

The experiences of HIV and AIDS orphans who are heads of households at Ga-mothapo, Limpopo Province, South Africa

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Abstract

The purpose of this study was to determine the experiences of the HIV and AIDS orphans who are heads of households at Ga-mothapo area in the Capricorn District, Limpopo Province. A qualitative, explorative, descriptive research was conducted to explore and describe the experiences of those HIV and AIDS orphans who are heads of households at Ga-mothapo area in the Capricorn District, Limpopo Province. Non-probability purposive sampling technique was used to include 12 participants who voluntarily participated in the unstructured one-to-one interview sessions until data saturation was reached. Data were analysed using the Tesch's open coding qualitative data analysis method. Two themes namely: Living conditions and interpersonal relationship in the community emerged. The study recommended that the local churches have to identify and support these orphans who are head of households. The educators have to encourage these orphans to build their future by schooling up to tertiary level. The social workers should also assist the orphans to receive social grants and monitor how it is utilised.

Keywords: Orphans, experiences, HIV and AIDS, heads of households.

How to cite this article:

Malema, R.N. & Mothiba, T.M. (2014). The experiences of HIV and AIDS orphans who are heads of households at Ga-mothapo, Limpopo Province, South Africa. *African Journal for Physical, Health Education, Recreation and Dance*, June (Supplement 1:1), 58-67.

Introduction

It is estimated that more than 16 million children worldwide under the age of 18 years have been orphaned by HIV and AIDS. Around 14.8 million of these children live in sub-Saharan Africa (UNAIDS, 2003). Furthermore, even with the availability of antiretroviral treatment it is estimated that by 2015, the number of orphaned children will be overwhelmingly high (UNAIDS, 2004). Of the 15 million children who are orphaned by HIV and AIDS, 1.4 million live in South Africa (Cluver & Orkin, 2009).

Studies of child headed households dealt primarily with children's rights and the accessibility of social grants for children affected by HIV and AIDS (Sloth, 2004; Rosa, 2004). Because of an increasing number of children who have lost both parents to AIDS, the number of child headed households has increased. Books (1998), states that HIV and AIDS affected children and youth are a population at high risk. They are prone to developmental, behavioural and

mental health problems, teenage pregnancy and the risk of becoming infected by HIV and AIDS.

According to Cluver, Gardner and Operario (2007) of the University of Oxford, it is predicted that South Africa will have 2.3 million children orphaned by AIDS by 2020. There is still very little knowledge about the impact of AIDS-related bereavement on children who are heads of households.

Available information regarding the impact of HIV and AIDS-related bereavement is indicative that HIV and AIDS orphans as heads of households are undergoing traumatic experiences. Such experiences often threaten their lives. On a psychological level, adolescents are traumatized by the illness of their parents. This psychological effect and traumatization are exacerbated by the stigma and discrimination attached to HIV and AIDS. In addition UNICEF (2003) had listed other experiences such as, economic hardships with parents unable to work and saving spent on care, adolescents are forced to take on the adult role of supporting the family. Therefore, this study is aimed at investigating experiences of HIV and AIDS orphans who are heads of households at Ga-mothapo area in the Capricorn District of Limpopo Province, South Africa.

Methodology

Research design

Qualitative research approach was used in this study because it enables the researchers to collect data through in-depth face to face interviews to explore and describe the experiences of HIV and AIDS orphans who are heads of households at Ga-mothapo area of the Capricorn District. The research design also assisted the researcher to collect data through direct contact with the participants during one-to-one interview sessions within their own context (Wilson, 1993; Brink, 2006). The participants were given an opportunity to narrate their experiences while the researchers observed the non-verbal cues (Terre Blanche & Durkheim, 1999).

Population and sampling

The study population consisted of young school boys and girls aged between 13 and 19 years who were heads of households in Ga-Mothapo settlement in Limpopo Province. This area was chosen because of the presence of organized structures such as home and community-based carers.

