eat food you don't like. You wear clothes you don't like. Ja, because you don't have money. They give you big trousers and t-shirts*". This participant seemed to feel completely dependent on the shelter to provide for his needs, even if they were not provided to his satisfaction. Furthermore, when living in an institution with many individuals, it may be common for conflict to arise. For boys entering an institution for the first time, conflict may serve to deter or frighten them and thus potentially contribute to a more challenging period of adjustment into the shelter.

Lethukuthula: *"It was hard when I came here at first, and I was scared... to come to a place like this after being used to being at home or you know, the people that you know... sometimes when we were eating and they were fighting...you ask yourself, eish, this is the wrong place, maybe it's a place for people who are mad..."*

- **Language Difficulties**

Sharing the same cultural heritage, language and identity may instil a sense of belonging and unity amongst individuals belonging to the same group (Castro & Murray, 2010). It may also allow those individuals to share a "system of communication that includes shared symbols and meanings" (Castro & Murray, 2010, p.378). Cultural differences, however, may perhaps lessen the feelings of togetherness, similarity and acceptance, and may thus possibly complicate the adjustment period for some individuals. For Emmanuel, Aaron and Munashe, it seemed that unfamiliarity with the spoken language in the shelter was a significant factor

which made the adjustment process more difficult for them. It seemed that the inability to communicate or adequately express themselves to others was particularly difficult. The participants therefore had to learn the language spoken in the shelter in order to communicate and fit in with others.

Munashe: *"It was hard for me 'cause when I arrived here I was speaking Sotho, it was difficult for me to communicate with others... so it was very very difficult but I managed to face life you know"*

- **Difficulty Making Friends**

It appears that all participants initially struggled to make friends upon their arrival to the shelter, which may have also made the adjustment process somewhat more difficult for them. One participant (Munashe), for example, expresses how *"it was hard to make friends... I took a week, just being alone".*

Aaron expressed that it was easier to adapt to life in the shelter after having made an ally who helped him to become familiarised with the underlying dynamics of the institution. This helped him to be wary of the various groups within the shelter and to know who to stay away from.

Aaron: *"When I got a friend here he tell me what's going on, yes, show me the way, if you go with those boys you will be corrupted... so when you come here you actually have to... you need someone to tell you who to be with, what to do, what not to do...."*

For Thapelo and Munashe, making friends was initially difficult yet their determination to befriend others appeared to have made it easier for them than for some of the other participants. It seems that one's determination and motivation to make good friends is an

important factor when arriving at the shelter. Some participants preferred to isolate themselves and some made more of an effort with others.

Thapelo: *" I was shy you know, when I first arrived here, it wasn't easy for me but, I just say 'hey let me just try to find me good friends' you know... because there are those bad boys, there are those who are good... those bad boys just have to know, stay away from them....*"

4.4.2 Shorter Period of Adjustment

Thapelo and Munashe did not find as much difficulty as others in adapting to the new environment. Their adjustment period into the shelter was still difficult; however, not as long as those who found more difficulty in adapting to their new environment. Their shorter period of adjustment may possibly be attributed to higher resilience or a better person-environment fit. The shelter seemed to be a source of support and direction, which many had hardly or never experienced before. JCG was a place where some felt they could have a better future, a place where they could receive the needed intervention in order to positively change their lives.

Thapelo: *"When I arrive here, I see the change. I knew that I would find the direction... when I arrive here there be changes to my life...things start to happening I see things just starting to going my way... the reason I'm saying this because I was hungry for some new things... Yes, I was hungry for something...for change... I was hungry for change, I was tired of living in the old life...."*

4.4.3 Using 'Survival' Strategies

Participants described two main approaches to 'surviving' in the shelter, which served as a means to adapt to their new social environment, make friends, and avoid conflict with others. The first way involved the i) adaptation of their personalities and ways of living, in order to

conform to the ways of life in the shelter, which were often influenced by peer pressure. The other way involved ii) excluding oneself from the groups within the shelter and choosing to be alone and withdrawn. Other survival strategies involved being self-reliant and wary of trusting others.

- **Adapting and Proving Oneself to Conform to Peer Pressure**

In a study of three orphanages in Baltimore, social life was often characterized by peer pressure and competitiveness, which frequently brought tension to one's relationships in the institution (Zmora, 1993). In order to fit in, individuals may feel the need to earn acceptance from the peer group which they wish to be part of (Kendall, 2011). This may be done by conforming to their ways and expectations, after which an individual will be rewarded. If choosing not to conform, the individual may risk being scorned or excluded (Kendall, 2011). Conformity is commonly evident in relationships between adolescents and involves giving in to peer pressure (Thom, Louw, van Ede, & Ferns, 2008). This is often influenced by an individual's age, needs, socio-economic factors, the unique circumstance, personality characteristics, and cultural expectations (Van Dyk, 2008; Thom et al., 2008). Conforming may be attributed to a lack of independence and self-confidence, and may "provide a sense of security in their striving towards autonomy" (Thom et al., 2008, p.453). Although it may provide some advantage to individuals, extreme conformity may encourage risky and anti-social behaviour, and also negatively impact the development of one's autonomy and identity (Van Dyk, 2008). This may also often involve substance use, where it is postulated that adolescent males "have been found to be particularly susceptible to this internal pressure" (Miller-Day, Alberts, Hecht, Trost, & Krizek, 2000, p.34; Goldstein & Goldstein, 2000).

Making friends was initially very difficult for all participants. It seems that Lethukuthula, Aaron, Jabulani and Emmanuel felt a need to adapt their ways in order to fit in with others.

Peer pressure appeared to be a significant factor in their experiences of life in the shelter, which additionally served to strongly influence their decision making. For example, these four participants started smoking or drinking in order to fit in with the other boys in the shelter. Some participants also felt that they had to display a facade in front of the others in order to be accepted and to avoid exposing their true selves to others for fear that they might be rejected or violently targeted. In order to 'survive' and avoid conflict with others, some feel a need to do what others do even though they may risk being removed from the shelter and consequently abandoning the opportunity they have been given to finish their education. Participants are thus faced with a challenging decision to conform to peer pressure and risk exclusion from the shelter.

Jabulani: *"Eh. It was difficult... because most of these people have their style. I, I had my style… now I adapted to that environment... now I'm smoking cigarettes. Agh, I'm drinking because I, I wanted to fit to the environment... If they are stubborn I change myself to be stubborn so that I can fit... People like me, because I do what they do...."*

It seems that making friends with others was predominantly based on one's superficial characteristics for these participants as opposed to more meaningful qualities. Some participants expressed the need to 'prove' themselves in order to be accepted and fit in, as Lethukuthula expresses *"they look outside, they don't look inside"*. This was often done by showing others a skill or talent they have, or by smoking (cigarettes or marijuana) or drinking alcohol. According to one of the participants, his talent for playing soccer was the only reason others would befriend him. Lethukuthula further went on the express his experiences,

"Eish, it was hard because you don't know anyone here... Otherwise without the ball...maybe I was going to stay maybe a year, one year to get a friend... you have to make something, play

soccer basketball or something, a sport, see? If you don't know how to play soccer maybe you have to show them, you are smoking and buy weed and cigarette and go there and advertise yourself you are smoking...."

