

## Children from Child-headed Households: Understanding Challenges that Affect in their Academic Pursuits

Marongwe Newlin, Sonn Reynold and Mashologu Mabel-Wendy Nombutho

*Walter Sisulu University, South Africa*

**KEYWORDS** Absenteeism Academic Performance Orphaned Learners. Pandemic. Scourge

**ABSTRACT** The paper explored the nature and extent of challenges faced by child-headed household learners as a result of HIV/AIDS in their academic pursuits. The paper adopted a qualitative case study of a conveniently selected school and the snowball sampling technique was used to identify orphaned learners. Face-to-face, in-depth interviews, observation and document analysis were utilised to collect data. The paper established that child-headed household (CHH) learners faced a myriad of challenges both at home and at school that impacted negatively on their academic performance. The paper recommends that schools should seriously consider the impediments that are faced by CHH learners and should come up with well-articulated policies since there is now a significant increase in the number of learners coming from such families. The paper further recommends the introduction of viable projects for CHH learners at school and at home in small groups to reduce poverty.

### INTRODUCTION

Child-headed household (CHH) is a new phenomenon that has emerged in modern day society. This phenomenon has puzzled many in different communities the world over. Children's Institute (2006), Le Roux-Kemp (2015) and Tsegaye (2007) concur that child-headed households are households where everyone who lives there is younger than eighteen years old (18 years). Such children according to Le Roux-Kemp (2015) are called upon to carry care-giving responsibilities and this process whereby a child-head takes on all the responsibilities of a household is referred to as 'parentification' (Le Roux-Kemp 2015: 4). The Draft Children's Bill (2002) also notes that in South Africa, an orphan is defined as a child that has no surviving parent caring for him after one of the parents has died and that child has to take up or shoulder all the responsibilities. The above cited published works agree that these children are headed by a child recognised as being independent, responsible for providing leadership and making major decisions in the running of the household and for feeding, maintaining the household, caring for younger siblings and adopting de facto adult/parent roles (van der Mark 2015; Plan 2005).

For the purpose of this paper the researchers adopted Tsegaye's definition (2007) where he sees a child-headed household as a household run by a person under eighteen years and taking care of the household with other young-

er siblings because the children have lost both parents to HIV/AIDS. In this paper child-headed household was used interchangeably with child-headed family to mean a family headed by an eighteen year-old person or below orphaned because of HIV/AIDS.

There is a dearth of literature on the new classrooms in Africa, where a significant number of learners or pupils in the classrooms are orphaned or coming from CHH. George and Mansah (2011) state that one of the biggest challenge schools face today is the increasing number of learners coming from CHH. People used to assume that there was no such a thing as CHHs because it was generally assumed that orphaned children would be easily looked after within the extended family structures (van der Mark 2015; Mturi 2012). Now, due to the advent of HIV/AIDS scourge, this new structure (CHH) is now a reality and a permanent feature of our society. Le Roux-Kemp (2015) observes that child-headed households have become a common and integral part of South Africa society. Phillips (2015) also concurs that the HIV/AIDS pandemic has disrupted family, community and social structures, and has led to a marked increase in the number of orphans and vulnerable children (OVC). This phenomenon is puzzling educators in schools who are left with a dilemma by not knowing how best to deal with such learners. Masondo (2006) in his study notes that the number of orphans in CHH can be expected to increase significantly and educators are increas-

ingly frustrated by lack of capacity and resources to support these learners that they face every day. In line with that van der Mark (2015) posits that research has found that the number of CHHs is growing caused by the growing number of orphans (Meintjes et al. 2010)

There was, therefore, a need to establish the nature and extent of the challenges faced by children from CHH in their academic pursuits with a view of assessing how the challenges impact on the children's studies and offer ways of assisting them. Education is the best known social mobility escalator, but without ensuring that children have a strong educational background, poverty remains entrenched in families (Nelson Mandela Children's Fund Report 2001). The existence in classrooms of pupils with challenges owing to the ravaging effects of HIV/AIDS poses an issue that requires systematic investigation in order to effectively assist orphans and vulnerable children. In most countries where the Geneva Convention has been ratified, children have rights and one of the rights is the right to education. This right cannot be enjoyed if children are burdened and their burden is often not understood. Orphans and other vulnerable children may have some serious impediments to their academic pursuits and these; invariably may affect their attainment in school. van der Mark (2015: 8) states,

*The challenges the children in child-headed households face are affecting their education. The kind of challenges the children would be eager to overcome as they feel like schooling is the way to get a better life for themselves and for their siblings.*

### Literature Review

Children who are heads of their families are faced with myriads of challenges in terms of their academic pursuit. The effects of such responsibility as head of families require the attention of educators and researchers in general. The HIV/AIDS scourge has continued to wreak havoc in developing countries. The effects of the pandemic are felt in every part of the rural and urban societies and the epidemic is 'producing orphans on an unrivalled scale' (Fleming 2015; UNICEF 2007). More than thirty (30) million people are living with HIV/AIDS, while 7, 000 people are

infected daily (Zekeng 2011). Ramsden (2002) cited in Pillay (2011) predicts that by the year 2015 many children will be orphaned, yet these children have to depend upon parents for socialisation, provision of affection and education (Pillay and Nesengai 2006). According to Phillips (2015), in 2012, there were approximately 3.54 million orphans in South Africa. Since 2002, the total number of orphans has increased by 19 percent with 560 000 more orphaned children than in 2002. Bennell (2003) believes that parental death through HIV/AIDS has a negative effect on children's education. In support of Bennell, van der Mark (2015) concurs that such children face negative attitudes at school like experiencing discrimination by teachers which may result in them dropping out of school.

Children from CHHs face a number of challenges since they are underprivileged, vulnerable and voiceless. Epstein and Sanders (2002) purport that, the plight of CHHs is terrible because their lives are threatened and exploited. These children are devastated and more likely to be involved in criminal activities (Hixson 2006 cited in George and Mansah 2011). According to Wilson (1996), these children are pressured to fulfil the traditional family function and adapt to new demands. DePanfilis (2006) established that children not residing with parents have emotional and psychological consequences which may cause them to develop fear, isolation and inability to trust and can lead to lifelong problems like low self-esteem, insecurity and anxiety. Onuoha and Munakata (2010) share the same view that the family institution, in which parents play essential leadership roles, caters for the emotional, spiritual and material needs of children. Thus the loss of one's parent/s makes a child vulnerable to psychological distress. Also Byline et al. in Phillips (2015) hold that the experience of bereavement can be severely emotional for young children and can affect the psychological and physical development of a child.

Stigma and discrimination have remained a huge problem for many orphans infected and affected by HIV/AIDS. Dalen et al. (2009) established that orphans living on their own face much greater stigma than other orphans and other OVCs. In line with that, Phillips (2015) found that children orphaned due to AIDS — experience more psychological distress than children who have parents, or children who are orphaned

due to other causes. The former UNAIDS Executive Director, Peter Piot states, “Discrimination and stigma continue to stand as barriers..... stigma harms. It silences individual and communities, saps their strength, increases their vulnerability, isolates people and deprives them of care and support. We must breakdown these barriers or the epidemic will have no chance of being pushed back” (United Nations Foundation 2002:1). The same sentiment has been expressed by The 2012 Vietnam Country Progress Report as cited in Fleming (2015: 24) that ‘There is still strong stigma and discrimination, which poses a barrier to school attendance for many children —’. AIDS orphans are isolated by their peers and teachers in schools and society; they face isolation before and after death of their parents (van der Mark 2015; Chigwenya et al. 2008). CHHs face a number of challenges ranging from social, psychological, economic and educational problems.

