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Caregivers' perceptions of emotional and behavioural difficulties experienced by teenage orphans living in Mogapi (Botswana)

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CAREGIVERS' PERCEPTIONS OF EMOTIONAL AND BEHAVIOURAL DIFFICULTIES EXPERIENCED BY TEENAGE ORPHANS LIVING IN MOGAPI (BOTSWANA)

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ABSTRACT

The research project explored the caregivers' perceptions of emotional and behavioural problems experienced by teenage orphans in Mogapi. Semi-structured interviews were utilized. The sample size was nine participants from Mogapi village in Botswana. The data was analysed using thematic analysis and several themes were identified. The themes that emerged were orphans' emotional and behavioural problems; caregivers feeling disrespected by orphans under their care; caregivers' feelings of helplessness; challenges faced by caregivers; absent fathers; as well as caregivers' disregard for importance of communication with the orphans under their care. The results indicated that these caregivers do not attribute the orphans' emotional and behavioural problems to orphan-hood as was suggested by the literature. Few of the caregivers indicated that they offer emotional and psychological support to orphans under their care by giving advice and ensuring that the orphans are aware that they have a provider that is as much of a parent as their late biological parent(s). A few recommendations were made based on these findings, such as the need for further research in this area, as well as training and workshops for caregivers, teachers and orphaned children in this regard.

1. INTRODUCTION

The HIV/AIDS epidemic poses varied devastating effects on societies, families, individuals and young people by claiming lives at alarming rates (Hagen, Mahmoud & Trofimenko, 2010). Botswana is one of the countries that has been largely affected by the epidemic, with a lot of children left as orphans under the care of grandparents or other caregivers who already experience problems with their health, livelihood and social issues on a daily basis. Africa is estimated to have 2 million orphans, with 80 percent of these orphans in sub-Saharan Africa (Tsheko, 2007). In 1999 there were 21 109 orphans in Botswana, the number increased to 42 000 in 2003 (Ministry of Local Government, 2004). A twofold increase in the number of orphans in just four years is an indication of the alarming rates of lives lost to the disease, which is considered one of the top causes of death in Botswana.

While HIV/AIDS has dramatically increased prime-age mortality in various parts of the world, mostly in sub-Saharan Africa, the elevated rates of orphan-hood can also be largely attributed to other diseases such as cancer, accidents, wars and natural disasters (UNICEF,

2009). About 150 million boys and girls, eight percent of the child population in developing countries, have lost at least one of their parents (UNICEF, 2009). Parental bereavement is a traumatic experience that has long-term consequences for child development (Hagen et al.; 2010; Salaam, 2004; UNICEF, 2003). Bicego, Rutstein and Johnson (2003) elaborate that with the death of a parent, children experience profound loss, grief, anxiety, fear, hopelessness and long term consequences such as psychosomatic disorder, chronic depression, low self-esteem, learning disabilities and disturbed social behaviour.

The purpose of this study was to explore the caregivers' perceptions of behavioural and emotional problems that are experienced by teenage orphans in Mogapi. The study also aimed at exploring how these caregivers offer emotional and psychological support to the orphans with regard to these emotional and behavioural difficulties. The basis of this research study was to discover how the caregivers perceive the emotional and behavioural difficulties experienced by teenage orphans in Mogapi as well as support that is offered. The statistics that indicate the elevated levels of orphan-hood in Botswana (Tsheko, 2007; Ministry of Local Government, 2004; UNICEF, 2009) were a major rationale for this study. Inadequate care, lack of emotional and psychological support that has been reported (Tsheko, 2007; Sengendo & Nambe, 1997) are some of the reasons that compelled this study. This study examined the emerging needs and problems of orphans and their caregivers in a rural Botswana setting. This study will be vital in serving as a gateway for further research in the area, including research on availability of resources, childcare practices, and socio-cultural practices. The themes that emerged were orphans' emotional and behavioural problems; caregivers feeling disrespected by orphans under their care; caregivers' feelings of helplessness; challenges faced by caregivers; absent fathers; as well as caregivers' disregard for importance of communication with the orphans under their care. From the results it was evident that the caregivers perceive the orphans' poor academic marks, lack of respect and disobedience disobedience as some of the major difficulties experienced by the teenage orphans under their care. The results also indicated that these caregivers do not attribute the orphans' emotional and behavioural problems to orphan-hood as was suggested by the literature, such as Tsheko (2007). Few caregivers indicated that they offer emotional and psychological support to orphans under their care by giving advice and ensuring that the orphans are aware that they have a provider that is as much of a parent as their late biological parent (s).

Some recommendations were therefore made based on these findings such as the need for further research, training and workshops for caregivers, teachers, as well as for orphans.

2. LITERATURE REVIEW

Introduction

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While HIV/AIDS has dramatically increased prime-age mortality in various parts of the world, mostly in sub-Saharan Africa, the elevated rates of orphan-hood can also be largely attributed to other diseases such as cancer, accidents, wars and natural disasters. About 150 million boys and girls, eight percent of the child population in developing countries, have lost at least one of their parents (UNICEF, 2009). Parental bereavement is a traumatic experience that has long-term consequences for child development (Hagen et al.,; 2010; Salaam, 2003; UNICEF, 2003). Bicego et al., (2003) elaborate that with the death of a parent, children experience profound loss, grief, anxiety, fear, hopelessness and long term consequences such as psychosomatic disorder, chronic depression, low self-esteem, learning disabilities and disturbed social behaviour. They also tend to blame themselves for their parents' illness and death and for the family's misfortune. Children who have been orphaned by AIDS may be forced to leave school, engage in labour or prostitution, suffer from depression and anger or engage in risky behaviour like survival sex, making them vulnerable to contacting HIV (Salaam, 2004). Orphaned children are often placed in different homes as a way of distributing the burden of care (UNICEF, 2003). In HIV/AIDS affected households lacking community support, food

consumption can drop by more than 40 percent, putting children at higher risk of malnutrition and stunting. Orphans' nutritional and survival prospects are also worsened by the increasingly weakened state of health care services, which have been overwhelmed by the HIV/AIDS onslaught in many Sub-Saharan African countries (UNICEF, 2003). Impoverished children living in households with one or more ill parent are also affected, as an increasing amount of money is spent on health care, which frequently leads to the depletion of savings and other resources reserved for education, food and other purposes (Salaam, 2004). Ruland, Finger, Williamson, Tahir, Savariaud, Schweitzer, and Shears (2005) argue that parents are the most important caregivers and attachment figures providing emotional support and consistent nurture which is an explanation as to why orphan-hood is associated with high levels of psychosocial distress.

Definitions

UNICEF (2009) defines an 'orphan' as a child under the age of 18 years who has lost one or both parents.

The term "adolescence" describes the transition from childhood to adulthood that is marked by distinct biological, cognitive, and sociocultural changes. The World Health Organization identifies adolescence as ages ten to nineteen years (Ruland et al., 2005).

'Caregiver' refers to a family member who regularly looks after a child, or a sick, elderly or disabled person (Tsheko, 2007).

Orphan-hood Related Problems

Research has shown that being an orphan is a potential risk factor for developing emotional and behavioural problems such as anxiety, depression, poor school performance and delinquency (Makame & Grantham-McGregor, 2002). According to Mbaye and Behredet (2008) the following are the risk factors for teenagers developing emotional and behavioural problems: loss of love, affection and material support; to be witness to the process of dying; an impoverished household situation if the primary breadwinner dies; difficulties in satisfying basic needs; changing of household; moving to a different village/ town; adaptation to new family

structures and to a new caregiver; and discriminative treatment and exploitation in foster families.

Emotional Problems

According to De Witt and Lessing (2010) losing a parent could lead to one experiencing impairments in cognition, social behaviour and moral functioning, and as a result depict signs of sadness, helplessness, aggression and negative self-concepts. Children orphaned by HIV/AIDS are disadvantaged in numerous and often devastating ways, for instance in addition to the trauma of witnessing the sickness and death of one or both parents, they are likely to be poorer and less healthier than non-orphans, this is most likely to damage their cognitive and emotional development (Tsheko, 2007). Words and statistics cannot adequately capture the human tragedy of children grieving for dying or dead parents stigmatized by society through association with HIV/AIDS (UNICEF, 2003). Psychosocial trauma can continue even when orphans move to foster families, they may be treated as second class family members, get discriminated against in the allocation of food and in the distribution of work (UNICEF, 2003). If their psychosocial needs have not been addressed, orphaned children can experience feelings of grief, abandonment, loneliness, depression, anxiety, trauma, stigma, confusion, guilt, discrimination and stigma (Salaam, 2004). Children whose parents are living with HIV/AIDS often become responsible for economically sustaining their families and younger siblings, putting extra pressure on them to take on the role of the parents as they must perform household tasks such as cooking, cleaning, farming, and taking care of their ill or dying parents (Bicego et al., 2003).

In most African countries, Botswana included, there are cultural beliefs that children do not have emotional problems and as such are not given attention by parents. The assumption is that, as long as they are fed and clothed they are fine (Sengendo & Nambi, 1997). Some children do not show psychological problems. In cases where they do there is insufficient knowledge on how to deal with the problem which worsens their difficulty of parental loss. When the child does not want to eat, go to school, perform household chores or displays negative emotions they are often physically punished instead of trying to understand the root cause of the problem (Sengendo & Nambi, 1997). Bereavement in the African context is different to developed countries, often times discussing death is considered a taboo (De Witt & Lessing, 2010). Most orphans are therefore at risk of entering into teenage-hood with unresolved emotional issues. A

lot of children feel anger about their parent's death, especially those that stay with relatives. Children who stay with their surviving parent or on their own tend to be less likely to be angry (Bicego et al., 2003). Those living with widowed fathers are often more depressed than those living with their widowed mothers (Bicego et al., 2004). Many of the children whose parents are living with HIV and AIDS suffer from neglect as either one or both of their parents are unable to provide sufficient economic and emotional support for their children. As a result, these children often experience high levels of emotional neglect and psychological distress (Salaam, 2004).

Behavioural Problems

Children react to stress in different ways, many find it difficult to talk about their worries, they may internalize their feelings and stress, believing that they are abnormal in some way, and suffer from poor self-esteem, depression or anxiety, often acting out and showing behavioural problems (UNICEF, 2003). Many cultures discourage the open display of grief especially among male children (Sengendo & Nambi, 1997). Such children are prone to a wide range of child abuse such as sexual abuse, emotional abuse, physical abuse, institutional abuse and neglect. They are also prone to labour exploitation and child prostitution. These cases often lead to homelessness, delinquency, street life and prostitution, among other problems, unless specific measures are taken to prevent these (Ruland et al., 2005).

According to Ruland et al., (2005) psychosocial and economic distress, which are common pressures for orphans, can heighten risky behaviours. In most instances the child would not be given space to grieve after the loss of the parent, nor enough support, care and love at home. The caregivers may also have limited knowledge and skills on how to handle some issues as they find it overwhelming and sensitive to deal with the loss of a family member. Boy children are expected to act like men, older children are expected to be strong for their younger siblings and the assumption would be that the younger siblings are too young to understand the change in caregiver. As a result most orphans never have a chance to deal with the loss of their parents which could have adverse effects at a later stage in their lives. Bereavement leads to stress which is shown in behavioural problems such as disobedience and anti-social behaviour, which may be attributed to the absence of role models (Sengendo & Nambi, 1997). Orphans often become aggressive, abuse drugs and alcohol, or engage in anti-social behaviour. Suicide attempts are also a common occurrence among orphans (UNICEF, 2003).

Effects on Schooling

Children who are orphaned by HIV/AIDS often have a lower performance in school than children who are not. The preoccupation with the illness or death of their parent, isolation due to the loss of friends, and the undertaking of additional work that comes with caring for ill parents or supporting oneself after one's parents have died, often make it difficult for orphaned children to concentrate at school (Salaam, 2004). Orphans often report feeling isolated when their daily life and school attendance is broken (UNICEF, 2003). It is often common for teachers to report that they find orphaned children daydreaming, coming to school infrequently, arriving at school unprepared or late, or being unresponsive in class. Some teachers are unresponsive of the children's distress and are not sympathetic, making fun of them, yelling at them or putting them out of the classroom (Salaam, 2004). Orphans are less likely to be in school and more likely to fall behind or drop out, compromising their abilities and prospects (UNICEF, 2003). Much higher levels of illness-related absenteeism among orphans would indicate that the children are not well looked after compared to other children (Bennell, Chilisa, Hyde, Makgothi, Molobe, & Mpotokwane, 2001). A survey in Uganda found that more than a quarter of orphans said that their school performance had deteriorated, partly because of interruptions and partly because of stress (UNICEF, 2003).

Paternal orphans often live in poorer households than non-orphans but have a better chance of completing primary school, although maternal orphans live in poorer circumstances than other children they are generally likely to be enrolled in school (Bicego et al., 2003). Poverty is not the sole determinant of an orphan's school attendance. Studies show that the critical determinant is the nature of the relationship between the orphan and the decision making adult in the family or household, the closer the tie, the greater the chance that the child will go to school (Bennell et al., 2001). Children living in households headed by non-parental relatives are worse off than those living with parental heads. Those living in households headed by non-relatives are in even a far worse condition. Much of the gap between the schooling orphans and

non-orphans is explained by the greater likelihood that orphans will live with the more distant relatives or unrelated caregivers (UNICEF, 2003).

The negative effects on education appear to differ across countries. Botswana Government has a programme in place, whereby the village social worker ensures that each registered orphan receives food ratios on a monthly basis, gets school uniform, free education and free access to medical care (Tsheko, 2007). However in some poorer households even the support from social welfare services of providing food rations does not benefit orphans and vulnerable children, as it is said that some caregivers steal these supplies and use them for their own gain (Tsheko, 2007). Bennell et al., (2001) argue that the school drop-out rates in Botswana among orphans are not significantly higher than non-orphans, giving possible reasons for low school drop-out as low household demand for child labour, a strong schooling culture, a comprehensive school feeding programme, and difficult home environments. Since 2000 the Government of Botswana has provided relatively generous food ratios and other kinds of material support directed to the households of all registered, that is, to disadvantaged orphans. There also appears to be little serious discrimination against orphans by teachers and students in both primary and secondary schools (Bennell et al., 2001).

Age and Gender Effects

Children who have been orphaned by AIDS are likely to suffer from the direct trauma of parental illness and loss, as well as from stigma and discrimination, which may result in aggravating effects (Case & Paxson, 2004). Trauma tends to affect different people in different ways depending on a number of factors such as the nature of impact and the age at which the parental loss occurred. Attachment during the first two years of life is crucial for emotional regulation and behavioral self-control (Deklyen & Greenberg, 2008). Infants and toddlers may not yet be able to realize the full significance of parental loss and might therefore be better able to relate to a new set of caregivers (Deklyen & Greenberg, 2008). In contrast, school-age children may be able to grasp the significance of their parent's death but not be emotionally equipped to cope with such a loss. Evidence suggests that the death of a parent before the age of eleven years has more severe psychological consequences than parental loss later in childhood or adolescence. Older adolescents, having gone through puberty, might be more capable of coping with the associated psychological burden (Deklyen & Greenberg, 2008). Following parental

death, orphans are typically subject to changed preferences of their caregivers. Children who lose only one parent most often stay with the surviving parent, given that mothers tend to invest more in their children than fathers (Case & Paxson, 2004). The gender of the late parent is likely to affect orphans as boys are most severely affected when their father dies before adolescence (Case & Paxson, 2004).

