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An exploration of the child rights violations and psychosocial risks of
children orphaned primarily due to H.I.V/AIDS

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the degree of MSOCSCI IN CLINICAL SOCIAL WORK PRACTICE

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COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature: _____ Date: _____

Abstract

In this study the researcher aims to explore the child right violations and psychosocial risks experienced by children orphaned primarily as a result of HIV/AIDS in Lesotho. Lesotho ranks in at number three in the world of countries most ravaged by the HIV/AIDS pandemic. Of its 2.2million citizens, 17% are orphans, and half of them have been orphaned as a result of HIV/AIDS (United Nations Program on HIV/AIDS, 2004) (UNAIDS). According to the Non Governmental Coalition on the Rights of the child, (2000), the number of orphans in Lesotho continues to increase on daily basis resulting in the country being under enormous strain and these vulnerable children at increased risk.

The research design used in this study is the qualitative research design and research was conducted using face to face in depth interviews. A semi structured interview schedule was constructed and the researcher also used a tape recorder. Purposive sampling technique was used to obtain a sample size of 12 adolescent orphans at a High School in Maseru Lesotho. Data analysis is done according to Tesche's steps of interview analysis, in which the main themes and categories are drawn from the interviews and discussed.

The main findings were that most of the orphans who participated in the study had a poor quality of life but maintained a positive outlook in terms of the future. Most of the orphans were living in child headed households that had no electricity. There was no evidence of physical abuse amongst the respondents. In terms of psycho social risks, most orphans did not suffer from depression or severe anxiety. A small percentage of orphans did experience suicidal ideation in response to the death of their parents and their current circumstances. The main conclusions were that orphans in Lesotho are experiencing child right violations especially poor quality of life and that orphans in this study did not experience severe psycho social risks. From these findings, it is recommended that there is a need for more non profit organizations that address the child right violations and psycho social risks experienced by orphans in Lesotho as well as a need for awareness campaigns on the plight of orphans to be generated. It is also

recommended that the Lesotho government continue to fund the education costs of orphans as well as offer transportation to school.

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Chapter 1: Overview of Research Study

1.1 Nature and Motivation of the study

The following study will explore the child right violations and psycho social risks of orphans in Lesotho who have been orphaned primarily as a result of Human Immuno Deficiency Virus (H.I.V)/Acquired Immuno Deficiency Syndrome (AIDS). The primary focus of the study will be an exploration of the possible children's rights violations such as child labor and physical abuse that orphaned children might be exposed to when they migrate into extended family household. The study will further explore the possible psychosocial risks experienced by children orphaned primarily as a result of H.I.V/AIDS. The context of the study will be in Maseru, Lesotho .

The four primary motivational reasons for selecting this particular topic will be highlighted here:

Firstly, Southern Africa is the region hardest hit by the H.I.V/ AIDS pandemic (Ansell, 2004). Lesotho, which is also part of Southern Africa, was selected as the geographical focus area of study because it has an H.I.V/AIDS prevalence rate of 29%, ranking her as number three in the world in terms of countries most ravaged by the pandemic (United Nations Program on H.I.V/AIDS (UNAIDS), 2004). This has put significant strain on the country economically, socially and developmentally (Kimane, 2005). The researcher has resided in Lesotho for the past 6 years and is committed to research that could assist the country.

Secondly, in Lesotho, 17% of the total population of 2.2million is made up of orphans (UNAIDS, 2004). H.I.V/AIDS accounts for half of these cases of orphaning with other causes such as accidents and other illnesses accounting for the rest (UNAIDS, 2004). The number is likely to increase to more than a ¼ of the total population of children in Lesotho being orphaned as a result of H.I.V/AIDS (Ansell, 2004). In view of these statistics, it is imperative that the voices of this vulnerable yet vital group of the Lesotho society are heard and that resources are developed that protect them and adequately address their needs.

The third reason for selecting this topic is that the researcher had the privilege of consulting with the Director of Social Welfare in Lesotho, Mrs Chisepo. During this consultation, it became apparent that the need for further research following the departments' own inquiries into the child right violations and abuses of orphans in Lesotho was supported. The research conducted by the Department of Social Development in Lesotho found that orphaned children in Lesotho are taken in by relatives with no legal agreement surrounding the arrangement making them more vulnerable to abuse and exploitation by these relatives (Report of the commission of inquiry on adoption of children in Lesotho, 2008). Exploitation by relatives is often in the form of vigorous labor, sexual and physical abuse and early marriage with no intervention or monitoring from structures such as the Department of Social Welfare. This is mainly due to the fact that no legal agreements are formalized when the orphans migrate into extended family households (Report of the commission of inquiry on adoption of children in Lesotho, 2008). As a result of the meeting the researcher decided to follow the recommendation of the Director of Social Welfare to focus on orphans in Lesotho as their situation was of grave concern.

The fourth and final reason for selecting this topic is that the researcher also has a personal and academic interest in the H.I.V/AIDS pandemic and the detrimental effect it has on children affected by it. Children are innocent beings and extremely vulnerable to exploitation and abuse. The reality is that often their voices are stifled or go unheard resulting in their needs being ignored. It is the researcher's main goal to award these orphans the opportunity to have their voice heard and formulate recommendations that will inform policies that endeavor to protect and promote the rights of orphans and vulnerable children as well as encourage the Lesotho government to develop psycho social structures and organizations that can assist orphaned children in that country .

1.2 An overview of literature describing the child rights violations and psychosocial risks of children orphaned primarily as a result of H.I.V/AIDS

As previously mentioned, Lesotho has a significantly high H.I.V/AIDS prevalence rate of 29% and has been ranked third in the world in terms of countries most affected by the pandemic (UNAIDS, 2003). This high prevalence rate has resulted in a marked increase in the number of orphans in the country. Recent figures, from the Disaster Management Authority in Lesotho (DMA) (2003), have concluded that there are at least 91 844 orphaned children in Lesotho. As previously mentioned, H.I.V/AIDS reportedly accounts for 50% of the cases of orphaning in the country, while the remainder of the deaths are a result of other causes such as accidents (UNAIDS, 2004). According to the Non Governmental Coalition on the Rights of the child (NGOC, 2000), the number of orphaned children in Lesotho increases on a daily basis and as the rapid spread of H.I.V/AIDS continues, so will the number of orphans continue to increase. According to the Report of the Commission of Inquiry on Adoption of children in Lesotho (2008), orphaning and vulnerability among children in Lesotho is believed to have reached a crisis level.

Orphaned children are reported to be the subject of adverse social, economic, psychological, and emotional deprivations and indignities (Report of the Commission of Inquiry on Adoption of children in Lesotho, 2008). Studies, including the one done in Zimbabwe by Mangoma, Chimbari, and Dhlomo, (2008), in Lesotho (Foster, 2002) and Report of the Commission of Inquiry on Adoption of children in Lesotho, (2008) in which children reported being exposed to various forms of child right violations and abuses substantiate this claim and will be discussed in greater detail in the literature review. The worsening situation of orphaned children which has been reported in Lesotho, has been exacerbated by the fact the extended family is no longer capable of providing the adequate care and support that children in these circumstances need (Foster, 2002 and Report of the Commission of Inquiry on Adoption of children in Lesotho, 2008). The informal foster care arrangements that have emerged in Lesotho have raised grave concerns. According to the Ministry of Health and Social Welfare (2001) and Kimane

(2005), incidences of abuse of children are rife, as children are exposed to abusive and exploitative situations (Report of the Commission of Inquiry on Adoption of children in Lesotho, 2008)

1.3 Research Topic

An exploration of the psychosocial risks and child rights violations experienced by children orphaned primarily due to H.I.V/AIDS in Lesotho.

1.4 Main Research Questions

1. What are the experiences of child rights violations of children orphaned primarily as a result of H.I.V/AIDS in Lesotho
2. What are the psychosocial risks experienced by children in Lesotho who have been orphaned primarily due to H.I.V/AIDS

1.5 Main Research Objectives

1. To investigate the child rights violations of children orphaned primarily as a result of H.I.V/AIDS in Lesotho.
2. To explore the psychosocial risks of children orphaned primarily as a result of H.I.V/AIDS in Lesotho.

1.6 Research Methodology

1.6.1 Research Design

The research design of this study will be qualitative. Qualitative research designs seek to understand the subjective experience of phenomena through the use of methods such as face to face interviews and focus groups (DeVos, 2002). Qualitative research designs stem from an interpretative paradigm which emphasizes that subjective interpretation of phenomena is crucial in understanding that phenomena (Ulin, 2005). The research design will also be exploratory in nature. The researcher is interested in exploring and understanding the experiences of orphans from their perspective and allowing them to tell their stories.

1.6.2 Population and Sample

The method of sampling that will be used in this study is purposive sampling. In purposive sampling, a particular case is chosen because it illustrates some feature or process that is of interest for a particular study (DeVos, 1998). According to (Ulin, 2005), due to the fact that qualitative research constitutes an in depth exploration, the researcher will set out to identify a sample that will best shed light on the topic that is being investigated. In reference to this study, a sample of orphaned children will be purposefully selected in order to meet the objectives of the research.

The sample will constitute children from St James High School in Lesotho aged between 17-19years. The sample will be obtained by approaching the principal of the school who will then identify orphans who will be willing to participate in the research.

A sample of 10-15 respondents will be selected.

1.6.3 Data Collection Method

Data will be collected using in depth, face to face qualitative interviews. According to DeVos (1998), interviews are the dominant mode of data collection in qualitative research and are conducted if one is interested in people's stories. They are usually an exchange between the interviewer and the respondent. As mentioned above, the researcher will be conducting an in depth exploration of the psychosocial risks and child right violations and abuses experienced by children orphaned primarily due to H.I.V/AIDS. The main aim is to gain an understanding of the subjective experiences of orphans by giving them a voice and allowing them to share their stories. This can be achieved using in depth, face to face interviews.

1.6.4 Data Collection Instruments

Semi structured interview schedule: A semi structured interview schedule will be constructed which endeavors to achieve the objectives of the study. Semi structured interviews are defined as “those organized around areas of particular interest, while still allowing considerable flexibility in scope and depth” (DeVos, p292). The researcher is intent on meeting the objectives of the study by compiling relevant questions as guidance while remaining flexible due to the realization that each orphan interviewed will have a unique story to tell.

Tape Recorder: The researcher will incorporate the use of a tape recorder to ensure that she is able to refer back to the data that has been collected when transcribing and analyzing the information that is collected.

1.6.5 Data Analysis

Data will be analyzed using Tesche’s method of analysis as outlined in DeVos (1998).

This consists of the following steps:

1. an in-depth interview will be recorded and transcribed for data analysis
2. the researcher will go through the transcription and make notes on the margins concerning important issues raised by the respondent;
3. the researcher reads through the transcription again and takes note of main themes and their features will be listed into categories & sub categories;
4. the researcher re-reads the transcription as new themes and categories could emerge;
5. the researcher abbreviates her main themes into codes in order to analyze which category falls into a particular theme;
6. the researcher groups together topics which relates to each other so as to identify if she has gone overboard with the number of categories and subcategories;
7. the researcher makes a final decision on the categories
8. a preliminary analysis is then made in a systematically manner according to how the analysis is going to be carried out;

9. the researcher revisits the transcription as it might have been necessary to recode existing data

1.7 Reflexivity

The researcher is aware that this topic is of a sensitive nature and deals with children. The process can become emotionally draining, with the researcher running the risk of becoming emotionally involved. It is imperative that the researcher be aware of having the appropriate emotional boundaries in place and be in contact with the supervisor in order to have the necessary support. The researcher also needs to remain unbiased and be aware of any pre conceived ideas of what she expects to find. The researcher should remain aware throughout the research process that each participant's experience is unique and given from their perspective.

1.8 Limitations of the study

1.8.1 The Research Design

Qualitative research designs rarely provide satisfactory answers as they do not give a true representation of the experiences of the whole sample (Babbie and Mouton, 2005). The main assumption of qualitative research is that reality is subjective as opposed to being objective and that there are multiple realities. As a result, the main findings that will be obtained from this study cannot be generalized as they represent the subjective experience of the sample that is selected and is under study.

1.8.2 The sampling strategy

The sampling strategy used in this study is purposive sampling. One of the limitations of purposive sampling when carrying out qualitative research is the fact that the data that is collected may not be a true representation of the whole population meaning generalization of the findings cannot be made or is limited.

1.8.3 Data collection method

In terms of face to face interviewing, some of the limitations according to De Vos (1998), include

- I. Some participants may be reluctant to share information that is essential to the research being undertaken
- II. The researcher has the risk of asking questions that may not evoke the desired response pertinent to the research topic
- III. The participant may give a false account or lie
- IV. The Researcher needs to have good interviewing skills in order to build rapport and obtain rich data
- V. The risk of the interview turning therapeutic also exists and should be avoided

1.8.4 Data Collection Instruments

Semi structured interview schedule: A limitation of using a semi structured interview schedule is that the researcher is susceptible to carrying on the interview for too long and may fail to adhere to the objectives that are under investigation. The researcher runs the risk of getting side-tracked and not meeting the goals of the study.

Use of tape recorder

In terms of using a tape recorder, some of the limitations include

- I. The respondent may be opposed to using a tape recorder and may even refuse to be interviewed
- II. The tape recorder may not perform its function leaving the researcher with no other record of the interview aside from memory
- III. The participant may also become excessively aware of the tape recorder and may become anxious

1.8.5 The data analysis strategy

In terms of using Tesch's steps of data analysis as outlined in DeVos, (1998), the following limitations may arise

- I. The researcher may leave out some important themes or categories making the analysis of the data incomplete
- II. The data is subject to the Researcher's own interpretation and may be biased.

1.9 Ethical considerations

Some key ethical considerations that are relevant to the study as outlined in De Vos (1998), include

Avoidance of harm

It is up to the researcher to ensure that participants are not harmed either emotionally or physically (DeVos, 1998). The researcher is aware that the topic being investigated is highly sensitive and that adolescents are participating in the study. The risk is that the material being discussed may cause emotional distress in the adolescents. The researcher will avoid discussing overly sensitive issues during the interviews by constructing questions that are not overly sensitive.

Informed consent

Getting informed consent implies that all possible and adequate information on the goal of the study and the procedures to be followed are given to the participants (DeVos, 1998). This study is dealing with children therefore informed consent needs to be obtained from the principal who is viewed as a guardian and the children themselves need to be informed about the nature and purpose of the study and give their consent.

