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UNIVERSITY OF CAPE TOWN

CHILD CARE WORKER'S AND HIV INFECTED/AFFECTED CHILDREN

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A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Master
of Social Sciences in Clinical Social Work at the University of Cape Town-South Africa
September 2011

RESEARCH SUPERVISOR: RONALD ADDINALL

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Acknowledgements

- I wish to sincerely thank Mr. Ronald Addinall, my research supervisor for the encouragement and support he gave me during this research.
- I would also like to thank the respondents who care so deeply for children who are not their own.
- Special thanks to the management and staff of Beautiful Gate in South Africa for all the help and support they gave me and for making this research possible.
- And most importantly I wish to thank my husband Graham and my family for encouraging me and being so supportive.

Abstract

The purpose of this study was to explore the perceptions of child care workers on the stressors and challenges they face working with HIV infected/affected children. The objectives in this study are to explore stressors and challenges the child care workers face, the causes of these stressors and challenges, what support is available for the child care workers and finally current and recommended coping strategies. A qualitative research approach was used. An exploratory case study research design with a phenomenological approach was applied. The study explored the perceptions of 8 child care workers through 2 focus groups using a semi-structured interview schedule as the data collection tool. The findings of the study reveal that the primary challenge experienced by the child care workers is working with traumatised children and working for long hours away from their children, who are often at home alone. It was found that the child care workers do not fear infection when working with HIV infected children. The primary recommendation was that child care workers receive regular counselling and that day care centres are established in low income areas to care for children while their parents are at work.

CHAPTER 1- RESEARCH PROBLEM

1.1. Introduction

HIV and AIDS has evolved from a little known disease, thought to occur only in the homosexual community, to an international pandemic that can be transmitted to anybody no matter their race, socio economic status or sexual orientation (Whiteside and Sunter, 2000). As such the field of HIV/AIDS has become a much researched area especially in South Africa. However, little recent research has been conducted on how child care workers working in residential homes cope with the stressors and challenges of caring for HIV/AIDS orphans.

This study will, therefore, explore child care workers perceptions of the stressors and challenges they face, the causes of these stressors and challenges, whether they feel prepared and equipped to deal with these, the adequacy of the support structures that exist to support them, and finally, whether there is adequate training and policies in place to deal with these stressors and challenges.

Within this chapter the researcher will discuss the background of the problem and the rationale behind choosing the research topic. This will be followed by an outline of the research questions and objectives used within the study. Furthermore clarification of concepts, ethical considerations and finally the research methodology used in this study will be discussed.

1.2. Rationale for Research

How child care workers cope with stress is becoming ever more relevant in today's South African society. Children (often infected with HIV/AIDS themselves) are being orphaned in larger numbers by HIV/AIDS every day. The number of new HIV infections (both adult and child) in South Africa increased from 4 600 000 in 2001 to 5 600 000 in 2010, while the global rate has decreased (UNAIDS Global report 2010, 2010). In the researcher's opinion, the increase in HIV/AIDS orphans increases the stress and financial burden on South Africa's Welfare system. Kauffman and Lindauer (2004:105)

found that the impact that HIV/AIDS had on the economy for government was to increase spending on AIDS prevention, education and treatment which meant decreased spending on other needs. The increase in HIV infection can also affect the health and education sector through excessive healthcare demands placed on hospitals and missed schooling respectively.

As a result, a number of non-profit organisation's (NPO's) are beginning to employ more and more members of the community to assist in service delivery and to minimise costs (Kauffman and Lindauer, 2004:105). The community members are given in service basic training as child care workers and are given great responsibility in looking after these orphans. Examples of some of the in-service training child care workers may receive are basic first aid, child care and working with AIDS. After undertaking an extensive literature review both nationally and internationally little recent research was found by the researcher, on how child care workers cope with the stress or challenges of caring for HIV/AIDS infected children or if they are equipped to manage the nature and impact of the services they are required to offer, thus supporting the need for this study.

HIV is an acronym for Human Immunodeficiency Virus which is a virus that inserts itself into the cell's DNA to reproduce itself (Sunter and Whiteside, 2000:2). AIDS is an acronym for Acquired Immunodeficiency Syndrome and it attacks a person's immune system making it difficult for the persons' body to fight infections (Sunter and Whiteside, 2000:1). As HIV/AIDS is a terminal disease for which there is presently no cure, caring for someone with the disease is a challenge in itself. HIV/AIDS can be managed successfully through anti-retroviral medication and regular checkups from a doctor. This is one of the challenges that the child care workers face in addition to the challenge of caring for orphans, who are not only infected with the disease but also have experienced loss of or abandonment from a parent (Kauffman and Lindauer, 2004). In addition these children are often living in low socio economic areas where crime and violence are a daily reality. Thus it is vital to investigate the plight of the child care workers in this field and what impact it has on them. It is also important to research how

the child care workers can better be supported and empowered to cope with their stressors and challenges (France, 1993). Thus ensuring that the services needed for the orphaned children can be sustained.

This study therefore will investigate the perceptions of the child care workers working at Beautiful Gate, regarding the stressors and challenges they face and what current coping strategies they implement.

This study will strive to explore and identify the challenges or stressors the child care workers experience in their work at Beautiful Gate, and whether they perceive themselves as emotionally, psychologically, physically and academically able to cope with the demands of their work. Chaplain and Freeman (1994) discuss the significant number of child care workers in residential settings who suffer from emotional burnout as the nature of their work is quite demanding. Factors related to occupational stress in the HIV/AIDS field are the overwhelming nature of the disease, financial hardship of clients or caregiver's themselves, stigma associated with HIV/AIDS care, over-involvement with clients, grief and bereavement overload, fear of occupational exposure to HIV, professional and role discomfort; and finally uncertainty and change in the HIV/AIDS field (van Dyk, 2007). Combining the occupational stress with the personal stress of the child care workers, most of who live in low socio economic areas which are surrounded by a high rate of crime, unfavourable living conditions and extreme poverty will increase the risk of burnout among the child care workers.

1.3. Context for the research

Beautiful Gate, the site for this explorative study and case study is an international Christian based NGO and residential care organisation. It was established in 1994. Beautiful Gate, Crossroads aims to provide the children within its care medical, emotional, spiritual and physical support (Beautiful Gate, 2003/4/5). Beautiful Gate is registered as a non-profit organization with the department of Social Development in South Africa (Beautiful Gate, 2003/4/5). Beautiful Gate is funded primarily by donations from local and international businesses as well as individuals and a subsidy from the

South African government. Beautiful Gate currently has five centres in Africa; two of these centres are situated in South Africa, one in Muizenberg and the other in Crossroads, Cape Town (Beautiful Gate, 2003/4/5).

The Muizenberg branch focuses on street children living in the area while, the Crossroads branch, where this research was conducted, is a children's home which cares for children who were either orphaned or abandoned by parents due to HIV/AIDS (Beautiful Gate, 2003/4/5). Beautiful Gate currently cares for 40 children under the age of 12 years all of whom except for 2 are HIV infected (Beautiful Gate, 2003/4/5). The children of Beautiful Gate live in cottages comprising 7 children and 2 child care workers. There are currently 12 child care workers including 2 supervisors. The child care workers work in rotational shifts. There are medical personnel including a nurse and doctor on staff as well as administrative, security and maintenance staff.

The researcher has chosen that this study will be located at Beautiful Gate which is a children's home situated on the border of Crossroads and Phillipi. Crossroads and Phillipi are noted low socio economic areas where the majority of the residents either live below or on the poverty line. As such, crime and violence are high in this community and many of the families cannot afford to pay for many years of education for their children.

Although HIV/AIDS can infect anybody, it is more common in poorer communities. According to Kauffman and Lindauer (2004:23) this can be explained due to multiple factors including the high incidence of rape. Police statistics for rape in 2010 in South Africa is 71 500 (SAPS, 2009). All the child care workers at Beautiful Gate live in these communities, and so they are subject to these conditions both at, and away from, work.

1.4. Problem Formulation

1.4.1. Topic

The topic of this research is:

Child care worker's and HIV infected/affected children.

1.4.2. The Aim of the Study

The aim of this study is to explore child care workers' perceptions of the impact of working with orphaned children in a residential home context. This study will investigate the types and causes of the stressors and challenges perceived by the child care workers. This study will also explore the current perception of coping with these stressors and challenges. The study will aim to make recommendations, which could assist child care workers' being enabled, empowered and better equipped to ensure sustainability of this essential service in the field of HIV/AIDS.

1.5.1. Research Questions

- What are the child care workers' perceptions of the type of stressors and challenges they face, and how do these impact on them?
- What are the child care workers' perceptions about the causes of the stressors and challenges they face?
- What are child care workers' perceptions about the adequacy of support that exists to assist them in coping with their stressors and challenges?
- How do the child care workers' perceive their current coping strategies, and the effectiveness of their current training that they receive in equipping them for the nature of their work?
- What are the perceptions of child care workers' with regards to support, training and policy that could assist them cope more effectively?

1.5.2. Research Objectives

- To explore the child care workers' perceptions of the stressors and challenges they face, and how they are impacted.