Adolescence Stage

Many issues arise in the adolescent stage, which is a stage where young people are trying to find their identity. Adolescents are often emotionally unstable, often have emotional outbursts and they are most likely to have intense mood swings, typical storm and stress situation. Much of the behaviours of the adolescents may be related to their need for autonomy and they often rebel to stricter control of parents (Berk, 2001). Orphans are not exceptions (Louw & Louw, 2007). According to Erik Erikson, a prominent developmental theorist of the 1950's, youth must resolve two life "crises" during adolescence. Erikson used the term "crisis" to describe a series of internal conflicts that are linked to developmental stages. The theory states that the way a person resolves the crisis will determine their personal identity and future development (Berk, 2001).

The first crisis typically occurs during early to middle adolescence, and is called the crisis of identity versus identity confusion. This crisis represents the struggle to find a balance between developing a unique, individual identity while still being accepted and "fitting in." Thus, youth must determine who they want to be, and how they want to be perceived by others (Berk, 2001). Erikson believed that when youth successfully navigate this crisis they emerge with a clear understanding of their individual identity and can easily share this "self" with others; therefore, they are healthy and well-adjusted. As a result, they are confident individuals who can freely associate with other people without losing their own identity (Berk, 2001). However, when youth fail to navigate this crisis successfully, they are uncertain about who they are. Lacking this understanding, they can become socially disconnected and cut-off from others; or conversely, they can develop an exaggerated sense of their own importance and may adopt extremist positions. According to Erikson's theory, when youth become stuck at this stage, they will be unable to become emotionally mature adults (Berk, 2001).

The second crisis, occurring between late adolescence and early adulthood, is called the crisis of intimacy versus isolation. This crisis represents the struggle to resolve the reciprocal nature of intimacy; that is, to achieve a mutual balance between giving love and support, and receiving love and support (Moretti & Peled, 2004). Thus, youth must determine how to develop and to maintain close friendships outside the family, as well as how to achieve reciprocity in romantic relationships. Erikson believed that when youth successfully navigate this crisis they emerge with the ability to form honest, reciprocal relationships with others and have the capacity to bond with others to achieve common goals (Berk, 2001). When youth fail to navigate this crisis successfully, they can become distant and self-contained; or conversely, they can become needy, dependent, and vulnerable. If youth do not resolve this crisis, their emotional development becomes stalled, and as a result, they will remain isolated and lonely without social support (Berk, 2001). This theory precisely describes why the adolescence stage is a stage in which a lot of orphans experience many emotional and behavioural problems. According to Moretti and Peled (2004) adolescence is a stage where there is transition from childhood to adulthood and is associated with many challenges. A healthy transition to autonomy and adulthood is facilitated by secure attachment and being emotionally connected to the parents (Moretti & Peled, 2004).

Sibling Separation and Attachment

According to Sengendo and Nambi (1997) children who have been orphaned by AIDS tend to experience higher levels of anxiety, depression and anger, than other children. Furthermore, these psychological problems often become more severe if the child is forced to separate from their siblings after becoming an orphan. In some countries like Zambia, this happens regularly, given that fifty-six percent of orphaned children no longer live with all their siblings. The isolation that orphaned children face is exacerbated by the stigma, shame, rejection, and fear that is often associated with people affected by HIV and AIDS (UNICEF, 2003). Orphaned siblings are often placed in different homes to distribute the burden of care, this separation is traumatic for children, even older ones, often reporting feelings of isolation (UNICEF, 2007). In cases where a child loses their parents, often at a very young age, having to move and stay with their grandparents or other relatives that they are not emotionally attached to may be problematic. Securely attached children are less likely to suffer from problems such as

anxiety, delinquent behaviour, inattention, depression, conduct disorder and aggression (Moretti & Peled, 2004). In most instances in Botswana, after the parent has passed away the grandparents or the uncles/aunts take responsibility for looking after the orphaned child, which means a change of environment for the orphan, which in many cases means the child could be experiencing poverty for the first time, acquiring different roles and responsibilities, separation from siblings without any mental and emotional preparation. According to Sengendo and Nambi (1997) this brings about psychological problems such as aggression, anxiety and depression.

Caregivers Responses

In nearly every Sub-Saharan country, extended families have assumed responsibility for more than 90 percent of orphaned children, but this traditional support system is under pressure, and in many instances has already been overwhelmed, increasingly impoverished and rendered unable to provide inadequate care for children. Most worryingly, it is precisely those countries that will see the largest increase in orphans over the coming years where the extended family is already stretched by caring for orphans (UNICEF, 2003). Like communities, families are overwhelmed by the growing number of orphans, particularly in Africa. The high numbers of orphans have overwhelmed the capacity of the community and traditional kinship patterns to care for the children, leaving nearly one in every five double orphans in a household headed by a sibling under the age of 18 years. Some adolescents are living in child-headed households, although this is not a typical long-term living arrangement. In some instances relatives are unwilling to take care of the orphans (Ruland et al., 2005). Traditionally, orphaned children in Botswana have been cared for by extended families. However, due to social and economic strain some families are no longer willing, or able to do this. In some cases, families have been known to take on orphans merely to benefit from government orphan packages (Tsheko, 2007).

HIV/AIDS has had negative impacts on the extended family system. The powerful stigma and discrimination related to the disease can result in the isolation of extended family members. There is a danger that the caregivers themselves can succumb to HIV/AIDS, leaving children to be ‘orphaned’ once again. Households headed by women are more likely to take responsibility for orphans (UNICEF, 2003). Not only are women more likely to look after their own orphans, they are also more prepared to take care of other orphans. As a result, female-headed households with orphans have the highest dependency ratios (UNICEF, 2003). While grandparents already

have an important role to play in the care of orphans, there is a notable increase in their burden (UNICEF, 2003). Households with orphans are likely to become poorer. This is primarily because of the increased dependency ratio, meaning that in these households the income of fewer earning adults is sustaining more dependents (UNICEF, 2003). Poor caregiver responsibility, lack of stimulation, and the absence of a consistent caregiver are closely linked to severe early deprivation which results in negative behavioural outcomes in children (Ellis et al., 2004).

Elderly Caregivers and Coping

Some of the challenges grandparents face in caring for orphaned children include lack of skills, provision of day-to-day basic needs, their physical challenge to care for small children while dealing with the pain of losing their own child, and the stigma that is associated with HIV/AIDS. UNAIDS (2008) argues that grandparents lack skills to deal with orphans' deviant behaviour. In cases where orphans attempt suicide, the grandparents do not know how to react and respond in such situations. Grandparents have never attended workshops or training to deal with orphans when they misbehave, disobey, play truant, and as such these problems pose big challenges to them (UNAIDS, 2008). The inability of grandparents to cope with stressful situations may predispose them to reflect symptoms of stress as they are older and more vulnerable to developing health related problems (UNICEF, 2007). The elderly are not only at risk for chronic illness, such as arthritis, high blood pressure, cardiovascular and respiratory conditions, but also for neglected health if these conditions are not treated (Winston, 2003). According to Van Dyk (2005) elderly caregivers of AIDS orphans experience physical and emotional health related problems that impact on their emotional wellbeing.

According to Van Dyk (2005) grandparents experience discrimination in instances where their children die of AIDS. Fear, self-righteousness and cohesiveness can be so great in some communities to an extent that they regard a person with HIV/AIDS as having committed a crime and infected people are seen as guilty and denied their ordinary privileges of social life. This is echoed by Winston (2003) who argues that most grandparents suffer because of the stigma that is associated with AIDS death, which includes shame, guilt and anger. Above the stigma, grandparents are often unable to meet the basic needs such as food and clothes due to financial challenges. They also find it difficult to cope with the way their children lost their lives in a traumatic manner, in most cases they may make an effort to look strong for the sake of their

grandchildren and hence lead a very stressful life (UNAIDS, 2008). These factors leave grandparents in a bad emotional state, which in turn affects the emotional care that they offer orphans.

Rural Dwelling and Poverty

Orphan vulnerability is often attributed to living arrangements. Many countries experience large increases in the number of families headed by women and grandparents. These households are often progressively unable to provide for children in their care. The most common unmet needs are education, food, medical care and clothes (UNICEF, 2007). Poverty is a main source of distress and is a major challenge and source of a lot of issues in many rural areas (De Witt & Lessing, 2010). In a rural setting like Mogapi major problems includes alleviated poverty levels. Rural areas are mainly characterized by general lack of resources, poor service delivery, lack of funds, high illiteracy levels and most dwellers are supported by old age pension or destitute programmes, this means the emotional, financial and physical wellbeing is not as good as that of people in urban areas (Tsheko, 2007). A large number of orphans are living with surviving parents or extended family, many of them are being cared for by a remaining parent, who is sick or dying; elderly grandparents who are in need of care and support themselves; child-headed households with no, or on minimal adult support and supervision or impoverished relatives struggling to meet the needs of their own children.

3. METHODS

3.1 Research Aims and Rationale

The purpose of this study was to explore the caregivers' perceptions on behavioural and emotional problems that are experienced by teenage orphans in Mogapi. The study also aimed at exploring how these caregivers offer emotional and psychological support to the orphans with regard to these emotional and behavioural difficulties. The statistics that indicate the elevated levels of orphan-hood in Botswana (Tsheko, 2007; Ministry of Local Government, 2004; UNICEF, 2009) were a major rationale for this study. Africa is estimated to have 2 million orphans, with 80 percent of these orphans in sub-Saharan Africa (Tsheko, 2007). In 1999 there were 21 109 orphans in Botswana, the number increased to 42 000 in 2003 (Ministry of Local Government, 2004). This indicates how widely affected by HIV/AIDS countries like Botswana

are. Inadequate care, lack of emotional and psychological support for these orphans that has been reported (Tsheko, 2007; Sengendo & Nambe, 1997) are some of the reasons that compelled this study. It is anticipated that the study will be vital in serving as a gateway for further research in the area, including research on availability of resources, childcare practices, and socio-cultural practices in this area.

3.2 Research Design

The study was qualitative in nature with the aim of gaining a deeper understanding of the caregivers' perceptions of teenage orphans' emotional and behavioural problems. This was done by means of using in-depth interviews that provided detailed information and helped answer the research questions. The nature of this study enabled the participants to provide detailed data on their views and perceptions regarding the emotional and behavioural difficulties experienced by teenage orphans under their care. The interviews also allowed for the participants to explain in detail the kind of emotional and psychological support that they offer these orphans.

According to Creswell (1998) qualitative research is used to uncover trends in thought and opinions, and to gain a deeper understanding of the problem through first-hand experience of the problem, aiming to understand how the participants derive meaning from their surroundings, and how their meaning influences their behaviour. This study was interpretive in nature. Interpretive studies attempt to understand phenomena through the meanings that people assign to them and are aimed at producing an understanding of the context of the information system (Denzin & Lincoln, 2000). The study thus tried to understand the problem from the caregivers' viewpoints.

This research design allowed for the analysis of the different perceptions held by caregivers in Mogapi concerning the emotional and behavioural problems experienced by teenage orphans in the village. This qualitative research design also allowed for an analysis of the emotional and psychological support offered by the caregivers to the orphans. The researcher's role in the interviews was to facilitate the conversation and encourage the caregivers to discuss the perceptions in terms of the emotional and behavioural difficulties experienced by teenage orphans. Thematic analysis was used to analyse the data in order to highlight the common themes and ideas that came across during the interviews.

3.3 Participants and sampling

Due to the nature of this study, individual interviews were conducted with the participants, which consisted of nine caregivers who currently reside and care for a teenage orphan. The orphans had to be aged between twelve to eighteen years and had to have shown two to three emotional and behavioural difficulties (please see below). These difficulties have to have been shown in the previous twelve months. Another criterion of the study was that the orphan currently resided permanently with the caregiver at the time of the interview.

The participants were identified through the help of the guidance and counselling teacher in Mogapi. Thus purposive, non-random sampling was used. This technique is aimed towards focusing on particular characteristics of a population that are of interest (Bernard, 2002). These characteristics enable the researcher to best answer the research questions. Once the teacher has identified the potential participants, they were then contacted and invited them to take part in the research project. All of the participants preferred Setswana as a medium of communication. All of the participants were female and seven of these caregivers were above sixty years old

List of emotional and behavioural problems displayed by the orphans:

1. Aggressive behaviour: behaviours that can result in both physical and psychological harm to oneself, others or objects in the environment.

2. Truancy: staying away from school without good reason, absenteeism.

3. Learning problems: below average overall academic performance and other difficulties with regard to their school performance.

4. Attention problems: stopping tasks midway through, leaving activities unfinished, restlessness and hyperactivity.

5. Misconduct: aggressive, defiant behaviour and violation of norms.

6. Disturbed peer relations: shown by isolation and lack of close friends.

8. Depressive mood: excessive misery, loss of interest and pleasure in usual activities, and showing signs of hopelessness (American Psychiatric Association, 2013).

3.4 Instruments

A semi-structured in-depth interview was utilized. A set of questions was used; however these questions did not limit the direction of the interview. A vital aspect of the interview questions was to ensure that all important aspects are covered. Literature was used as a guide as to which open-ended questions are usually asked for this type of project. The aspects to be covered in order to best answer the research questions for this project were also guided by reviewing the literature. In semi-structured in-depth interviews participants are asked to provide elaborated accounts about particular experiences and the interviewer brings a pre-set of questions that are probing in nature (Denzin & Lincoln, 2000). This type of interview allowed the researcher to encourage the participants to explain their given responses and experiences further whenever there was a need to do so. The list of questions formed an interview schedule. Please see Appendix C for the interview schedule.

3.5 Procedure

The proposal for this research project, which included ethical considerations and the interview schedule, was submitted to the University of Witwatersrand's Psychology Department's Ethics Committee. Once the proposal was approved, permission was sought from the Ministry of Education, Botswana, as was required in order to contact the Guidance and Counselling teacher. Following this approval, potential participants were identified by contacting the caregivers of children identified by the teacher. Next these caregivers were approached to be invited to take part in the study. These potential participants were made aware of issues of anonymity and confidentiality and given Participant Information Sheets to read and make decisions as to whether they wanted to participate or not. Please see Appendix A for the participant information sheet. Once participants indicated that they were willing to take part in the study, they were asked to either sign the consent forms or give a verbal consent which was audio-recorded indicating an agreement to the interview as well as voice recording the interview. Please see Appendix B for the informed consent sheet. The interviews lasted for sixty minutes to ninety minutes each. The audio recordings were transcribed and translated from Setswana to English, as all the interviews were conducted in Setswana. This qualitative design allowed for facilitated conversations to take place and for the caregivers to share their perceptions regarding the emotional and behavioural difficulties that the teenage orphans experience. Once all the interviews were transcribed analysis of this data began.