The CHH children sometimes have their land and valuable assets taken by relatives thus leaving them in poverty and some may become ‘street kids’ or end up as juvenile delinquents (Foster and Mafuka 1992; UNICEF 2003). This same point is supported by Oloko (1996) cited in Popola et al. (2011) when he states that orphaned children from CHHs roam the street due to an inability to provide decent meals at home and these children cannot perform well in school because of poverty. Foster and Mafuka (2002) also point out that such children are sometimes forced by situations to live in dilapidated conditions and may end up leading a destitute life because of unfavourable conditions they are subjected to. There is an interesting point raised by Mgilane (1999) cited in AIDS Action (2004): some relatives pretend to be fostering these children yet they use the money for their own benefit neglecting the basic needs of the children such as food, shelter, school fees, clothing and medical care. This pandemic, according to UNAIDS (2010) has forced vast numbers of children into precarious circumstances, exposing them to exploitation and abuse and putting them at high risk of also becoming infected with HIV. Their position is difficult since they are struggling to survive on their own and can be forced to fend for themselves on the streets (India HIV/AIDS Alliance and Tata Institute of Social Science 2006). As discussed above, CHHs face a number of challenges ranging from social, psy-

chological and educational, all of which determine the nature of the problems they encounter.

The next part elaborates and expands on social, psychological and educational challenges these children face in detail. Tsegaye (2007) notes that CHHs face life’s dreadful realities without possessing the required skill and experiences. This study wanted to explore these stormy circumstances which make victims vulnerable and to find out the impact or influence they have on their education.

### *Social Challenges*

Chamaine (2008) observes that due to the numbers of families and parents being affected by HIV/AIDS, a growing number of children in South Africa are left without parents who can provide basic needs. These children live in poverty which may cause them to be discriminated against and stigmatised. Bond (2006:181) notes: “Poverty-HIV related stigma and discrimination are fuelled by practicalities of limited resources and narrow options....” This shows that such children live a life of struggle and are therefore prejudiced by their peers. Le Roux-Kemp (2015) and Wilson (1996) both observe that there are young children living alone in poverty and experiencing malnutrition, high levels of psychological and emotional strain and anxiety. This puzzled the researchers. If they were young and living in poverty, then how could they perform at school given the huge responsibilities they carried?

Underdeveloped countries have a high rate of poverty and most people live in rural areas and in informal settlements (Maqoko and Dreyer 2006). Poverty has a bearing on development as it may cause learners not to participate in activities which are normally encouraged in societies and schools to which they belong. Makowska (1999) and Kromolicka (1998) carried out a study and found that a major problem experienced by these children from CHHs was insufficient emotional warmth, poor education, lack of children’s preparation for the future and the fact that these children had little or no support to help them solve their psychological and emotional problems. This concurs with the views of Chamaine (2008). The same sentiment has been expressed by Le Roux-Kemp (2015), Cluver et al. (2009) and Coombe (2007) when they say that the children from CHHs face significant psycho-

social health stress in their environment with the likelihood of bereavement, poverty and changes in care-givers.

Maqoko et al. (2006) established that in South Africa; he established that in some cases orphans insist on staying together and refuse to leave their deceased parents' homes. Such children find it difficult to fulfil their material needs; for example, household goods and money to pay for essential goods and they become hopeless (van der Mark 2015). Benjamin et al. (2005) note: CHHs affected by HIV/AIDS engage in actions that may be destructive for their households and for society as a whole. In support of this, Michael (2001) sees it as true in settings where orphaned children grow up without adequate parenting and support; they are at a greater risk of developing antisocial behaviour and of being less productive members of society. Behaviour is a serious issue which may lead to one not being accepted in society and being led astray.

MacIntyre (1999) cited in Dalen et al. (2009) acknowledges that a child for whom the socialisation process has become 'infringed' because the significant others have died may develop a behaviour which is unwanted and different from what is expected in a particular society. Some sociologists say that a child's behaviour and development is most often dependent on, and is a result of interactions with significant others (MacIntyre 1999 cited in Dalen et al. 2009). Mkhize (2006) states that CHHs children miss out on opportunity to learn from and identify with adult role models. It is also said that the presence of parents within a home environment gives children the opportunity to interact, observe, admire, and dislike, to be rewarded by, and to learn from and identify with. Mkhize concludes that deprived of this opportunity, their social function is somehow affected. This tells one that the social life of a child is in disarray because he/she has no one to look up to as a role model. The Research Brief Team (2005) also states that CHH children may misbehave, be involved in drug and alcohol consumption, sexual activity, teen pregnancy and psychological distress.

### *Psychological Challenges*

Children orphaned by HIV/AIDS are likely to face more psychological hardships which they are likely to endure throughout their life journey. Cluver and Gardner (2007) noted that pa-

rental death due to HIV/AIDS during childhood may have a lasting negative impact on all aspects of children's lives. The Childline Eastern Cape Director Anna-Louise Oliver in the West Cape News (2010), reported by Naido, said that children from CHHs may have a huge responsibility and the responsibility often has a negative impact on child's emotional, psychological and general well-being as they have limited access to education and adult guidance. In support of the huge responsibility shouldered by these children, UNAIDS (2010) states that they have an emotional impact and suffer neglect including emotional neglect, trauma and they may have to adjust to a new situation, with little or no support. Le Roux-Kemp (2015) concurs that CHHs suffer from the psychological trauma of parental loss and experience high levels of psychological and emotional strain and anxiety.

HIV/AIDS orphaned children in CHHs are at high risk for unresolved bereavement because of their intellectual immaturity and emotional dependency (Mkhonto 2010). Studies have claimed that most of such children have not received trauma counselling resulting in unresolved grief and trauma that leads to long-term psychological problems and they develop poor self-worth (Phillips 2015; van der Mark 2015). Benjamin et al. (2005) found that high levels of psychological distress found in HIV/AIDS orphans, suggest that material support alone is not sufficient for these children, concurs Fleming (2015). According to Leatham (2005), these HIV/AIDS orphaned children experience various emotions such as sadness, pain, uncertainty, being scared, unmotivated and vulnerable. Tsegaye (2007) also observed that they live with fear. Makame et al. (2002) established that orphans reveal higher internalising problems which included emotions and anger, resentment, hopelessness and depression. Phillips (2015), Mturi (2012) and Rotheram-Borus et al. (2005) hold the same sentiment in that children from CHHs exhibit high levels of depression, emotional distress and conduct problems. Dumitrescu et al. (2002) in Ye and Fang (2010) conducted a study in China and noted that abnormal development results in the children suffering from social deprivation thus exhibiting behaviour problems. The study concluded that children deprived of social needs will suffer from challenges like cognitive delays which are exhibited by disruptive behaviours that make attention in school very poor. The

studies went on to say these children are disruptive to others.

Jill (2010) explains about one study that was carried out in rural Uganda: and high levels of psychological distress were found in children who had been orphaned by AIDS. Anxiety, depression and anger were found to be more common among AIDS orphans than other children; 12 percent of AIDS orphans confirmed that they wished they were dead, compared to 3 percent of other children interviewed. The distress and social isolation experienced by these children was made worse by the shame, fear and rejection that often surrounds them. Hu and Zhu (2003: 49-54) cited in McCarthy (2006) state the children have, "Feelings of loneliness, low self-esteem". Chigwenya et al. (2008) and van der Mark (2015) established in their findings that children whose parents died of HIV/AIDS related illnesses were often discriminated against and stigmatised by their peers, teachers and even the community. This exerts untold distress and social isolation both before and after the death of their parents (Foster and Mafuka 2002; Masondo 2006).

