

Exploring Challenges of Adolescent Females in Child-headed Households in South Africa

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ABSTRACT The adolescent females who take the responsibility of being foster-parents while young need emotional support and care. Owing to multiple factors such as the death of parents, adjustment in parents' roles, inadequate social support and exposure to sexual and emotional abuse, majority of this group tend to face a bleak future. By employing the systematic review as the research methodology, the researchers explored previous research from doctoral dissertations, internet journals and explored the published research articles. This research paper is aimed at providing a broad picture of challenges of adolescent females in child-headed households in South Africa. Drawing from social exchange theory, alcohol myopic theory, integrated stress and coping process model and Children's Acts, as conceptual framework which underpinned this study, research found that adolescent females in child-headed households are susceptible to early pregnancy, alcohol abuse, school dropout, prostitution and psychological problems as compared to their counterparts who live with authoritative significant others (example, extended family, step-parents, biological parents). Based on these findings, the study recommends a collaborative approach as there is no single model of best practice to effectively and appropriately address the needs of child-headed families.

INTRODUCTION

The challenges of child-headed households are multi-faceted as they disrupt the development of children who find themselves without parents due to parental death (Mogotlane et al. 2010). Majority of these children irrespective of harsh experiences, prefer being together as siblings because relatives have the tendency to expose them to child-labour, sexual exploitation, physical abuse and extreme poverty (Chidziva 2014). In South Africa, the three provinces with high numbers of child-headed families are; Limpopo (27 096), KwaZulu-Natal (25 062) and Eastern Cape (21 472) (Jamieson et al. 2011) and previous studies have demonstrated that child-headed households can negatively affect the adolescent females' psychological well-being since they are associated with depression, lack of emotional, social and financial support, perhaps due to parental death (Getachew et al. 2011; Lata and Verma 2013). Child-headed household refers to a home that functions without adult supervision and it is often led by the eldest child especially an adolescent female, who assumes parental responsibility (Department of Social Development 2012). Adolescent females (below

age 18) are often the one expected to take care of their siblings (Leatham 2014) although Section 37 of the Children's Act No. 38 (2005) ruled that a child-headed household should function under the guidance of an adult. Majority of such households are often characterized by poverty and located in relatively high-crime areas which may impair children's mental health (Fawzy and Fouad 2010).

Psychological well-being, is the construct pioneered by Ryff (1989) that is emerging from positive psychology and it comprises six dimensions, namely, *self-acceptance* (that is to have a positive attitude towards oneself), *positive relations with others* (which entails a satisfying, trusting and warm relationships with significant others and being able to form and maintain intimate sexual relationships), *autonomy* (that is to independent and being self-actualised) while *environmental mastery* refers to being having competent in managing one's surroundings). Furthermore, when an individual experiences *sense of purpose* and *personal growth*, there is a likelihood of such an individual to strive for excellence educationally, work diligently to achieve their goals (Salama-Younes 2011) engage themselves in more health promoting be-

behaviour and are consequently more physically healthy (Steger et al. 2012).

Lapsey (2014) found that there are approximately 150 000 child-headed households and more than 2.5 million children who have been orphaned by AIDS in South Africa, which automatically pushes adolescent females to assume the responsibility of caring, supporting and making sure that the well-being of their younger siblings is given attention. In such circumstances, van Rensburg et al. (2013) found that sixty percent of adolescent females in Cape Town, who acted as foster parents in providing care to their siblings under the age of 10, failed their grades and attended classes irregularly. By law, this contravenes South African Children's Act (2014) because the adolescent females who may be heading the households still need care and are deprived their social developmental rights (Constitution of the Republic of South Africa 1996). Following the study conducted in 2008 in developing countries to investigate the psychological problems among adolescent females in child-headed families due to AIDS by Cluver et al. (2012) no study has been conducted to investigate the challenges in child headed households in South Africa.

Problem Statement

The disturbing questions as to why adolescent females in child-headed households in South Africa are prone to substance abuse, risky sexual behaviour, teenage pregnancy, cohabitation, dropping out of school prematurely, emotional distress and experience poor psychological well-being, need to be addressed through research, debates and discourses presented in this paper. Findings from literature demonstrated that these adverse circumstances impact on social, cognitive and emotional development of adolescent females and contribute to the vicious cycle of poverty (Donald et al. 2010; Lutya 2012; Ngonyama 2013). Based on these premises, this paper seeks to answer these questions: (i) Are the contextual factors associated with adolescent females in child-headed households in South Africa (ii) What are the psychosocial effects that the child-headed households have on adolescent females' psychological well-being, and (iii) What interventions are in place that are aimed at overcoming the life- challenges faced by adolescent females in child-headed households?