3.6 Data Analysis

This study aimed to analyse the data collected through a thematic analysis technique. Due to the nature of this study being qualitative, this data analysis method was able to highlight any common themes from the interviews. Furthermore, this related any important information found in the data to the research questions. As Braun and Clarke (2006) explained, this method of analysis provides an accessible and flexible approach for qualitative data. These authors argue that thematic analysis provides researchers with the basic skills needed for many other types of qualitative analysis. The six steps proposed by Braun and Clarke (2006) was used for analysing the data:

Step 1: familiarizing yourself with the data

Step 2: generating initial codes

Step 3: searching for themes

Step 4: reviewing themes

Step 5: defining and naming themes

Step 6: producing the report

Step one of this process involved the researcher engaging with the data that had been collected. This involved reading and re-reading the transcripts from the interviews. The second step included producing the initial codes that were used with the data set. The third step in thematic analysis involved the researcher searching for specific themes in the data collected and included sorting out various codes into possible themes. At this step the researcher analysed the codes. Step four involved the revising and refinement of the themes that were evident in the data. Step five included defining and refining these themes further. Finally, step six in this process was the final analysis and write-up of the research (Braun & Clarke, 2006).

3.7 Ethical Considerations

Before the individual interviews began, ethical clearance was received from the University of the Witwatersrand's Psychology Department's Ethics Committee. Once this had been obtained and the interviews were arranged, all the caregivers were asked to sign a consent

form and they were assured that they would remain anonymous in the final write up of the study as they would be providing limited personal details of themselves. Without any specific personal information about each of the participants, there will be no way of identifying them, thus ensuring anonymity in this final research write-up. The caregivers were also given pseudonyms when the data was being transcribed to ensure further anonymity. Furthermore, confidentiality was guaranteed between the researcher and her supervisor as they were the only ones to know which participant belonged to which transcripts. In addition, they were the only two people who had direct access to the audio-tapes and the transcripts of the interviews. Because this was a potentially sensitive topic under exploration, the caregivers could be referred for a free counselling if the study elicited sensitive and emotional effects in them. The information for free counselling service, as well as a local clinic near them, was given to them before the study began so that they were aware of this potential service from the start of the interviews. (Please see Appendix A for the Participant Information Sheet with these details).

Along with explaining the nature of the research, as well as the motivation behind it to all the participants, they were also told they could withdraw from the study at any time and therefore also had the choice to not answer any question(s) they wished. They were made aware that withdrawal from the study would have no benefits or risks for them if they chose to do so. Importantly, they were also made aware that their reported statements and stories could be used as direct quotes in the results and analysis of the data. However, readers will not be able to determine which participant said which quote as the participants were given pseudonyms. The tapes from the interviews are kept safe at the University of the Witwatersrand in a password protected laptop, with only the researcher and her supervisor having access to them. The participants were also given a choice to request the results if they wanted them at the end of the study. They were made aware that the researcher and her supervisor would have access to the final write-up (which would be used for academic purposes) as well as the knowledge that the final thesis could be published.

4. RESULTS AND DISCUSSION

Once all the nine interviews were completed, they were transcribed verbatim. From the transcripts six main themes emerged. These themes are; orphans' emotional and behavioural

problems; caregivers feeling disrespected by orphans under their care; caregivers' feelings of helplessness; challenges faced by caregivers; absent fathers; as well as caregivers' disregard for importance of communication with the orphan under their care.

Before these themes can be discussed it would be useful to discuss the participants' profiles. All of the participants preferred Setswana as a medium of communication. All of the participants were female and seven of these caregivers were above sixty years old. In almost all of the cases the fathers were completely absent from the orphan's life, as in only one case the father was known but had passed on. All of the participants were unemployed. For the purposes of this discussion pseudonyms have been given to each participant.

Participant one was Masego, a sixty-seven year old woman who is a caregiver to Mpho, a female, sixteen year old teenage orphan. Mpho was described as a truant with learning problems, mood problems, as well as misconduct problems. Mpho lost her father when she was an infant and her mother when she was about five years old. This participant has four other people in her care.

Participant two was Baone, a sixty-one year old woman who is a caregiver to Kabelo, an eighteen year old male orphan. Kabelo lost his mother when he was ten years old and was described as performing poorly at school. In addition, he was described as having depressive symptoms and with a habit of missing school. This caregiver has six other people in her care.

Participant three was Lesego, a sixty-four year old woman, who is a caregiver to Kago, a fifteen year old male orphan who lost his mother when he was six years old. Kago was described as performing poorly academically and as truant.

Participant four was Kgomotso, a sixty-six year old female caregiver to Keletso. Keletso is a fifteen year old teenage orphan who was reported to miss classes, appears to be always lonely, always quiet and performs poorly at school. He lost his mother when he was three years old. Kgomotso takes care of Keletso's three other siblings as well.

Participant five was Masedi, a seventy-one year old caregiver to Saone. Saone is male, sixteen years old and he lost his mother when he was six years old. He was described as having

disturbed peer relations, appears to be depressed and lonely, as well as very poor academic marks. Masedi has four people in her care.

Participant six was Realeboga, a twenty-seven year old, who is the sister to 16 year old Game. Game is male and lost his mother when he was six years old. Currently he was reported to miss school, have poor academic marks and is moody. This participant has one other person in her care.

Participant seven was Lorato, a twenty-seven year old caregiver to Gaone. Gaone is a fourteen year old female orphan and lost her mother when she was ten years old. Gaone was reported to have poor marks, misses school and appears to have no friends at school. This participant has five other people in her care.

Participant eight was Kgomotsego, a sixty-three year old caregiver to Ishmael. Ishmael is seventeen years old, male and reported to have conduct problems. He was also described as an antisocial who performs badly at school. This participant has two other people in her care.

Lastly, participant nine was Kate, a sixty-nine year old caregiver to Katlo. Katlo is a sixteen year old male who was described as having poor academic marks, misses school and has conduct problems. He lost his mother when he was about seven years old. The participant has three other people in her care.

Theme One: Orphans' Emotional and Behavioural Problems

One of the main themes that was evident were the various problems experienced by the teenage orphans as reported by the caregivers. These included difficult mood swings, locking themselves in their rooms and poor performance at school. Some caregivers indicated that the children under their care have not shown any behavioural and emotional problems despite the guidance and counselling teacher having mentioned some problems experienced by the teenage orphan at hand. Only after the researcher probed would these participants talk about the problem. For instance they would be asked 'how is his school performance?' The majority of the caregivers mentioned that the orphan under their care performs poorly at school and is often moody and disobedient. According to Minde (1988), stress may be shown in symptoms of confusion, anxiety, depression, and behavioural disorders such as disobedience. The same

symptoms may cause learning problems. Children who are frustrated, fearful, and depressed may fail to concentrate in class and therefore perform poorly. Failure by the school and the home systems to recognize these symptoms and address them will aggravate the child's psychological problems. A few caregivers complained of not knowing what to do with the problems experienced by the orphans under their care and experiencing headaches as a result of this stress. These problems that the caregivers reported, could possibly have a few effects on the caregivers. This could also work in a circular manner, increasing the caregivers' helplessness and deteriorating their physical as well as their emotional health, as a result, impacting negatively on how they parent the orphan.

Sub- theme 1: Orphans' poor academic performance

UNICEF (2003) argues that much of the gap between the schooling of orphans and non-orphans can be explained by the greater likelihood that orphans will live with more distant relatives or unrelated caregivers. This is also substantiated by Salaam (2004), who argues that those who have been orphaned by AIDS may be forced to leave school, engage in labour or prostitution, suffer from depression and anger, or engage in risky behaviour like survival sex making them vulnerable to contacting HIV. This is not the case in Mogapi, or a Botswana setting in general. It is highly unlikely that an orphan will be taken care of by distant relatives. A lot of the times it is the grandmothers that take responsibility for looking after orphans as indicated by the research participants' profiles. A survey by UNICEF in 2001 done in Uganda indicated that more than a quarter of orphans said that their school performance had deteriorated, partly because of interruptions and partly because of stress. This could be the case in this research setting. It has been reported by UNICEF (2003), as well as by Salaam (2004), that children orphaned by AIDS may miss out on school enrolment and or have their schooling interrupted. These children also perform poorly in school as a result of losing parent(s) and the consequences that come thereafter. Expenses such as school fees and school uniforms present barriers to school attendance if orphans' caregivers struggle to afford these costs.

Almost all the participants reported that the orphan under their care performs poorly at school. Within the Botswana government system orphans get free access to education and school uniform. Thus it would be expected that the situation among orphans would be slightly better in Botswana compared to those in the above studies. Although this is a good initiative that does

remove some burden from the caregivers, it could have negative consequences as well. The orphans that are registered with the Social Welfare Department go to the same tailor for their measurements and to collect their uniforms. They also go to the same shop on a monthly basis to receive their food parcels. They are called 'bana baga mmaboipelego' which can be loosely translated as the 'Social Worker's children' (Tsheko, 2007). This stigmatizes these children, as it gives them a label that is likely to upset them, thus influencing not only their school performance but could also be contributing to other problems that are reported. This will be discussed in due course.

Some of the quotes from the caregivers regarding the orphans' academic performance included, Masedi saying; '*Ah he is one of the children that are not gifted upstairs'*. Kgomotsego is also quoted saying '*He needs to do manual work, maybe there he will do better'*. Furthermore, another caregiver, Masego, indicated a sense of disbelief in the orphans' capability to go further than form three, as a result of previous poor performances, *'Ah, I don't even think she will pass Form Three examinations'.* According to these caregivers, at least those that attempted to tap into why these orphans could have poor academic performance, the orphan under their care is not academically talented. Some caregivers mentioned that they believe that the orphans would perform much better; should they be given an opportunity to study something that is not academic, such as woodwork. Some caregivers, such as Kate, attributed poor school performance to lack of seriousness and putting essential effort into their school work by these children. Kate was quoted saying, *'the problem is failing at school, when you talk to him, he does not listen, he not care'*. Mostly, these came across as complaints, with a plea for help with the orphans' studies, for example Masego said, *'they should help me with these children'* further elaborating that she needs help from the Social Workers with the orphan's academic problems. It was clear from the interviews that majority of orphans under these caregivers' care experience poor academic performances. It was also evident that these caregivers do not perceive poor school performance as specifically related to orphan-hood as suggested by the literature.

Sub-theme 2: Orphans' mood problems

Another common sub-theme was caregivers reporting that the orphans are moody, for example, a lot of the times they lock themselves in their rooms. One participant, Realeboga, is quoted as saying, *'a lot of the times he locks himself in the house and does not want to talk to*

anyone'. This relates to the argument by Sengendo and Nambi (1997) that children whose parents are living with HIV often experience many negative changes in their lives and can start to suffer neglect, including emotional neglect, long before they are orphaned. These authors go further to argue that orphans may suffer the death of their parent(s) and the emotional trauma that results. In this case, they may then have to adjust to a new situation, with little or no support, and may suffer exploitation and abuse.

Varied amount of literature (Sengendo & Nambi, 1997; UNICEF, 2001; Salaam, 2004) confirm that many orphaned children experience emotional problems and little is being done in terms of emotional support. Several reasons are attributed to this issue; including lack of adequate information on the nature and magnitude of the problem these orphans are undergoing. Secondly, there is a cultural belief in the African culture that children do not have emotional problems and therefore there is a lack of attention from adults (Sengendo & Nambi, 1997). Thirdly, since psychological problems are not always obvious, many adults in charge of orphans are not able to identify them. However, even where the problem may have been identified, there is a lack of knowledge of how to handle it appropriately. In many cases children are punished for showing their negative emotions, thereby adding to their pain. In many schools, there is an obvious lack of appropriate training for teachers to identify psychological and social problems and therefore offer individual or group attention (Sengendo & Nambi, 1997).

Furthermore, Minde (1988) argues that the death of parents introduces a major change in the life of a vulnerable child. This change may involve moving from a middle or upper-class urban home to a poor relative's rural home. It may involve separation from siblings, which is often done arbitrarily when orphaned children are divided among relatives without due considerations of their needs. It may mean the end of a child's opportunity for education because of lack of school fees. Those children who choose not to move or who may not have any other relative to go to, may be forced to live on their own, constituting child-headed families. All these changes can easily affect not only the physical, but also the psychological well-being of a vulnerable child. They can be very stressful as they pose new demands and constraints on children's lives. It is feared that many children may find it difficult to adapt to the new changes. Minde (1988) makes it clear that it is not the social change itself that may cause psychological problems; rather it is the failure of the individual to adapt to social change.

Interestingly, the effects of death and bereavement are not always negative. Positive effects are possible as when a child moves from a poor family to an economically better-off one (Minde, 1988). Children who are fostered may be motivated to use all their power to prove their worth to their new families and to win their support. Children who are forced to live on their own may behave more responsibly and more maturely out of the sheer need to survive (Minde, 1988). One caregiver, Kgomotso, indicated that the orphaned granddaughter had to move from Mogapi to go stay at a nearby town with the mother's sister and husband post her mother's passing. Some studies (UNICEF, 2002) have revealed that children have strong coping capacities to overcome the loss of a parent as long as they are left with a new caregiver who is willing and capable of giving affection, food, clothes and access to education. The caregivers in Mogapi perceive themselves as the type of the above mentioned caregiver, perhaps as suitable 'replacements' for the biological parents. One caregiver, Lorato, was quoted saying *'we are close, she calls me mama'* and another caregiver, Masedi, said that *'Saone knows me as her mother, I have always been her mother, I am the one she comes to when is not feeling well'*.

When asked about the kind of emotional support given to orphans, most of the participants mentioned that they counsel the orphans under their care by reminding them that they at least have a 'mother' who provides them with food and shelter. Some caregivers such as Masego, gave complaints such as *'He locks himself in the room'* , and *Baone said, 'He does not want to talk to anyone'*. One caregiver, Realeboga, was of the perception that the orphan under her care could be having emotional problems because he is comparing life to the way it was before he lost his parent and his grandmother at a later stage. Masego mentioned that her granddaughter started being moody after she has started dating. These caregivers believe that the teenage-hood stage could be the attributing factor to the orphans' mood problems, and interestingly, not necessary the fact that they have lost their parents.

Theme Two: Caregivers Feeling Disrespected By Orphan Under Their Care

In an African culture a child has to respect their parents and their elders, the elders have the final say in matters affecting everyone in the household. Children also are not just their parents' children but the community's children. This is supported by Muguwe (2012) who argues that according to the traditional concepts in many African societies, a child does not "belong" to its biological parents. A child belongs to its family and this family is large, including uncles,

aunts, cousins etc. The 'motherhood role' is not necessarily taken up by the birth mother; on the contrary, the concept of motherhood allows various relatives to be involved in nurturing, socializing and educating children (Harkness & Super, 1995); Lloyd and Blanc (1996). Participants complained of being disrespected by the orphan under their care. Caregivers such as Kate, Realeboga and Lesego complained that the orphans do not treat them like a child would their parent, with respect. However, all of the caregivers in the beginning of the interview mentioned that they perceive their relationship with the orphan as a 'good' relationship. Interestingly, these same caregivers complained of disrespect by orphans and lack of communication in terms of the orphans' whereabouts. However, most participants did not explicitly say that they feel disrespected by the orphans under their care. Instead they complained that the orphan under their care disappears for days without saying where they are and that they are disobedient. Some complained that the orphan under their care does not listen when the caregiver talks to them and that they talk back to them.