The participants satisfied the sampling requirements since they were HIV and AIDS orphans who were heads of households. Purposive non-probability

sampling method was used to select the 12 participants who had knowledge regarding the phenomenon studied (De Vos et al., 2005).

Data collection

The HIV and AIDS orphans as heads of the households selected for this study were interviewed at the orphanage centre. A total of 12 boys and girls aged between 17 – 19 years were interviewed until saturation was reached. The central question which was asked the participants was “*Kindly describe your experiences as a child who is head of your households*”. The probing questions were asked in order to give the participants opportunities to clarify all aspects which were not clear to the researchers. The participants’ descriptions revolved around their family life and how they were coping with it, social grant issues, social life and schooling.

Data analysis

Data were analysed qualitatively using Tesch’s open coding data analysis method as described by Botma, Greeff, Mulaudzi and Wright (2011). The data collected were transcribed verbatim, categorized, ordered, summarized and described in meaningful terms until themes and sub-themes emerged.

Ethical considerations

Ethical clearance and permission to conduct the study were granted by the Medunsa Research Ethics Committee and the then Limpopo Department of Health and Social Development, respectively. Informed consent for those who were 17 years was signed by their guardians.

Results and Discussion

A total of 12 participants (4 males and 8 females aged 17-19 years) who agreed to participate were interviewed. Having reduced the data, the researchers through a process of meaning condensation, were able to identify the experimental themes from the natural meaning units that were evidenced in each of the participants’ statements.

Table 1 reflects the themes and sub-themes emerged during data analysis concerning the experiences of HIV and AIDS orphans in Ga-Mothapo area who were heads of households.

Table 1: A summary of the themes and sub-themes reflecting the experiences of HIV and AIDS orphans who are heads of households

Themes	Sub-themes
1. Undesirable living conditions experienced	1.1 Inappropriate residential environment 1.2 Lack of basic needs 1.3 Stigma and discrimination 1.4 Risk of sexual abuse by relatives and neighbours 1.5 Fearful of the presence of exploitation 1.6 Difficulty in getting social grant 1.7 Inappropriate use of social grants
2. Interpersonal relationship in the community	2.1 Relationship with siblings and peers 2.2 Relationship with teachers 2.3 Relationship with relatives

Theme 1: Undesirable living conditions experienced

The findings indicated that the orphans experienced different undesirable living conditions. The undesirable living conditions are described in the following 6 sub-themes: Inappropriate residential environment, lack of basic needs, stigma and discrimination from the communities where they lived, the fear of being sexually abused by relatives and neighbours, difficulty in getting the social grant and inappropriate use of the social grant by people who are supposed to care for them.

Sub-Theme 1.1: Inappropriate residential environment

Participants were concerned about their living conditions in their residential areas and they expressed their concerns with regards to the physical conditions they live in which were expressed in the following excerpts of the participants' statements:

The participants who expressed concern with regards to poor sanitation and overcrowding indicated that *"We live in a two roomed house consisting of six people and there is no space, we have to cook and sleep in this house. This is not appropriate but our parents left us in this type of a house"*.

Another participant who was concerned about lack of personal safety in their residential areas outlined that *"We live alone in the house and there is no fence so people can come in and out as they wish or even assault because they know we are only children living in here"*.

The AIDS epidemic contributes to deepening poverty crisis in many communities, since the burden of caring for the vast majority of orphans fall on the already overstretched families; women or grandparents with the most meagre resources (Cluver & Orkin, 2009). In Zambia, orphans usually stay with grandmothers who are impoverished because of the death of their sons and

daughters who were supporting them financially. The days of such elderly women are also numbered and the decimation of families is so complete that there is often no one left in the generation coming behind (AVERT, 2003).

Sub-Theme 1.2: Lack of basic needs

Most of the participants indicated that they lack basic needs which were expressed by the fact that they sleep hungry because of lack of food. One participant confirmed this by saying: *“We don’t have enough food at home and we go to the orphanage centre for food, sometimes we go to sleep without eating. My younger sisters will also look at me to provide food, clothes to wear and you find that I don’t have a plan on how I can provide that”*.