- To examine the child care workers' perceptions about the causes of the stressors and challenges they face.
- To explore the child care workers' perceptions about the adequacy of support that exists to assist them in coping with their stressors and challenges.
- To ascertain how the child care workers' perceive their current coping strategies, and the effectiveness of their current training that they receive in equipping them for the nature of their work.
- To ascertain what recommendations the child care workers' have for new policies, support and training that would help them cope more effectively.

1.5.3. Research Assumptions

- That Beautiful Gate child care workers' will be able to identify some of the underlying causes of their stressors and challenges.
- That Beautiful Gate child care workers will have some insight into the adequacy of training they receive to help them deal with their stressors and challenges.
- That Beautiful Gate child care workers are aware of the support that exists for them and how it assists them in coping with their stressors and challenges.
- That Beautiful Gate child care workers will have some recommendations for any additional training, support or changes in policy or legislation needed to be in place to help them better deal with their stressors and challenges.

1.6. Research Methodology

1.6.1. Research Approach and Design

The research paradigm selected for this study is the qualitative research paradigm. The qualitative research paradigm is based on the ontology that reality is constructed through multiple realities, not all of which are observable (Babbie and Mouton, 2001).

The research design for this study is an explorative case study with a phenomenological approach. The research design is explorative as, based on the literature review; no recent research has been done on this particular topic. An exploratory study is primarily a preliminary study and is often conducted before a more in depth study (Babbie, 1989).

To increase the depth of the study the researcher used a case study research design. The case study is an emphasis on an individual unit or case but may involve the examination of multiple variables (Babbie and Mouton, 2007). The research design strategy can also be described as having a phenomenological approach. Creswell (1998:51) states that a phenomenological study describes the meaning of several individuals' lived experience. In this study the researcher is exploring the meaning that child care workers attribute to the stressors and challenges they experience in their work as child care workers at Beautiful Gate.

1.6.2. Sample and Population

Beautiful Gate was selected due to the researcher's knowledge of the facility and having access and being able to obtain permission for the study. The sampling used for this study is purposeful sampling. Purposive sampling according to de Vos, Strydom, Fouche and Delport (2005) involves selecting respondents for the study with particular characteristics. In this study the respondents were specifically chosen if they had the following characteristics:

- Child care workers currently working at Beautiful Gate for a minimum of one year.
- Child care workers working in a full time capacity.
- Respondents participation must be voluntary and willing to participate in a focus group.

There are 12 child care workers currently working at Beautiful Gate, 8 of which volunteered for the study and who met the selection criteria. The sampling method will be discussed more broadly in the research methodology chapter (chapter 3).

1.6.3. Data Collection Approach

Aware of the ethical considerations, data collected through two semi-structured in-depth focus group interviews was selected as the most appropriate for this study. Ideally one focus group would have been preferable, however, due to the limited amount of time the respondents had available, and the reality of the respondents shift work this was not possible. The researcher conducted two focus groups to accommodate the respondents and the organization's space and time constraints. The focus group interviews were

conducted with voluntary child care workers employed at Beautiful Gate in Philippi. According to Babbie and Mouton (2001:292) the advantage of focus groups is "the opportunity to observe a large amount of interaction on a topic in a limited period of time".

1.6.4. Data Collection Instrument

A semi-structured focus group interview schedule was used to serve as a guide to help focus the focus groups interviews and the researcher. Using a semi structured interview schedule allows the researcher to not focus on which questions to ask to obtain relevant data but rather to focus on the social and non verbal cues given by the child care workers (Opdenakker, 2006).

1.6.5. Data Collection Tool

The data collection tool used for capturing data was a tape recorder and the researcher's notes. According to Opdenakker (2006) the use of a tape recorder allows the researcher freedom from having to memorise or write down the subjects' responses and ability to focus on the subject's non-verbal communication. A more in-depth description of the data collection approach including the data collection tool and apparatus used will be presented in the research methodology chapter (chapter 3).

1.6.6. Data Analysis

The data analysis method selected for this study is Tesch's (1990) In De Vos (1998) stages for analysing qualitative data. Using Tesch's (1990) In De Vos (1998) method of data analysis, interviews were transcribed and analysed in order to understand the underlying meanings according to the study's objectives. These meanings will be organised into themes, categories and sub-categories. The findings will be written up according to a coding framework with respondent quotes from the focus group transcriptions to demonstrate the themes, categories and sub-categories. The data in the form of child care workers' quotes will be linked to the literature. Finally the researcher will critically comment on the data analysed. For more detail please see the research methodology chapter (chapter 3).

1.7. Ethics

1.7.1. Ethical considerations

There are a few ethical considerations relevant to this research which will be discussed in this section, the first being:

Avoidance of harm

Firstly, there is the ethical obligation to ensure that respondents are not physically or emotionally harmed through the research process (De Vos, 2005). It must be noted that the topic of this research study may cause the child care workers' anxiety about their work which may lead to emotional harm. Especially as the questions of the study focuses on the stresses and challenges the child care workers experience every day at work. Probing by the researcher was therefore conducted in a very sensitive manner and every effort was made to ensure that the questions were themed in a manner that did not lead the child care workers to experience harm. Supportive counselling was available should any child care worker indicate distress

Informed consent

Informed consent must be given by the respondents prior to interviewing. Informed consent is when a respondent gives consent to be interviewed after they have been informed of the research objectives, procedures as well as publication of the study (De Vos, 2005). It is unethical to deceive subjects through the deliberate misrepresentation of facts or the withholding of information (De Vos, 2005). This was insured by the researcher during the study by firstly sending the research proposal to the director and ethics board of Beautiful Gate. Secondly information about the study and the researcher was given to the child care worker supervisor. Lastly prior to commencing the focus groups the researcher clarified the study for the child care workers who participated in the study and ensured their voluntary participation.

Deception of subjects

The third ethical consideration is deception of subjects (de Vos, Strydom, Fouche and Delport, 2005). This involves misleading and misrepresenting facts as to lead the client into believing what is not the truth. In this research the researcher was careful not to give information that is false or misleading in order to get a desired result as well as to inform the subjects fully of the purpose and aim of the research.

Confidentiality

The fourth ethical consideration is confidentiality (de Vos, Strydom, Fouche and Delport, 2005). This is the naming or revealing of a person's identity without their permission. In this study it is imperative to keep the responses confidential, especially as the nature of the study is a qualitative study. In a qualitative study the main data collected are the respondents own viewpoints. In order to ensure confidentiality, the researcher only started the tape recorder after the respondents had introduced themselves to ensure the name of the child care workers did not appear in this report or on the transcription. The researcher has also assured confidentiality to all of the respondents as well as the Director of Beautiful Gate.

Competence of Researcher

The fifth ethical consideration is the actions and competence of researcher (de Vos, Strydom, Fouche and Delport, 2005). In this study it is very important for the researcher to be competent and to prepare thoroughly for each interview. The researcher must also attempt not to make any unnecessary mistakes and to ensure that the analysis of the content must be thorough and correct. As the Researcher is a Masters student in clinical Social Work and a qualified Social Worker, there is a solid base of education and experience in qualitative research. The researcher is competent to undertake focus group interviews due to experience and knowledge facilitating groups and conducting research interviews. The researcher is fully competent to implement the research approach, design and the data analysis method, as the researcher has the knowledge and experience of implementation due to a recently completed study with a similar research design.

Publication of findings

The sixth ethical consideration is the release or publications of findings (de Vos, Strydom, Fouche and Delpont, 2005). Publication needs to be taken into account as permission from the subjects needs to be obtained. As discussed earlier the names of the respondents will not be printed or known outside of the Director, the University Supervisor and the Researcher. Beautiful Gate and the child care workers were informed of the nature of this study and that the findings would be released and permission for publication of findings was granted.

1.8. Reflexivity

Prior to the study, the researcher's main concerns regarding undertaking this study included the fact that the researcher is a healthcare professional and has experienced stressors and challenges within her own occupational setting and hence, has her own understandings and perceptions of the subject matter. As the researcher has experienced working with HIV infected children she has experienced some of the challenges first hand. Furthermore, as the researcher is currently undertaking her masters in clinical social work, she will have a clear understanding of the role that stressors and challenges may have on child care workers.

These ideas and perceptions have the potential to impact on the way the focus group interviews are conducted and possibly influencing the way that data is collected and interpreted. Therefore, these understandings and perceptions need to be bracketed prior to interviewing in order to ensure that the respondents are allowed a neutral setting in which to express their perception without interference (unconsciously or consciously) from the researcher to prevent researcher bias. The researcher feels confident in her ability to be objective and professional as the researcher has already exhibited objectivity and professionalism in her work as a social worker.

1.9. Concept Clarification

Here are a few clarifications of concepts used in this research:

Child care workers: According to the National Association of Child Care Workers (NACCW) of South Africa (2010: About Page) “child and youth care workers work with children wherever they may be, in residential care facilities, families, and communities. They use ordinary daily events to intervene developmentally and therapeutically with children and youth, and constitute a new social service profession”.

Care giver: This term has multiple definitions but generally refers to a primary care giver who may be a family or community member entirely responsible for the care of a terminally ill or disabled patient outside of the healthcare or welfare system (Barer, 1990). This care giver often provides this service voluntarily due to family responsibility, community obligation or for a minimal fee. Applied to this study the amount of primary care givers who are able to take on the full responsibility of the patients is minimal. This is because the majority of the primary care givers are ill themselves, or are required to work, and, therefore, cannot care sufficiently for the children.