Sub-theme 1: Lack of communication

Four caregivers, Kate Realeboga, Kgomotsego and Lesego mentioned lack of communication between the child and themselves as the caregiver. They complained that the teenagers do not communicate their whereabouts, disappearing for days without letting them know where they are. In a traditional biological parent-child relationship, it is expected that the child lets the parent know about their whereabouts, better yet asks for parent permission before going anywhere, for various reasons such as the child's safety or in case the parents had plans that involves the child. Another aspect of looking at this could be the orphan's sense of identity, if the orphaned child has cousins in the same home, and they have to get food parcels from the Social Welfare Department, while his/her cousins have their parents buying these items for them it is possible that this orphan would be disrespectful and not consider the caregiver as their true parent. The child could therefore feel lost, that they do not belong and not see a reason to communicate their whereabouts with their caregiver. One caregiver, Masedi, mentioned how such a situation gives her sleepless nights, especially if the child under her care is a girl and as such her safety is more compromised than if she were a boy. Masego is quoted as saying '*She goes for days and days without saying where she is'*. Another caregiver, Kate, complained that '*He does not look at me and see a parent'*. Most caregivers indicated that they perceive the

'typical' rebellion amongst children to go hand in hand with this disrespect and considered it as a stage that would eventually pass. This suggests that these caregivers do not perceive this lack of respect by these children as specific to their orphaned status.

A few caregivers, including Kgomotsego and Lesego, complained that the teenager under their care talks back when they talk to them. This is not considered a respectful manner in which a child interacts with their caregiver/parent, in Botswana context or in any other context. \Lack of communication and pretending like one does not hear when being spoken to, were some of the major indicators of disrespect that the caregivers gave as responses to problems that they deal with in their everyday lives. Kgomotsego indicated that she believes that the orphan in her care is disrespectful towards her as that was how the late mother was towards her. Furthermore, another caregiver, Kgomotso, mentioned that she believes that is was impossible for the two orphans under her care to behave in any acceptable manner as they used to watch their mother misbehave. Again, this suggests that these women perceive the orphans' disrespect as not specific to their orphan status, but rather because of what they learnt from their biological mother.

Theme Three: Caregivers' Feelings of Helplessness

In Botswana it is estimated that 120 000 children had lost one or both parents to AIDS by the end of 2012 (Tsheko, 2007). A National Orphan Programme was established in April 1999 to respond to the immediate needs of orphaned children. The government currently runs a 'food basket' scheme, where a basket of food is provided to orphaned households once a month (Tsheko, 2007). Orphans are also provided with school uniforms and are subsidised for transportation fees to get to school, among other things (Tsheko, 2007). However, by December 2012, just 26 percent of orphaned households were receiving external support. An example of the programme in action is the rural district of Bobirwa, where district authorities have contracted the Bobirwa Orphan Trust to deliver essential services to orphans in the area. The Trust is made up of community volunteers and government paid employees, including social workers and family welfare educators (Tsheko, 2007). Members of the Trust register orphans in the district and identify their needs through home visits, schools and churches. They also initiate community-based foster placements, and support the provision of food and clothing to orphans through local groups, which may include blankets, counselling, toys, bus fares to and from

school, school uniforms and other educational needs (Tsheko, 2007). However there seems to still be more needs going unmet by these caregivers, perhaps what they are given is not enough. One way of looking at this is how it has been reported that the caregivers and relatives may misuse the food allocated to the orphans, some selling them to buy alcohol (Tsheko, 2007). This may lead to the food finishing before the orphan receives the next food parcel, thus leaving the caregiver with the inability to provide such basic needs as food and toiletry.

A few caregivers such as Kgomotsego and Kate showed an indication of perceiving their situation of caring for an orphan as one where there are limited options to a better life or to solution. When asked how they deal with some situations '*what can be done?'* '*what can I do?'* were common answers. Masedi mentioned that she consulted the police and the social worker with issues that the teenage orphan had and the problems subsided. This possibly implies that caregivers feel that they do not have options but to accept whatever situations they found themselves in. This suggests negative implications for the teenage orphan in cases where the teenager does not have school uniform or any other basic necessities. One participant, Lesego, mentioned that it is tradition, what is expected of them, to care for their child's child should they pass away. Another participant, Kate, said that her sister would have done the same; caring for her child should she have been the one that passed on.

Caregivers of orphaned children are often grandparents (Hosegood & Timaeus, 2005; Upton, 2003). Elder caregivers are coping with heavy financial shocks, including breakdown of traditional social security systems, in which adult children customarily cared for and supported ageing parents, and loss of household savings and assets drained off by medical care and funeral costs. Elderly and non-elderly caregivers appear to suffer from a variety of individual-level effects, including adverse health (Leblanc, London, & Aneshensel, 1997; Kespichayawattana & VanLandingham, 2003) and nutritional deficits (Ainsworth et al., 2001). Caregivers have been found to bear the trauma of experiencing the death of children and subsequent emotional difficulty of providing for grandchildren (Brouwer, Lok, Wolffers, & Sebagalls, 2000; Oburu & Palmerus, 2005; Wilson & Adamchak, 2001). The helplessness of the caregivers is often linked to depression, mostly if the caregiver is female. Caregivers or orphans face an even higher risk for depression compared to caregivers of non-orphaned children (Wilson &Adamchak, 2001). This is indicated by what the caregivers, such as Baone and Lesego, reported as the source of

their helplessness: poverty and not knowing how to deal with the orphan's emotional and behavioural problems.

Theme Four: Challenges Faced By Caregivers

Families that adopt often have problems of their own, such as their own large families to care for, and therefore, sometimes severe economic strains. Hunter (1990) observed that sometimes the adopting parents are too young or too old to properly care for additional children. UNICEF (1990) noted that grandparents who expected to be supported by their children suddenly had to care for their orphaned grandchildren. These grandparents were found to be less able to provide discipline and adequate socialization, and even to address the basic needs for food, clothing, shelter and health care (Hunter 1990). Bledsoe (1989) also observed that adopted or fostered children often receive worse treatment than that given to the biological children in the same family. Nalwanga-Sebina and Sengendo (1987) found that the education, nutrition and health status of children adopted into impoverished families suffered from lack of resources necessary for their basic needs.

The majority of the caregivers in this study initially indicated that they do not face challenges with raising teenage orphans, only to mention at a later stage in the interviews a few challenges, including poverty.

Poverty and economic hardship is particularly difficult for parents who may experience chronic stress, depression, marital distress and exhibit harsher parenting behaviours. These are all linked to poor social and emotional outcomes for children. Poverty has a particularly adverse effect on the academic outcomes of children, especially during early childhood. Chronic stress associated with living in poverty has been shown to adversely affect children's concentration and memory, which may impact their ability to learn (Hunter, 1990).

Sub-theme 1: Poverty

All of the participants were unemployed at the time that the interviews took place, with the majority of them being old people getting the P300 pension from the Government and the younger ones depending on the P500 Poverty Eradication Scheme. Baone mentioned *'not having anything to give your children*, and Lesego said '*not having money for school contributions'*, as

some of the major challenges they face which leaves them feeling helpless. This is supported by UNICEF (2003) who argued that psychological research has demonstrated that living in poverty has a wide range of negative effects on the physical and mental health and wellbeing of African children. Poverty impacts children within their various contexts at home, in school, and in their neighbourhoods and communities. The loss of a parent can have serious consequences for a child's access to basic necessities such as shelter, food, clothing, health and education. Orphans are more likely than non-orphans to live in large, female-headed households where more people are dependent on fewer income earners. This lack of income puts extra pressure on children orphaned to contribute financially to the household, in some cases driving them to the streets to work, beg or seek food. UNICEF (2003) goes further to argue that the majority of children who have lost a parent continue to live in the care of a surviving parent or family member, but often have to take on the responsibility of doing the housework, looking after siblings and caring for ill or dying parent(s). Children who have lost one parent to AIDS may be at risk of losing the other parent as well, since unprotected heterosexual sex is a major route of HIV transmission in Africa (UNICEF, 2003).

A study done by Williams (2010) focused on the effects of poverty in Kenya. She focused primarily on the general population of poor Kenyan families. This study examined the relationships between socioeconomic status, neighbourhood disadvantage, poverty-related stress, and psychological functioning. Her survey studies conclusively show that higher income levels are directly linked to lower levels of stress. The conclusions demonstrated that the higher the stress level, the higher the incidence and intensity of anxiety and depression. Her studies also indicate that living in a poor neighbourhood is also a chronic stressor; unemployment and a lack of mobility create communities with fewer resources and higher crime, thus fewer positive opportunities. All symptoms proved to be generally elevated in children. This additional symptomology in children may be due, at least in part, to the added frustration of having no control over their socio-economic status (Williams, 2010). The majority of these caregivers believe that the poverty problem is as issue that they would go through even if they did not care for orphaned children (Williams, 2010). One caregiver in the current study, Kgomotso, mentioned that *'it is an issue that I would still go through even with my own children'*. Some caregivers, including Baone, were of the perception that there was not any other way around the issue; had the roles been reversed the deceased person would have taken the responsibility of

looking after the remaining orphans. In some cases, families have been known to take on orphans merely to benefit from government orphan packages (Tsheko, 2007). Contrary to this some caregivers such as Lesego and Masedi, indicated that taking in an orphaned child was merely a responsibility that is not burdensome. Lesego in this regard using *'he is my son, there were my children even before the mother passed on'* said by Lesego.

Theme Five: Absent Fathers

Out of the nine participants, only in one case the father had been present in the child's life but had since passed on. A father's positive involvement as measured by the amount and type of contact is related to children having fewer behavioural problems (Amato & Rivera, 1999; Howard, 2006). For example, children who feel close to, and do things frequently with, their fathers display less antisocial behaviour and are less depressed and withdrawn (Peterson & Zill, 1986). Father involvement is also negatively associated with children's behaviour problems, conduct disorder, and hyperactivity (Flouri, 2006). This also links to the emotional problems that the orphans in the current study were reported to display such as disobedience, talking back and poor school performance. When the caregivers were asked when the child was orphaned they would only mention the date that the mother passed away on. These caregivers only gave the information they have about the father when asked directly giving statements such as '*do we ever know about their whereabouts?'* uttered by Kgomotso. Another caregiver, Lorato, is quoted *'they don't have a father',* and Kgomotsego mentioned that she does not know the father to the orphan, indicating the father's absence in the orphan's life. Absent fathers are reported to have a lot of negative effects on children, especially boy children, although mostly these studies ignore factors such as environmental factors and individual traits as some children with absent fathers often turn out fine, psychologically and academically (Flouri, 2006). Flouri (2006) further argues that children who have an involved father are more likely to be emotionally secure, be confident to explore their surroundings, and as they grow older have better social connections with peers. Children with good relationships with their fathers are less likely to experience depression, to exhibit disruptive behaviour, or to lie and were more likely to exhibit pro-social behaviour (Flouri, 2005). Boys with involved fathers had fewer school behaviour problems and girls had stronger self-esteem (Amato & Rivera, 1999; Howard, 2006). In addition, children who live with

their fathers are more likely to have good physical and emotional health, achieve academically, avoid drugs, violence, and delinquent behaviour (Flouri, 2006).

A father's academic support has been positively related to adolescent boys' academic motivation to try hard in school, feel their grades were important, and to place a high value on education (King, 2006). Father contact is also associated with better socio emotional and academic functioning in school related areas for children with single or married adolescent mothers (Howard, 2006). Children of involved fathers are more likely to demonstrate a greater tolerance for stress and frustration (Mischel, Shoda, & Peake, 1988). Furthermore, these children have superior problem solving and adaptive skills (Biller, 1993), are more playful, resourceful, skilful, and attentive when presented with a problem (Mischel, 1988). Father involvement contributes significantly and independently to adolescent happiness (Flouri & Buchanan, 2003a). Harper and Fine (2006) found a positive relationship between paternal warmth and child well-being for non-residential father families. A close, non-conflictual stepfather-stepchild relationship improves adolescent well-being (Yuan & Hamilton, 2006), and close relationships with both stepfathers and non-resident fathers is associated with better adolescent outcomes in regards to school performance, self-efficacy, internalizing and externalizing behaviours, and acting out in school (King, 2006).

Theme Six: Caregivers' Disregard for Importance of Communication With Orphan In Their Care

It was evident from the interviews that the caregivers have little regard for communication with the children under their care. Whether the child is an orphan or not communication is perceived to be spared for grown-ups, specifically for uncles. Some mentioned the age of the child at the time that their parents passed away as a barrier to communicating the changes that were to take place as the child would have been too young to understand what was going on. While other caregivers, such as Lesego, mentioned that there was nothing to discuss as the child will still have a roof over their head and food on the table. The majority of these caregivers linked the importance of communication to the orphans knowing who their 'mother' will now be, who to go to when they need help and so as to avoid other people taking the items that the orphans' late parents left behind which then belong to the orphans. Communication would then be seen as important to distribute these items amongst the orphans to avoid fights

between the orphans and between the perceived greedy relatives and the orphans. For instance, the first born would get a bed and the second born would get a wheelbarrow, as Masedi mentioned. The lack of communication aspect can also be linked to the caregivers' views that the Social Workers and teachers know best. In a few occasions the caregivers mentioned that they felt like the Social Workers are in a better position to help the orphans. Perhaps this can also be linked to the helplessness theme as they probably view themselves as being unable to handle certain problems. Perhaps the caregivers give in too quickly with the problems they face knowing that the Social Worker will help in a way. Lesego said, *'You guys should talk to them,* (the orphans), *maybe they will listen',* suggesting that she thinks there is a better prospect of the teenage orphan taking into consideration the Social Worker's advice than to hers. Further, Realeboga is quoted, *'The government should take them to manual work schools'* which hints at the possibility that the caregivers over-rely on the Government for the orphans' wellbeing and their future. Perhaps government schemes have both good and bad impacts on these families that care for orphans.

Sub-theme 1: Orphans too young to understand

From the participants' responses it was evident that communication is not something that is regarded as important. A few caregivers mentioned that the child was too young to understand. Masedi said that *'There was nothing to discuss'* and Lesego said *'He was still a baby'*. While the caregivers have a point to protecting young children and assuming young children may not understand death and changing of environments, it is also worthwhile to consider and wonder at what age is a person considered old enough to understand? It is also likely that the caregivers consider the children as young and also lacking responsibility to take part in the decisions that are made, although these concern their lives and major changes that follow after, including changing of a parenting figure and moving. The majority of the orphans in this study did not change residence prior to their parents passing away. Moreover, the caregivers who were mostly grandmothers, including Masedi, Lesego and Kgomotsego, considered themselves mothers to these children even before the passing of the biological parents. This is perhaps why they do not consider communicating with the orphan concerned important as they would still stay in the same yard and *'have someone to provide food for them unlike other people',* as Lesego mentioned.