Deception of subjects and /or respondents

This involves deliberately leaving out important information or misrepresenting facts with the intention of misleading the other person (DeVos, 1998). The researcher will ensure that the purpose of the study is discussed with participants and will not leave out important information.

Violation of privacy/anonymity/confidentiality

Due to the fact that this is academic research, the data that is collected will be seen by the researcher, her supervisor and the external examiner. In this study, in order to maintain privacy, nicknames will be used so the supervisor or anyone else reading the report will not be able to link the interview to the participant.

Actions and competence of researchers

Researchers should be adequately equipped with the necessary skills to undertake the proposed research (DeVos, 1998). In order to conduct this research, the researcher needs to be competent in interviewing skills as the method of data collection is in-depth, face to face interviews. The researcher is a qualified social worker who is competent in interviewing.

Cooperation with contributors

Should any of the contributors be interested in reading the proposal, the researcher will make this available to them (DeVos, 1998). The Director of social welfare has requested to view the dissertation once it is completed.

Release or publication of findings

The findings of the study need to be presented in written form (DeVos, 1998). This research will be compiled as a dissertation as part fulfillment of a Masters degree in Clinical Social Work practice.

Debriefing respondents

It is important to debrief respondents at the end of the interview (DeVos, 1998). The topic being investigated is sensitive and emotional in nature, meaning respondents will need to be debriefed after engaging in the interviews. This will be done by the researcher through asking respondents for feedback on the session.

1.10 Clarification of Key Concepts

Explorative study: Exploratory research acquaints the researcher with the characteristics of the research target. The principal objective is to

refine concepts and develop questions and hypothesis for further research (McKendrick, 1990).

Psychosocial: Involving or relating to both the social and psychological aspects of a patient's life (Oxford Reference Online).

Psychosocial Risks: Hazard, danger (Oxford Online Dictionary). For purposes of this study, risks refer to psychosocial problems; namely depression, anxiety and stigmatization that children orphaned primarily as a result of H.I.V/AIDS are prone to.

Rights: The standard of permitted and forbidden action within a certain sphere; law; a rule or canon (Oxford Online Dictionary). For purposes of this study, rights refer to the children's rights that are outlined in United Nations Convention on the rights of a child.

Violation: Infringement or breach, of some principle or standard of conduct or procedure (Oxford Online Dictionary)

Orphan: Child that has lost one or both biological parents

H.I.V: Human Immuno Deficiency Virus (United States Agency for International Development (USAIDS), 2005)

AIDS: Acquired Immuno Deficiency Syndrome (USAIDS, 2005)

Children: The definition for children that is used in this study is taken from the United Nations Convention on the rights of a child. According to the United Nations Convention on the rights of

a child (1989), a child is any person under the age of 18years.

Extended Family: In this study, the definition for extended family that is used pertains to relatives of orphaned child which include uncles, aunts, grandparents and cousins (Anstell, 2004)

Informal Foster

Care agreement: This refers to an agreement with no legal basis, to take care of an orphan (Report of the Commission of Inquiry on Adoption of children in Lesotho, 2008)

1.11 Thesis layout

This thesis will be organized as follows; chapter 1, presents an overview of the study, including the rationale for the research topic, the main objectives and research questions, the methodology, limitations of the study, ethical considerations as well as the clarification of the key concepts. Chapter two presents the literature review relevant to the topic, describing the psychosocial risks and child rights violations of children orphaned primarily as a result of H.I.V/AIDS. Chapter three presents the research methodology and the limitations of the study. Chapter four presents the findings, and chapter five presents the main conclusions and the recommendations of the study.

1.12 Conclusion

This chapter presented an overview of the study, the research topic, the main objectives and research questions, the research methodology, limitations of the study, ethical considerations as well as clarification of the key concepts. The following chapter presents a literature review that will further elucidate the topic of the study.

Chapter 2

2 Literature Review

2.1 Introduction

The following literature review will focus on an overview of the H.I.V/AIDS epidemic in Africa, the resultant increase in the number of vulnerable and orphaned children, the strain that this has created on the extended family household, the emergence of child headed households. The emphasis will be on the psycho social risks associated with being orphaned and an overview of the child right violations described in other studies and literature.

2.2 An overview of H.I.V/AIDS in Africa

The emergence of H.I.V/AIDS has had devastating consequences across the globe, with children being the worst affected by the epidemic (Foster et al, 2005). In a report done by UNAIDS in 2004, it was estimated that 38million people around the world were living with H.I.V/AIDS and that 2.5million of these were children under the age of 15years (Foster et al, 2005). The AIDS epidemic is most severe in the sub-Saharan region of Africa where it is estimated that between 25million and 28.2million people are living with H.I.V/AIDS (Foster et al, 2005). Although Africa constitutes less than 8% of the world's population, nearly three quarters of the people living with H.I.V/AIDS are found in sub-Saharan Africa (Craddock, Kalipeni, Opong and Ghosh, 2004).

What is even more disturbing in light of these statistics is the fact that the H.I.V/AIDS epidemic continues to get worse instead of improving in sub Saharan Africa (Craddock et al, 2004). AIDS has and continues to have a detrimental effect on Africa's economic output, agricultural production and has resulted in labor loss. According to Poku (2005), AIDS has resulted in the erosion of human capital and has led to the escalation of poverty and hunger in Africa. Although the exact degree of the impact that H.I.V/AIDS has had on the socio economic development of Africa is uncertain, what is certain is the growing number of orphans that has resulted, especially in countries hardest hit by the epidemic (Craddock et al, 2004).

2.3 H.I.V/AIDS and orphans in Africa

In 1990, just under 1million children under the age of 15 had lost one or both parents due to AIDS and by the end of 2001, the number had climbed to 11million according to estimates by UNICEF (2003) and UNAIDS (2004). This number is estimated to reach 25million children affected by H.I.V/AIDS by the year 2010 (Tondress, 2007). The United Nations Children's' Fund (UNICEF) in 2003 was quoted as saying 'the worst is yet to come.' According to the statement, as the number of H.I.V infections among young adults continue to increase and progress to AIDS resulting in death, so too will the number of orphans increase (Ansell, 1998). Due to the fact that there is a long period of time between infection and illness, the number of children affected by H.I.V/AIDS will still continue to increase, even in the face of better access to treatment.

From these figures, it is clear that the number of orphans and vulnerable children due to the H.I.V/AIDS epidemic is immense and is estimated to remain this way for decades (Foster et al, 2005). In light of these figures, the researcher is of the opinion that H.I.V/AIDS is impacting negatively on the welfare of children and the need for interventions both at a local level and international level is imperative. According to UNAIDS (2004), only a small proportion of children actually benefits significantly from aid that is received from outside the extended family unit. Although there are many initiatives and programs already in place, a huge gap still remains between the impacts of these initiatives and what still needs to be done. The suffering and impinges on the human rights of children as a result of the epidemic is enough to generate concern and warrant action.

2.4 H.I.V/AIDS and orphans in Lesotho

A survey done in Lesotho in 2001 estimated that the total number of AIDS orphans was over 85 000. Recent figures have estimated the number to be 76 000 (UNAIDS) and 92 000 (Disaster Management Authority (DMA), 2003). A Lesotho demographic survey conducted in 2001 concluded that the proportion of children whose biological parents were dead had increased significantly (United Nations Common Assessment of Lesotho, 2004). In 1996, the number of children who had lost their mother between the

ages of 0-14years was 2.1% of children. This figure was the same for those who had lost their father within the same age range. In 2001, the number had doubled to 4.6% for those who had lost their mother and 15.7% for those who had lost their father. A large percentage of these deaths were AIDS related (United Nations Common Assessment of Lesotho, 2004).

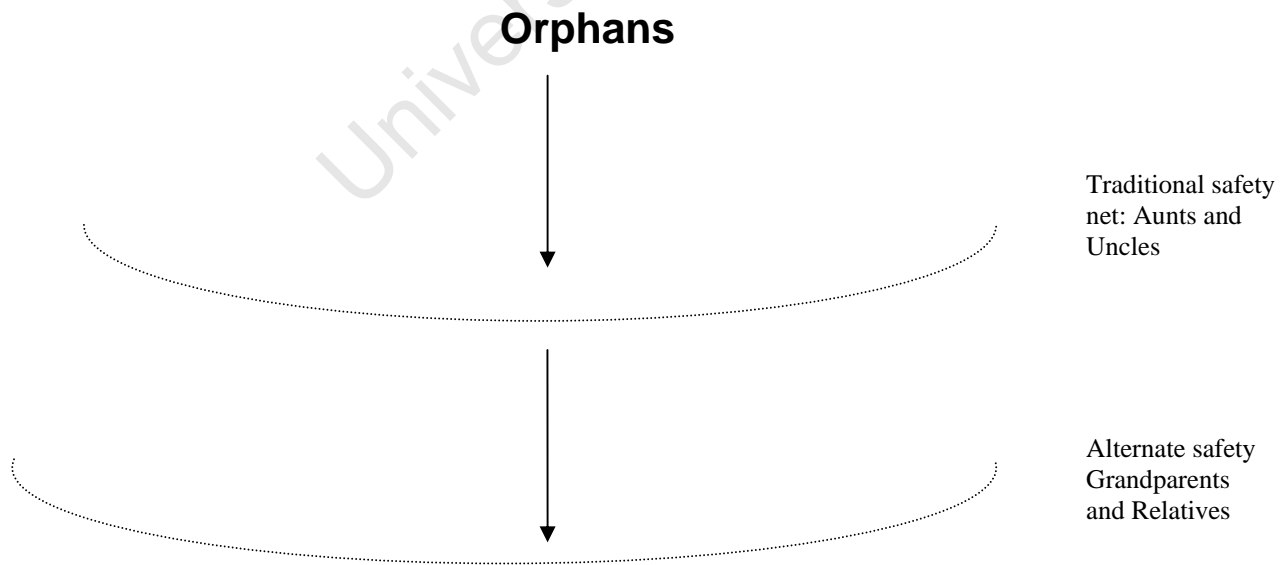
Many of these orphans have found themselves in a situation where they have to take on the responsibility of caring for relatives while have to migrate to new households and live with relatives, with a large percentage staying with grandparents (United Nations Common Assessment of Lesotho, 2004). The number of children in Lesotho living with relatives other than their own parents has been noted to be as high as 30-40% (United Nations Common Assessment of Lesotho, 2004). It is the norm for children to be taken care of by their own parents and this unusually high percentage of children living with heads of households who are not their biological parents has been attributed in part to the AIDS pandemic. An increase in child headed households has also been reported, while other orphans have been found to be living on the streets.

The plight of orphans in Lesotho is worsened by the fact that there is inadequate care and support for them. Many of these orphans are left vulnerable to physical and sexual abuse as well as psychological trauma (United Nations Common Assessment of Lesotho, 2004). A significant number of orphans in Lesotho are not attending school, are not receiving adequate medical care while many are not being fed or having their nutritional needs met. Elderly people, grandparents, relatives and neighbors take many of these children in (United Nations Common Assessment of Lesotho, 2004). As mentioned earlier, as the number of AIDS mortality rate continues to increase in Lesotho, so too does the number of orphans continue to increase. As mentioned above, majority of orphans find themselves migrating into extended family households but even this is has resulted in a wide array of challenges (Report on the Commission of inquiry on the adoption of children in Lesotho, 2008).

2.5 H.I.V/AIDS: Its impact on the extended family household

The term extended family is used to describe relatives that are outside the household and who play an important role in the provision of economic and social support to survivors of AIDS (Foster, 2002). In African societies, the extended family network has traditionally been responsible for the protection of the vulnerable amongst them, the care of the poor and sick, and the transmission of social values (Foster, 2002). In the event of a relative's death, the extended family steps in to try and make sure that children of the deceased are cared for, whether this means some of its members move into the household or the orphaned children migrate into one or more relatives' household. Historically, and to some extent even now, the sense of duty and responsibility that members of African extended families feel toward one another has been limitless. A family may not possess the adequate resources to care for existing members, yet they will take in an orphan (Foster, 2002).

The following diagram illustrates the traditional role of the extended family as a safety net for vulnerable children and what happens when these children slip through the safety net (Foster, 2002)



Child household

Street children

Domestic workers
Or other work

Children who slip
the safety net

The above diagram illustrates how the vulnerable child's first safety net is formed by the aunts and uncles. But as this traditional pattern of orphan inheritance has been weakened, it has been replaced by a greater reliance on grandparents and other relatives, who in most instances are women (Foster, 2002).

It has become common practice that whether or not a child moves into a particular household is no longer determined only by the relative's sense of responsibility but by what that child can contribute to the household (Ansell and van Blerk, 2004). Many households, suffering the stress caused by the impact of H.I.V/AIDS, employ children's capacities, especially within the domestic and agricultural sector (Ansell and van Blerk, 2004). Relatives become more willing to take in a child if they feel they will be able to make a valuable contribution to the household. In the research carried out by Ansell and van Blerk, (2004), 19 out of the 65 children interviewed reported moving into a household due to the fact they could perform household duties. Children as young as 5 or 6 years reported being sent for by uncles, aunts and grandparents to undertake housework.

Children's performance of household tasks within the extended family network often extends beyond just performing everyday household chores (Ansell and van Blerk, 2004). In the study done by Ansell and van Blerk (2004), seven of the children interviewed in Lesotho reported having been sent for in order to care for sick parents or other relatives. This caring role is often reserved for adults but in some instances, children are employed to carry out this function.

Informal foster care arrangements within extended families have proved to no longer be suitable in recent times (Foster, 2002). Studies in Lesotho, (Kimane, 2004 and Ministry of health and Social Welfare, 2001), have reported high rates of abuse of children by the very relatives who are meant to care for them . These orphaned children often get hired out as domestic workers or herd boys, get physically, emotionally and even

sexually abused and exploited (Report on the commission of inquiry on the adoption of orphans in Lesotho, 2008). In a study done in Zimbabwe, which focused on the plight of orphans, Mangoma et al, (2008), reported instances in which orphans claimed they were abused in the household in which they were staying. The children themselves reported being beaten, forced to work longer hours after school and being assigned to run various errands while children of the caregivers were not subjected to the same treatment (Mangoma et al ,2008). Some girls are exposed to premature marriage as the relatives caring for them hope to get bride price (Report on the commission of inquiry on the adoption of children in Lesotho, 2008). These children sometimes do not get equal opportunities to attend school as they have to perform chores for the fostering family. Due to the fact that these are informal arrangements, there are no legal systems in place to assist these children.

