AN EVALUATION OF CARE AND SUPPORT CENTRES FOR HIV/AIDS ORPHANS IN KHAYELITSHA

by

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DECLARATION

I, Sivenkosi A. Rashe, declare that the contents of this thesis represent my own unaided work, and that the thesis has not previously been submitted for academic examination towards any qualification. Furthermore, it represents my own opinions and not necessarily those of the Cape Peninsula University of Technology.

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Signed Date

ABSTRACT

One of the challenges facing the South African community is the HIV/AIDS epidemic. The epidemic not only disrupts the economy but one of its emerging impacts is through the children who are left orphaned. The challenge has come at a time when economic circumstances are making it difficult for extended families to lend a helping hand to children who are orphaned as a result of HIV/AIDS. The children left behind are usually left on their own or are absorbed through care and support centres which are being becoming popular.

The challenge of these care and support centres has come at a time when an increase in abuse by the personnel of care and support centres has emerged internationally. Communities can no longer turn a blind eye to the atrocities that are being experienced by the children within these centres. This challenge is double edged as communities feel isolated by the care and support centres which are based within their communities. The challenge is how communities can breach the gap between children within care and support centres and children who are left on their own.

The care and support centres available for HIV/AIDS orphans in Khayelitsha are predominantly run by foreign donors, which limit community participation. This has led to the isolation of community members and care and support centre staff and the core problem of this study will address the evaluation of the care and support centres. Questions such as what happens to children's properties after their parents' death, and do hey belong in care and support centres or within their communities arise. These are the areas which will be scrutinized in the study. Areas in which this thesis will attempt to provide insights and make concrete recommendations.

simultaneously with the extensive exploration of care and support centres available for HIV/AIDS orphans theories include the :

- Available care and support centres
- Community participation within care and support centres
- The concept of "ubuntu" in relation to family existence

It is hoped that the focus on the care and support centres available for HIV/AIDS orphans will make some contribution to effective care and support centres in this areas, thereby increasing community participation which in turn will revive the concept of ubuntu within communities.

Finally, recommendations such as the direct involvement of community members is required to attain which services the care and support centres can offer to the community and how the community play an active role within care and support centres will be offered in this thesis, as informed by the survey results, to effectively manage care and support centres for HIV/AIDS orphans in Khayelitsha.

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ABBREVIATIONS AND ACRONYMS

HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
UNICEF	United Nations Children's Fund
UNAIDS	Joint United Nations Programme on HIV/AIDS
NGO	Non Governmental Organisation
CRC	United Nations Convention on the Rights of the child

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CHAPTER ONE

GENERAL INTRODUCTION

1.1 BACKGROUND OF THE PROBLEM

One of the realities facing the South African population at the moment is the HIV/AIDS epidemic and the devastating effects it has on children. Thousands of people are infected and affected by the virus and the numbers are mounting daily. The tragedy of AIDS does not end with the sufferer, it continues through the lives of the children who are left behind when parents die of HIV/AIDS. Sarandon (1999:58) stated that "in Africa, where the AIDS epidemic is at its worst, generations of children are growing up without parents. As a result of this, care and support centres for children orphaned by HIV/AIDS have been established".

According to Save the Children (2003:6) "all children in care and support centres or living in alternative family care and adoption, must be safeguarded". Organisations such as Save the Children are particularly concerned that the abuse of children by caregivers should be prevented and stopped. In all countries, the agencies working for the care and protection of children should be established and subjected to rigorously enforced codes of conduct that have zero tolerance for the abuse and exploitation of children by the personnel.

"International organisations have learned of real problems through listening to children who have lived in care and support centres or outside family care. Children on the whole are critical of the discrimination and stigmatisation and the way that care and support centres do not prepare them for adulthood in the community" (Desmond, 2002:25). Although problems affecting children growing up without their

families are often individual and specific to the particular country and cultural context, improvements for these children will be more immediate if concern for their well-being is raised at an international level.

1.2 DEFINING THE RESEARCH PROBLEM

According to Zanele Ngcezula (2005:21) "children from child-headed households search for a place to belong and the streets are where they find a safe haven. As a means to survive, the children commit crime adding to the mounting challenges that the community already face". Statistics South Africa (2001), states that Khayelitsha has a population of 328 995 people and out of that 194 620 are orphans. There are more orphans than adults in Khayelitsha therefore; more care and support centres for HIV/AIDS orphans are required.

As a result of inadequate care and support centres within Khayelitsha, children from child headed families can be seen loitering in the streets and as a consequence, they are at risk of developing anti-social behavioral patterns. The Provincial Administration of the Western Cape, Department of Social Services supports and recognises six care and support centres within the Khayelitsha community.

The core problem which this study addresses revolves around the role of the community in relation to the care and support centres for HIV/AIDS orphans in Khayelitsha.

1.3 PURPOSE AND OBJECTIVES OF THE STUDY

The purpose of this study is to:

- Evaluate the impact HIV/AIDS has on the life of a child,
- Explore the negative perception that communities have towards care and support centres,
- Explore the care and support centres available for children orphaned by HIV/AIDS in Africa,
- Explore the concept of "ubuntu" in relation to the conventional family structure,
- Provide a case study framework of two selected care and support centres in Khayelitsha,
- Develop a set of conclusions and recommendations for improved care and support centres for HIV/AIDS orphans.

The following **research objectives** *have been postulated to achieve the purpose of* the study, namely:

- To investigate the theoretical overview of the emotional, physical and psychosocial impact of HIV/AIDS on the life of the child and the global statistics on HIV/AIDS orphans
- To provide a theoretical overview of care and support centres available for HIV/AIDS orphans in Africa
- To investigate the theory on the concept of "ubuntu" in relation to family structure.
- To investigate through a case study framework care and support centres for HIV/AIDS orphans in Khayelitsha.

- To empirically measure and evaluate the care and support centres for HIV/AIDS orphans in Khayelitsha.

1.4 DELIMITATION OF THE STUDY

HIV/AIDS covers a vast field. There is a plethora of literature on HIV/AIDS management, prevention and raising community awareness. HIV/AIDS has become a well researched area within different disciplines. According to Pekeur (2002:10) "It is therefore essential to remain within the purpose and objectives of the study to prevent possible overlapping with other research projects or studies. It is further essential to narrow down the field of study to make it more helpful, acceptable and practical for care and support centres available to HIV/AIDS orphans". The study will focus on achieving the research objectives as stated in section 1.3. The research focus is on the subject field of care and support centres available to children orphaned by HIV/AIDS in Khayelitsha.

1.5 IMPORTANCE AND MOTIVATION OF THE STUDY

The HIV/AIDS epidemic poses economic, social and developmental challenges to communities. In addition to these challenges, communities are faced with caring for orphaned children as a result of deaths caused by HIV/AIDS. These communities have previously absorbed orphaned children but social circumstances are disrupting these social safety nets.

"Due to these circumstances governments and communities have established care and support centres for children orphaned by HIV/AIDS as families are not coping. Institutional care is a solution that is impractically expensive to build and maintain. It is tragic to separate children from their siblings, taking them out of their communities

and raising them in situations which do not prepare them for life as adults" (Machel, 2001:98).

Institutionalisation stores up problems for society, which is ill-equipped to cope with an influx of young people who have not been socialised in the community in which they have to live. Institutionalising orphaned children is seen as one of the more disastrous initiatives and can exacerbate children's difficulties later in life.

For these reasons the focus of the study will evaluate the impact of HIV/AIDS on the life a child as well as to explore and investigate the care and support centres available for HIV/AIDS orphans in Khayelitsha.

1.6 RESEARCH METHODOLOGY

According to Adams (2004:10)"research is undertaken in a planned and systematic manner and thus every researcher has to develop and use specific tools and methods to gain data relevant to the study undertaken". A distinction between the terms methodology and methods needs to be made. According to Bailey (1978:26) "methodology refers to the philosophy of the research process". Methodology aims to investigate the motivation of the research and it aims "to help us to understand, in the broadest possible terms, not the products of scientific enquiry but the process itself" (Cohen and Manion, 1980:26).

Methods refer to "that range of approaches used in research to gather data which are used as a basis for inference and interpretation, for explanation and prediction" (Cohen and Manion, 1980:26). This refers to the research techniques used in gathering information or data and may include focus groups, questionnaires and participant observation and focus groups.

1.6.1 THE LITERATURE REVIEW

According to Mouly (1970:126) "the review of the literature in an exacting task, calling for a deep insight and clear perspective of the overall field. It is a crucial step which invariably minimizes the risk of dead-end rejected topics, rejected studies, wasted effort, trial and error activity oriented towards approaches already discarded by previous investigators and – even more importance, erroneous findings based on faulty research designs. It promotes a greater understanding of the problem and its crucial aspects and ensures the avoidance of unnecessary duplication. It provides comparative data on the basis of which to evaluate and interpret the significance of one's findings and, in addition, contributes to the scholarship of the investigator".

An in-depth literature review has explored existing theories on care and support centres available to children orphaned by HIV/AIDS nationally and internationally and in Khayelitsha specifically. The literature provided the researcher with a clearer idea of the range of research instruments used to obtain data, while the body of knowledge available in the literature serves as a foundation on which to base the research and analysis of this study.

1.6.2 CASE STUDY

This study is situated within the framework of a case study. The case to be studied are two care and support centres available to HIV/AIDS orphans in Khayelitsha. One care and support centres is community driven while the other is operated by the South African government. Case studies recognise "the particular contexts in which innovations are embedded and aspires to describe and analyse the processes by which, and the conditions in which innovations are implemented" (Simons, 1989:115). According to Cohen and Manion (1980:99) the purpose of a case study is "to probe deeply and to analyse intensely the multifarious phenomena that constitute

the life cycle of the unit with a view to establishing generalisations about the wider population to which that unit belongs".

According to Leedy (1997:25)" case studies are a type of qualitative research in which the researcher explores a single entity or phenomenon (the case) bounded by time and activity (a program, event, process, institution or social group) and collects detailed information by using a variety of data collection procedures during a sustained period of time". By using this technique, the researcher will be in a position to collect data by describing the phenomenon. Leedy (1997:26) stated that "data gathering in case studies can be in the form of words, images or physical objects". Leedy (1997:26) identified three types of data analysis, for example, structural, reflective and interpretational analysis. For the purpose of this study, the interpretational analysis will be used as it examines the data for constructs, themes and patterns that can be used to describe and explain a phenomenon. Case study method will be used to draw conclusions on the evaluation of care and support centres for HIV/AIDS orphans in the vicinity.

1.6.3 PARTICIPANT OBSERVATION

An important aspect of researching a case study is observations. There are two broad types of observation, namely, non-participant and participant.

"Non-participant observation happens when the researcher sets him completely apart from that which he is observing. In this situation the researcher is somewhat like a spectator at a cricket match – interested, but not part of it. Participant observation transposes the researcher from the role of the spectator to that of a player. The researcher now "engages in the very activities he sets out to observe" (Cohen and Manion, 1980:101).

As volunteer worker at Vukuzakhe Community Development Project, one will be able to engage in participant observation as part of one's daily routine. The study acknowledges the danger of subjectivity whilst being engaged in participant observation. To guard against the possibility of subjectivity, observations were discussed with the care and support centre managers and social workers. The study observed general practices around the two care and support centres as they impact on the effective evaluation of the centres. Particular aspects observed are the relationships involved when dealing with orphaned children, the type of atmosphere that the centres operate in, care givers role through out the day, practices when children arrive from school and the routine during bedtimes.

1.6.4 FOCUS GROUPS

According to De Vos (1998:314)"a focus group interview could be described as a purposive discussion of a specific topic or related topics taking place between eight to ten individuals with a similar background and common interests. The groups interactions will consists of verbal and non verbal communication and interplay of perceptions and opinions that will stimulate discussion without necessary modifying or changing the ideas and opinions of participating individuals".

The study utilised the focus group technique, which according to Kumar (1994:87) "is an excellent method in exploratory research". Focus groups are used in problem-solving and intervention research. By using this technique, the study was in a position to develop new understandings and conceptualisations relating to the study. This technique was advantageous for the study because it is an exploration of how different people react to issues with the responses in the participants' own words. Questions posed during these sessions were open-ended because this study

required honest and spontaneous responses. The focus groups were conducted in Khayelitsha and consisted of foster parents, HIV/AIDS orphans, community leaders, grandparents and great grandparents.

The focus groups were conducted in Xhosa to accommodate those who are unable to speak in English. For the benefit of the study, the focus group questions will be translated in English.

1.6.5 QUESTIONNAIRES

The advantage of questionnaire is that questionnaires "are relatively quick way of exploring the opinions of a large number of people" (Cowin, 1990:60). Responses can be anonymous and they also allow those who are generally not good public speakers a chance to respond in writing. Written responses are also not likely to be unquestioned by skeptics. Care and support centres managers, care givers, social workers, field workers, house mothers and NGO's managers were identified as suitable candidates for the questionnaires.

The questionnaire was constructed in a manner that prevented any bias or unethical conduct from the researcher. There was no personal contact between the researcher and respondents during the completion of questionnaires as a precautionary measure to ensure objectivity and honesty from the respondents.

1.8 RELATED STUDIES AND DEBATES

AIDS is the number one killer in poor communities. "The financial and emotional burdens involved in caring for HIV/AIDS patients and millions of orphaned children are adding a strain on the communities and government. Elderly grandparents, who

are financially and emotionally unable to look after themselves, are left behind with the burden of caring for the orphans" (Sarandon, 1999:89).

"AIDS has devastated the social and economic fabric of African societies and made orphans of a whole generation of children. According to Sarandon (1999:91) "Africa is home to 95 % of the world's 13 million children orphaned as a result of AIDS". The numbers will rise until at least 2010, by which time a third of African children will be orphaned. "These orphan's psychological needs are a growing concern. Orphans in Africa suffer recurrent psychological trauma, starting with the illness and deaths of their parents, followed by cycles of poverty, malnutrition, stigma, exploitation, and often, sexual abuse" (Matshalaga, 2002:89).

Whiteside and Sunter (2001:52) contend that "South Africa's population is very young: 54 per cent are below 25 years of age and 12 per cent are below five. The above mentioned authors state that changes in population structures where young to middle aged adults are dying will result in large numbers of orphans, as well as *children in adoptive families, growing up with less adult attention*".

According to Bradshaw, Johnson, Schneider, Bourne and Dorrington (2002:79) "there are more people infected with HIV in South Africa than in any other African country – and ultimately South Africa is likely to have to look after amongst others, the highest number of AIDS orphans. The authors mention that South Africa will face significant costs in the long term if the government does not plan to look after orphans now; such costs include increased juvenile crime, reduced literacy and an increased economic burden on the state".

Whiteside and Sunter (2001:123) argue that "children who lose a parent to AIDS suffer loss and grief like any other orphan. Their loss is exacerbated by prejudice

and social exclusion and can lead to the loss of education and health care". The above mentioned authors assert that "the psychological impact on a child who witnesses his or her parents dying of AIDS can be "more intense" than for children whose parents die from sudden causes of death such as a tragic accident, for example". Children who suffer the loss of one parent to AIDS are thus at considerable risk of losing their remaining parent as well. For children, therefore, AIDS will, over time, cause a major reduction in social capital in the form of lack of social skills, knowledge and unclear expectations. It will also lead to detectable and quantifiable declines in levels of formal education.

In African culture, the community has a strong influence on people's lives. The concept of "ubuntu" can play a crucial role in the aforementioned context, particularly in assisting children in community care and support centres who are disconnected from their cultures and communities. According to Willem (2005:26) "the orphans within Khayelitsha needed to be taken care of, by the community. He maintains that children should be brought up in familiar surroundings and the community should take ownership of the responsibility".

He stated that "by helping an orphan and any other vulnerable child, the community will revive the concept of ubuntu. He maintained that it is important for people who are offering assistance to these children to be involved in different aspects of the children's life such as emotional and developmental support. This helps to maintain some personal contact with the person who is helping a particular child. This kind of action revives ubuntu as the child is able to have a physical connection with the person".

Willem (2005:27) contends that "materialistic assistance may be important but what is required is the holistic development of the child. He explains that it is important for

the child to be aware that someone is concerned about his or her well being. He stated that providing assistance to a vulnerable child is not regarded as important but in the long run, it is important to maintain some personal contact with the child. This is what is attributed to "ubuntu". Not only do you help a child materialistically, your presence will be even more beneficial to the child psychologically". Willem (2005:58) also maintained that "communities should be supported by external organisations as more support is required to sustain long term provisions for HIV/AIDS orphans and other vulnerable children".

Save the Children (2003:96) stated that "in the West, abuse of children in care and support centres continued to be reported and has long -term consequences for the affected children. The organisation makes explicit that in sub-Saharan Africa the use of residential care appears to be increasing because of the deaths of parents from HIV/AIDS. Asia is beginning to face similar issues. Armed conflict kills parents, separates children from families and necessitates urgent solutions to childcare problems. In the former socialist countries, the new governments have to overcome the legacy of large, resource-consuming institutions that are not an answer to child care and child protection problems".

1.9 ORGANISATION OF THE STUDY

The study on the evaluation of the care and support centres for HIV/AIDS orphans was organised into seven chapters as follows:

Chapter 1

This chapter introduced the study and focused on the literature review, research problem, research questions, objectives of the study, research design

andmethodology, clarification of concepts, ethical considerations, and limitations of the study.

Chapter 2

This chapter focused on global and sub-Saharan Africa statistics on HIV/AIDS orphans and provided a theoretical overview of the emotional, physical and psychological impact of HIV/AIDS on the life of a child.

Chapter 3

This chapter examined the care and support centres available in Africa for children who are orphaned by HIV/AIDS. It also explored the international debate around legislation pertaining to children's rights.

Chapter 4

This chapter explored the different types of families and what value systems were taught to children within these structures. The chapter explored how the concept of "ubuntu" has evolved in relation to the family structures.

Chapter 5

This chapter investigated a case study framework around care and support centres for HIV/AIDS orphans in Khayelitsha.

Chapter 6

This chapter provided a research design for an evaluation of care and support centres for HIV/AIDS orphans in Khayelitsha.

Chapter 7

This chapter provided concluding remarks and recommendations.

CHAPTER TWO

A THEORETICAL OVERVIEW OF THE EMOTIONAL, PHYSICAL AND PSYCHOLOGICAL IMPACT OF HIV/AIDS ON THE LIFE OF A CHILD AND THE GLOBAL STATISITCS ON HIV/AIDS ORPHANS

2.1 INTRODUCTION

"The HIV/AIDS epidemic is a massive and rapidly mounting disaster for children. Almost 3 million children are infected with the HIV virus or are living with AIDS. More than 14 million children under the age of 15 have lost one or both parents to AIDS, the vast majority of them in sub-Saharan Africa" (Bellamy & Piot, 2004:25; UNICEF, 2004:75). "A conscious shift in the attention of communities to the plight of the orphans can help alleviate the suffering that many of them still face" (Sarandon, 1999:25). Currently, the use of care and support centres is increasing in some high HIV prevalent countries, even in countries where the use of care and support centres is not a traditional response to the crisis of orphaned children. "Growing concerns about the HIV/AIDS orphaning crisis and the availability of external support is leading to their abundance. Both children's rights framework and child development literature indicate that care and support centres are rarely the most desirable response and should generally be used as a temporary rather than permanent measure, while working towards reunification or family placement" (International Social Services, 2004:25).

This chapter focuses on global and sub-Saharan statistics on HIV/AIDS orphans. It focuses on the legislation pertaining to the United Nations Convention on the Rights of the Child as well as the environment in which children are supposed to be nurtured. Finally, it explores the impact of HIV/AIDS on the life of a child. This

information will provide a theoretical overview of the emotional, physical and psychological impact of HIV/AIDS on the life of a child

2.2 CLARIFICATION OF CONCEPTS

2.2.1 CARE AND SUPPORT CENTRE

A care and support centre is defined as "group living arrangement for children in which care is provided by remunerated adults who would not be regarded as traditional carers within the wider society" (Save the Children, 2003:25).

