Psychological effects of Orphans affected and infected by HIV/AIDS: A study done in Meyerton, South Gauteng.

by
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DECLARATION

I declare that the entire work contained therein is my own original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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ABSTRACT

The research aimed at assessing the psychological effects of orphans affected and infected by HIV/AIDS. The children concerned had either lost both or one parent. They were residing with their guardians. The children interviewed were beneficiaries of AGAPE LERATO COMMUNITY SERVICES and they received psychosocial support. The research recognizes what government and other stakeholders have done to assist orphans and vulnerable children however little or none is being done on the psychological side of the children. The researcher interviewed 11 children who are orphans between the ages of 9 and 16.

The study defines what an orphan is and what psychological effects of orphans are. The study looked at the impact of HIV/AIDS on orphans. It revealed that some of the psychological effects which are related to trauma actually begins when the parents are sick and continues when the parents have actually died. The psychological effects manifest themselves in forms of behavior such as aggressiveness, anger and headaches. It is being recommended that resources should be allocated to cater for the psychological needs of the orphans. Training is also recommended for caregivers in order to deal with psychological issues.

OPSOMMING

Die doel van hierdie studie was die bepaling van die sielkundige invloed wat MIV/Vigs op weeskinders het. Die kinders wat vir die studie gebruik is word deur pleegouers versorg en word ondersteun deur die AGAPAE LERATO COMMUNITY SERVICE. Die kinders kry ook sielkundige ondersteuning van hierdie gemeenskapsorganisasie.

Die studie het bevind dat die trauma waaraan die kinders blootgestel word baie hoog is en dat dit reeds begin wanneer die siekte by ouers gediagnoseer word en dat dit aanhou tot na die dood van die ouers. Die sielkundige invloed van die MIV-verwante siektes van die ouers op die kinders manisfesteer op verskillende maniere en lei tot gedrag soos aggressie en haat en psigosomatiese probleme soos aanhoudende hoofpyn.

Daar word voorgestel dat hulpbronne as ‘n saak van dringendheid beskikbaar gemaak moet word vir die versorging van hierdie kinders en dat daar spesifiek voorsiening gemaak moet word vir meganismes wat kan omsien na die sielkundige behoeftes van hierdie weeskinders.
Daar word ook voorgestel dat spesifieke opleidingsprogrammme ontwikkel moet word vir die versorgers van hierdie kinders en dat versorgers spesifiek toegerus moet word om aan die sielkundige probleme van hierdie kinders aandag te gee.

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I will forever be grateful.

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CHAPTER 1 INTRODUCTION

The problem of orphans is so great that it has serious negative impacts in society and demands immediate intervention. Acquired Immune Deficiency Syndrome (AIDS) –related deaths have left many children without a mother or father or without both parents since the epidemic began. According to Simba et al (2006), 'the number of children orphaned by AIDS in sub-Saharan Africa at the end of 2003 was 12 million. Children who have lost their parents to AIDS face a more difficult future than other orphans' (Simba et al, 2006).

The number of orphans is assumed to increase rapidly due to the rising numbers of AIDS related deaths among adults. It is presumed that AIDS orphans are at greater risk of malnutrition, illness, abuse and sexual exploitation because they have to deal with stigma and discrimination associated with AIDS. Little is done on dealing with psychological effects of orphans affected and infected with HIV/AIDS. In order to be able to provide substantial support to these children, more insight is required to understand their psychological effects due to loss of a parent at a younger age. We need to understand what it means to lose parents at a younger age and understand challenges the children face in relation to that.

Orphans are sometimes forced to leave school, seek employment, and get married to generate income to the new home. In other cases extended families move in to control and abuse these orphans but sometimes the intention of moving in is good as children will need to be taken care of. They will also need guidance from adults though there are misconceptions that extended family members move in because they want access to the social grants. There can be different motive either positive or negative however most of the time money plays a huge role.

Often orphans are stigmatized and discriminated by the community due to the fact that their parent's death is related to AIDS. Therefore, they are perceived to be infected and about to die anytime due to AIDS. Due to the above mentioned reasons, orphans go through some psychological effects that might later affect them and this is an area that is not given much of attention. They can be affected whist they are still young or if the issues are not addressed, they can be carry their unresolved issues till adult life.

1.1 Research Objectives

There are various interventions that seek to assist and support orphans however little or nothing is done on the psychological effects.

The aim of the study was to identify and describe the psychological effects of orphans affected and infected by HIV/AIDS.

The objectives were to:

- Describe the psychological effects of children who are orphans
- Determine whether the psychological effect of HIV/AIDS and being an orphan child have being addressed
- Measure the psychological impact on orphans
- Determine the need to advocate for programs addressing psychological effects on orphans

1.2 Background of the study

According to Salaam et al, (2004) the psychological impact of HIV/AIDS on children is often overlooked. Not only do many children who live in highly affect areas contend with death of one or both parents but they also frequently face death of younger siblings, aunts, uncles and other relatives. South Africa is experiencing the highest burden of HIV in the world, with over 5.7 million people currently infected. Parents are dying and leaving behind orphaned children. There is an estimated 3.7 million orphans in South Africa, about half of whom have lost one or both parents to HIV/AIDS related illnesses (UNICEF, 2012). There is growing concern that we will see an increase in the number of orphans in need of care (Salaam et al, (2004).