Research Objectives

- The research objectives of this study are to:
- Explore the challenges of South African adolescent females in child-headed households.
 - Determine the psychosocial effects on adolescent females' psychological well-being from child-headed households.
 - Suggest interventions that are aimed at overcoming the life- challenges faced by adolescent females in child-headed households.

METHODOLOGY

This research paper employed the systematic review as suitable research methodology based on numerous advantages. Systematic reviews entails a comprehensive and detailed plan and search strategy aimed at reducing bias by identifying, evaluating and synthesizing all relevant studies on a specific topic (Uman 2011). As compared to empirical study which calls for direct involvement of the researcher, the systematic review analyses literature studies from books, academic journals and internet sources to get an overview to explicate and make inferences about the phenomena. In this regard, the researchers' views or arguments may become important following a thorough interpretation of the evaluation of the past literature.

OBSERVATIONS AND DISCUSSION

Conceptual Framework

This manuscript is underpinned by multiple theories, models and Acts in understanding the risk factors associated with adolescent females in child-headed homes in South Africa, and they are discussed below.

Integrated Stress and Coping Process Model

Moos and Schaefer's (1993) integrated stress and coping process model proposed that adolescent females reared in child-headed households may perceive their personal and environmental systems as thwarted when there is no immediate emotional and financial support to redirect their energy towards school and setting realistic goals especially after experiencing stigma after the passing on of parents due to AIDS-related illnesses. To note that they are emotion-

ally overwhelmed and unable to withstand life challenges, drawing from the General Adaptation Syndrome (GAS), their immune system may also be weak in relation to the stressors at their disposal and experience exhaustion (Swartz et al. 2011). Manlove et al. (2011) posited that adolescence is a critical stage that requires responsible adults to provide guidance on how young people can cope and learn ways to prevent risk-taking behaviours (that is, drug use, concurrent sexual relationships, teenage pregnancy, and sexually transmitted infections including HIV/AIDS).

Alcohol Myopia Theory

Alcohol myopia theory by Josephs and Steele (1990) is based on the notion that alcohol consumption triggers the cognitive domain and has the propensity to cause an individual to act impulsively. Alcohol normally impairs memory (that is, encoding, storage and retrieval of information) as well as decision making skills (Compo et al. 2011). Alcohol use has been described as a precipitating factor for sexual negative outcomes such as engaging or practicing unprotected sex (Lewis et al. 2010). Within the context of child-headed setting, owing to lack of parental guidance, adolescent females may be deviant or influenced by mass media and/or imitate anti-social behaviour such as drinking alcohol, not to sleep at home and make early sexual debut (Holborn and Eddy 2011).

Sexual Exchange Theory

Social exchange theory by Homans (1958) and Emmerson (1976) is based on the notion that sexual relationships become sustainable provided there are more rewards as compared to the costs (Swartz et al. 2011). It is characterized by high interdependency between two individuals in a sexual relationship and it is presumed to restore proximity when there is separation and comfort when proximity is regained. Furthermore, individuals involved in sexual relationships characterized by social exchange theory presume rewards as pivotal in increasing investment in a relationship, thus increasing liking, trust and love for each other. However, Taukeni (2015) argued that when orphaned adolescent females exchange sex for money or material benefits such as mobile phones, they often find themselves

submissive to male dominance and for fear of reprisal they do not negotiate safe sex.

In responding to the first question of this current paper, the challenges associated with child-headed households will be identified and discussed.

Challenges of Adolescent Females in Child-headed Households in South Africa

Parental Death

HIV/AIDS is not the only cause of death, death of parents through road accidents, strokes and diabetes also leave children orphaned. South Africa is characterised by lack of employment opportunities in rural areas and parents from disadvantaged areas seek employment in bigger cities such as Pretoria, Johannesburg and Cape Town. Unfortunately, when these parents come back home, at times road accidents happen, taking their lives and leaving their children behind. Parkinson et al. (2013) found that ninety percent of road traffic crash deaths worldwide occur in developing countries because majority of low-income travellers rely on private minibus taxi services as compared to buses or trains for transportation. In South Africa, majority of the vehicles are second-hand and do not comply with the current safety standards, hence they collide and contribute to the excessive incidence of road accidents (Sukhai and Jones 2013).

The Statistics South Africa's Mid-year (2013) found that seventeen percent of South African women in their reproductive ages live with HIV/AIDS and when they die their children become orphans. In the same vein, Swartz et al. (2011) posited that about 5.2 million South Africans are infected by HIV/AIDS and most of them are adults. Till date, there are many children who are left alone in South Africa without caregivers due to the death of their parents. Such a situation deprives adolescent females of happiness, freedom and their rights to education while expected to nurture their younger siblings. In comparison to children who grow up with responsible parents, Pannels and Claxton (2008) found that children orphaned by HIV/AIDS lack self-confidence, optimism, extroversion, personal control and life-satisfaction because they are overwhelmed by sorrow and emotional emptiness. Drawing from Hans Eysenck's PEN Model and Costa and McCrae's Big 5 - Model of personal-

ity, such children may display introversion (social aloofness), neuroticism (guilty feelings, worry) and suppressed anger, which may give rise to anti-social behaviour (Engler 2014; Ryckman 2012; Schultz and Schultz 2013).