2.2.2 CARE

Care is defined as "the process of caring and providing guidance and protection in order to nurture fully developed adults in the future" (UNAIDS, 2004:48).

2.2.3 SUPPORT

Support is defined as "a comprehensive approach that ensures the following components are incorporated in the lives of children, social support (providing welfare services), spiritual support and providing information and referrals such as facilitating peer support" (UNAIDS, 2004:36).

2.2.4 COUNSELLING

Counselling is defined as "providing psychosocial support, including stress and anxiety reduction" (Bukenya, 1999:05).

2.2.5 UBUNTU

Ubuntu is defined as "humanness. Being human encompasses values like universal brotherhood for Africans. Sharing, treating and respecting other people as human beings" (Bengu, 1996:13).

2.2.6 CHILDHOOD

Childhood is defined as "as the state and the condition of the child's life. The quality of those years" (Save the Children, 2003:14).

2.2.7 PROTECTIVE ENVIRONMENT

A protective environment is defined as "environment that is made up of interconnected elements that individually and collectively work to protect children from exploitation, violence and abuse" (UNICEF, 2004:45).

2.2.8 STATUTORY CARE

Statutory care is defined as "the accommodation of orphans in care and support centres removed from their communities" (MacLeod 2001:78).

2.2.9 UGANDAN GOVERNMENT ORPHANS

Ugandan government orphans are defined as "children less than 18 years exposed to conditions that do not permit fulfillment for fundamental rights for the harmonious development of children in foster care, street children and children affected and infected by HIV/AIDS" (National Orphans policy, 2001:07).

2.2.10 ZAMBIAN GOVERNMENT ORPHANS

Zambian government orphans are defined as "children under the age of 18 years old who have lost one or both parents, are living in households headed by children, children in foster care or are affected by armed conflict" (HIV/AIDS Orphans Policy, 2001:36).

2.2.11 ZIMBABWEAN GOVERNMENT ORPHANS

Zimbabwean government orphans defined as "street children, child labourers, children who are sexually exploited and children who are neglected" (National HIV/AIDS Orphan Policy, 2001:12).

2.2.12 BOTSWANAN GOVERNMENT ORPHANS

Botswanan government orphans are defined as "children who have lost one or both parents, working children, infants with mothers in prisons, children who are neglected, children with handicaps and children in very poor households" (Smart, 2003:62).

2.2.13 SOUTH AFRICAN GOVERNEMENT ORPHAN

South African government orphan is defined as "a child who has lost his/her mother or both parents" (Smart 2003:28).

2.2.14 FAMILY

Family is defined as a "relatively small domestic group of a kin who function as a cooperative unit. In many societies, the family included relatives from three or more generations" (Gelles, 1998:83).

2.2.15 KINSHIP

Kinship is defined as "a social network of people who are related by common ancestry or origin, by marriage or by adoption. Kin can include parents, brothers and sisters, aunts and uncles, first, second and third cousins and so on. The exact membership of a kinship is determined by particular cultural norms. In some societies, kin included more distant relatives than in others" (Broderick, 1993:87).

2.2.16 NUCLEAR FAMILY

Nuclear family is defined as "the smallest family unit usually consisting of a father, mother and their offsprings living in a single household" (Nimkoff, 1965:56).

2.2.17 EXTENDED FAMILY

Extended family is defined as a "group that consists of three or more generations" (Popenoe, Cunningham and Boult, 1996:41).

2.2.18 CULTURE

Culture is defined as "the shared products of a human group or society. These shared products include not only values, language and knowledge but also material objects" (Popenoe *et al*, 1998:85).

2.2.19 VALUES

Values are defined as "ideas shared by the people in a society about what is good and bad, right and wrong, desirable and undesirable. Values are general, abstract ideas that shape the ideals and goals of society" (Williams, 1970:52).

2.2.20 NORMS

Norms are defined as the "expectation of how people are supposed to act, think or feel in a specific situation as norms. Norms can be either formal or informal. Formal norms have been written down or codified, often in the form of laws and carry specific punishment for violation. Informal norms are not written down, but are widely understood by the members of a society" (Leslie and Korman, 1999:29).

2.2.21 SHARING

Sharing is defined as 'Mahala', which is an African concept that means that it is fine to give something free of charge to others or not expecting something in return. Thus type of giving can be done by means of certain comrade type activities or sharing of physical objects" (Broodryk, 2002:46).

2.2.22 KINDNESS

Kindness is defined "as a virtue, kind people stand out in a crowd of people. It is amazing how friendly and kind people are respected by others. In a room filled with people the whole mood or vibe changes when kind people enter the room. It is as if a warm and kind personality affects all in a small space" (Broodryk, 2002:25).

2.2.23 HUMANNESS

Humanness is defined as "the basic point of departure in understanding ubuntu. The best definition of ubuntu is the word "humanness". A human person is an empathic person who identifies with the problems and sufferings of others in an understanding way. He treats all beings in an equal way" (Broodryk, 2002:79).

2.2.24 RESPECT

"Respect is defined as "ukuhlonipha" in the Zulu language and it is regarded as the most central theme of the ubuntu world view which embraces a number of customary rules that govern relationships at different levels of society" (Mdluli, 1987:84).

2.2.25 COMPASSION

Compassion is defined as feeling other people's pain as your own. It is an important value in the African people's life and it also more intense and prevalent especially in rural areas. The rural people have been influenced less by western values and still live in their home-grown known values" (Teffo, 1999:87).

2.3 STATISTICS ON HIV/AIDS ORPHANS

To understand the enormity of the HIV/AIDS crisis and its effects on children, it is imperative to look at statistics. Accordingly, the purpose of this section is to provide global and sub-Saharan statistics on HIV/AIDS orphans.

2.3.1 GLOBAL STATISTICS ON HIV/AIDS

"Children do not have to contract HIV/AIDS to be devastated by the virus. When HIV/AIDS enters a household by infecting one or both parents, the very fabric of the child's life falls apart" (UNICEF, 2003:05).Thus far, "HIV/AIDS has taken the lives of 22.8 million globally, leaving a multitude of children behind as orphans" (UNAIDS, 2005:01). Although accurate estimates are not available, millions of children have been made vulnerable by the impact of HIV/AIDS. "This vulnerability is due to poverty, hunger, armed conflict, harmful child labour practices among other threats, all of which fuel and are fuelled by the HIV/AIDS epidemic" (USAID, 2003:78).It is estimated that by 2010, the number of children orphaned by HIV/AIDS globally is expected to exceed 25 million. "The reality is that this is just the fraction of the number of children whose lives will have been radically altered by the impact of HIV/AIDS on their families, communities, schools, health care, and welfare systems as well as local and national economies" (UNICEF, 2004:79).

2.3.2 HIV/AIDS ORPHANS IN SUB-SAHARAN AFRICA

USAID estimates that "40.3 million people are living with HIV/AIDS while 18 million children under the age of 18 have been orphaned by HIV/AIDS a figure that just two years ago, stood at 13 million. It is estimated that in 2010, over 20 million African children would have lost one or both parents to HIV/AIDS and the number of double orphans, children whose mother and father have died, will increase up to 2 million over the same period. Millions more live in households with sick and dying family members. Although they are not yet orphaned, these children also sufferer the destructive effects of AIDS" (USAID, 2005:12).

The HIV/AIDS epidemic in Southern Africa is not expected to peak until 2010-2020 after which it is anticipated that incident and prevalence will begin to decline. According to research conducted by UNICEF "orphaning follows death by 8 to 10 years. Orphaning is likely to remain high until 2030. The HIV/AIDS epidemic affects all children by changing the nature of the society in which they live" (Ritcher, Manegold and Panter, 2004:25; Whiteside and Sunter, 2001:79). While only a portion of children affected by AIDS suffer the loss of one or both parents, the impact can be severe. "Under normal circumstances, the death of one young parent may not be linked to the death of the other parent. But, because HIV is sexually transmitted, the probability that both parents will die if one is infected is high and this is the reality that children have to face" (UNICEF, 2003:85; Whiteside and Sunter, 2001:65).

"In South Africa a million children have been orphaned by HIV/AIDS and these numbers are projected to escalate to up to 2.5 million by the 2010 and 5.7 million by 2015" (UNICEF, 2005:87). The escalating numbers of orphans due to HIV/AIDS clearly indicate that the epidemic generates orphans so quickly that societies can no longer cope. "The communities and families as traditional safety nets for children are unravelling, resulting in extreme difficulties, as they are barely able to fend for themselves, let alone taking care of the orphaned children" (Dane and Levine, 2000:65).

2.4 CREATING A PROTECTIVE ENVIRONMENT FOR CHILDREN

UNAIDS (2004:5 – 12) stated that "the key elements of the protective environment for children should include:

- **Capacity of families and communities**: All those who interact with children – parents, teachers and religious leaders alike – should observe protective

child-rearing practices and have the knowledge, skills, motivation and support to recognise and respond to exploitation and abuse. **Government commitment and capacity:** Governments should provide budgetary support for child protection, adopt appropriate social welfare policies to protect children's rights, and ratify with few or no reservation international conventions concerning children's rights and protection. Ratification of the two Optional Protocols to the Convention of the Rights of the Child would be an important demonstration of the commitment to protect children from armed conflict and exploitation.

- **Legislation and enforcement**: Governments should implement laws to protect children from abuse, exploitation and violence, vigorously and consistently prosecute perpetrators of crimes against children and avoid criminalising child victims. **Attitudes and customs**: Governments should challenge attitudes, prejudices and beliefs that facilitate or lead to abuses. They should commit to preserving the dignity of children and engage the public to accept their responsibility to protect them.

- **Open discussion including civil society and media**: Societies should openly confront exploitation, abuse and violence through the media and civil society groups. **Children's life skills, knowledge and participation:** Societies should ensure that children know their rights – and are encouraged and empowered to express them – as well as given the vital information and skills they need to protect themselves from abuse and exploitation.

- **Essential services:** Services for victims of abuse should be available to meet their needs in confidence and with dignity, and basic social services

should be available to all children without discrimination. **Monitoring, reporting and oversight:** There should be monitoring, transparent reporting and oversight of abuses and exploitation.

Key to building the protective environment is responsibility: all members of society can contribute to protecting children from violence, abuse and exploitation" (USAID, 2004:5 – 12).

USAID (2004:36) states that "children have the right to grow up in an environment that protects them. Successful protection increases children's chances of growing up physically and mentally healthy, confident and self-respecting and less likely to abuse or exploit others, including their own children. Child protection is closely linked to other aspects of a child's rights. An immunised child who is constantly beaten does not enjoy the right to health; a school child taunted or abused for her or his ethnicity does not fully benefit from the right to an education". USAID (2004:87) explains that "in several regions and countries some of the advances made in fulfilling children's rights in recent decades, e.g. reduction in child mortality rates, increasing net primary school enrolment and important strides in creating a protective environment for children – appear at risk of reversal from two key threats: poverty and HIV/AIDS".

Poverty is the root cause of high rates of child morbidity and mortality. The rights of over 1 billion children, more than half of the children in developing countries are violated because they are severely underserved of at least one of the basic goods or services that would allow them to survive, develop and thrive. "In the developing world more than one in three children does not have adequate shelter, one in five children does not have access to safe water, and one in seven have no access whatsoever to essential health services. Over 16 per cent of children less than five

lack adequate nutrition and 13 per cent of all children have never been to school" (USAID, 2004:88).

UNIFEC (2004:78) contend that "children's experience of poverty has different dimensions from that of adults as child poverty is rarely differentiated from poverty in general and its special dimensions are seldom recognised. UNICEF has long argued that children are often hardest hit by poverty. Since the best start in life, especially in the first few years, it is critical to the physical, intellectual and emotional development of every individual. Poverty in early childhood can prove to be a lifelong handicap. Children are disproportionately represented among the poor. Developing countries to be rich in children and income-poor families generally have more children than wealthier families". According to USAID (2004:98) "AIDS is already the leading cause of death worldwide for people aged 15- 49, in 2003 alone, 2.9 million people died of AIDS and 4.8 million people were newly infected with HIV. Over 90 per cent of people currently living with HIV/AIDS are in developing countries. In sub-Saharan Africa, HIV/AIDS has led to rising child mortality rates, sharp reductions in life expectancy and millions of orphans. Although the problem is most acute in this region, prevalence rates are also rising in other parts of the world".

2.5 THE IMPACT OF HIV/AIDS ON CHILDREN

This section explores how HIV/AIDS dramatically changes the life of a child to instant adulthood. The HIV/AIDS epidemic removes a child from a normal upbringing into the role of being care giver to the sick parent, a mother or father figure to other siblings.

2.5.1 CHILDREN ADOPTING ADULTS ROLES WITHIN THE HOME

Machel (2001:123) contend that "HIV/AIDS has become the single powerful factor compounding the trauma experienced by children following armed conflict. As in the war, the enormity of the epidemic on children is visible and apparent throughout the world". As a result of the HIV/AIDS epidemic, communities are left disrupted while families become fragmented and disintegrated, and large numbers of children are separated from and/or even lose their parents. "Consequently, mass orphanhood is the most tragic long-term destructive result of the HIV/AIDS epidemic, subjecting children to psychosocial difficulties of a degree not generally encountered. Complicating the situation further, masses of children are forced to confront death and atrocities during their most impressionable age" (Geballe and Gruendel 1998:89; Nampanya 1999:44; Van Dyk 2002:01; Hunter and Williamson, 2002:37). Fox (2001:43) argues that "experiencing the illness and death of a parent is different for everyone. Despite the resilience of children, the illness and death of a parent always affects them, even if they cannot express it verbally. It can create a number of lasting problems for the child and later the child's interaction with the family, schoolmates and peers".

"When parents fall sick, particularly in poor families, children experience intense stress that may continue, in different ways, for the rest of their childhood. They often take on a heavy burden of nursing the ailing parents, and may miss or drop out of school. Added to this is the constant worry about their parents' well being and the family future. The loss of a parent implies more than just the disappearance of a caregiver. It pervades every aspect of a child's life; their emotional well-being, physical security, mental development and overall health (Fox, 2001:44). "The death of parents deprives children the right to live in a family environment. It implies that part of a child's safety net against violence, abuse, exploitation, stigmatisation and

discrimination is lost. In the most extreme cases, children can find themselves utterly devoid of family support and end up living on the streets" (USAID, 2003:55).

The death of a caregiver, coupled with the stigma attached to HIV/AIDS, can put children at risk of discrimination. "Children orphaned and made vulnerable by HIV/AIDS are often exposed to violence, abuse and exploitation. There are also false assumptions applied to this group, including the one that they are themselves infected" (UNICEF, 2004:53; UNAIDS, 2005:11). Although a household, in which a lone parent is sick may still formally be headed by that parent, "in practice the burden of care and responsibility may have already passed to the children as the parents are usually sick and bed ridden" (USAID 2004:100; Machel, 2001:102).

Gulaid (2004:96-99) declared that "children are profoundly affected as their parents fall sick and die, setting them on a long trail of painful experiences often characterised by:

- **Economic hardship** – with the family's source of economic support threatened and savings spent on care, household capacity to provide for children's basic needs declines. An increasing number of children are being forced to take on the daunting responsibility of supporting the family. **Lack of love, attention and affection** – the loss of a parent means that young children are left without consistent responsive care. They can also be deprived of interpersonal and environmental stimulation and individualised affection and comfort.

- **Psychological distress** – the illness and death of their parents can cause extreme psychological distress on children, along with increased fatalism that is worsened by the stigma attached to HIV/AIDS and to being an orphan.

Loss of inheritance – orphans (and widows) are often deprived of money or property that is rightfully theirs.

- **Increased abuse and risk of HIV infection** – impoverished and sometimes without parents to educate and protect them, orphans and vulnerable children face increased risk of abuse and HIV infection. Many are forced into harmful child labour and /or sexually exploited for cash or to obtain 'protection', shelter or food. **Malnutrition and illness** – orphans and other affected children are at increased risk of malnutrition and illness and may be less likely to get the medical care they need. **Stigma, discrimination and isolation** – dispossessed orphans are often obliged to leave their homes and to live in unfamiliar and sometimes unwelcoming places. Children orphaned by AIDS are more likely to be rejected by extended family members than those orphaned due to other causes" (Gulaid, 2004:96-99).

The loss of a parent pervades every aspect of a child's life; their emotional well-being, physical security, mental development and overall health. "Food consumption in an AIDS-affected household can drop by as much as 40 per cent, leaving children at higher risk of malnutrition and stunting. In Cambodia, a recent joint study by the Khmer HIV/AIDS NGO Alliance and Family Health International found that about one in five children in AIDS-affected families has been forced to start working in the previous six months to support their family" (USAID 2003:52; UNICEF, 2003:31).

2.5.2 DISTURBANCE OF NORMAL SCHOOLING DUE TO HIV/AIDS

"When caregivers become sick or die, a child's right to education is often jeopardised as they are pulled out of the classroom and into an adult role of caring and providing for their families. Families are affected long before a parent dies, since from the time

adults first fall ill they may not be able to work" (UNICEF, 2003:49). Children orphaned by HIV/AIDS are disadvantaged in numerous and often devastating ways. "In addition to the trauma of witnessing the sickness and death of one parent or both parents, they are likely to be poorer and less healthy than non-orphans. They are more likely to suffer damage to their cognitive and emotional development, to have no access to further education and to be subjected to the worst forms of child labour. Survival strategies, such as eating less and selling assets, are not lasting solutions but instead intensify the vulnerability of both adults and children" (Fox, 2001:02).

Hunter (1992:78) contends that "girls are especially vulnerable to HIV/AIDS and the negative effects of the virus. When a family cannot pay school fees or there is a sick parent who needs caring for, it is the girl child who is usually the first to drop out of school or to be given additional responsibilities". These are just some of the first emerging impacts of the epidemic on children. "Orphaned children usually withdraw from school due to economic pressure and the responsibility of caring for parents and siblings even when parents are still living" (Gulaid, 2004:99).

"Running a household inevitably jeopardises a child's education. In many cases, assuming this burden of care results in children dropping out of school. Forgoing their education does not just limit the changes that they will be able to create a better future for themselves and their families, it also means they will not receive important, often life-saving information on how to avoid HIV infection or access treatment for HIV/AIDS" (Hunters and Williams 2002:55; UNICEF 2003:98).According to a study conducted by USAID in 2003 indicates "that one in three children had to provide care for family members and take on major household tasks. Others were forced to drop out of school, or were sent away from home. These experiences expose children to high levels of stigma and psychosocial stress, with girls found to be more vulnerable than boys".

2.6 SUMMARY

This chapter highlighted the various impacts that HIV/AIDS has on the lives, children adopting adult roles within the home and the disturbance of normal schooling due to HIV/AIDS.

In chapter three, the care and support centres available to HIV/AIDS orphans in Africa will be highlighted as well as the debate around children's rights within care and support centres.

CHAPTER THREE

A THEORETICAL APPROACH TO CARE AND SUPPORT CENTRES AVAILABLE TO HIV/AIDS ORPHANS IN AFRICA.

3.1 INTRODUCTION

Save the Children (2003:65) indicate that "in their experience and through their observations, care and support centres provide an uneven quality of care. Children's rights may be ignored or directly abused which has significant effects on their quality of life, effects which may have a lasting impact into adulthood". Bukenya (1999:01) highlight that "care and support centres are identified as a long term growing up environment for children associated with increased risk of children being abused by care and support centre's personnel".

The purpose of this chapter is to provide a theoretical approach to care and support centres available to HIV/AIDS orphans in Africa. This chapter will explore the United Nations Convention on the Rights of the Child as well as the international debate around the infringement of children's rights within care and support centres, discuss the advantages and disadvantages of care and support centres and explore the different government and community initiatives developed by African countries regarding HIV/AIDS orphans.