1.3 Rationale of the study

Illness episodes among younger siblings are particularly worrisome for these orphans. This research seeks to understand the psychological effects of being an orphan in Meyerton, Gauteng. This is an area situated in the South of Johannesburg and is part of Midvaal Municipality.

CHAPTER 2 LITERATURE REVIEW

2.1 Psychological effects of HIV/AIDS on orphans

Stein (2003) states that 'available studies seem to suggests that AIDS orphans show heightened levels of internalizing problems such as depression and anxiety. Apart from depression, there is also evidence that AIDS orphans exhibit post-traumatic stress disorder type symptoms, including emotional detachment, difficulty in forming close relationships and difficulty in concentration. Although AIDS orphans did not report higher levels of distress they were significantly more likely to report stomach aches, headaches or sicknesses than non-orphans' (Stein, pg 14).

Stigma is regarded as one of the contributing factors on distress and trauma. However, there is little available literature focusing on interventions helping children come to terms with the stigma they encounter as a result of HIV illness and death in the family (Stein, 2003).

'By 2020 an estimated 2.3 million South African children will be orphaned by HIV/AIDS' (Harrison et al, pg 31).

Orphan-hood is associated with a great deal of psychological and emotional trauma as well as social distress. Orphans have higher levels of anxiety and depression symptoms and more items that are considered to be especially sensitive for the detection of depressive disorder in children. These sensitive items addressed negative symptoms, hopelessness and suicidal ideas (Harrison et al, 2008).

Factors such as age, gender, formal/ informal dwellings and age at households with orphans are likely to report symptoms of depression, peer relationship problems, post- traumatic stress and delinquency problems. These children showed higher levels of internal problems and delinquency but lower levels of conduct problems' (Journal of Child Psychology and Psychiatry, volume 48, Issue 8, pages 755, August 2007). Many children have been exposed to multiple losses through abandonment and even the unnatural deaths of their parents / caregivers. They are likely to be in need of psychosocial support. These are the children who are often exposed to

ongoing traumatic stress. The failure to support such children in overcoming such trauma will jeopardize personal development.

Physical support alone to these children is inadequate as the children's emotional needs also need to be addressed. Specific poverty indicators including food security, access to social welfare grants and access to school are associated with better psychological health (Cluver, Gardner & Operario, 2009). Most of the orphans are often discriminated against because their parents died of AIDS and most of the time this is just an assumption. Most of the time orphans experience social exclusion and are rejected by the community. (Harrison et al, 2008).

A study in Zimbabwe found that children who are orphans experience a significant amount of fear about the future. Half of the children were fearful about losing their house; a quarter feared living in poverty for the rest of their lives and a fifth were afraid that life would become increasingly difficult. Some children were afraid of becoming ill or dying of AIDS. Children feared of been separated from each other (Harrison et al, 2008).

Orphaned adolescents in Zimbabwe suffer greater psychological distress than some non-vulnerable children and this may lead to the increase of possibility to early onset of sexual intercourse and HIV infection (Nyamukapa et al (2007).

Changes in children's behavior following AIDS – related illnesses in parents were related to loss of self- esteem rather than decreased sociability. Orphans were found to 'exhibit internalized behavior changes such as depression, anxiety and low self- esteem rather than acting out and sociopathic behavior such as stealing, truancy, aggression and running away' (Forsyth et al, 1996). Orphaned youth in rural Rwanda face many challenges and report high rates of depressive symptoms (Boris et al, 2008).

The psychological effects of HIV/AIDS on orphaned children are often overlooked however they have a great impact in the lives of the children. Not only do many children who live in heavily affected areas contend with the death of one or both parents, but they also frequently face the death of younger siblings, aunts, uncles and other relatives. While there are a number of

programs that address the material needs of orphans and vulnerable children, there is less emphasis on helping children cope with the trauma associated with witnessing the deaths of family members. The additional burden of caring for terminally ill relatives may send children into shock leaving many of them with unanswered questions about their own mortality and future (Salaam et al, 2004).

The psychological impact of HIV/AIDS on the young children is often misunderstood, particularly in the classroom. Children who are affected and infected by HIV/AIDS may be frequently absent or tardy from school. They find it hard to concentrate or unable to assume school-related expenses, such as school fees, uniforms, books and other school supplies. While teachers may have noticed that AIDS-affected and infected children tend to have lower performance in school, many apparently do not link the behaviour with HIV/AIDS (Salaam et al, 2004).

2.2 Impact of HIV/AIDS on orphans

A study of rural South Africa suggested that households where an adult died from AIDS were four times more likely to dissolve that those where no deaths had occurred. Much happens before this dissolution takes place. AIDS strips families of their assets and income – earners, further impoverishing the poor. The epidemic not only causes children to lose their parents or guardians, but sometimes their childhood as well.