Perceptions: Perceptions are a way of understanding or interpreting something or intuitive understanding and insight (Collins, 2007). Applied to this study it means the insights and feelings of the child care worker with regards to the nature of their work and what significant stressors and challenges they face within their work.

Stressors: According to Weiten (2004:522) stressors or stress is “any circumstance that threatens or perceives to threaten one’s well being and thereby taxes one’s coping abilities. Occupational stress is described as a perception of being unable to cope with an internal or external demand related to one’s occupation (Cox and McKay, 1981). Applied to this study it means the day to day challenges and significant difficulties faced by the child care workers’ within their work.

Challenges: According to the Collins pocket reference thesaurus (2007) a challenge is a demanding situation which in this study are the demands that come with looking after HIV positive children.

1.10. Content of Chapters

Chapter 1: Research Problem

In the first chapter of this study a description of the study is given including the rationale for research, the problem statement, research questions and the goals and objectives of the study. The strategies, approaches and methods that will be implemented to achieve the goal of the study will be described briefly in the research methodology section. Lastly conceptualising of terms and the ethics of the study will be discussed and explored.

Chapter 2: Literature Review

In this chapter literature and relevant theories relating not only to the HIV/AIDS pandemic but also relating to the common stressors and challenges experienced by professionals in the HIV/AIDS field will be discussed. In addition current and recommended strategies and training to combat some of the stressors and challenges experienced will also be described from the literature.

Chapter 3: Research Methodology

In this chapter the research process will be discussed in detail. The research problem, question, goals and objectives will be clearly stated in this chapter, as well as the research approach, design, population and sampling strategies. In addition the way in which data was collected and analysed will be clearly explained for the reader. As well as limitations of the study will be explored.

Chapter 4: Presentation and Analysis of Data

In this chapter the researcher will discuss the results of the data analysed in detail and interpret these results in relation to the literature and theoretical perspective which was presented in chapter 2.

Chapter 5: Recommendations and Conclusions

In the final chapter of this report the researcher will make conclusions and recommendations including those for future study based on the findings of this study.

1.11. Conclusion to the chapter

In this chapter the researcher has explored and discussed the rationale and context of the research; problem formulation; the topic and aim of the study; main research questions, objectives and assumptions; research methodology; data collection and analysis; ethical considerations and clarification of concepts.

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2. CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

In this chapter the researcher will present a discussion of the relevant literature and research that addresses and describes the impact of working in the field of HIV/AIDS, the care of orphans and those involved in offering services and care. To enhance ones understanding for this study and to assist in achieving the study's objectives both international and local literature was sourced and consulted.

The field of HIV/AIDS has and is continuing to be one of the main areas of research in South Africa. This is due to the large impact it has had on the majority of South African's not only physically but psychologically and in their social contexts. Child care workers use ordinary daily events to intervene therapeutically and developmentally with children in residential care facilities, communities and families (NACCW, 2010). The researcher has established that the majority of recent research found has focused on health care professionals or families of patients in the HIV/AIDS field. The researcher will relate this literature to the child care workers, who are currently working as new "paraprofessionals" in the field of HIV/AIDS orphans, as the researcher argues that they experience similar stressors and challenges. The researcher was able to source some older research that focuses on child care workers. In the following section literature regarding the historical overview of the HIV/AIDS pandemic will be discussed and reviewed.

2.2. Brief Historical overview of the HIV/AIDS Pandemic

Over the past two decades HIV and AIDS has evolved from being an isolated and terminal disease prominent in the homosexual community, to a global pandemic affecting all races, genders and sexual orientations, which can be managed effectively with anti-retroviral (ARV's) but not yet cured (Whiteside and Sunter, 2000). In the beginning of this disease not much was known about the cause, manifestation or how it spread. Today it is known that HIV and AIDS can be passed through unsafe sexual practices, blood to blood contact with an HIV infected person or mother to child

transmission within the womb (Whiteside and Sunter, 2000:10). However, with the recent introduction of Anti Retro Viral medication (ARV's), HIV infected mothers have a decreased risk for transmitting the disease to their babies and those living with the disease can begin to live longer and healthier than before. According to the UNAIDS Global report (2010) AIDS related deaths have decreased largely due to the increased use of anti retroviral treatment. As such HIV/AIDS has transformed from a deadly disease into a manageable illness.

The estimated number of people living with AIDS globally in 2010 is 33 300 000 compared with 28 600 000 in 2001(UNAIDS Global report, 2010). According to the UNAIDS global report 2010 (2010) the global number of new HIV infections has decreased steadily over the past 10 years. However, the rate of new HIV infections in South Africa has increased from 4 600 000 in 2001 to 5 600 000 in 2010 (UNAIDS Global report, 2010). In the following section the researcher will compare literature on the impact of HIV/AIDS in South Africa.

2.3. Impact of the HIV/AIDS in South Africa

South Africa has one of the highest rates of people living with HIV/AIDS, this is supported by the literature of Gous and Karim (2008, p48) who state that "South Africa has experienced one of the fastest growing HIV epidemics in the world and currently bears about 10% of the global burden of HIV infection". According to Kauffman and Lindauer (2004:28) this can be attributed to a poor healthcare and educational system for the majority of citizens. According to the Education and Training Unit (ETU) for Democracy and Development (ETU, 2011) there is a higher prevalence rate of HIV/AIDS in poorer communities due to insufficient work, wealth, health, food and education. The insufficiency of resources leads to a high incidence of crime, multiple sexual partners, disrupted family and community life and finally a concentration of migrant workers which are all high risk situations for the infection of HIV (ETU, 2011). The high prevalence rate of HIV/AIDS infected South African citizens may also be attributed to local customs such as the practice of circumcision and women being treated as subservient to men (Kauffman and Lindauer, 2004:28). In some homes

where the cultural belief is that women must submit to men, the woman may insist on a condom but the man can dismiss her wishes, leaving her vulnerable to possible infection. In the next section literature on the reality of HIV/AIDS orphans will be presented.

2.4. HIV AIDS Orphans

The reality of the HIV/AIDS orphans in South Africa will be discussed in this section. According to Bird, Bray, Harries, Meintjies, Monson and Ridgard (2005) most children born to HIV positive mothers are not HIV infected themselves however without interventions to prevent mother to child transmissions 25-30% of children born to HIV positive mothers are likely to be infected. Living with HIV infected parents can be stressful to children as they often take on the role of caregivers and additional domestic chores to assist in the household, when there are younger siblings the eldest child often takes on a parental role thus the increase of child headed households (Bird et al., 2005:5). It is estimated by Johnson, Bradshaw and Dorrington (2005 In Bird et al., 2005:5) that 802 000 (or 4,5% of children in South Africa) have lost their mothers to HIV/AIDS by 2005. It is important to note that HIV/AIDS is the leading cause of orphans in South Africa (Bird et al, 2005). When children are orphaned they become wards of the state and are placed in residential care where they may become the responsibility of the child care workers. Due to the increasing demand for child care and support, the development of child care workers as a paraprofessional has increased in recent years.

2.5. The Development of Child Care Workers

The development of child care workers working in the HIV/AIDS orphan field has emerged from the increasing number of children that have been orphaned, either from HIV/AIDS related deaths or an alternative cause of death for a parent, for example in a motor accident or a terminal illness. Child care workers care for the daily needs of orphaned children (NACCW, 2010). The needs of the orphan are not only basic but also both developmental and therapeutic. The child care worker uses daily tasks to fulfil their needs (NACCW, 2010). Child care work is a largely a 'forgotten' or 'invisible' vocation, as their work is seen as basic, unimportant with less formal training than their

professional counterparts. However, following on the above section, it is evident that the current state of orphans in South Africa is increasingly dire and it is the child care workers who care for these orphans. In the following section the impact of HIV/AIDS on the health care and welfare system will be discussed.

2.6. Impact of HIV/AIDS on the healthcare system and welfare system

The increasing magnitude of the HIV/AIDS pandemic, particularly in Africa, has led hospitals, morgues and graveyards to overflow with those who are either infected or dying of HIV/AIDS (Van Dyk, 2005). Thus health care workers find themselves overburdened, vulnerable to burnout and unable to cope with the demands of the disease (Van Dyk, 2005). It can also be argued that child care workers face a similar experience working in the same field. This argument can be made as the child care workers are responsible for meeting the basic, developmental and therapeutic needs of multiple children affected by the HIV pandemic. In addition, this responsibility and role is set in the HIV/AIDS orphan field and context which comes with its own set of challenges. These multiple stressors and challenges may lead to burnout amongst child care workers. In addition the pandemic has become so great that the family and community has inevitably become involved in caring for their loved ones, neighbours and in some cases formalised care programmes (Van Dyk, 2005). Therefore this disease affects not only professionals, but also families and communities.

“The burden of the HIV epidemic on HIV caregivers is especially heavy in South Africa where in 2006 an estimated 5.5 million people were living with HIV” (Van Dyk, 2007, p. 49). In later research, van Dyk (2008, p.49) stated that “The HIV/AIDS pandemic makes new demands on health services that cannot be met by hospitals alone and as hospital care is very expensive and families can often not afford medical care, which forces them to either care for patients in their own homes or communities or to develop an integrated home based care service with professional, community and volunteer caregivers”. This is relevant to this study as some of the children placed in Beautiful Gate are not only orphaned but are also removed from their homes due to abuse or neglect. It is important to note that neglect may not only be emotional but may also be the inability of parents

due to poverty to provide the child with their basic needs, for example, nutrition, shelter and education. Thus, emphasising the scale and difficulty of the stressors and challenges experienced by child care workers, who are charged with caring for these children that no one else is able to or can afford to care for. In the following section, the researcher will review the literature related to the possible challenges and stressors faced by child care workers, the newer paraprofessionals in the field of HIV/AIDS care.