3.2 THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

It is important for the study to explore the legislation around the rights of children. The United Nations Convention on the Rights of the Child has been sampled as a foundation for various countries' Children's Bills, including South Africa (South

African Children's Bill, 2000:65). Richter, Manegold and Pather (2004:47) stated that "the constitutional and conventional rights of children affected by AIDS namely their rights to a home, care, health and education are challenged by the impact of the HIV/AIDS epidemic. As a result, the future potential of many children is being compromised. The authors argue that particularly where children are concerned, HIV/AIDS need to be treated as a broad developmental concern rather than a narrow health or even public issue. Most children affected by HIV/AIDS are affected by conditions of poverty and exclusion. As a result of their marginalised conditions, they lack access to health, education and welfare services and legal protection of their rights".

The Convention on the Rights of the Child of 1989 deliberated that "the role of the family in children's lives is of significance. The family is the fundamental unit of society and the natural environment for the growth and well being of its members, particularly children. Incorporated within the Convention, countries are obliged to respect parents' primary responsibility for providing care and guidance for their children and to support parents in this regard by providing material assistance and support". The Convention on the Rights of the Child of 1989, declared that "all children have rights regardless of their circumstances, whether they are orphaned by HIV/AIDS or by natural causes. Children have often been considered the property of their parents; any inherent value derived from their potential economic productivity. Even when laws that benefited children were passed, they were often motivated by a desire to safeguard family property rights rather than the rights of the children themselves. The Convention recognises that children are the holders of their own rights".

According to Annan (2005:85) "for nearly half of the two billion children in the world, childhood is starkly and brutally different from the ideal we all aspire to. Poverty

denies children their dignity, endangers their lives and limits their potential. Conflict and violence rob them of a secure family life, betray their trust and hope. HIV/AIDS kills their parents, their teachers, their doctors and nurses. It also kills them as both individuals and members of the larger community". The Convention on the Rights of the Child of 1989, committed nations "to guarantee individual rights: no child is more important than the other and children are entitled to freedoms without discrimination of any kind. Yet while children are uniquely vulnerable and deserve particular protection, they are also being prepared to live an individual life in society." The Convention emphasised "the need to respect children's evolving capacities. Adults are expected to create spaces and promote processes designed to enable and empower children to express their views, to be consulted and to influence decisions in all matters affecting them in accordance with their age and development".

Gulaid (2004:69) emphasised that "the Convention on the Rights of the Child of 1989, states that in each and every decision affecting the child, the various possible solutions must be considered and due weight given to the child's best interests. This principle is immediately relevant to orphans and vulnerable children where decisions are being made regardless of their caretakers, property and future but extend further to all matters that concern children, including development policies and programmes and allocation of public resources".

Gulaid (2001:71) contends that "all children should be given the opportunity to enjoy the rights recognised by the Convention on the Rights of the Child of 1989. States must identify the most vulnerable and disadvantaged children and take affirmative action to ensure that the rights of these children are realised and protected. Orphans and vulnerable children are at risk of discrimination in all aspects of their lives and, therefore, this principle is essential in guiding all efforts to address HIV/AIDS". Historically, the needs and obligation of children were not well differentiated from

those of adults. Like adults, able-bodied children traditionally engaged in demanding labour and were often combatants in battle. The Convention on the Rights of the Child of 1989, cited that "special care and assistance that children require, recognises that what is appropriate for an adult may not be suitable for a child. This is why, for instance, it sets a minimum age for recruitment into the armed forces and participation into armed conflict. Its recognition of childhood as a separate space means that even when children face the same challenges as adults, they may require different solutions" (Williamson, Lorey and Foster, 2001:88).

Gulaid (2004:12) maintained that "the Convention on the Rights of the Child of 1989 is grounded in the recognition of the right to child survival, well-being and development. This principle is in no way limited to a physical perspective; rather it further emphasises the need to ensure full and harmonious development of the child, including spiritual, moral, psychological and social levels. States are obliged to undertake strategies to assist the most disadvantaged children, including those affected by HIV and AIDS".

Piot and Bellamy (2004:08) stated that "it is important to have respect for the view of the child. This principle affirms that children are entitled to express their views in all matters affecting them and requires that those views be given due weight in accordance with the child's age and maturity. It recognises the potential of children to enrich decision-making processes and to participate as citizens and actors of change. This principle underscores the importance of ensuring that orphans and vulnerable children participate in decisions that affect them, such as those concerning their care and inheritance, and that they have important contributions to make in the fight against HIV/AIDS".

The Convention on the Rights of the Child of 1989 identified "the state's obligation to the child. A child's experience of life, especially early childhood, is largely determined by the care and protection they receive, or fail to receive, from adults: from the family as well as from the wider community, including State parties. It is the responsibility of all duty bearers of children, including governments, international organisations, civil society, families and individuals to ensure that children's rights are fulfilled and protected. When children are left unprotected and vulnerable to exploitation and abuse, their childhood is undermined. A protective environment is fundamental to governments' and society's commitment to ensuring that no child is deprived of the material, spiritual and emotional resources needed to achieve their potential or participate as full and equal members of society".

3.3 THE INTERNATIONAL DEBATE AROUND THE INFRINGEMENT OF CHILDREN'S RIGHTS WITHIN CARE AND SUPPORT CENTRES.

Although the problems affecting children growing up without their families are often individual and specific to the particular country and cultural context, Save the Children (2003:52) argued that "improvements for these children will be more immediate if concern is raised at an international level. Save the Children believed that a start can be made in this respect by improving knowledge and understanding about the issue. In view of the lack of up-to-date research on care and support centres, fostering and other forms of childcare in developing contexts, Save the Children calls for increased genuine enquiry into this complex theme".

Desmond (2002:45) contends that "more longitudinal studies involving children themselves are needed in order to provide evidence-based data as to "what works" and which provisions will provide quality care. Understanding the problems of disabled children in care and support centres and providing care for them in the

community is also critical, especially in countries in transition. The above mentioned author stated that at the same time, the proportion of children living outside family care needs to be regularly monitored at national level". Largely due to the HIV/AIDS pandemic, interest in the protection of children outside of family care is growing. This care issue, however, is still as secondary to health and education. Social care systems in many countries are inadequately resourced and are generally passed over for donor support. Save the Children (2003:20) believed," in accordance with the Convention on the Rights of the Child (1989), that the care and protection of children should be acknowledged as a priority right and provided as a basic service, along with health and education".

According to Bukenya (1999:65) "children in care and support centres and those living independently deserve to be shown the same interest and commitment by international and United Nations bodies as child soldiers, working children and sexually exploited children". Children have the right to live in a caring family environment. Save the Children (2001:96) argued "that the first priority for resources and interventions should be to protect and support a child within this environment. States have a duty to ensure that adequate resources reflecting the necessary long-term commitment to children in need of care and protection is made available. Donors and other agencies funding social care projects should ensure that their projects meet the provisions in the Convention on the Rights of the Child of 1989".

According to Save the Children (2003:89) "governments, at present do not know the full resource implications for the provisions of care and protection either within children's own families or in institutions. While some research by the organisation has indicated that community based care is less costly than care and support centres, more rigorous empirical cost-effectiveness analysis must provide convincing evidence that community based care presented the optimal use of resources without

compromising the quality of childcare". Desmond (2002:15) contends that "in countries severely affected by HIV/AIDS, the responsibility for providing care is going to lie outside the child's immediate family. It is important that awareness, understanding, public debate and interest surrounding children in care and support centres are created through research, conferences, public hearings and articles".

3.4 ADVANTAGES AND DISADVANTANGES OF CARE AND SUPPORT CENTRES

3.4.1 ADVANTAGES OF CARE AND SUPPORT CENTRES

"Care and support centres are places where, inevitably, children find themselves with others in groups and groupings. Nevertheless, for much of the day and night, children are in the presence of other children in a whole range of contexts, formal and informal, inside and outside, voluntary and coerced, large and small, structured and unstructured, talking and doing things together, eating meals and playing games, interacting energetically or sitting silently side by side. The list is endless. What is clear is that working and being with other children in a group is the core of activities in care and support centres. Whatever the context, being with other children in groups presents both an opportunity of being admitted in a care and support centre as well as a constraint" (Brown and Clough, 1999:24).

According to Ainsworth (1999:47) "care and support centres can be identified by a pattern whereby services are supplied within or in relations to a defined centre of activity. Such centres can be said to supply services to an identifiable and usually homogeneous clientele for periods of more than a few hours per week, increasing to and including 168 hours per week. Care and support centres identified an occupational focus that covered older as well as new forms of services where

nurturing, socialisation and specific therapeutic or learning opportunities are made available to children". Care and support centres are conceived of in general as temporary measures, even if placement sometimes promises to be for a considerable part of an individual's childhood. "A child is placed, assigned or committed to a care and support centre but the child never moves there. Basically children conceive of their family settings as their home and community. Such awareness requires that linkages with the previous home, friends and other basic community contacts should remain part of the child's life while in placement. These continued contacts evolve into participant roles and possibly even recipient roles of agency services in helping facilitate the child's successful return to his or her regular community" (Houston, 2000:54).

Ainsworth (1999:68) explains that "life in a care and support is multi-layered and complex; in addition, it differs from setting to setting as there are huge variations between establishments in terms of purpose and style. In some places the objectives are specific for example looking after abandoned boy children or more general, namely a place where HIV/AIDS orphans lives". In Africa, care and support centres for orphans are quite limited, "only 1 – 3 per cent of orphans are cared for in institutional settings. Yet all children in institutions are not orphans. With the sharp increase in orphans in Africa and the process of deinstutionalisation, new and innovative forms of institutional or semi-institutional care have emerged, such as children's homes or villages. But these forms vary widely in size, management and effectiveness" (McLeod, 2001:12).

Statutory residential care may be appropriate for orphans with no one to take care of them and those with special needs such as orphans who are HIV positive or handicapped. A growing number of facilities are looking after HIV/AIDS orphans and

some of them are providing infected children with palliative care and psychological support (Subbarao and Coury, 2004:78).

3.4.2 DISADVANTAGES OF CARE AND SUPPORT CENTRES

Children within care and support centres may have little influence on the process by which they have come to be there. "Usually they have not come to the centre to be with relatives, friends nor because they wish to be together at the centre, they have nothing in common with the other children. It has been established that children in care and support centres felt extremely angry about any attempt to mimic family life. Teenagers in particular worked hard to avoid the feeling of being obliged to help their fellows in a way siblings have (sometimes) helped one another" (Brown and Clough, 1999:36).

Life in a care and support centre differs from family life. "Within a care and support centre, children move from one grouping to another, in doing so they take knowledge with them of how other children have acted in other places. But even this complex network misses a key element, namely the context in which the care and support centre exists. They way in which people act towards others is influenced not only by practices within a centre, but by the structures in which the centre has to operate. Power is central to the daily activities in a typical care and support centre. Whose place is it? Who decides what children will do, what they will eat, the times of bathing or similar arrangements? Who is involved in drawing up individual care plans? It is in the consideration and resolution of issues like these that the quality of daily life in a care and support centres becomes apparent. An understanding of the value systems of a centre is crucial to an understanding of practice. Children who are admitted to a care and support centre have low status simply because they are the sort of children who have to rely on the facilities of the centre" (Maluccio *et al*, 1996:65).

Ainsworth (1999:55-58) stated that" there are factors which are common to many care and support centres:

- **Status of the child:** in large numbers children are stigmatised before moving into a care and support centre and further stigmatised as a consequence of moving in. Going to the care and support centre is often regarded in itself as an indication of inadequacy. **Common criteria:** most care and support centres are designated for children who are thought to have certain sets of needs or characteristics in common (age, gender, HIV status, race, and religion). Only a few establishments are open to anyone.

- **Size**: care and support centres have been much larger than ordinary houses. This has been because they are thoughts to be economies of scale. Sizes have been steadily reduced that it is now possible to envisage many units being little more than large houses. **Communal facilities:** children are expected to share more facilities with other children than in an average household for example, baths, toilets, dining and sitting rooms", Ainsworth (1999:55-58).

A study conducted in Ethiopia's care and support centres by Chernet (2001:34) "provides an extensive list of problems associated with care and support centre:

- Inadequate funding
- Shortage of trained personnel
- Inadequate skills
- Lack of psychosocial services

- Lack of long- term strategic planning
- Feeling of loneliness and helplessness on the part of the orphans
- Dependency
- Low self-esteem
- Lack of adult guidance
- Limited participation of children in decision making about their future".

Most care and support centres are run by NGO's, religious organisations or governments. "In these settings, orphans are cared for their social and basic needs such as shelter, food, clothing and education are met. Care and support centres are often believed to provide children with adequate basic care, although much depends on the quality of the care. Interaction between the community and the care and support centre is not very common; especially when children are sent to the school in the care and support centre" (Subbarao and Coury, 2004:12).

3.5 THE CARE AND SUPPORT AVAILABLE FOR HIV/AIDS ORPHANS IN AFRICA

The following section presents the initiatives undertaken in African countries such as Uganda, Zambia, Rwanda, Kenya, Zimbabwe, Botswana, Malawi and South Africa.

It should be noted that each country quoted in this section use different terms and definitions for HIV/AIDS orphans.

3.5.1 UGANDAN GOVERNMENT AND COMMUNITY INITIATIVES

The HIV/AIDS epidemic has had a significant and devastating impact on communities, families and specifically children in Uganda. Masses of children are orphaned as a result of the epidemic to date. Given the existing poverty of the country, where most families live below the poverty line, it is increasingly difficult for extended families to absorb orphaned children into their systems. In response to the orphan crisis in the country, Hope (1999:02) reported the following initiatives undertaken in an attempt to address the needs of these children in Uganda.

3.5.2 GOVERNMENT'S INITIATIVES

The UNICEF and the Ugandan government (2001:05) "set up a national system for orphan registers at the village level. These registers serve to monitor patterns of movement and arrangements for care and support in order to maintain children within their family system. The Government has incorporated in its welfare policies, the principle that the best environment for a child is within a family unit and that institutional care, if necessary should only be a temporary arrangement".

"Through the use of orphan registers, information relating to the incidence and whereabouts of orphaned children is gathered. According to the welfare policy in Uganda, children who do not stay with their family members as a result of HIV/AIDS orphan hood are placed back into extended family systems, not institutions. Literature confirmed that the family is the child's natural support systems and therefore all measures should be made to ensure that this is adhered to in order for effective care and support interventions. It is therefore concluded that placing children back within their family units is an effective strategy for dealing with traumatised children in Uganda" (Hope, 1999:06).

3.5.3 COMMUNITY BASED INITIATIVES

"The Rakai district in Uganda has been the location of some of the most significant initiatives launched anywhere in the world for children and families affected by the HIV/AIDS epidemic. A village programme has been implemented involving women who run day care facilities for orphaned children who cannot afford to attend school. Funds are raised through the sale of handcraft, ploughing land for the production and sale of crops. The proceeds from this project together with donations from the World Vision Orphan Program which is another income generating project in Rakai district are used to fund school requirements for orphaned children. The main goal of this project is to generate income which assists orphaned children with educational requirements" (Fox, 2001:65).

"In another initiative, a community-based association, which coordinates the child welfare activities, launched a scheme to co-ordinate donations and screen potential beneficiaries according to their needs. Through the donated grants, a maize mill was established, the proceeds of which assist HIV/AIDS orphans with school fees. Through other funds received, the established women groups are able to produce fruits and honey to benefit orphans and foster parents" (UNICEF, 2003:52). A small group of women and Catholic priests in Uganda have set up what is called the foster parents' group, which assists orphaned children with school fees, uniforms, books, medical supplies, accommodation and food. "Children, who have had to drop out of school following the death of their parents, are taught traditional weaving skills for income generation purposes. The assistance rendered through this support group extends to families that take care of orphaned children. These families are regularly visited by the women and Catholic priests for support and the caregivers are provided with a salary to assist in the care of HIV/AIDS orphaned children. Through

the child welfare coordinating committee, with assistance from donors, land has been acquired and agricultural activities provide employment for the orphans and fund the project itself" (UNICEF, 2003:87).

According to Fox (2001:08) an "Orphan's Community-Based Organisation in the Rakai District is involved in financial support of children and youth in the primary, secondary and tertiary level of education. Furthermore, orphaned children's immediate needs for food, household supplies, bedding and repair of houses are funded by the organisation. In another initiative in Uganda, a proactive project for out of school children has been setup. In this initiative, arrangements for apprenticeships are made with local artisans so that the children may support themselves in the future and to protect themselves from acquiring HIV/AIDS. The scheme teaches marketable technical skills as well as provides practical experience in managing a small business".

A local NGO has organised "a care programme for affected families with particular attention to ways in which children will support themselves after the death of their parents. The organisation assists children from these families to attend school and has set up a credit association that also provides a course in effective farming methods for older siblings" (UNICEF, 2003:58). According to Fox (2001:66) "the World Vision's Orphan Programme in the district runs a programme for training foster parents and volunteers on development issues such as health, nutrition and assists other local income generating initiatives in the district. This organisation has a shelter programme aimed at rehabilitating homes or even building new ones in partnership with families. Where orphaned children are living alone, the community is encouraged to help with labour and input. The welfare programme provides basic provision and food for families whose circumstances are so dire that they need extra

help to survive. This is mostly the case in instances where children live alone, families headed by grand parents and in families with a large number of dependents".

"One of the hospitals involved in the care of HIV/AIDS suffers, runs large group sessions for orphaned children. In the group sessions, children are engaged in play and discussion to allow them to share their experiences and thus release stress. Smaller groups sessions employ drama and song for children. There is no evidence in literature as to who co-ordinates these group sessions" (UNICEF, 2003:125). The last initiative in the community involves the NGO's who are working with HIV/AIDS orphaned children in Uganda. In this project, "the aim is to protect children's inheritance rights after the death of their parents. As a result, children are protected form losing their homes and properties following their parents' deaths" (UNAIDS, 2003:159).

3.6 ZAMBIAN GOVERNMENT AND COMMUNITY BASED INITIATIVES

There is a community committee that "identifies orphans and vulnerable children who qualify for the public Welfare Assistance Scheme in terms of the following criteria, double or single orphans, and children who do not go to school and children from female-/aged-/disabled-headed household" (Hunter and Fall, 1998:45).

"The HIV/AIDS epidemic has had a devastating impact on communities in Zambia. The estimated number of children orphaned because of the disease is 650 000 to date. Many families are already fragmented and stretched beyond capacity. Much of the rural population is considered to be living below the poverty line and large numbers of families are forced to ration food, which in turn affects children's development. The government is faced with increasing demands to provide care services for orphaned children" (USAID, 2004:87).

3.6.1 GOVERNMENT'S INITIATIVES

"Zambia has several policies that pertain to children, but no national orphan policy. Although many ministries have included HIV/AIDS related issues in their planning, the government has been slow in responding to the HIV/AIDS orphans crisis. Little is done by the government to address HIV/AIDS orphaned children in the country. In turn, most efforts are done through community based programmes in an attempt to address orphaned children's needs" (Hope, 1999:66).

3.6.2 COMMUNITY BASED INITIATIVES

The community advocated community-based projects in preference to institutional care for HIV/AIDS orphaned children. The Kibbutz-style programme, based on Israeli modalities was adopted in Zambia wherein "extended families and communities are involved in orphaned care. In this programme, orphaned children live by themselves and attend school from special houses which are staffed by house parents, who visit them at certain times in a day or week. The house parents consist of members of the children's extended families, who are willing to help but cannot take full responsibility. They then supervise children in these homes by having regular contact but not carrying the burden of ongoing care. The initiative ensured that orphaned children have supervision by house parents, a house to live in and that children attend school" (Beker and Ray, 1993:68).

A Zambian NGO initiated project, provided care and support for orphans, food, assistance with school expenses and clothing. "Families are given assistance with skills training or higher education and the children's emotional distress is addressed through regular contact with the caretakers, who are the organisation's branch members. International donor agencies and the government's social safety net

initiative have provided for orphaned children. It is also reported that through the comfort and contact with caretakers, children's emotional difficulties will be reduced" (Hunter and Fall, 1998:78).