Many children are now raised by their grandparents or left on their own in child- headed households or they stay in with relatives (Preble, 2007). Salaam et al (2004) states that children who are orphaned by AIDS often have a lower performance in school than children who are not. The preoccupation with the illness or death of their parents, the isolation due to the loss of friends, and the undertaking of additional work that comes with caring for ill parents or supporting oneself after one's parents has died, often make it difficult for orphaned children to concentrate at school. It is common for teachers to report that they find orphaned children daydreaming, coming to school infrequently, arriving at school unprepared and late, or being nonresponsive in the classroom.

Some teachers who are ignorant of the cause of the children's distress are not sympathetic. Orphaned children have reported that unsympathetic teachers yelled at them, made fun of them, or put them out of the classroom. However, other orphaned children have reported that their teachers have been their primary support base at school (Salaam et al, 2004).

According to Behrendt et al (2008) the common conclusion to be drawn from existing studies is that parental death is likely to endanger, at least temporarily, the development of a child and its mental health. The comparative studies indicate that orphans are more at risk for impairment on some psychological dimensions such as depression, psychosomatic problems or anxiety than non-orphans. The degree of impairment, however, seems to be highly variable (Behrendt et al, 2008).

2.3 OPERATIONAL DEFINITIONS

Definition of an orphan

Traditionally an orphan is understood as a child whose parents have died. In much HIV literature and programme funding, an orphan is operationalized as a child whose mother has died, which technically is termed a 'maternal orphan'. This is because patriarchal society typically allocates the primary responsibility for childcare to mothers, rather than fathers, and because the death of the father does not usually result in a change of caregiver while the death of the mother does (Harrison et al, 2008).

However, the South African Children's Act of (2005) defines an orphan more strictly as "a child who has no surviving parent caring for him or her" (South African Government, 2005a, Section 1), which effectively means a double orphan where both parents are dead (Harrison et al 2008).

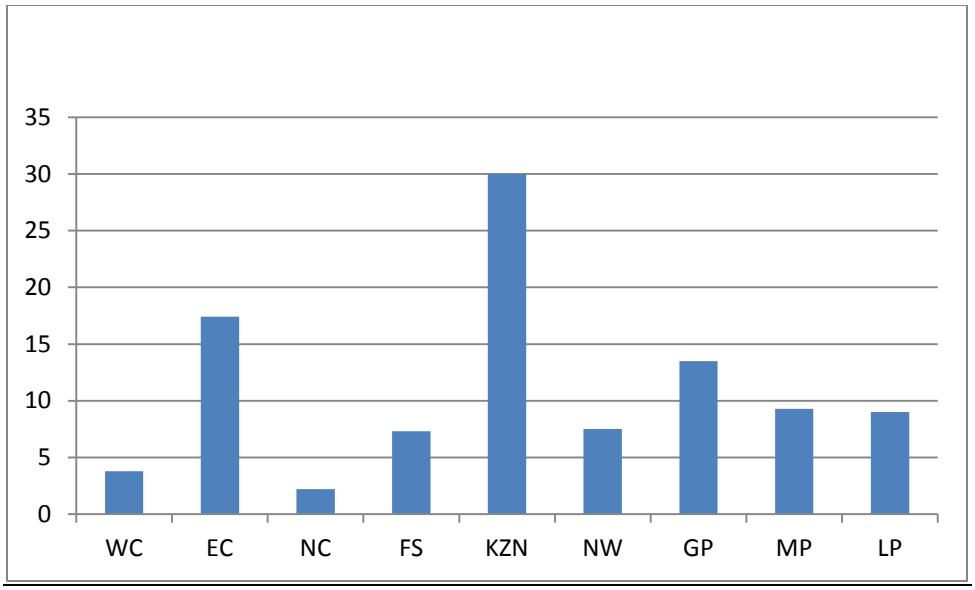

Figure 2.1: Estimated number of children who lost one or both parents by province, Census 2011

Note: estimates are basede on household based population

KwaZulu Natal has the highest number of orphans, regardless of type, followed by Easten Cap and Gauteg. Northen Cape and Western Cape have the lowest rates.

Figure 2.1 explains the distribution of ophans per Province in South Africa and that Kwazulu Natal, Eastern Cape and followed by Gauteng are the highest and Gauteng is at 13.5% (Statistics SA report, 2012). Simba et al (2006) defines an orphan as a child under the age of 18 years who has lost either one or both parents (Simba et al 2006). USAID (2002) defines an orphan as 'a child who has lost his or her mother or father or both mother and father' (USAID, 2002).

However, based on the above definitions it is clear that an orphan is a child who has lost one or two parents and is regarded as a child under the age of 18 years. It is a child who is either staying with relatives or is placed in a foster care family. The child can lose both parents however even if the father is not dead but absent from of the child's life, that child is considered an orphan.

2.4 Definition of trauma

Moroz et al (2005) defines trauma as a physical or psychological threat or assault to a child's physical integrity, sense of self, safety or survival or to the physical safety of another person significant to the child (Moroz et al, 2005).

2.5 The Effects of Psychological Trauma

Behrendt et al (2008), states that many sources highlight that AIDS related distress of children starts before becoming an orphan. The long exposure to illness and suffering of a beloved person endangers the healthy development of a child. Living with and taking care of parents dying from AIDS can be a source of severe distress. Parental death is likely to endanger at least temporarily the development of a child and its mental health. The comparative studies indicate that orphans are more at risks for impairment on some psychological dimensions such as depression, psychosomatic problems or anxiety than non-orphans' (Behrendt et al, 2008).