- **Avoiding Peer Pressure**

Individuals who resist peer pressure may be at risk of social ostracism, the loss of social status, or experiencing verbal and physical assault (Roffey, 2010; Scott & Steinberg, 2008). Although some participants attempted to change their ways to fit in, others on the other hand, attempted to resist peer pressure and rather kept to themselves instead (Unathi, Munashe and Thapelo). For example, Unathi describes his experience when first coming to the shelter where he avoided mixing with others and consequently became a target for exclusion.

"*uh, for me, it wasn't easy getting friends 'cause others, they hated me at the first time I got here... 'cause I was quiet, always focussing on my own thing... my heart was painful then.*"

Maintaining a stance of autonomy and resisting conformity to peer pressure may therefore bring social challenges for individuals (Kassin, Fein, & Markus, 2010). Due to the associated risks and benefits, this may cause some to feel ambivalent towards the decision to conform or not. Lethukuthula expressed his ambivalence towards conforming to peer pressure and thus risking his opportunity for a better future.

"...if you don't smoke, they will say how you a coward...I have to smoke, but at the same time I want to live... so two minds are thinking... if I'm always smoking... they will chase me out...."

4.5 Life in the Shelter

4.5.1 Relationships Outside of the Shelter

It seems that most participants expressed having few social relationships with others outside of the shelter. These relationships were either with friends at school, partners, church members or volunteers occasionally coming to the shelter. Some participants, however, described having no relationships with friends or family members and were consequently rather isolated from the world.

- **Family Support**

Although most participants expressed still having contact with their relatives, some participants (Lethuhuthula and Meshack) felt that they could rely on their family members in times of need whilst the rest of the participants, on the other hand, felt that they could not depend on them and had to be self-reliant instead. It was interesting to note, furthermore, that those who believed that their relatives would be able to help them in times of need had never in fact asked them before. Those who felt that their family members would not be able to help them, however, had previously asked them for help and were met with disappointment. It seems that extended families may know the issues that many OVC are faced with, yet are unable or unwilling to help or support them in times of need due to their own difficult circumstances. In the study of OVC in Bulillimamangwe, Zimbabwe, a sense of hoplessness was experienced by OVC and their relatives as the family and community support structures are feeling overwhelmed and consequently weakened by the demands placed on them as a result of the rise of OVC (Mahati, et al., 2006). One grandmother in the study expressed this by stating "the orphans' needs are so many that I am confused on what to do" (Mahati, et al., 2006, p.11).

This was also true for some participants who felt that their families were absent in their times of need. For example, Thepelo explained how his relatives knew of his current issues yet were absent in his time of need and unwilling to support or help him.

Thapelo: *"...no-one was there for me, my family was not there for me, because they know that I had a problem, my mum's dead, they know that I didn't have ID but no-one was there for me... Life is your call, you cannot run away from your call, you must face your call. If they say you must climb that mountain, you must find a way to climb it, so I had to do it on my own... but no-one is there for me to just, to help me. No-one wanted to know what was going on in my life. No-one wanted to know what can we do to help you. No-one wanted... No-one asked me."*

Meshack felt that his family were uninterested in his life circumstances or how he was feeling. It seemed that they were unwilling to concern themselves with his well-being and emotionally support him through his issues. This may consequently instil in him a feeling of isolation and unworthiness.

"They don't understand; they don't even want to sit down with me and ask me smoothly, what's really going on with you? Then I can... tell them that life is hard... I don't like this, and I don't like this... they don't even know... what I want to be in life... Only thing they can say, I'm stupid."

A few other participants, who sought help from their families in times of need, expressed how their relatives were either unresponsive or unable to assist them. These disappointing experiences may perhaps instil a sense of discouragement in participants to reach out again when in need of help and may lead them to believe that their relatives will not be there for them in the future. For most of the participants, this may mean that they will have to seek alternative means of support and assistance.

Jabulani: *"I tried to, to, to request help... He didn't respond."*

Emmanuel: *"I told them about the situation but they couldn't help me."*

Perhaps those who felt that they could depend on their relatives for help had never attempted to ask for fear that they may be disappointed and unsupported, just like many of the aforementioned participants had been by their own families. It appeared that a few of the participants thus refrained from telling their family members their problems or asking for help. Furthermore, some of the participants either felt embarrassed to tell the family their issues, did not want to bother them, or felt that they might not be fully understood by them.

Meshack: *"...they don't really understand… I even scared to tell them that I failed two times, you know. They don't know, they don't know even my age...I can't go home, 'cause will look like eh, it's an embarrassment..."*

- **Stigma Experienced**

According to Green (2009), and individual's social identity is considered to be a socially constructed concept. Individuals may be categorized as 'normal' or 'different' based on the expected standards within a society, which may potentially result in social exclusion (Green, 2009). Being perceived as 'different' may form the basis of stigmatisation as one's social identity is then considered to be 'spoilt' (Goffman, 1961). Stigma may manifest in the form of a status, label or various discriminatory acts; and consequently limit an individual's likelihood of being socially accepted and included (Larsen & Lubkin, 2009).

It seems that JCG has developed a somewhat negative reputation at the participants' schools, as it is renowned for sheltering 'street children'. Street children are often viewed negatively

and frequently "mistreated, abused, and denigrated by the larger society" (Hartjen & Priyadarshni, 2012, p.79). It seems that some participants (Lethukuthula, Meshack and Aaron) felt this to be true, whether they had really lived on the streets or just received the label. This was difficult for them as some of them had never lived on the street before, yet were still labelled due to their residency at JCG. Some of the boys consequently avoided travelling in the shelter's branded school bus and avoided disclosing their residency at the shelter to others. For example, Aaron describes *"they only know [JCG] children for bad things there in school"*. He further went on to explain how he avoided using the JCG school bus and would rather walk to school to avoid stigmatisation, "*I would walk to school... People see myself as excluded from the shelter, they didn't know whether I'm staying here".* For some of the participants, their given label ('street children') served to hamper their chances for social acceptance, which consequently resulted in efforts to avoid public association with the shelter.

Internal stigma has been less researched and involves self-stigmatisation and perceived stigma (Deacon, Stephney, & Prosalendis, 2005). By "accepting some of the negative social judgments of one's identity", an individual may internalise stigma (Deacon et al., 2005, p.31). Perceived stigma, furthermore, involves the discrimination that one expects from others. Many of the participants were aware of the view most people have toward their given label. This may have contributed to their own perceived stigma and possible self-stigmatisation resulting in the decision to avoid public association with JCG. Stigmatisation, especially experienced by adolescents, may contribute to various challenges at school (Travell & Visser, 2006). It may additionally contribute to harmful psychological effects, as well as social isolation, rejection, and hostility (Richter et al., 2005).

Meshack: *"...when you are a shelter children, they take you as a street kid, so it's not a good thing you see... sitting in the class, while they know that there's street kids... So the boys they*

denying that so here they avoid it as if they don't know... and the boys and say they must change the bus, the bus is not good for them... When you are going the bus, he had to hide himself... they come say you are going with that bus you see. They rather walk... you can't have a friend when you are living in a shelter, can't have a friend cause, because, maybe you are meeting a friend that came from his home, he has a mother and a father... he knows that the street children is the orphan...."

Instead of hiding his association with the shelter, Meshack felt the need to prove wrong the negative views held towards one's association with JCG. This was a source of motivation to excel at school and therefore contradict the stereotypic views of children who live at JCG.