According to Anstell and van Blerk, (2004), children may inevitably decide to leave the extended family household. As a result of children not having their needs met, they may move away from the household as a coping strategy. These children may turn to the streets or leave to look for an income; for example as domestic workers (Foster, 2002).

The extended family unit, which has always acted as a safety net for vulnerable children has, in recent years, been confronted with various challenges and constraints (Report on the commission of inquiry on the adoption of children in Lesotho, 2008). Problems such as high rate of unemployment, poor agricultural production and in Lesotho; the retrenchment of male migrant workers, have undermined the extended family's ability to provide proper and adequate care for orphaned children. The extended family is therefore unable to provide the type of quality care it used to in the past (Report of the Commission of Inquiry on Adoption of children in Lesotho, 2008).

2.6 Emergence of Child headed Households

Due to the weakening of the extended family safety net, child headed households are becoming more common (Africa Recovery, 2001). A household is one or more people who share cooking and eating arrangements. The household head is the person

primarily responsible for the day-to-day running of the household, including child care, breadwinning and household supervision; if tasks were shared, an attempt was made to determine the person primarily responsible for these tasks (Foster, 1997). For purposes of this research, a child is any person under 18 years old.

This recent phenomenon of child headed households was first noted in Uganda and Tanzania (World Health Organization (WHO) in Foster, 1997). According to Foster (1997), once child headed households begin to emerge in communities, their number is likely to increase as the number of orphans also increase. The role of H.I.V/AIDS in the formation of child headed households cannot be ignored (Foster, 1997). Although many other factors lead to the establishment of child headed households, H.I.V/AIDS has contributed to the significant increase of these households. The rapid increase of parental deaths and the reluctance of relatives to take in orphans leave children or adolescents in a place where they take on the responsibility of heading a household and looking after their younger siblings (Foster, 1997).

In some cases, relatives of orphaned children maintain very little contact with them. In a study done by Foster, (1997), in which child headed households were investigated, 88% of the children reported that their aunts and uncles did not want to care for them. Reasons for this were mainly economic as some relatives were reluctant to take in orphans as they are afraid they're own children's standard of living would decline. A study done in Kenya, (Foster and Williamson, 2000) found that while most relatives living beneath the poverty line were reluctant to take in orphans, wealthier relatives maintained minimal contact with them. Possible reasons for this included fear of contacting the H.I.V virus if the children's parents had died from AIDS or fear of stigmatization (Foster and Williamson, 2000).

Other reasons why child headed households develop include the fact that most children are taken in by a grandparent after their parents die as relatives are unwilling to take them in. Often the grandparent is already incapacitated and when they pass away they are forced to live in a child headed situation. In other cases, Foster (1997) found that

some children decide among themselves that they prefer to stay together as a family as opposed to being split up amongst relatives.

According to Subbarao and Coury (2004), children who find themselves in a situation where they are heading a household are often lacking in the skills that are necessary to run household economic activities. As such, these households often suffer. The child who is forced by circumstances beyond his/her control is often faced with a task that he/she may not be prepared to undertake leading to situations where there is lack of money in the household and where the child has to take on extra amount of work resulting in dropping school attendance (Subbarao and Coury, 2004). According to Subbarao and Coury (2004), these households are very vulnerable and it is difficult for various forms of interventions aimed at helping children in these circumstances to be able to meet all their needs. For example, providing a child headed household with food parcels each month alleviates their hunger but does not provide protection or remove the emotional burden of being a parent to one's siblings on the household head.

Foster (1997) reports that in Uganda, the monthly income of child headed households was a mere \$8, meaning these children's rights are being violated in terms of not having their basic need to food or clothing being met.

Further research conducted by Van Dijk (2008) on child headed households in South Africa, found that children in these households were living in conditions that are below the acceptable standard of living in society. Some of the children were discovered to be malnourished and were living in homes that had poor sanitation (Van Dijk, 2008). Some of the homes were also in bad conditions that they are unable to protect against the weather. The researcher also found that most of the households could not afford electricity or access it and they did not have a toilet that was working (Van Dijk, 2008). Because there was no adult in the household, it was a concern that some of the households were vulnerable to burglaries. It is clear from these reports that child headed households are problematic. The researcher strongly believes that a child should not have to carry the burden of looking after his/her siblings, as they do not have the adequate economic skills to generate income. As such, this leads to children having

a low quality of life as some find themselves in extreme poverty due to the lack of an adult generating income for the household (Van Dijk, 2008).

2.7 Psychosocial risks of children orphaned primarily due to H.I.V/AIDS

The situation that has been described above, as well as numerous other negative circumstances that orphaned children are exposed to is bound to have psychological impact on them. The general tendency in light of the H.I.V/AIDS pandemic has been a focus on the economic and social impact of being an orphan while ignoring the psychological risks of the illness on children (Ansell, 2004). In addition to the trauma that children suffer when a parent dies, problems such as stigmatization, dropping out of school, changed or loss of friends, increased workload, discrimination and isolation of orphans all work together to increase the stress and trauma that these children suffer (Ansell, 2004). According to Ansell (2004), children orphaned by H.I.V/AIDS are more likely to suffer from emotional distress, anxiety and depression. In a study done in Uganda, the children under study described having feelings of hopelessness and anger when their parents were ill and feeling scared after they died. Twelve percent (12%) of the AIDS orphans interviewed confirmed that they wished they were dead compared to only 3% of non orphans (Ansell, 2004).

The stigmatization that orphans face also has significant impact on the mental wellbeing of children who are subject to it. This has especially been reported in Lesotho where H.I.V/AIDS is fairly recent (Ansell, 2004). Due to migration to new households that is often associated with the death of parents and the trauma of losing a parent, social integration and formation of social bonds becomes difficult for the children. Research done in Zambia (Ansell, 2004), found that 82% of those taking care of children noticed changes in their behavior in the event of a parent becoming ill. They reported that the children became worried, sad, tried to help in the home and stopped playing to stay nearby.

When a parent dies, the child will already have been impacted in a negative way prior to the death due to the fact that they will have had to endure prolonged or recurrent

parental illness (Foster et al, 2005). According to Foster et al (2005), parental illness is a stressor that increases the likelihood that a child will suffer from psychological distress. The child suffers from fear of abandonment and chronic insecurity. Foster et al (2005), adds that older children are more vulnerable to these problems especially as they move into adolescence. A study done in the US showed that children of parents with H.I.V/AIDS are more likely to be depressed and anxious (internalizing problems), have more behavior and conduct problems (externalizing problems) and poor social competence and less ability to pay attention (Esposito, Musetti, Musetti, Tonaghi, Corbella, Massironi, Marchisio, Guareschi and Principi, 1999).

The death of the parent can have devastating impact on a child (Foster, 2002). Following the death of parent/s, most children are reported to suffer from depression, anxiety, feelings of anger and guilt (Ansell, 2004). According to Rutter (1966), children who have experienced a parent's death are twice as likely to suffer from a psychiatric disorder compared to children who are living with their parents. These problems can eventually lead to second generation of problems such as drug and alcohol abuse (Straker in Foster, 2002).

When looking at the psychological impact of H.I.V/AIDS one also has to look at the parentification of the child that often occurs and the impact of that on the child's psychological well being. Most children end up having to look after their siblings when a parent falls ill or dies from AIDS (Barnett and Parker, 1998). Parentification involves the role reversal of a child and includes them taking on the role of a parent. This can lead to psychological problems such as inhibition of normal development, guilt and lowered self esteem (Barnett and Parker (1998). The impact of H.I.V/AIDS on children is quite disturbing. Its impact extends across social, economic and psychological spheres. These children are left in a vulnerable state. In most cases, particularly in African societies, the task of caring for them is the responsibility of the extended family (Barnett and Parker, 1998).

The psychosocial impact of orphan hood inevitably extends to the children's education. In a study done by Bennell, Hyde and Swainson (2002), teachers and students that participated in the research identified some common problems that are experienced by orphans in a school. One of the problems associated with orphan hood that was cited was behavioral problems that end up affecting relationships with teachers and other students. The respondents reported the following, 'Orphans in this school are demotivated. They are not free, they don't mix, and if you joke with them they fight..' (Primary school students in Botswana).

Another problem that orphans in this study faced was poor concentration including falling asleep in class (Bennell et al, 2002). This can be linked to the fact that sometimes orphans are expected to perform household tasks that are tiresome. It was also reported that orphans at the school came poorly dressed and did not have school uniform (Bennell et al, 2002). At secondary schools it was reported that they had problems with homework in terms of failing to finish assignments on time and poor standard of work.

The study also found that orphans were victims of physical and sexual abuse by adults living in the carer's household (Bennell et al, 2001). Lastly there was a general tendency for orphans to be isolated at school and/or within the community at large. According to (Bennell et al, (2002) orphans often face stigmatization that is associated with having a parent die of H.I.V/AIDS.

H.I.V/AIDS has an adverse impact on orphaned children's education. The most severe impact seems to be the fact that most orphans experience interrupted schooling, meaning they end up falling behind with their school work which will affect their school performance negatively (Bennel, 2004). When looking at the impact of the epidemic, one cannot ignore the psycho social impact that it has on children. The particular focus of this research is on children who are in their adolescent years. During this developmental stage, children experience various changes that increase their psychological risks.

2.8 Adolescents and Orphan hood

According to (Ruland, Finger, Williamson, Tahir, Savariaud, Schweitzer and Shears, 2005), the needs of adolescent orphans are different from the needs of younger children who have been orphaned and are more complex due to the psychological and physical changes that characterize this developmental phase. Ruland et al (2005), argues that most programs working with orphans do not focus on the psychosocial and social support that adolescents need in order to transition into adulthood successfully.

Adolescence is an extremely vulnerable time due to the onset of puberty (Weiten, 2004). According to Erikson in Weiten, (2004), the main psychosocial task that adolescents grapple with has to do with the issue of identity versus role confusion. During adolescence, peer acceptance becomes more important and therefore any rejection from peers can be a source of great psychosocial distress for orphans who have been orphaned and are now facing stigmatization from their peers. The need for social acceptance is heightened during adolescents making them more vulnerable to the effects that stigmatization associated with H.I.V/AIDS may have on them.

Adolescence is a time characterized by feelings of anger, resentment, hopelessness and depression (Ruland et al, 2005). The loss of a parent or a close family member only heightens these feelings. According to (Ruland et al, 2005), "They (adolescents) may seem to be coping but at the same time they can experience depression, hopelessness and increased vulnerability. The often leads to feelings of alienation, desperation and withdrawal." (Ruland, 2005: p5)

Adolescents seem to be more vulnerable to experiencing depression and anxiety as a result of being orphaned and seem to suffer more from the effects of social stigmatization. Adolescent orphans are also more likely to head households and look after sick parents (Ruland, 2005).

The researcher is of the opinion that the impact of being orphaned primarily due to H.I.V/AIDS extends beyond the psychosocial risks mentioned above, to include various

child right violations that orphans are exposed to. The main child rights violations that will be discussed in this literature review and that relate to the study are physical abuse, child labor and poor standard of living. These child right violations were highlighted in the literature by authors such as Mangoma et al (2008), Report on the commission of inquiry on the adoption of children in Lesotho (2008) and Foster (2005).

2.9 Child right violations experienced by children orphaned primarily due to

H.I.V/AIDS

2.9.1 Brief overview of Child rights treaty

One of the treaties developed by the United Nations is the Convention on the rights of a child. The United Nations developed this treaty outlining various children's rights (UNICEF, 2008). It was the first legally binding international treaty developed stipulating the norms and standards that relate to children. Initially the focus was to protect children from traditional forms of abuse such as war, genocide and forms of sexual and physical abuse (UNICEF, 2008). As the years progressed however, the focus also changed to include protecting children's right to influence and shape their own future (UNICEF, 2008). According to the United Nations convention on the rights of a child (1989), a child is any person under the age of 18 years.

Children, regardless of whether or not they have lost their parents are more vulnerable to exploitation and abuse than adults (Foster et al, 2005). This is mainly due to the fact that children are unable to exercise their right to vote and developmentally they have limited verbal skills and are unable to draw attention when their rights are either abused or violated. In the event that a child loses their parents, they also lose their primary source of protection. This leaves children who have been orphaned either as a result of AIDS or other causes more susceptible to child rights abuse or violations than children who have parents (Foster et al, 2005).

Lesotho is party to the United Nations Convention on the rights of a child after becoming a signatory of the treaty in 1990 and is therefore required to uphold these rights.

However the current child protection legislation in Lesotho only focuses on the

protection children who violate the law and not on orphaned and vulnerable children (Kimane, 2005). According to Kimane (2005) as the number of orphans has increased dramatically due to H.I.V/AIDS, it has become apparent that there is a need for legislation to be revised in Lesotho that focuses on orphans due to the high incidences of child right violations that these children are exposed to.

Lesotho is currently in the process of formulating new legislation that addresses the state of orphans in the country and promoting their rights. The process of formulating the Lesotho Children's Protection and Welfare Bill 2004, was in response to child rights violations that are occurring in the country and the increased number of orphans due to H.I.V/AIDS. It was also because there has been a gap between the domestic policies relating to children and the various international treaties, including the United Nations Convention on the rights of a child the Lesotho is a signatory of (Kimane, 2005).

The main child right violations highlighted in the literature that was reviewed for purposes of this research include physical abuse, child labor and poor standard of living. The relevant articles from the United Nations Convention on the rights of a child will be cited and discussed in relation to orphans in Lesotho.

2.9.2 Physical abuse: Section 19

According to Article 19 of the Convention on the rights of a child (1989), All State Parties are required to take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. As mentioned already, cases of physical abuse have been reported in Lesotho when children are being cared for by relatives (Report of the Commission of Inquiry on Adoption of children in Lesotho, 2008). However, most of these cases go unreported meaning the perpetrators are never prosecuted and the children are never protected.

What has become the trend in Lesotho is that children are taken in with no legal agreement by relatives who proceed to abuse and exploit these children (Report on the commission of inquiry on the adoption of children in Lesotho, 2008) . Due to the nature of the foster care arrangement, the state is unable to follow up or monitor these children to ensure that their rights are not being violated. Furthermore, there is no legal framework that children who find themselves in this situation can refer to (Report on the commission of inquiry on the adoption of children in Lesotho, 2008). This means the abuse goes undetected and unreported. This article of the United Nations Convention on the rights of a child (1989) clearly stipulates that it is the states responsibility to protect children from all forms of abuse, meaning children's rights are being violated when they are abused and when the abuse is unreported and the responsible parties are not prosecuted.