In another initiative in Zambia, "a voluntary women's group in Lusaka helps to identify HIV/AIDS orphans in the country. Thereafter each member maintains contact with several families, through visitations, to provide emotional support together with material assistance. International organisations assist with funding and the group is also engaged in income generating activities including the production of school uniforms, farming and carpentry" (Webb, 1996:43).

3.7 RWANDAN GOVERNMENT AND COMMUNITY BASED INITIATIVES

"The country of Rwanda is one of the worst affected HIV/AIDS areas in sub Saharan Africa. Masses of children are separated and even suffer the loss of their parents from the epidemic" (Hyde, 2001:32). Extended family networks are overstretched and cannot accommodate orphaned children into their systems. In response to the severe impact of the epidemic on children, the following initiatives were undertaken in the country.

3.7.1 GOVERNMENT INITIATIVES

According to Hyde (2001:76) "literature does not indicate the initiatives, if any, by the government of Rwanda, despite the increasing numbers of orphaned children in the country. However, most of the efforts are taken on by the community members in an attempt to address the needs of HIV/AIDS orphans in the country. This reflected on the negligence of the Rwandan government to the emotional needs of orphaned

children. In order to fill this gap, the community based organisation undertook the following initiatives in order to care for orphaned children".

3.7.2 COMMUNITY BASED PROGRAMMES

The Catholic non-governmental organisation, Caritas Rwanda established "a number of family homes for orphans who could not be cared for by relatives or family friends. The option of placing the child in a home is first discussed with the ailing parent(s) and the child him/herself. If all the parties agree, the child remains with the parents until they die and then they are moved to a family home. These homes are run by women whose role is clearly defined as mother rather than paid care provider. These houses have been purchased by the Caritas Rwanda organisation and are in different parts of the city of Kigali to avoid the creation of an orphans 'ghetto' which may aggravate the stigma attached to being an HIV/AIDS orphan" (Hunter, 1999:54).

"In the home, siblings and small children are placed together with the purpose of establishing a genuine family unit. Children are also encouraged to share their feelings of loss and experiences in the tragedy of HIV/AIDS with the foster mother. Children attend school and participate in house work as in their typical homes. The members of the different homes interact with each other, replicating extended family relationships as well as nuclear structures" (WHO, 1995:66; UNIFEC, 1994:20). According to Machel (2001:85)," orphaned children together with their siblings should be placed together following the death of their parents. Separating children adds to the emotional distress that children suffer as orphans. Furthermore, the family is natural support system for children. It is therefore effective to establish family units and replicate extended and nuclear family structures to allow the orphaned children the benefit of growing up in a family system".

3.8 KENYAN GOVERNMENT AND COMMUNITY BASED INITIATIVES

The HIV/AIDS epidemic has had a devastating impact on children in Kenya. "Large numbers of children are orphaned as a result of the epidemic. Extended family networks have been stretched beyond capacity. Given the poverty status of the country, it is difficult for extended families to absorb orphaned children into their systems. Most of the orphans are left out without a place to stay and a lack of basic survival needs. As a result, children suffer severe emotional trauma" (UNIFEC, 2004:97).

3.8.1 COMMUNITY BASED INITIATIVES

According to Hope (1999:46) "a non governmental organisation that works with street children, many of whom are HIV/AIDS orphans, provides them with homes run by house mothers. These homes can be utilised as 'drop-in' centres on a non permanent basis after the death of parents. Self care skills, food, shelter and counselling are provided for the children in these homes. In addition, the organisation also runs its own formal schools and basic literacy and numeracy development programmes".

Another special home on the outskirts of Nairobi "serves children orphaned by HIV/AIDS and those abandoned by relatives through fear and stigmatisation. Ongoing educational programmes are provided to the children together with basic material needs such as food, shelter and clothing" (Fox, 2001:87).

3.9 ZIMBABWEAN GOVERNMENT AND COMMUNITY BASED INITIATIVES

According to Hope (1999:32)" children in Zimbabwe face a severe traumatic impact of HIV/AIDS; they care and witness the death of their ailing parents. Due to the poverty riddled state of the country, it became difficult for orphaned children to be sufficiently cared for in extended family systems. As a result children suffer shortages in basic material needs, relying on volunteers for support".

3.9.1 GOVERNMENT'S INITIATIVES

Machel (2001:20) emphasises that "schools could be used as learning centres and provide a meeting place for children and families impacted by the HIV/AIDS epidemic. The schools should be transformed into safe havens for communal care, learning and support. Furthermore it is recommended that the school based feeding programmes, providing children with two meals a day and ensuring nutrition and hygiene are integral parts of life skills training".

3.9.2 COMMUNITY BASED INITIATIVES

A programme has been established in the Manicaland Province of Zimbabwe by a Church-based HIV/AIDS service organisation on the basis of surveys in the region. "The findings of the organisation were that the rural orphan households were poorer than orphaned children in the cities. As a result of these findings, the programme provided support to orphaned households relying on local leadership and volunteers from the community. Specially recruited women in the community, most of who care for orphaned relatives, provided moral support and encouragement to households that care for orphaned children, through regular visitations" (Machel, 2001:55). The programme provided material support such as food and clothing to children and

families affected by HIV/AIDS. The volunteers receive training on orphan care and needs assessment. During home visits, they assessed children's physical, educational, psychological and spiritual needs of households members and in response provide empathic and informational input".

"Direct home-based visiting with material support is a more appropriate approach in Zimbabwe, than prescriptive external solutions such as institutions, foster homes and day care centres. In addition to providing care for orphaned children, "the programme is used as a foundation for a community-based monitoring system that identified emerging difficulties related to the care and support of orphaned children. Church groups in Zimbabwe recruited members to visit orphans in their homes, where they live either with foster parents, grand parents, and other relatives or in child headed households. The community members visit weekly or twice monthly, which ensured that caregivers and children get the material and emotional support they need in order to keep the household together. Households caring for orphans are provided with clothing, blankets, school fees, seeds and fertilisers. The communities contribute to activities such as farming fields and generating income to support the programme" (Foster *et al*, 1996:66).

3.10 BOTSWANA GOVERNMENT AND COMMUNITY BASED INITIATIVES

In Botswana, it is estimated that "70 000 children had lost their parents to HIV/AIDS by June 2004. The country faced escalating numbers of orphaned children, who live without parental supervision and guidance. As a result, the country may have to deal with a 'lost' generation characterised by illiteracy and delinquency. In response to this impact of the epidemic on the children, the following initiatives were undertaken in the country" (UNAIDS, 2004:41).

3.10.1 GOVERNMENT'S INITIATIVES

"Government encouraged communities in Botswana to provide care for orphans and rely on institutional care only as a last resort. As a result of this initiative, orphans in Botswana are still usually absorbed by the extended families. It is therefore effective to encourage absorption of children into their extended families because the family is the child's natural support system" (Hope, 1999:22).

A National Orphan Programme was established in April 1999 with "the aim of responding to the immediate needs of orphaned children by reviewing policies, building and strengthening institutional capacity. Providing social welfare services, supporting community based initiatives and monitoring and evaluating activities. Various government departments, NGOs, CBOs and the private sector run the programme. The major goal of the Programme is to develop a comprehensive National Orphan Policy based on the Convention on the Rights of the Child of 1989" (UNAIDS, 2004:58).

3.10.2 COMMUNITY BASED INITIATIVES

In the rural sub district of Bobirwa in Botswana, "an Orphans Trust was established, consisting of community volunteers and local social workers and family welfare educators. The Trust members identified and registered orphans in the district, and through home visits, schools and churches, screen orphans using established criteria to identify the type of assistance they need. They also initiated a community based foster placement, identified local groups who purchased food and clothing and distributed them to orphans. Other forms of assistance took the form of clothing, blankets, toys, bus fare to and from school, school uniforms and other educational

needs. It is clear that this initiative only addressed children's physical needs and neglected the emotional needs of orphaned children" (Smart, 2003:25).

3.11.1 MALAWIAN GOVERNMENT AND COMMUNTY BASED INITIATIVES

"Malawi has been struggling with high levels of HIV/AIDS in the country. The epidemic crisis has had a crippling impact on the country's children. According to the Joint United Nations Program on HIV/AIDS (UNAIDS), it is estimated that in June 2005, 500 000 children were orphaned as a result of HIV/AIDS. In response to the orphan crisis, the following initiatives were undertaken" (UNAIDS, 2005:52).

3.11.1 GOVERNMENT INITIATIVES

"The government of Malawi realised that the communities are in the best position to assess their own needs; it was therefore recommended that they would play an important role in addressing the needs of children. As a result, one of the government initiatives has been to promote and support community based programmes. As early as 1991, the government of Malawi established the National Orphans Care Task Force, which is responsible for planning, monitoring and revising all programmes on orphan care. The national Orphan Care Guidelines were later established which serve as a broad blueprint to encouraged and focus sub-national and community efforts. The Task force also focused on reviewing existing laws and legal procedures to provide protection to vulnerable children" (World Vision, 2003:45).

3.11.2 COMMUNITY BASED INITIATIVES

Williams (2000:85) stated that "in rural and urban areas across Malawi, communities are developing a variety of ways to cope with the growing crisis involving HIV/AIDS orphans. Village orphan committees have been established in many villages to monitor the needs of orphaned children and to take collective action in addressing the identified needs". The community of Malawi has created clubs "that focus specifically on the needs of HIV/AIDS orphaned children. In Nimwera village, for example, the local school has formed an Anti-AIDS club where pupils carry out prevention activities against the epidemic as well as helping needy orphans. In one instance, following the loss of their parents to HIV/AIDS, the Anti-AIDS club identified a house occupied by orphaned children. The living condition of the home was rapidly deteriorating and the Anti-AIDS club which consisted of students built the orphans a kitchen for their home. These clubs in the community ensure that orphaned children receive food, shelter, clothing, blankets and assistance with housing" (Williamson, 2000:63).

3.12 SOUTH AFRICAN GOVERNMENT AND COMMUNITY BASED INITIATIVES

"The HIV/AIDS epidemic is the principal challenge and threat facing South Africa and will clearly have an enormous impact on children in the coming decade. The above mentioned author contends that South Africa has the second fastest growing epidemic in the world, facing an escalating crisis of half a million orphaned children so far" (Van Dyk, 2001:88).Due to the mounting impact of the epidemic on children in the country and the economic setbacks that grandparents have in the care of orphaned grandchildren, "these family systems are overstretched and may not survive in years to come. It is reported that the social implications of the epidemic

will still be present for many years and provisions should be made for the generation beyond the epidemic" (Williamson and Hunter, 2004:69).

3.12.1 GOVERNMENT INITIATIVES

"The South African government emphasised that programmes that support psychosocial needs of HIV/AIDS orphaned children should be developed and implemented" (HIV/AIDS and STD Strategic plan, 2000).

Van Dyk (2001:54) added that "emphasis is placed on the provision of financial resources to facilitate welfare benefits and subsidise the adoption process of orphaned children. In line with that, the following strategies are undertaken to develop and expand national policies regarding the care of HIV/AIDS orphans in South Africa:

- Mobilise financial and material resources for orphans. At present, foster grant of R550 are provided to assist in the financial support of orphaned children.

- Provide social, welfare, legal benefits and human rights support to protect the educational and constitutional rights of orphans.

- Investigate the use of welfare benefits to assist the children.

- Subsidise adoption of HIV/AIDS orphans, HIV/AIDS and STD Strategic Plan, 2000 -2005)".

3.12.2 COMMUNITY BASED INITIATIVES

Various community based initiatives are established in South Africa to addressing the needs of orphaned children. These initiatives are established by community members, NGO's and private sector.

Hope (1999:54) stated that" the Bethesda outreach programme has been established in the Gauteng Province, in collaboration with the United Nations Evangelical Baptist Mission, with the aim of establishing villages which will care for orphaned children through family units. This is a church based organisation which received financial assistance from an international donor. The care provided for the orphaned children through this project focused only on food, shelter, clothing and spiritual needs".

"One of the projects in the rural village of Winterveldt established a project for orphaned children called the Kopano Project. Here, a large number of orphaned children suffer drastically from a lack of food, shelter, clothing and other basic needs. The Kopano project provided orphaned children with basic and spiritual needs"(Van Dyk, 2001:42).

3.13 SUMMARY

This chapter has highlighted the theoretical approach to care and support centres available to HIV/AIDS orphans in Africa. The chapter outlined the international debate around the infringement of children's rights in care and support centres. The chapter revealed that countries of the world has highlighted the rights of children and thus has led to the creation of the United Nations Convention on the Rights of the Child. The United Nations Convention on the Rights of the child has highlighted the need to create a protective environment in which children can be brought out into.

The chapter explored the advantages and disadvantages of care and support centres. It has been explored in detail by this chapter the various African countries initiatives to HIV/AIDS orphans. Different African countries have committed to assist these children both at community and government based initiatives.

Chapter four will provide a theoretical background on a typical family existence and the type of value system that a child inherits from a family. In this context, family values, existence and ubuntu will be explored.

CHAPTER FOUR

THE CONCEPT OF "UBUNTU" IN RELATION TO THE FAMILY STRUCTURE

4.1 INTRODUCTION

The purpose of this chapter is to provide a theoretical background on a typical family existence and the type of value systems that a child inherits from a family. In this context, family values, existence and ubuntu are explored.

4.2 THE ORIGINS OF FAMILY

"No one really knows with certainty when and how the family first evolved. Fossil evidence suggested that the family originated between 2 million and 100 000 years ago. Although most anthropologists and sociologist argued that the use of language is the accepted criteria of humanness, it not clear whether the family developed before or after the development of language" (Gough, 1971:10). According to Gelles (1998:56) "one major characteristic that all primates share, human and nonhuman alike, is that their offsprings are born relatively helpless. The erect posture of primates, human and nonhuman required a pelvic structure that produced a relatively narrow birth canal. For the new born to pass through the birth canal, the skull and brain cannot develop fully prior to birth. Newborn and infants suckle for months and need protection for longer periods than other species. A second major characteristic of primates is that monkeys, apes, and humans can mate during any month of the year, not just during one fertility period".

"Other social scientists believe that some kind of family exists in all known human societies, although the possibility exists that some prehistoric human groups did not

have a family. In addition, even if the family is a universal social institution, clearly everyone in every society does not live in a family" (Lee, 1982:21). Gough (1971:81) argued that "there are four universals regarding families across cultures and over time:

- Rules or incest taboos exist that forbid sexual relations and marriage between close relatives
- Men and women in a family cooperate through a division of labour
- Marriage exists as a social durable social institution, although not necessarily a lifelong relationship between individual men and women
- Men in general have higher social status and authority over the women in their families".

According to a study conducted by Murdock (1949:14) "the nuclear family is a universal in all human social groupings. Moreover, he argued that there are four universal functions of the nuclear family: sexual, reproductive, educational and economic. Although families in some societies have more than these four functions, these were seen as the basic family functions across all known societies. Families regulate sex, produce offsprings, educate and socialise the offsprings and have basic economic functions, including a division of labour between men and women" (Murdock, 1949:96). The family is an example of an open, ongoing, goal-seeking, self-regulating, social system and that shares features of all systems. In addition, "certain features such as its unique structuring of gender and generation, sets it apart from other social systems. Beyond this, each individual family system is shaped by its own particular structural features (size, complexity, composition, life stage), the psychobiological characteristics of its individual members (age, gender, fertility, health, temperament and so on) and its sociocultural and historic position in its larger environment" (Broderick, 1993:63).

4.3 FAMILY STRUCTURE

"Although families around the world perform many of the same functions and display many of the same inequalities, family structures differed significantly from society to society and even from group to group. Because family structure is such an important aspect of pre- modern societies, it has always been a special focus of the discipline of social anthropology" (Popenoe, Cunningham and Bolt, 1996:98).

4.3.1 KINSHIP VERSUS FAMILY

Gelles (1998:01) contends that "sociologist and anthropologists make an important distinction between the family and the kinship network, although both are called "families" in the English language". Kin do not always live together and function as a group. "They do, however, recognise certain rights, responsibilities and obligations to one another. In South Africa, kin may come together at Easter or Christmas, for marriages and funerals and perhaps christening, or to attend a tribal ceremony" (Popenoe, Cunningham and Bolt, 1996:65).

"In many societies, the family included relatives from three or more generations. For example, a group of brothers and their wives, their sons and their unmarried daughters and their sons wives and children may live together or near one another, cooperating to raise food, maintain the home and care for children and the elderly. If the individuals functions as a single unit, sociologist consider them a family. If, however, they simply live next door to one another and do not pool their resources, they are considered separate families but still members of a single kin group" Gelles (1998:83).

During their lifetimes, most people are members of two different types of family groups. "The family into which they are born and in which the major part of their socialisation takes place is called family of orientation; the family that people create when they marry and have children is called the family of procreation. Societies differ in the cultural emphasis they place on these two groups. Among black South Africans, for example, the family of procreation is accorded special significance, whereas the family of orientation is a more casual arrangement" (Popenoe, Cunningham and Bolt, 1996:78).

Popenoe *et al* (1996:96) "in most African tribal marriages, the woman goes to live with among her husband's family. If the woman is unhappy or is badly used, she is free to move back to her family of orientation. Her husband will not be able to reclaim any of the lobola (bride price, payment of which legalised the children born of the marriage). The husband can only regain some, or all, of the lobola paid if he is willing to relinquish the children to his wife's family. Where no lobola was paid, any children of the union remain with the woman's family. South Africans recognise both the family of orientation and the family of procreation as "family". According to Kayongo-Male and Onyango (1993:21) "African families have often had bride wealth (lobola), polygamy and patriolocal residence as significant features. For example among the people of Swaziland, where polygamy is ideal, young men set up their houses in the same general area as their brothers. The transfer of the lobola, in cattle, in various stages, formalises the marriage. The lobola gives the husband's family the right to all children borne by the women. Each wife has her own hut, farmland and cattle. Although the pattern of residence is patriolocal, no familiarity is allowed between the wives and the father-in-law parallels the custom in many African family systems".

Kayongo-Male and Onyango (1993:62) argued that "a typical African family life included the following features: no public display of affection between spouses, strong parental authority, family care for the elderly, cooperation between relatives, no assistance from the husband in domestic work, involvement of parents in the choice of spouse, polygamy, no marriage ceremony, early marriage for women, large families living together, no courtship, little privacy, no emphasis on love – making, payment of bride wealth, no freedom of communication between parents and children, families not eating together as a group, children reared by a large number of relatives, marriage based on economic motives and families not sharing leisure".

4.4 DIFFERENT TYPES OF FAMILIES AND THEIR RESPECTIVE FUNCTIONS

4.4.1 NUCLEAR FAMILIES

"Although the culturally ideal South African family (at least among upper socio economic classes) is the nuclear family of mother, father and their children, variations on this pattern are common. Death and divorce may leave many families with only one parent" (Popenoe *et al* 1996:55). According to Nimkoff (1965:56) stated that "a nuclear family is the smallest family unit usually consisting of a father, mother, and their offsprings living in a single household. Thus the fact that this is considered the smallest forms of family household led social scientists to label it "nuclear". The nuclear family is the familial unit of mother, father and children". Evidence from societies all over the world points overwhelmingly to the central role the nuclear family plays in human experience. "One indication of the significance and utility of a scientific generalisation is the amount of research and writing stimulated by it that seeks to test, expand and qualify the generalisation. By this test, Murdock's generalisation that the nuclear family is a distinct functional unit in all societies must be one of the most original and creative contributions to twentieth-centuries social

science. Virtually all work in this area for the past 60 years have used Murdock's analysis as the starting point" (Leslie and Korman, 1997:64).