Meshack: *"...oh, he's staying here, he's dumb because he's from the street you see. So you must prove them wrong, when you are from the school, you perform exceptionally. You prove them wrong, then they can believe that you're not a street kid."*

- **No Stigma Experienced**

Although some participants were embarrassed to be associated with the shelter, it seemed to work in favour for some of the others. One participant explained how news of living in a shelter was positively received by others at school. He consequently experienced instant support and care from others.

Munashe: *"...it was hard for them to believe... but wish you all the best... sometimes at school they used to give me money to go and buy for myself lunch, even though I didn't ask them you know. They gave me, just gave me, you know...."*

For another participant, living at the shelter was not a significant factor negatively impacting others' views of him. According to Aaron, the life that the shelter provided him was believed to be better than the life that some of his friends had. It was interesting that this participant

compared life in a shelter to that of boarding school, and did not discriminate between himself and those who do not live in a shelter.

Aaron: *"...we are the same with everyone outside...it's the same nothing different, because ja. Because some of those people they know very well because us who are living in the shelter are living better life than them, who are living in the hotel or flats... Like to me here, I'm in the boarding school. I take it that this is a boarding school not a shelter, yes...."*

4.5.2 Relationships within the Shelter

- **Emotional Support in Times of Need**

Many OVC are unable to receive a deeper level of care and love when institutionalised (Reos Social Innovation, 2007). This may be attributed to the inconsistency of caregivers and their experiences of burnout and fatigue as they often lack emotional support themselves (RSI, 2007). Although participants felt that the shelter provided for their basic needs, some felt that they do not always receive the love, care and emotional support that they desire (Lethukuthula, Aaron, Unathi and Jabulani). This may possibly reinforce their feelings of being alone, unloved and unwanted. Jabulani described a difficult time where he was in need of emotional support from those working at the shelter. He described not receiving the attention that he needed, *"I felt like, nobody likes me. The world changes against you...."* Some residents may thus feel vulnerable as they might have to frequently deal with issues on their own. According to Lethukuthula, furthermore, "*they don't give you that love... the register they have to call our names so they can see you are in there, you don't even call the register".*

It appears that there is a general sense of isolation and vulnerability for most participants, as most feel that they cannot rely on anyone besides the resident social worker in times of need.

According to Unathi, for example *"...sometimes I feel like that they care and sometimes I feel like they don't... the social worker is most supporting than anyone that's in…that's in this place*". According to Wakhweya, Kateregga, Konde-Lule, Sabin, Williams, & Heggenhougen (2002), OVC are more likely to experience social isolation and vulnerability than non-orphans. According to a study in western Kenya, this is evident as results suggested that 77% of OVC felt that they had no one to share their issues with outside of their families (Johnston, Ferguson, & Akoth, 1999). Furthermore, in Lumbi's (2008) study of OVC in Zambia, a theme of social isolation was also apparent amongst participants as participants expressed feeling alone and having no one to rely on.

Some participants, on the other hand, expressed positive experiences with a few of the other staff members and felt that they had been supportive of them in times of need (Thapelo, Munashe, Meshack, Emmanuel).

Thapelo: "*This place has play a big role in my life, yes. Because the ones who fight for my stand... they help me, there was the social worker... and the manager, they also wrote the letter to the councillor and they fight my battles, and I win it with [JCG], so they played a big role."*

- **<u>Friendships In the Shelter and Issues of Trust</u>**

Similarly, a core sub-theme evident among five of the narratives involved participants' difficulty in trusting others and the consequent stance of maintaining distance from them. In order to protect themselves and avoid loss again, individuals may therefore distance themselves from others and become self-reliant instead (Strasser, Treadwell, & Ideh, 2008). According to Aaron, *"truly speaking, I don't have friends.... I don't depend on anyone... only... myself. I do my things alone...."* When experiencing the loss of a parent, or other difficult circumstances, it is important for individuals to receive adequate and consistent

psychosocial support. In dealing with unresolved issues, this may enable them to develop meaningful relationships with other children and adults (Strasser et al., 2008). When this is not provided, however, OVC may experience challenges in forming intimate relationships with others in the future. As a result of previously experiencing pain and disappointment in their lives, OVC may possibly find it difficult to trust others (Shipitsyna, 2007).

It seemed that participants were wary of befriending others and sharing their issues with them. It was generally felt by Lethukuthula, Aaron, Jabulani, Emmanuel and Unathi that friends could not be trusted, and may perhaps betray them in some way. For example, Lethukuthula states that *"I don't like to tell people, my, my friend my secret because they say your friend is your best enemy…You can love them, but trust no one" and* Jabulani says "*No, I don't have friends. I, I go with anyone... I don't trust anyone... In fact I don't trust friends".*

Emmanuel: *"I don't have a lot of friends here in the shelter. And I don't have a friend I can trust or, or I can tell everything about me because... if you find a friend here maybe someday he will blackmail you with the.. with your problems that you have told him so the only thing that I have.. is just emm, normal friends we don't discuss our relationship, or our friendship... we don't share our problems."*

- **<u>Quality of Friendships in the Shelter</u>**

For adolescents, the formation of "positive, reciprocated friendships is associated with generosity, empathy, social confidence, and better psychological adjustment" (Balter, 2000, p.253). The absence of these, however, may contribute to psychological distress and feelings of loneliness (Balter, 2000). According to participants, most friendships in the shelter therefore appeared to be more superficial rather than sincere as they expressed difficulty in establishing a sense of intimacy with, and trust of, others. Some participants thus felt the need to be independent and self-reliant, as they felt alone and unable to rely on friends in times of

need. It seems that some participants socially isolated themselves and consequently dealt with issues on their own.

Two other participants described having many friendships within the shelter with individuals of all ages. Munashe, for example, says "*I've got lot of friends. I've got lot of friends small ones, big ones".* Thapelo also expresses, *"...everyone is my friend. Even the small ones they will play with me".* According to a study of OVC in Mozambique, when compared to non-orphans it was evident that orphans were less likely to have a friend they could trust (Manuel, 2002). Only two of the participants did not have one close friend whom they could trust to depend on (Jabulani and Aaron), and four participants described having one genuine and intimate friendship which they felt they could depend on when in need (Lethukuthula, Meshack, Emmauneul, Unathi). It was further noted by some participants that having only one confidant was better than having many friends. This could be attributed to the larger risk of disloyalty or betrayal when a greater number of individuals are told information in confidence.

Meshack: *"I have a friend... he's putting more advice on me and I'm putting more advice on him and things are going well see. Even he is seeing that I'm doing bad things and he says, hey man, don't do such a thing, come this side, I'll show you... I don't need more friends because those make my life difficult you see. That's why I need one friend."*

- **Perceptions of Other Residents in the Shelter**

Drawing from the perceptions that participants had of others in the shelter, it was evident that others were perceived as either different (like strangers), or similar (like brothers) to oneself. Amongst the Black population in South Africa, there are many different cultural groups and languages which each have their own unique traditions and interpretations of life. Although there is such a rich variety of cultures in South Africa, there is one fundamental connection

between them. This similarity pertains to the underlying system of values and norms which are embedded in the concept of *ubuntu* (Tom, 2010). *Ubuntu* refers to the notion of personhood, where it is believed that one's identity is understood and formed collectively through the community (Battle & Tutu, 2009). In other words, it values the principles of togetherness, conformity, respect, dignity, equality, empathy, and care (Tom, 2010). Life is therefore perceived in a holistic way with strong links to religion and ancestors. "Because an African individual is a communal being, inseparable from others, when a family member is in distress, other family members are affected by it as well" (Tom, 2010, p.19).