2.9.3 Poor standard of living: Article 27

Article 27 of the United Nations Convention on the rights of a child (1989), states that State Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. It further stipulates that the parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development. (United Nations Convention on the rights of a child (1989).

The article also clearly stipulates that State Parties, in accordance with national conditions and within their means, should take appropriate measures to assist parents and others responsible for the child to implement this right and should, in case of need, provide material assistance and support programs, particularly with regard to nutrition, clothing and housing (United Nation Convention on the rights of a child, 1989).

H.I.V/AIDS can have a devastating impact on the economic state of a household (Foster and Williamson, 2000). Although H.I.V/AIDS does in itself cause poverty, it does worsen the financial situation within households. The costs of treatment for an

H.I.V/AIDS patient and the loss of a bread winner can all contribute to putting a financial strain on households and their capacity to care for an orphan that is added to the household (Foster and Williamson, 2008). According to Foster and Williamson (2000), in Kenya, most families that agreed to take in orphans were living below the poverty line and the wealthier relatives maintained minimal contact with them. The authors also discovered that in Tanzania, less than a quarter of orphans received any form of financial assistance from the surviving parent and fewer than 10% received support from other relatives (Foster and Williamson, 2000). The worst case is when the father dies as he is the primary bread winner. In this situation, the responsibility is left on the mother to provide for the household or worse still, the oldest child (Foster and Williamson, 2000). It is widely recognized that orphans are more likely to live in larger households, where they are dependent on female heads that generate lower income. This has serious negative implications in terms of the child's capacity to access basic needs such as clothes, food and health care (Foster and Williamson, 2000).

H.I.V/AIDS is inevitably associated with food insecurity. A study done in Rwanda showed that when the father died, 53% of the households under investigation had a less nutritious diet (World Vision, 2005). Studies, including one conducted in Tanzania, shows that orphans have higher rates of malnutrition. Orphans in the study conducted in Tanzania, as well as those in Zambia and Zimbabwe, were found to be at higher risks of stunting and being under weight than non orphans. Investigations conducted in Lesotho report that the ratio of underweight orphaned children between the ages of 0 to 4 is almost double to that of non orphans (World Vision, 2005).

This article clearly stipulates that where the child's parents or guardians are unable to provide adequately for the child, the state is obligated to assist these children by providing their material needs as well as offer support programs (United Nations Convention on the rights of a child, 1989). Due to governments having limited resources, this right is often violated as orphans find themselves living in inadequate living conditions with little or no assistance from the state.

2.9.4 Child labor: Article 32

Article 32 of the United Nations Convention on the rights of a child, (1989) addresses the issue of child labor. It states that State Parties have to recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development. As mentioned above, orphans in Lesotho are often faced with situations where they have to perform laborious household tasks in which they have to work long hours, which can interfere with their education (Report of the Commission of Inquiry on Adoption of children in Lesotho, 2008). Orphans may be taken in by relatives either to care for a sick relative, as a domestic worker, or to herd cattle (Foster, 1997). This can put a strain on them not only physically but emotionally as well. In other cases, where the child is the head of the household, he or she not only takes care of the running of the household, but may also need to enter the labor market in order to earn money for the family (Subbarao and Coury, 2004). This leads to further exploitation as children can find themselves in situations where they are working long hours in factories with low wages or working as prostitutes.

2.9.5 Stigmatization: Article 2

Finally, Article 2 of the United Nations Convention on the rights of a child, (1989) addresses the final child right violation that will be explored in this study. The article states that State Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

Furthermore, State Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status,

activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family member (United Nations Convention on the rights of a child (1989)).

This particular state article stipulated by the United Nations Convention on the rights of a child (1989) is particularly relevant to children who have been orphaned primarily as a result of H.I.V/AIDS. The fact that it includes children should not be discriminated against because of their guardian or parent means it not only applies to H.I.V infected children but to those affected by the disease. H.I.V/AIDS leads to discrimination in communities (Bennell et al, 2002). People infected and their families are often discriminated or ostracized. Therefore this article provides for children who are discriminated against by association. The violation of this law leads to other violations as children who are discriminated against may be denied access to health care or education.

2.10 Conclusion

H.I.V/AIDS has led to violations of the human rights of children. Children suffer economically, socially and psychologically. In addition, they are sometimes placed in households where they are exposed to forms of physical abuse, where they are unable to be adequately cared for, where they may be required to drop out of school as the workload they have to take is increased and where they can be exploited (Report on the commission of inquiry on the adoption of children in Lesotho, 2008, Bennell et al, 2008). Research in this area is needed to give a voice to the children that are affected by the epidemic in this way and hopefully raise enough awareness that will cause action in line with upholding the rights of every child.

This chapter was a discussion of literature and research that has been done on the phenomena of H.I.V/AIDS, the extended family unit that has traditionally been the safety net for orphans, psychosocial impact of being orphaned primarily as a result of H.I.V/AIDS, and the child right violations that orphans face. The following chapter will discuss the methodology that was used in the study.

Chapter Three

3 Research Methodology

This chapter presents the research methodology used for this study. It outlines the research design, sampling method, data collection method and instrument, data analysis method and deals with the limitations of the study. It concludes with a discussion of the ethical considerations that were relevant to the study

3.1 Research Design

The researcher used the qualitative research approach for this study. Qualitative research designs are ideal for developing understanding and enabling researchers to gain insight into the subjective experience of human beings of their social realities through the use of methods such as face to face interviews and focus groups (DeVos, 1998). Qualitative research designs stem from an interpretative paradigm which emphasizes that subjective interpretation of phenomena is crucial in understanding that particular phenomena (Ulin, 2005). In other words, people's interpretation of their social reality helps researchers to gain better understanding of that social reality.

The main assumption of qualitative research is that all human action is meaningful and has to be interpreted and understood in the context of social practice (DeVos, 1998). In other words reality is subjective and multiple as seen from different perspectives and therefore there is no one reality (Ulin, 2005). Qualitative research designs aim to develop an authentic understanding of a social reality (Engel and Schutt, 2009). The research design was exploratory in nature as the aim of this study was to explore the subjective experiences of orphans in Lesotho in relation to the psycho social risks and child right violations and to gain a better understanding of their social reality.

It was also important to the researcher to ensure that orphans were given the opportunity to speak out about their experiences in order to increase awareness on the issue of child right violations and the psycho social risks that children orphaned primarily

as a result of H.I.V/AIDS face. Qualitative research affords subjects to be active participants in the research process and voice out their opinions as opposed to quantitative research which does not afford participants to actively participate in the study (Ulin, 2005).

3.2 Sampling

The sampling method used in this study is purposive sampling. In purposive sampling, a particular case is chosen because it illustrates some feature or process that is of interest for a particular study (DeVos, 1998). According to Ulin, (2005), qualitative research constitutes an in depth exploration of a particular phenomenon, so in order to achieve this, the researcher will set out to identify a sample that will best shed light on the topic that is being investigated. Sample selection in qualitative research is therefore often based on purpose rather than statistical probability selection as the researcher sets out to obtain a sample that will teach him/her the most about the topic under investigation (Ulin, 2005). In purposive sampling, a clear identification and formulation of criteria for the selection of respondents is made (DeVos, 1998). The researcher was interested in conducting an in depth exploration of the child right violations and psycho social risks of orphans in Lesotho. In order to achieve this goal, a clear identification of orphans was done by the principal of the school at the request of the researcher.

The sample was accessed by approaching the principal of the school who then identified orphans who were willing to participate in the research. Due to the limited time frame available to the researcher, this was chosen as the best method of sampling as it was less time consuming and participants could be located at one place. It also meant the researcher was able to obtain the most suitable sample able to shed light on the topic under investigation. The principal had access to the students' background information and was able to identify the ones that were relevant to the study, that is orphans who were age appropriate for the study and who could communicate in English.

The sample constituted children from St James High School aged 17-19 years. This was chosen as the most appropriate age group as they are more advanced in terms of their ability to communicate in English and more developed in terms of their ability to communicate their experiences to the researcher. Their ability to communicate in English more fluently eliminated the use of an interpreter which minimized the loss of valuable information that can get lost in translation.

The type of purposive sampling that was used was homogeneous sampling. In homogeneous sampling, the people in the sample have basically similar characteristics (Ulin, 2005). All the participants were orphans in form E and all had lost both parents with the exception of one. The criterion used was that they had to be orphans. The advantage of using this type of sampling technique was that by limiting the sample selection to individuals who met this criterion, the researcher was able to focus on the central issue that under investigation as it affected all of them.

A sample of 12 respondents was selected. Using a smaller sample size provides the advantage of allowing the researcher to conduct more in depth interviews within the limited timeframe and gain richer data as opposed to having a larger sample size which would have meant a less in depth exploration of the study (Ulin, 2005). A larger sample size would mean brief interviews and less time to effectively explore the subjective experience of the orphans. A smaller sample however means allows for more time to be flexible as well as allowing more time to probe and explore deeper the subject under investigation.

3.3 Data Collection Method

Data was collected using in depth, face to face qualitative interviews. According to DeVos (1998), interviews are the dominant mode of data collection in qualitative research and are conducted if one is interested in people's stories. They are usually an exchange between the interviewer and the respondent. The interviewing style used is usually informal, covering a few broad topics as opposed to having a whole list of questions (DeVos, 1998). Structure can be created without losing the open exchange

which is central to qualitative research by viewing the interviews as a conversation with a purpose. Study participants take an active role in determining flow of the discussion (Ulin, 2005).

3.4 Data Collection Instruments

A semi structured interview schedule was constructed which sought to meet the objectives of the study. Semi structured interviews are defined as “those organized around areas of particular interest, while still allowing considerable flexibility in scope and depth” (DeVos,1998: p292). Flexibility was important to the interviewer as she was aware that each orphan would have a unique story to tell and wanted to avoid being too rigid. However the researcher also wanted to make sure that all the relevant aspects of the research topic were covered and that data would be comparable therefore a set of semi structured interview questions were compiled prior to data collection. The researcher was interested in hearing the stories of orphans and learning about their experiences of child right violations and psycho social risks as opposed to merely gathering information from them using surveys or questionnaires. A tape recorder was also used in order to record the interviews and be able to transcribe the data collected for analysis.

3.5 Data Analysis

Data was analyzed using Tesche’s method of data analysis as outlined in DeVos, (1998). The method consists of the following steps:

1. In-depth interviews were recorded and transcribed for data analysis
2. The researcher read through the transcripts and made notes on the margins concerning important issues raised by the respondents;
3. The researcher read through the transcripts again and took note of main themes and their features are listed into themes, categories and sub categories
4. The researcher re-read the transcripts as new themes and categories could emerge;
5. The researcher abbreviates her main themes into codes in order to analyze which category falls into a particular theme;

6. The researcher groups together topics which relates to each other so as to identify if she has gone overboard with the number of categories and subcategories;
7. The researcher makes a final decision on the categories
8. A preliminary analysis is then made in a systematically manner according to how the analysis is going to be carried out;
9. The researcher revisits the transcripts as it might have been necessary to recode existing data

3.6 Dealing with inherent limitations of the study

3.6.1 The Research Design

Qualitative research designs rarely provide satisfactory answers as they do not give a true representation of ideas of the whole sample (Babbie and Mouton, 2005).

Qualitative research designs are concerned with the subjective experience of human beings, meaning the ideas that are generated from the studies are rarely objective or factual but are subject to interpretations made by the researcher (Engel and Schutt, 2009).

The sampling strategy

The sampling strategy used in this study is purposive sampling. One of the limitations of purposive sampling when carrying out qualitative research is the idea that the data that is collected may not be a true representation of the whole population at large which means the findings of a particular study cannot be generalized (Engel and Schutt, 2009). The orphans in this study were in their final year of high school and were adolescents, meaning that due to their developmental stage, their experience of their social world will be different to children in a different developmental stage. However this study was dealing with the basic child rights that are universal to every child and therefore the findings generated from this study can still be useful and relevant in understanding the challenges that children orphaned primarily as a result of H.I.V/AIDS in Lesotho encounter.

3.6.3 The data collection strategy

(a) Data collection method

In terms of face to face interviewing, some of the limitations according to De Vos (1998), include

1. Some participants may be unwilling to share information that may be essential to the research being undertaken. It is therefore important for the researcher to have interviewing skills such as probing and exploring in order to draw out the information that is needed. The researcher made use of these skills in order to gather the information that was needed for the study and also created a safe non threatening environment for the respondents. The researcher also began by building rapport for participants to feel comfortable enough to open up and share their experiences (De Vos, 1998).
2. The researcher has the risk of asking questions that may not evoke the desired response pertinent to the research topic. It is important for the researcher to carefully construct the interview schedule and to practice the questions on a trusted individual prior to carrying out the interviews to test the relevance of the questions. The researcher can also re word the questions to increase their relevance should the need arise during the interview process. In essence, the researcher needs to be flexible (De Vos, 1998). The researcher followed key principles presented by DeVos (1998) during the process of constructing the interview schedule and presented the questions to the supervisor before conducting the interview.
3. The participant may also give a false account or lie in order to try and impress the researcher. In order to try and limit this, the researcher can try and stress the point that there are no right or wrong answers (De Vos, 1998). At the beginning of the interviews and during the interviews the researcher made a point of explaining that the study was exploring their own experiences.
4. The researcher needs to have good interviewing skills in order to build rapport and obtain rich data (De Vos, 1998). The researcher is a qualified social worker,

who us in the process of completing a masters degree in clinical social work practice and is therefore equipped with the necessary interviewing skills.

5. The risk of the interview turning therapeutic also exists and the researcher needs to be aware of this risk and avoid it (De Vos, 1998). The researcher avoided this by focusing on the interview schedule and asking relevant questions that pertained to the study.

(b) Use of tape recorder

In terms of using a tape recorder, some of the limitations that the researcher was aware of include

1. The participant may refuse to have a tape recorder and may even refuse to be interviewed
2. The tape recorder may not perform its function leaving the researcher with no other record of the interview aside from memory
3. The participant may also become excessively aware of the tape recorder and may become anxious

It was therefore important to gain consent from the participants before using the tape recorder and to explain that the tapes will be kept in a safe place and will only be used for the purpose of helping the researcher to remember the information that is shared in order to try and minimize some of the anxiety resulting from using the tape recorder.

The researcher also made sure the tape recorder was working prior to the interviews and carried extra batteries. Using a tape recorder seemed more advantageous as opposed to note taking as constant note taking can hinder genuine displays of interest by the interviewer and limits the degree of concentration that ensure the best interviews (Engel and Schutt, 2009).