Realeboga who was twelve at the time when her parents passed away did not recall any communication about the changes that were to be made. According to Sengendo and Nambi (2007) death of parents introduces major changes in the life of a vulnerable child. This may involve moving from a middle or upper class, urban and rural home. This may also involve separation from siblings, which is often done arbitrarily when orphaned children are divided among relatives without due considerations of their needs. All these changes can easily affect not only the physical but also the psychological wellbeing of orphaned children. They can be very stressful as they pose new demands and constraints to children's lives (Sengendo & Nambi, 2007). Perhaps if there are proper communication channels and procedures, the child in question can anticipate what to expect and communicate their fears with their caregiver which would have long term beneficial psychological outcomes. However, it is clear from the interviews that the caregivers do not perceive communicating with children as important as further indicated by Kate who said *'No there were no discussions, he was too young'* and Baone saying,*'it was nothing major, just like when a member of the family moves in or out'.* This implies the little regard these caregivers have for communication and having discussions concerning changes that affect these children's lives.

Sub-theme 2: Discussions are for adults

Communication plays a major role in the relationship between the orphan and the caregiver, which affects many areas of the child's life such as education and how they deal with everyday life situations. Studies show that the nature of the family relationship between the orphan and the decision making adult in the family or household plays a major role in a child's life (UNICEF, 2001). It was evident from the transcripts that the caregivers do not perceive communicating with children as something that is vital. Lesego mentioned that such discussions are for adults, while Lorato supported this by saying '*the uncles are always away, so there was no chance of holding such discussions'.* This is confirmed by De Witt and Lessing, (2010) who argue that discussing death in African culture is taboo, especially with children.

5. CONCLUSION

The HIV/AIDS epidemic is an issue that has left most of Botswana either infected or affected, leaving a lot of children as orphans. The government has since started providing the

citizens with free medication. However it appears that the stigma, infection rates and hard-hitting effects are still on the rise. In conclusion, the caregivers of this study perceive the orphans' poor academic marks and the prospect of not having a good future as extremely worrisome. Poverty and behavioural/emotional problems experienced by these orphans present the caregivers with feelings of helplessness. Most caregivers have little or no regard to communication with the orphans and view the Social Worker as someone who has been a major source of help. These caregivers perceive the orphans to have been too young to understand what was happening at the time of their parents' death. Most caregivers are of the perception that the Government can still do more to help and that the teachers should also do more by talking to the orphans, for instance having counselling sessions. It is evident that the caregivers perceive the orphans' poor academic marks, lack of respect and disobedience as some of the major difficulties experienced by the teenage orphans under their care. A few of the caregivers indicated that they offer emotional and psychological support to orphans under their care by giving advice and ensuring that the orphans are aware that they have a provider that is as much of a parent as their late biological parents were. In conclusion, caregivers in Mogapi do not attribute the orphans' emotional and behavioural problems necessarily to orphan-hood, as was suggested by the literature. Rather, they perceive these problems as a result of several factors, as discussed in the discussion section, such as taking after the child's mother and a teenager being naturally rebellious for instance.

6. LIMITATIONS

A number of limitations developed as the study was being conducted. A major challenge I encountered was translation. Psychology and emotional wellbeing are fairly new concepts in Botswana and in Setswana. From translating the interview schedule from English to Setswana and translating the transcripts from English to Setswana, the process was challenging and time consuming. Most of the concepts do not exist in a Botswana context, translating often meant that the meaning got slightly lost or direct translation had to be used.

Time proved to be another challenge. Conducting research in a country different to the one I am currently studying in proved to be more challenging than I anticipated. The process of going through relevant gatekeepers such as the Botswana Ministry of Education was also time consuming.

Another challenge was that of conducting research in a rural area. Although all the participants were receptive, it was often difficult to get hold of them as most of them were at the cattle post or at the lands or had no cell-phones where I could call them. Even during interviews most of them would say they had limited time as they had to be at the lands because there is no one looking after the cattle or the ploughing lands while they are away.

A sample of nine caregivers from the one village means that the results cannot be generalized to a larger population. Although this does give an indication and important information as to what the perceptions of caregivers are in relation to the emotional and behavioural difficulties faced by orphans in Mogapi and the challenges they face. It would have been beneficial if the project was on a larger scale, utilizing a sample not only from Mogapi but from other villages and towns in Botswana as well.

7. RECOMMENDATIONS

In terms of recommendations for future research, more research should be done in the area of emotional and behavioural problems experienced by orphans as this appears to be a major issue that is still undiscovered in a Botswana context. Research to get a wider scope of the challenges and capability of caregivers to provide emotional and psychological support to orphans is necessary. This research could potentially influence government policy regarding the welfare of orphans.

The following specific recommendations are made:

Caregivers should be given adequate training on how to manage services offered to orphans and how to deal with problems that they face, as well as those faced by the orphans under their care. This training could be planned and facilitated by the Social Welfare Department, School Guidance and Counselling Department, and the Chief as these bring different perspectives to the matter and are widely respected by the caregivers. This would mean that the training is widely accepted and collaboration in dealing with such problems as orphan emotional problems is strengthened.

The Social Welfare Department should be strengthened so that free counselling could be given to caregivers and to the orphans. The Social Welfare Department and the School Guidance

Department should make the orphans and the caregivers aware of the importance of going for counselling to better deal with emotional and behavioural problems.

Parents and the government should work hand in hand to ensure that schools provide children with a platform to have a higher self-esteem, better job prospects and economic independence. This should be done by means of having regular motivational talks and encouragement of support groups. The Social Welfare Department should offer benefits to orphaned children even after they have reached the age limit for beneficiaries, such as emotional support and care.

8. REFLEXIVE ANALYSIS

It was evident in most, if not all the interviews that my position as someone who has been an Assistant Social Welfare Officer in Mogapi less than two years before the interviews were conducted affected how the participants responded to the questions. This position meant that I was someone that these same caregivers went to whenever they needed help, either with the children's uniform or registering them to receive food. As a result these caregivers presented as crying for help. For instance, one caregiver asked for houses to be built for orphans. Further, all of the participants referred to me as if I was still a part of the Social Welfare staff, maybe in a higher position now. Although I tried to dress as casually as I could and introduced myself as a student or with my first name, as compared to my surname as that is how I was referred to when I still worked in Mogapi, there was a clear sense of respect, perhaps too much of it, and hope that from the interview I would make a change somehow. This was most likely to distort the data somehow, for instance the caregivers exaggerating the problems or their state of helplessness hoping for help; or even minimizing their problems because they fear being seen as 'bad' caregivers. My position was also likely to bring positive outcomes, by enabling the caregivers to share their problems as it is unlikely that they get such a platform to share the challenges they face.

I also believe that this position had an impact on interpretation of the results, perhaps a bias towards how I perceive things to be and the theories I have read. To avoid this I had to keep referring to literature, and keep an open mind on each response I obtained as well as asking for clarification from the participants.

In a way, the presence of an audio-recorder had an impact on the interviews; it was most likely to lead the participants to present themselves in a certain light, usually in a manner that in their view would be beneficial to them. Although I let the participants know that only my supervisor and I will listen to the audio recordings, it was evident that the presence of the device made a difference. The participants seemed to become uneasy the moment the audio-recorder was switched on or some asking if they are going to be on television.

This study accentuated the need for caregivers to be given more support in terms of the challenges they face in raising teenage orphans. Further studies could determine challenges faced by caregivers in raising teenage orphans. Further, the capability of caregivers to provide emotional and psychological support to orphans would be investigated. The project offered insight in terms of the challenges that are faced by caregivers in Mogapi village, Botswana. The study highlighted perceptions of caregivers in terms of the support they offer the teenager orphans under their care and their views on the emotional and behavioural problems experienced by these orphans. This will help guide relevant Government sectors to gain more insight into the orphan-hood situation from the perspective of caregivers, which is a vital perspective. Moreover this study will help relevant departments to determine which areas needs attention such as the need for psychological support to both the orphan and the caregiver.

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Appendix A (i) - Participant Information Sheet

Dear Sir/Madam

Good day, my name is Onneetse Llapo, I am currently doing my Master's Degree in Research Psychology at the University of the Witwatersrand. I am conducting a qualitative research project, I will be conducting interviews with caregivers of orphans which will explore the caregiver's perceptions on behavioural and emotional problems in Mogapi teenage orphans.

I would like to formally invite you to take part in my research study. This will involve you taking part in an individual interview around the above mentioned topic. The interview should last about an hour to an hour and a half and is completely voluntary. Taking part in the interview will not disadvantage or advantage you or others in any way. For analysis reasons, the interview will be tape-recorded, however only my supervisor and I will have access to these tapes. Once the information of the interview has been transcribed verbatim, the tapes and transcripts will be locked away in a locked cabinet in the supervisor's office (office no U308) at the University of Witwatersrand and finally destroyed after 5 years. The transcripts will be kept in a password secure document to insure that only the researcher has access to them. Although I will have access to your name, you will remain anonymous throughout the study and anonymity will be

maintained by not disclosing any of your personal information in my results or in the final research report. The child's name as well as other people that may be brought into the interview conversations will be kept confidential by the researcher. During the study, I will assign pseudonyms to all the participants, such as participant 1, participant 2, participant 3 etc. Importantly, you have the right to withdraw from this study at any time and therefore also have the right to not answer any questions that you do not wish to.

Once the study has been completed, the summary and findings of the study will be presented at a Kgotla meeting and the written report will be given to the head of Social and Community Development Department. Once again no names or any details that may indicate the identity of the participant or the orphan will be used in the report. If by the end of the interview you feel the discussion has elicited sensitive and emotional effects in you, then please make use of free support and counselling that will be provided by the village social worker and the counsellor at Mogapi Clinic. This research is done with the aim of getting an understanding the perceptions of the caregiver to the emotional and behavioural problems that are a common issue at school and at home. Hopefully the findings of this research will help identify where the problem lies and the potential points of intervention by the relevant departments which will not help the orphans in Mogapi but other orphans in similar situations across Botswana. The downfalls of taking part in this research include recalling some of the information that may bring sad emotions and painful memories.

- Social Worker (Social and Community Development Department: +267 4921092)
- Counsellor (Mogapi Clinic: +267 4922742)

Before the interview can begin, I will ask you to read through and sign the two consent forms and detach them from this letter or do an audio recording that indicates that you understand what the interview entails and have agreed to be recorded. The report will be available 6 months after the interviews have been consulted. If you have any questions or concerns, please feel free to contact myself or my supervisor.

Kind Regards

OnneetseLlapo:

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llapo.onnie@gmail

Supervisor: Clare Harvey

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Appendix A (i)-Setswana Participant Information Sheet

Go Mme/Rre

Dumelang,leinalamekeOnneetseLlapo,kediradithutotsedikgolwanetsatshekatshekotsatlhaloganyo le maikutlo a motho (Masters in Research Psychology) kounibesithingya Witwatersrand. Kediratshekatshekiso e ketla bong kebotsolosabatlhokomedibabana baba tlhokafaletswengkebatsadi/motsadi, maikaeleloele go tlhaloganyaka ha batlhokomedibalebangkatengkgang e etshwenyanayamatshwenyego a maikutlo le boitshwarotsabanababasenangbatsadimomotsengwaMogapo.

Keeletsa go golaletsa go tsayakarolomotshekatshekong e, ka go tsayakaralomo di potsisisongkayonekgang e. Dipotsolosotse di tlatsayaoura go yakooureng le sephato, mme e dirwakaboithaopo go sena go pateletsegakatselaepe. Go tsayakaralomotshekatshekong e gagona go bayaopekafamosing kana gatsisetsaopeditlamorago kana dikatsodipe. Go tlanna le dikapamantswekadipolosotse, mabakaele gore mosekaseki a te a kgona go di reetsakomorago a sobokadikarabotsadiposolotso, mmedikapamantswetsegadina go reetswakeopekontleng game le mookamediwame. Moragogatirisoyadikapamantswetse, di tlabeiwamolefelong le lesireletsegilengmmemorago di senngwe.Ntswaketlabokeitseleina la gago, gakena go le

dirisafakekwalamaduo a di potsolosotse, ketladirisamainaa e seng a nnetemoboemongjaleina la gago. O na le tshwaneloya go kaikgogelakomoragomodipotsolosongtse gape gagona le dikarabotse o nanglebothata go di araba o letellwa go seke o di arabe.

Faditshekatshekotse di wela, tshobokoyamatshwenyego a batlhokomedi e tlaneelwababoipeloge, mme gape go tlabolellwasechabakobokopanongjaKgotla. Fatshekatsheko/dipotsolosotse di katsisamangwemaikutloaabotlhoko, o itshwaraganye le baboipelogo le babasidilangmaikutlokokokelong gore ba go fethusoyatshidilomaikutlo.

- Social worker (Social and Community Development Department : +267 4921092)
- Counselor (Mogapi Clinic, +267 4922742)

Pele gapotsoloso di simollaketlakopa gore o ikane gore o tlhalogantse gore tshekatsheko e ebatlaeng le gore o tlhaloganya gore maina a gagogaana go dirisiwa. Ga o na le dipotsokgotsamatshwenyego o kaikgolaganya le nnakgotsamookamediwame.

Weno

OnneetseLlapo

Mogala: 0027736301249

Mookamedi: Clare Harvey

Mogala: 0027117174509

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Appendix B (i) - Consent forms

I…….. consent to taking part in the interview conducted by Onneetse Llapo, for her Master's Degree in Research Psychology study that will be exploring the caregivers perceptions of emotional and behavioural problems in Mogapi teenage orphans.

As a participant in her study, I understand that:

- My participation is voluntary.
- I am able to withdraw from the study at any time.
- I do not have to answer any question (s) I do not wish to.
- All my personal details and information will remain private and confidential, although I may be quoted in the final report.
- If however, I am quoted, it will be under a pseudonym given to me.
- None of my personal information will be stated in the final research report (I will remain anonymous).
- The results of the study will be used in the research report that is required for the completion of the Masters in Psychology degree.

Signed…….. Date……..

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Appendix B (ii)- Consent form

I ……consent to the audio-recordingof the interview with Onneetse Llapo for her study. I understand that:

- The tapes and transcripts from the interview discussion will remain confidential to only Onneetse and her supervisor and therefore will not be available to anyone else.
- The tapes and transcripts will remain at a safe place at the University of the Witwatersrand, (supervisor's locked cabinet). There will be destroyed after 5 years.
- No personal information about any of the participants will be used in the transcripts for the final research report.
- Although I may be quoted in the research report, pseudonyms will be used instead of names thus my identity and that of the child will be protected.
- Confidentiality will also protected by insuring that only the researcher and the supervisor has access to the details of the participants, by deleting the names of the orphans after identifying caregivers and using pseudonyms instead of their names. The researcher will not have to meet the children (orphans).

Signed……

Date……..