Economic Issues and Poverty

Holborn and Eddy (2011) argued that, as poverty escalates, forty-seven percent of South African child-headed households have been found to financially depend on monthly household expenditure of less than R400. Majority of adolescent females are most likely to drop out of school before completing matric to augment the household's income by working odd jobs (Nkonyama 2013). For economic survival, Leatham (2010) found that adolescent females end up engaging in transactional sex with older men. Alternatively, owing to their vulnerability, these girls may work in entertainment launches selling alcohol such as taverns, nightclubs and bars, and this is where they are at risk of being sexually exploited and deceptively recruited into human trafficking because they are desperate for a decent life (Children's Institute 2009; van Breda 2010). In this regard, collaborative efforts made by the government departments in Limpopo Province (that is, SAPS, Social Development, Health and Home Affairs) to form the Mpulimo Task Team in fight against human trafficking should be reinforced and sustained (Amazing Grace 2009; Lulya 2012) and extended to big cities such as Johannesburg and Cape Town because drug dealers and kidnappers are many as compared to the rural areas.

Risky Sexual Behaviour

Adolescent females who grow up without supervision of their parents are more likely to engage in risk sexual behaviour, and experience challenges in sustaining idealistic relationships in future. Risky sexual behaviour refers to unprotected sex with multiple partners and inconsistent use of condoms especially under influence of alcohol and drug abuse (Deckman and DeWall 2011). It is a fact that when they have been exposed to human trafficking, they bear children outside marriage, contract sexually transmitted infections (example, syphilis, gonorrhoea) and/or terminate pregnancies (Holborn and Eddy 2011; Kheswa and Takatshana 2014).

For example, in Cape Town, Cluver et al. (2011) found that adolescent females in child-headed families reported transactional sex more than their counterparts living with their parents.

Sexual Abuse

Sexual abuse is described as the involvement of a child below age 18 in sexual activity by adults or other children without his/her informed consent and it is characterised by inappropriate fondling, forced oral, vaginal or anal penetration, forced viewing of pornography and sexual harassment (Kheswa 2014; WHO 2010). Because of patriarchy in a South African context, social constructions of masculinity and femininity have contributed to high levels of gender-based violence (Kang'ethe and Munzara 2014). As a result, Bower (2014) noted that this puts the most vulnerable females at greater risk of being victimised sexually. In a review by Barth et al. (2013) child sexual abuse was found to be pervasive in South Africa, with an alarming rape cases reported to the SAPS involving adolescent females from child-headed families.

It is important to note that during adolescence stage, the brain is still growing (Ashtari and Cyckowski 2012) and the prefrontal cortex which is responsible for an adolescent's reasoning, decision-making and self-control, may not have developed adequately enough to control their desires and feelings (Sanrock 2010). Therefore, the domination of adolescent females by males can be traced back to what some of the feminists (Chodorow 1979; Dinnerstein 1976; Gilligan 1982) referred to as restrictive gender-socialisation traditions, in which girls are expected to be passive and submissive as opposed to boys who must be assertive and adventurous. For that reason, to survive, in the Free-State Province, Louw et al. (2012) found that some adolescent females coped with their circumstances by engaging in sexual relations with multiple partners (for example, taxi drivers) because they received money to buy clothes and were transported to school in exchange for sex. In the process of these transactional relationships, many adolescent females become victims of rape and their perpetrators are not sentenced. The question that emerges is: Are the rights of adolescent females respected when they seek protection from the Department of Social Justice? In comparison, the progress report of The Sixth

African Development Forum (2008) stated that the Universal Declaration of Human Rights (UDHR), the International Covenant on Social and Cultural Rights as well as the International Bill of Rights be recognised as international instruments that uphold the principle of non-discrimination regardless of a person's sex. In Masondo's (2009) study, a 15 year old girl reported that:

"The man regularly brought the family supplies of cooking oil and maize and this helped us a lot and he would want to sleep with me in exchange, refusing to give him sex or laying charges against the man was very difficult."

It is therefore vital to examine the plight of adolescent females reared in child-headed households through an integrated lens because despite the right to protection from violence and exploitation, the SAPS tend not to act promptly to arrest the perpetrators of horrific acts on these vulnerable groups, as they are also restricted by demarcations. Moreover, in rape cases, the South African Children's Act and Regulations (2014) makes it mandatory for all children who have been sexually abused to receive therapeutic care, forensic medical examination, provision of emergency contraceptives and HIV post-exposure prophylaxis (PEP) within 72 hours and trauma debriefing. But does the South African government have qualified educators in the field of sexuality education to equip adolescent females to know where to seek help in case of sexual abuse?