3.6.4 The data analysis strategy

In terms of using Tesch's steps for data analysis, the researcher was aware of the possibility of leaving out some important themes or categories making the analysis incomplete. The researcher therefore carefully read each of the transcripts, highlighting themes arising from them and made notes as she read the transcripts. The researcher

continually repeated this process in order to make a thorough analysis. Even during the transcribing process, patterns were already beginning to emerge and the researcher made a mental note of these and wrote them down.

3.7 Ethical considerations

The researcher had to ensure that she received ethical clearance by the Department of Social Development before embarking on the research. This was achieved by the researcher filling out a form in which she outlined the key ethical issues pertaining to the study and how these ethical issues would be addressed to ensure that participants in the study were not exposed to any emotional, mental or physical harm. Some key ethical considerations as outlined in De Vos (1998), include

(a) Avoidance of harm

It is up to the researcher to ensure that participants are not harmed either emotionally or physically (DeVos, 1998). In terms of the research that will be carried out, there is the risk of emotional harm since one is dealing with children who have probably been through a lot of emotional trauma already. The researcher had to remember that it was not a therapeutic session and avoided highly sensitive issues. The researcher also made sure that the questions asked were appropriate for the age group that was being interviewed and that the questions that were selected did not cover topics that were too sensitive in nature. The researcher was aware that should the participant divulge information that puts them at emotional or physical risk then it will be the duty of the researcher to notify the principal and ensure follow up in the form of support and possible counseling.

(b) Informed consent

Getting informed consent implies that all possible and adequate information on the goal of the study and the procedures to be followed are given to the participants (DeVos, 1998). Before the interview began, the researcher explained to each participant what the research was about as well as the fact that the supervisor of the researcher would have access to the interviews but would not be able to link them (the participant) to the

interview as nicknames would be used and also asked for permission to use a tape recorder.

(c) Deception of subjects and /or respondents

This involves deliberately leaving out important information or misrepresenting facts with the intention of misleading the other person (DeVos, 1998). The researcher made sure not to mislead the participants in this study for example by leaving out the fact that someone else would have access to the interviews. The intention or purpose of the study was clarified and the researcher avoided making false promises to respondents in terms of the outcome of the research.

(d) Violation of privacy/anonymity/confidentiality

In this study, in order to maintain privacy, nicknames were used so the supervisor or anyone else reading the report would not be able to link the interview to the participant. This was done to ensure anonymity. Whatever the participants shared during the interviews was kept confidential and not discussed with other people. The tapes with the recorded material were also kept in a safe place which was not accessible to anyone other than the researcher.

(e) Actions and competence of researchers

Researchers should be adequately equipped with the necessary skills to undertake the proposed research (DeVos, 1998). The researcher was equipped with interviewing skills after completing her degree in social work and practicing as a social worker. The researcher was also receiving guidance from the supervisor.

(f) Cooperation with contributors

Should any of the contributors be interested in reading the proposal, the researcher will make this available to them.

(g) Release or publication of findings

The findings of the study need to be presented in written form (DeVos, 1998). This research was compiled as a dissertation as part fulfillment of the masters degree in clinical social work. The researcher and supervisor also plan to publish an article of the research within a year of the study. The researcher also hopes to share the report with the Department of Social Welfare in Lesotho.

(h) Debriefing respondents

It is important to debrief respondents at the end of the interview as the material that is covered can leave participants feeling uncontained. The researcher made sure that participants were debriefed at the end of the session by summarizing the session and giving respondents the opportunity to offer feedback about how they experienced the interview. The researcher also informed participants that should they require counseling after participating in the research, she would notify the school.

3.8 Conclusion

This chapter was an outline of the methodology that guided this study. It gave an outline of the research design, sampling method, method of data collection, the data collection tool used, the method of data analysis, a discussion of the limitations of the study and some ethical considerations that were relevant to the study. The following chapter contains the results and discussion of the findings.

Chapter Four

4 Results and Discussion of Findings

This chapter presents the results from the study and discusses these findings in relation to the literature that was reviewed. The results were compiled by analyzing the transcripts from the face to face interviews and identifying the themes that emerged during the process of data analysis. These themes were further divided into categories. The themes and categories are presented in a table and further discussed by linking them to the literature.

The face to face interviews, from which the results are drawn, were conducted from a sample that consisted of 12 high school orphans from a high school called St James High which is located in Maseru which is the capital of Lesotho. The sample consisted of 11 double orphans (both parents deceased) and 1 single orphan (one parent deceased). All the participants could speak and understand English so there was no need for an interpreter. All of them were in form E, which is the final year of high school. The sample had an equal number of girls and boys i.e. 6 males and 6 females. Their ages were between 17 and 19years. Eight out of the twelve respondents were either staying alone or in a child headed household, two were living with extended family and the remaining two were living with a relative who was incapacitated and who they were caring for.

The following table is a presentation of the results which consist of themes and categories derived from the transcripts.

4.1 Table of Results

Theme	Category
1 Child labor	1 (a) Chores 1 (b) Taking on Parental Role 1(c) Economic exploitation
2 Quality of life	2(a) Basic Needs 2 (b) Living conditions 2(c) Lack of transport money
3 Response to death of parents	3(a) Too young to remember 3(b) Suicidal 3(c) Adequate Support

4 Anxiety	4(a) Death of caregiver 4(b) Future
5 Discipline	5 (a)Lack of authority figure 5 (b)Absence of physical abuse
6 Discrimination	6(a) Community 6(b) Peers

4.2 Discussion of Findings

Theme 1 Child Labor

Article 32 of the United Nations Child Rights Treaty (1989), states that every child should be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development. Fifty percent (50%) of the respondents in this study were living in circumstances that were partly violating this right. They were performing household chores that interfered with their schooling, their time to play with friends and the time they get to sleep. This is consistent with Tondress, (2007) who reported that in most instances orphans find themselves being exposed to working long hours in homes that interfere with their performance at school. It was found in the study house hold chores were the main form child labor as opposed to economic exploitation which has been reported in other studies (Report on the Commission of Inquiry on Adoption of Children in Lesotho, 2008).

Category 1 (a) Household Chores

As reported above, 50% of participants were found to be performing house hold work that was interfering with their education and in other instances their mental well being. Van Dijk (2008) makes the point that although some of the household chores that children she researched had to undertake were considered normal, it was the amount of time that was spent on performing the chores that was problematic and distinguished them from the chores that children who are not orphaned undertake. In addition, Tondress (2007) also reported that the household duties that orphans children have to

perform often leave them too exhausted to complete their homework or finish assignments. Half of the orphans in this study certainly supported both these claims as they also felt that the amount of house hold chores that they were expected to do was interfering with their school work. The respondents complained about the fact that they had to perform chores after a long day at school. When school finished some of the respondents reported having to travel for at least one and a half hours on average and then having to perform most of the household chores on their own. After cooking and cleaning, little time is left for them to be able to work on their home work. Chores that participants were involved in included washing dishes, cooking and washing clothes. The respondents complained that the amount of time they spent on chores meant they sleep late, do not finish assignments and are sleepy in class. The following are evidence from the interviews of how household chores were interfering with school work:

Respondent D: "Some cooking, I am cleaning the house, my brother is the one who is can dig, my younger sister is still in form D and I am still helping her and teaching. I am doing everything, everything that you think a mother should do"

Yet another respondent had a similar story

Respondent F: "When I get home I am washing for my younger brother then I am cooking, I am doing my homework , maybe helping my brother"

Another example was as follows

Researcher: "Does the amount of chores you have to do ever interfere with your school work?"

Respondent J: "Ya it does a lot"

Researcher: "In what ways"

Respondent J: "Sometimes you'll see that my homework are too many and I finish school at four. So I travel by foot I get home at 5:30pm and it will be too late for me to

do all those things, sometimes I finish at 9 to 10o'clock and I will not have much time to work."

Yet another respondent described the situation in the following manner:

Respondent H: "With the school work, you see what happens is that sometimes I will be looking after her in the morning, taking her to the toilet, make sure everything is ok so that when I am not there she is able to take food so I am unable to do my homework sometimes"

From the above examples it is clear that the amount of chores that some of the respondents in the study were having to perform was limiting drastically the amount of time left for them to do their school work. Some of them reported that they went to school without completing their school work resulting in their expulsion or other forms of punishment. Some respondents reported that school teachers did not understand their circumstances and will punish them or report to the principal of the school.

Researcher: "What happens if you don't do homework"

Respondent H: "Sometimes I am expelled"

Article 32 of the United Nations Convention on the rights of a child (1989) clearly states that the amount of work that children engage in should not interfere with their education, but the children in this study were suffering as a result of the amount of work that they were required to do. In some instances, the participants reported not being able to concentrate on their reading and as a result, they were falling behind on assignments and on their reading:

Researcher: "Ok, and does the amount of work ever interfere with your time to do homework or your time to do assignments"

Respondent J: "Yes, it affects sometimes because when I get home I cook and clean and I am tired but I have to work and by the time I read I don't concentrate as much as if I didn't have work to do"

Another example was in the following response

Researcher: "And how does this (chores) interfere with your school work"

Respondent J: "When I get to class I will be sleeping"

Yet another respondent had the following to say

Researcher: "And is your work ever affected , do you ever come to school without finishing assignments"

Respondent D: "Ya"

Researcher: "What will have led to that"

Respondent D: "Sometimes I wake up at two then I look at the book, after reading I see that I am still reading but I am not understanding..."

What emerged from the interviews was the fact these children were not being allowed the opportunity to perform at their optimum level because of the amount of work they have to do on a daily basis. Nearly all the respondents in this study were aware of the fact that education was their best chance in terms of being able to live the kind of life that they aspire to and to escape a life of poverty. However due to the various tasks that await them on a daily basis after school, it is quite disturbing that some are being robbed of the time and energy that they require in order for them to meet their school work requirements.

A study done in Botswana by Bennell et al (2002), found a similar trend among the orphans at the school that participated in the study. The teachers at the school reported the following problems that are encountered by orphans at school:

- Poor concentration including falling asleep in class. This can be linked to the fact that sometimes orphans are expected to perform household tasks that are tiresome.

- At secondary schools it was reported that they have problems with homework in terms of failing to finish assignments on time and poor standard of work

The above scenario is similar to what was being reported by half of the orphans who participated in this study. It seems that orphans are at a disadvantage as they have to perform more household chores compared to non orphans. The fact that there are no parents to monitor the amount of work that orphans do can be cited as a reason. Most of the children in this study were living in households where they were the household head and were responsible for the upkeep of the household or where they were living with a head who was incapacitated. This means that the bulk of the household work falls on their shoulders and as a result it is the school work that suffers. The children had no one to help them with the work as either the elder in the household was away at work or they were oldest in the house leaving them with more responsibilities than they can handle. In one case a girl reported that she would sometimes miss school because of responsibilities that she had in the home of fetching her sick grandmother's pills.

Category 1(b) Taking a parental role

Fifty percent (50%) of the orphans who were interviewed were taking on the role of parents. This was mainly due to the fact that both their parents were dead and there were no relatives that were willing to take them in. As a result the orphans were living in child headed households. The amount and type of chores that they had to do was better suited for an adult. Those that had to perform duties felt overwhelmed by the amount of responsibilities that was being placed on them. There were classic examples of children who were being forced into adult roles and the following are some examples:

Respondent D: "Some cooking, I am cleaning the house....everything that you think a mother should do"

Researcher: "Can you explain more in terms of saying that everything a mother does"

Respondent D: "Like making sure that all of them have something to eat, to cook, and to make sure that when my sister comes from the factory she sees that the house is clean, the t shirts are washed, and I have cooked"

Some of the orphans' household chores included making sure that their siblings were also well fed and their clothes were washed. According to Van Dijk (2008), traditionally older children can find themselves helping to look after their younger siblings alongside their parents or grandparents but in child headed households, which were a common feature in this study, the oldest child becomes the sole provider and carer of the younger siblings. According to Article 32 of United Nation Convention on the rights of a child (1989), it is a violation of the child rights for them to be exposed to work that interferes with their normal development and that will be hazardous to their mental development. Parentification of children has negative impacts on the mental well being of the child as mentioned in the literature review. It involves the process of role reversal whereby the child takes on the role of the parent (Barnett and Parker, 1998). Not only do the children suffer from guilt, they also suffer from low self esteem and inhibition of normal development.

The following is an example of an orphan who's right to enjoy leisure was being impinged on because he was also a house hold head

Researcher: "Does the amount of work you have to do or your responsibilities ever take away from your time to play with friends"

Respondent F: "Ya of course, because sometimes I will be trying to play with my friends and my younger brother will come and say I have no food and he will be crying, but I cannot say I am always playing, it is something that happens accidentally because playing would be everyday I am playing soccer, everyday we are playing pool and things like that but it depends on the time I have. Maybe today I will have finished the work then I will have enough time to go and play"

Another example was as follows

Respondent L: "No, I cannot handle all the work that I am doing at home, I am still young, I cannot do all the things that I am supposed to do"

In addition to caring for their siblings, some of the orphans had to take on a caring role and look after an ailing relative. One respondent described how sometimes she has to miss school because in addition to the housework, she also has to go the clinic and fetch pills for her sick grandmother. Another respondent had a sister suffering from a spinal problem and said the following

Respondent H: "Sometimes my sister, the spinal chord becomes very worse, so sometimes I have to take much time to look after her then"

Researcher: "And when you look after her, what do you do for her"

Respondent H: "In the morning I will be cooking for her and I put the water for her for bathing"

Respondent H went on to say the following: "*...sometimes I will be looking after her in the morning, taking her to the toilet, make sure everything is ok so that when I am not there she is able to take food so I am unable to do my homework sometimes*"

This problem of orphans being forced to take on a caring role for ailing relatives was also reported in a study done by Antsell and van Blerk (2004). Seven out of the twelve the children interviewed in her study which was also conducted in Lesotho reported being sent for in order to care for sick parents or other relatives. This caring role is often reserved for adults but in some instances, children are employed to carry out this function. When children take on this caring role, it can impact negatively on their normal development.

Previous studies on orphans reported that this vulnerable group of society often engages in economic activities that are exploitative in nature. One of the objectives of this research was to investigate whether this claim was supported by orphans in Lesotho.