2.7. Stressors and challenges that child care workers experience

2.7.1. Stressors

With the ever increasing demand on child care workers one can confidently argue that child care workers experience similar stressors and challenges in their work to their professional counterparts. Prolonged exposure to these stressors and challenges can impair the child care workers health whether physical or psychological.

In this section, the researcher will review literature concerning stressors and challenges experienced by health care professionals and similarly child care workers working in the HIV/AIDS field. Finally the researcher will draw from literature on how stressors and challenges manifest, to how they generally present in this occupational setting.

Stress, although a common term in everyday life, is not always understood or defined correctly. Gurung (2006) states that one experiences stress whenever excessive demands are put on our mind and body. People's response to stress may be multidimensional and complex as it can affect the individual on several levels. An individual can react to stress in one of three ways, emotional response, physiological response and lastly behavioural response (Weiten, 2001). The emotional response of reacting to stress can be through annoyance, anger, grief, anxiety, fear and dejection (Weiten, 2001). The physiological response to stress can be autonomic arousal, hormonal fluctuations and neuro-chemical changes and lastly the behavioural response to stress can be coping efforts such as lashing out at others, using/abusing substances, blaming one self, seeking help and releasing emotions (Weiten, 2001 p. 527). Stress does not only stem from traumatic events but also everyday taxing events such as

being in traffic, being late to work and so forth (Weiten, 2001). Pillow, Zaubtra and Sandler (1996) state, that major stressors may not be independent, such as a death in a family, but rather are a catalyst that leads to other stressors such as the loss of a breadwinner or caregiver. Thus, it is not only the major event that causes stress but the minor stressors that follow as a consequence of that event. Therefore, it is important not only to be aware of the major stressors, but also the pile up of everyday stressors.

The pile up of daily stressors is often ignored and eventually build up which leads to physical burnout or an emotional breakdown. This assertion is supported by the study done by DeLongis, Folkman and Lazarus (1988, in Weiten, 2001 p. 522) where it was found that minor stressors individually may not have a negative impact on the individual but multiple or cumulative exposure to minor stressors can impact on an individual's mental health. The researcher can, therefore, understand from the above literature that stress is not only caused by traumatic events but also everyday demands. This leads to the question what varieties of stressors exist in working in the HIV/AIDS field.

2.7.2. Relationship stressors

As stress may stem from any event that is perceived to threaten an individual's well being (Weiten, 2001: 522), it can be argued that there are immeasurable varieties of stressors. However, according to Gurung (2006:124) the majority of stressors stem from three main sources: these are relationships, work and the environment.

Human beings are social beings and everybody is involved in at least one type of relationship and this interaction could become potentially stressful. The potential for stress in relationships depends on the nature of the relationship itself. According to Gurung (2006:124) the more conflict in a relationship the more stress is experienced. Smith, Terblanche and Beytell (2010:300-301) found that child care workers experience of stressors at work sometimes has a negative effect on their family and personal relationships. Literature on the stress that child care workers feel while working in a residential setting will be discussed in the following sections.

2.7.3. Occupational Stressors

Work, according to Gurung (2006), is one of the sources of stress for the majority of individuals. Therefore, it is expected that child care workers' working in a residential setting will experience a certain amount of stress stemming from their work. Some of the most common stressors and challenges of working in a HIV/AIDS residential setting according to the literature found will be discussed in this section.

Occupational or work stress was felt by 80% of participants in the 2000 Gallup Poll (Gurung, 2006:125) with 50% of participants stating that they need assistance with helping managing stress. Factors related to occupational stress in the HIV/AIDS field are the overwhelming nature of the disease, the financial hardship of the clients as well as the financial hardship of the caregiver's themselves, stigma associated with HIV/AIDS care, over-involvement with clients, grief and bereavement overload, fear of occupational exposure to HIV, professional and role discomfort; and finally uncertainty and change in the HIV/AIDS field (van Dyk, 2007).

Smith, Terblanche & Beytell (2010:300) found that the working conditions of child care workers are difficult and draining, as they work long hours (on average 12 hour shifts or whole weekends) in the life space of demanding and needy children. Some examples of work stressors and challenges that may be experienced by child care workers will be discussed in the following section.

2.7.4. Risk of Infection

An example of one of the stressors experienced by health care professionals and, arguably, child care workers working in the HIV/AIDS field is the increased risk of infection (Colvin, 2008). This is due to their possible contact with HIV infected blood at work and although training is given to the child care workers and health care professionals about how to safely dispose of any needles or items where HIV positive blood has come in contact the fear of infection may cause stress. According to Colvin (2008) a study in Kenya found that the motivation and aspirations to practice medicine for over 50% of young doctors were negatively affected by the fear of infection of HIV. It

can be argued that there could be a similar concern for child care workers who work closely with HIV infected children. As children while at play often fall, get hurt and bleed there is the potential risk of exposure to infected blood and concern about possible infection.

2.7.5. Burnout

Burnout is one of the challenges that the child care workers like other professionals in the field, may face as the nature of their work is quite demanding in terms of time spent with the children, the risk of infection, the physical and emotional demands of looking after the children, the effect of HIV on the child's health, management of the children's medication in particular ARV's. Burnout is "defined as a syndrome of physical and emotional exhaustion, involving the inability to offer psychological (or other) support to others" (van Dyk, 2007, p. 49). Burnout is one of the most common consequences of stressors and challenges working in this field, as it is often caused by close interaction with clients, excessive demands, time pressure and job stress. Similarly, this would also relate to the child care workers as it can be accepted that they experience similar and particular demands. According to Bellani, Furlani, Gnechi, Pezzotta, Trotti and Bellotti (1996) burnout seems to appear when the demands of the job cannot be fulfilled by the staff member due to physical, emotional and psychological exhaustion.

2.7.6. Agency attitudes and policies

Agency attitudes and policies are suggested as a stressor by Whitehead (1984) as some agencies are autocratic in nature. Whitehead (1984) continues by suggesting that the child care worker's perception of the value of their work may be a source of stress as they are paid low salaries and are not always considered with similar regard and status as other professionals in their field.

2.7.7. HIV/AIDS related stigma

A challenge for child care workers may be HIV/AIDS related stigma not only towards the children but also towards them. Members of their community may incorrectly assume that as they are working with HIV infected children that they can carry the disease.

According to a study conducted by Parker and Aggelton (2003:13) HIV/AIDS stigma or the stigma of association “feeds upon, strengthens and reproduces existing inequalities of class, race, gender and sexuality”. As discussed earlier, when HIV/AIDS was first discovered, not much was known about the disease, other than it was deadly and primarily in the gay community. As such, fear and shame of the disease developed into a strong stigma against those who were infected with HIV and those who care for them by association. According to Frohlich (2008, p. 355) “fear of stigma can produce extreme anxiety”.

2.8. Possible Causes of stressors and challenges

In this section, literature found by the researcher on the causes of stressors in the HIV/AIDS field and its impact for child care workers will be discussed.

2.8.1. Theoretical framework for understanding the impact of working in the HIV/AIDS field for Child Care Workers

When exploring the possible causes of the stressors and challenges for the child care workers, it is important to consider general systems theory and acknowledge that an individual cannot be isolated from the system (or context) in which he or she lives. General systems theory suggests that all organisms are systems which are a part of larger systems and consist of subsystems (Potgieter, 1998). Therefore, an individual is a system made up of subsystems (internal resources such as emotional, cognitive, physical and spiritual components) and is also in turn part of a larger system namely the family system, and an organization (such as the Beautiful Gate), which in turn are parts of the East Philippi/ Crossroads community, and society at large.

It must be noted that “every single part of a system is always connected and interdependent to every other part in some way, and whatever happens to one part, will always affect the other” (Potgieter, 1998: 55). Therefore, what happens to the community is likely to have an effect on the family or organization which in turn will affect the individual which in turn will affect the individual’s internal resources. In relation to the child care workers, the internal resources that they possess to cope with

stressors experienced will therefore directly correlate to the way that their family, work and the community is affected.

The Ecological perspective was developed by Bronfenbrenner (1979) who stated that every individual is influenced by several environmental systems, namely Micro system, Mesosystem, Exosystem, Macrosystem and lastly the Chronosystem. Microsystem refers to the setting or environment in which the individual lives, for example, school, peers and family. The Mesosystem refers to relationships between Microsystems. For example if a child has had a good experience in relationships with their parents, they will not find it difficult to establish relationships with other parental figures for example a pastor. Exosystem refers to the relationship between an external setting and a non related individual's context. For example a wife's retrenchment effect on the husband. Although the retrenchment is not in the husband's context, it does affect the family system and the relationship between the spouses as conflict may arise around money. Macrosystem refers to the cultural context in which the individuals live, for example, socioeconomic systems, cultural norms and industrialised or developing countries (Santrock, 2007). Finally the Chronosystem refers to patterning of transitions or environmental events, for example, how a parent's divorce may affect the child for a year afterward but then decreases as time increases between the present and the event (Santrock, 2007).