For three participants (Meshack, Thapelo and Munashe), others were perceived in a similar manner. Regardless of each person's unique background, these participants felt that they all shared a similar bond, which may be attributed to the hardships and suffering that they have all experienced and their current life together in JCG. The other residents of JCG were thus viewed as brothers rather than distrustful strangers. They seem to be illustrating the key philosophy of *ubuntu* and its ideals of human dignity and care (van Wyk, 2003).

Munashe: "*To me they are like my brothers... Because his problem is my problem. We came here, even though we, we didn't come with the same problem, but according to me the same problem. If you are here that means you got that problem I got, even though it's not the same one but it's the similar to that one I have."*

Thapelo: "*I love them, you know.. I love them because some of them they come from... from divorce from abuse, some of them they're from different countries; we must give them love, and then I give them love. To cover everything... Even the newcomers so I will just make them feel home you know. Those, you find the new boys been sleeping in the street for years and years, and then they scared to talk you know... I will just make friendship with them... everybody is my friend."*

Consistent with the values of *ubuntu*, furthermore, it seems that they are exemplifying the ideals of humanity, compassion, and group solidarity (Van Binsbergen, 2003; Mpofu, 2011). This is evident, for example, as Munashe expresses how *"his problem is my problem"* and the fact that they are dealing with issues together rather than alone.

The absence of a shared history with others, on the other hand, may also possibly contribute to perceiving others in the shelter as dissimilar to oneself and thus be considered strangers. Perhaps this is a factor which may contribute to the inability to identify with others in the shelter and consequently establish meaningful relationships. For example, Aaron explains "*I don't know where they are coming from... they are not my friends because I met them here".* It appears that the varying histories and backgrounds of individuals in the shelter was a factor that increased his wariness and distrust of others, and thus the inability to confide or depend on them in times of need.

4.5.3 Challenges and Coping Mechanisms

- **Challenges**

When asked about the various challenges of living in the shelter, participants mostly found difficulty in dealing with the lack of privacy in the bedrooms, peer pressure, and the fear of adapting to life after living in the shelter. Many of their challenges, furthermore, stemmed from previous life experiences and the unresolved issues or emotions thereof. This could involve the divorce or death of one's parents, life on the streets (especially those who were raped), experience of abuse, and life in extreme poverty to name a few. According to Atwine et al. (2005), the OVC in their study were more likely than non-orphans to experience depression, anxiety and anger. Most participants in this study admitted to feeling sad, angry or stressed at times.

When asked how issues were dealt with, participants revealed numerous coping mechanisms which appeared to be either beneficial (healthy) or detrimental (unhealthy). The use of healthy coping strategies included sleeping, praying, studying, listening to music, doing art (drawing or painting), and playing soccer. On the other hand, unhealthy employed strategies involved smoking (tobacco and marijuana) and/or drinking alcohol.

- **Positive or 'Healthy' Coping Mechanisms**

Seven of the participants employed healthy coping strategies to deal with emotional distress The most common way of coping involved participants *socially isolating* themselves and dealing with issues by praying, sleeping, studying, listening to music, or doing a hobby (such as art). For example, Emmanuel describes how he dealt with having a problem, "*I decided to keep quiet and try to solve it by myself*". Moreover, Lethukuthula expresses that, "*when I'm sad, I just sit alone... I won't involve myself to cry that's the most thing I don't want to do".* Perhaps the absence of emotional support from their family and friends may contribute to this style of coping, as they may feel alone and thus need to be self-reliant. In contrast, according to the study by Rusakaniko et al (2006), the majority of OVC in the sample did not feel lonely or prefer to be alone.

Sleeping and listening to music were commonly employed coping mechanisms for most participants. This helped them to forget their worries for a short period of time and escape into a more pleasant world. According to Munashe, "*I go to my bed and sleep; by the time I woke up, I'm relieved... I forgot what happened... You refresh your mind".* Unathi also expresses that, "*if it's not crying, then it's listening to my tracks".* Other participants also emphasised the significance of prayer when dealing with an issue. This was a source of comfort and peace for them, and their relationship with God appeared to give them hope and strength to deal with the challenges presented to them. For example, Thapelo: "*If I find challenge, I pray, I*

just take a walk... find fresh air, just refresh my mind, going to those song that lift your spirit up. Then I accept if there was something wrong then I have to move on".

Four of the participants, furthermore, described having hobbies which helped them to deal with emotional distress. For three of the participants (Meshack, Lethukuthula, Thapelo), these hobbies were done alone, and involved journaling, writing songs or escaping into the world of art. Meshack expressed that doing art alone was an effective way to deal with painful emotions, "*I just drawing, make my life... for making my feelings to be happy... when the other children just make me sad, I maintain myself... I stay by myself".* The fourth participant, Lethukuthula, described how playing soccer with others was his form of coping, *"when I'm playing soccer I can feel myself, I'm a man now. I can say soccer is life, you have to exercise when you are stressed".*

Although the majority of participants kept their issues to themselves, only one participant (Thapelo), however, expressed his desire to reach out to others for help when going through a tough time. It seemed that speaking to others about his issues was cathartic for him and thus one of his most preferred ways of coping. Thapelo further conveyed this through his statement, "*the more I talk the more... I get healed you know*". Cultural factors should also be acknowledged, as they may strongly influence the way that individuals deal with emotional distress (Santa-Sosa, 2009). This factor may perhaps encourage them to keep their issues to themselves as opposed to reaching out and seeking help. According to Emmanuel, it was not in his culture to discuss his issues with others, *"in my country because my culture says that if you had a problem eh, you don't talk to anybody so ja".*

- **Negative or 'Unhealthy' Coping Mechanisms**

Substance use

It was evident that four of the participants employed both positive and negative coping strategies (Lethukuthula, Emmanuel, Aaron, and Jabulani). For them, substance use was a common way to suppress the intolerable feelings that were felt from memories of the past. According to Bjarnason, Anderson, Choquet, Elekes, Morgan, & Rapinett (2003), adolescents who live with one biological parent (or neither) seem to drink more often compared to adolescents who live with both of their biological parents. OVC may therefore be at a greater risk for alcohol consumption. Although these negative coping strategies may temporarily relieve distress, they may contribute to harmful long-term consequences and possibly increase one's vulnerability (Weber, 2010). This way of coping was effective; however, it was only temporary as the painful feelings would often return.

Emmanuel: *"I drink a lot I try to, to make myself cold you know, because if, if, if I didn't maybe drink I got a little stress... it helps me a little, I can say maybe one day or.. half day and then, ja... then it comes back."*

Aaron: *"I don't like to bother people with my problems. I like to deal with them alone... if I'm stressed, sometimes I would smoke, I would smoke to death, until I become cool, then some of the things I ignored them...."*

4.6 Constructions of the Future

4.6.1 Resilience

Another core theme amongst all narratives involved participants' resilience. Participants were determined to succeed despite being faced with many challenges and disappointments in life, and used their previous difficult experiences as stepping stones towards a better future. It was interesting to observe the amount of optimism expressed by many of the participants, and the willpower to thrive in their difficult circumstances. For example, Meshack describes:

"*...things will go well, what is past is past... I will put more pressure, I won't let myself down... I will overcome what I really wanted... I'm going to get through it, because I want a better life you see."*

An individual's resilience may be influenced by various intra-individual and environmental risk and protective factors, which interact with one another (Snider & Dawes, 2006). According to Rutter (1985), an individual demonstrating resilience may possess three characteristics; namely self-esteem, self-efficacy and a range of strategies to solve social problems. Factors influencing resilience, according to Glicken (2006), may include factors such as motivation, optimism, self-awareness, and positive and supportive relationships with others. Other factors may also include altruism, moral order and resourcefulness (Apfel & Simon, 1995). It was evident that religious faith, altruism, gratitude, hopefulness for the future, and perceived support for future goals appeared to be the main factors influencing resilience in the participants of this study.