Psychology

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Appendix B (iii)- Setswana Consent Form

Ke le.....ke dumalana le go kapiwamantswemopotsolosong le OnneetseLlapomodithutongtsagagwe.

Ketlhaloganya gore;

- Didirisiwatsapotsoloso di tlannasephirisagaOnneetse le mookamediwadithutotsagagwekajalogadina go bonwakeope gape.
- Didirisiwatsapotsoloso di tlabewamolefelong le lebabalesegilengebile le lotelwakoMmadikolowa Witwatersrand go fithela di senngwamorago ga ngwagatsetlhano.
- Maina, dingwagatsamekgotsaepehelakitsokabatsayakaralogaena go dirisiwagope.
- Le fankainolwamopegongyapatlisiso,gotladirisiwaleina le e seng la nnete le ke le filwengkwatshimologongyapotsoloso.

Monwana……

Kgwedi……..

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Appendix B (iv)- Setswana Consent form

Ke le……..……....kedumalana le go tsayakarolomopotsolosong e eeteletswengpelekeOnneetseLlapomodithutongtsa go sekasekakafabatlhokomedi ba boneng katengmathata a maitshwaro le maikutlo a banana badikhutsanamo Mogapi.

Jaakamotsayakarolomodithutongtsagagweketlhaloganya gore;

- Kemoithaopimo go tseyengkarolo
- Kekgona go tlogela go tsayakarolonakonngwe le nngwe
- Ga le tlamege/patelesege go arabapotso e kesabatleng/kgoneng go e araba
- Kitsonngwe le nngwekaganna e tlannasephiri/bofitlha le fankananko lwamopegongyakonetelelo
- Fagokanna le kgonagaloya gore mafokoame a nankolwe go tlaseke go dirisiwemainaame a nnete.
- Gagonakitsoepekanna e etlakwalwangmopegongyakonetelelo

• Maduo a potsoloso a tladirisiwamopegongyapatlisiso e etlhokegangmopheletsongyadithutotsabosekasekitsamaikutlo le tlhaloganyoyamotho(Masters in Research Psychology)

Monwana……

Kgwedi……..

Appendix C (i)- Interview Schedule

Demographic information:

Age of caregiver(s):

Gender of caregiver(s):

Age of orphaned child in your care:

Gender of orphaned child in your care:

How long has the child been in your care?

Has the child any siblings?

If so, where are they?

Do you have any other children also in your care, if so age and gender details:

Interview Questions

1.Howwould you describe your relationship with..?

2.When did the parent (s) pass away?

3. What did the parent (s) pass away from?

4. What happened after the parent (s) passed away?

5. How was the decision of the orphan coming under your care made?

6. Were there any discussions with the teenager after the parent passed away in terms of the changes that were to be made? If so, what did these entail?

7. Who are the closest people to the teenage orphan?

8. What kind of emotional/psychological support, if any, has been given to the teenage orphan since he/she lost his/her parents?

9. What are your thoughts about giving emotional and psychological support to orphans?

10. What has been the challenges/difficulties in raising a teenage orphan? Please elaborate.

11. How have you dealt with these?

12. What emotional, and/or behavioural problems does ……. display?

13.Since when has ……. shown…….these difficulties?

14.How do you deal with the problem(s)?

15. How do you understand these problems? Why do they occur?

16. What do you think needs to be done to deal with these problems?

Appendix C (ii)- Setswana Interview Schedule

Demographic Information

Dingwagatsamotlhokomedi:

Bong jwamotlhokomedi:

Dingwagatsangwana:

Bong jangwana:

Kesebaka se sekaengwana ale motlhokomelongyagago?

Ngwana o na le bomogolowekgotsabomonnawe?

Fagolejalo, bakokae?

Go na le bangwebana baba motlhokomelongyagago? Fa go le jalobadingwaga di kae? Keba bong bofe?

Interview Questions

1. O karebotsalanojagago le ……bontsejang?

2. Batsadi/motsadiwagagwe o tlhokafetseleng?

3. O ne a na le dingwagatsekafefamotsadi/batsadibagagwebatlhokafala?

4. O ne a kgona go tshelakgotsa go amogelatathegeloyagagwekatsela e ntseng jag?

5. A gone go na le dipuisanyo le enemoragoga gore batsadibagagwebatlhokafalemabapi le diphetogotse di tladirwanag? Dipuisanyo ne di amileeng le eng?

6. Ngwanao ne a fiwadithusodifemoragogabatsadibagagwebatlhokafala?dithusotse di amanang le maikutlo le tlhaloganyo?

7. Kedifedikgwetlhotse o kopanengnatsomo go godisengngwanayo o tlhokafaletswengkebatsadi/motsadi?

8. O newararabololadikgwetlhotsejang?

9. Keafemathatakgotsamatshwenyego a tlhaloganyo le maikutloaasupilwengke …….?

10. A simolotselengmathata a?

11. O a rarabolotsekgotsa o a rarabololajang?

12. O katlhalosamathata a jang? O kare a bakiwakeeng?

13. Go yakawena go botlhokwa gore ngwana a fiwethusoyatsamaikutlo le tlhaloganyoga a latlhegetswekemotsadikgotsabatsadi?

14.Dipuisanyokaphudugoyangwana di ne di amaeng? Di mosolagolekae go yakawena?

15. Kemangyo o atumelang le ngwanayothata?

16. Kemangyo o neng a tshegeditsengwanayokanako e a neng a latlhegetswekebatsadi?

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Appendix D- Teachers Information Sheet

Dear Sir/Madam

Good day, my name is OnneetseLlapo, I am currently doing my Master's Degree in Research Psychology at the University of the Witwatersrand. I am conducting a qualitative research project, I will be conducting interviews with caregivers of orphans which will explore the caregiver's perceptions on behavioural and emotional problems in Mogapi teenage orphans. Could you please provide names of students, aged twelve to eighteen, who are orphans and who have shown two to three of the listed emotional and behavioural difficulties in the past 12 months. Please also provide these orphans' caregiver's contact details.

List of Emotional and Behavioural Problems in Teenage orphans

1. Aggressive behaviour: behaviors that can result in both physical and psychological harm to oneself, others or objects in the environment.

2. Truancy: staying away from school without good reason, absenteeism.

3. Learning problems: below average overall performance and other difficulties with regard to their school performance.

4. Attention problems: stopping tasks midway through, leaving activities unfinished, restlessness and hyperactivity.

5. Misconduct: aggressive, defiant behaviour and violation of norms.

6. Disturbed peer relations: shown by isolation and lack of close friends.

8. Depressive mood: excessive misery, loss of interest and pleasure in usual activities, and showing signs of hopelessness.

Kind Regards

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Appendix E- Transcripts

Participant 1-Masego

Orphan reported to display truancy, learning problems, depressive mood and misconduct difficulties. Participant is a distant paternal 'grandmother' (an elder related to the orphan's father).

Age of caregiver: 67

Gender of Caregiver: Female

Age of orphan in your care: 16

Gender of orphan in your care: Female

How long has the child been in your care: 7 years.

Has the child have any siblings: yes, 7 siblings

If so, where are they: 1- Gaborone, 1 in Mogapi, others are 'all over the country'

Do you have any other children in your care, if so age and gender details: Yes, 21 year old nephew, 37 year old sister, 26 year old distant male relative and 9 year old granddaughter.

Interview questions

I: How would you describe your relationship with Mpho?

P: We get along very well, it is just that children are naughty, but you scold them and everything gets back to normal.

I: When did the parents pass away?

P: ……Calls her younger sister to answer…

Sister: Father passed away the year Mpho was born (16 years back) while the mother passed away before F started school.

I: Was she about to start school or still an infant/toddler?

Sister: She was the pre-school going age.

I: What did the parents pass away from?

P: They were both suffering from these days illnesses.

I: Please may you explain what you mean by these days illnesses?

P: AIDS, isn't it when we grew up there were no such things, people died because ancestors called them not these things that you cannot understand.

I: What happened after the parents passed away?

P: She initially stayed with her siblings in Mogapi at their home but after a while she came by herself to my home. She moved in with me.

I: Did she say why?

P: She did not say why, most probably because there was no proper care.

I: What happened afterwards?

P: I called her siblings to discuss the issue, because they were not working and did not have means of taking care of Mpho they said she could stay with me.

I: What can you tell me about this process and how the people involved experienced it?

P: The siblings seemed relieved; you know how it is being a child but having to take care of another child.

I: Were there discussions with Mpho after the parent(s) passed away in terms of the changes that were to be made? If so, what did these entail?

P: I do not know about that because by then I was not close to them, they did not stay with me. Maybe my late husband and the other elders spoke about such issues as to who will be responsible for the children but I was not part of such discussions if they were there.

I: What do you think is the relevance of such discussions once a child has lost a parent(s)?

P:……(silence)….ah, I suppose so that the children do not think that they are lost, that they do not have parents and no one to take care of them. If one of them gets married, such discussions would enable them to know who to tell first and who will represent them during negotiations.

I: Who are the closest people to Mpho?

P: She is close to me.

I: Who else?

P: My grandchild who is almost the same age as her.

I: Who was there to support Mpho when their parent(s) passed away?

P: I suppose her siblings.

I: What kind of emotional and psychological support, if any, has been given to Mpho since the loss of their parent(s)

P: The Social worker, in 2012 she seemed to get extremely disobedient; she wanted to leave school so we asked the social worker to talk to her.

I: Was there any difference after that?

P: Yes, she got a lot better after speaking to the social worker.

I: What are your thoughts about giving emotional and psychological support to orphans?

P: It is important because sometimes as a parent you would think you are treating them right when in actual case it isn't so or the child doesn't see it that way, thinking that if their real parents were alive their situation would be different so counselling helps the child with such

issues. Even I can talk to her, although I am not a social worker, I tell her that losing a parent is not the end of the world, they should accept the situation and be grateful that at least they have someone to buy them things that they need.

I: What have been the challenges/difficulties in raising a teenage orphan? Please elaborate

P: They are many my child……(long silence)…….she does not listen when you speak to her, she goes for days without saying where she is and you know how a girl child attracts such dangers. As a parent you will not sleep at night when your girl child is not home. I want her to move out of my home and give her to her siblings but she refuses. Every time I bring the issue up she cries. I think she does not want to go back home but here she gives me a headache.

I: How have you dealt with these challenges?

P: I have involved teachers, police officers and social workers but still no difference. I also try to talk to her. Her brother uses a stick to get her to listen but I always tell them words are better than a stick in putting a child into the right path.

I: What emotional and/or behavioural problems does Mpho display?

P: She locks herself in the house, very often she does want to talk to anyone but I become patient with her or try to send her to buy something so that she can at least leave the room for a while. She also seems to have a boyfriend in a nearby village because she goes for days without saying where she is. She skips school while she is there at the boyfriend's house.

I: Since when has Mpho shown these difficulties?

P: They got extreme when she started doing form 3 (this year)……(pause)….. but since form one she was disobedient.

I: How do you deal with these problems?

P: I try to give her love as if I breastfed her because sometimes that's what children need and talk to her but I worry about her…….(pause)… a lot.

I: How do you understand these problems? Why do they occur?

P: These problems are due to disobedience, they think they are now women and can do as they please. Growing up, dating and having sexual intercourse causes F to act the way she does.

I: What do you think needs to be done to deal with these problems?

P: Counselling lessons should be held at school; social workers and teachers that did counselling at tertiary should talk to these children and help them with their problems.

Participant 2-Kate

Orphan is reported to miss school often, have extremely poor marks and keeps to act as if he does not hear when being spoken to at school. The participant is his grandmother.

Age of caregiver: 69

Gender of Caregiver: female

Age of orphaned child in your care: 16

Gender of orphan in your care: male

How long has the child been in your care: Since he was born.

Has the child have any siblings: yes, 2 older brothers.

If so, where are they: One stays her with me, the other one in Gaborone and the other one in boarding school.

*Do you have any other children in your care, if so age and gender details:*Two other orphans, 16 year old grandson and a twelve year old disabled granddaughter (their mother passed away in 2013).

Interview questions

I: How would you describe your relationship with Katlo?

P: We are close, there are no problems, when a child does a mistake, you talk to them, he does not talk back, he does not do anything. The only problem is he has never been able to call me 'mama' like the other children.

I: When did the parents pass away?

P: I don't remember.

I: Was Katlo already at school?

P: Yes,……. I think he was doing standard 2.

I: The mother or the father?

P: The mother,

I: What about his father?

P: She never spoke about her children's fathers, Katlo's older brother's father passed away. Who knows maybe the father to the other two was a thief, you will never know.

I: How old was G when the parents passed away?

P: I don't know, maybe he had 7 years.

I: What did the parents pass away from?

P: She was sick for a very long time, she had 'your illnesses', there was no medication back then.

I: What happened after the parents passed away?

P: She left them with me, I was basically their parent even when she was alive. We all stayed here. I am all these children's mother. After their parents passed away they became my responsibility until now.

I*: How was the decision of Katlo coming under your care made?*

P: They were already under my care even when the mother was alive.

I: What can you tell me about this process and how the people involved experienced it?

P: The mother told them in the morning that when they come back she will not be around; it is just that sometimes such is taken for granted. When they came back from school the older ones understood what was happening when they saw a yard full of people, Katlo seemed confused but eventually he understood and saw her in a coffin at the funeral.

I: Were there discussions with Katlo after the parent(s) passed away in terms of the changes that were to be made? If so, what did these entail?

P: No, He was too young.

I: What about his elder brothers?

P: (silence)…….Ah, just to tell them that now their mother is gone, they should know that now I am their grandmother and their mother.

I: What do you think is the relevance of such discussions once a child has lost a parent(s)?

P: For them to respect the caregiver like they would respect their mother and know who to turn to when they need something.

I: Who are the closest people to Katlo?

P: Ah…….(silence)…. You never know with kids, today he is with this one, the other day he is with someone else. He has a lot of friends. He does not like fighting, or provoking people. He is close to everyone, he loves his brothers the same.

I: Who was there to support Katlo when their parent(s) passed away?

P: I am the one who provided him with everything he needed.

I: What kind of emotional and psychological support, if any, has been given to Katlo since the loss of their parent(s)?

P: They never received any counselling, I am the one who counsels them as their mother. I called them and told them they are now left with mem I told them to go to school so that they can have a bright future. The older brothers listened, he also listened but the problem is at school, he fails pretty badly.

I: What are your thoughts about giving emotional and psychological support to orphans?

P: So that they can work hard, have bright futures and leave their own lives. I want Katlo to get psychological support because he does not understand himself when it comes to school. He would help his cousins, encourage them but he does not take his own advice. The social worker should talk to him.

I: What has been the challenges/difficulties in raising a teenage orphan? Please elaborate

P:ah……he is just a kid, even when I get them food parcels they don't have problems or ideas to control who has access to the food or not. The only problem is failing at school. Otherwise at home when the food finishes I buy them. I make a living through selling fat cakes then I buy them what they need.

I: How have you dealt with these challenges?

P: I sell fatcakes to provide for them, I have been trying to get the social worker to provide food parcels to the ones that recently lost their mother but the problem is he will send me back to bring some documents which I still have to take to him.