The above theoretical perspectives are relevant to this study as it is important to note that the stressors and challenges perceived by the child care workers in their work may not only impact on their internal resources but on their families and communities as well. The above theoretical perspectives also help us understand that the child care workers do not work in isolation. Therefore it is likely that their work may be influenced or affected by what is occurring within their communities and personal lives.

2.8.2. Poverty

According to Cameron (2003) in Smith (2009:64) residential child care is a way of 'managing the underclass of the disadvantage'. Children who are in residential child

care are often from the disadvantaged and poorer parts of society. There are two definitions of poverty, firstly absolute poverty which is where people lack basic resources required for subsistence and secondly relative poverty where people lack the resources to obtain the living conditions and amenities that are customary in the societies to which they belong (Smith, 2009). The communities surrounding Beautiful Gate from where most of their children that they care for come from consist of both types of poverty. Firstly of those who are unable to provide food and basic shelter for their family and secondly living in a location that was assigned to them by a previously racist government who sought to exclude these people from the basic amenities and resources based on race relative to the other parts of society?

The children in the care of Beautiful Gate could be there as a result of poverty, as some parents may have their children removed from their care, because they are financially unable to provide the child with their basic needs. Living in poverty whether absolute or relative can lead to a debilitating existence causing individuals to use other means to increase their sense of worth whether through drugs, alcohol, crime or violence (Smith, 2009). This accounts for the high rate of crime, alcohol and drug use in poorer communities when the majority of households are reliant on social grants or temporary or low wages as a source of income. Beautiful Gate is situated within the context of poverty in low socio economic area and the child care workers come from poor communities.

2.8.3. Attachment with the children

One of the possible causes of stressors for the child care workers of Beautiful Gate can be linked to their close relationships with or attachment to the children in their homes. As the child care workers care for the same 7 children, there is the likelihood that they can develop attachments with the children that can cause stress when the child becomes unwell or in worst cases dies. Due to the nature of their work it is difficult for the child care workers not to grow attached to the children that they care for, thus, making the nature of their work extremely difficult. According to Smith, Terblanche & Beytell, (2010: 292) child care workers stressed the reality of “physical and mental

presence” that was required to care for the children as a part of their 12-24 hour work schedule. As a result the child care workers found themselves with “intimate knowledge” of the children in their care and an attachment to them (Smith, Terblanche & Beytell, 2010:292). According to the National Association for Child Care Workers, (2004) significant time spent caring for a child results in a deep attachment.

As the child care workers are responsible for ensuring the satisfaction of the basic needs of the orphaned children, it is important to discuss basic human needs. Maslow’s (1968 in Weiten, 2001 p. 498) hierarchy of human needs are arranged as a pyramid, with the most basic needs forming the foundation of the pyramid, leaving the less basic to form the tip. After physiological needs, such as hunger and thirst, as well as safety and security needs. The next most important need according to Maslow (1968; in Weiten, 2001 p.498), is belongingness and love needs. This is the human need to be accepted and loved by another. Therefore, it is natural for the child care workers to want to fulfil this need not only for themselves but in the children.

2.8.4. The human need to be loved or accepted

Many of the children either abandoned or orphaned by their primary care givers have a need to express their need to feel loved and accepted towards the child care workers with whom they are living within a family setup. According to Bronfenbrenner (1977, in Smith, 2009 p.119) “every child needs an adult that is crazy about them”. Child care workers’ are expected to try and maintain a ‘worker-client’ relationship with the children, but, also build relationships with the children, therefore, displaying inter-generational role-modelling (Gilligan, 2005 in Smith, 2009 p. 119). This is important because according to Clark (2001), in Nicolson and Artz (2003, pp.41-42) that having a good relationship and showing empathy, acceptance, trust and warmth with the child can account for 70% of positive behaviour change, as opposed to alternative intervention which only accounted for 15% of behaviour change. Thus, if the child care workers take the time to build positive relationships with children, it will increase more positive behaviour as the child will respect the authority of the child care workers.

Taking into account the positive implications of a good relationship between the child care worker and child discussed above it is important to note the possible demands or difficulties that such a relationship may have, whether for the children's home or the child care workers themselves. Such a relationship may be difficult to have, as the child with whom an attachment is formed may be reunified with their family, or moved to another facility, or becomes ill due to complications related to HIV/AIDS. Smith (2009) emphasises the importance of the child care worker knowing the limits of their caring role and being able to respond to the needs of the child for love and acceptance within appropriate professional boundaries. The attachment or relationship between the child care worker and the children they care for may cause emotional investment of either and can be a cause of stress if one or the other leaves or becomes ill and is in itself demanding emotionally, psychologically and physically.

2.8.5. Financial Hardship of the Child Care Workers

The overwhelming nature of HIV/AIDS, very close involvement with clients, occupational exposure to HIV and the stigma associated with HIV care has been discussed previously. The financial hardship of clients or the child care workers themselves may further contribute to their occupational stress. This may lead the child care worker to feel powerless to assist others when resources are short, not only in the community but for them as well. Smith, Terblanche and Beytell (2010:300) found that child care workers are paid low salary's with minimal benefits with limited possibility of promotion or growth in career path which led to low staff morale and retainment.

2.8.6. Grief

Grief may be identified as a challenge by the child care workers as they develop relationships with the children that they care for, who at times may become sick or die. According to Smith, Beytell and Terblanche (2010:) "a physical, mental and emotional closeness between the child and the youth care worker leads to an intimate knowledge of the child and an inevitable development of a close relationship and emotional involvement". Therefore, it is natural to deduce that when a child dies or becomes terminal ill the child care worker will experience loss and grief. According to Kubler-Ross

& Kessler (2005:7) there are five stages of grief namely denial, anger, bargaining, depression and acceptance. It is important to negotiate these stages to be able to process the loss of a loved one but not to become stagnant in any of the stages (Kubler-Ross & Kessler, 2005:7). The relationship between the child and child care worker is both a complicated and intimate one as the child care worker is expected to play both a professional role with the child but inevitably develops a personal relationship with the child. This may cause the child care worker to experience difficulty in grieving the loss of a child.

2.9. Support and coping resources available to child care workers

Each child care worker comes with not only their own individual coping resources, but is also part of a larger system, which may include a spouse, family, friends and in some cases colleagues.

According to Weiten (2001 p. 543) social support seems to serve as a “protective buffer during times of high stress, reducing the negative effects of stressful events”. Thus, it can be argued that the child care workers with adequate support will not feel the effects of stress as acutely as those with limited social support. Hansell, Hughes, Calindro, Russo, Budin, Hartman and Hernandez (1998) conducted a study on whether social support can ease child care worker stress and assist them in coping with caring for children with HIV/AIDS. Hansell et al. (1998) concluded in their study that child care workers working with children infected with HIV/AIDS benefited substantially from social support intervention. However, it was noticed that social support was not always experienced positively by the child care workers. Vaux (1988; In Hansell et al. (1998), p.80-81) found that “critical aspects of social support were timing, amount of support, provider mode of behaviour and the relationship between the provider and the recipient”. Therefore, highlighting the benefit of social support in combating the stress of child care workers. However, the need for social support must be identified correctly and be given appropriately by someone already in a relationship with the child care workers. This is important, as one would not wish to intrude or imply that the child care

workers' has insufficient support or is in need. In other words, one must not force social support onto the child care workers, but rather allow availability of support that the child care workers can access if in need.

Feeling socially supported in one's environment builds resilience, and encourages positive outcomes for at-risk individuals (Richman, Rosenfield, and Bowen, 1998). Richman et al. (1998) goes on to say that social support is vital in contributing to one's physical and mental well-being, allowing one with social support to cope easier with stressors and challenges. This supports the importance of the child care workers having social support whether that be within religious contexts, work environment with colleagues, family support or support within the community.

Cobb (1976) in Richman et al. (1998) states that social support is a multidimensional concept that can be divided into three broad categories; tangible, informational and emotional which can be internalised by the recipients through the support providers communication behaviours. This suggests, therefore, that support can be practical, educational or emotional. There are eight communication behaviours that support providers can show the intended recipient (Richman et al., 1998). These are listening support, emotional support, emotional challenge, reality confirmation support, task appreciation support, task challenge support, tangible assistance support and personal assistance support (Richman et al., 1998).

Listening support is when the recipient perceives the support provider as either listening without giving advice or being judgemental (Richman et al., 1998). This may be given by a counsellor, neighbour or colleague and only requires the supporter to listen to what the recipient is saying. Emotional support according to Richman et al. (1998) is the perception that the support provider is providing comfort and caring and indicates that he/she is on the recipient's side. Emotional challenge is when the support provider challenges the recipient to evaluate his/ her own attitude, values and feelings (Richman et al., 1998). The perception that the support provider sees things in a similar way the recipient does is called the reality confirmation support (Richman et al., 1998).

According to Richman et al. (1998) task appreciation support is when the provider acknowledges the efforts of the recipient and praises the recipient on the work that he/she does. The task challenge support is when the support provider challenges the recipients' way of thinking about a task so as to motivate and lead the recipient to become more creative and involved (Richman et al., 1998). The perception that the support provider provides financial assistance, products or gifts to the recipient is called tangible assistance support (Richman et al., 1998). Richman et al. (1998), states that personal assistance support is when the support provider provides services to the recipient such as assisting with tasks and running errands.