- **<u>Relationship with God</u>**

It seemed that a few of the participants conveyed some of the abovementioned attributes. Thapelo appeared to have a positive view of himself despite not having completed his high

school education. He emphasised how important it is to take the initiative to make one's dreams come true. He also described placing trust in God as an external source of provision and strength.

Thapelo: "*You cannot win everything in life. Sometimes we win, sometimes those.. we cannot win every time. You cannot win all the games... I'm not giving up, not giving up in life... I don't see myself as a failure even though I don't have matric... you can dream, but you must be awake... you must dream and wake up and act. The more you act the more things will happen... you pray, you act and the Lord just have to open the door for you... you are in the cage but there'll be way out of that cage...."*

It is evident that most participants lacked positive and supportive relationships inside and outside of the shelter, thus serving as a risk factor influencing resilience. Although this was absent in many cases, it seems that five of the participants drew strength from a relationship with God, which may therefore serve as a factor promoting resilience (Meshack, Unathi, Munashe, Thapelo and Emmanuel). This may be attributed to the feelings of comfort and protection participant's received from their faith in God, which may be "comparable to the secure-base functions of a positive parent-child attachment relationship" (Masten & Wright, 2012, p.228). Their belief in God may also enable them to find meaning and purpose in life, hope, and forgiveness (Becvar, 2013; Conrad, 2008).

Munashe: "*...you've gotta be in yourself and know who you are... there's so much that I've handled in life. Just like the rape... God is everything... He saved me, he saved me from everything... I'm here what I am because of Him, you know... He didn't give up, why should I give up on him? He will never leave me... You know in life sometimes people think that if you failed at school, you didn't make it at school, here in life, you are nothing. According to me, to be successful, it's not all about education. Your life is in your hands and truly speaking is*

in your hands; is up to you, you grab it. Is like they give you a egg. This egg… is for you to eat, its up to you, you break it, or you don't break it... the Lord God made me to be strong... God is here even though I cant see him... We learn from our mistakes... Life is like that. You have to fight... You must forgive and forget. I know even though it's hard to forget, but forget it."

Unathi: "*...the only way to fight for something is first going to school and studying... I'm a role model to many children now... staying in this shelter's another thing. It's a big story but at the end it opens your mind so that you can see what you really are and what you want in life... I will never give up... God is always with me... life is precious... Life is you. If you don't know life… then you don't know yourself... God chose you to live... as a human you have to learn from other humans."*

- **<u>Altruism</u>**

Altruism is also considered to be a factor associated with resilience (Meredith, Sherbourne, & Gaillot, 2011; Johnson, 2009; Torres, Southwick, & Mayes, 2011). Resilient individuals are considered to be more likely to engage in altruistic behaviour (Snider & Dawes, 2006; Torres et al., 2011). Moreover, the psychological well-being resulting from altruistic acts may serve to promote resilience in individuals (Meredith et al., 2011). In Werner's (1992) study of resilience, a cohort of children at risk in Kauai, Hawaii was followed. Werner (1992) discovered that it was more likely for children who possessed prosocial values (altruism, social conscience) to be resilient, caring and successful adults later on in life. Shiner (2000), furthermore, also suggests that prosocial adolescents are most likely to have more favourable psychosocial outcomes later in life.

This element promoting resilience was evident in five participants (Lethukuthula, Meshack, Thapelo, Munashe, Unathi) when asking participants about their future hopes and dreams. It

was not uncommon for them to convey a desire of helping others in the future. For example, Munashe described a desired future of helping others in need "*eh, I see myself helping people, healing people*". According to Unathi, *"your only way of living in this world is by saving the ones who are poor first, then saving yourself*." He felt a desire to help improve the conditions in South Africa and help those in need. Altruistic behaviour is considered to be associated with positive affect, as it increases self-efficacy, self-esteem and diverts an individual's attention away from their current issues (Penner, Dovidio, Piliavin, & Schroeder, 2005). Perhaps helping others may also be an altruistic adaptive coping mechanism for this participant, which would help him to deal with his own emotional distress (Vaillant, 2000).

Unathi: *"Helping South Africa to improve…on the… economy... if I see that…I'm rich enough why don't I build houses for those who are in need, those who need houses, water, supplies, schools, I can help on those things."*

Despite the difficult circumstances, Thapelo also expressed how he would like to help others and play a role in their lives.

"*...one day these things I see in my minds... those vision I have will explode, will come out and will help people... called to do more things.. greater things... I don't have much but I bless people... The more I blessed them, the more I am grateful for playing a role in people's life, I love that. I love to play a big part to someone else... For me in the shelter, some of, especially new boys to see them going... to see them finishing school, to see them at university, to see them being a doctor, being a police, being something else, then, ah, then I praise God for that. I love to see someone, you know, shining."*

Creating more shelters

Two of the participants, furthermore, expressed a desire to create more shelters, in order to assist others who have also had similar life experiences and circumstances (Lethukuthula and Meshack). They further went on to discuss the various changes they would make when comparing their shelters to JCG. Some participants aimed to add more entertainment activities as he felt some children were often bored in the shelter, and would therefore frequently resort to activities such as smoking or violent play.

Meshack: *"...in my own shelter I will put games... Everything has to play and serious, play and serious, in order to function well... in order to balance... When you want to play game, you have to grab each other now, beat each other now. It's the way they want to be happy, see, and others we don't like that, want to touch me, I get sad."*

Meshack also felt that staff members should be encouraged to teach more life skills to the residents in the shelter. He felt that they should "*treat them how to have manners, or such things, respect, because those boys from their home they don't have respect".* Emphasis should thus be placed on various values and principles in life, in order to help with the life outside and then also after living in the shelter. Lethukuthula also expressed a desire to enforce stricter rules on boys' physical appearances when going to school. He felt that those living in a shelter should make an extra effort to present themselves in an acceptable manner, to mitigate against the widely held perceptions of those living in a shelter. According to Meshack, furthermore, the management of the shelter should be handled differently, with particular reference to the handling of donations and the use of facilities.

"there's internet but they don't open it, but you see, they are lacking that way... "

- **Gratitude**

Although it has been a challenging experience for most, there was an underlying element of appreciation in all the narratives for the opportunity to stay in the shelter. An individual's personal resources are considered to be promoted by positive emotions, thus increasing resilience (Tugade & Fredrickson, 2004). Increased psychological resilience may thus be associated with more experiences of gratitude (Tugade & Fredrickson, 2004). The shelter was able to provide them with basic needs which they were not able to previously receive, especially the opportunity to continue with their education. For example, Munashe expresses that *"it's life, it's like that. I have to appreciate it you know. If you can't appreciate life, you can't go anywhere, you know... I thank God for everything"*. He further goes on to express how the shelter has been very patient and accepting of him, especially after mistakes he had made.