Disrupted Education

As previously explained that when the circumstances of an adolescent female heading the household are impaired, they may be bound to leave school prematurely (van Breda 2010; Zuber-Skerritt and Louw 2014) because from developmental psychology and sociology perspectives there is deprivation of time with respect to learn, grow, interact, receive love from parents and feel safe and protected from harsh realities (Xingwana 2011). This takes place prior experiencing the deaths of their parents because they are bound to take new responsibilities of nursing the sick (Donald and Clacherty 2010; Nyamukapa et al. 2010). van Rensburg et al. (2013) found that forty-four percent of adolescent females heading households have repeated more than one grade and had performed poorly

academically while only 12.9 percent had completed grade 12 and only one who has completed tertiary programme. Similarly in India, sixty-seven percent of adolescent females from child-headed households had dropped out of school (India HIV/AIDS Alliance and Tata Institute of Social Science 2006).

Unlike their counterparts reared in families characterized by secure attachments with parents, such youth may lack coping skills, experience a sense of loneliness and guilt, which could impair their resiliency effect (Louw et al. 2012). Resilience is defined as the positive adaptation following adversity such as loss of parental death which in most cases is accompanied by an experience of poverty (Masten and Wright 2010; Theron 2012) although some tend to have a strong internal locus of control (Engler 2014; Schultz and Schultz 2013). For example Leatham (2010) found that adolescent females in the Free State Province who experienced feelings of vulnerability, feared for their well-being and were preoccupied with the thought of being physically abused or mobbed. However, the resilient children compensated their inadequacy by being cautious, escaping substance use and having quality and constructive friends.

Psychosocial Effects that the Child-headed Households have on Adolescent Females' Psychological Well-being

To address the second question of this research paper regarding the impact of the psychosocial effects of child-headed households have on the adolescent females' psychological well-being, the focus will be on elucidating what the previous scholars found although the argument is that there is still dearth of research on this topic.

Adjustment in Parents' Roles

Subsequent to the death or imprisonment of the parents, adolescent females usually adjust to be the heads of the households. In KwaZulu-Natal, South Africa, Mkhize (2006) found that the plethora of adult roles that the heads of child-headed households undertake entail care giving, leadership, conflict management, economic provision, decision making and housekeeping. For instance, one of the respondents, a 15 year old girl described how demanding it was to carry these roles.

“Kubanzima kakhulu ngoba mina angijwayelanga ukuthatha iyingqumo eyinkulu zomndeni, manje sebengasekho abazali sekuyimi owenza lezoynqumo.”

In the same vein, Masondo (2009) in Gauteng, South Africa, pointed that major roles such as being the breadwinner for younger siblings left adolescent females feeling overwhelmed and developing low self-esteem considering that they no longer socialize with their peers like before. When various stressors place adolescent females at risk of adverse consequences, literature showed that these girls' psychological well-being may be impaired (Cluver et al. 2012; Louw et al. 2012). It becomes worse when adolescent females in child-headed household lack support and role models (Sherr et al. 2014).

Social and Emotional Distress

Orphanhood is connected to social and emotional trauma, as well as psychological distress. Given that parental loss is a stressor, adolescent females tend to resort to substance abuse as coping mechanism to deal with emotional emptiness of being burdened by house chores which are time consuming relative to being efficient and proactive towards their school work (Meghadpour et al. 2012). Meinck et al. (2015) hypothesized that long-term negative consequences become inevitable for orphaned children and eventually they experience depression, delinquency and change in personality. In the investigation of the life narratives of adolescent females in child-headed households in KwaZulu-Natal, Donald and Clacherty (2010) found that ninety-two percent of the events mentioned by adolescents from child-headed households were negative as compared to fifty-five percent of events stated by adolescents from adult-headed households. Furthermore, a cohort from child-headed households reported to have experienced the death of at least three close relatives in relation to only a couple of children from adult-headed households. Majority of these children seemed not to have received psychotherapy to deal with their grief and loss.

It is a fact that owing to lack of counselling, such adolescents may become sad, anxious, angry and fearful and have nightmares about the deceased parents or claim to have heard their voices or seen them (Haine et al. 2008). Chiastolite (2010) found multiple losses of adolescent

females heading households were apparent. An adolescent expressed,

“My mother’s voice is hearable in my dreams and that fills sorrow into my heart. I always think about her, even when I’m at school,” while another said, *“I’ve got used to accept the fact that my mother is never coming back and doesn’t care. Thus, I have to survive on my own.”*

Depression

Depression is a mood state marked by changes in emotional reactions, thinking and behaviour of adolescent in which feelings of sadness and hopeless become evident (Sue et al. 2016). In Eastern Cape, South Africa, Nduna et al. (2013) found that social norms permit adolescent females to respond to adversity at an emotional level due to gender subjugation. Furthermore, depression was reported to be higher on female adolescents with twenty percent more than their male counterparts who have also lost their parents, but because these females were heading households, they stressed more. These findings corroborate the argument that childhood hardships including trauma pose a risk factor for adolescent depressing states (Thompson et al. 2011).