It is important, therefore, that the child care workers' receive the various types of support as it will increase self confidence which they may then utilise in aiding their own selves to cope with stressors and challenges. In the following section, literature will be reviewed on current and recommended strategies and policies that can assist child care workers.

2.10. Current and Recommended strategies and policies that can assist child care workers

As discussed above the risk for burnout for child care workers, currently working in the field of HIV/Aids orphan care is high and as such needs to be monitored not only on a psychosocial level but also on a legislative and administrative level. National policies inform, govern and guide HIV/AIDS organisations. In a study conducted by Bellani et al. (1996, p.207), it is suggested that the development of strategies for the "prevention, intervention and treatment of burnout", need to consider not only the occupational and institutional characteristics, also individual characteristics. It is suggested that perhaps the organization or government look at implementing procedures or policies in order to prevent and treat burnout perhaps by providing regular counselling services and leave for those in need. There is a need for agencies to have clear and updated policies.

The constructive coping with stress involves confronting problems directly, reasonable appraisals of the individual's stress and coping resources, and finally learning to recognize and sometimes inhibit disruptive emotional reactions to stress (Hetherington, 1984). Coping well with stress has been attributed to having the following assets; high self esteem, high threshold, many coping strategies and use of effective social support (Chaplain and Freeman, 1994). A recommended strategy to assist the child care workers could be, to be trained to constructively cope with their stress in order to work more efficiently.

A study conducted by Braukmann, Ramp, Braukmann, Willner and Wolf (1983) whose findings suggested that training health care professionals is effective in increasing the level of service delivery as training increases understanding and confidence. Similarly training child care workers would increase the rate and success of the services that they provide.

Caring for those that are terminally ill is always very difficult and especially if they are children. HIV/AIDS is not the death sentence that it was 5 years ago, which was before the South African Government allowed for the distribution of ARV's (anti retro viral's). However, HIV/AIDS is a disease and 90% of children staying at Beautiful Gate are infected. Working with children with HIV or AIDS especially when they are sick can be very difficult. Sims and Moss (1991, p.35) discussed the need for nurses working with patients that are terminally ill from AIDS to be supported whether through ensuring sufficient man power (staffing at all levels), a supportive environment (absence of unnecessary rules and regulations), sufficient resources (allowing them to give high quality care), provision of appropriate training, commitment to staff development and finally the availability and interest of the manager or director. Sims and Moss (1991) added that nurses might find it helpful to discuss their stressors with a counsellor on one to one basis regularly. Similarly it can be assumed that the child care workers need to be supported in the same way.

The South African Bill of Rights (1996) advocates the rights of children, one of these rights applicable to this study is the right to shelter or a family environment and provision of alternative care if a child is removed or displaced from such care. This emphasises the importance of organisations such as Beautiful Gate as they shelter and advocate for the rights of children. Furthermore the child has socio economic rights as well as the right to be protected from abuse, neglect and exploitation.

The HIV/AIDS policy of South Africa between 1994 and 2004 consisted of, according to Butler (2005, p.595), two competing viewpoints namely a 'mobilization/biomedical' paradigm and a 'nationalist/ ameliorative' paradigm. The 'mobilization/biomedical' paradigm "emphasised society wide mobilisation, political will and antiretroviral treatments" while the 'nationalist/ ameliorative' paradigm "focused on poverty, individual responsibility, palliative care, traditional medicine and appropriate nutrition" (Butler, 2005, p.595). This policy caused controversy and some ridicule from the international community especially when former Health Minister Dr Manto Tshabalala-Msimang promoted appropriate nutrition (with particular reference to beetroot and olive oil) to stop the advance of HIV. This legislation applies to his study as it is important that there is a realistic, consistent and scientific approach from the South African government on the HIV/AIDS pandemic and that it is communicated to all interested parties especially those on the grassroots level such as the child care workers in this study.

2.11. Conclusion

In this chapter the researcher has presented a discussion of the relevant literature and research that addresses and describes the impact of working in the field of HIV/AIDS, the care of orphans and those involved in offering services and care.

In this literature review the researcher has examined and used literature to explore the stressors and challenges of health care professionals and child care workers working in the HIV/AIDS field, possible causes of these stressors, current and proposed strategies of coping with stressors and challenges and briefly discuss any legislation that are relevant to the study.

CHAPTER 3: RESEARCH METHODOLOGY

3.1. Introduction

In this chapter, the researcher will set out the research methodology of the study describing the research approach and research design applied. Furthermore, the research questions, objectives and assumptions will be explored. As well as population and sampling, data collection, data analysis and limitations of the study will be discussed.

3.2. Research Approach

The research paradigm for this study is based on a qualitative research approach. The qualitative research paradigm views the world as constantly changing. It believes each human being is unique, with their own internal or cognitive interpretation of a specific reality which changes, and is influenced by social and environmental interactions (Merriman, 2002). This differs from the quantitative paradigm which views the world as fixed, single or measurable (Merriman, 2002).

The assumptions of the qualitative paradigm, according to Cresswell (1994), is that it is value-laden and biased, the researcher interacts with what is being researched, it is informal, it is an inductive process, it has mutual simultaneous shaping of factors, pattern and theories developed for understanding and that the data is accurate and reliable through verification. This qualitative research paradigm according to De Vos (1998:242-243) is “flexible and unique and evolves throughout the research process.

There are no fixed steps that should be followed and cannot be exactly replicated”. The flexibility of the qualitative paradigm allows the researcher to use a combination of research designs, and to be flexible in conducting the focus groups based on the child care workers understanding. This is particularly relevant to this study, as English is not the first language of the majority of the participants, and they may not understand some of the questions as phrased in the semi structured interview schedule.

Qualitative research design differs from quantitative research design as it is abstract and there are no fixed steps or rules which determine the researcher's actions (Schutt, 2009). Therefore a qualitative research approach is appropriate for this study as it allows the researcher flexibility and the opportunity to capture the experiences of the child care workers.

3.3. Research Design

The research design selected for this study is an exploratory case study design with a phenomenological approach. An exploratory study is primarily a preliminary study and is often conducted before a more in depth study (Babbie, 1989). The goal of an exploratory study is to "investigate the question of 'why are we here?' and to investigate social phenomena without any prior expectations" (Schutt, 2009). An exploratory research design is often used to formulate a hypothesis (Babbie, 1989). For this study's purpose, the researcher used the exploratory design to explore the topic based on the perceptions of the respondents and due to the limited prior research on the topic.

To increase the depth of the study the researcher used a case study research design. The case study design places an emphasis on an individual unit or case but may involve the examination of multiple variables (Babbie and Mouton, 2007). In this study, the researcher used an intrinsic case study research design. Mark (1996:219, In de Vos, Strydom, Fouche and Delpport, 2005:272) states that an intrinsic case study aims to gain a better understanding of an individual case bounded by time or place. In this study, the child care workers all currently work at Beautiful Gate and are, therefore, bounded by a place namely Beautiful Gate. The researcher focused her approach on obtaining a better understanding of the stressors and challenges that the child care workers experienced.

The research design strategy can also be described as having a phenomenological approach. Creswell (1998:51) states that a phenomenological study describes the meaning of several individuals' lived experience. The experience in question could be the experience of a job, relationship, organization or culture. In this study, the

researcher explores the meaning that child care workers attribute to the stressors and challenges they experience in their work as child care workers at Beautiful Gate.

3.4. Research Topic

The topic of this research is:

Child care workers and HIV infected/affected children.

3.5. Research Questions

- What are the child care workers' perceptions of the type of stressors and challenges they face, and how do these impact on them?
 - What are the child care workers' perceptions about the causes of the stressors and challenges they face?
 - What are child care workers' perceptions about the adequacy of support that exists to assist them in coping with their stressors and challenges?
 - How do the child care workers' perceive their current coping strategies, and the effectiveness of their current training that they receive in equipping them for the nature of their work?
- What are the perceptions of child care workers' with regards to support, training and policy that could assist them cope more effectively?

3.6. Research Objectives

- To explore the child care workers' perceptions of the stressors and challenges they face, and how they are impacted.
 - To examine the child care workers' perceptions about the causes of the stressors and challenges they face.
 - To explore the child care workers' perceptions about the adequacy of support that exists to assist them in coping with their stressors and challenges.
- To ascertain how the child care workers' perceive their current coping strategies, and the effectiveness of their current training that they receive in equipping them for the nature of their work.

- To ascertain what recommendations the child care workers' have for new policies, support and training that would help them cope more effectively.

3.7. Research Assumptions

- That Beautiful Gate child care workers' will be able to identify some of the underlying causes of their stressors and challenges.
- That Beautiful Gate child care workers' will have some insight into the training they receive to help them deal with stressors and challenges.
- That Beautiful Gate child care workers' are aware of the support that exists, and have access to, as well as, insight as to how this assists them in coping with their stressors and challenges.
- That Beautiful Gate child care workers' will have some recommendations for any additional training, support or changes in policy or legislation for implementation to assist them in coping with their stressors and challenges.