"*I appreciate their help they give me here, their time, their patient for me, I appreciate everything that they give for me in life. I also want to thank them back again... I appreciate what they do for me now... They've been accepting you know."*

According to some participants, living in the shelter was a less than ideal circumstance for them; however, despite their dislike of the place they felt very grateful for the opportunity to be there. For example, Aaron says the shelter*"...change my life living here, because some of the bills which my parents didn't, could not give me here in the shelter they provide for me...."*

- **Hopefulness for the Future**

According to a study in Uganda, OVC were more likely to have fewer expectations for the future when compared to non-orphans (Atwine et al., 2005). Moreover, in a study of OVC in

Zimbabwe, it was reported that the most common feeling expressed by OVC involved hopelessness for the future, and the least amount of participants (19.2%) described often feeling hopeful for the future (Rusakaniko et al., 2006). Most participants in this study (Lethukuthula, Aaron, Jabulani, Thapelo, Munashe and Unathi), however, expressed a rather hopeful view of the future and expressed numerous dreams and goals. Many of the participants were still completing their high school education and discussed their desires to study further. Aaron says, *"I got plans, I don't have dreams... I'm focussing on my grade 12. After that then I will continue with B.Comm Accounting*". Other participants' plans involved studying Social Work, becoming a pilot, or becoming involved in sports or entertainment after matriculating. Some other participants expressed dreams of owning a business, living in a different country, and also having their own family and home.

A study by Sengendo and Nambi (1997) examined the psychological effect of orphanhood where 196 orphans in the Rakai district of Uganda were interviewed and compared to a group of 24 non-orphans. Results showed that orphans had higher levels of depression and lower levels of optimism about the future than non-orphans (Sengendo & Nambi, 1997). Resilient individuals are considered to be more optimistic than those who are less resilient, and "usually have unusually ambitious dreams and aspirations that motivate them to succeed in life" (Glicken, 2006, p.227). This was evident as many of the participants dreamed of a life with all the experiences and items they have been deprived of. This highlights the extent of deprivation that many OVC may experience and how it might motivate some to pursue a better life for themselves and others in the future. Without hope, it may be difficult for individuals to cope with negative stressors. Dreams and ambitions are thus needed for resilient individuals in order to maintain a sense of hope and purpose in their lives (Glicken, 2006).

Jabulani: "*...every day, I get up, I see my, my car, my pictures of cars, house, they, I visualise my future... having my house there near the beach... good work. Maybe police, but having business aside... Clothing business... my dreams to have a wife and have two children. Those children, I want them to be genius... I don't want them to experience what I have seen outside. I don't want them to live in the street like me."*

Munashe: "*I've learned in my life that by the time I have children I don't want to make the same mistake that my father made. I don't want my boy or my daughter to not know me... I want to get them the love..."*

A few of the participants' conveyed their goals of achieving fame, by either becoming a musician, an actor, or presenter. This may further draw attention to individuals' desperation to flee from their current lives of deprivation and experiences of suffering. For Meshack and Thapelo, it seems that achieving fame would be the best solution to enable them to live happy and easy lives.

Meshack: "*Once I can be an actor, maybe my life can be purified, easy..."*

Thapelo: "*...a musician, or become… a label presenter... if I can just find maybe a person who can just have me for ... to find ... let my dreams come true, then I will just be happy."*

- **Hopelessness and Apprehension for the Future**

Meshack, however, also felt a sense of hopelessness and sadness when thinking about his current situation, "*why my life can't be closer to what I really want to achieve*". Although Munashe and Unathi were rather hopeful for the future, they also expressed feeling rather apprehensive towards what life after the shelter may be like for them. Unathi felt rather anxious about not returning to a parent when he leaves his life in the shelter as he was unsure who would support him. Munashe highlighted the challenge of having to support himself, yet

drew from his relationship with God as an external source of comfort and strength to face this challenge.

"*I have to go out to face challenges you know, to know life, to stand for myself... I will face outside alone, and sometimes when they say, I will get a short with food you know... is a big challenge for me here. It's a big, big one, I also have to move to give other children a chance to come and stay, you know...doesn't scare me you know, doesn't scare me, cause I'm with Jesus Christ all the time... He's got my back... And I believe in Him , and He believe in me... He provide everything"*

- **Perceived Support for Future Goals**

Social support is important as it may be a factor promoting resilience in individuals by raising "perceived self-efficacy to manage environmental demands" (Watson, 2007, p.126). According to Penglase (2010), the period after leaving institutional care may be very difficult, especially as many OVC may lack the support needed to prepare them for life outside the institution. In this study, however, it seems that most participants felt greatly guided and supported by the shelter to achieve their goals and dreams, primarily through educational support (Aaron, Jabulani, Emmanuel, Munashe, Unathi and Thapelo). These participants felt more secure and prepared for life outside of the shelter.

Aaron: "*Now they are still helping me, they gave me money for application... They are really help me... for my side, the shelter's developing me and preparing me already because I'm.. in the few months' time I'm going to leave the shelter, yes. Because I will be in varsity."*

Munashe: "*It help me... I have to help myself now... Even now they found me a college. Next month I'm starting... I cant wait. I can't wait, I can't even wait....* "

Thapelo, moreover, was offered a job at JCG and described feeling supported by the shelter. He was unsure, however, whether the shelter would be able to help him further in terms of other goals he would like to pursue.

Thapelo: "*I see that I have to just, find my own way... I don't know if the shelter could help me... because they invite me with the job so I can be stable, so I can find my foundation, I don't know if they can still do more things for me... sometimes I feel just like I have to stand up for myself again and try to do to push it on my own....*"

Munashe further went on to describe the shelter as being a good place given that individuals are aware of what they want in life. Perhaps some participants feel more supported than others based on whether they are certain of what they want to realistically achieve or not. It would seem easier to support individuals once they have direction in their lives, as opposed to those who are unsure. That said, it is important to still help individuals obtain a sense of clarity in their lives with regard to realistic prospective options.

"*What I would like you to know is... you know this place... this place for me is a good place if you really, really want you know, what you want in life... This place is a good place for boys. For those who know what they want in life....*"

- **<u>An Absence of Perceived Support for future goals</u>**

Others on the other hand, did not share the same feeling of support. Lethukuthula and Meshack, for example, did not seem to feel much support from the shelter to pursue their dreams. For example, Meshack describes, "*[JCG] is not helping that much"*. They described receiving basic guidance; however, they felt it was not enough for them to feel secure about their futures. These participants expressed a need for more guidance and direction.

Chapter 5: Conclusions and Recommendations

5.1 Conclusions

This research has illustrated the unique life stories and experiences of OVC who have been directly or indirectly impacted by the dire consequences of poverty and the HIV/AIDS epidemic. Participants have described the various social, economic and emotional consequences experienced, and how these are dealt with. Furthermore, the valuable experiences which have been shared regarding life in institutional care, and the associated challenges that lie therein, have contributed to a greater understanding of their lives.

Although institutional care has provided participants with opportunities to continue education and for their basic needs to be met, it seems that there are still some issues which need addressing. Life in an institution has been portrayed as a daunting experience where it is difficult to trust or rely on others. Daily life is filled with challenges pertaining to peer pressure, stigma outside the shelter, discord with residents and staff members, undesirable living conditions and the lack of privacy, love, attention, and intimate friends. From the participants' experiences, there has been an overall sense of loneliness and the need to be self-reliant.