According to van Dijk and van Driel (2009), when adolescent females are helpless and in need of security, they are unable to carry out households responsibilities, such as to cook and clean. Nevertheless, it is argued that these children have nobody to correct and advise them. This further perpetuates their depression as they struggle to cope.

Alcohol and Drug Abuse

The other feature that affects adolescent females' involvement in substance use is leisure time. According to Peltzer (2010), any engagement to substance use or vandalism may be considered leisure if adolescents conform to peer pressure and have low self-esteem. This perspective suggests that adolescents may be prone to engage in risk-taking behaviours such as smoking dagga and concurrent sexual relationships if they do not participate in extramural activities or have not developed new interests. A Cape Town, Mitchell's Plain study by Sharp et al. (2011) found that forms of substance use highlight a large number of adolescent females head-

ing households in this South African community being addicted to alcohol and marijuana.

Teenage Pregnancy, Intimate Partner Violence and HIV/AIDS

One of the major challenges faced by adolescent females in child-headed households is that once their education is disrupted by unintended pregnancies following perhaps, cohabitation (that is, to live together as legally married couples) and involvement in inter-generational relationships (Gouws et al. 2011) they are most likely to be neglected, physically abused and susceptible to contracting STIs, including HIV/AIDS. Children's Right Portal (2012) found that in rural areas and informal settlements, the environments are deplorable; hence it is a challenge for the government to deal effectively with drugs and prostitution. In review of recent research by Visser et al. (2015) on creating circles of care and promoting psychological well-being for vulnerable group of orphans from four provinces; KwaZulu-Natal, Mpumalanga, Gauteng and Eastern Cape in a community intervention project called ISIBINDI; adolescent females who have exited the programme reported:

"Sometimes poverty plays a major role. Girls our age end up with sugar daddies who support them or move in with their boyfriends that destroy their lives."

Furthermore, although they apply for child grant which is sometimes called "womb fee", Mbulaheni et al. (2014) found that in Vhembe district of Limpopo province, the children of most adolescent mothers suffered malnutrition.

CONCLUSION

This paper presented evidence to answer the question on the challenges experienced by adolescent females in South African child-headed households. It was found that owing to lack of financial sustainability as part of the social grant, neglect and depression experienced by adolescent females living on their own, these vulnerable youth become susceptible to intergenerational relationships, alcohol and drug abuse, and school dropout. This situation is not conducive for these youth as they eventually contract HIV/AIDS due to lack of assertiveness to negotiate safe sex in their multiple heterosexual relationships.

RECOMMENDATIONS

To curb the plight in South African child-headed households, this research proposes the following:

- The departments (example, health, education, social development and housing) at national level should improve strategies for the management of child-headed households within the existing policy-framework for orphans.
- As children growing up in child-headed households tend to display more psychological problems than children from stable homes, the State should deploy health workers, police officials and other professionals (example, medical practitioners, psychologists) to ensure poverty is alleviated and receive counselling for their mental well-being in order to acquire refusal skills against peer-pressure.
- To protect orphaned children from sexual exploitation and living on the streets, police officials and educators should provide safety and motivation respectively, as according to Maslow's hierarchy of needs, they may buffer against risky sexual behaviour.

REFERENCES

- Amazing Grace 2009. Mpulimo Task Team against Human Trafficking Launching in Limpopo. From <<http://www.agch.org.za>> (Retrieved on 24 March 2009).
- Ashtari M, Cyckowski L 2012. Brain development during adolescence. In: VR Preedy (Ed.): *Handbook of Growth and Growth Monitoring in Health and Disease*. New York: Springer, pp. 1213-1229.
- Barth J, Bermetz L, Heim E, Trelle S, Tonia T 2013. The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis. *International Journal of Public Health*, 58(3): 469-483.
- Bower C 2014. The plight of women and children: Advancing South Africa's least privileged. *The ANNALS of the American Academy of Political and Social Science*, 652(1): 106-126.
- Burgess RL, Huston TL (Eds.) 2013. *Social Exchange in Developing Relationships*. New York: Academic Press.
- Chiastolite 2010. *Child-headed Households in Gauteng Province: A Survey of the Prevalence and Experiences of Families in Gauteng*. Pretoria, RSA: Chiastolite Professional Services.
- Chidziva VN 2014. *The Schooling Experiences of Secondary School Learners from Child-headed Households in Thulamahashe Circuit, Bushbuckridge Dis-*