Gelles (1998:23) emphasises that "nuclear families are often incomplete and often are incorporated into larger families. In any society, some nuclear families contain only one adult while others contain more than two adults. Similarly there may or may not be children present. If the husband has died or is divorced, the wife may continue the family alone or vice versa. Or, there may be a grandparent or unmarried brother or sister living with the family. The married couple may either have had no children or they may have children who have grown up and gone. The important thing about these exceptions is that they are exceptions. People who live temporarily in expanded or contracted nuclear families prepare their children to form intact nuclear families when they grow into adulthood". In many societies, nuclear families exist as parts of larger kinship units. "Even where the nuclear family is embedded in a network of grandparents, grandchildren, cousins, uncles and so on, however, it tends to be a distinct unit and to have its own private quarters. Moreover, the nuclear family ordinarily is the smallest kinship unit that is treated as a separate unit by the rest of society" (Leslie and Korman, 1997:69).

4.4.1.1 FUNCTIONS OF NUCLEAR FAMILIES

According to Kayongo–Male and Onyango (1993:74) "the most common characteristics of nuclear families in various societies are closely parallel the functional requisites for societal survival". Leslie and Korman (1997:14) contend that "the functions of nuclear families are as follows:

- The marriage relationship always provides the meeting of sexual needs of adults
- The nuclear family is the unit of reproduction

- The nuclear family is a unit of common residence
- The nuclear family is the primary unit of economic cooperation
- The nuclear family has important responsibility for the socialisation of children".

The nuclear family almost everywhere is characterised by sexual, reproductive, residential, economic and socialisation functions. "Groups and agencies outside the family often share in the fulfilment of these tasks but never to the exclusion of the nuclear family. No society has yet found a satisfactory substitute for the nuclear family" (Gelles.1998:76).

4.4.2 EXTENDED FAMILIES

Extended families may be composed of either monogamous or polygamous families. "Families need not be either polygamous or extended, they can be both. Extended family systems emphasised blood ties, those between parents and children or between brothers and sisters, over marital ties. These are consanguine systems. In a conjugal system, a man may leave his parents and "cleave unto his wife". In a consanguine system, the wife (or husband) is an outsider whose wishes and needs must be subordinated to the continuity and welfare of the extended kin group" (Gelles, 1998:22).

According to Leslie and Korman (1997:25) "conjugal families because they include only two generations, are transitory in character. They disintegrate with the death of the parents. The family of orientation of the offsprings ceases to exist and the family of procreation comes into being. The family of procreation creates a new family of orientation for its offspring and in turn will disappear with the death of the new

parents. Thus, conjugal families are short lived. With their short duration and the drastic break from one generation to the next, conjugal families are poor vehicles for the maintenance of family traditions and for keeping family property intact over the generations. On the other hand, because conjugal families involved relatively few people, there may be little need for roles to be prescribed in great detail. There may be more freedom permitted in the role of husband, daughter and so on". Broderick (1993:26) asserted that "consanguine families are immortal. The continued existence of the family does not depend on any one person or any one couple. At marriage, one of the spouses remained with the family of orientation and is joined by husband or wife. The couple raise their children in a large family setting and even if the mother or father should die prematurely, there are other kin present to take over facets of the parental role. Eventually, when the grandparents retire or die, control and property pass without great fanfare to the next generation.

The advantages and limitations of the consanguine family are the reverse of those of the conjugal family. " Whereas the conjugal family tends to split the family property at each generation, the consanguine family permits it to be transmitted intact. Because consanguine families involve as sizeable number of persons spread over at least three generations, the role behaviours for each family member at each life stages are very controlled and detailed. One is under pressure to enact the roles of son, elder brother, husband, and father and eventually grandfather as they have been traditionally enacted. Whether ones is well suited temperamentally to play these roles has little to do with it. Instead of the personal freedom emphasised in a conjugal family systems, emphasis is placed on the faithful performance of prescribed role behaviour" (Kayongo – Male and Onyango, 1993:86).

4.4.2.1 FUNCTIONS OF EXTENDED FAMILIES

"The most significant function of the extended family is probably the importance of the larger kin group beyond the nuclear family. Inheritance is commonly the communal variety wherein the entire kin group owns the land. In many parts of Africa, bride wealth is still paid to the family of the bride, with the resulting marriage linking two families rather than simply the bride and the groom. Conflicts between husband and wife were mediated by relatives instead of being sorted out privately by the couple" (Kayongo- Male and Onyango, 1993:65). According to Gelles (1998:85) "members of the extended family have a lot of say in the marriage of their younger relatives. These family members are linked in strong reciprocal aid relationships which entail complex rights and responsibilities. Households in urban areas have extended kin members in residence for years. The relatives may or may not be contributing financially or in terms of helping in the division of family labour, yet they are allowed to remain. Children may go to live with distant relatives for schooling or special training courses. Relatives may also have much influence over the decisions of the married couple". Jensen and McKee (2003:56) assert that, "it is important for the extended family to have children. Children are so important that husbands are allowed to marry a number of wives to guard against being childless. Even today a childless marriage is thought of as a troublesome one since marriage seems meaningless without children".

Kayongo–Male and Onyango (1993:66) argued that "large numbers of children in large numbers are highly valued, and family planning is anti ethical to the common notion that children are a gift from God. Traditional abstinence is intended to ensure the health of children but not to reduce the number of children. Even in the cities, family sizes ranges between five to seven children". Broderick (1993:65) dispute that both levirate and woman to woman marriage are other means of ensuring that

children were born and the family line is continued. Levirate is the practice whereby a brother inherits the widow of his deceased brother. Levirate is partly intended as a way of protecting the woman and her children. Bringing up children served to perpetuate the family name and maintain the link between the ancestors and the living. The children would eventually be in charge of remembering the dead through maintenance of family shrines or other ways. "Children belonged to the parents but also to the kin group, but this does not mean the type of possessiveness over children manifested by parents in Western societies. Children are often sent to live with relatives for years without parents worrying about how they are being raised. Children are used to show kinship solidarity and giving them up to others often means that parents are willing to share their precious gift with other relatives especially childless ones" (Kayongo–Male and Onyango, 1993:64).

4.5 CULTURE

"The people of any group of society share non material culture, which are abstract and intangible human creations such as definitions of right and wrong, some medium of communication and knowledge about the environment and about ways of doing things. They also share material culture which is a body of physical objects that reflect nonmaterial cultural meanings. Elements of material culture include tools, money, clothing and works of art".

Archard (2003:62) states that "although culture is shared, it must also be learned by each new generation through the process of social interaction". Thus, culture is passed on from generation to generation and accumulated over time. "In the most general sense, culture is transmitted from one generation to the next. Although the concept of 'culture' is often used interchangeably with 'society', the two should not be confused" (Leslie and Korman, 1997:85). Popenoe *et al* (1998:104) argues that

"society refers to interacting people who share a culture, while culture is the product of that interaction. The above mentioned authors contend that human society and culture cannot be existing independently of each other. Culture is created through people interacting, but human interaction takes its form through the sharing of culture".

4.5.1 THE DIFFERENT MAJOR COMPONENTS OF CULTURE

This section explores the different symbols, values and norms. These components are particularly important within the African family existence as they are taught from previous generations.

4.5.1.1 SYMBOLS

Gelles (1997:156) stated that "the existence of culture depends on people's ability to create and use symbols. A symbol is anything that a group of people have agreed upon as a way of meaningfully representing something other than itself. Symbols are extremely important in helping people to comprehend abstract concepts like "God", "justice", and "democracy". Because such concepts are hard to understand, people often compare them to things already understood. For example, a scale (which presumably weighs the good against the bad) represents the concept of justice. Such symbol serves the important functioning of helping society to comprehend complex ideas by linking them to ideas or concepts that are simpler" (Popenoe *et al, 1998:205*). According to Kayongo-Male and Onyango (1993:14) "language is a significant symbol of culture. Through it, the ideas, values and norms of a culture find their most complex expression".

Crystal (1988:14) argued that "without language, much of human thought would not be possible. Through language, children learn how society understands the world, the past and the future. Children learn what is expected of them largely through the language of parents, teachers and friends. Language is therefore essential to social organisation. It allows society to build and transmit culture more fully than any other system".

4.5.1.2. VALUES

"An important value in traditional African culture would be respect towards the elderly. This value is reflected in various customs, such as addressing the elderly in a particular way and taking care of elderly relatives. Ties with family or community form an integral part of life and are also reflected in the practice of communicating with ancestors" (Popenoe *et al*, 1998:23).

Broderick (1993:36) argued that "like symbols, values do not exist in isolation. Rather, they relate to one another to form a unified pattern. For example, the values of honesty and integrity reflect society's disapproval of crime. Thus the importance of honesty in human interaction underlies ethical business practices and people's faith in government. The value of culture comes in pairs, so that for every positive value there is a negative value. For every admired quality there is a quality that is disapproved of. For example, someone who comes from a poor background and achieves financial success through hard work is admired. The person who 'wastes' it all, or who avoids to work, is disapproved of. If it emerged that the former success story was due to dishonesty, a scandal will erupt, as is the case in the prosecution of white-collar criminals in the private and public sector" (Leslie and Korman, 1997:24). Spates (1983:85) posed the "question of how do values relate to behaviour. The author states that there are two conflicting points of view on this issue. One theory

maintained that values mould behaviour. Basic values, according to this theory, are absorbed early in a person's life. One they are fixed, they serve as a guide in choosing behaviour and forming attitudes".

Parson (1951:44) argued that "there is reason to believe that, among the learned elements of personality, in certain respects, the stablest and most enduring are the major value-orientation patterns and there is much evidence that these are "laid down" in childhood and are not on a large scale, subject to drastic alteration during adult life". Popenoe *et al* (1998:78) argue that" this theory holds that specific patterns of behaviour evolve in a society because they are the logical outcome of its values. In the hostels for migrant labourers, for example, strong supportive behaviour is found. People assisted one another financially and otherwise, despite personal hardship and poverty".

Ramphele (1993:13) "discovered that people in hostels in Cape Town do not become self-centred. Instead, their behaviour is probably shaped by the African value of ubuntu, which broadly refers to a sense of oneness with those around one, a value of community involvement rather than individuality". According to Popenoe *et al* (1998:33) "the opposing theory gives much greater attention to the independent importance of behaviour in creating values. As originally stated by the pioneering American sociologist William G. Sumner (1906 – 1960), this theory suggested that social habits develop naturally within societies over a period of time. To justify continuity of these habits, and perhaps also to hide the fact that they may be irrational, people in society invent abstract explanations for them. In other words, values are a kind of afterthought or explanations by which the already ingrained habits of a society are shown to be desirable".

Ramphele (1993:38) argued that people assist one another, not because of the underlying value of ubuntu, but because their survival depends on mutual assistance. Thus a value of sharing evolves from the day to day business of helping one another with the basic necessities. On the other hand, values do not develop overnight. They are formed, reinforced and changed through day to day behaviour. In this sense, it is reasonable to assert that values are preceded by behaviour and that, over time, behaviour shapes values as much as values shape behaviour. The relationship between values and behaviour is reciprocal.

4.5.1.3 NORMS

Formal norms have been written down, or codified, often in the form of laws and carry specific punishment for violation. Informal norms are not written down, but are widely understood by the members of a society.

"The most important norms are generally those shared by large segments of society. For instance, most people in society obey the norms that prohibit murder, robbery and strolling through one's neighbourhood in the nude. Other norms apply only to particular groups or categories of people" (Popenoe *et al*, 1998:94). According to Broderick (1993:66) "most norms are concerned with the behaviour expected of people occupying specific social positions and playing specific roles, such as mother, father, employee or child. A physician's role in treating a patient, for example, consists of a set of norms. Doctors are expected to appear calm, stable, sympathetic and responsible at all times. Many norms associated with doctors role do not apply to any other position. Yet others in the health professions may imitate the way doctors behave in an attempt to be identified with them and to win some of the respect or other rewards that doctors receive". William (1970:02) argued "that although values and norms are closely related, the two should not be confused.

Norms are specific, concrete and situation-bound. They are usually expressed as behavioural guidelines; one should or should not act in a particular fashion. Values are general, and often serve as a standard by which norms may be judged. For example, society values financial success. Certain norms govern the way society may seek to legitimately achieve the value of getting an education, starting a business and trying to make a profit or obtaining a job and seeking promotion".

"Folkways are another form of norms which vary greatly in their social importance. Many can be broken without serious consequences. For example, women are generally not expected to smoke cigars. These norms are against such behaviour, but they have little strength and may, within broad limits, be easily broken" (Gelles, 1997:34). Broderick (1993:36) argued that "other norms are almost considered sacred, and violating them is likely to result in serious consequences. When a person violates the norm against murder, his or her action will not be excused or overlooked. The murder will be punished. Strongly held norms that are considered essential and are strictly enforced (like the norm prohibiting murder) are called mores". Popenoe *et al, (*1998:99) argues that "mores can be either prescriptive or proscriptive. Prescriptive mores state what a person must do, such as care for infants and children who are unable to care for themselves. Proscriptive mores state what a person must not do, such as break into other people's homes. A particularly strong proscriptive more is a taboo. One proscriptive more that is a cultural universal is the incest taboo; a powerful moral prohibition against sexual relations between certain categories of relatives".

According to Kayongo–Male and Onyango (1993:68) "laws are other forms of norms. The above mentioned author stated that laws are formal norms, usually mores that have been enacted by the state to regulate human conduct. It is possible for an action to be illegal (against the law) but at the same time acceptable when judged by

certain informal social norms. For example, it is against the law to withhold income tax. Yet many people who conduct small-scale businesses (for example street vendors, people offering extra-mural classes to prospective matriculants and people who do odd-jobs) do not pay tax on all their income. Although it is illegal, this kind of behaviour is not reported by friends and acquaintances, suggesting that they sanction it".

The following section explores the concept of ubuntu and how it has evolved over time. The ubuntu concept is explored in detail, highlighting its value systems and the impact it has on societies.

4.6 UBUNTU IN RELATION TO SOCIETY

4.6.1 WHAT IS UBUNTU?

Ubuntu is a way of life that positively contributes to the sustenance of the well being of a people/community/society. Ubuntu is a process that promotes the common good of a people/society (Sindane, 1998:69). Makhudu (1993:98) stated that "every facet of African life is shaped to embrace ubuntu as a process and philosophy which reflects the African heritage, traditions, culture, customs, beliefs, value systems and their extended family structures. The above mentioned author maintained that this definition emphasises the African-ness of ubuntu. Ubuntu has its origin in Africa.

Ubuntu is humanism and the human being is the foremost priority in all conduct: "the value, dignity, safety, welfare, health, beauty, love and development of the human being and respect for the human being, are to come first and should be promoted to first rank before all other considerations, particularly, in our time, before

economic, financial and political factors are taken into consideration. That is the essence of humanism, the essence of Ubuntu/botho (Vilikazi, 1991:46).

Sparks (1990:12) observed that "traditional African societies place a high value on human worth. It was humanism that found its expression in a communal context rather than in the individualism of the West. Ubuntu captures the essence of this particular participatory and is visible today in the communal spirit of the ghetto township. He regards ubuntu as a subtle and not easily translatable concept which broadly means that each individual's humanity is ideally expressed through his relationship with others and theirs in turn through recognition of his humanity". In order to understand the full meaning of the word Ubuntu the prefix "ubu" must first be separated from the root "-ntu". "Ubu refers to the abstract. Ntu is an ancestor who spawned human society and gave people a way of life as human beings. It is a communal way of life which deems that society must be run for the sake of all, requiring cooperation as well as sharing and charity. There should be no widows or orphans left alone, they all belong to someone. Ubuntu consequently, is the quality of being human" (Mfenyana, 1986:78).

4.7 UBUNTU VALUES

According to Broodryk (2002:32) values are assegais (weapons, spears) one uses to defend, manage and construct their own personal life and influence or protect that of brotherhood. Values are the basic foundation of each person's view of how life is supposed to be and lived. They influence choices, attitudes as well as goals in life. Since they are accompanied by strong feelings, it is proposed that they be regarded as the assegais of a person in cultural and general life.

4.7.1 SHARING

According to Broodryk (2002:46) "'mahala" is an African concept which means that it is fine to give something free of charge to others or not expecting something in return. This type of giving can be done by means of certain comrade type activities or sharing of physical objects. A comrade type activity is for instance to visit a hospital, to see all those in hospital only to visit a sick relative or friend and even the ones you do not know". In the African culture it is an insult to other human beings if food is not shared by an individual, and this convention also applies to refreshments not being shared by all others at meetings, events or in the workplace. "Africans grow up sharing food with the rest of the extended family members and everybody around. Visitors to a family may find that they are given preference to eat first" (Khoza, 1994:15). According to Koka (2002:17) that "children should be assisted to acquire the virtue of sharing at a very young age and apart from educational institutions the family should influence children in especially the early childhood stages to develop giving and sharing mentalities".

"Children should be taught that is through giving, they will also be receiving when it matters. In the school milieu children should feel free to share all they have in an unselfish way, and feelings or ideas related to greed and selfishness are two of the major stumbling blocks for harmonious interpersonal human relations in life schools should, in the spirit of ubuntu consider introducing a money kitty system to enable those children who have the means, to donate their extra pocket money to those who do not have, who should, be given money from this kitty without having to feel ashamed or inhibited when accepting the money for they understand that, it is normal in life that some have and others do not have means. Children should know the truth. Doing this early from children's life stages will ensure a natural sharing in the future" (Broodryk, 2002:28).

4.7.2 CARING

"Caring is an important pillar in the ubuntu world view. It is true that all cultures have caring attitudes, but in the ubuntu culture this caring is of a very intense nature. Caring reflects in the way one treats others. It is how parents and adults treat children, how children behave towards parents, how married spouses behave towards each other, how the aged are attended to, how the disabled are being looked after, how the underprivileged are assisted, and to that extent a person controls his emotions under all circumstances" (Broodryk, 2002:87).

According to Koka (2002:98) "many people tend to become irritated or annoyed when approached by beggars for a small financial contribution. The ubuntu guideline in this respect will be to give. Just give what you can afford or have, even if is not money but some other commodities like fruit and vegetables". According to Khoza (1994:79) "caring is about putting the problems, interests and circumstances of all others, including those of beggars, at a high level in a loving, empathic and sympathetic spirit. Caring, in contradiction to these harmonious approaches, also manifests in strong, intolerant moral expression and behaviour. It is for example unacceptable in the ubuntu environment to be patient with social misbehaviour and injustices". Koka (2002:47) state that caring goes hand in hand with loving attitudes. Someone who loves and appreciates human beings, animals and the environment as they appear in life will also portray a caring personality. In African life caring manifests in the respectful and humble way elders and superiors are greeted and addressed. For example, in Sesotho the word "ntante" is used to address an old man or respected father figure". According to Broodryk (2002:98) "children should be taught that is acceptable to show love to parents, family members, friends and others. Love is observed when people hug each other or greet each other

passionately; it should be a happy event to see the other person. The opposite which is to be avoided is a mere cold grin or saying "hi" to a person".

Khoza (1994:20) stated that educational authorities should promote and foster the practice of caring. This has to manifest in the way children are treated and attended by teachers. This manifestation is observable in body language and they way ordinary language is used (language can be abusive and insensitive and it could have a life long affect on children if incorrect perceptions are formed or wrong messages are received). The volume of speech should also be controlled since too much volume sounds like aggression and the loss of temper is negatively experienced by children.

4.7.3 KINDNESS

According to Koka (2002:56) "children should live to be kind. Adults are sometimes horrible offenders of the expectations of kindness due to stressful obligations and intolerance with time. Shopping must be done; meetings must be attended as a rigid punctual convention, leaving very little spaces in the mind to practise kindness as well. Children are fine observers of mood and behavioural malpractices and should be brought up to forgive adults for minor offences: their mission in life should be to improve on adulthood, living out ubuntu kindness".