According to Moroz et al (2005) severe psychological trauma causes impairment of the neuroendocrine systems in the body. Neuroendocrine cells (neurosecretory cells) are cells that receive neuronal input (neurotransmitters released by nerve cells) and, as a consequence of this input, release message molecules (hormones) to the blood (Wikipedia, the free encyclopedia). Extreme stress triggers the fight or flight survival response, which activates the sympathetic and suppresses the parasympathetic nervous system. Fight or flight responses increase cortical levels in the central nervous system, which enables the individual to take action to survive (either dissociation, hyper arousal or both), but which at extreme levels can cause alterations in brain development and destruction of brain cells (Moroz et al, 2005)

Moroz et al (2005) states that in children, high levels of cortisol can disrupt cell differentiation, cell migration and critical aspects of central nervous system integration and functioning. Trauma affects basic regulatory processes in the brain stem, the limbic brain (emotion, memory, regulation of arousal and affect), the neocortex (perception of self and the world) as well as integrative functioning across various systems in the central nervous system. Traumatic

experiences are stored in the child's body/mind, and fear, arousal and dissociation associated with the original trauma may continue after the threat of danger and arousal has subsided' (Moroz et al 2005.

According to Moroz et al (2005) development of the capacity to regulate affect may be undermined or disrupted by trauma, and children exposed to acute or chronic trauma may show symptoms of mood swings, impulsivity, emotional irritability, anger and aggression, anxiety, depression and dissociation. Early trauma, particularly trauma at the hands of a caregiver, can markedly alter a child's perception of self, trust in others and perception of the world. Children who experience severe early trauma often develop a foreshortened sense of the future. They come to expect that life will be dangerous, that they may not survive, and as a result, they give up hope and expectations for themselves that reach into the future subsided' (Moroz et al, 2005).

Among the most devastating effects of early trauma is the disruption of the child's individuation and differentiation of a separate sense of self. Fragmentation of the developing self occurs in response to stress that overwhelms the child's limited capacities for self regulation. Survival becomes the focus of the child's interactions and
activities and adapting to the demands of their environment takes priority.

Moroz et al (2005) states that 'traumatized children lose themselves in the process of coping with ongoing threats to their survival, they cannot afford to trust, relax or fully explore their own feelings, ideas or interests .Character logical development is shaped by the child's experiences in early relationships. Young trauma victims often come to believe there is something inherently wrong with them, that they are at fault, unlovable, hateful ,helpless and unworthy of protection and love. Such feelings lead to poor self image' (Moroz et al, 2005).

CHAPTER 3 RESEARCH PROBLEM AND RESEARCH QUESTION

The growing number of HIV/AIDS infection and deaths on adults especially women are the main reasons that give rise to the growing number of orphans. While there are a number of programs and among those address the material needs of orphans and vulnerable children, there is less emphasis on helping children cope with trauma associated with witnessing the deaths of family members (Salaam et al, 2004).

The study looked at the psychological effects of orphans affected and infected by HIV/AIDS. The need for this came through the understanding that there was an increasing number of orphans in our communities and society was not yet ready to adequately support them and in areas that there was support, we need to check the adequacy of it. We have not really exhausted our understanding of the problem posed by children who are orphans and the long-term psychological effects of this unfortunate reality. We need to understand the normal development of these children so that government can develop programs that will identify, address and respond to their psychological needs.

<u>The research question for this research was</u>

What are the psychological effects of orphans affected and infected by HIV/AIDS in Meyerton, an informal settlements area with **33%** prevalence of HIV/AIDS?

The aims and objectives of the study were to identify and describe the psychological effects of orphans affected and infected by HIV/AIDS in Meyerton, south of Gauteng Province.

1. Describe the psychological effects of children who are orphans
2. Determine whether the psychological effect of HIV/AIDS and being an orphan have being addressed
3. Measure the psychological impact on orphans
4. Determine the need to advocate for programs addressing psychological effects on orphans

CHAPTER 4 RESEARCH METHODOLOGY

The research study done is a qualitative research where Christensen, LB, 1985 states that 'it is an interpretive, multi-method approach that investigates people in their natural environment (Christensen, 1985).This study was investigating the psychological effects of orphans affected and infected by HIV/AIDS.

4.1 Target Group

The study was targeting children who have been orphaned by HIV/AIDS and currently staying with grandparents in the area of Meyerton, Gauteng. These were the children who have lost both or one parent through HIV/AIDS related sicknesses'. They belong to a non- governmental organisation called AGAPE LERATO COMMUNITY SERVICES where they received psychosocial support together with their families.

4.2 Ethical Considerations

Interviews were done in English as all could understand it. Social work skills, knowledge and competences were applied on how to work with children affected and infected with HIV/AIDS. Due to low literacy levels of caregivers, information and consent leaflets were also discussed verbally. Respondents were fully informed about the purpose of the interview and the study. Consent forms were voluntarily. Participant's privacy and confidentiality were ensured. Participants knew they could refuse to participate in the research at any point. They were allowed time to ask questions and clarity where they needed to.