I: What emotional and/or behavioural problems does Katlo display?

P: The problem is failing at school. When you talk to him……. (pause),he does not listen, he does not care at all.

I: Since when has Katlo shown these difficulties?

P: Since he was at primary school. It has recently got worse; right now he has gone to the cattle post without saying anything to me. Since primary he would say the teachers have cheated him but I know that he is not intelligent.

I: How do you deal with these problems?

P: What can I do?, try to talk to him as his mother. He is better, as for his cousin who recently lost the mother; I can already tell that I am not going to be able to do anything about him. He is already a man. He takes people's stuff without asking and when you speak to him he responds like he is talking to a two year old. As for taking care of them I sell fat cakes and work at NamolaLeuba(poverty eradication scheme where people do manual work and earn about P500 per month equivalent to R600)

I: How do you understand these problems? Why do they occur?

P: I think this other one is because his mother was exactly the same, she did not look at me and see a person. However his older brother was taken by the uncle, who later passed away, he did

well at school and he is a person who listens. Maybe it is because they look at me and see an old woman who cannot do anything.

I: What do you think needs to be done to deal with these problems?

P: They should help me with these children. They should take him to school, if he passes and goes to senior school then I would appreciate help with the uniform and school fees and if he fails like we expect he could be taken to colleges where they learn manual work.

I: Who do you mean by 'they'?

P: The social work department.

Participant 3-Baone

Participant is a grandmother to the orphaned teenager. The teenager is reported to be doing badly at school, show depressive symptoms and skips school.

Age of caregiver: 61

Gender of Caregiver: female

Age of orphaned child in your care: 18

Gender of orphaned child in your care: male

How long has the child been in your care: 18 years, since he was born.

Has the child have any siblings: Yes, two siblings.

If so, where are they: They stay here with me.

Do you have any other children in your care, if so age and gender details: Yes, 3 other orphans, my sister's children, they stay at their mother's house but I take care of them. 17 year old niece,14 year old nephew and 21 year old niece.

Interview questions

I: How would you describe your relationship with Kabelo?

P: We are close, he has always called me 'mama', until recently that is when he understood who his mother is.

I: When did the parents pass away?

P: His mother passed away in 1997.

I: What about his father?

P: I have never met him.

I: How old was Kabelo when the parents passed away?

P: He was two weeks old.

I: What did the parents pass away from?

P: They did not tell us what was wrong, …….(pause)….I think it was these days diseases, you know that back then the tablets were not available for sick people. That is why a lot of people died.

I: What happened after the parents passed away?

P: I already had this home that we stay in but only had one house (thatched house). So we then agreed with my father that I should move in here with the children.

I: How was the decision of Kabelo coming under your care made?

P: We spoke with my father and let the children know what was to happen.

I: What can you tell me about this process and how the people involved experienced it?

P: ah……..it was nothing major, just like when a member of the family moves in or out, just to make an announcement. Already the children knew they had a mother in me.

I: What do you think is the relevance of such discussions once a child has lost a parent(s)?

P: For the children not to be troubled not knowing if they will be taken care of.

I: Who are the closest people to Kabelo?

P: His friend, who is also a neighbour. He can even spend a night there.

I: What kind of emotional and psychological support, if any, has been given to Kabelo since the loss of their parent(s)

P: I have been the one supporting him. This one time he came back from school and the teachers asked me who his mother is, I told them I am his mother but his real mother passed away. They then asked me if he knows because this particular teacher had witnessed an argument between

him and the other student. I told them he doesn't know and they said he deserves to know. When I got home I sat him down and explained everything to him.

I: Did he ask any questions from there or appear to be different in any way?

P: No he did not show any changes, however after a few days he said he wanted to see his mother's resting place……(pause)…..I intend to show him one day when I have the time.

I: What are your thoughts about giving emotional and psychological support to orphans?

P:……..long silence…….if it is possible…Like the social workers once took them, for a month they were away, being asked questions, 'how is the situation at home' 'are you well taken of' etc. They were asked everything, if you are not treated well then you can say. He said to me other children from other countries said that at times when they have been given clothes by the social workers, these clothes can be taken by the caregivers to be given to these caregivers' children.

I: What has been the challenges/difficulties in raising a teenage orphan? please elaborate

P: …..I cannot say they have been any challenges that I would not face with my own children. If I was the one that passed away my sister would have taken care of my children. The government gives them food, if they finish I make a way to provide them with something to eat. I struggle, God helps me and gives me a way to provide.

I: How have you dealt with these challenges?

P: I struggle like other people, I do farming and I plough.

I: What emotional and/or behavioural problems does Kabelo display?

P: He experiences a lot of headaches and diahrea and performs poorly at school; otherwise he does not have any problems.

I: Since when has Kabelo shown these difficulties?

P: Since he was very young, he started school very late due to these illnesses and at school he is just not gifted…..He is just not talented at all.

I: How do you deal with these problems?

P: ah….what can I do?.....I pray, and I talk to him but I want the social worker to send him to these schools where they help children that are challenged.

I: How do you understand these problems? Why do they occur?

P: It is because he was delayed due to illness so now going to school with younger children could be making an impact in him performing badly on top of the fact that he is not a clever child compared to the cousins.

I: What do you think needs to be done to deal with these problems?

P: The Government should send the children that are not intelligent to do manual work such as carpentry. The other thing that I have realised is that the government takes long to help orphans, compared to other countries. There are a lot of children in Mogapi that do not have a place to stay, government should build houses for such children.

Participant 4-Lesego

Participant is the grandmother to a 14 year old orphan. His name was given by the Guidance and Counseling teacher. Problems: extremely poor marks, truancy.

Demographic information:

Age of caregiver(s): 64

Gender of caregiver(s): Female

Age of orphaned in your care:15 (had to ask the older sister)

Gender of orphan in your care: male

How long has the child been in your care? 9 years

Has the child any siblings? Yes. He has 2 older sisters.

If so, where are they? They also stay with me.

Do you have any other children also in your care, if so age and gender details: Yes but they are not children, my son (in his 40s) and his wife (girlfriend).

Interview Questions

I: How would you describe your relationship with Kago?

P: We are close. He tells me when he needs something.

I: When did the parent(s) pass away?

P: His mother passed away in 2005. I have never met his father.

I. How old was I when he lost his mother?

P: I do not know my child.

I: Which standard was he in?

P: He was doing standard 1(Grade 1).

I: What did the mother pass away from?

P: She was ill, she vomited and complained of headache all the time.

I. What happened after the mother passed away?

P: I don't understand.

I: Were they any changes, relocations, change of duties and responsibilities?

P: No they were no changes, she and her children stayed here with me, I have always been the one buying food. I used to spend a lot of time at the cattle post but these days the world is dangerous so I am here in Mogapi with my children.

I: How was the decision ofKagocoming under your care made?

P: Like I have already told you, I have always been the parent to these children even when the mother was alive.

I: Were there any discussions after the parent passed away in terms of the changes that were to be made? If so, what did these entail?

P: No, You do know in Setswana culture discussions are for uncles, but in this home there are no uncles. The date for the reallocation of the late mother's clothes was done by the village elders, we washed the clothes, then sat down on the day to distribute the clothes and kitchen utensils to her children accordingly. She once worked in Gaborone, apparently she had some stuff there but even today we do not have a car to go get them.

I: Who are the closest people to Kago?

P: His sisters are the ones who seem to understand him better.

I: What kind of emotional and psychological support, if any, has been given to Kago since he lost his mother?

P: His older sister is constantly telling him to study to have a brighter future, she is in Ipelegeng (Government poverty eradication scheme). She does not want him to end up suffering like her.

I: What are your thoughts about giving emotional and psychological support to orphans?

P: For them to end up being teachers and doctors, because nowadays it is difficult. You can no longer provide for your children by rearing cattle and ploughing.

I: What has been the challenges/difficulties in raising a teenage orphan? Please elaborate.

P: The problem is not having anything to give your children, I am old now, I am no longer able to plough. I used to plough, sell some, even to shops from Gaborone (Botswana Capital City) and have enough to feed my children. Nowadays my knees do not allow me to even make a small garden in my yard.

I: Are there any other challenges?

P: None…(long pause)……When there are meetings at his school, there is no one to attend or when the teachers asked for contributions and buying I's school shoes. Those are the problems I experience.

I: How have you dealt with these challenges?

P: The social worker gives them food, but they don't last, everyone cooks what they want, you can find 5 pots by the fire at a time, the other one is cooking rice, the other one is cooking bread, they do not think about tomorrow. He also gives them school uniform.

I: With regard to school meetings, what do you do?

P: There is nothing I can do my child, I ask my neighbor to listen for me, but even her she is sometimes unable to go.

I: What emotional, and/or behavioural difficulties does Kago display?

P: Kago's problem is he does not listen when you talk to him, he talks back and do does as he pleases.

I: His teacher mentioned that he is absent from school a lot of times, does he miss school often?

P: Yes, he can complain that he is sick and spend the whole week without going to school, sometimes going for days without telling anyone where he is.

I: Since when has Kago shown these problems?

P: Missing school?

I: Yes, and being disobedient?

P: Not listening when being spoken to is just who he is, my grandson is just naughty. (pause)…..He does not see a difference between elders and his age mates.

I: What about missing school?

P: Since he was doing standard 7, maybe he thinks he is a man now and can do what he likes.

I: How do you deal with the problems?

P: What can we do, I have taken him to the chief one time when he broke the window, what was I supposed to buy the window with? The chief then called the social worker who talked to I. He then went for weeks without talking to me but eating the food I buy and sleeping in my house.

I: How do you understand these problems? Why do you think they occur?

P: Lack of respect for one's parents and taking one's future for granted, they think I am always going to be here to take care of them.

I: What do you think needs to be done to deal with these problems?

P: Back in the days a stick used to be a solution, but these days things are different. Children no longer respect their parents because they have rights. In the past we would have to call village elders and they will sort him out, put him on a straight path.

Participant 5-Kgomotso

The participant is a grandmother to B. His name was given by the Guidance and Counselling teacher; he performs badly, misses classes, skips exams and tests, appears to be lonely and is always quiet.

Demographic information

Age of caregiver(s): 66

Gender of caregiver(s): Female

Age of orphaned child in your care: 15

Gender of orphaned child in your care: male

How long has the child been in your care? Since the beginning of this year (a year).

Has the child any siblings? Yes, He has 3 sisters.

If so, where are they? They stay here with me.

Do you have any other children also in your care, if so age and gender details: None.

Interview Questions

I: How would you describe your relationship with Keletso?

P: We are close. He is the only boy among my grandchildren.

I: When did the parent pass away?

P: In 2002.

I: The mother or the father?

P: Mother, do we ever know about the fathers' whereabouts my child?

I: So you have never met the father?

P: No Keletso's mother never told us who damaged her.

I: How old was Keletso when they lost their parent/s?

P: He was 1 year old.

I: What did the parents pass away from?

P: She was ill.

I: What was the problem?

P: Since she gave birth she was constantly in pain, today it is her legs, tomorrow it is stomach ache. We do not know even today what was wrong, whether she caught whatever was troubling her in hospital or they had bewitched her.

I: What happened after the mother passed away?

P: He went to stay with the mother's older sister in Maunatlala.

I: He stayed with the aunt from when to when?

P: From when the mother passed away until early this year.

I: How was the decision of him coming under your care made?

P: He is the one that wanted to come stay in Mogapi.

I: Did he say why?

P: It seems he wanted to be with his siblings. We didn't ask.

I: His sisters stayed with you after the mother passed away, where did they stay before that and why did Keletso have to go stay with the aunt?

P: We all stayed here in my yard, me, my husband, who God took in 1999, my 4 children and Kesego's (Keletso's late mother) children.

I: Why did Keletso move to Maunatlala?

P: His mother's eldest sister is married there, the husband is a teacher there in Maunatlala. They wanted to take him because he is the youngest. I don't have anything to give him so I told them to take him.

I: What can you tell me about this process and how the people involved experienced it?

P: ah, it is just like I told you. The aunt and the husband took Keletso, with his sisters there were already home so there was really nothing to be done.

I: How old were they?

P: The other one was 6years old, the other one 10 and the eldest one was 15.

I: Were there any discussions with them after the mother passed away in terms of the changes that were to be made? If so, what did these entail?

P: We told the eldest one that their brother was going to Maunatlala to their aunt, she is the one who normally helped with bathing of the children and things like that. She wanted to go as well but who was going to help me here with her 2 sisters? Such things also break marriages, we have to be thankful that their aunt's husband agreed to take the small one not to burden him even more.

I: What do you think is the relevance of such discussions once a child has lost a parent (s)?

P: Isn't that for children to dictate to us like they do nowadays, in the past discussions were for adults. My mother and uncles would call me and tell me so and so' s son wants to make you his wife and I had to listen and do as I was told. These days children have rights.

I: Who are the closest people to Keletso?

P: He is always quite my grandson, you cannot understand him. He is not someone you easily get close to. He does not have friends, even his sisters it is like they tire him when they talk to him.

I: What kind of emotional and psychological support, if any, has been given to Keletso since the loss of a parent/s?

P: There is nothing.

I: What are your thoughts about giving emotional and psychological support to orphans?

P: These days children hang themselves. They drink poison.

I: So they need support to avoid those?

P: You never know what they want these children. Maybe that could help because us their parents we are not able to handle them.

I: What has been the challenges/difficulties in raising a teenage orphan? Please elaborate.

P: There are no challenges, when the child is yours, they are yours. You brought them into this world, you cannot say challenges, people will laugh at you. You rise and fall with your children, that is how life is my child.

I: What emotional, and/or behavioral problems does Keletso display?

P: He doesn't have problems. He listens, he goes when he is being sent to do something.

Participant 6-Lorato

The participant is the orphan's aunt, late mother's young sister. The orphan is reported to have poor academic marks, truant and appears to have no friends at school.

Demographic information:

*Age of caregiver(s):*27

Gender of caregiver(s): female

Age of orphaned child in your care: 14

Gender of orphaned child in your care: female

How long has the child been in your care? 3 years

Has the child any siblings? Yes, 2 younger brothers.

If so, where are they? They stay here with me.

Do you have any other children also in your care, if so age and gender details: Yes I have 3 children, 2years old, 5 years old and 6 years old.

Interview Questions

I: How would you describe your relationship with Gaone?

P: We are close, she calls me mama.

I: When did the parent (s) pass away?

P: Her mother passed away in 2010. They don't have a father.

I: What do you mean by they don't have a father?

P: Their father wanted to take them without paying damages, I refused because I wanted him to take them legally. I will rather struggle with them here.

I: Did he try to take them legally then?

P: No, he went away, we never saw him again.

I: How old was Gaone when she lost her mother?

P: ah, I do not know, maybe 10 or 9.

I: Which grade was she in?

P: She was in primary school.

I: What did the mother pass away from?

P: she was ill.

I: What was the problem?

P: She had TB, she was taking medication for a long time.

I: What happened after the mother passed away?

P: They came to stay with me.

I: Where did they stay before that?

They stayed with their mother, not far from here.