### *Educational Challenges*

These various studies point out that there are many challenges faced by HIV/AIDS orphaned children from CHHs and that these challenges have a direct impact on their education. Le Roux-Kemp (2015) observes that CHH children have a low level of education since their many household responsibilities prohibit them from continuing with or completing their schooling. The study by van der Mark (2015) also shows that CHH children report a lack of finance which was challenging their schooling, although they were receiving a grant. The study goes on to report that they struggled to find appropriate space and support in getting their homework done. Phillips (2015) and The Research Brief No. 1 (2005) note that there is a sharp increase in children living without parents or guardians and this has an influence on the child's life, especially education. The Nelson Mandela Children's Fund Report (2001:12) in a study on the situation regarding special needs of children in CHHs reports, "South Africa has the fastest growing rate of the HIV/AIDS epidemic in the world and the number of children orphaned by HIV/AIDS is increasing at an alarming rate; this is becom-

ing a serious social problem," concurs (Jill 2010). A study carried out in Bronkhorstspuit by Masondo (2006) at a certain school reported that educators there discovered that two orphaned learners aged 11 and 12 were living alone and taking care of their 2 year old baby sister, and this affected their education and they experienced barriers to learning due to a number of factors as shall be discussed below.

When there is no parent in the home, children tend to misbehave and it has a bearing on their education. du Toit and Forlin (2009) indicate that when parents are absent from home, children exhibit bad behaviour in school because they do not benefit from disciplinary measures that would normally be implemented in the home. To show the importance of a family in relation to the education of the children, The Research Brief No.1 (2005) reports that a family structure affects pre-school readiness, affecting the educational achievement at secondary level. It goes on to state that a family structure influences these outcomes in part and a range of child behaviours that can bear directly on educational success. The question lingering is, "If there are no parents in the home what becomes of these children at school?" Even the National Education Policy Act 27 of 1996, 4.0, points out that parents have an obligation to support their children and to ensure they attend school regularly. If there are no parents then who support these children and see that they may go to school what happens to them?

Some studies have it that children growing up with no parents engage in more adolescent misbehaviour which harms grades and test scores. India HIV/AIDS Alliance and Tata Institute of Social Sciences (2006) observe that children from CHHs caused by HIV/AIDS get bad grades in school because they return home from school tired, do the household chores, have no energy to eat and are not able to concentrate on their studies. A study on poor performance by children from CHHs in China was carried out by UNAIDS (2010) it examined the impact of HIV/AIDS on children's school performance and school behaviour. The study established that the educational expectation was significantly lower among AIDS orphans who had more learning difficulties. AIDS orphans and vulnerable children experienced disadvantages in school performance; they had the lowest academic marks based on the reports of both children and

teachers. UNAIDS (2010) concurs children perform poorly in school as a result of their situation and that their schooling is always interrupted. Masondo (2006), India HIV/AIDS Alliance and Tata Institute of Social Sciences (2006), Mkhonto (2010) and Yang and Raine (2006) agree that their learning capacity is impoverished and endangered by poor nutritional status and hunger which cause them to fail at school. Dalen et al. (2009) summarised it all by saying that factors such as lack of material resources, including food and clothes, limited possibilities to attend school on a regular basis, vast responsibilities and reduced possibilities for social interaction all contribute to causing worries and challenges for the child heads of households. This has a bearing on their education.

Hixson (2006) cited in George and Mansah (2011) explains that the involvement of parents in the education of a child has an enormous impact on the students' attitude towards his/her academic achievement for it allows the parents and teachers to combine efforts to help the child succeed in school. George and Mansah (2011) have established that parental involvement has a positive influence on school-related outcomes for children. Grolnick and Slowiaczek (1994) and Miedel and Reynolds (1999) completed studies that established an association between a high level of school involvement and academic success. This is where the researcher is also concerned, given that these HIV/AIDS orphans are parents, themselves. What then happens to their education? Poor performance, according to the above studies, seems to be a common educational challenge faced by these learners. This current study sought to investigate the situation as already stated.

The National Education Policy Act 27 of 1996 notes that learners coming from CHHs were on the increase because of the new infection rates and there is a risk of indiscipline. The Research Brief No1 (2005) reports that children growing up with no parents engage in more adolescent misbehaviour which affects their education (George and Mansah 2011; Masondo 2006; Monasch and Boerma 2004; Jill 2011) concur. It is also noted that these AIDS-orphaned children from CHHs face the challenge of missing lessons or school and/ or absenteeism which also reflects untold adversity (van der Mark 2015). Yang and Raine (2006) found out that orphans were less likely to attend school and more likely

to play truant if enrolled. Foster and Williamson (2002), Monasch and Boerma (2004) and Nyamukapa and Greason (2005) agree that death of a parent or guardian could influence orphans' school attendance negatively. Other studies say that orphaned children from CHHs face the challenge of absenteeism and missing school because of periodic home demands (UNAIDS 2010; Masondo 2006; World Bank 2002). The Mandela Children's Fund Report (2001) reports that absenteeism from school by learners from CHHs is escalating and frustrating educators for it has a negative influence on the performance of such learners. UNAIDS (2010) adds that AIDS orphans may even miss on school enrolment.

Missing school, or absenteeism, may cause learners from CHHs to drop out of school and or have limited access to school education (Dalen et al. 2009). Many studies agree on different reasons as to why AIDS orphans may decide to drop out of school. Masondo (2006) observes that some of the orphans, however, stay away from school due to lack of parental guidance and encouragement or heavy domestic responsibilities they have to do before going to school. Chigwenya et al. (2004), Mkhonto (2010), Foster and Mafuka (2002), Chigwenya et al. (2008) and Jill (2011) observe that learners from CHHs may drop out of school for lack of school levy, stationery, uniforms, school shoes and sometimes stigma, household economic pressures and needs to care for the siblings, concurs van der Mark (2015). Some do not even have any access to education or may have limited access, as noted by Anna-Louise Oliver Childline Eastern Cape Director (2010). A study which was carried out by Muller and Abbas (1990) found that there was a negative relationship between being orphaned and access to school education.

Children who have lost parents need a great deal of support, care, attention and a sense of belonging at home, school and in the community (Foster and Williamson 2002). Lack of the aforementioned aspects may lead children to withdraw and become reserved and that in itself has a serious and negative effect on children's education (Schenk 2009; Bennell et al. 2002; Ntozi and Mukiza-Gapere 1999). It is claimed that these children suffer emotional turmoil affecting their ability to learn (Onuoha and Munakata 2010). Often teachers report that children are apathetic, restless, excessively reserved or inappropriately serious in the classroom and do not play

and laugh as much as other children; they are often unable to mix with their schoolmates (Subbarao et al. 2001). HIV/AIDS orphaned children from CHHs are very sensitive at school especially when they are teased and discriminated against (van der Mark 2015). India HIV/AIDS Alliance and the Tata Institute of Social Sciences (2006:10) conducted a study in which they observed that these children were teased by schoolmates, for example, "So your father died of that disease" or "Why do you want me to lend me a pencil? Ask your mother to buy one for you. Oh! I forgot you have no mother..." They also noted insensitive remarks by teachers, especially when they come late to school.