Many participants have experienced traumatising events in their lives and most appear to still be struggling with unresolved issues of the past. This consequently highlights the need for more psychosocial support on a consistent basis as it seems that the participants' unresolved issues may be negatively impacting their current well-being. This additionally seems to be affecting other areas of their lives as some participants are relying on unhealthy coping strategies to deal with the emotional distress thereof. Consistent psychosocial support may benefit residents of the shelter, especially upon arrival, to facilitate the adjustment process

which has been described as a very long and difficult period for most. This is especially important for those who do not receive any support from relationships outside of the shelter.

Despite the various challenges described, it seems that participants have demonstrated considerable resilience, gratitude, and hopefulness for the future. Their relationship with God, hopefulness for a better life, and desire to help others once out of the institution, appear to be significant factors which help them to deal with their current life circumstances. Most participants used their dreams and aspirations as motivation to succeed in life and overcome adversity. Furthermore, it seems that the shelter is adequately preparing and supporting them for life after institutional care. However, a few participants described a need for more guidance and direction for future paths in addition to more training in general life skills. Drawing from the participants experiences, moreover, it seems that more external supervision pertaining to the general management of the shelter is also desired.

5.2 Recommendations

Although some recommendations may be realistically unattainable due to the lack of resources, it is important to remain cognisant of various ideals which should be strived for. These ideals may encourage residents to assume a proactive function within their unique circumstances, and become "independent problem-solvers and decision-makers" (Zimmerman, 2000, p.46). A holistic focus on each individual's unique circumstances should be emphasised, which may provide a deeper understanding of one's emotional distress and the various difficulties adjusting to life in the shelter. It seems that attention has mostly been placed on providing for the material needs of OVC in South Africa (Simbayi et al., 2006). It would thus be recommended to provide residents in the shelter with more psychosocial support in the form of consistent counselling services. This should be provided in order to effectively deal with unresolved emotional issues and thus improve residents' emotional

welfare. This should be given to all residents in order to faciliate the process of transition into and out of institutional care. It would also be beneficial for residents to receive positive encouragement and praise in order to build their self-efficacy and sense of worth. Furthermore, it would be recommended to provide residents with life skills training, particularly pertaining to HIV/AIDS and substance abuse, financial literacy, career guidance, and children's rights. This may encourage and empower the residents to utilize their own resources for a better future (Rappaport, 1981).

Residents should be encouraged to participate together in activities organized by the shelter in order to strengthen the communication and bonds with others. This may also potentially help to promote self-esteem and encourage the development of friendships within the shelter. In order to encourage supportive relationships amongst one's immediate settings, furthermore, it would be beneficial for the relevent persons at school and in the shelter to monitor each resident's progress and well-being (Ambrosino, Ambrosino, Heffernan, & Shuttlesworth, 2007). Intervention should also involve sensitivity to the current life circumstances of each resident, especially at the time of adjustment into the institution.

Moreover, it would be recommended that staff members receive consistent training regarding pertinent areas, such as counselling and starting support groups for themselves and residents. This may further emphasize the main objective of sustainability in addition to individual and collective empowerment (Nicholas, 2009). Issues within the education system, in addition to other infrastructures within the community, should be addressed through larger scale interventions; and solutions should be developed with the aim of satisfying the needs of OVC (Skinner, 2006).

In order to help prevent the escalation of poverty and the rising numbers of OVC in South Africa, "income-generating projects and social welfare grants" are necessary (Simbayi et al.,

2006, p.76). Furthermore, national and local policies should be developed and implemented in order to address current issues pertaining to OVC and their carers, and to aim for the long-standing prevention of orphanhood (Morisky, 2006). The principles associated with the philosophy of *ubuntu* should be encouraged in order to replace existing ideologies resulting from the apartheid regime. A culture emphasising trust, love and care should be encouraged, and the staff and residents should be "sensitised about the importance of caring for other needy children, even if not related to them by blood" (Skinner, 2006, p.30).

5.3 Future Research Recommendations

In order to strengthen the knowledge base in the field of institutionalised OVC, some future research recommendations should be considered. This should involve OVC's views of the future in order to guide interventions in preparing them for life after the institution. Additionally, it is recommended that more research be done with regards to life after institutional care and the adjustment thereof. Furthermore, future research should also focus on the social relationships of OVC within formal care and the adjustment period into larger scale childcare institutions (children's homes and children's villages) as it seems that most research has focused on the adjustment of OVC into smaller scale foster care homes. There should also be more extensive research pertaining to the perceived stigma of institutionalised OVC, particularly focusing on OVC's perceptions of stigma associated with the institution as not much information regarding this aspect was evident.

5.4 Limitations of the Study

It is important to remain cognisant that the small sample size may influence the generalizability, reliability and validity of the elicited results (Hupcey, 2010). Various similarities have, however, been recognized and grouped into the abovementioned themes. Furthermore, many of the shared experiences were memories of past experiences before or

during residency in the shelter and the reliability or accuracy of them is thus unknown. Therefore the findings cannot be generalized to all life experiences of OVC prior to and during their stay in an institution.

With reference to the methodology, the standard questions were often "not asked in the same standard way" and follow-up questions were usually different for most participants (Mitchell & Jolley, 2009, p.277). The difficulty of comparing and interpreting the elicited responses therefore served as a disadvantage of using a semi-structured interview. Furthermore, the self-report data may have been influenced by distortion through response bias (Isen & Erez, 2007). The language barrier also may serve as a limitation, as some of the participants were not proficient in English and thus struggled to adequately express themselves at times. Furthermore, the data may also have been influenced by researcher reactivity, speaking to the influence that the researcher's personal characteristics (whether positive or negative) may have had on the participants' responses (De Munck, 1998). This may be in addition to the potential bias which the researcher may have been unaware of when interpreting the data (De Munck, 1998).

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Appendix A: Letter to Operations Manager

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

School of Human and Community Development

Private Bag 3, Wits 2050, Johannesburg, South Africa

Tel: (011) 717-4500

Fax: (011) 717-4559

To Whom It May Concern,

My name is Anna Kostopoulos and I am a Psychology student currently doing my Masters in Educational Psychology at the University of the Witwatersrand. I am conducting a research project in partial fulfilment of the requirements to complete my Masters degree. My research is focused on exploring and understanding life in a childcare institution. This research is particularly focused on investigating the narratives of residents. This involves understanding their experience of life, as well as their relationships, social support systems, and their views of the future.

In order to obtain the relevant information for this research, a sample of 8 participants would be required. These participants would need to have lived their childhood years in the shelter and be between the ages of 18 to 25 years of age. Hence, I would like to request your permission to invite the youths to take part in this study. Participants would be required to take part in an interview with the researcher to discuss their unique experiences and thoughts.

Firstly, the potential participants would be given a letter explaining the research in more detail. Should an individual meeting these criteria wish to participate, forms of consent will be given to them. Additionally, I wish to stress the fact that all the information obtained from the interviews will remain confidential and access to it is limited only to the researcher and supervisor. However, participants would be required to sign a form of consent to be audio-taped and directly quoted. The personal details of the participants will not be required and pseudonyms will be used for reporting to ensure confidentiality. After the research data has been obtained, it will be safeguarded and protected from unauthorised access by password protected security measures. Additionally, the tapes and transcripts will be locked in a cupboard. All collected data will be destroyed after a maximum period of 6 years. Furthermore, participation would be entirely voluntary and participants may withdraw from the study at any time, without any negative consequences. This study does not aim to cause any harm nor put any participants at risk. Additionally, there are no disadvantages or advantages for participants by taking part in this research project or not. In case they experience any discomfort or emotional distress after the interviews, contact details for LifeLine will also be given to participants should there be no counselling services available to them.