- trict, Mpumalanga Province, RSA. Master's Thesis. South Africa: University of South Africa.
- Children's Institute 2009. *Children Count: Abantwana Babalulekile*. Cape Town: University of Cape Town.
- Children's Rights Portal 2012. Realising Children's Rights in Brazil. From <www.childrensrightsportal.org/brazil> (Retrieved on 10 August 2012).
- Chodorow N 1979. Feminism and difference-gender, relation, and difference in psychoanalytic perspective. *Socialist Review*, (46): 51-69.
- Cluver L, Orkin M, Boyes M, Gardner F, Meinck F 2011. Transactional sex amongst AIDS-orphaned and AIDS-affected adolescents predicted by abuse and extreme poverty. *Journal of Acquired Immune Deficiency Syndromes (JAIDS)*, 58(3): 336-343.
- Cluver LD, Orkin M, Gardner F, Boyes ME 2012. Persisting mental health problems among AIDS orphaned children in South Africa. *Journal of Child Psychology and Psychiatry*, 53(4): 363-370.
- Compo SN, Evans JR, Carol RN, Kemp D, Villalba D, Ham LS, Rose S 2011. Alcohol intoxication and memory for events: A snapshot of alcohol myopia in a real-world drinking scenario. *Memory*, 19(2): 202-210.
- Deckman T, De Wall CN 2011. Negative urgency and risky sexual behaviours: A clarification of the relationship between impulsivity and risky sexual behaviour. *Personality and Individual Differences*, 25: 674-678.
- Department of Social Development 2012. *The South African Child Support Grant Impact Assessment: Evidence from a Survey of Children, Adolescents and Their Households*. Pretoria: Government Printer.
- Dinnerstein D 1976. *The Rocking of the Cradle, and the Ruling of the World*. London: Souvenir Press.
- Donald D, Clacherty G 2010. Developmental vulnerabilities and strengths of children living in child-headed households: A comparison with children in adult-headed households in equivalent impoverished communities. *African Journal of AIDS Research*, 9(1): 21-25.
- Donald DR, Lazarus ST, Lolwana P 2010. *Educational Psychology in Social Context: Ecosystemic Applications in Southern Africa*. 4th Edition. Cape Town: Oxford University Press.
- Emerson 1976. Social exchange theory. *Annual Review of Sociology*, 2: 335-362.
- Engler B 2014. *Personality Theories*. 9th Edition. New Zealand: Cengage Learning.
- Fawzy N, Fouad A 2010. Psychosocial and developmental status of orphanage children: Epidemiological study. *Current Psychiatry*, 17: 41-48.
- Getachew H, Ambaw F, Abebe L, Kasahun W 2011. Psychological distress and its predictors in AIDS orphan adolescents in Addis Ababa city: A comparative survey. *Ethiopian Journal of Health and Development*, 25: 135-142.
- Gilligan C 1982. *In a Different Voice*. Cambridge: Harvard University Press.
- Gouws E, Kruger N, Burger 2011. *The Adolescent: An Educational Perspective*. 5th Edition. Sandown: Heinemann.
- Haine RA, Ayers TS, Sandler IN, Wolchik SA 2008. Evidence-based Practices for Parentally Bereaved Children and Their Families. *Professional Psychology: Research and Practice*, 39: 113-121. From <http://dx.doi.org/10.1037/0735-7028.39.2.113>
- Holborn L, Eddy G 2011. *First Steps to Healing the South African Family*. Johannesburg: South African Institute of Race Relations.
- Homans GC 1958. Social behaviour as exchange. *American Journal of Sociology*, 63(3): 597-606.
- India HIV/AIDS Alliance 2006. *A Situational Analysis of Child-headed Households and Community Foster Care in Tamil Nadu and Andhra Pradesh State, India*. India: HIV/AIDS Alliance and Tata Institute of Social Sciences.
- Jamieson L, Bray R, Viviers A, Lake L, Pendlebury S, Smith C 2011. *South African Child Gauge 2010/2011*. Cape Town: The Children's Institute, University of Cape Town.
- Josephs RA, Steele CM 1990. The two faces of alcohol myopia: Attentional mediation of psychological stress. *Journal of Abnormal Psychology*, 99: 115-126.
- Kang'ethe SM, Munzara M 2014. Exploring an inextricable relationship between feminization of poverty and feminization of HIV/AIDS in Zimbabwe. *Journal of Human Ecology*, 47(1): 17-26.
- Kheswa JG 2014. Exploring the causal factors and the effects of sexual harassment on female students at the universities in Africa. An overview. *Mediterranean Journal of Social Sciences*, 5(17): 2847-2852.
- Kheswa JG, Takatshana S 2014. Exploring the impact of abortion on female students at a South African University campus: A phenomenological study. *Academic Journal of Interdisciplinary Studies*, 3(1): 111-119.
- Lapsey M 2014. Journey of Healing Our Souls. *iOL News*, 21 August.
- Lata S, Verma S 2013. Mental health of HIV/AIDS orphans: A review. *Journal of AIDS and HIV Research*, 5: 455-467.
- Leatham CP 2010. *The Lived Experiences of Adolescent Learners from Child-headed Families in the Northern Free State*. Master's Thesis, Unpublished. Johannesburg: University of Johannesburg.
- Leatham CP 2014. *Meaning Making of the Gendered Experiences of African Adolescent Girls from Child-headed Households within Their Educational and Social Contexts*. Doctoral Dissertation. Johannesburg: University of Johannesburg.
- Lewis MA, Rees M, Logan DE, Kaysen DL, Kilmer JR 2010. Use of drinking protective behavioral strategies in association to sex-related alcohol negative consequences: The mediating role of alcohol consumption. *Psychology of Addictive Behaviors*, 24(2): 229-242.
- Louw D, Mokhosi M, Van den Berg H 2012. Stressors, social resources and coping skills among double AIDS-orphaned adolescents. *Child Abuse Research in South Africa*, 13(2): 1-12.
- Lutya TM 2012. The importance of a stable home and family environment in the prevention of youth offending in South Africa. *International Journal of Criminology and Sociology*, 1: 86-92.
- Manlove J, Welti K, McCoy-Roth M, Berger A, Malm K 2011. Teen Parents in Care in Tamil Nadu and Andhra Pradesh States, India. Foster Care: Risk Factors and Outcomes for Teens and Their Children. *Child Trends Research Brief*, 28.