### Statement of the Problem

Children who head households are a reality in our society. The conditions under which these children live are deplorable and very risky. The Nelson Mandela Children's Fund Report (2001) reported that South Africa has the fastest growing rate of children who are heading families. CHHs are also on the increase in Cofimvaba due to various factors but the major cause being that of the pandemic disease (HIV/AIDS). Children from CHHs are on the increase and there was a need to answer the question, "What is the nature and extent of challenges faced by children from child-headed households in their academic pursuit at 'Makabongwe' Senior Secondary School in Cofimvaba, South Africa?"

### Goal of the Study

- The goal of the study was:
- Determine the challenges faced by child-headed households in their academic pursuits.

## RESEARCH METHODOLOGY

### Research Approach

The study was rooted in the qualitative approach as it sought to understand and describe the qualitative nature and the extent of the challenges faced by CHHs in their academic pursuits from their own perception. The qualitative approach had been chosen because of its characteristics that suited the phenomenon of CHHs unlike the quantitative approach which explains

everything using the causal and effect laws (Meyer et al. 2003). Moutong and Prozesky (2001) reiterate that qualitative research attempts to produce findings arrived at from real-world settings where the phenomenon of interest unfolds naturally; in this case the phenomenon is CHHs. A qualitative approach was also considered suitable for this study since it presents facts in a narration of words, as compared to quantitative research which presents statistical results numerically (Henning 2005).

### Research Design

A case study was used to study the phenomenon at one selected school (Babbie and Mouton 2010). A case study design allows a researcher to focus on a small scale study primarily for rigor and in-depth understanding of CHHs (Maree 2007). A case study is an in-depth study of a particular situation rather than a sweeping statistical survey, a method used to narrow down a very broad field of research into one that is easily researchable (Maphosa et al. 2007).

### Sampling Procedures

The population for this study was drawn from orphaned learner children as a result of HIV/AIDS living in CHHs, who were of school going age in a rural senior secondary school. The school was selected through the convenient sampling technique, where orphaned children from CHHs were identified. The targeted participants were selected through purposive and snowball sampling techniques. 10 learners from child-headed households were used from Grade 8-12. 4 educators were interviewed, 1 SGB member and 1 principal. A total of 16 participants participated, small as it may appear, but the figure aligns to a qualitative approach. Creswell (2008) substantiates this view when he argues that a sample size of this nature will suit the qualitative study.

### Data Collection Techniques

The study used in-depth- interviews which were the main source of data gathering. Cohen and Manion (1994) note interviews as the principal means of gathering information by providing access to what is inside the person's head

and that it makes it possible to measure what a person knows (knowledge and information) and what a person thinks (attitudes and beliefs). Observation was applied in order to triangulate findings from the interview. Mathison (1998) states that triangulation is a strategy used in qualitative research for the purpose of improving the validity and reliability or research evaluation of findings. Observation was made at school and at home to establish the way children from child-headed households behave, work, and socialise and their attitude towards fellow learners, educators, school work and extracurricular activities. This was suitable to the topic under study because Leedy and Ormrod (2010) note that actions are more telling than their verbal accounts. The major advantage of an observation is that it is used to triangulate data collected from interviews. Document analysis was used to augment data from interviews and observations. Creswell (2008 cited in Babbie and Mouton 2010) acknowledges that documents contain text (words) and images that were recorded without the researcher's influence and is reasonably free from the researcher's bias. The researcher analysed documents such as class attendance registers, the learners' exercise books and work schedules to measure how children from child-headed households were performing at school.

### Data Analysis

Data were thematically analysed. Beginning with content analysis the researcher sought to extract themes and metaphors that organise and make sense of the data obtained. Responses were put into categories on the basis of the meaning they conveyed.

### Measures to Ensure Trustworthiness

In qualitative studies there are also measures to ensure trustworthiness of a study. Strauss and Myburgh (2001) identify four measures, namely, credibility, transferability, dependability and confirmability as also identified by Guba (1990) cited in Krefting (1990). To ensure validity and reliability for the purpose of this study the researcher adopted Guba's model of trustworthiness of a qualitative research (Krefting 1990). The model has four basic aspects which are: truth-value, applicability, consistency and

neutrality. Kvale (1996) is of the view that validity and reliability in a qualitative study is based on quality which helps people to understand a situation that would be enigmatic or confusing. Healy and Perry (2000) concur with Krefting (1990) when they use terms such as credibility, neutrality/conformability, consistency, dependability; applicability and transferability often used for the qualitative paradigm.

### Ethical Considerations

The researcher conformed to the standards (expected norms) of conducting research as this was a social science research project which collected data from human participants. Rubin and Babbie (1997) note that social research often presents an intrusion into people's lives requiring people to reveal personal information about their lives, therefore, ethical considerations such as informed consent, anonymity, confidentiality, voluntary participation and withdrawal were critical (Neuman 2006). The researcher explained to the participants the importance of ethics in research. She made it a point to explain the purpose of the study to them first before signing of the consent forms.

## RESULTS

From the findings themes related to the problem statement emerged. These themes are discussed below and illustrated by means of quotations from the interview text. The quotations are presented verbatim. The common issues derived from the collected data emerged as:

- (a) Social challenges
- (b) Economic challenges
- (c) Educational challenges
- (d) Psychological challenges

Coding: OL-Orphaned Learner, T-Teacher, P-Principal and SGB-School Governing Board

**Social problems**, CHH learners pointed out challenges of poverty; lack of protection and safety; assumption of heavy responsibilities at a tender age; lack of parental love; lack of supervision, direction and guidance; teenage pregnancy; drug abuse and other substances; low self-esteem; victim of rape and theft. These views were highlighted below by OL1 when she stated:

*I feel sad because everything is dependent on me, I don't know what to do like when I am late from school I do the washing, cooking and*

*assisting them with their homework even though I don't have time to do mine. This makes me feel sad and heavily loaded.*

The researcher observed that her face was tense, serious and confused as an indication that really inside the duties were too much and killing her, the death of her parents had ruined her life. OL1 saw herself becoming an adult even before she had reached 16 years of age and had had a negative effect on her academic studies. The researcher looked at her school report cards and observed that the comments made by her class teacher showed deterioration in performance. This showed that she was finding it difficult to run the family since she was not prepared for that and balance with her school work. This was terribly affecting her studies because she was sacrificing for her siblings.

In addition to the above responses **OL3** a Grade 9 learner reinforced what other CHH learners had said by showing how lack of love, care and guidance in her home resulted in. She indicated:

*I am pregnant now because I don't have parents to show me love, supervise and guide me.*

Her remarks indicate that parents play a key role in the proper upbringing of children as also reflected by Case and Paxson (2003: 4) that, "Mothers are generally gate-keepers for their children so their death leave children vulnerable". Her response again clearly shows that it is not easy to lay rules in such a family since there might be an element of undermining each other.

Also, **OL7** pointed out that she did not want to be parented by her brother. She stated:

*I feel sad to be headed by my brother because he asks me to do everything like cooking, washing of dishes, laundry and taking care of our younger siblings.*

Similarly, living in a CHH also made aggrieved **OL5**, afraid and unhappy because she was living alone. Thus she remarked:

*I am staying alone and I can be a victim of rape since I am a female child who doesn't have anyone to look up to.*

**T3** stated that:

*Some criminals steal sheep, goats etc. and hide them at the homes of these orphans in CHHs, so they go to jail for offences they didn't commit. They are being used by criminals as their scapegoats. The community will find the stolen things there in their homes and then re-*

*port them. Some of the community members view these children as thieves since their homes are used to hide stolen goods.*

Confirming the latter, **OL9** related a sad story. He explained that:

*Robbers in our area are stealing people's things like sheep, electric gadgets and other things. Then they come to our place to hide them and threaten us not say a word to anyone or report for they will come cut off my head. So when the police search they find those things at our place. I was beaten at one point for the crime I didn't commit but I failed to convince them. Community members are now calling me by all sorts of names —.*

From the responses above, it was clear that these learners' lives were at risk and they were vulnerable to criminals, verbal threats, and emotional and sexual abuse. The system, community and relatives were not protecting them and some relatives were involved in abusing these learners. The police too, according to what the learners related, were failing the CHH learners since they were taking them as their first suspects following reports from the community, without investigating the case first. On hearing such horrors experienced by CHH learners, the researcher broke into tears; she could not stand it.