This process was done in a private area and for those who wanted time aside with the researcher that was provided. The children were given assent forms to sign after everything was explained. They were read to them and for those who wanted to read for themselves that was allowed. Some children and caregivers felt comfortable in putting an x rather than full signature and that was allowed to them.

Those caregivers that could read were given the opportunity to read the consent forms themselves. Children who could read the assent forms and interview questionnaires were allowed to read for themselves as well. A private was allocated by the organisation and was used for privacy and confidentiality purposes. The process was made clear to the participants that even though they have signed the assent form they can withdraw from the study at any time and no harm will happen to them. This was to allow them to participate freely without obligations.

This study concentrated on children under the age of 18 years who are currently residing with caregivers or guardians. Consent forms were provided to the caregivers or guardians since they were the primary caregivers of the children concerned. The consent forms were explained and signed in a meeting organized by the organization and the researcher was allowed time to address the guardians. The reason why the researcher used one of the meetings was to avoid calling them to a separate/ special meeting that will only look at the consent forms.

The researcher had to take into consideration the time and the distance the caregivers or guardians will have to travel to come to the organization. It was however communicated with them before time that time will be allocated for the researcher in order to address them about the study. When the researcher addressed them, they were aware and that made the process easy. Consent forms were explained and questions and clarity questions answered.

No name identities have been used; serial numbers were used to protect the identity of the participants. There were no names on the questionnaires only serial numbers. The study did not use any of the participant's addresses. The researcher went through the questionnaires with them and that's how data was collected

4.3 Data collection

According to Christensen (1985) survey technique is defined as a method of collecting standardized information by interviewing a representative sample of some population. In other words, the survey represents a probe into a given state of affairs that exist at a given time. Therefore direct contact must be made with the individuals whose characteristic, behaviors, or attitudes are relevant to the investigation (Christensen, 1985). The sample was selected through AGAPE LERATO COMMUNITY SERVICES an organization working with orphans and vulnerable children in Meyerton.

The researcher interviewed 11 children instead of 10 children who were initially supposed to participate. The reason for this is that there were 2 children who were siblings and the caregiver or guardian requested that they both take part on the study. Children were requested to sign the assent forms to agree that they will participate on the study.

The collected data was stored electronically using passwords to prevent unauthorized access. The data will be shared with others stakeholders working in the field of children's services and other government departments in a form of a report. On the same report the participants will not be identified.

During the interview notes were taken and audio-tapes were used to save the data were used. The participants were given opportunity to give consent on the use of audio-tapes. Information gathered has been collaborated and analyzed. After the research was done, data would be kept up to six years then destroyed from the archives. In gathering the information, the researcher was an observer and had a non- judgmental attitude. The children were selected randomly from the beneficiary list of the organization. They were selected according to age and sex. The children were selected from AGAPE LERATO COMMUNITY SERVICES because it is an organization directly working with orphans and it was going to access them and the children do not stay far from the organization, therefore accessibility was going to be easy for the researcher as well. The interview was on one on one with the children.

4.4 Data Analysis

Christensen (1985) states that ‘after the data has been collected, the experimenters must analyze and interpret the data to determine if the stated hypothesis has been supported. The investigators must decide on the appropriate statistical analysis. However, after the statistical analysis has been conducted, the investigators must interpret the results and specify exactly the meaning’ (Christensen, 1985).

Questions, notes and audio tapes formed the basis of data analysis as they were used as tools of data collection. During data analysis the researcher looked for trends and patterns that reappeared from the information given by the participants. After data was collected responses from different participants were recorded as per the number of participants and how they have responded to the questions. Data collected was interpreted, analyzed and verified based on different responses. Part of data interpretation and analysis was to check whether the responses on the questionnaires addressed the research questions, aim and objectives of the study.

CHAPTER 5 RESULTS

This section provides an analysis of the findings on the 11 children interviewed on the study. The analysis is divided into four components as per the responses to the questions asked to the participants. The analysis looks at the social, educational, psychological and emotional effects of children as orphans since parents have died of HIV/AIDS.

5.1 SOCIAL EFFECTS

The responses from the participants indicated that 95% knew that both parents were dead and in some cases the father was still alive. Furthermore 98% participants knew that the parents died of HIV related diseases as they were told by relatives and people in the community. They have watched their parents get sick and eventually die. On the question where children were asked about the knowledge of death, 70% of them mentioned that their parents especially mothers have died from pneumonia, TB and coughing and nothing related to HIV/AIDS. One child mentioned that her father died of car accident and was sick before he died and not sure from what.

Majority of the children which can be estimated to 99% seemed to know about HIV/AIDS or have heard about it on the media and at school. They knew how it is transmitted, how it is prevented and how to take care of someone died of HIV/AIDS. They also knew how to prevent themselves from the virus. Around 80% of the children knew that when you sleep with someone without a condom you get infected with HIV/AIDS. One of the responses was that HIV/AIDS is contagious if you touch someone else blood.

The children responded that they are orphans because both parents have died. These children understood what orphan hood is all about and indicated that if both or one parent is dead then you are an orphan however they don't consider themselves to be orphans. The reason for this is that the grandmother staying with them and other siblings don't consider or treat them as orphans. However responses were not the same as one child responded by saying 'I don't know my parents, never seen them before so I consider myself an orphan'. Another responded by saying 'I don't have parents, my father is not part of my life and he does not support me'. Some children responded to have 1 to 3 friends and some reported not to be having any friends at all.