- Masondo G 2009. *The Lived-experiences of Orphans in Child-headed Households in the Bornkhorst-pruit Area: A Psycho-educational Approach*. Master's Degree, Unpublished. Johannesburg: University of Johannesburg.
- Masten AS, Wright MO 2010. Resilience over the lifespan: Developmental perspectives on resistance, recovery and transformation. In: JW Reich, AJ Zautra, JS Hall (Eds.): *Handbook of Adult Resilience*. New York, NY: Guilford, pp. 213-237.
- Mbulaheni VM, Kutame AP, Francis J, Maluleke M 2014. Child support grant and increase of teenage pregnancy in rural dysfunctional secondary schools. *African Journal for Physical Health Education, Recreation and Dance: Towards Achievement of Millennium Development Goals: Supplement*, 1(20): 64-74.
- Meinck F, Cluver LD, Boyes ME, Ndhlovu LD 2015. Risk and protective factors for physical and emotional abuse victimisation amongst vulnerable children in South Africa. *Child Abuse Review*, 24(3): 182-197.
- Meghdadpour S, Curtis S, Pettifor A, MacPhail C 2012. Factors associated with substance use among orphaned and non-orphaned youth in South Africa. *Journal of Adolescence*, 35(5): 1329-1340.
- Mkhize ZM 2006. *Social Functioning of a Child-headed Household and the Role of Social Work*. Doctoral Thesis, Unpublished. Pretoria, South Africa: University of South Africa.
- Mogotlane SM, Chauke ME, Van Rensburg GH, Human SP, Kganakga CM 2010. A situational analysis of child-headed households in South Africa. *Curationis*, 33(3): 24-32.
- Moos RH, Schaefer JA 1993. Coping resources and processes: Current concepts and measures. In: L Goldberger, S Breznitz (Eds.): *Handbook of Stress: Theoretical and Clinical Aspects*. 2nd Edition. New York: Free Press, pp. 234-257.
- Nakanjako D, Mirembe FM, Beyeza-Kashesya J, Coutinho A 2013. *Scaling up HIV/AIDS Care among Women in Sub-Saharan Africa: Cross-cultural Barriers*. In *Women, Motherhood and Living with HIV/AIDS*. Netherlands: Springer, pp. 249-265.
- Nduna M, Jewkes RK, Dunkle KL, Jama Shai NP, Coleman I 2013. Prevalence and factors associated with depressive symptoms among young women and men in the Eastern Cape Province, South Africa. *Journal of Child and Adolescent Mental Health*, 25(1): 43-54.
- Ngonyama LG 2013. *Exploring Community Resilience Strategies on Challenges Faced by Orphans and Vulnerable Children Affected by HIV and AIDS in Ekurhuleni Metropolitan Municipality, Gauteng*. Doctoral Dissertation. South Africa: University of South Africa.
- Nyamukapa CA, Gregson S, Wambe M, Mushore R, Lopman B, Mupambireyi Z, Jukes MCH 2010. Causes and consequences of psychological distress among orphans in Eastern Zimbabwe. *AID S Care*, 22(8): 988-996.
- Pannels TC, Claxton AF 2008. Happiness, creative ideation, and locus of control. *Creativity Research Journal*, 20(1): 67-71.
- Parkinson F, Kent S, Aldous C, Oosthuizen G, Clarke D 2013. Road traffic crashes in South Africa: The burden of injury to a regional trauma centre. *SAMJ: South African Medical Journal*, 103(11): 850-852.
- Peltzer K 2010. Leisure time physical activity and sedentary behaviour and substance use among in-school adolescents in eight African countries. *International Journal of Behavioral Medicine*, 17(4): 271-278.
- Republic of South Africa 1996. *The Constitution of the Republic of South Africa No. 108 of 1996*. Pretoria: Government Printer.
- Ryff CD 1989. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6): 1069.
- Ryckman R 2012. *Theories of Personality*. Belmont, CA: Cengage Learning.
- Salama-Younes M 2011. Positive mental health, subjective vitality and satisfaction with life for French physical education students. *World Journal of Sport Sciences*, 4(2): 90-97.
- Santrock JW 2010. *Adolescence*. 13th Edition. New York: McGraw-Hill.
- Schultz DP, Schultz SE 2013. *Theories of Personality*. International Edition. New York: Cengage Learning.
- Sue D, Sue DW, Sue S, Sue DM 2016. *Understanding Abnormal Behaviour*. 11th Edition. Stamford: Cengage Learning.
- Sharp EH, Coffman DL, Caldwell LL, Smith EA, Wegner L, Vergnani T, Mathews C 2011. Predicting substance use behaviour among South African adolescents: The role of leisure experiences across time. *International Journal of Behavioural Development*, 35(4): 343-351.
- Sherr L, Cluver LD, Betancourt TS, Kellerman SE, Richter LM, Desmond C 2014. Evidence of impact: Health, psychological and social effects of adult HIV on children. *AIDS*, 28: S251-S259.
- Statistics South Africa 2011. *Social Profile of Vulnerable Groups in South Africa, 2002-2010*. Pretoria: Statistics South Africa.
- Steger MF, Bundick M, Yeager D 2012. Understanding and promoting meaning in life during adolescence. In: RJR Levesque (Ed.): *Encyclopedia of Adolescence*. New York: Springer, pp. 1666-1677.
- South African Children's Act and Regulations 2014. *Act. 38 of 2005*. South Africa: Juta.
- Sukhai A, Jones AP 2013. Understanding geographical variations in road traffic fatalities in South Africa. *South African Geographical Journal*, 95(2): 187-204.
- Swartz L, de la Rey C, Duncan N, Townsend L 2011. *Psychology: An Introduction*. 3rd Edition. Cape Town, South Africa: Oxford University Press.
- Taukeni SG 2015. Orphan adolescents' life worlds on school-based psychosocial support. *Health Psychology and Behavioral Medicine: An Open Access Journal*, 3(1): 12-24.
- The Sixth African Development Forum 2008. *Achieving Gender Equality and Women's Empowerment in Africa*. *Progress Report*, 19-21 November, United Nations Conference Centre, Addis Ababa, Ethiopia.
- Theron LC 2012. Resilience research with South African youth: Caveats and ethical complexities. *South African Journal of Psychology*, 42: 333-345.