**Economic challenges**, the data collected through interviews, observation and document analysis indicated that learners in CHHs faced economic challenges that impacted negatively on their education. Their experiences are discussed below.

Their reflections showed that the CHH learners were really suffering and their financial position heightened the degree of poverty in their households. **OL1** remarked that:

*Now I don't have money. I am getting foster care each month me and my brother and the little sister is getting a social grant. The money we get is too little I don't know how to use it. Even at school, my uniform is not complete. We still have things that are outstanding like books, yet the time they were still alive, we were getting everything. Now we are depending on the foster grant and it's difficult to manage because I have to cover up for groceries, clothes and school fees. I don't know what to do now. The school sends me back home for non-payment of school fees.*

Painfully **OL5** explained:

*I don't go to school every day because at school they need fees. If I go to school they send me back home. Like this year they wanted R350 but I failed to raise it. I suffer to put food on the table and I sometimes get food from friends. I don't get things that I want and this is a setback for me.*

**OL4**, supporting the sentiments of other participants above, also stated that:

*I feel depressed, helplessness; we have no any source of getting money. We haven't got the grant as yet. I have two siblings who are going to school. We need school fees for three people. I cannot manage the situation; there is no food, and we are struggling to pay school fees. The school doesn't know we are orphans. We are chased away and we have no one to turn to. I have a continuous headache. I am always stressed. I have lost concentration and focus, I can't study and my performance has deteriorated dismally.*

Subsequently, **SGB1** was also asked about the financial status of CHH learners and collaborated what was said by other interviewees above. She confirmed their financial suffering by remarking that:

*These orphans have problems at home they look after siblings. I have seen learners withdrawing from school because of poor background. As SGB members when we give school the authority to chase learners for non-payment of fees, we have never considered these children.*

All the responses given above concur that lack of financial resources makes learners in CHH's live a difficult and complicated life, learners are stressed and lose focus when at school. They struggle to put food on the table, to pay for school fees.

**Educational challenges**, when asked to respond to the question based on educational challenges and how they impacted on the attainment of education, the data gathered through interviews highlighted that learners faced an enormous challenge when it came to acquiring education. Their education was hindered and crippled by many factors that were beyond their control.

**OL6** in response explained that:

*I have nothing. I rely on borrowing school stationery from other learners, who call me names. I can't afford to buy a pencil or a pen. Even in the exam room I ask invigilators to*

*borrow for me from other learners. That's my life.*

**T3** confirmed by saying:

*They have literally and practically nothing. At first, I thought they just wanted to play with me. I was punishing them like any other learner for uncovered books, not knowing that they were living in CHHs.*

**P1** also made the following comment about CHH learners not having the basic school materials. **P1** said:

*I have often received complaints from teachers that there were learners always without basic school materials even during exam times.*

They told of their painful experiences, as indicated by **OL7** when he related that:

*I become so hurt and grieved when the school chases me from school for non-payment of school fees, without the school checking first why I have failed to pay for the fees on or before the set deadline.*

The interviewed teachers knew that learners in CHHs struggled to pay for their fees or levies as indicated by the learners. Thus **T1** remarked:

*These learners are struggling to pay for their fees and we as the school, we don't even know these learners. We chase them together with those who have parents and this has contributed to the failure of learners and resulting in Grade repetition.*

In light of the above, **P1** stated:

*CHH learners are among the top list of learners who struggle to pay school fees here. We hold meetings with SGB members to decide on how the school should move on. So the school governing body gives us the powers to chase learners who would have failed to pay school fees. We don't check for the status of learners; we treat them the same.*

To support the above response, **SGB1** reiterated that:

*Our school doesn't exempt any learner from paying school fees. There are some who come for an extension and we tell them to bring their parents and sign when the fees will be paid.*

All the learners interviewed agreed that they did not have proper school uniform that was presentable. For instance **OL1** stated that:

*I don't have a complete school uniform, and the one I have is old and torn. Some teachers shout at me thinking that I am scruffy. Sometimes I go back home tired and won't have time to wash my only school shirt because of household chores.*

The teachers echoed the same view: that these learners were not presentable at school as highlighted by **T2**:

*They don't wear uniform properly because they don't have money; some don't have the foster care grant. They don't afford to buy a complete school uniforms. Some of them don't even have socks required by the school and this affects their minds and automatically affects how they perform. They are shabby.*

**P1** and **SGB1** concurred with the latter responses: *"It's a problem. They don't have the school uniform. They need people to help them"*.

The researcher also observed that some of the learners wore very old uniforms; some had their lost colour, some were torn and some learners wore small sizes because they had developed and grown.

**Psychological and emotional challenges**, the study also revealed that CHH learners suffered psychologically and emotionally because of many factors raised through interviews.

**OL5** said: *"I feel bored; you go home and you know that there is no one, you are just alone. Life frustrates"*. While, **OL4** in support, remarked, *"The world has turned upside down. I can't think straight now; I always have continuous headaches because the death of my parents has brought frustration on my life"*. **OL6** explained, *"Everything just confuses me now; I have become so much reserved. I prefer spending time alone, am frustrated and my heart is burning with anger"*.

In addition to the above **OL7**, also remarked:

*When I go to bed, lying there, my mind doesn't rest. I ask myself so many questions but I don't get answers. When I think of my youngest sibling, seeing her lying there peacefully, I say but God why? Is it a punishment or what? I hear the cock crowing and the birds singing; I wake up that early to prepare for my siblings. I then feel the effect when I arrive at school. I don't function effectively and I sometimes sleep in class.*

**OL10** remarked that:

*Sometimes my teachers shout at me because of my quietness; they say I am reserved but they don't know why I am like that. People don't understand how it is like to live in a CHH with few or no relatives coming to visit. The idea that my parents died because of HIV/AIDS gives me stress. Too much work at home compounded by the school demands drive me crazy. In addi-*

*tion to that, some teachers just punish you without checking or asking why I didn't do the homework.*

**OL9** explained: *"What changes my mood is that I am very sensitive to comments. I have anger inside"*.

The teachers confirmed what the learners expressed. **T3** explained that:

*Hey, these learners have emotional scars and they become very sensitive. They are stressed; you explain something in class, you then ask them, hey, they day dream. As a teacher I can tell that the mind of this learner is not on what we are doing. Some of them are always serious and some very angry.*

It was noted that these children displayed high levels of stress, depression, anxiety and low self-esteem that could greatly reduce their ability to focus and achieve in school. In light of that, Tsegaye (2007: 14) asserts that:

*The lack of parents' nurture hampers development progress and leads to chronic depression, psychosomatic disorders, fear, pessimism, hopelessness, low self-esteem and stigma, among others.*

From the responses it showed that CHH learners also experienced psychological and emotional challenges in addition to social, economic and educational challenges that had negative effects on the performance of such learners.