They reported to be friends with their siblings such as brothers, sisters and cousins. They reported not to have friends because they don't trust friends, they are judgmental and you don't learn anything from them. One responded that she doesn't feel comfortable with friends and most of them are pregnant and love boys. This is a child that is on her teen years and decided to stay away from her age group to prevent issues of dating and peer pressure.

Some of the children which are 50% indicated that they regard their life as normal because of the role their grandparents are playing in their lives. On the question where children were asked if they have learned on the situation, some children indicated that they have learned anything from the situation of being an orphan. Some children said they have learned that parents should not leave their children young because it's difficult to face life alone. One said that one of the things she has learned in the situation is to share love with other people, caring and educating people to love themselves especially young people. Most of them commended the grandmothers and said have sacrificed a lot for them and they try and to close the gap when their biological parents are not around.

'I wish that things can be normal at home that we may live like other children, have all the food, clothes and we don't lack anything. I wish that my dreams will come through especially going to school and work. I want to make my family proud and my enemies to be disappointed. I hope to have a good life and my own healthy family. I wish I would stop being sick and stress a lot. I wish to have a different family in future from my current family. I wish I can live with my parents and be good family. I wish not to die soon like my parents. I wish be intelligent like my mother and work as a professional'. These are the wishes the most of the children make in this study. They see their teachers as role models and people living good lives therefore wish and hope to be successful like them.

5.2 EDUCATIONAL EFFECTS

Most of the children interviewed responded that they are still at school. They indicated that they are coping well at school except a few that said they don't like school because they are not performing well and have not good relationship with the teachers. Others children responded by

saying they are doing well because they are committed to their school work and are passing all the grades. The reason for this is that they want to make their dead parents and grandmother proud and other children of her age to learn from them. They regard school as the best place to be as it eases the pain and helps them not to be reminded of their parents when they get home

Some children reported of not having challenges at school and are doing well in their subject. One child said she is enjoying school as she helps other children struggling with other subjects. She motivates young people to be positive about life and she educates them about issues of teenage pregnancy. One child said he is not coping as he is always in trouble. He has broken windows, been accused of stealing, beating other children and stays in the toilets during school hours and by this he is saying he is not coping well and doesn't love school.

5.3 PSYCHOLOGICAL EFFECTS

The children responded that they think a lot about things that are happening at school and the situation at home. Some said they think and wonder how life would have been if their parents were alive. Other responses were a lot and of heavy thoughts when it comes to been reprimanded at school and especially at home and when things are not going right or when things are bad. Some responses were like 'I think a lot because I miss my parents, I want my parents especially when I see other children with their parents'. They also think a lot when there is no money at home to buy food and when their granny is not happy.

Some of the worries mentioned in their responses are when there is no food at home and when they are lacking something in their lives then they get so worried. When they have to go to bed without food and go to school in an empty stomach. When they cannot live like other children and feel that something is wrong about them. Staying with the grandmother makes them think too much as she cannot provide for all their needs. The fact that they don't have parents makes them think a lot

The responses indicated that the children cry often when they think about not having parents. They feel sad and hurt by that and it makes them cry a lot. The absence of parents in their lives is

very bad even if you have the grandmother; there are days when you cry and wish that your parents were around as indicated by one of the orphans. They cry when bad things are happening at home and in their lives, when there is bad luck and nothing seems to be going right. When there is no money and you want to look like other children but you can't.

'When the teacher and grandmother and teacher shout at me and I get beaten up at home', one child said. Some of the children reported to be sleeping well and others do get sleep interruption but that does not happen all the time. Some of the sleeping disturbances are the fact that they sometimes sleep on an empty stomach and it is not easy to sleep. Those that responded not to sleep well think about all things around their lives like their dreams and their lives generally. They get memories about their parents playing on their minds and those are mostly bad memories. Others responded to be sleeping well and nothing goes on in their minds.

Most children responded to be eating normally and well. Some reported that when they were not feeling well and when they are disturbed they don't eat at all. Some children responded that they fear being unable to finish their studies and going to universities. Some indicated that their grandmothers are old and fear the fact that they are sick and might die and they wonder what will happen to them. Some responses were 'I fear that I will die just like my parents, I'm sacred to die and I don't want to lose those I love again'. Growing up without parents is a scary and painful for some of the children and brings fears for the future. On the question where they were asked if they know stress, some responded by saying stress makes you sick with headache when you think a lot. One indicated that my mom had stress and she died. Some didn't understand what stress and depression is. One said I get stress when I think a lot and I get a headache, pain in my shoulders and in my chest. I go to the hospital when I have this because I end up being sick and I don't know depression. When you have ulcers the doctors say, you have stress. Some children responded to be angry, sad and feel guilty sometimes to a point they feel depressed due to the loss of their parents.