4.7.4 HUMANNESS

Ramose (1999:28) stated that "human beings have human rights which are to be respected. All theories of human rights regard the facet of being human, the humanness aspect which is ubuntu as their starting point. These human rights theories ascribe values to or determine the worth of the facet of being human. The

primary focus point of human rights is human relations. In spite of their differences in perspectives and emphasis, all theories of human rights share one fundamental characteristic in common, namely that the fact of being a living, human being deserves recognition by all other human beings. In this sense, theories of human rights are ultimately concerned with one fundamental basic human rights, namely the right to life". Broodryk (2002:36) emphasise that "the right to life involves the freedom or liberty of the individual human being to strive constantly towards the defence and protection of life. Purpose for human activity is hence oriented towards the preservation of the individual life in the first place. The right to life implies the human's right to life, freedom of speech and thought, freedom of association, right to work and the right to own property. Human rights to life tolerate different applications of the values and norms of different cultures. Gratefulness is a common value of cultures generally but it is applied differently by cultures. As noted, it is for instance customary in Africa for the husband-to-be to reward his future parents in law with cattle or in modern times with money as a token of appreciation for the woman her parents raised, while this is an unknown custom in other cultures.

According to Khoza (1994:65) "citizens have the right to voice their personal beliefs regarding life, politics and religions, opposing viewpoints are therefore to be endured in the spirit of humanness and democracy. The right to work and to be empowered for work are fundamental to the rights of a human being. People should be encouraged to build their capacity and receive training to be able perform effectively in the work situation. Africans have always attached values to the farming subsistence enterprise systems, which is also a way of living in the harmonious coexistence of families and extended families".

4.7.5 RESPECT

Respect is an important concept in the ubuntu life style and it is related to discipline, law and order.

"Respect stipulates the authority of the elders over the younger people, parents over children, leaders over the followers and traditionally men over women. It not only emphasises respect for people one knows but even those not known" (Broodryk, 2002:88). According to Khoza (1994:24) "in the African milieu a human being is the most important element of the society and man is dependent on the goodwill and acceptance of others. One therefore has to conform to the values of ubuntu which includes showing respect to all and in return receiving respect from all". Communities would look after their aged and this nullified the need for old age homes. "An old age home is an unknown phenomenon in traditional Africa. The aged are highly respected for what they have done for their children and the wisdom they have shared with youngsters. It is a form an annuity or pension where children guarantee that their elders retire inclusively in their extended family and not exclusively in an external old age home" (Koka, 2002:56). Broodryk (2002:87) affirmed that "children are respected. Children losing their natural parents would be taken in as orphans by the members of the extended family nullifying the need for orphanages. Respect is reflected in humility since a humble person is generally accepted as respecting others for what they are. This manifests in the way superiors are approached, the sharing of food and drinks with other human beings and even with ancestors. Respect manifests in the way one obeys leaders and authority, welcomes the same one behaves towards others". Khoza, (1994:42) contend that the ubuntu norms and values of the community are similarly respected since they determine life in that community. If one has been offended by a member of the community, other

extended family members would collectively become involved in discussing the offence to settle the problem to maintain peace and unity.

4.7.6 COMPASSION

"Compassion manifests in the way a person lives. The ideal or art of the Ubuntu type of person is to be a true human by being humane, caring, sharing, respecting, tolerating, loving, being natural without pretentions and being a showpiece of happiness. In this manner young people, old people, the environment and all aspects or elements of life are treated in a style which concretely reflects compassion for all" (Broodryk, 2002:58). Compassion and reaching out to others are said to be what humanism is all about: you are enlarged and enriched when you go out of yourself. Mangani (1983:58) declared "that he is attracted to an existence in which people treat each other as human beings, not simply as instruments and tools, where people become committed to each other without necessarily having to declare such commitment. When the tables are down, it is compassion which makes it possible for other people to rise to the occasion. Compassion integrates and binds people together".

"According to the ubuntu ethic, the individual is encouraged to achieve, but never at the cost of his fellow man. This is a reflection of compassion since the dignity and humanness of the other person are at all times taken into account and even regarded as of being a higher priority than one's own situation. Compassion is evident in the traditional, warm and all-embracing community life. It is a key element of African life to socialise informally and heartily: the challenge is for all people of the world to become likewise happy and friendly informal human beings" (Du Preez, 1997:22).

4.8 SUMMARY

This chapter outlined the origins of a family, what a family has symbolised over the centuries and what its respective functions are. It provided clarity on what a family structure consists of and what the different functions of family are.

This chapter has explored the different types of families and their respective functions. The chapter dealt in detail the major components of culture and what their impacts are on society. Ubuntu was explored in detail and its values were exhausted.

Children in care and support centres are not taught these important values as indicated by this chapter. The chapter has revealed that the family is the place where all of these values are taught from generation to generation within the family unit. This in turn means that children within care and support centres lose values which may have a great impact in moulding them into productive adults in the future.

Chapter five will provide two case studies assessments of two selected care and support centres based in Khayelitsha.

CHAPTER FIVE

THE CASE STUDIES IN CONTEXT: COMMUNITY DRIVEN CARE AND SUPPORT CENTRE VERSUS GOVERNMENT DRIVEN CARE AND SUPPORT CENTRE

5.1 INTRODUCTION

This chapter takes the reader into the context of the study. It describes the nature, daily operations and management styles at Luvuyo's and Fikelela's Children's Home. It then presents the researcher's observations and feedback from the case studies.

5.2 CASE STUDY ONE

5.2.1 CURRENT MANAGEMENT FRAMEWORK AT LUVUYO CHILDREN'S HOME

Luvuyo Children's Home is being operated by a single individual with the assistance of three adults who are volunteering their services to the home. The organisation of the children's home is structured in a hierarchical way with Mrs X as the head of the organisation with the assistance of the volunteers. Mrs X, together with two prominent community members act as board members of home and this makes up part of management in the home. The home is situated in Khayelitsha, figure 5.1 has reference.

There are many facets of operating Luvuyo Children's Home, among them the home's vision and mission, management framework and daily operations and the volunteers role in creating a happy environment for children.

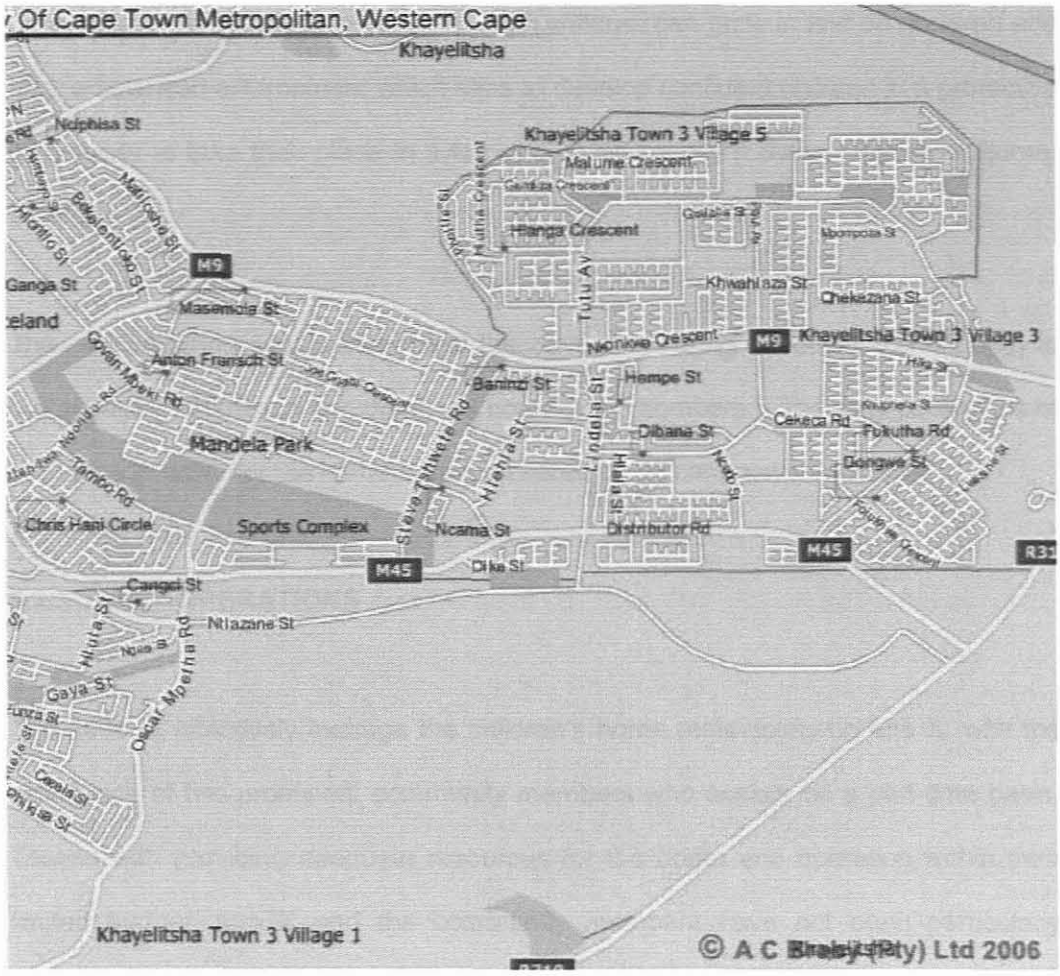

Figure 5.1 Map of Khayelitsha

5.2.2 VISION AND MISSION

Luvuyo Children's Homes has a vision and mission that was developed by Mrs X with the input from volunteers and community members. The statement is intended to be the cornerstone of all that the home does.

The mission is based on the values of honesty, transparency, openness, equality, dignity, empowerment and being non-judgemental, the vision of Luvuyo Children's Home is

"A proactive and innovative home in which children can grow in and be nurtured and offer a balanced environment which aims to develop confident children in a protective community to take their place in a fair and equal society"(Luvuyo Children's Home, 2004:01).

The mission further states that one of the ways of ensuring a protective community is by "engaging prominent and dominant community members in the daily operations of the home in order for the home to be embraced by all community members".

5.2.3 DAILY OPERATIONS

The need to effectively manage the children's home rests solely on Mrs X, with the assistance of two prominent community members who assists on a part-time basis. Tasked with providing adequate resources for the home and operation within their limited budget, Mrs X and the community members have not been particularly effective yet as they cannot afford luxuries for the children such as extra toys.. However, this is being addressed and there is a positive sense that it will soon be very effective. Mrs. X has been meetings with prominent business people in the Cape Town area who have committed to provide the home with funds that will provide adequate resources for the home to be operated efficiently.

5.2.4 VOLUNTEERS

Luvuyo Children's home has three adult volunteers who assist Mrs X with the daily operations of the home. The process of selecting the volunteers involved Mrs X and the two community members who identified and nominated vital community members who can provide the children with the necessary care. Mrs. X and the community

members then discussed these names informally before a final selection was made and agreed upon by all concerned parties.

The volunteers are on duty 24 hours a day and as required. They have different duties that range from attending to the children, preparing meals and providing after care. Each volunteer has been assigned to a number of children. The home takes care of twenty children, between the ages of 0 – 6 years. The volunteers are not prepared adequately for their roles, previous children's care has been taken into account when the volunteers were chosen. Cape Town Children's Welfare offers training and workshops at different intervals for the volunteers in child management.

5.3 CASE STUDY TWO

5.3.1 CURRENT MANAGEMENT FRAMEWORK AT FIKELELA CHILDREN'S HOME

The home is operated by the Provincial Administration of the Western Cape, Department of Social Services. The home has a board of directors, private donors from international countries and senior management. Fikelela Children's Home has a staff complement of a General Manager, a professional nurse, a resident social worker, two house parents, a qualified teacher, ten field workers, ten care givers, two cooks, three child minders and a driver. The children's home is structured in a hierarchical way with the general manager, professional nurse, resident social workers and the two house parents. The general manager together with the professional nurse and the resident social worker make up the management team. The two house parents serve as part of the home's management team, on a part-time basis. Regular staff meetings are held with all staff members present.

There are various aspects of operating Fikelela Children's Home among them the home mission and vision, the roles of the general manager, professional nurse, resident social worker, the house parents, the qualified teacher, the field workers, the care givers, the cooks, the child minders and the driver.

5.3.2 VISION AND MISSION

Fikelela Children's Home has a vision and mission statement that was developed by the Directors from the Department of Social Services with input from the home's staff members and other interested parties. This statement is intended to be the framework of all that Fikelela Children's Home does.

Based on the values of Batho Pele, the vision of the Fikelela Children's Home is to

"Mobilise the community to make a sustained positive contribution of the reduction of new HIV infection and to drive HIV/AIDS education and care in partnership with others". The motto of the home is "every child is my child" (Fikelela Children's Home, 2004:04).

5.3.3 DAILY OPERATIONS

The General Manager, together with the resident social workers and professional nurse are responsible for the effective and efficient operation of the home. The general manager is acts as a human resource practitioner, financial officer and as operational officer of the home. The home is financially sound as it has a constant supply of international donors such as UNICEF, as well as funding that is provided by the Western Cape government. The other staff members are responsible for auxiliary services to the home.

5.3.3.1 THE GENERAL MANAGER

The general manager is a qualified social worker who has a NGO based work experience. Her job entails operating the home within its jurisdiction. She has limited interaction with the children within the home. Her working hours are between 08h00 until 16h00. She resides outside the premises of the home.

5.3.3.2 THE PROFESSIONAL NURSE

The home has the services of a resident professional nurse. Her duties entail maintaining optimal health of the children, especially those infected by HIV and are currently on antiretrovirals. The nurse has to attend to in house emergencies in the home and to attend to other staff members should they require medical attention.

5.3.3.3 THE RESIDENT SOCIAL WORKER

The social worker resides within the home and assists with the all round development of children. One of her duties entails the transition of children who are left abandoned in the community who would then be placed at the home as well providing a link between the home and children's rights organisations. She acts as a medium for the home's management and the community at large. She has been placed within the home at the request of Child Welfare, an organisation which takes into account children's human rights within care and support centres.

5.3.3.4 THE HOUSE PARENTS

The house parents are two elderly women who reside within the home. Their private dwellings are within the premises and are responsible for all thirty children in the

home. Their responsibilities ranges from taking care of the children, ensuring that the rules of the each house are adhered to by the children, providing "motherly roles" to the children and maintaining order in their respective houses. The two house mothers provide these duties as the houses have been divided to accommodate the boys and the girls separately. In each house, children are accommodated within their age group. The house mothers are assisted by the care givers and child minders to make sure that children are ready on time for school and other activities within the home.

5.3.3.5 THE QUALIFIED TEACHER

The home has a qualified pre- primary school teacher who resides within the home. The reasons why she resides within the home are not clear. She teaches the children who attend pre-school in the home's premises. She provides basic foundation education for children in the home between the ages of six months to five years old. She is assisted by the child minders and the care givers to effectively implement her duties.

5.3.3.6 THE FIELD WORKERS

The field workers are known as the "ears and eyes" of the home. They provide the services of identifying abandoned children within the community. Their main responsibility is to go out to the community and identify cases where children are neglected or are being abused, without any parental supervision or children whose parents have died either by natural causes or HIV/AIDS. They identified these children and the necessary steps would then be taken in order for the identified children to be admitted into the home. Their jobs are viewed in a negative light by some community members as some members believe that the field workers are

responsible for breaking up children in families. The field workers reside outside the home and work in shifts.

5.3.3.7 THE CARE GIVERS

The care givers provide a 24 hour duty to the home. They work in shifts throughout the day as the home is never without five care givers at any given time. One of their major responsibilities is to look after the children in the home and always close by the children. Children in groups of five require the services of one care givers all the time. They provide an essential service to the house mothers and making sure that they children are within the premises of the home all the time.

5.3.3.8 THE COOKS

The home has the services of two cooks. The cooks responsibilities are to make sure that the children's meals are cooked and contain the appropriate nutritional values that children require. Children with special dietary needs are accommodated by the cooks and they work in shifts. The cooks have limited contact with the children as the children are not allowed into the kitchens of the home. The cooks reside outside the home.

5.3.3.9 THE CHILD MINDERS

The home has the services of three child minders. Their function is not clear as their duties ranges from running errands for the home or duplicating the services of care givers. One of the three child minders assists with the some administrative duties of the home. They work between the hours of 08h30 until 17h00. The child minders reside outside the home.

5.3.3.10 THE DRIVER

The home has the services of a driver. The driver is responsible for driving the children in the home to school as well as staff members to their required destination. The driver spends a considerable amount of time with the school going children as it is duty to ferry them to and from school. The bus was donated to the home by the national lottery. The driver resides outside the home and his working hours are between 07h00 until 18h00, other times he is required for emergencies in the home.

5.4 OBSERVATIONS AND FEEDBACK FROM LUVUYO CHILDREN'S HOME

As a volunteer for Vukuzakhe Community Development Project, a NGO based in Khayelitsha who assists children from child headed households and providing them with food parcels since March 2004, the researcher has been well placed to observe practices around the daily operations of the home. The researcher observed the case study, covering the period June 2006 to August 2006 and are based on the atmosphere, relationship and practices within the home.

- The **Vision and Mission** statement, was developed over a number meetings by community members in consultation with Mrs X and the volunteers. The vision and mission statement are placed on high values by the staff of Luvuyo Children's Home. It has been used as a guiding framework. The mission statement recognises that a proactive and innovative home is required in which children can grow in and be provided with a protective community is encompassed in the daily operations of the home.

- The **Management framework and daily operations** stipulates the needs of the home and how the needs can be met. The very dominant challenge faced by the home is finances. Since the home is solely operated by Mrs X and the prominent community leaders, finances play a crucial role in the optimal effectiveness of the home.

- **Volunteers** have formed the structural part of the home. The services that they provide is vital in optimal care of the children as without their services, Mrs X will not be able to cope. Much debate among the volunteers and management of the home went into the remuneration of the volunteers. Due to a lack of financial resources, the volunteers have not been paid for the past six months. However, there is hope on the horizon as some businesses have offered to pay for the remuneration of the volunteers. The home could use more volunteers as the children can be unruly at times. According to Mrs X, by recruiting more volunteers, this will shift the focus of the home into becoming a "a place of work, yet they are providing a home to children". The researcher felt that this was a sufficient response as the home is truly operated as a "normal household" with additional children and on a very tight budget.

  The volunteers tackled their jobs with great enthusiasm but because they are not clear what is expected of them, due to that their enthusiasm is waning. This has been attributed to the fact that some of the children in the centre are HIV positive. The volunteers have basic child care experience but lack the necessary skills in dealing with children who are HIV positive. It has emerged from the volunteers that some had minimal information with regards to HIV/AIDS and the management of the epidemic. They did not seem to receive the necessary support from Mrs X who has attended various

workshops on HIV/AIDS management. The researcher suggested a local NGO that holds workshops for the volunteers in the management of HIV/AIDS and children. The suggestion was welcomed and three workshops have been held so far.

5.5 OBSERVATIONS AND FEEDBACK FROM FIKELELA CHILDREN'S HOME

The researcher's observation period at Fikelela Children's Home covered the period July 2006 to August 2006 and are based on the practices, atmosphere and relationships within the home

- The **Vision and Mission** statement of the home has been a thorough process that involved various meeting with government, various international donors as well the home's management team. The principles of Batho Pele are held at utmost best by the staff in the home. The mission of the home is to mobilise the community to make a sustained positive contribution with partnership with others. However, this may be the case as the home has a very limited participation with the community except the contribution made the field workers.

- *The **daily operations** of the home effective. The home is being operated by* competent individuals who have the necessary expertise and it has sound *financial backing.*

- The **General Manager** operates as the chief executive officer of the home. She handles the executive decisions of the home but lacks the time to be involved with the children in the home as she feels that she could have

interaction with the children and not be seen as someone as elusive by other staff members.

- The **Professional Nurse** forms part of management of the home as she is second in charge when the general manager is absent. She provides the home with the necessary medical care it requires. She feels that she could use the services of a nursing assistant but due to budget constraints, this is not possible at the moment. Her residing in the home is valuable as at times, the children in the home can be sick at awkward hours of the night.