## DISCUSSION

It emerged from the study that CHH learners lived in poverty that caused them to perform poorly at school. All the interviewees agreed with that assertion and with the observation made by van der Mark (2015) and Chamaine (2008) who established that CHH learners were suffering and living in poverty. Their academic life was greatly hampered because learners were often hungry and thinking of what to eat after school. The observation that was made by the researcher confirmed the same results. In support of this, van der Mark (2015) established that such children found it difficult to fulfil material needs like household goods and money to pay for essential goods and so they lacked hope. Furthermore, Le Roux-Kemp (2015), Phillips (2015) and DePanfilis (2006) concur in that such learners' academic performance is affected negatively and they reflect below-average levels of cognitive capacity.

Another key finding of the study was that CHH learners assumed heavy and increased adult responsibilities and roles. Furthermore, it was revealed that they were hurried into adult roles before they had matured. The CHH learners used in the study clearly expressed the view that the roles were too heavy for them and that it caused them stress. This affirms results established by Kasese-Hara et al. (2012) and van der Mark (2015).

Prior studies indicate that CHH learners suffer many social problems after the death of parents (Phillips 2015; Fleming 2015). Indeed, this study revealed many social problems, and one among others, was behaviour change. The study established that many CHH learners resorted to anti-social behaviour, forced by circumstances surrounding their lives. van der Mark (2015) and Mkhize (2007) argue that parental care is significant in the development of children since their developmental needs can be met within a family environment where a parent or an adult is a key role player in ensuring that these needs are met. Their lives were characterised by fear of tomorrow and this had repercussions on their education. Le Roux-Kemp (2015) concurs in that CHH learners, especially those orphaned as a result of HIV/AIDS experienced various emotions such as sadness, pain, uncertainty, being scared, unmotivated and vulnerable (Phillips 2015).

The study showed that CHH learners faced financial challenges and this was evident in every household. Their situation was compounded by relatives who were not lending a hand, a government not providing grants due to lack of the necessary documents required, the school placing too many financial demands on them and the parents who did not make a plan for their children's future. In his study Andersen (2012) also observed that many CHHs were not getting any governmental support. This study also confirms what prior studies established: that many parents died after exhausting all they had due to prolonged illness (van der Mark 2015; Meintjes et al. 2010; Masondo 2006).

The study's findings revealed that education was seen as the most critical commodity everyone desired yet it was established that CHH learners were not exposed to fair and equal opportunities for them to escape from the vicious circle of poverty. According to Haralambos and Holborn (2010) education is seen as the sole mobility escalator for a better life. It means

education helps one to climb up the ladder and change one's social strata. In line with that van der Mark (2015) holds that the challenges CHHs face are affecting their education: the kind of challenges the children would be eager to overcome as they feel like schooling is the way to get a better life for themselves and for their siblings.

It emerged from the study that psychological challenges also contributed to the poor performance of CHH learners. The data showed that such learners experienced emotional instability caused by pain/hurt/anger or bitterness as a result of loss of parents. Prior studies show that CHH learners had traumatic experiences caused by loss of parents especially due to HIV/AIDS. Children grieve for parents and also for the loss of happy times. According to Mkhize (2006) hurt has built up during the long and painful illness that preceded the parental death. Such an experience has long-lasting, negative effects on how the CHH learners perform in class. The study has it that they are devastated. In line with the same view, UNAIDS (2010) reports that what CHH children go through has an emotional impact and they suffer neglect, including emotional neglect, trauma and may have to adjust to a new situation with little or no support. In the study all learner participants expressed the view that things had now changed irrevocably and it was difficult for them to adjust, hence declining school performance.

The study established that CHH learners experience a lot of challenges including psychological problems. It therefore, means such learners need counselling to stabilise or normalise them. Phillips (2015) established that children orphaned by HIV/AIDS experience heightened psychological distress compared to other children and therefore, need counselling. The study by van der Mark (2015) concurs that more support or counselling is needed concerning challenges that were found to be present. However, the study found that CHH learners had not received counselling despite the fact that they were in situations that demanded such services. A point in case from the study was where a learner had a continuous headache for more than three weeks and had lost concentration but no teacher took notice of that. Many cases were revealed in the study of CHH learners who needed counselling. In line with this view, Maphosa et al. (2007) argue that failure by schools to have coun-

selling services to help orphans deal with their difficult situations is bad omission. CHH learners were never referred to experts or social workers to help them deal with their situations. The schools and other stakeholders can play a part in providing for this support in order to assist CHH children to cope in times of difficulties and bring back control and confidence in their lives (Phillips 2015; van der Mark 2015).

### CONCLUSION

It emerged from the findings that CHH learners experienced social, economic, educational and psychological challenges that seriously affected their academic pursuits in a negative way. These challenges were found to result in disruption of school attendance, lack of concentration, low self-esteem, taking increased responsibility at a tender age, and stigmatisation and discrimination by the teachers and other learners. From the findings the study concluded that CHH learners face a myriad of challenges both at school and at home.

Through the findings the researchers wish to put the spotlight on CHH families and request all role-players to come on board to assist these children. Let us not make the same mistakes we did with the HIV/AIDS epidemic – wait until it became a pandemic and let the situation deteriorate further, hoping it will just go away.

### RECOMMENDATIONS

Based on the findings of the study the researchers wish to recommend that schools should seriously consider the impediments that are faced by CHH learners in their quest for education and should therefore, come up with well-articulated policies focused on CHHs since there is now a significant increase in the number of learners coming from such families. These policies would act like radar navigating the way for CHH learners and creating a conducive and comfortable environment for them to overcome the cited challenges so that they can then perform well at school. The policy-makers should also formulate and come up with policies that cater for CHH learners and protect them from being sent home by schools for non-payment of school levies and fees. There should also be checks and follow-ups to ensure that policies crafted are being implemented on the ground.

On challenges faced by CHH learners, the study recommends the introduction of viable projects for CHH learners at school and home in small groups to reduce poverty since it was found that most were living in poverty. This would cushion and keep them busy rather than being idle and then engaging in unwanted behaviour as discussed earlier in this study. It would empower them to be independent and be hard workers. Schools should give them an area where they can grow some vegetables and also do poultry projects as a way of income-generating at home. This could work as a strategy to try and alleviate the plight of CHH learners; NGOs should chip in and assist with the initial capital or inputs needed for a 'kick start'. Monitoring would be necessary for them to be viable and monitoring productive.

The study pointed out that the CHH learners under study faced a myriad of challenges that affected their education thus there should be counselling services at school level to assist learners deal with such problems in a way that does not impede their education negatively.