1(c) Economic exploitation

The Report on the commission of inquiry on the adoption of children in Lesotho (2008) claimed that orphans in Lesotho were being exploited by the extended family unit in the form of agricultural activities and domestic work. This study did not find evidence of this among the respondents. Most of the orphans were living in child headed households or the relatives they were staying with were not exploiting them. According to Foster, (1997), orphans who find themselves in child headed households do not have the skills that they need in order to engage in economic activities. Foster (2004) also reported that when orphans fall through the safety net of the extended family unit they often find work as domestic workers but this was not the case with the orphans in this study who had not been taken in by members of their extended families. All of them were in school and only performed household chores and none were engaging in economic activities. They were relying mostly on the generosity of relatives and neighbors.

Researcher: "So what kind of work do you do?"

Respondent B: "Not much, I cook, I clean the house"

Another example of the type of work participants engaged in is the following:

Respondent E: "Because there is no big work I am doing at home I will just take my books and read but I will see that we eat and sleep. The only thing is that I focus on my books"

This could serve as an explanation for why this particular sample was not driven by desperation to look for jobs. Although in most cases orphans did not have anyone caring for them, they did have a source of income from mostly from their siblings who were away working.

Theme 2: Quality of Life

Eleven out of the twelve respondents i.e. more than 90% of children who were interviewed were living a low quality of life. According to Article 27 of the United Nations Convention on the rights of a child (1989), State Parties should recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual,

moral and social development. The findings in this study support the claim that orphans in Sub Saharan Africa are living a poor quality of life. This study found that orphans were living below the poverty line and their standard of living was low. The majority of them are living in conditions that are in direct violation of their right to an adequate quality of life, resulting in negative consequences physically, mentally and socially. The fact that their standard of living was low was mainly due to the extended family being unwilling to help, living in child headed households or living with grandparents who were sick and not working. This finding is consistent with the study done by Foster and Williamson (2000) in Kenya in which orphans were found to be living with relatives below the poverty line as well as findings by the Report of the commission of inquiry on the adoption of children in Lesotho (2008), in which orphans were reported to be living a low quality of life.

Category 2(a)Basic Needs

More than 50% of the orphans interviewed said they were suffering and wished they could live lives that were similar to their classmates who do not have to worry about things like food, shelter and money for transport. Eighty three percent of the respondents were lacking their basic needs namely food and shelter. One girl reported how the school teacher will punish her unfairly when she does not have money to go on a trip even it is not her fault. Children have a right to an education but most of them also complained that money for transport often runs out and for some this means having to miss school.

Respondent E: "Before the parents passed we were eating well, doing things well, we were thinking, what are we going to eat, now we have to think what are we eating, and we went to school freely, its difficult because on other days I don't have the transport (money) to come to school"

Another respondent said the following

Researcher: "And in your own words, what sort of support do you feel you need"

Respondent L: "I would need support for what I put on, and the food so that we can eat because my grandmother is supposed to take the tablets after she has eaten, even at night, she cannot take the tablets without eating"

Seven out of the twelve orphans (58%) interviewed confessed that they often went to bed at night on an empty stomach and went to school in the morning on an empty stomach. The orphans were grateful for the lunch meal that they receive at their school without which they just did not know how they would make it through the day. For most of them this happens towards the end of the month when money has run out. They depend on the goodness of neighbors or have to wait until relatives responsible for helping them send money. A common feature of AIDS is that it robs families of the main bread winner meaning the family members who are left behind after the death of the bread winner are left suffering and without a steady source of income (Avert, 2009).

Respondent H: "My mother was doing everything, she was paying my school fees, buying school uniform, everything I wanted, but after she passed was I was unable to pay school fees, I went to the government and the government sponsors me"

One of the orphans put it this way

Researcher: "And what is hurting you as we are talking?"

Respondent J: "The thing which is hurting me is that I look at my schoolmates or my other classmates, you see that life is better for them as they have their mother and father, everything is going as they want it to go, just like when my father was around, he is the one who would be able to provide us with everything, right now I am not able to have that"

What this statement conveys is the reality the orphans are living in. They do not have a bread winner in the family or a steady, sufficient amount of income coming in that they sometimes go to bed hungry and arrive at school.

Researcher: "How is it difficult for you?"

Respondent: "Sometimes we might have nothing to eat at all and I have to come to school, and coming to school others will be wearing clothes for winter because it is winter now but I don't have winter clothes"

Another orphan said

Respondent G: "Right now we have hired a place to stay so sometimes we don't have money to pay, sometimes we have nothing to eat, relatives sometimes they used to help sometimes they don't."

Yet another orphan mentioned the following

Respondent J: "Yes, sometimes when my uncle delays to send us money"

Researcher: "And how often does this happen"

Respondent J: "It will only happen 1 week and we will only survive because at school they gave me something to eat"

These various statements reveal that these orphans are suffering. The physical impact of the hunger was evident in the fact that some of them said they would sleep when they got to school. The mental impact was that some of them said they found it difficult to concentrate in class. The hunger was a constant reminder that they are suffering, that they are not like other children who have parents and do not have to come to hungry. According to article 21 of the United Nations Convention on the rights of a child (1989), children have the right to an adequate standard of living that fosters their physical, moral, mental, spiritual and social development. The fact that orphans in this study complained of not having enough energy to stay awake in class and that they did not have the ability to concentrate in class proves that their standard of living is in direct violation of this right and that the state needs to make the necessary interventions. The impact of hunger cannot be underestimated; one orphan explained it this way:

Respondent J: "Sometimes it's a thing of coming here is difficult, it's not that easy for a person to concentrate when they are hungry so I just think it's easier not to come to school"

Another respondent said the following

Researcher : "So sometimes it's the things you'll be thinking about that stop you from doing the work"

Respondent D: "Yes"

Researcher: "And what kind of things will you be thinking about"

Respondent D: "Um, things about sometimes I went to bed without eating, then I was thinking in the morning, I went to school without eating, and I will eat 1 o'clock only, what happens if I pass down before 1o'clock without eating..."

One can see clearly the impact that hunger is having on this group of vulnerable children. The one orphan explicitly states that he would rather miss school than come on empty stomach. This means that their school work falls behind and I mention again, that the impact of hunger cannot be over emphasized.

Anxiety also becomes a problem as the respondent above mentions that she is so anxious about the fact that she might not make it to lunch time without eating. The main reason why most of these orphans were suffering in this way was the fact that they were living in child headed households. According to (Subbarao and Coury, 2004), children who find themselves in a situation where they are heading a household are often lacking in the skills that are necessary to run household economic activities. As such, these households often suffer. The child who is forced by circumstances beyond his/her control is often faced with a task that they may not be prepared to undertake leading to situations where there is lack of money in the household. One girl said she sometimes worked during the school holidays but she was unable to do so during the school term. Yet another girl mentioned she sometimes helped out a woman with a catering business

but it was clear that the money was not adequate to help support both her and her sick grandmother who was unemployed.

Lesotho is a country that experiences extremely cold winters. One of the problems that orphans faced was that they did not have enough winter clothing as well as clothing in general again revealing a poor quality of life. Nine out of the twelve (75%) respondents said that they did not have enough clothes and needed clothes especially in the winter season. In winter, the school has a winter uniform to combat the cold but most of the children interviewed did not have the money to be able to buy the winter uniform. Most of them complained that even if they told relatives that they needed winter uniform, the relatives often delayed in giving them money to buy the uniform. Again the impact of this on the children mentally is that they tend to compare themselves to their classmates who have parents who can buy them winter clothes.

The following is an example of an orphan who needed clothes for the winter season but the brother was unwilling to help

Respondent D: "No, I couldn't because sometimes that women that my brother married, he doesn't love us, so when we go to him and say I don't have shoes, I don't have the kit, the school bag, then he says no, he can only buy for one person, then I say no, you cannot buy for me, you have to buy for my younger sister, then he asks why I need shoes and I say for winter. Then he says no, I will buy you at the end of May, then he didn't"

Another respondent said

Respondent L: "Sometimes we might have nothing to eat at all and I have to come to school and coming to school others will be wearing clothes for winter because it is winter now but I don't have any winter clothes"

Researcher: "And so you'll be cold when you come to school?"

Respondent L: "Yes, it is cold and we are supposed to, I am stressed about it"

It's apparent from these statements that the fact that these two orphans do not have winter clothes is affecting them not only physically in that they are cold, but also emotionally and mentally. Unfortunately what emerges is that again the impact of living in such circumstances extends into the classroom, where the children are unable to concentrate as they are thinking about their circumstances. The fact that these children are suffering in this way especially in winter is again in violation of article 21 of the United Nations Convention on the rights of a child (1989), which clearly states that they are entitled to have their needs met in order to foster healthy, normal development to which every child is entitled to.

Another aspect of the quality of life that was explored in this study was connected to the living conditions of orphans in their homes.

Category 2(b) Living conditions

Half of the respondents (50%) were living in extreme poverty. This supports a study conducted by Van Dijk (2008) in which she found that orphans living in child headed households in South Africa were living in poor living conditions to the point where some of the households did not have proper sanitation and toilets that were working. Consistent with her finding, these orphans also reported that they were living in houses that either did not have electricity or water supply. Some of the homes were not safe and could easily be broken into by thieves. What was common was the fact that most orphans were living in homes that had no electricity.

Due to lack of electricity, most respondents said they used paraffin or gas heaters in order to keep warm. This is quite dangerous as it leads to houses getting burnt down should there be a gas leak and it also increases the chances of a child getting burnt by a paraffin stove. In the event that money for the gas or paraffin runs out, one respondent said they would not cook because they are unable to boil water for cooking. Yet another respondent said he stayed at home because he could not heat the water and the water was too cold to bath in. Again this is a sign that these orphans are living a poor quality of life. They are not enjoying the benefits that most people in today's society enjoy.

The following response from one of the participants in the study supports this finding:

Respondent E: "No we don't have electricity but at my home there is a place for electricity but we have no money for electricity"

The conditions they live in are below the acceptable standard of living and are not conducive to fostering the healthy development of a child's physical, mental, moral and social development. The impact of living in such poor conditions is illustrated by the following respondent:

Respondent C: "In winter, at home we have a heater, sometimes it is a problem when we don't have money because we are not able to buy paraffin for the heater"

Researcher: "Ok, and doesn't it get too cold"

Respondent: "It does and sometimes I am not able to do my work because I am feeling cold"

In addition to living in these poor conditions, another area of concern that was raised by the orphans in this study was lack of transport money.

Category 2(c) Lack of transport money

This was one of the main challenges that the orphans reported. Sometimes they did not have enough transport money to go to school. Most of the children lived a long way from school and needed to catch public transport in order to travel to school daily. The cost of travelling to school using public transport was reported to be an average of R5 going and R5 coming back which amounts to R10 a day needed for transport costs. For some students, the amount comes to R20 a day as they have to catch two taxis before they arrive to arrive to school. About 40% of those interviewed did not have enough transport money resulting in them having to miss school. With the low standard of living that these children are living under, it is not surprising that they were unable to afford this cost.

Respondent t C: "Sometimes I will be in need for transport. My brother is the one who gives and my grandfather used to help but sometimes it happens that they didn't give me enough"

Researcher: "So how do you then travel?"

Respondent C: "Sometimes I will come and my friends will give me the money to return but sometimes I just stay at home"

Researcher: "Oh so you don't come to school?"

Respondent C: "Yes"

Another orphan said the following concerning lack of transport money

Respondent E: "Before the parents passed away we were eating well, doing things well, we were not thinking, what are we going to eat, now we have to think what are we eating, and we went to school freely, its difficult because on the other days I don't have the transport to come to school"

Researcher: "So you have to stay at school?"

Respondent E: "Yes"

Unfortunately it is once again the children's schooling that suffers when the children are living in poverty circumstances. Most of the orphans who did have problems with transport money running out have to miss school when this happens. Some relied on friends to help them with money to return home while one student said that one of the teachers was willing to help her out on some occasions but telling her to come to school and he will give her the money. Most however just said they would miss school.

This supports Bennel at al (2004) who states that the most severe impact of H.I.V/AIDS seems to be the fact that most orphans experience interrupted schooling, meaning they end up falling behind with their school which will affect their school performance negatively (Bennel at al, 2004). This study clearly supports this claim because almost 75% of the participants experienced disruptions in their schooling either due to the heavy work load at home or lack of transport.

According to the United Nations Convention on the rights of a child (1989), every child has the right to education, education that aims to develop his or her personality, talents, and mental and physical abilities to the fullest extent, no matter how wealthy the child's parents are. In the cases that have been mentioned, this right is being violated because due to circumstances beyond their control, these children are unable to come to school and enjoy their right to an education. Another right that is being violated that has already been mentioned is Article 27 of the United Nations Convention on the rights of a child (1989), which stipulates children's right to an adequate standard of living that fosters their mental development. When children's schooling is disrupted, they are left at a disadvantage as they are unlikely to fulfill their full potential in the school environment compared to children that experience little or no disruptions.

This study set out to explore not only the child right violations of children orphaned primarily due to H.I.V/AIDS but also included an exploration of the psycho social risks that these children are confronted with. What emerged was that there were different reactions to the death of parents but respondents showed a high level of resilience and positive attitude despite having lost both their parents.

Theme 3:Response to death of parents

Participants had different responses to the death of their parents. Some reported that were too young to remember the death of their parents while others said they had felt sad, abandoned, hurt or reported that it was hard. A small minority (3 out of the 12) however said they had thought of killing themselves at the time of their parents' death, with one girl still experiencing suicidal thoughts from time to time.

Category 3(a)Too young to remember

A small proportion of the orphans who were interviewed reported that when their parents died they were too young to be affected by the death of their parents. They did not really feel the impact of their parents until they were older. Due to current circumstances, they were now feeling the impact of not having parents such as not having their needs readily met. One girl said it was only now that she realized she

needs her mother as she goes through the various milestones that a girl should be able to share with her mother. And others feel the void when they look at their classmates and their current circumstances and see how much they are suffering because they do not have a mother and father. One respondent, after saying that at the time her father died she didn't feel the impact of his death went on to say

Respondent J: "I can say that the time it happened I was still young but now I can see that since he left we are suffering a lot and now I wish he was still alive maybe we could be able to be like other children"

Researcher: "And what is hurting you now"

Respondent J: "The thing which is hurting me is that as I look at my schoolmates or my other classmates, you see that life is better for them as they have their mother and father, everything is going as they want it to go, just like when if my father was around he is the one who would be able to provide us with everything, right now I am not able to have that"

Another respondent said the following

Researcher: "And you were saying sometimes you will be thinking a lot in class, what will you be thinking about"

Respondent G: "Sometimes I will not have eaten and I will be thinking about my parents, about I don't have parents and others they have their parents, it doesn't feel ok"

Yet another orphan expressed her current emotional state in the following way

Respondent I: "I think that my parents died when I was young so I didn't know how to express my feelings"

Researcher: "What about now, how has it been like for you"

Respondent I: "It is painful"

The respondent started to cry and was unable to continue with the interview

What was evident in these cases was the fact that although at the time that their parents died, these children were unable to grasp the meaning of it, the effect of losing their parents became a reality as they grew older. Their low quality of life, going to bed without eating at times, not having winter clothes and comparing themselves to their other classmates becomes a constant reminder that they do not have parents and has a negative emotional impact on them. This suggests that orphans need to have continued emotional support as they face the challenges that come with orphan hood.