The findings of this study corroborate the results of the Rwandan study by Siaens, Subbarao and Wodon (2003), who reported that orphans were denied access to basic needs such as education, health care and nutrition. In Kampala, Uganda, 47% of households assisting orphans lacked money for education compared with 10% of apparently similar households not charged with the responsibility of caring for orphans (Sarkar, Nechermann & Müller, 2005).

Sub-Theme 1.3: Stigma and discrimination

The participants indicated that they had experienced stigmatization and discrimination from the community at large. This was confirmed by a participant who said: *“Some people call us by names e.g. Z’3 family meaning three words (HIV/AIDS family) and that in itself pains us because meaning we no longer have names”*. Another participant who has experienced stigma and discrimination indicated that *“We are even discriminated against by parents of kids around us because they are afraid that if their children play with us we might infect their children with HIV/AIDS. They will literally stop them or call them to move away from us”*.

A study conducted in South Africa by Cluver and Orkin (2009) on the interactions of stigma, bullying and poverty on child mental health amongst AIDS orphans, reported that around one-fifth (220) of the 973 children experienced AIDS-related stigma. These children also experienced psychological disorders such as depression, anxiety and post-traumatic stress disorders. AIDS-related stigma was also reported amongst children and adolescents living with HIV/AIDS in Brazil (Abadia-Barrero & Castro, 2005).

Sub-Theme 1.4: Risk of sexual abuse by relatives and neighbours

The findings revealed that some of the participants were sexually abused by either relatives or neighbours and this was indicated in the following statements:

“We are sexually abused by our relatives and neighbours because they know that we live alone and there is no one we can tell”. Another participant indicated that *“The people we are living with take advantage of us orphans. They come and give us food and they will come afterwards and ask sexual favours. They will refer to what they have given you when you refuse, that’s why most of the orphans like us are abused sexually”.*

Many children who are orphaned prefer to live in child or sibling-headed households to avoid poor treatment by their relatives. This practice exposes them to the risk of being sexually abused given the lack of close adult supervision and poverty (Myers, 2011). Furthermore, they are susceptible to transactional relationships with older partners for economic reasons and they fail to negotiate condom use, heightening the risk of unplanned pregnancy.

Sub-Theme 1.5: Difficulty in getting social grant

The study findings revealed that participants are experiencing a problem to in relation to getting social grant which they are supposed to receive; this was expressed in the following direct quotes *“We are unable to receive the social grants because there is no one who can assist us to get it because we are still under 18 years and we don’t know what to do”.* Another participant said that she used to receive a social grant until her grandmother who was receiving the grant passed away *“I was getting the my social grant since my parents die under the supervision of my grandmother and after she has passed away it was stopped and I tried to ask from Social Services but even now I don’t receive my grant they just say that they look into it”.*

There is loss of income when children lose their parents. In South Africa, Under the Child Care Act No.74 of 1983 and Social Assistance Act No.59 of 1992 (now the Social Assistance Act No. 13 of 2004) (Meintjies et al. (2010) there are two types of grants which are available to assist orphans namely the Child Dependency Grant and the Foster Care Grant depending on eligibility. Unfortunately the mechanisms of securing these grants are very complex. The child has to be “in need of care”, thus it is rather aimed at child protection. Many orphans and children are made vulnerable by HIV/AIDS, especially those in child-headed households, who are unable to access the child support because they lack appropriate documentation. In order to access a grant the following documentation is needed amongst others: identification (ID) of parent or primary care giver; or death certificate of parent(s) and ID document or birth certificate of the child. Due to home births, or non-registration of births and the circumstances exacerbated by the fragmentation of family structures caused by HIV/AIDS and poverty, many orphaned children have great difficulty in obtaining these documents and as a result are not eligible for the grant (Meintjies et al., 2010).