I: How was the decision of Gaone and her siblings coming under your care made?

P: That is how it is, if their mother passes away then I am their mother since we do not have a mother. If I was the one that died, she would have taken my children to be her children.

I: What can you tell me about this process and how the people involved experienced it?

P: It was just simple, after the funeral, we washed their mother's clothes and then I told the children to pack their bags and that they were going to stay with me now. Already they spent a lot of time at my place, I cooked for them when their mother was not around or when she was ill.

I: Were there any discussions with Gaone after the parent passed away in terms of the changes that were to be made? If so, what did these entail?

P: No they were no discussions, the uncles are always away. Even their mother's clothes have not been distributed yet, thieves will end up taking them.

I: What do you think is the relevance of such discussions once a child has lost a parent (s)?

P: Sometimes some people hit children, so if you want a child to go stay with someone who does not have a kind heart the child may refuse and it is important to know why and find the child a relative that will take care of the child and give them food.

I: Who are the closest people to Gaone?

P: It is me, her aunt.

I: Who was there to support Gaone when her mother passed away?

P: It was me, I told her that I also lost a mother at her age. She needs to be strong because her brothers are looking at her, she is their second mother when I am not there.

I: What kind of emotional and psychological support, if any, has been given to Gaone since the loss of a parent/s?

P: There was no support except me telling her I will take care of them.

I: What are your thoughts about giving emotional and psychological support to orphans?

P: Their teachers need to talk to them and encourage them so that they can study and have a bright future unlike us.

I: What has been the challenges/difficulties in raising a teenage orphan? Please elaborate.

P: It's painful when your children go to bed without anything to eat. In this home it is me, my 3 children, my sister's 3 children and my children's father so it is not easy because I am not

working. My children's father sometimes works at Ipelegeng (Poverty eradication scheme) and we are able to buy milk or meat.

I: How have you dealt with these challenges?

P: I have been to the social worker to tell him that the food parcel does not last until the next one comes but he said we need to manage as there is nothing he can do, it is the law that decided how much we can get. Last year they built us a room, at least now the children sleep there and we sleep in the other room (mud hut).

I: What emotional, and/or behavioural problems does Gaone display?

P: I would only be damaging her name if I were to say she has problems. The only problem is that she fails at school.

I: How do you deal with the problem?

P: I have tried talking to her.

I: Did that help?

P: yes it did, you can see these days that she does her homework and serious about school.

I: How do you understand this problem? Why do you think they occur?

P: It is because she was not serious about her school work.

I: What do you think needs to be done to deal with such problems?

P: They are our children, the only thing to do is to talk to them and ask the social worker for help if they do not listen to us.

Participant 7-Realeboga

The participant is the sister to the orphan. Misses school, poor marks and truancy.

Demographic information

*Age of caregiver(s):*27

Gender of caregiver(s): female

Age of orphaned child in your care: 16

Gender of orphaned child in your care: male

How long has the child been in your care: since he was 6 years old.

Has the child any siblings? Apart from me, none.

Do you have any other children also in your care, if so age and gender details: yes, one son aged 4 years.

Interview Questions

I: How would you describe your relationship with Gaone?

P: We are close, we talk about everything.

I: When did the parent pass away?

P: Our mother passed away in 2004, our father in 2006 but we never stayed with him, we never really knew him apart from a distance.

I: How old was Gaone when he lost his parent/s?

P: He was a year old when our mother passed away.

I: What did she pass awayaway from?

P: Our mother was ill, our father I don't know what happened, I just heard that he died.

I: What happened after your mother passed away?

P: My grandmother came to stay with us to be the parent.

I: How was that decision made?

P: I really don't know, but it helped a lot to have an elder around, (long pause)……not having a mother is a very painful thing but my grandmother made sure we had something to eat and Christmas clothes.

I: Were there any discussions after your mother passed away in terms of the changes that were to be made? If so, what did these entail?

P: No, I do not remember any discussions. I think I was 17 years old, I just remember being told that my mother was late, then after the funeral her clothes and other stuff were distributed amongst us. I got some of her dresses and kitchen utensils.

I: What do you think is the relevance of such discussions once a child has lost a parent (s)?

P: To avoid fights between relatives as to who will take care of the children and insure that their property is not taken by the wrong people.

I: Who are the closest people to the Gaone?

P: His friend, Refilwe, they go to Sedimo together.

I: Who was there to support Gaone when the mother passed passed away?

P: He was 6 years old. Some 6 years old children can understand, some do not understand what is going on. No one really, only after our grandmother passed away I tried to talk to him because then I could see he was really affected. They were extremely close. He would say things like 'if Mme (mother/term used to refer to grandparents most of the time) was here we would not be struggling like this'.

I: When did you grandmother passes away?

P: Last year.

I: What kind of emotional and psychological support, if any, has been given to Gaone since the loss of both the mother and the grandmother?

P: There has been no emotional support offered.

I: What are your thoughts about giving emotional and psychological support to orphans?

P: It is important, isn't it you will be hurting? You need counseling to avoid negative thoughts and to avoid suicide.

I: What has been the challenges/difficulties in raising a teenage orphan? Please elaborate.

P: I am very young to control him, he does not listen as compared to when our grandmother was here, he does not listen to me, he goes to play and returns very late and he is disobedient. Another problem is unemployment, I am on Ipelegeng, but you know you cannot do that every month, you need to give others a chance and you only earn P400 per month (R480). I am not able to provide for him as compared as when my grandmother was her to help.

I: How have you dealt with these challenges?

P: I am still trying to look for a job. I try to talk and advice Gaone. He needs to study so that he can leave a better life, it really pains me wondering with such low marks he gets how is he going to give himself a better life. What is going to do? Is he going to be on Ipelegeng like me?

I: What emotional, and/or behavioural problems does Gaone display?

P: He is a moody person, when you talk to him he just looks at you without responding. He locks himself in the house. When you ask him what is wrong he will say he has a headache.

I: How often does this happen?

P: Very often, since last year he is always alone, he does not go to play, he locks himself in the house, then when you try to talk to him he says everything is ok but you can see something is bothering him.

I: Since when has Game shown these difficulties?

P: Since he was doing form 1, last year.

I: How do you deal with these problems?

P: I try to talk to him.

I: How do you understand these problems? Why do you think they occur?

P: Isn't it the stage? Being a teenager and maybe thinking too much, comparing life now and the way it used to be when our grandmother was still alive.

I: What do you think needs to be done to deal with these problems?

P: I think if there were sessions it would help, 'guidance sessions' on given days, maybe he can be able to express himself compared to when it is me. Or if the social worker meets with them to talk he can express his feelings.

Participant 8-Masedi

The participant is the orphan's grandmother. Orphan reported to have disturbed peer relations, poor marks at school and appears to be lonely and depressed.

Demographic information:

*Age of caregiver(s):*71

Gender of caregiver(s): female

Age of orphaned child in your care: 16

Gender of orphaned child in your care: female

How long has the child been in your care? Since 2004

Has the child any siblings? 2 older brothers and an older sister.

*If so, where are they?*2 of them stay here, the other one stays in Serowe with the aunt.

Do you have any other children also in your care, if so age and gender details: I have 6 children, only 2 of them stay here, the last born and her brother.

Interview Questions

I: How would you describe your relationship with Saone?

P: We are close, we sleep in the same bed most of the time.

I: When did the parent (s) pass away?

P: In 2004.

I: The mother or the father?

P: Her mother. Her father is apparently somewhere in Gaborone.

I: How old was Saone when she lost her mother?

P: She was 6 years old.

I: What did the mother pass away from?

P: She was sick. She was taking medication for these day's diseases. She took the tablets for a few weeks, then she became very ill, we took her to seek help from people that understand better. Some old man in Sefhophe (a village close to Mogapi) but she did not get better and eventually passed away.

I: What happened after the parents passed away?

P: They came to stay here with me.

I: Where did they stay before that?

P: They stayed in Phikwe with their mother. (SelibePhikwe is a mining town close to Mogapi).

I: How was the decision of Saone coming under your care made?

P: You know that is how it is, its culture. When your daughter lives you, his/her children are your responsibility. They are your children no, you have to take them.

I: What can you tell me about this process and how the people involved experienced it?

P: After the distribution of their mother's clothes, we told them that they were now going to attend school in Mogapi.

I: Were there any discussions with Saone after the mother passed away in terms of the changes that were to be made? If so, what did these entail?

P: She was still a baby, she was not even doing standard one when her mother left us.

I: What do you think is the relevance of such discussions once a child has lost a parent?

P: People are greedy, they take things that are not theirs. So discussing with children such issues insures that children know where their home is and who is now taking care of them. It also insures that the children do not feel lost, as if they don't have parents while their grandmother is still alive.

I: Who are the closest people to Saone?

P: Her distant cousin, they play together and sometimes she visits them in Phikwe during the school holidays.

I: Who was there to support the Saone when her mother passed away?

P: Same knows me as her mother, I have always been her mother when she was as young as that paper. I am the one she came to when she was not feeling well or needed P1 for sweets.

I: What kind of emotional and psychological support, if any, has been given to Saone since the loss of her mother?

P: There have not been any.

I: What are your thoughts about giving emotional and psychological support to orphans?

P: Maybe you can ask the social worker. They are the one that knows those things.

I: What has been the challenges/difficulties in raising a teenage orphan? Please elaborate.

P: Is it just raising your children that you breastfed, sometimes you don't have money to buy meat, or school contributions. Every parent experiences those problems, especially when you no longer able to make a living for your children like we used to plough, then your children could never be hungry.

I: How have you dealt with these challenges?

P: We get help from Raboipelego (Social worker), they try here and there to take care of these children. They get food and school uniform, so when I have found something I add to what the social worker has provided.

I*: What emotional, and/or behavioural problems does Same display?*

P: She does not have problems, she listens but sometimes she is disobedient, she is naughty and she will interrupt you when you are speaking.

I: Since when has she shown these problems?

P: She has always been like that, maybe she takes after her mother, she was also naughty. She could for a week without telling us where she was, perhaps the reason why she had a baby when she was still at school.

I: How do you deal with the problem(s)?

P: Ah, I just take her as she is, because sometimes she is happy, washing my clothes, cooking, the other day she is moody and ignoring what she is being told. I just take that she is my daughter, they cannot all be the same. Everyone has their disability (weakness).

I: How do you understand these problems? Why do you think they occur?

P: Maybe she thinks I am her friend, laughing and seating under the tree with them tends to make them think they can do as they please. That is why you can tell a child to cook and they tell you that they are tired, we could never say that to parents, you would get a whooping from the uncles.

I: What do you think needs to be done to deal with these problems?

P: Ah, what could be done?..... Isn't it children these days have rights? they rush to the social worker or the police if you try to talk to them. For us if you did that, when you get to where you are reporting you will get another beating until you understand that your parents are your parents, you need to respect their rules.

Participant 9-Kgomotsego

Participant is the grandmother to the teenage orphan, who is reported to be performing badly at school, has conduct problems and is antisocial. The interview got cut midway and the participant was not comfortable continuing when approached.

Demographic information:

Age of caregiver(s): 63

Gender of caregiver(s): Female

Age of orphaned child in your care: 17

Gender of orphaned child in your care: male

How long has the child been in your care: 10 years

Has the child any siblings: No

Do you have any other child in your care: My 21 year old daughter and her 2 months old son stay here with me.

Interview Questions

I: How would you describe your relationship with Ishmael?

P: Ishmael is disrespectful, he does not even stay at home, he is always out, drinking alcohol, spending days and days in shebeens. He does not look at me and see a parent.

I: When did the parent pass away?

P: His parents?.....his mother passed away in 2001, his father we often heard that he stayed in the nearby cattle post.

I: How old was Ishmael when he lost his mother?

P: He was about 10.

I: What did she pass away from?

P: Her skin peeled, she was a walking corpse, she had no weight at all and she refused to take pills, it was not nice to see your first born daughter lose her life like that, when you tried so much to lead her into the right path, to get her to avoid bad company and leave alcohol…….(pause)… At the hospital they said she had AIDS and gave her medication which she did not want to take. It was as if she was a crazy person.

I: What happened after the parents passed away?

P: Happened where, at the funeral?

I: With regard to Ishmael and living arrangements.

P: He was already under my care because the mother never stayed at home, so after the funeral he still stayed here with me.

I: Were there any discussions with the Ishmael after the parent passed away in terms of the changes that were to be made? If so, what did these entail?

P: There were no changes, he just had to be registered with the social worker as an orphan so he could get food and clothes,…..there was nothing to discuss with him.

I: What do you think is the relevance of such discussions once a child has lost a parent (s)?

P: Seating under a tree with children and negotiating makes them think they can control you and tell what to do in your own household. As parents we know what is best for our children, our parents knew what was best for us. Parents decide and let the children know what has been decided.

I: Who are the closest people to Ishmael?

P: He is close to his great grandmother, because that is where his mother used to go whenever she wanted to do her own things and come back at a time where she likes. His son does the same thing even now.

I: Who was there to support the Ishmael when their parent (s) passed away?

P: He had us at home, he knew he can come to me as his grandmother when he needs something.

I: What kind of emotional and psychological support, if any, has been given to Ishmael since the loss of a parent/s?

P: (Pause)…. If you mean counseling then he did not have any. A year ago he ran away from home, he then went to EmangBasadi (NGO responsible for abused women and women empowerment) and said to them we abuse him and we do not take care of him. Maybe they gave him counseling because from then he came back home and started being a child again.

I: What are your thoughts about giving emotional and psychological support to orphans?

P: I don't know my child…..I think maybe you can ask the social workers, they could know better.

I: What has been the challenges/difficulties in raising a teenage orphan? Please elaborate.

P: Ishmael has given me headaches for years and years, I am even going to die before my mother. He has been to a holding cell at the police a lot of times. He steals phones, he steals money, he goes for weeks without saying where he is at. He dates women way older than him, women who have children. When I talk to him the relatives accuse me off not treating him well. He gives me so much headache, even when you beat him up it is as if you are doing nothing, there is no difference. I don't see other families go through what this boy has put me through. He has copied his mothers' behaviour completely.

I: How have you dealt with these challenges?

P: What can I do? I used to beat him up, but now he is a man, he might end up being the one who beats me up so I just look. Even when he is at the holding cell I don't bother going to see him. He wants to send me to the grave early. Now imagine as a parent having to bury your own child……before they can do anything for themselves…..(pause)…..build a house for you as their mother….(pause)…..and then having to deal with a grandson like this…who does not even listen…(sobs)….it is very painful.

16. What emotional, and/or behavioural problems does ……. display?

17. Since when has ……. shown…….these difficulties?

18. How do you deal with the problem(s)?

19. How do you understand these problems? Why do you think they occur?

20. What do you think needs to be done to deal with these problems?

Appendix E- Table of Themes

1. Orphans Emotional and Behavioural Problems
2. Caregivers Feeling Disrespected by Orphans under their care
3. Caregivers' feeling of Helplessness
4. Challenges Faced by Caregivers
5. Absent Fathers
6. Caregivers' disregard for Importance of Communication with the Orphans Under their Care