Category 3(b):Depression

While some respondents reported being too young to feel the impact of losing their parents, another small group of respondents felt the impact of losing their parents heavily. Some of the respondents described feeling angry and abandoned by their parents, an appropriate response to losing parents. For some they used words such as hard, hurt and painful in order to describe how it felt to lose their parents. About 3 out of 12 of those interviewed however seem to have suffered a severe form of depression as they described feeling like taking their own lives or dying. Ansell (2004), states that children who are orphaned by H.I.V/AIDS are more likely to suffer from emotional distress, depression and anxiety. While some of the orphans felt like taking their lives at the time that their parents died, one girl still seemed to have recurring suicidal thoughts. The children who felt this way were also suffering and living in poor conditions. It appears the stress of these living conditions that seems to worsen the effect that the death of parents can have on children and worsen their depression. The following are examples of children who experienced or are still experiencing emotional distress over the death of their parents:

Researcher: "Can you describe to me what it was like after your father passed away"

Respondent F: "I felt abandoned and like it was the end of the world because I was left by my father and I was the only one who was taking care of us, school fees and buying food, I felt abandoned and thinking stupid things like maybe it's ok if I die because I am to suffer"

Another girl, who had to take care of her grandmother, was living in poverty and had a lot of household chores that she had to do said the following

Researcher: "And have you experienced any physical harm to yourself"

Respondent L: "No, I have thought of trying it"

Researcher: "Trying what?"

Respondent L: "To kill myself"

Researcher: "When was this?"

Respondent L: "When I feel it is hard for me to live"

Another orphan described feeling the following way after her parents died

Respondent A: "It was the hardest time ever because I was still young. I thought I don't know how to explain it. I found killing myself was not a solution. I found killing myself or destroying myself was not a solution anymore"

Researcher: "But did you think about killing yourself or destroying your body"

Respondent A: "Yes I thought of doing that because at the time we buried them I thought I could just go to a road and just stand there so that a car could just hit me and die but after some time I realized it was not a solution"

The added pressures of being in a child headed household as the first example illustrates or the added responsibilities that these orphans often have to take on as they move into extended family household increases their vulnerability to mental health problems. This is consistent with the study done by Cluvera, Gardenera and Operario (2008) in which they found an association between poverty resulting from orphan hood and psychological distress.

For some, the reason for the depression could be that they are left in positions where they have to be adults and head households. They constantly have to think about where their next meal is going to come from and as mentioned earlier, most of these orphans do not have the internal or external resources that are needed to run a household.

Some of them have relied on their parents and all of a sudden are thrust in circumstances that require they be emotionally mature, such as caring for siblings, before they are ready which can lead to feelings of helplessness which is key feature in depression. For some the thought of not having parents and suffering each day is enough for them to lose hope and to give up. The necessary support structures are needed in order to alleviate some of the stress that can lead orphans to being vulnerable to mental health problems such as depression and being suicidal.

Rutter (1996) made the assertion that children who experience death of a parent are twice as likely to suffer from a psychiatric illness. This was not the case in this study as only a small proportion became suicidal. Almost 75% of the respondents displayed a strong sense of resilience and the ability to overcome their sorrow at the loss of their parents and focus on their studies and the future, a strength which is not often highlighted in literature. It is not easy to lose a parent let alone both parents and still have a positive attitude but the orphans in this study displayed this.

One of the reasons why most of the orphans in this study did not appear to display any signs of current mental illness in the form of depression could be linked to the availability of a support structure after the death of parents.

Category 3(c): Adequate Support structures

Although respondents described feeling alone, isolated, abandoned, hurt and angry following the death of their parents, almost all of them felt that the emotional support they received was adequate for them. They had various forms of support from their older siblings, cousins, their aunts, friends and neighbors. Most described having someone in their lives that had been a source of support, encouraging them to keep moving forward despite their tragedy. Friends were also a source of comfort and one described feeling much better after she spoke to her friends at school. One girl also said that she had a friend who was also a double orphan and who would share her food with her when she doesn't have food. The orphans seem to understand and help each other

out when possible. One boy also said his friends will help him with transport money when he can.

Example

Respondent C: 'Sometimes I will come and my friends will give me the money to return but sometimes I just stay at home'

Another participant described the support he received in the following way:

Researcher: 'So do you feel you had the necessary support that you needed to help you with how you were feeling'

Respondent F: 'Ya I had enough support especially from my friends, they felt a lot of sympathy for me so I felt that I was just living like every person'

Researcher: 'And do you feel you receive the necessary support that you would need from your brother'

Respondent F: 'Yes, even now he ask do you feel the way we are living is ok and he is not like the head who makes all the decisions but he will be sitting down and discussing some of the issues'

Having someone to talk to seems to help and only a few felt they had absolutely no one to talk to who could understand how they were feeling. This is contrary to the literature reviewed which reported incidences of isolation and depression among orphans. None of the literature reviewed reports orphans having adequate support structures from friends and relatives.

However none of the orphans said they had received any form of professional counseling, even among those who had felt like taking their lives. The school didn't have a counselor even though there was a substantial number of orphans learning at the school who could benefit from the services of a trained counselor. With the nature of problems that orphans are vulnerable, psychosocial support would be useful in helping them cope with the stress arising from these problems.

Another psycho social risk that was explored and has been evidenced to exist among orphans from previous studies was anxiety. According to Foster, (2004), orphaned children as a result of H.I.V/AIDS suffer from anxiety from the time their parents fall sick to after they die. The main focus of this study was exploring whether orphans had experienced anxiety following the death of their parents and concerning the future. What emerged was that a small proportion experienced anxiety at the thought of losing their current caregiver while majority had did not suffer from anxiety.

Theme4:Anxiety

Category 4(a): Fear of losing caregiver

Four out of twelve orphans did express considerable concern over the prospect of losing their current caregiver. Although not the majority, it is significant to note that this theme came up from the study. This finding is consistent with authors like Ansell (2004) and Cluvera (2008) who reported higher rates of anxiety among orphans. The orphans in this study were worried that if they lost the person who was caring for them they would have no one. Although most of those worried were already suffering under the care of their current caregiver, they feared being left with no one.

What was interesting to not in these cases was that although, their caregivers were already incapacitated and they have to carry the burden of looking after them, these children were still very worried about losing them. One would think that life would be less burdensome and they would be some form of relief but there seemed to be genuine fear of losing their caregiver. Perhaps due to the fact that even though the caregiver was unable to provide material possessions and they have to care for them, it was still preferable to not having a paternal figure in their lives. One orphan, who had to look after his sick sister in terms of taking her to the toilet, cooking for her and making sure he warmed water for her to bath had this to say:

Respondent H: "Yes, I am worrying about, sometimes before my sister gets sick I am worrying about what if my sister is passing away or gets sick, those things"

Yet another respondent, who was living with her grandmother and looking after her and who were suffering responded in the following manner:

Respondent L: "Ya, I worry a lot because I used to think, if my grandmother will die, how am I going to survive"

This girl had described how she and her grandmother were already suffering and they were going to bed hungry. She also described how sometimes she missed school because she had to go and get pills for her at the clinic yet she was still concerned about losing her as this was the only paternal figure she had left. Their source of income came from the grandmother's pension and she described how her grandmother would try by all means to secure her a school uniform. In this way, she was the girl's only parental figure and this is where the anxiety of losing her lay. Another girl who had lost her father and was living in poverty was also afraid of what would happen should her mother die. Although her mother was away most of the time and she was having to look after her younger sister when she was away, she also expressed similar concern

Respondent J: "yes sometimes I worry about the future because I don't know what the future is holding for me, maybe I won't have my mother to lean on."

Another girl who described how her grandmother was verbally abusive towards and was even physically abusive towards said the following:

Respondent B: "Ya, I am worried about the future because my mother died and she (grandmother) is the only one I have left and if she died I would have no one. All I will have is my brother who I don't even know so my grandmother's son, who is providing everything for school, books, food everything. So I wonder if my grandmother dies will he still provide these things. Maybe he is just doing this because his mother is still alive."

For this girl it was not so much that she was afraid of losing a paternal figure but more she was afraid that once her grandmother dies, she will have no one providing her with her basic needs. Her relationship with her grandmother was quite abusive and she described how living with her made her angry and sometimes she would think of ending her life but the idea of her death was anxiety provoking for this girl because although she was suffering mentally at the hands of grandmother, at least her son was providing them with money and her needs were being met.

Category 4(b): Positive expectations about the future

Eleven out of the twelve orphans (almost 92%) interviewed were quite positive about the future and expressed very little worry about it. One would have expected that they would be worried about the future because of the poor quality of life they had described but they were hopeful that if they worked hard in school and performed well then they would be able to improve their current circumstances. One of them was only concerned about not obtaining the results he wanted but most of them had high aspirations and were working towards having proper careers. For some of them, their motivation was rooted in wanting to provide a better life for their siblings and as such they were opting not to continue with their education and instead look for employment after completing their final year in high school. Most of them were not wallowing in self pity regarding their circumstances but felt empowered by the fact that they were in school and that they had an opportunity to put the past behind them. This positive attitude was very inspiring and seemed to be the reason why they were not overly depressed about the fact that they did not have parents. Van Dijk (2008) also found the same attitude in the orphans that she interviewed and she asserted that it was this positive attitude about the future that prevented them from giving up despite their harsh realities. What also emerged was that some of them were religious and believed that God had a plan for keeping them alive.

Researcher: In terms of the future, do you ever think about it and worry at all?

Respondent 1: I think when I get educated, I can be something

Another respondent said the following

Respondent B: “ Well for now I think what I am doing now is the best thing for me being in school, because if I go to college I will be free to do whatever I want”

Another respondent said the following:

Respondent D: “To work hard, to be a policeman, to see I have a successful life, to be someone else, and to be like other people. Work hard and see my sister have a better life.”

Another area of child right violations that was explored in this study was physical abuse. The main focus was discipline at home and the researcher found there were reports of physical abuse except in one case.

Theme5: Discipline

Category 5(a): Lack of Parental figure

Contrary to other studies, there was no evidence of physical abuse in this study. What emerged from the interviews was due to the fact that in most cases there was no parental figure in the home, orphans did not experience any form of extreme discipline. Seventy five percent (75%) of the orphans were under the care of older siblings or they themselves were the head of the households. This could be the reason why there was this discrepancy because in the studies that were reviewed, the physical abuse mainly occurred from extended family members (Mangoma et al, 2008) where as children in this study lacked a parental figure to carry out the discipline.

The only form of discipline mentioned was that sometimes if the respondent misbehaved then whoever is in charge would talk to them. Most of the respondents mentioned that due to the fact that they knew they did not have parents, they chose not to misbehave, but to concentrate on their schooling and create a brighter future for themselves. One of the respondents also said that because he was in charge of his little

brother, he chose to be a good example to him so that his younger brother could copy his behavior.

Researcher: "And if you do something wrong do you ever get punished"

Respondent F: "Actually there is no such person to punish me, you will see I have the responsibility to be doing good things so that my younger brother can copy me"

Researcher: "Good things like what?"

Respondent F: "Like arriving at home on time, so that everything I am doing he will be able to copy, when I am talking my words will not be violent or rude so he can copy that stuff"

Again these findings were contrary to some literature that states that children who have been orphaned are likely to engage in high risk behavior or abuse substances. Perhaps due to the fact that these children had protective factors working in their favor such as the fact that the Lesotho government pays for their school fees and resources for schooling, they are able to stay in school and stay out of trouble. Consistent with Van Dijk (2008), these children generally displayed a positive attitude of wanting to stay out of trouble and focus on school. They had knowledge about the kind of trouble that they could get into such as drinking, teenage pregnancy and dropping out of school and the fact that they had no parents was motivation on their part to stay clear of these things and work hard.

Respondent A: "That gives me some time alone to read because I tell myself that I am a mother and a father to myself so I have to be careful..there is H.I.V and there is high dropout rate here because of pregnancy. So many things horrible but I have to try and achieve my goals and my dreams have to come true"

Another respondent displayed this same attitude in the following example

Respondent K: "the thing that helps me because I have a lot of knowledge in terms of how life goes because from when I was 12 years old when I was in form c, I saw that when a child forgets that they don't have parents they will do things that are illegal, things that can harm you very much and I see that no one will tell me don't do that and I saw that thing can affect me in many ways, some people in my position are dying and others they look for the knife I see that what I need is to concentrate on my school"

From these two examples it is quite extraordinary the insight these orphans have on the kind of issues that can work against them and destroy their hopes of a brighter future and their determination to stay clear of these things. In my own opinion, the school that these children were in has had a positive influence and having other peers there who are in the same position as them and are able to talk to and encourage one another has helped these children to rise above their circumstances and focus on their studies.

Category 5(b): Absence of physical abuse

Contrary to studies that have been conducted on orphans and the report on the commission of inquiry of orphans and vulnerable children in Lesotho, the participants in this study did not report any cases of physical abuse. According to studies done in Lesotho (Kimane, 2004 and Ministry of Health and Social Welfare, 2001), orphans living in extended family households were reportedly being exposed to various forms of physical, emotional and sexual abuse. None of the participants of this study had experienced any form of violence or harm to their bodies since being orphaned. This can be explained by the fact that most of the orphans that participated in this study were either living on their own, were heading a household or they were living with their older siblings or grandparents. In studies where orphans have experienced physical abuse, it is usually under the care of the extended family household such as aunts and uncles. Almost all of them did not experience any physical forms of abuse when being disciplined like those reported by the orphans in Zimbabwe (Mangoma et al, 2008). Only

1 out of the 12 orphans interviewed mentioned being physically beaten by her aunt once but this had not happened again.