Sub-Theme 1.6: Inappropriate use of social grants

The social grants for the orphans are sometimes used inappropriately because the relatives embezzle the money. This was confirmed by a participant who said *“My aunt come and takes my money every month and buy food that cannot even go through the month and the only time she buys me clothes is in December only. She always buys her children clothes at any time of the year and she plays cards with my money and I don’t know how she feels about what she is doing”*. Another participant indicated that *“My uncle always misuse my money because he doesn’t give me the money for my basic needs but he always say that there is no money”*.

Theme 2: Interpersonal relationship as experienced by orphans

The findings revealed that the orphans who are heading the families may have difficulties in forming close interpersonal relationships with their siblings and relatives. According to Fries, Shirtcliff and Pollak (2008) the loss of parents at an early deprive these children an opportunity to form close interpersonal relationships with family member. The type of interpersonal relationships with family members and friends are discussed in the sub-themes below:

SUB-Theme 2.1: Relationship with siblings and peers

Some of the participants outlined their relationships with their siblings and ~~their~~ peers which was described as both negative and positive. The participants who indicated a positive relationship with their peers but negative with their siblings stated:.... *“I have a good relationship with my friends at home and at school and I enjoy what we share in life, though my siblings and I are always fighting over irrelevant issues such as food and clothes”*. Another participant said *“I enjoy doing homework with my friends and I also assist my younger brother when I arrive at home”*.

Sub-Theme 2.2: Relationship with teachers

The participants described their relationships with teachers at school as being good as their teachers take care of them. A good relationship with teachers was expressed as follows *“I like my teachers because they sometimes give me and my younger sister food for lunch and school uniform. She is always caring about our performance at school because they will also check books”*. Another participant indicated that *“A certain teacher usually takes me to her house to play computer games with her children and she also provides me with study material so that I can progress well at school”*.

Sub-Theme 2.3: Relationship with relatives

Some participants indicated that they had a good relationship with their relatives although others reported that they hate their relatives based on the negative things that they do to them. A participant indicated that *“I usually sleep at my friends’ home especially if I did not complete my daily tasks because the person who stays with us sometimes at home she is rude she will switch of the lights while we still studying saying I am misusing electricity and I will always tell her that she must leave our place”*. Another participant reported that:.... *“My relative does treat me as their own child even though they not always at home and they only shout and beat me when I have done something wrong and I would understand. They also come to check how I am doing and they also buy me food with their money sometimes if my money is not enough”*.

A study conducted in rural Uganda which investigated the levels of psychological distress among AIDS orphans, reported higher levels of anxiety and depression symptoms as compared to non-orphans (Atwine, et al., 2005). These findings are consistent with results of previous studies by Makame et al. (2007), Nyambedha et al. (2003), Sengendo and Nambi (1997), Van Rooyen, Sharron and Ricks (2012) which indicated higher levels of anxiety and depression symptoms amongst children orphaned by AIDS.

Recommendations

The local churches should play a major role in identifying and supporting the orphans who are heads of households. The educators should also play a role in encouraging the orphans to build a future for themselves. Social workers need to assist the orphans to receive social grants.

Conclusion

This study has addresses the experiences of HIV and AIDS orphans who function as heads of households. The research has shown that steps need to be taken to support HIV and AIDS orphans. Since there are limited studies available on child headed households in South Africa, much more work need to be done in this area. The findings of this study confirm that as heads of households, HIV and AIDS orphans experience social, psychological, emotional and spiritual pains and trauma. Each of these areas also needs further investigation. For example, some of these pains are caused by ineffectiveness of family support. This study has also shown that most of the extended families are not supportive of the HIV and AIDS orphans in child headed households.

Positive network support can go a long way to change the emotional, psychological, social and spiritual breakdown of the lives of HIV and AIDS

orphans who find themselves with the huge responsibilities of being heads of households. This study proposes a joint partnership of all stakeholders involving government, churches, communities and non-governmental organizations to address the appalling situation of the growing number of orphans and child headed households in South Africa.

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