- The **Residential Social Worker** provides a limited role in the home as the children's cases bought in the home are infrequent. Her dominant role in the home is to provide a vigilant eye for Child Welfare and to make sure that the rights of the children in the home are not infringed in any manner. The other staff members in the home are not as accommodating to her as she would like to as they feel that she is there to "spy" on others.

- The **House Parents** are responsible for the smooth operation of the their respective houses. They are the main contact between the children and the home's management. Their provision of "motherly duties" to the children is commendable as some of the children are just too troubled by their past experiences. The house mothers provide "counselling" to children in the home when they require it.

- The **Qualified Teacher** provides the children with foundation education that prepares them for formal schooling. The in house pre school exclusively teaches children in the home. This creates problems for the children when

they are introduced to main school streaming as some children from the home are not able to interact with other children from the community. This creates problems for children as some know that there is something different from other children in the community.

- The **Field workers** assists to identify children in the community who needs assistance. They work under difficult circumstances but their work is commendable. They encounter tremendous problems from hostile community members. Other field workers have been physically assaulted by mothers who have abandoned or neglected their children.

- The **care givers** provide an important function in the home as without their services, the home will not be functioning as effectively as it is at present. Their main responsibility is to be with the children all the times and providing care. The care givers feel that there should be more care givers in the homes as at times they are working under stressful conditions and are unable to give each child the necessary attention they require.

- The **cooks** make sure that the children's meals are cooked and are served at the appropriate times. The cooks are only there to execute their duties with no interaction with other members of staff and the children.

- The **child minders** duties are not clear. Their services are required by the hierarchy of the home but their functions are not clearly defined. They run odd errands for the home. They are supposed to be supplementing the chid cares but at the moment, they have no clear understanding of what their duties are supposed to be.

- The **driver** provides transportation services to the children and the staff of the home. He at times acts as a handy man for the home and runs the odd errand.

5.6 SUMMARY

This chapter has contextualised the case studies by describing the nature of relationships, atmosphere as well as practices within the home by describing the aspect of management, including the vision and mission statement, the roles that volunteers play, general manager, professional nurse, social worker, teacher, house parents, field workers, care givers, cooks, child minders and the driver. It then documented the researcher's observations as a participant observer in each case study.

Chapter six will provide the research design for evaluating care and support centres for HIV/AIDS orphans in Khayelitsha.

CHAPTER SIX

A RESEARCH DESIGN FOR EVALUATING CARE AND SUPPORT CENTRES FOR HIV/AIDS ORPHANS IN KHAYELITSHA

6.1 INTRODUCTION

In order to successfully evaluate the care and support centres for HIV/AIDS orphans in Khayelitsha, it is imperative to first establish and acknowledge the impact that HIV/AIDS has on their children, community and the overall developmental stages of the lives. Secondly, it is imperative that community participation in the process of evaluating the care and support centres for HIV/AIDS orphans is acquired. To effectively evaluate the care and support centres available for HIV/AIDS orphans, the necessary information had to be collected. Chapter six contributes to evaluate care and support centres for HIV/AIDS orphans in Khayelitsha.

6.2 RESEARCH DESIGN

According to Stugwig (1996:51) as quoted in Pekeur (2002:143) a research design is a "plan that guides decisions as to when and how often to collect data, what data to gather, from whom and how to collect data and how to analyse the data. The term "research design' also has both a general and a specific study's methodology. The design should indicate the purpose of the study and demonstrate that the plan is consistent with the study's purpose. The specific meaning of research design refers to the type of study". As identified by Struwig (1996:41 -43) the type of research design for a specific research project is influenced by the following factors:

- **METHODS OF DATA COLLECTION**

The researcher must decide if the data will be collected either through questionnaires, observation, case studies and focus groups.

- **DEGREE OF MEASURING ACCURACY**

The researcher must further decide whether to use a qualitative or quantitative research approach to measure the degree of accuracy.

- **MAIN OBJECTIVE OF RESEARCH**

The research design could be influenced by the main objective of the research, which could be to:

- Be evaluate in nature.
- Test hypotheses.
- Conduct comparative research.
- Conduct a descriptive study.

- **REASONS FOR COLLECTING THE DATA**

The reason for collecting data is to determine whether primary data should be gathered or whether a secondary analysis will be sufficient.

Pekeur (2002:144), states that "there are two broad categories of research, namely qualitative research and quantitative research. Qualitative research is used to focus on:

- The characteristics of language as a means of communication or a cognitive representation of culture.
- Discoveries realities.

Quantitative research is used when data can be expressed in numbers. The most common research design are:

- Design for exploratory research.
- Designs for experimental research.
- Designs for descriptive research.

Exploratory research assists the researcher in investigating a problem about which little is known. Stugwig (1996:45) as quoted in Pekeur (2002:144), "the main purpose of exploratory research is the development and clarification of ideas and the formulation of questions and hypotheses for more precise investigation later. This method also involves the gathering if a great deal of information on one or a few cases". Pekeur (2002:144) further states three possible methods used for exploratory research, namely:

- The study of secondary sources of information.
- An analysis of selected cases.
- A survey of individuals who are likely to have ideas on the subject on the whole.

According to Struwig (1996:46), "descriptive research attempts to describe something (the demographic characteristics of the users of a given product), and the degree to which use varies with income, age and sex. The descriptive research design according to Pekeur (2002:145) constitutes the "basic research tool for administrators and policy analysts. It provides a wealth of information, which is easy to understand and interpret". Leedy (1985:134) identifies the following characteristics of the descriptive survey research method:

- It deals with a situation, which demands the technique of observation as the principal means of collecting data.

- It chooses the population of the study carefully, is clearly defined and specifically delimited in order to set precise parameters for ensuring discretion to the population.
- Its data is susceptible to distortion through the introduction of bias into research design.
- Its data is organised and presented systematically to that valid and accurate conclusions may be drawn from it.

Pekeur (2002:146) "identify the following studies as example designs for descriptive research, namely cross-sectional design, longitudinal designs, time series, panel studies, case studies, focus groups interviewing and meta-analysis. These studies will help the researcher to answer questions such as: how many? How much? How efficient? How effective? How adequate?

For the purpose of this study, case studies and focus group interviewing were utilised. Strugwig (1996:47) as quoted in Pekeur (2002:146) indicates that "case studies provide the researcher with detail about how something happened and why it happened. One the strengths of case studies is that they can involve multiple sources of data collection. Focus group interviewing is used to obtain detailed information from a small group of individuals".

Based on the purpose and objectives of the thesis as defined in Chapter 1 and on the brief discussion of the research designs, it was decided to use the descriptive research design. The purpose of the study is, *inter alia*, to evaluate the care and care and support centres for HIV/AIDS orphans in Khayelitsha. To help achieve this, the research objectives of the study are:

- To investigate the theoretical overview of the emotional, physical and psychosocial impact of HIV/AIDS on the life of the child and the global statistics on HIV/AIDS orphans
- To provide a theoretical overview of care and support centres available for HIV/AIDS orphans in Africa
- To investigate the theory on the concept of "ubuntu" in relation to family structure.
- To investigate through a case study framework care and support centres for HIV/AIDS orphans in Khayelitsha.
- To empirically measure and evaluate the care and support centres for HIV/AIDS orphans in Khayelitsha.

Leedy (1985:133 -134) refers to the descriptive method as "the normative survey method and further states that observation is not restricted to the conventional sense of perceiving with the eyes as the only source of data. Descriptive survey studies could be conducted where the means of observation could be questionnaire, interviews and the tape-recording of data".

6.3 DATA COLLECTION

According to Pekeur (2002:159), "the nature of the study should also determined the data collection method. He identifies the following methods of collecting data, namely:

- Structured questionnaires.
- Focus groups interviewing.
- Participant observation.
- Case studies.

6.3.1 METHODS OF COLLECTING DATA

The questionnaire method was used for collecting data. According to Pekeur (2002:159) "a questionnaire is a set of questions dealing with specific topic or related group of topics, given to a selected group of individuals for the purpose of gathering data on a problem under consideration".

As Khayelitsha was the study of area, thirty staff members from NGO's, care and support centres and social workers (five from the southern part of the area, ten from the northern part, ten from the eastern and five from the western part of Khayelitsha) participated in the completion of structured questionnaires. The cluster sampling technique was used for selecting the respondents who were staff members from NGO's, care and support centres staff and social workers. These respondents assisted by completing the questionnaires and in data collection using the questionnaire. All staff members were requested by their immediate supervisors to participate and complete the questionnaire after the researcher had first obtained permission. Some filled in the questionnaires, while others refused to participate. The reason why NGO's, care and support centres staff members and social workers were chosen as the respondents for this study is that they are firstly the predominantly people working within these care and support centres. As the questionnaire was presented in English the response was required and accepted only in English. Therefore staff members and social workers were seen as the most appropriate target population.

Twenty seven completed questionnaires were returned by the staff members out of the thirty questionnaires distributed. The questionnaires were left at the NGO's,

social workers offices and care and support centres and were collected two days later.

Four focus groups were conducted, each consisting of twelve respondents ranging between the ages of twenty to seventy years old. The focus groups were targeted at key role players in children's lives such as parents, grandparents and other members of society. The purpose of the focus groups were to determine which kind of assistance of children require and where do they belong, either in care and support centres or within their communities. The respondents for the focus groups were randomly selected from Khayelitsha. Since Khayelitsha is a vast area, the area was divided into four sections and consisted of the southern which is known as A, eastern known as B, western, known as C and northern known as D sections. All four focus groups were video-recorded, exclusively in Xhosa. The focus groups were conducted at SHAWCO, section A, Khayelitsha. All focus groups were recorded, with the groups' consent. The focus groups were conducted in the morning session. The focus groups were conducted in Xhosa and were later translated into English. This was done to accommodate respondents who were unable to speak and understand English. Two sets of focus groups were drafted, one in English and the other in Xhosa (see Appendix C).

A case study assessment was conducted. Two care and support centres were selected, one government driven and one community driven. There are only two such centres in Khayelitsha as all others are driven by international donors others are church based care and support centres. The researcher conducted observations from the early morning until late in the evening when the children go to bed. It was imperative for the researcher to observe the daily occurrences and routine within the care and support centres to draw conclusions around the daily activities of each care and support centres.

6.3.2 LIMITATIONS OF THE STUDY

The culture of research is not well established in Khayelitsha. Where it was known, it was regarded as an exercise of little value that would not make any real difference in people's lives. Poor attitudes made it difficult to distribute questionnaires in some of the significant areas for the purpose and goals of the research. Missed appointments by care and support centres staff and social workers had a negative impact on the collection of completed questionnaires in some areas.

The most common problem encountered during focus groups was the suspicion of some type of political agenda the researcher may have. The respondents felt that the responses would be used against them at some stage or another.

The case study assessment encountered problems as care and support managers were of the opinion that the researcher was being sent by the Department of Social Services to investigates them under the pretence of research. Finally, the time and resources available to conduct this study were not sufficient.

6.4 DATA ANALYSIS, INTERPRETATION AND PRESENTATION OF RESULTS

6.4.1 FOCUS GROUPS

QUESTION ONE

Do you know the name of the care and support centre within your area? If not, why?

Response

All forty-eight respondents could recall the name of a care and support centres within their area.

Interpretation

The respondents were aware of the care and support centres within their communities. They take notice of changes within the communities as they all remember when a certain community building was converted to a care and support centre. For example, a clinic in the southern part of Khayelitsha was converted in early 2005 to a care and support centre that exclusively admits HIV/AIDS orphans ranging from birth to twelve years.

QUESTION TWO

Were community members ever invited to assist the care and support centre in any manner?

Response

Focus groups A and C revealed that community members were invited by the care and support centre to assist the children with tutoring, care and any donations.

Focus group B and D revealed that the care and support centres operated in isolation from the community. There was never any invitation from the care and support centre to the community to assist.

Interpretation

It has emerged that community politics play a crucial role in the participation of care and support centres with the communities. By the responses given by focus groups A and C, it draws a clear picture that community participation has to be enlisted at ground level by the potential care and support centre staff. It has emerged that prior to the conversion of an old community clinic to a care and support centre, community participation was mobilised by the funders who had a vision of converting the clinic to a care and support centre. The community bought into the concept as they were involved from the grass root level.

Focus groups B and D revealed that no community participation was enlisted by the care and support centre. The community has a negative impression of the centre and feels that the centre is invading their areas. It has emerged that some community members are hostile to the care and support centre as they believe that they are recruiting children for funding purposes and not for looking after their well being.

QUESTION THREE

How does the community interact with the children and staff from the care and support centre?

Response

Focus groups A and C revealed that children are able to interact with communities and the community responds well to care and support centre staff.

Focus groups B and D revealed that there was no interaction at all between the parties.

Interpretation

Focus groups A and C indicated that children and care and support centre staff interact well with each other as there has been community involvement from the initiation stages of the centre. The community has embraced the children and staff to the extent that should a child within the centre misbehave within the community, the community members take the responsibility of making sure that the child behaves. For example, in an incident where a chid from the care and support centre was caught smoking with a group of older peers, one community member took the responsibility of talking to the child about the negative implications of socialising with older peers and how this can impact negatively on the future of the child.

Focus groups B and D revealed that children within the care and support centre were treated like children in prison. They revealed that the care and support centre has a high wall, which prevents the children from interacting with the community. The community named the care and support centre "Pollsmoor Prison".

QUESTION FOUR

Where do children whose parents have died of HIV/AIDS belong?

Response

Focus groups A and C indicated that the best place for the children is within the care and support centres where they are well cared for.

Focus groups B and D indicated that the best place for children is within their familiar surroundings and homes.

Interpretation

It has emerged that from focus groups A and C that children belong in care and support centres. It has been indicated that within these centres, children's medical and educational needs are met and the groups felt that these are important in the child's developmental stages. These needs are usually met by parents, since the parents are dead, then the centre is able to provide for these needs.

Focus groups B and D argued that children should be raised in family settings. These settings are the place for children as they are raised with a sense of belonging, able to interact with the community and are in familiar surroundings. The groups argued that extended families should take the responsibility for these children and that there is money available that can help these communities better. It has also emerged that there are NGO's who are helping children living on their own. These NGO's supply the children with food parcels and address other needs. The children are being brought up with an element of culture which the groups felt it was important in raising children.

QUESTION FIVE

What should happen to children when they can no longer be accommodated within the care and support centre?

Response

It has been indicated that by focus groups A and C that they do not know what should happen to these children.

Focus groups B and D argued that this is the problem with care and support centre as their assistance is limited. Should the children be left within the homes, none of this would happen.

Interpretation

Focus groups A and C felt that as community members, they have not planned long term and the care and support centres within their respective communities have been recently opened.

Focus groups B and D argued that when these children are sent back to the community which they will not be embraced them as they have been growing up in isolation. The groups indicated that these children are sent back to main stream living with no skills, no sense of belonging which in turn contributes to the amounting challenges that communities are facing. The groups felt that since these children have been isolated, they just continue to be isolated which can easily lead to a life of crime to fill the void of isolation. It was further argued that these children would feel that gangs are the substitute families in which they belong.

QUESTION SIX

How can the concept of "ubuntu" be used in helping children whose parents have died of HIV/AIDS?

Response

Focus groups A and C revealed that the concept of ubuntu has been dead in communities. They felt that due to the lack of ubuntu, there has been a need for care and support centres. Care and support centres exist due to the plight of children who have been abandoned by their relatives.

It has been indicated by focus groups B and D that ubuntu is there in their communities.

Interpretation

Focus groups A and C felt that since the economic climate in our country is making it difficult to lend a helping hand, this has killed the concept of ubuntu. The groups felt that people have so little to share among their immediate families that it makes it almost impossible to want to share with others. This is what has killed the concept of ubuntu.

Focus groups B and D indicated that the concept of ubuntu is there in their community. For example, one community member felt that she had little food to share with HIV/AIDS orphans within her vicinity, but what she did, she went to her community leader to ask where she could get help for these children. This is ubuntu. The community member was shown district offices, NGO's and other resources which were able to help the children. The groups felt that ubuntu is played out in different roles and degrees. Some respondents within the groups attributed how they are able to share, listen and assist the children in any manner that they could to the concept of 'ubuntu'.

QUESTION SEVEN

How can the community help children whose parents have died of HIV/AIDS?

Response

It has emerged from focus groups A and C that other community members should try and reach out to these children. The assistance that the community member can provide does not have to be financial but can be physical or emotional help made available to the children within the care and support centre.

Focus groups B and C strongly feel that the community should not make the children feel like orphans. These children should be made to feel like they belong at their homes and not in a care and support centres.

Interpretation

Focus groups A and C indicated that community members should avail themselves and volunteer their services within care and support centres as their assistance is needed. They can assist by providing care to the children as there are a limited number of people who can provide children with the attention and love that a child needs.

Focus groups B and D strongly feel that communities should take ownership of these children. For example, the parents of the children are known community members and other community members are aware of what is happening within that particular household. It is the responsibility of people around the children to be available. Foster parents can be next door neighbours, who can help the children to grow up

within familiar surroundings. It has emerged that leaders from the community should closely monitored foster parents to make sure that children are treated appropriately. These leaders will be in a position to monitor foster parents and provide nurturing environment for children to grow up in.

6.4.2 QUESTIONNAIRES

6.4.2.1 MANAGEMENT

QUESTION ONE

How has the community members accepted the children within the care and support centre?

Response

It has emerged that managers are not aware whether the community members has accepted the children in the care and support centre. As part of management, they are concerned in maintaining their administrative duties within the organisation.

Interpretation

Management is concerned with keeping the care and support centre afloat. They are only concerned with managing their respective organisation.

QUESTION TWO

How should community members treat HIV/AIDS orphans?

Response

Management felt that communities should embrace children who have been orphaned by HIV/AIDS just like any other children who have been orphaned due to other causes.

Interpretation

Management felt that children should be treated the same regardless of the circumstances in which their parents died.

QUESTION THREE

What would be the best way to assist children in care and support centres?

Response

All children need support, love, acceptance and care.

Interpretation

All management structures felt that children all need the above mentioned components.

QUESTION FOUR

Do you know the reasons why the child/ren been admitted to the care and support centre? If not, why not?

Response

Management does not know of the reasons why the children are admitted in the care and support centre. Part of their responsibilities in the home is to make sure that funds are available, how many children are in the home and that the home is operating within its jurisdiction.

Interpretation

It has been indicated by management that they are not concerned with the reasons why the children were admitted in the care and support centre. They are not concerned with what is happening at the grassroots levels of the home.

QUESTION FIVE

How do you feel of parents dying of HIV/AIDS and what should happen to the children left behind?

Response

It has been indicated by management that it is sad that parents die before their children are able to take care of themselves. It the responsibility of the parent in consultation with the child involved as to what should happen to the child when the parent/s die. Families are supposed to take care of children orphaned but economic climate is making this difficult to maintain and so the next option is the care and support centre.

Interpretation

Management has indicated that children belong in families but parents should make the necessary provisions as to what should happen to the child when they die. As a last resort, children should then be placed in care and support centres.

QUESTION SIX

Does the care and support centre only admit children whose parents have died of HIV/AIDS and if so, how do you determine this?

Response

Management is not aware of the process of admitting children into the home and what procedures were taken in determining the causes of parent/s deaths. Management indicated that there are people in the organisation who are employed to deal with those procedures.

Interpretation

Management felt that this does not apply to them as it is not part of their duties.

QUESTION SEVEN

What is the general feeling of the community members towards the children within the care and support centre?

Response

It has been revealed that there is less interaction between the children and the community as the children live within a protective environment symbolised by high walls and a security gate which is kept locked at all times.

Interpretation

Management has no idea what is the general feeling of the community.

QUESTION EIGHT

Do you think that by admitting children whose parents have died of HIV/AIDS increases the stigma around disease? If so, what can be done to prevent this?