3.8. Population and Sampling

In this section, the population and sampling of the respondents will be discussed. The population of the study are child care workers currently working at Beautiful Gate which is a children's home situated on the border of Crossroads and Philippi. The current population at Beautiful Gate is 12 child care workers who work in shifts. A minimum of 8 child care workers, with representation from both night and day shifts was needed to participate in the study, to ensure enough representation of the population group identified. As such the sampling method chosen for the study is a purposive sampling approach.

A purposive sampling approach has been selected to allow the researcher to select a population group that satisfy's the purpose of the research (Schutt, 2009). In phase A of sampling, permission was sought from Beautiful Gate, to conduct the study with their employee's and at their premises. The Director of Beautiful Gate requested an outline of the study highlighting the ethical considerations of the study; this was forwarded to the ethics board of Beautiful Gate who gave permission for the study to take place.

Permission was then sought from the supervisor of the child care workers, and the individual child care workers to ensure voluntary participation.

The sampling took place in three stages. The first stage was purposive (non-probability sampling) where a specific geographical cluster and children's home was purposively selected to facilitate easier access for the researcher. In the second stage, the child care workers' were informed about the research and were asked to participate, it is essential to stress that they were asked to participate voluntarily. In the third stage, the child care worker supervisor asked the child care workers', who volunteered for the research, to meet with the researcher in focus groups. The child care worker supervisor negotiated with the researcher, to conduct 2 focus groups at specific times that suited the respondents and organization time and space constraints. Ideally it would have been preferable to have one focus group of 8 respondents; however, as the participants work in shifts it was difficult, in reality, to make a time that suited all the participants, as well as, the time and space constraints of the organization.

As such, the researcher adapted the study for a focus group to be conducted, during the day shift and the night/weekend shift to ensure full participation. No names were recorded during the interview to ensure confidentiality. However, as the participants are known to one another, confidentiality of responses was stressed to the participants at the beginning of each group. Eight out of twelve child care workers volunteered to participate in the research, which meets the criteria to be representative of the population of the child care workers at Beautiful Gate.

The sampling method used for this study, was described by de Vos, Strydom, Fouche and Delport (2005) as purposeful sampling, which requires respondents selected for the study to have particular characteristics. The respondents were specifically chosen if they met the below characteristics:

- Child care workers currently working at Beautiful Gate for a minimum of a year.
- Child care workers working in a full-time capacity.
- Respondents participation must be voluntary and willing to participate in a focus group.

Eight out of Twelve child care workers expressed an interest in participating in this research. Four of the child care workers currently work the 'night shift' which includes weekends while the other four work the day shift. One of the child care workers who volunteered for the study was male, and the rest were female. The child care workers who volunteered were referred to me by the child care worker supervisor, who also works at Beautiful Gate and used to work as a child care worker herself in the past. It is essential to note that no generalisations can be made due to the small size of the sample. However, the sample is representative of the case study unit.

3.9. Data Collection

3.9.1. Data Collection Method

The main data was collected by means of two focus groups with the assistance of a semi-structured focus group interview schedule. Focus groups were chosen as the method of gathering information due to the limited time the respondents had available for interviewing. In a focus group where participants have similar responses, the data is strengthened. According to De Vos (1998) "data is presented in the form of words, quotes from documents and transcripts". The advantage of focus groups is similar to the advantage of face to face interviewing, which allows the researcher to record the personal and non verbal responses with multiple respondents. The focus group allows the respondents to interact with one another, thus, enhancing their responses and encouraging discussion of questions. Focus group discussions can lead to the researcher becoming aware of the similar and different opinions of the respondents during the interviews as opposed to reviewing face to face interview transcripts (Babbie and Mouton, 2001). Focus groups are low in cost and time spent. Ideally one focus group would have been preferable, but due to the reality of the organization, and the respondents shift work, the researcher adapted the study to two focus groups to accommodate these limitations.

Focus groups were chosen for this study essentially because the participants were all working in the same environment (Beautiful Gate) and had similar experiences and the

focus group allowed the participants to share these experiences and reflect or add to the experiences of others as well as to express their individual experiences. According to de Vos et al. (2005:299) it is essential that the researcher creates “a tolerant environment in the focus group that encourages participants to share perceptions, points of view, experiences, wishes and concerns without pressuring participants to reach consensus”. This was ensured, in this study, through contracting in the beginning of each focus group about confidentiality, and allowing each member to express their own opinion. The researcher found that the child care workers were very open with one another, and it was discovered that they speak to each other often, and especially if they are not coping. This leads the focus groups to be very engaging, interactive and seemingly less threatening than individual interviews would have been.

The main advantage of focus groups according to Babbie and Mouton, 2001, p. 292) is the opportunity to observe the many interactions amongst multiple respondents on the topic in a short space of time. An interview schedule is meant to serve as a guide, to help focus the researcher. However, it is important that the researcher not stick rigidly to the sequence of questions in the schedule as deviations may enrich the data given.

Throughout the focus group, the researcher lead the focus group into discussions by asking questions, facilitating discussion around the topics, and summarising what was learnt from these discussions (de Vos et al., 2005). When planning a focus group it is essential that these four basic steps of focusing and analysing the group are conducted (Morgan and Krueger, 1998:9-12, In de Vos et al. 2005:303).

3.9.2. Data Collection Instrument

The data collection instrument used for this study is a semi structured focus group interview schedule. A semi structured focus group interview schedule was chosen, as it assists the researcher in facilitating the focus group as a guide consisting of questions, which are vital to obtain the data needed. The use of a semi structured interview schedule has allowed the researcher, not to focus on which questions to ask (to obtain relevant data, but rather to focus on the social and non verbal cues given by the

respondents (Opdenakker, 2006). The semi structured focus group interview schedule is meant to serve as a guide and used at the researcher's discretion.

3.9.3. Data Collection Tool

The data collection tool used in this study is a tape recorder and the researcher's field notes. The use of a tape recorder allowed the researcher to focus on the non verbal cues and to record accurate transcriptions. According to Opdenaaker (2006) using a tape recorder is more accurate than writing out notes and prevents potential loss of data.

3.10. Data Analysis

In this section, the process of how data was analysed will be discussed. The process that the researcher has chosen to analyse the qualitative data is Tesch's (1990) In De Vos (1998) stages for analysing qualitative data. The researcher needs to:

- Read through all the transcriptions carefully to get a sense of the whole and begin to write down some ideas.
- Reread and select one interview to make notes of common themes, concepts and ideas that come up in the transcript.
- Start to look for the themes, as well as, categories of those themes.
- Reread and use colour pens to code the themes decided upon.
- Develop a conceptual framework (table of theme's, categories and sub-categories)
- Align the broad themes with the objectives of the study. The categories are sub-headings to the themes, and the sub-categories are the categories sub-headings.
- The table that was created as the conceptual framework can now be used as a guide for writing up the analysis.

3.11. Limitations of the Study

Limitations will be discussed in relation to the research approach and design.

Furthermore, limitations of sampling, data collection approach, instrument and tool will be discussed. Finally, the limitations of the data analysis will be examined.

Research Approach

The research approach for this study is qualitative. Qualitative research focuses on personal meanings of the respondent. As such, it is subjective, but this serves the purpose of this research since the focus is on the 'perceptions' of the child care workers. According to Babbie and Mouton (2007), Qualitative research in general is limited in generalising data. Qualitative research views individuals as unique and individual whose internal interpretations are influenced by social and environmental interactions (Merriman, 2002).

Research Design

The research design for this study is an exploratory case study with a phenomenological perspective. The limitations of an exploratory study are that it is often reliant on the subjects to explain what is happening and it often occurs at a preliminary stage (Babbie, 1989). Due to these limitations, the majority of research occurs after an exploratory study. The researcher is using a combination of an exploratory research design and a case study in order to obtain more in-depth data. The limitations for a case study are that they are viewed as less scientific as the results cannot be generalised to the population as the sample is too small (Babbie and Mouton, 2007). However, in recent years the value of a case study has become a respected research design (Babbie and Mouton, 2007). The limitations for a phenomenological approach are that, during analysis, the depth of information is large, and tends not to fall into neat themes or categories (Lester, 1999). This was prevented through the use of a semi structured interview schedule and through reading the transcripts multiple times to identify themes.

Sampling

The sample size of 8 respondents working from a single children's residential home does not allow for generalisation to other children residential homes. This is due to the small size of the sample, the single location and the research paradigm chosen. The small sample and single location were chosen due to time limitations of the research. The limitations of the research met the requirements of a mini-dissertation and the requirements for explorative research.

Data collection approach

Face to face interviewing in a focus group can be difficult due to the group size, but it allows the researcher to create an opportunity for rapport building, clarification and probing. Face to face interviewing in a focus group also allows for rich data to be gained. According to Opdenakker (2006) face to face interviewing allows the researcher to take note of important social cues; however, it can be expensive and is limited as all interviews need to be standardised. As the respondents all worked in the same organization, it was assumed that their responses for some of the questions would be similar. Therefore, to cut down on costs, time, and to ensure standardisation the researcher decided to conduct two focus groups, which would allow individual responses with a minimal cost. Ideally it would have been preferable to conduct one focus group, but due to the time and space constraints of the organization, and the reality of the child care workers' shift work, the researcher adapted the study to conduct two focus groups. A limitation of focus groups is similar to the disadvantage of face to face interviewing which is the risk of interview bias (Babbie and Mouton, 2001). There is also some risk of individuals not feeling able to fully express their perspectives for fear of criticism and not being accepted by the group. This was prevented through the interviewer encouraging a supportive non-threatening climate in the group.