### REFERENCES

- AIDS Action 2004. *Orphans and Vulnerable Children*. SAFAIDS, Harare.
- Andersen LB 2012. Children's caregiving of HIV-infected parents accessing treatment in Western Kenya: Challenges and coping strategies. *African Journal of AIDS Research*, 11(3): 203-213.
- Babbie E, Mouton J 2010. *The Practice of Social Research*. South African Edition. Cape Town: Oxford University Press Southern Africa.
- Benjamin A, Cantor-Graae E, Bajunirwe F 2005. Psychological distress among AIDS orphans in rural Uganda. *Social Science and Medicine*, 61(3): 555-564.
- Bennell P 2003. The Impact of the AIDS Epidemic on the Schooling of Orphans and Directly Disadvantaged Children in Sub-Saharan Africa. From <<http://www.harare.unesco.org/hivaids/webfiles/bunnell.doc>> (Retrieved on 7 June 2011).
- Bennell P, Hyde K, Swainson N 2002. The impact of the HIV/AIDS epidemic on the education. *The Journal of Development Studies*, 41(3): 467-488.
- Bond T 2006. Ethical guidelines for researching counselling and psychotherapy. *Counselling and Psychotherapy Research*, 4(2): 4-9.
- Case A, Paxson C 2003. Mothers and others: Who invests in children's health? *Journal of Health Economics*, 20: 301-328.
- Charmaine HM 2008. Child anxiety. *The Journal of Behavioural Health Services and Research*, 37(3): 350-362.
- Chigwenya A, Chuma M, Nyanga T 2008. Trapped in the vicious circle: an analysis of the sustainability of

- the child-headed households' livelihoods in ward 30 Gutu District. *Journal of Sustainable Development in Africa*, 10(3): 264-284.
- Children's Institute 2006. Facts About Children: Children in Child-Headed Households. Children's Institute/University of Cape Town. From <www.childrencount.ci.org.za> (Retrieved on 15 May 2011).
- Cluver L, Gardner F 2007. Risk and protective factors for psychological well-being of children orphaned by AIDS in Cape Town: A qualitative study of children and caregivers' perspectives. *AIDS Care*, 19(3): 318-325.
- Cluver L, Operario D, Gardner F 2009. Poverty and psychological health among AIDS-orphaned children in Cape Town, South Africa. *AIDS Care*, 21(6): 732-741
- Cluver L, Operario D, Gardner F 2008. AIDS Orphaned: Psychological and Sexual Health Risks. PowerPoint Presentation at the International AIDS Conference, Mexico City. From <http://www.aids2008.org/Pag/ppt/WEAD0103.ppt> (Retrieved on 10 April 2011).
- Cohen L, Manion L 1994. *Research Methods in Education*. London: Routledge and Kegan Paul.
- Coombe C 2007. Mitigating the Impact of HIV/AIDS on Education Supply, Demand and Quality. In: CG Andrea (Ed.) 2010: AIDS, Public Policy and Child Well-being. 2<sup>nd</sup> Edition. Florence: UNICEF- Innocenti Research Centre. From <http://www.unicef-irc.org/cgi-bin/unicef/Lunga.sq1? Product ID =476> (Retrieved on 15 April 2011).
- Cresswell JW 2008. *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. London: Sage Publications.
- Dalen N, Nakitende AJ, Musisi S 2009. The situation of double orphans heading households in Rakai District, Uganda. *AIDS Care*, 19(3): 318-325.
- DePanfilis D 2006. Impact of neglect: *Child Welfare Information Gateway*, 14(1): 70-79.
- Draft Children's Bill 2002*. Pretoria: South African Law Reform Commission.
- du Toit P, Forlin C 2009. Cultural transformation for inclusion. What is needed? A South African perspective. *School Psychology International*, 30(6): 644-666. doi: 10.1177/0143034309107081.
- Epstein JL, Sanders MG 2002. Family, school and community partnerships. In: MH Bornstein (Ed.): *Handbook of Parenting: Practical Issues in Parenting*. 2<sup>nd</sup> Edition. Your Handbook for Action. Thousand Oaks, CA: Corwin, 5: 407-437.
- Fleming KE 2015. Improving Access to Education for Orphans or Vulnerable Children Affected by HIV/AIDS. *Education for All Global Monitoring Report 2015. ED/EFA/MRT/2015/P1/16 (UNESCO)*.
- Foster G, Mafuka C 2002. Beyond education and food: Psychological well-being of orphans in Africa. *Acta Paediatrica*, 91(10): 502.
- Foster G, Mafuka C 1992. Factors that led to the establishment of child-headed households. Masiya Camp: Harare. *Health Transition Review*, Supplement 2 to 7: 155-168.
- Foster G, Williamson J, Lorey M 2002. Mechanisms for Channelling Resources to Grassroots Groups Supporting Orphans and Other Vulnerable Children. Unpublished Paper. From <j.williamson@mindspring.com> (Retrieved on 10 July 2012).
- George DD, Mansah DKD 2011. Parental involvement in homework for children's academic success: A study in the Cape Coast Municipality. *Current Issue*, 9(1): 55-69.
- Grolnick WS, Slowiaczek ML 1994. Parents' involvement in children's schooling: A multidimensional conceptualisation and motivational model. *Child Development*, 65: 237-252.
- Haralambos M, Holborn M 2010. *Sociology: Themes and Perspectives*. London: Unwing Hyman.
- Healy M, Perry C 2000. Comprehensive criteria to judge validity and reliability of qualitative research within the realism paradigm. *Qualitative Market Research*, 3(3): 118-126.
- Henning E, van Rensburg W, Smith B 2005. *Finding Your Way in Qualitative Research*. Pretoria: van Schaik Publishers.
- India HIV/AIDS Alliance and Tata Institute of Social Sciences 2006. A situational analysis of child-headed household. India: *AIDS Care*, 14(S3): S300-S335.
- Jill N 2011. The Positive Change Project Organisation: Understanding-Aids-Orphans. From <http://www.avert.org/aids-orphans.htm> (Retrieved on 5 May 2011).
- Jill N 2010. The Positive Change Project Organisation: Understanding-Aids-Orphans. From <http://www.avert.org/aids-orphans.htm> (Retrieved on 5 May 2011).
- Kasese-Hara M, Nduna M, Ndebele M, Pillay M 2012. Health and psychological wellbeing of caregivers and households of orphans and vulnerable children (OVC) from a low-income South African community. *Journal of Psychology in South Africa*, 22(3): 435-439.
- Krefting L 1990. *Rigor in Qualitative Research of Trustworthiness*. Ontario: Queens University School of Rehabilitation Therapy.
- Kromolicka B 1998. Children's homes, opinions and propositions. *Problemy Opiekunczo-Wychowawcze*, 80(6): 18-21.
- Kvale S 1996. *Interviews: An Introduction to Qualitative Research Interviewing*. London: Sage Publications.
- Leatham CP 2005. *The Lived Experiences of Adolescent Learners from Child-headed Families in the Northern Free State*. Master's Mini-dissertation, Unpublished. Johannesburg: University of Johannesburg.
- Leedy PD, Ormrod JE 2010. *Practical Research and Design*. 8<sup>th</sup> Edition. Upper Sadle River: Pearson Education Inc.
- Le Roux-Kemp 2015. Child-headed households in South Africa: Legal and ethical dilemmas when children are the primary caregivers in a therapeutic relationship. In: Peter Bray, Diana Mak (Eds.): *People Being Patients: International, Interdisciplinary Perspectives*. Oxford: Interdisciplinary Press, ISBN:978-1-8488-8, pp. 110-131.
- Makame V, Ani C, McGregor S 2002. Psychological well-being of orphans in Dar El Salaam, Tanzania. *Acta Paediatrica*, (91): 459-465.
- Makowska J 1999. Devil is in principles not in particulars. *Problemy Opiekunczo-Wychowawcze*, 80(6): 16-19.
- Maphosa C, Shumba A, Banda W, Shumba J 2007. The effects of psychosocial problem on the academic pursuit of AIDS orphans in Zimbabwe. *The Nigerian Journal of Guidance and Counselling*, 12(1): 1- 15.