Feedback on the outcome of this research in the form of a summary will be made available to JCG upon request. Should you require further information, please feel free to contact me at _____ or _____. Alternatively, you may contact my supervisor, Dr. Mambwe Kasese-Hara at _____ or _____.

Thank you very much and kind regards,

Anna Kostopoulos

Appendix B: Permission from Operations Manager of JCG

I _____, Operations Manager of _____, hereby grant permission to Anna Kostopoulos to conduct her research using participants from _____.

_____ _____

Signature Date

Anna Kostopoulos: Tel:

E-mail:

Dr. Mambwe Kasese-Hara: Tel:

E-mail:

Appendix C : Participant Information sheet

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

School of Human and Community Development

Private Bag 3, Wits 2050, Johannesburg, South Africa

Tel: (011) 717-4500 Fax: (011) 717-4559

Hello,

My name is Anna Kostopoulos and I am a Psychology student currently doing my Masters in Educational Psychology at the University of the Witwatersrand. I am doing a research project as part of my Masters degree. I would like to look at your life story. I would like to understand your story in terms of your unique experiences of living here, your relationships, things you do to help you feel better when things get difficult in life.

I would like to invite you to take part in this study. If you agree to take part, you will be involved in an interview to share your life story and experiences with me. All your information will remain confidential. No personal details will be required and false names will be used. Thus, there will be no displayed information that could link to your identity in the report. The research information will be kept safely, and only my supervisor and I will have access to it. Participation is entirely voluntary and you may withdraw from the study at any time, without any negative consequences. This study does not aim to cause harm or put any of you at potential risk, and there are no disadvantages or advantages by participating in this research project or not. If, however, any of the questions make you feel upset or uncomfortable, you may phone Lifeline on their toll free number if counselling services are not available to you. If you would like the results of this research, a copy will be given to your caregiver and you can ask to see it.

If you would like to participate, please complete the provided consent forms. Should you require further information about this study, please ask your caregiver to contact me (or you may contact me directly) on _____ or _____. Alternatively, you may contact my supervisor, Dr. Mambwe Kasese-Hara at _____ or _____.

Thank you very much and kind regards,

Anna Kostopoulos

LifeLine: (011) 728-1347

Appendix D: Consent to Participate in Research

Form of consent to participate in research

I_____ hereby agree to participating in this study. I hereby declare that I have read the brief and understand what my participation involves.

I also understand that:

-I am volunteering to take part in this study and I am not forced to participate.

-I can pull out of this study or refuse to take part at any time that I wish without any punishment or disadvantages.

-I can refuse to answer a question at any time if I feel uncomfortable.

-I am guaranteed that all identifying information I give throughout this research study will remain anonymous to protect my identity in the reporting of the results of this study.

-I am guaranteed confidentiality

-There are no risks or benefits by choosing to participate in this research or not.

Signed: _____ *Date: _____*

Researcher: Anna Kostopoulos

Tel: *E-mail:*

Supervisor: Dr. Mambwe Kasese-Hara

Tel: *E-mail:*

Appendix E: Consent to be Audio-taped and Directly Quoted

Consent form to be audio-taped and directly quoted

I_____ agree to my interview with Anna Kostopoulos for her study under the supervision of Dr. Mambwe Kasese-Hara, to be audio taped and directly quoted.

I understand that:

-At any time, the tapes and transcripts will not be seen, heard or processed by anyone, other than Anna Kostopoulos and her supervisor, Dr. Mambwe Kasese-Hara.

-All the data obtained by the researcher will be safeguarded in a password protected computer. Tapes and transcripts will be locked in a cupboard.

-All the audiotape material obtained by the researcher will be destroyed after a maximum period of 6 years.

-There will be no identifying information that is used in this research study and my name will be replaced by a false name in the transcripts and the research study in order to guarantee anonymity.

-I consent to the researcher's use of direct quotes from the interview in the research study.

Signed: _____ *Date: _____*

Researcher: Anna Kostopoulos

Tel: *Email:*

Supervisor: Dr. Mambwe Kasese-Hara

Tel: *E-mail:*

Appendix F: Biographical Questionnaire

- Age in years: _____

- Gender: _____

- Ethnicity: _____

- Primary language(s) spoken: _____

- Arrival date to the home: _____

- Current occupation (tick appropriate box)

  ☐ Student Specify study programme/level: _____

  ☐ Employed Specify job title: _____

  Employed within the shelter or outside the shelter? _____

  ☐ Unemployed

- Last level of education completed: _____

- Marital status

  ☐ Married

  ☐ Single

  ☐ In a relationship

- Have you fathered any children? Yes/No
- If so, how many? ____ Gender? _____ Age(s)? _____

Appendix G: Participant Demographics

Participants	Age	Primary language(s) spoken	Arrival date to the shelter	Current occupation	Last level of education completed	Marital status	Children
1	18	Zulu	Aug-09	Student	Grade 10	Single	No
2	25	Sotho	May-06	Employed by shelter	Grade 10	Single	yes
3	20	Zulu	2008	Student	Grade 10	Single	No
4	20	Sotho	Jan-09	Student	Grade 12	Single	No
5	19	Xhosa	2010	Student	Unknown	Single	No
6	19	Setswana	Sep-03	Employed by shelter	Grade 10	Single	No
7	19	Xhosa	Feb-09	Student	Grade 12	In a relationship	No
8	24	Sotho	2005	Unemployed	Grade 11	Single	No

Appendix H: Interview schedule

My name is Anna Kostopoulos.

I am interested about your story about your life here in the shelter.

This isn't a test, so there are no right or wrong answers. Instead, you are free to share whatever you like and as much as you like with me. This should take about 30-45 minutes.

Rapport building questions

- How are you doing today?

Interview questions

1. How did you get to living at JCG?

Prompts

Where were you before you came to JCG?

Tell me more

How did you hear of JCG?

2. What has it been like living here?

Prompts

What was it like for you when you first came to live here?

How long did it take you to get used to everything?

What are some of your best experiences whilst living here?

What sorts of challenges have you experienced whilst living here?

3. Tell me about your relationships within the shelter?

Prompts

How easy or difficult was it to make friends/fit in?

-Tell me more

Do you have a friend or friends here whom you are very close to?

-Tell me more

Did you feel that your friends here were there for you when you faced a problem?

-In what ways? Tell me more

Is there a caregiver, or more than one caregiver, that you have been really close to?

-Tell me more

4. Did you have any relationships outside of the shelter?

Tell me more?

(If family is mentioned) How have your relationships been with family outside the shelter?

Did you feel that you could turn to them in times of difficulty?

5. What are some of the difficult times or experiences that you have been through here?

How have you managed to get through them?

6. Tell me about your experiences at school?

What are some of your best experiences at school?

What sorts of challenges have you experienced at school?

How easy or difficult was it to fit in and make friends?

7. Have you ever thought about your future?

Prompts

Tell me more

Where would you like to see yourself in the future?

What would you like to accomplish?

How has the shelter helped you to accomplish your dreams?

8. Is there anything else you would like to tell me or you think would be helpful for me?

Thank you very much for taking the time to do this interview. It is very much appreciated.