Theme6: Discrimination

Category 6(a): Community

Twenty five percent (25%) of the participants did not feel as though they had faced any form of discrimination against them since their parents died. They reported not feeling any change in the way people treated them. Some even reported receiving encouragement and support from their neighbors. Neighbors had encouraged them not to give up and some of them even gave the orphans food when they had run out of their own. The following is an example:

Researcher: "And did you receive any emotional support"

Respondent A: "Yes I got a lot of support from my teachers, my neighbors, my colleagues, my church mates, everybody was trying to comfort me and tell me that there is still life after parents"

Another respondent also received support from the community

Researcher: " Ok, you were telling me about how some of your friends were discriminating against you, what about people in the community, did they discriminate against you?"

Respondent I: "No they were supportive"

Researcher: "In what ways were they supportive"

Respondent I: "They were always telling me I should be strong"

Although 25 % of the respondents received support from community members, 50% however did report facing some form of discrimination from either community members, relatives or neighbors. Of the 50%, some felt as though the neighbors who had been close to them when their parents were alive had become distant ever since their parents passed away. In other cases this was also true for relatives who rarely visited the orphans. This finding support other claims in literature, for example in a study done in

Kenya,(Foster and Williamson, 2000), the researcher found that while most relatives living beneath the poverty line were reluctant to take in orphans, wealthier relatives maintained minimal contact with them. Possible reasons for this included fear of contacting the H.I.V virus if the children's parents had died from AIDS or fear of stigmatization (Foster and Williamson, 2000). When asked however for possible reasons why their relatives and neighbors were distant, the orphans in this study reported not knowing what the reason could be.

Researcher : "And do you feel your relatives were supportive of how you felt?"

Respondent E: "They knew but they didn't care for us, they just see that these are the people but they didn't do anything for us"

One orphan reported facing discrimination within the community. She recounted an incident when there were clothes being distributed by the chief to orphans in their community. When the girl and her siblings went to try and get clothes, community members refused for them to get clothes. She said now she no longer goes to such meetings and she fears being discriminated against. She also reported facing discrimination from neighbors due to the nature of her father's death who died mysteriously at the hospital. There was suspicion of witchcraft being involved. Another girl reported an incident where her friend's mother had banned the friend from playing with her because she was an orphan

Researcher: "And did the way people treat you in the community change after your father passed away"

Respondent J: "Even those who were close to him at the time he died are no longer there, they are treating us just like..i don't know"

Researcher: "So what do they do?"

Respondent J: "Sometime if I am with my age mates, it happened that one of them came and told me that her mother said she should stop playing with me because at my home we are suffering and she did not like it but she had to listen to what her mother was saying"

Another orphan said the following:

Researcher: "And since your parents passed away, has the way people treat you been different in any way?"

Respondent E: "Of course they did because now they would insult us because they knew we would not insult them because we are young"

The main reasons for being discriminated against according to the participants included people treating them badly because they know they are young and there is no one to defend them, people fearing that because orphans are suffering they may expect help and the fact that there were rumors surrounding the parent's death:

Respondent D: "The people in my village, the one living next door, she didn't like us anymore, it's because the rumors say that that mother who is next to us is the one who was washing my father but we cannot find her but after that time since my mother was still sick they didn't talk to us, even now"

Category6(b): Friends

Nearly all the participants (11 out of 12 respondents) reported not feeling any form of discrimination from their school mates. In most cases, classmates were unaware of the fact that the respondents had no parents. The school does not publicize the fact that a student doesn't have parents. Another reason could be the fact the school had a large proportion of orphans learning at the school, and most of the orphans encouraged one another. This finding contradicts a study by Benell et al (2002) in which teachers reported that orphaned children are often discriminated against at school and are isolated. The reason for this could be that as mentioned already, the fact a class mate is an orphan is not publicized at the school and other school children and not aware of their background. What also emerged from the study was that there was orphan to orphan support. Respondents recalled how they will often help each other if one is lacking transport money to go home, or share food if one comes to school hungry and generally encourage each other about the various challenges that they will be facing.

Examples:

Respondent A: 'Sometimes you sleep because of hunger and then after break it is better because my best friend ever, she is also a double orphan so we share everything, she will ask me what is wrong and I will tell and we will share food but its now enough..its only one lunch box'

The following is another example of how participants perceived themselves in relation to their peers at school

Researcher: "And what about at school"

Respondent E: "There is no change here because people here did not know that had passed away"

Another orphan said the following

Researcher: "And do people at school treat you any differently"

Respondent J: "No, they are not treating us any differently, they are treating me just like each and every student because I am not borrowing their books because I am having mine"

Conclusion

This chapter gave an outline of the themes and categories that were gathered after an analysis of the data was done. The themes, categories and sub categories were then discussed and linked to literature. The following chapter contains the conclusions and recommendations drawn from this study.

Chapter 5: Conclusions and Recommendations

The following chapter contains the main conclusions and recommendations drawn from this study.

5.1 Conclusions

Child headed households are a reality in Lesotho. Most of the participants in this study were living in child headed households with the rest living under the care of relatives

such as older siblings, grandparents and aunts. Due to the fact that children living in such circumstances do not have the economic skills in order to generate income for the household, these children end up living in conditions that are in direct violation of the United Nations Convention on the rights of a child (1989). One such violation is the fact that most of the respondents reported going to bed on an empty stomach as well as going to school on an empty stomach. Their quality of life was really poor with most orphans living in homes that have no electricity. Other indications of a low standard of living include the fact that most of the orphans did not have winter clothes and often find themselves in a position where they have no transport money to go to school. All these negative circumstances result in a drop in school attendance.

Another disturbing finding was the issue of child labor. Half of the participants reported having to perform household tasks that take long hours to complete. Chores included cooking, cleaning and washing dishes. One girl went so far as to describe herself as one who was taking on the role of the mother. Although performance of household chores is a common feature in most cultures, it was the amount of time spent doing the chores that was found to be problematic. After completing the tasks, the respondents felt too exhausted to do their homework and finish off assignments. This problem was found mostly among girls as they are the ones who often have to tackle household chores in African traditional cultures.

In terms of discipline, most of the orphans had no parental figure to answer to and the few that were under the care of older siblings or grandmother reported that they merely spoke to them if they did anything wrong. Those that lack a parental figure reported being well behaved as they were aware of their situations and knew they have to remain focused if they are to survive and become something with their lives. Contrary to some reports that state that orphans are more likely to engage in high risk behavior, these orphans were surprisingly aware of the risks that they are vulnerable to such as crime, H.I.V and pregnancy and they were determined to stay out of trouble obtain an education. Due to the fact that the respondents who participated in this study were not

living with the extended family were there have been reports of physical abuse, none except one reported being exposed to any form of physical violence or abuse.

In terms of psycho social risks, the orphans in this study had different reactions to the loss of their parents. Some were too young to remember while other respondents reported feeling the loss of their of their parents as they grew older. Their poor quality of life compared to other school mates who have parents appears to add significantly to the feeling of loss that they feel. A small proportion reported feeling hurt and abandoned after their parents died and in a few of the orphans thought of taking their own lives. Again what seemed to worsen their depression was the thought of living under such harsh conditions for the rest of their lives. What was positive however was the fact that most of them felt that they had received the necessary support that they needed at the time. The support was mostly from a relative, someone they felt they could talk to as well as their peers and neighbors. None of those who reported feeling suicidal had received any form of professional counseling.

The main cause of anxiety seemed to be around the loss of their current caregiver. Those who were under the care of a relative were anxious at the prospect of that caregiver dying and them not having anyone to take care of them. Although the caregivers were not able to provide adequately for them as most of them were ailing due to chronic illness or old age, they were nonetheless afraid of losing the only parental figure remaining in their lives.

Although a small percentage reported feeling this anxiety, most of the orphans were optimistic about the future. They had a firm grasp of the importance of education and how it is a key tool in getting out of poverty. They were determined to do well and create better lives for themselves and their siblings. A few had made the decision to give up on the opportunity to further their studies and instead try and look for a job to try and support their younger siblings who they described as suffering. The majority however had the intention of furthering their studies and go for tertiary education.

Discrimination by community members was faced by some and not others. The reasons given by the respondents of why they felt they had faced discrimination included speculation about parents death, the fact the orphan was not from that village where they had migrated to, the fact that as orphaned children they had no one to stand up for them or protect them from neighbors who were cruel and also that the neighbors were afraid that because of the fact that they were suffering, they may want help from them. Relatives were quite distant from the orphans and some reported seeing this change soon after their parents died. This was also observed in some neighbors who were close to the families when the parents were alive but had stopped visiting once they passed away. One respondent attributed this to the fact that when their parents were rich they wanted to be close to them but now that they were poor they did not care for them.

Some however reported receiving support and encouragement from their neighbors, telling them not to give up as well as receiving some assistance in terms of food supply when their food runs out. Another group reported seeing no change in the way community members treated them. For most this was also true with schoolmates. They did not experience any change in the way school mates treated them and they attributed this to the fact that the school did not disclose information about how they are orphans and as such they are treated just like their other school mates.

The study definitely proved that orphans are being exposed to most of the child right violations that were under investigation for this study. Physical abuse is the only violation that was not evident in this study except for one case. This can be explained by the fact that in the cases where physical abuse has been reported by orphans it has been in the context of extended family members such as aunts, uncles or cousins being perpetrators. Most of the respondents in this study, excluding the one who did experience physical abuse under the care of an aunt, were either heading the households, living with older siblings or grandparents. This study showed that contrary previous studies that were reviewed for this study, majority of orphans did not suffer from depression. Only a small percentage had suicidal thoughts. Also contrary to other

studies which focus on children orphaned primarily as a result of H.I.V/AIDS, majority of the orphans in this study did not face any significant form of discrimination. What emerged from the study and an area which needs more focus is relationship between orphanhood and education as this seemed to be one of the main challenges that respondents in this study were faced with.

In light of these findings and conclusions, the following recommendations were compiled in order to address some of the challenges that were identified:

5.2 Recommendations

The following recommendations are based on the findings of the study. Some of the recommendations were given by the respondents themselves while the rest are based on what the researcher thinks is needed in order to address the challenges faced by orphans and improve their welfare.

(a) Creation of psycho social support structures

There is a need for more accessible centers that provide counseling to orphans in Lesotho. From the interviews, it was discovered that some of the orphans had either thought of suicide during the time their parents died or still continued to think about committing suicide. It was apparent that some of the orphans were still suffering emotional distress due to their living conditions and would benefit from psycho social support. None of the orphans interviewed had received any such interventions.

(b) Creation of family strengthening programs

Another troubling trend that emerged from this study was the fact that most orphans were living in child headed households. Family strengthening programs in which extended family members are encouraged to care for children in these circumstances need to be established. Although studies that have been conducted report high rates of abuse within extended family households, extended families still need to be encouraged

to meet the financial and emotional needs of orphans. The Ministry of Health and Social Welfare in Lesotho as well as other welfare organizations would need to raise more awareness on abuse and empower children and community members to report incidences of abuse.

(c) Need for more nonprofit organizations who deal with orphans

The orphans who were interviewed mentioned the fact that they had no support whatsoever from their relatives. They sometimes go without food and do not have enough clothes for winter. They all echoed the same sentiments stating that they did not know of any organizations that could assist them. Although there are organizations such as S.O.S children's home, there is a huge proportion of orphans compared to the number of non profit organizations that are able to assist orphans, especially those living in child headed households. There is also a need for religious organizations to get more involved in caring for orphans in order to try and meet their basic needs. It is obvious that the task of caring for orphans is too big to be carried by the government of Lesotho on its own.

(d) Need for awareness campaigns

The government of Lesotho needs to do more awareness campaigns to alert the people of Lesotho on the number and plight of orphans in the nation. This could help by getting donations for clothes for winter and organizing food parcels for orphans by community members.

(e) Need for schools to link up with organizations to make referrals

It is necessary for schools such as the one where most of the respondents were learning to have contacts with organizations that offer counseling and help for children. There was a large population of orphans at the school with different problems that could benefit from such services. For some of the orphans their school work was suffering because they had too many things that they were thinking about. The school itself did

not have a counselor that these students could talk to probably due to financial constraints. Having links with organizations that provide free counseling and assistance may benefit them. The Department of Education in Lesotho could also place school social workers and pay them to provide these services.

(f) Need for registration of orphans and child headed households

There is a need for the Department of social welfare to have on record the number of orphans and those living in child headed households in order to monitor them. Some orphans reported feeling alone, abandoned with no one to turn to. Some were facing discrimination from community members due to the fact that they had no one to report to as they were living alone. The government needs to be able to monitor such vulnerable children so that even the orphans themselves know where to report incidences of abuse.

(g) Need for mentors

Since some of the orphans were the oldest person in the household, they may benefit from having positive role models to look up to and encourage them. The public can be encouraged to sponsor a child for their tertiary education and track their progress throughout through advertising and awareness campaigns on the need for such people.

(h) Scholarships for tertiary education

The fact that the government of Lesotho funds the education of orphans was a protective factor in this study and there the government needs to be encouraged to continue providing this funding. Some orphans had dreams of studying outside Lesotho in surrounding South Africa for their tertiary education. Lesotho only has one university and does not offer some of the courses the students wanted to do. There is a need for scholarship funds to be set in place in order to give them the opportunity to further their studies and achieve their goals.

(i) Teachers need to have background knowledge of orphans and be held accountable

Some of the orphans described how teachers punished them unfairly due to the fact they could not make a school outing because of limited funds. There is a need for teachers to have background knowledge of their students and to be sensitized to the plight of orphans. Teachers also need to be held accountable for the mistreatment of orphans.

(j) Increased food aid

It was clear that there is a need for increased food aid for orphans in Lesotho. Communities could also be mobilized to get together and organize food parcels for orphans or have soup kitchens within communities to help orphans who have no form of income coming in.

(k) Community awareness and linking up with chiefs

Discrimination was evident in some communities and the need for community education programs is needed. The government can also link up with chiefs who are still quite influential in Lesotho and get them to encourage their community members to be more welcoming and nurturing of their orphans as well as provide assistance when they can. Chiefs can also have records of orphans living in their communities so they can be monitored and looked after.

(l) Foster parent arrangements

The government of Lesotho is already planning on providing a grant for orphans and vulnerable children. Another initiative could be setting up a grant for people who choose to be foster parents and look after orphans who do not have relatives that are prepared to look after them. This would encourage people who want to take care of orphans but cannot due to financial constraints. Prospective foster parents would need to be screened to try and eliminate any possible cases of abuse.

Most of these recommendations require money that maybe the government does not have. An appeal to foreign donors such as UNICEF is needed to continue to provide

assistance to countries such as Lesotho that are suffering the devastating impact of H.I.V/AIDS with orphans being the worst affected.

Conclusion

This chapter consisted of the conclusions and recommendations drawn from the findings of the study.

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