- Maqoko Z, Dreyer Y 2006. *Child-headed Households Because of Trauma Surrounding HIV/AIDS*. Department of Practical Theology. Pretoria: University of Pretoria.
- Maree K 2007. *First Steps in Research*. Pretoria: van Schaik Publishers.
- Masondo G 2006. *The Lived-experiences of Orphans in Child-headed Households in Bronkhorstspuit Area: A Psycho-educational Approach*. Pretoria: University of Johannesburg.
- Mathison S 1998. Why triangulate? *Educational Researcher*, 17(2): 13-17.
- McCarthy HW 2006. Survey of children adopted from Eastern Europe- the need for special school services. *Journal of Public Affairs Education*, 12(3): 213-234.
- Meintjes H, Hall K, Marera DH, Boulle A 2010. Orphans of the AIDS epidemic? The extent, nature and circumstances of child-headed households in South Africa, *AIDS Care: Psychological and Social-medical Aspects of HIV/AIDS*, 22: 40-49.
- Meyer WF, Moore C, Viljoen HG 2003. *Personology: From Individual to Ecosystem*. Sundown: Heinemann.
- Michael K 2001. *Understanding the Urban Impact of HIV/AIDS-associated Orphanhood: AIDS Orphans in Africa-building an Urban Response*. Cape Town: Crede Communications.
- Miedel WT, Reynolds AJ 1999. Parental involvement in early intervention for disadvantaged children: does it matter? *Journal of School Psychology*, 37(4): 379-402.
- Mkhize ZM 2006. *Social Functioning of a Child-headed Household: Children are Losing Their Parents to HIV/AIDS Which Has Led the Emerging of Child-headed Households*. Pretoria: University of Johannesburg.
- Mkhonto FM 2010. *Child-headed Families*. Limpopo: Medunsa Campus, University of Limpopo.
- Monasch J, Boerma T 2004. Orphaned and child care patterns in sub-Saharan Africa: An analysis of national surveys from 40 countries. *AIDS Care*, 18(2): S55-S65.
- Mouton EB, Prozesky PVB 2001. *The Practice of Social Research*. Oxford: University Press.
- Mturi A 2012. Child-headed households in South Africa: What we know and what we don't. *Development Southern African*, 29(3): 506-516.
- Muller O, Abbas N 1990. Sub-Saharan Africa's orphans crisis: The impact of AIDS mortality on children's education in Kampala. *International Social Work*, 51(5): 682-698.
- Nelson Mandela Children's Fund 2001. *A Study into the Situation and Special Needs of Children in Child-headed Households*. Johannesburg, South Africa: Unpublished Report.
- Neuman WL 2006. *Social Research Methods: Qualitative and Quantitative Approaches*. 4<sup>th</sup> Edition. New York: Allyn and Bacon.
- Ntozi JPM, Mukiza-Gapere J 1999. Care for AIDS orphans in Uganda: Findings from focus group discussions. *Health Transition Review Journal*, 13(1): 3-22.
- Nyamukapa C, Gregson S 2005. Extended families' and women's roles in safeguarding orphans' education in AIDS afflicted rural Zimbabwe. *Social Science and Medicine*, 60(10): 2155-2167.
- Onuoha F, Munakata T 2010. Gender psychosocial health of children orphaned by AIDS. *Vulnerable Children and Youth Studies*, 5(3): 256-267.
- Pillay J, Nesengani RI 2006. The educational challenges facing early adolescents who head families in rural Limpopo Province. *South African Journal of Education*, 10(2): 131-147.
- Pillay J 2011. School Psychology International. *Sage Journals*, 10(5). From <<http://spi.sagepub.com>> (Retrieved on 5 May 2011).
- Phillips L 2015. *An Outcome Evaluation of Psychosocial Services to Orphans and Vulnerable Children in the Western Cape 2015*. Western Cape Government, Cape Town, South Africa: Social Development, Directorate Research, Population and Knowledge Management.
- Plan F 2005. *Helping AIDS Orphans in Child-headed Households in Uganda: From Relief Interventions to Supporting Child-centred Community Strategies*. Helsinki: Uganda. Paper submitted on Sep 2005 Day of General Discussion on children without parental care: Geneva, Switzerland, UNOG-OHCHR.
- Popola A, Ayodele JB, Ajayi IA 2011. Child work, child schooling and educational achievement: An empirical evidence for Nigeria. *Academic Leadership*, 9(1): 55-117.
- Rotheram-Borus MJ, Weiss R, Alber S, Lester P 2005. Adult adjustment before and after HIV-related parent death. *Journal of Consulting and Clinical Psychology*, 73(2): 223-333.
- Schenk KD 2009. Community interventions providing care and support to orphans and vulnerable children. *Health and Transition Review Journal*, (7): 166-220.
- Sloth-Nielsen J 2004. Too little too late? Provisioning for child-headed households. *ESR Review*, 3(1): 24-25.
- Strauss J, Myburgh CPH (Eds.) 2001. *Training and Development Research Methodology Study Guide, 81416*. Centre for Distance Education. Faculty of Education and Nursing B.Ed. Education. Gauteng: Rand Afrikaans University.
- Subbarao K, Mattimore A, Plangemann K 2001. *Social Protection of Africa's Orphans and Other Vulnerable Children Issues and Good Practice Program Options: Africa Region*. World Bank.
- The Research Brief No. 1* 2005. Centre for Marriage and Families, South Africa.
- Tsegaye S 2007. HIV/AIDS and the Emerging Challenge of Children Heading Households: The African Child Policy Forum. Discussion Paper: In-House-Document. From <<http://www.africanchildinfo.net/documents/CHH>> (Retrieved on 15 March 2012).
- UNAIDS 2010. UNAIDS Report on the Global AIDS Epidemic: The Impact of AIDS on People and Societies. From <[www.avert.org/safricastats.htm](http://www.avert.org/safricastats.htm)> <<http://www.unaids.org>> (Retrieved on 20 July 2012).
- UNAIDS 2010 Children and AIDS: Fifth Stocktaking Report UNAIDS 2009-2010. From <[www.avert.org/aids-orphans.htm](http://www.avert.org/aids-orphans.htm)> (Retrieved on 4 June 2013).
- UNICEF 2007. Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS. From <<http://www.unicef.org/>> (Retrieved on 8 June 2011).
- UNICEF 2003. *Fighting HIV/AIDS: Strategies for Success 2002-2005*. New York: UNICEF.

- United Nations Foundation 2002. *Programme on HIV/AIDS: Report on the Global HIV/AIDS Epidemic*. Geneva: Joint United Nations Programme on HIV/AIDS 2002.
- Wilson SM 1996. Families and children: The common wealth of Kentucky. From exploring the frontier of the future: How K Kentucky will live, learn and work. *AIDS Care*, 19(9): 24-30.
- van der Mark R 2015. *Lived Experiences of Youth Living in Sibling Headed Households in Facing Challenges Affecting Education*. Thesis, Published. Johannesburg: University of Johannesburg.
- World Bank 2002. NID Participatory Rural Appraisal (PRA). From <<http://www.worldbank.org/poverty/impact/methods/pr.htm>> (Retrieved on 23 May 2011).
- Yang Y, Raine A 2006. Neural foundations to moral reasoning and antisocial behaviour. *Oxford Journals*, 1(3): 203-213.
- Ye YD, Fang BJ 2010. The development of school psychological services in the Chinese Mainland: A Chinese perspective. *School Psychology International*, 31(5): 521-530. doi: 10.1177/0143034310382721.
- Zekeng D 2011. Report on the Status of People Living with HIV/AIDS Worldwide. *Health News*, GNA. 5 August, 2011. Accra: USAID.

---

**Paper received for publication on May 2015**  
**Paper accepted for publication on June 2016**