They expressed being angry that their parents have died and left them alone with grandparents and the fact that they knew that grandparents are old and are sick. They thought that their parents will recover from the sickness and never expected death. The thought of the parent when she/he

was sick and during the funeral brings them stress and depression. ‘When I look at my life, my home situation and my future I get stress up. When there is not money in the house, my grandmother gets worried and I am unable to help her. Sometimes I see her cry and she doesn’t say why she is crying says one child. The other one says “I don’t want to be in that situation because it can make you sick and end up killing you”.

Others said they have never been in that situation before. One child responded by saying he gets anxious as he doesn’t know when he will get a hiding from granny and he gets shouted at. The shouting makes him nervous and anxious. Majority of the children agreed that they do get anxious sometimes if they are sick and will not like to be like their parents. One child said, ‘I’m scared of being sick and sometimes I get sick. I also get nervous when I’m unable to go to school and finish my studies’. Most children reported to be missing their parents most of the time. They missed their parents when they saw other children happy with their parents.

They smile when they miss their parents especially their mothers as they get reminded of their love, care and the things they used to buy for them. They reported to be missing their loving characters, loving hearts, the way they raised them. Most children are happy when they think of their deceased parents because they have planned for their future by making future investments for their studies. They wish the deceased parents were around and spend time with them.

The presence of one parent especially the father is not good enough for other children because most fathers don’t stay full time with these children. Some reported that death cheated them by taking people close to them and they feel deprived of the opportunity to share their achievements with their deceased parents. On the issue of sharing feelings, some children responded that they spoke to their grandmothers, siblings or wrote their feelings down then tore the paper so that they don’t keep on been reminded of the feeling. It is a happy feeling and a good one when you think about the things the deceased parents have done in planning for their children future when they knew that they will not be there for their lives in the future. ‘I feel sad and I cry when I miss them, said one child.

5.4 EMOTIONAL EFFECTS

On the question where they were asked where they get their source of strength, the responses were that they got the source of strength from their grandmothers and siblings. One responded by saying the way she grew up and the challenges she faced gave her the strength and positivity in life Some children mentioned that they spoke to their grandmothers, uncles and sisters when they were not feeling well or having problems.

Other responses were like, they preferred to speak to siblings because grandmothers seemed to worry and stress about them so telling them about how they felt makes them sick. However they were grateful that God had granted them another opportunity to live as some people didn't get it. The support from family members especially grannies made life easy and are able to look forward to the next day. One said school and learning especially writing was good and fun and made him to look forward to the next day.

FIGURE 5.1 SUMMARY FINDINGS

CODES	GENDER		AGE	PARENT DIED		THINK A LOT	CRY ON YOUR OWN	SLEEPING WELL	FEARS ABOUT THE FUTURE	STRESS AND DEPRESSION	ANXIETY
	M	F		FATHER	MOTHER						
Code 001	Yes		9	No	Yes	No	No	Yes	No	No	No
Code 002		Yes	11	No	Yes	Yes	Yes	No	Yes	Yes	Yes
Code 003		Yes	16	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Code 004		Yes	13	Yes	Yes	Yes	Yes	No	No	No	No
Code 005		Yes	7	Yes	Yes	No	No	No	Yes	No	Yes
Code 006	Yes		9	No	Yes	No	Yes	No	No	N	No

Code 007	Yes		11	No	Yes	Yes	Yes	Yes	Ye	Yes	Yes
Code 008		Yes	10	Yes	Yes	Yes	Yes	No	No	Yes	Yes
Code 009	Yes		12	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Code 0010	Yes		11	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Code 0011		*Yes*	*13*	*Yes*	*Yes*	*Yes*	*Yes*	*Ye*	*No*	*Yes*	*Yes*

5.6 Discussion of key findings

With reference to Figure 5.1 the following findings can be reported:

The data collected on the orphans affected and infected by HIV/AIDS have supported the hypothesis of the study in terms of confirming the psychological effects on orphans.

The interpretation of the study indicates that all the children stayed with grandparents especially grandmothers as their foster parents. The grandparents were their primary caregivers. A lot of thinking has been found to be another psychological factor on the orphans to a point where it caused some stress and sicknesses. Crying is another factor because most of the children felt sad and hurt by the death of their parents. In terms of sleeping patterns majority reported to be sleeping well and the eldest of all of them (age of 16) said that she had challenges in sleeping as she gets sick a lot with headache that makes her not to sleep. Most of the children including the younger ones indicated to have fears about the future and were depressed and stressed in their lives. Anxiety is one factor as well on the orphans even though it did not happen often but at some point they were anxious about their lives as well as the future.

As much as the children knew about HIV/AIDS and even though some were not sure that their parents have died because of it they suspected that it was the cause because of the symptoms they suffered. Some children were not comfortable talking about HIV/AIDS, there were reluctant until they were assured and reminded about the assent forms they had signed, the issue of confidentiality was stressed again. The children had challenges in sleeping, they cried a lot and

they had fears about their future. This all because even though the foster parents were there for the physical and emotional support a lot was happening in their minds. They had issues they would like to share of which there was no one in the family to do that with.