Response

It has been revealed by management that HIV/AIDS has a negative implication in certain communities and especially in African communities. This has been attributed to a lack of education and fear around the disease. Unless community education is raised, then the stigma will always be attached to HIV/AIDS.

Interpretation

Management felt that the stigma is attached to a lack of education and understanding in communities. Unless something is done about it, then it will always be there.

6.4.2.2 STAFF MEMBERS

QUESTION ONE

How have the community members accepted the children within the care and support centre?

Response

It has emerged that some communities have been welcoming the children within their community meanwhile other community members feel that there is stigma attached to the children.

Interpretation

The care givers' main responsibility is protecting the children and providing care. The hostility projected by community members towards the children is a stumbling block without which community members could assist the care givers who are required to be at the centres at all times.

Social workers are trying to curb the stigma around HIV/AIDS by creating awareness around the disease but the mind set of some communities are creating obstacles. NGO's managers have a difficult time addressing communities as communities are labelling the support that these organisations provide as "inferior". Most NGO's are providing food parcels and hygiene packs to affected children. It has emerged that these packs are believed to be of inferior quality by the community members which creates a stigma around their services.

In other communities where care and support centres are welcomed, the community provides much needed respite for the care providers. Community members who are helping care givers, at times volunteer their time to look after the children while the care givers take a break.

QUESTION TWO

How should community members treat HIV/AIDS orphans?

Response

Care givers felt that community members should treat these children as the same as they would treat their own children.

Interpretation

Care givers believe that community members should accept these children and not show them pity. They believe that community members can lead the way in terms of children facing their challenges head on, not living in self-pity.

Social workers have been working on campaigns that encourage community members to look after these children, supplying information on how to access the foster care grant.

Staff members believe that more awareness should be created in their communities about the work that they are doing. They believe that they are regarded as enemies by the community yet managers believe that they are offering a much needed service to the communities

QUESTION THREE

What would be the best way to assist children within the care and support centre?

Response

All respondents believed that children needed support, love, acceptance and care.

Interpretation

All respondents, agreed that what these children need is understanding, care, love and acceptance, and not self pity by their communities.

QUESTION FOUR

Do you know the reasons why the child/ren been admitted to the care and support centre? If not, why not?

Response

Field workers know of the reasons why some of the children are admitted in the care and support centres as they were the ones who initially identified the children. The reasons for the children being admitted in care and support centres ranged from children abandoned by their parents, children who are neglected by parents or some parents are too sick to take care of their children.

Interpretation

The staff members are aware of what is going on in their communities and which circumstances has led to the children being admitted in the care and support centre.

QUESTION FIVE

How do you feel of parents dying of HIV/AIDS and what should happen to the children left behind?

Response

Staff members at the care and support centres as well as social workers felt that these children should be understood and not judged. The staff felt that is sad that communities and even families have no regard for people who have HIV/AIDS or who are dying because of their disease. Children should absorbed by the extended family but circumstances are making it difficult for families to absorb these children. It has emerged that care and support centres are the best place for the children as they are taken care of as best as the centres could.

Interpretation

It has been indicated by the staff members that communities and families should be sympathetic to parents and children who have been orphaned by HIV/AIDS. The staff are aware of the needs and challenges that these children feel.

QUESTION SIX

Does the care and support centre only admit children whose parents have died of HIV/AIDS and if so, how do you determine this?

Response

The social workers indicated that some parents reveal their HIV/AIDS status to field workers and some family members reveal their relatives status should they be unable to take care of the children. There is determinant of the parents HIV/AIDS orphans but since the virus has killed more parents, most children in the centres have been victims of the epidemic.

Interpretation

It has been indicate that the staff members respect the parent's confidentiality as it is parents or family members who reveal their status and not obliged by the care and support centres before their children are to be admitted.

QUESTION SEVEN

What is the general feeling of the community members towards the children within the care and support centre?

Response

In this community, there has been little interaction between the community members and the children. Some community members have taken some initiatives to find out more about the centre and what they could do to assist.

Interpretation

Due to the high walls and security gates, it is difficult for the children and the community to interact. It is understandable that the centre's role is to first and foremost to protect the children.

QUESTION EIGHT

Do you think that by admitting children whose parents have died of HIV/AIDS increases the stigma around disease? If so, what can be done to prevent this?

Response

It has been revealed that due to a lack of understanding and knowledge, people would fear what they do no know or understand. The centre does not only admit children who have been orphaned by HIV/AIDS but all children who have been neglected or in need of care outside the family home. Government and NGO's should continue to create more vigorous community awareness campaigns.

Interpretation

The centre is open to all children and not exclusively to children orphaned by HIV/AIDS. Communities should be empowered through awareness campaigns.

6.5 SUMMARY

The focus of this chapter was mainly on the research instruments for collection of data on an evaluation of care and support centres for HIV/AIDS orphans in Khayelitsha: the identified research instruments (structured questionnaires and focus groups) were designed in such a way that ultimately unbiased and objective data was collected supported by consistent observations.

The methodology, purpose and the objectives of the study were at all times placed in a central position by testing their relevance and eventual reliability, in respect of this study.

CHAPTER SEVEN

AN EVALUATION OF CARE AND SUPPORT CENTRES FOR HIV/AIDS ORPHANS IN KHAYELTISHA: CONCLUSIONS AND RECOMMENDATIONS

7.1 CONCLUDING SUMMARY

As indicated by this thesis, the HIV/AIDS epidemic has had devastating consequences for South Africa as a country and at the same time disastrous repercussions for children who are left as orphans by the epidemic. The plight of the children who are left orphaned by the epidemic has come to the attention of international organisations working with children, governments of the world and local communities. The growing number of children growing up without parents was identified in this study as one of the potential dangers that threatens the livelihood of children in communities.

Different initiatives have been undertaken to help the plight of these children as governments, communities and private businesses have set up programmes that assists children orphaned by HIV/AIDS. The correct emphasis of the plight of these children has been confirmed by the results of this study; research tools reliably indicate what may be achieved through partnerships. The study findings have unanimously indicated that cooperation between governments, communities, private businesses and NGO's require immediate attention to stabilise the foundation of the environment in which children are able to be nurtured, cared for and protected.

It is important to enhance the role that the community plays in children's lives as this will create a stable climate in which care and support centres as well as NGO's can cooperate with one another. It is crucial to develop a stable climate as this is

necessary for successful partnerships between all the relevant stake holders. In addition, sustainable and effective awareness campaigns around HIV/AIDS orphans among communities in Khayelitsha will be crucial to an organised and embracing atmosphere. As a point of departure, communities have undisputable potential to contribute to the well being and overall development of children in their communities, for example NGO's within communities are able to assist children orphaned by HIV/AIDS with their basic necessities, the children are able to grow up in familiar surroundings and communities are able to give all the necessary support to enable the children to be contributing citizens in our country.

Furthermore, proper involvement should be undertaken by community members in the care and support centres so that these centres are not isolated within their communities. It is the responsibility of the community to want to be involved in developments that occur in their areas. Proper guidance for effective cooperation between care and support centres, NGO's and community members should be established and enforced where deemed necessary, in order to ensure that efficiency, effectiveness, transparency and accountability become an integral part of the day to day operations. This would give a sustained and better life to the children who are in the care and support centres as well as the ones who are living on their own.

7.2 FINDINGS OF RESEARCH SURVEY

The findings of this study have indicated that for any effective partnerships that the community plays in relation to the care and support centres for HIV/AIDS orphans in Khayelitsha to be successful, proper consultation through stakeholders' involvement should be undertaken. It should be noted that at the root of any development programme lies the benefits for local communities. Care and support centre

programmes should be undertaken in close consultation with the host communities in Khayelitsha so that these communities are able to embrace such centres.

This research joins all the major components that are important in the life of a child, particularly African children who are expected to respect the norms and culture of their community, with the ultimate goal of bringing up respectful, law abiding young individuals who are able to curb the cycle of HIV/AIDS. Hence, the recommendations which follows to offer clear mechanisms as solutions to the problem.

7.3 RECOMMENDATIONS AND CONCLUSIONS

According to Ntonzima (2004:150) the term "recommend" has more than one meaning: firstly, it suggests as fit for some purposes, or advice as a course of action, or make acceptable or desirable. The recommendations of the study regarding the evaluation of care and support centres for HIV/AIDS orphans in Khayelitsha have to be viewed as advice for a cause of action for the purpose and objectives of this study. The following observation outcomes inform the recommendations made in the study:

- Khayelitsha has the potential of embracing care and support centres within the community, based on the establishment and operation of a community driven care and support centre for children orphaned by HIV/AIDS.

- The community's residents are mainly from the Eastern Cape, where tradition is very dominant and the concept of ubuntu is still applicable.

- Community members have undertaken initiatives to assist orphaned children and awareness campaigns should be created in raising awareness of the plight of these children.

- Care and support centres are offering the best service to orphaned children but with an increase in community involvement more initiatives can be created.

- More care and support centres should be created but should not be exclusively government or community driven as families cannot cope to assist children who are orphaned due to financial constraints. Both of these care and support centres have great potential in providing care and support to children orphaned by HIV/AIDS. The centres approaches should be combined in order to accommodate and be accommodated by community members and community driven care and support centres could benefit from the resources available from government.

The objectives of the recommendations

The major intention with these recommendations is the realisation of the interlinked objectives for effective care and support centres available to children orphaned by HIV/AIDS in Khayelitsha for future generations and the best possible care that children can have outside family care. Such recommendations propose to justify the significance of care and support centres and the need for that community to be actively involved in.

7.3.1 RECOMMENDATION ONE

The researcher suggest that more funds from government should be channelled towards Luvuyo Children's Home as it is providing its community with essential services which is improving the lives of children in the community who are left destitute. The volunteers from the home can be empowered by being provided with information on the management of HIV/AIDS and caring for children. Community involvement in the home is recommendable and such community initiatives should be maintained as they are not easy to be developed.

7.3.2 RECOMMENDATION TWO

The focus groups survey conducted simultaneously with participant observation throughout the study process has indicated that for evaluation of care and support centres to be successful, community members of Khayelitsha have to take a leading and active role through direct involvement and facilitation.

The direct involvement of community members is required to attain the following:

- *Children in care and support centres lack the opportunity of learning crucial* life skills and values which are taught in a typical family existence. Community members can assist children in care and support centres by teaching them the concept of ubuntu and family values.

7.3.3. RECOMMENDATION THREE

Based on the questionnaires distributed to the critical role players in the children's lives, an active and participant awareness campaign should be created and maintained.

This can be achieved by the following:

- Care givers and child minders should be the driving force behind these campaigns that reach out to the community.

- Social workers, NGO's and care and support centre management should create open dialogues with community members in order to have proper communication channels.

- *Encourage, educate and train people in the community in child care and* encourage volunteering services.

7.3.4 RECOMMENDATION FOUR

The Provincial Government of the Western Cape should develop working relationships with community driven care and support centres to enable the centres to sustain themselves in the long run. This shall eliminate the worry that is being experienced by community driven care and support centres that they will not be *viable in the future.*

7.3.5 RECOMMENDATION FIVE

Increase support of research activities around care and support centres ensuring that the negative impression that these centres project to the community are curbed. Local school children and other tertiary students that are operating within the vicinity of Khayelitsha should be encouraged to volunteer their services to the care and support centres. By educating young people and inviting them within the community, community participation in the daily operations of the care and support centres would increase.

7.3.6 RECOMMENDATION SIX

The Provincial Administration of the Western Cape, Department of Social Services should provide more funds that could assist child headed households. Funds should be provided to assist children who remain within the home assisted by a neighbour who would play a 'parent role' in the children's life.

7.3.7 RECOMMENDATION SEVEN

Government and community driven care and support centre should align their services in such a manner that eliminates the duplication of services. Cooperation networks should be established and strengthened between the two as the services that they are providing should enhance and complement each other to the benefit of the communities. Community driven care and support centres could benefit from funding provided by government.

7.3.8 RECOMMENDATION EIGHT

Community based initiatives should be created in Khayelitsha for children who have to drop out of school following the deaths of their parents. The initiative can teach these children traditional weaving skills for income generation purposes. This type of initiative was created in Uganda by Catholic priests and has created assistance for orphaned children.

7.3.9 RECOMMENDATION NINE

Communities should be encouraged by the government to initiate orphan registers in their communities. Community members are best placed in initiating and maintaining these registers as they know children who are orphaned in their communities. These registers in communities can be used by government in providing accurate numbers of HIV/AIDS orphans, which can assist them in developing policies that effectively and efficiently respond to the needs of HIV/AIDS orphans.

7.4 CONCLUSIONS

It has been revealed by this thesis that children suffer before their parents die. Their lives changes due to economic circumstances. Such changes involve less food consumption within the household. HIV/AIDS is no longer an isolated epidemic but affects all aspects of mankind. The number of HIV/AIDS orphans is increasing daily and these numbers have been projected to increase further. Sub-Saharan Africa is the most affected by the disease and this in turn has devastating effects on children who are orphaned as a result of HIV/AIDS. These children face grave consequences which affect them for the rest of their lives. They are threatened with losing out on their childhood.

The impact of HIV/AIDS on children affects their daily schooling which is a basic right of each and every child. Children who are orphaned or have lost a parent are forced to drop out of school which is to their detrimental to their mental and physical well-being. Due to a lack of schooling, children lose out on vital education and survival information which can help them to curb the spread of HIV/AIDS.

HIV/AIDS has become a threat to children's development and it causes tremendous trauma. These children witness the epidemic as it destroys and kills their parents, in turn threatens their livelihood. These children are left on their own and this contributes to social problems that societies are facing. Due to a lack of parental guidance, love and nurturing, these children can end up on the streets, in prostitution for example which can lead to more crime, thereby perpetuating the cycle of HIV/AIDS. After parents die, these children head up their homes. They face more challenges that a typical family. These children are at risk of malnutrition, being dispossessed of their inheritance and victimised by the communities as well as their families. Children from child headed household usually drop out of school to find

work to support their families. This places them at the risk of being exploited through hard labour.

Various African countries have heard the plight of these children. African governments have realised that this problem cannot be wished away and they have taken vigorous steps in dealing with the issues. African countries such as Uganda, Zambia, Rwanda, Kenya, Zimbabwe, Botswana, Malawi and South Africa have initiated programmes that deal with HIV/AIDS orphans. These programmes are community and government driven programmes. It has been acknowledged by these various countries that in order for programmes to be effective, governments, NGO's and civil societies should take a lead in assisting these children.

It has been made evident that human beings share a culture in which determines the roles played by different people in different circumstances within our communities. It has been illustrated that culture has major components which are taught from one generation to the next. Values have been shown to be part and parcel of culture guiding society in determining what is wrong or right, what is desirable or undesirable. Values create boundaries which are necessary in communities so that people can live in harmony with each other.

Ubuntu is an important part of African culture. The concept of ubuntu has been explored in detail and its six main components. It has been indicated by this study that the family unit is the source of teaching culture, ubuntu and other value systems. The family is the main source of information distribution which can be passed from one generation to the next.

This study concludes that children should be bought up in a family unit where culture, ubuntu and other value systems are being taught. Where family units do not exist,

children's development and growth should be the communities responsibility. According to evidence provided by the concept of ubuntu, children belong to the whole community, whereby a child is everybody child. Ubuntu networks should be developed and strengthened in communities.

In the case of children in care and support centres, communities should play a leading and positive role in the children's lives so that important values are taught to these children even though they are not in "typical families".

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www.ananzi.co.za (24/10/2005)

APPENDIX A

(Permission letter)

Dear Sir/Madam

An evaluation of care and support centres for HIV/AIDS orphans in Khayelitsha is very important in raising the community's awareness of children growing up without parents and assisting the care and support centres within our community. Therefore, the information in this questionnaire is being collected as part of the research study.

Your participation in this research questionnaire is required to substantiate the importance of this study and also used as a guideline for effective care and support centres for HIV/AIDS orphans and community cooperation.

Your participation is highly appreciated.

Sivenkosi A. Rashe

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Department of Public Management
Cape Peninsula University of Technology
Cape Town

APPENDIX B

(Questionnaire)

AN EVALUATION OF CARE AND SUPPORT CENTRES FOR HIV/AIDS ORPHANS IN KHAYELITSHA

This questionnaire has been developed to collect data on evaluating the care and support centres for HIV/AIDS orphans. All the information will be treated as confidential. No names will be mentioned in the final report.

- Please state your position within the care and support centre?

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- How long have you been working within this care and support centre?

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- Do you know of the reasons why the child/ren was admitted within the care and support centre? If so, what were they?

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- Do you personally know of a child/ren within a particular care and support centre?

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- How has the community members accepted the children within the care and support centre? If not, why is that so?

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- In your opinion, how should community members treat HIV/AIDS orphans?

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- Do you receive any support from your community as a care and support centre?

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- What is the general feeling of the community members towards the children within the care and support centre?

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- How do you feel of parents dying of HIV/AIDS and what should happen to the children left behind?

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- Do the children belong in the care and support centre? If not, where do they belong?

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- Does the care and centre only admit children whose parents have died of HIV/AIDS? If so, how do you determine this?

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- Do you thing that by admitting children whose parents have died of HIV/AIDS increased the stigma around the disease? If so, what can be done to prevent this?

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- What would be the best way to assist children within the care and support centre?

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END OF QUESTIONNAIRE!

THANK YOU FOR YOUR TIME, CO OPERATION AND PATIENCE

APPENDIC C

(Focus group questions in English and Xhosa)

AN EVALUATION OF CARE AND SUPPORT CENTRES FOR HIV/AIDS ORPHANS IN KHAYELITSHA

FOCUS GROUPS QUESTIONS

This questionnaire has been developed to collect data on evaluating the care and support centres for HIV/AIDS orphans. All the information will be treated as confidential. No names will be mentioned in the final report.

- Do you know of the name of the care and support centre within this community? If not, why is that?

- Were community members ever invited to assist the care and support centre in any manner?

- How does the community interact with the children and staff from the care and support centre?

- Where do children who parents have died of HIV/AIDS belong?

- What should happen to children when they can no longer be accommodated within the care and support centre?

- How can the concept of "ubuntu" be used in helping children whose parents have died of HIV/AIDS?

- How can the community help children whose parents have died of HIV/AIDS?

END OF QUESTIONS

THANK YOU FOR YOUR TIME, CO OPERATION AND PATIENCE!

IZIMVO NGOKUKHATHELELWA NENXASO EKUMAZIKO OKUGCINA IINKEDAMA ZEE NGCULAZA (HIV/AIDS) EKHAYELITSHA

Le mibizwana yenzelwe kuqokelela inkcukacha nezimvo ngokukhathalelwa kunye nenxaso efumaneka kumaziko okugcina iinkedama ezibnagwe sisifo sengculaza e Khayelitsha. Akukho magama abantu azakuchazwa okanye abhengezwe kwingxelo yokugqibela.

- Ingaba unolwazi le ndawo okanye iziko lokukhathelelwa nokunikwa inxaso kubantwana abazinkedama ngenxa yesifo sikagawulayo kwingqi ohlala kuyo?
- Ingaba abahlali bakhe babizwe okanye bamenyelwe ukuzokunika uncedo kula maziko? Ncedo luni abalunikayo?
- Lunjani unxulumano phakathi kwabahlali nabantwana nabasebenzi abakula maziko?
- Abantwana ababhujelwe ngabazali ngenxa yesifo sikagawulayo kumela ukuba bahlala phi?
- Nina ningabahlali zimvo zini eninazo ngaba bantwana abakula maziko. Ingaba nifuna bahlale kula maziko. Ukuba akunjalo bahlale phi?
- Ncedo luni eninokulunika ekuphuhliseni aba bantwana ababhujelwe ngabazali ngexa yesifo sengculaza. Sebenzisa ingcamango yobuntu?
- Ncedo luni abahlali abanokulwenza ukunceda ezi nkedama zashiywa ngabazali ngenxa yengculaza?

ENKOSI NGEXESHA NENTSEBENZISWANO NENYAMEKO