- Thompson S, Bender K, Kim J 2011. Family factors as predictors of depression among runaway youth: Do males and females differ? *Child and Adolescent Social Work Journal*, 28: 35-48.
- Uman LS 2011. Systematic reviews and meta-analyses. *J Can Acad Child Adolesc Psychiatry*, 20(1): 57-59.
- UNICEF/UNAIDS 2010. Children and AIDS. *Fifth Stocktaking Report*. New York: The United Nations Children's Fund.
- van Breda AD 2010. The phenomenon and concerns of child-headed households in Africa. *Sozialarbeit des Südens*, 3: 259-279.
- van Dijk D, van Driel F 2009. Supporting child-headed households in South Africa: Whose best interests? *Journal of Southern African Studies*, 35(4): 915-927.
- van Rensburg G, Human S, Moleki M 2013. Psychosocial needs of children in child-headed households in South Africa. *Commonwealth Youth and Development*, 11(1): 56-69.
- Visser M, Zungu N, Ndala-Magoro N 2015. ISIBINDI, creating circles of care for orphans and vulnerable children in South Africa: Post-programme outcomes. *AIDS Care*, 27(8): 1014-1019.
- World Health Organization 2010. *Violence and Health in the WHO African Region*. Brazzaville, Congo.
- Xingwana L 2011. Economic empowerment for South African women will be the focal point of this year's annual women's month celebrations. *Management Today*, 29(5): 114-115.
- Zuber-Skerritt O, Louw I 2014. Academic leadership development programs: A model for sustained institutional change. *Journal of Organizational Change Management*, 27(6): 1008-1024.

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