Most of the children indicated that they preferred to share issues with their siblings and friends than with their grandparents because there was fear that they will cause stress and make them worry so it is better to keep quiet. One of the reason why they knew they were orphans but don't feel like orphans was because when they were growing up there were many children like cousins in the house and most of the time the grandmother was regarded as a mother and played the role of a mother even if the biological mother was not around. The presence of their fathers doesn't make such a difference to most of them as they don't stay with them. The relationship with them was not that strong however there was support received from them in terms of finances, food and clothing. Concentration difficulties were reported not to be a major issue especially at school and at home. Its seems however that the children did show some psychological issues such as anger, inability to sleep, headaches, stress as reported by the guardians.

Guardians did indicate that they don't know how to deal and help the children. The services that social workers provided whenever they were referred to them did not address those issues. They mentioned this as a concern when they were discussing the consent forms with the researcher. The children could identify and differentiate life with the grandparents now and life when their parents were still alive and would appreciate if things can go back the way they were. On observation this was an area that caused a lot of pain, grief and makes it very difficult to adjust.

Some of the children were quiet and wouldn't provide responses during the interview and one could see that it was still not easy to talk about those issues. It seemed like they were still bottled up with the bad experiences they had and had not been provided an opportunity to talk about them. Since they were not granted that opportunity, it still remained painful to them to talk about them. Most of the children interviewed indicated they did not have friends and a few that had been family friend and that meant they are isolating themselves from the broader community because of many issues they are going through. The isolation part of it was not in all the children

but the older ones and with the younger ones that was not an issue at all. They had friends even though they were much fewer and mostly were at school.

CHAPTER 6 RECOMMENDATIONS

Orphans need to be helped to accept the bad experiences of their parent's deaths and feel free to talk about them. Dying parents should be encouraged to disclose their status to their children and parents so that children can know exactly the cause of death instead of being left in the dark. Referrals to professionals need to be done and organizations and caregivers should consider taking the psychological effect very seriously. Continuous counseling should be provided in order for them to debrief and talk more about the death of the parent, their fears and things that causes stress in their lives. Services that look at the psychological effects of orphans and vulnerable children need to be provided so that these children can receive a holistic and comprehensive care.

This will assist them to excel in all areas of their lives and remove the fears they have about the future. Teachers need to be trained in identifying psychological problems and given the skills to deal with them. Government should capacitate caregivers and community workers in problem identification and counseling. Support groups for orphans must be available in order for them to mix with their peers and discuss issues relating to their challenges.

More financial support is needed in the families where these children are residing and the money that the families are currently receiving is not enough to address the needs of these children especially when they are growing up. When they reach adolescent stage their needs change compared to the younger children as they want to associate and fit with people of their age. It is at this stage where stress and depression start as they look at their situations at home and realize they cannot afford the life. Programs that will assist orphans to deal with psychological distress should be more implemented.

CHAPTER 8 CONCLUSION

It is evident that children who have lost their parents on HIV/AIDS suffer from psychological effects that affect their daily living. This is an area that is overlooked in terms of service delivery however and it is a critical area and if it is not attended it might affect the development of the child. In order for our communities to manage, deal and provide effective services to orphans and vulnerable children, the community needs to work very close with government in providing effective service delivery to this group. However, the children themselves need to be involved and be part of decision-making when it comes to what concerns them.

Government should ensure that services that deals with psychological effects are provided to this group. Moreover, continuous education and training of the community around HIV/AIDS is critical to avoid stigma and discrimination and support to children affected and infected by HIV/AIDS. Policy documents around this group should be made available to service providers in order to understand legal issues when it comes to orphans and vulnerable children. Furthermore, a package of services cutting across awareness, early intervention, statutory and re-integration of orphans and vulnerable children should be made available.

It is evident that children orphaned by AIDS maybe a particularly vulnerable group in terms of emotional and to a lesser extent, behavioral problems. Intervention programs are necessary to ameliorate the psychological sequel of losing a parent to AIDS (Journal of Child Psychology and Psychiatry, volume 48, Issue 8, pages 755, August 2007). Government needs to employ more psychologists who will do community service and concentrate on orphans and vulnerable children. Psychologist should be accessible in schools and community organizations to deal with the level of psychological impact of orphans. It is evident that most children didn't associate the death of their parents with HIV/AIDS and that included the grandparents who are still doing guess work because some of them have been trained on HIV/AIDS and now they can relate their children's symptoms with those of HIV/AIDS.

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ADDENDUM A INTERVIEW QUESTIONS

Code 000:

Age:

- Can you share what happened to your parents?
- What do you know about HIV/AIDS?
- Do you consider yourself as an orphan? If yes: why?
- Are you currently at school?
- How are you coping with your school work?
- Do you sometimes think a lot?
- What makes you think a lot?
- What are the things you are most worried about?
- Do you sometimes cry on your own? If yes: why?
- Who do you talk to when you have a problem or not feeling well?
- Do you sleep normally at night?
- When you cannot sleep, what goes on in your mind?
- Do you eat normally? If no: why?
- What are your fears about your life and the future?
- Do you have friends?
- What do you know and understand about stress and depression?
- Have you ever been in that situation?
- Do you get anxious sometimes?
- What are the reasons of your anxiety?
- Where do you want to see yourself in future?
- Do you miss your parents sometimes?
- What do you do when you miss them?
- Where do you get your source of strength?
- What makes you look forward to the next day?
- What are your hopes and wishes?
- Do you regard your life as normal from other children?
- What are your leanings from your situation of being an orphan?