Data collection instrument:

An interview schedule is meant to serve as a guide for the researcher. It is known that some researchers stick rigidly to the sequence of questions, and do not allow for any diversions which may enrich the data. According to Opdenakker (2006), using a semi structured interview schedule may hinder the researcher from interacting and conversing fully with what the respondents are saying. As the respondent may go off topic, the researcher may have to focus the respondent back with a question from the schedule (Opdenakker, 2006), this may not relate to what the subject is saying, thus, making the interview feel artificial. The researcher was aware of this limitation prior to interviewing.

Data collection tool

The use of a tape recorder means that all data is recorded and can be transcribed in a verbatim manner preventing any possible loss of data. The researcher can then focus on cues given by the respondents. However, a tape recorder can be intrusive and distracting for respondents. According to Opdenakker (2006) the danger of using a tape recorder is the researcher may not take notes and in the event that the tape recorder malfunctions or does not record the entire interview, valuable data is lost.

Data Analysis

During analysis of the data, the researcher interprets the data which can be subjective or biased (De Vos, 2001). This is because the researcher attributes meaning to what the respondents say which may not be their intended meaning. This was realised prior to interviewing and where necessary the researcher who was facilitating the focus group would ask for clarification of meanings when needed.

3.12. Conclusion

In this chapter of the research, the researcher has firstly set out the research approach and specified and motivated the chosen research design. Secondly the research topic, questions, objectives and assumptions were discussed. Furthermore, the research population and sampling were explored, as well as, how the data was collected and measured. Finally, the researcher specified the steps of the data analysis that will follow and the possible limitations of the study.

Chapter 4: Presentation and Analysis of Findings

4.1. Introduction

In this chapter the researcher will present the analysis of the data of child care workers' perceptions of stressors and challenges according to the objectives of the study and will state whether the findings of the study support or contradict the literature found. All the respondents of the study were African Black and currently live in neighbouring low income communities. The age group of the respondents ranged from 23-45 and seven out of the eight respondents (child care workers) are single parents. See table 4.1. For the demographics of the sample:

Table 4.1: Demographics of Sample

Sample characteristics	No. of child care workers
Age	
20-30	One out of the eight
30-40	Four out of the eight
40-50	Three out of the eight
Marital status	
Married	One out of the eight
Single	Six out of the eight
Widowed	One out of the eight
Live in partner	
No. of years working at BG	
>1year	
1-2 years	One out of the eight
3-4	One out of the eight
5-6	One out of the eight
7-8	Three out of the eight
9-10+	Two out of the eight

Table 4.2.: Framework of analysis

THEMES	CATEGORIES	SUB-CATEGORIES
<p>4.2. STRESSORS</p>	<p>4.2.1. TIME SPENT 4.2.2. CONCERN FOR OWN FAMILIES WELFARE 4.2.3. GENERAL OCCUPATIONAL STRESS 4.2.4. FREQUENCY OF STRESSORS EXPERIENCED 4.1.1.5. HIV VIRUS</p>	
<p>4.3. CHALLENGES</p>	<p>4.3.1. WORKING WITH TRAUMATISED CHILDREN 4.3.2. SURROUNDING COMMUNITY</p>	
<p>4.4. CAUSES OF STRESSORS AND CHALLENGES</p>	<p>4.4.1. INFLUENCE OF COMMUNITY 4.4.2. ATTACHMENT TO THE CHILDREN</p>	
<p>4.5. SUPPORT STRUCTURES</p>	<p>4.5.1. AT BEAUTIFUL GATE 4.5.2. RELIGION 4.5.3. FAMILY 4.5.4. COMMUNITY</p>	<p>4.5.1.1. SOCIAL WORKER 4.5.1. 2. CHILD CARE WORKERS 4.5.1. 3. MANAGEMENT</p>
<p>4.6. CURRENT STRATEGIES AND PERCEPTION OF TRAINING</p>	<p>4.6.1. COPING STRATEGIES 4.6.2. TRAINING</p>	<p>4.6.1.1. EMOTIONAL SUPPORT TO THE CHILDREN OF BEAUTIFUL GATE 4.6.1.2. UNDERSTANDING LIMITATIONS AND ROOT OF CHILD'S BEHAVIOR 4.6.1.2.PROCEDURES 4.6.1.3. SOCIAL WORKER</p>
<p>4.7. RECOMMENDATIONS</p>	<p>4.7.1. REGULAR COUNSELLING AND SUPPORT GROUPS 4.7.2. FURTHER EDUCATION 4.7.3. GOVERNMENT INITIATIVES 4.7.4. LEGISLATION AND ORGANIZATIONAL POLICIES 4.7.5. FUNDING</p>	

4.2. Stressors

In analysing the data the first common theme that was identified was the respondent's perceptions of stressors and the type of stressors they experience in their work. It is important for the researcher not only to understand what the stressors were that the child care workers experience in their work but also how they define stressors. As what may be a stressor or threat to someone may be perceived as a challenge to another depending on their personal resources, life experiences and understanding of the world (Scott, 2009).

4.2.1. Time spent at work

One of the first stressors mentioned by the respondents was the amount of time spent at Beautiful Gate. This was identified as a stressor by the child care workers as seven out of the eight child care workers felt that they were always at work while the remaining respondents felt that there was insufficient time to complete the expected duties. These are some of their responses:

"We work mainly weekends and at nights, we work shifts with the other child care workers and there is always someone here" (H2,FG1)

"It seems sometimes that we are here more than at home" (H1, FG1)

"Yes because I spend more time with these children than with my own and I know these children better than my own" (H1,FG1)

Long hours at work may lead to physical and emotional exhaustion which may lead to burnout and in some cases it impedes on the personal family life of the child care worker as they are tired from working a full day and are unable to spend further energy and quality time with their own children at home. Burnout is one of the challenges that the child care workers may face as the nature of their work is quite demanding in terms of time spent with the children, the risk of infection, the effect of HIV on the children's health, the management of the children's medication in particular ARV's. This finding

supports the literature where burnout is indicated as common amongst child care workers in this field and is “defined as a syndrome of physical and emotional exhaustion, involving the inability to offer psychological (or other) support to others” (Van Dyk, 2007, p. 49).

4.2.2. Concern for own family’s welfare

A stressor identified by seven out of the eight of the child care workers in both focus groups was the concern or worry for their own children’s care while they were working. Many of the respondents are single parents and do not have a partner to share the responsibility of caring for their children while they are working. Three of the respondents do not have family members who are able to help them look after their children while they are at work and they need to leave their children at home alone sometimes with occasional check in from a neighbour. Here are the child care workers responses:

“My children look after themselves sometimes I have to leave my child at home alone for a weekend while I am working here and it is difficult because I worry whether she is safe or not” (H2,FG1)

“Yes although we have a lot on our minds we also think about our children” (H3,FG2)

“Ya it sometimes effects our work because sometimes you become so stressed at work that you can’t concentrate or do what you need to do because you are thinking about your children” (H3,FG2)

The child care workers responses indicate that although they know the value of their work and need the income their main concern or stressor while at work is the care of their own children at home. This is largely due to the fact that seven out of the eight child care workers are single parent females, three of which are unable to ask family to help care for their children while they are at work. These child care workers need to leave their children at home alone, sometimes with an occasional look in from a neighbour which leads the child care workers to worry and not able to concentrate on their work. This stress of the child care workers supports the literature which states that stress can lead to impaired task performance due to the effect of stress on the

psychological functioning of an individual (Baumeister, 1994). In addition Smith, Terblanche and Beytell (2010:300-301) found that child care workers experience of stressors at work sometimes has a negative effect on their family and personal life.

4.2.3. General occupational stress

Occupational stress was also mentioned as one of the challenges experienced by all eight of the child care workers in both focus groups. Occupational stress can be experienced by the respondents in different ways from having to juggle multiple tasks, to working long hours, to holding responsibility for children who are not their own.

“It’s difficult sometimes to look after the children and clean the cottages at the same time” (H2, FG1)

“ya, since we have a lot of children and we are only one person and you can’t always be with all the children or hold all the children at once, maybe the child can do something else but you as almost the child’s parent you need to be patient with them and sometimes switch off the TV and focus on them.” (H1, FG2)

“On the weekends when a child is sick there is no doctor or nurse here and you don’t know sometimes what to do whether to call the person who is on call or call an ambulance or wait till Monday morning- that is very difficult” (H4, FG1)

All of the child care workers at Beautiful Gate acknowledge their work is stressful, especially when the medical staff has gone home. This supports the literature according to Horsman and Sheeran (1995) who state that health care workers in the field of HIV/AIDs do report signs of occupational stress but also the rewards of working in this field such as being able to help, personal interactions with the patients, admiration for the patient’s courage and watching the support the patients receive from their loved ones.

4.2.4. Frequency of the stressors experienced

Six out of the eight child care workers interviewed in both focus groups commented on the frequency of stressors they experienced. Five out of the eight child care workers in both focus groups do not find their work as stressful daily, however, they

do experience stress on a weekly basis which is quite regular. The child care workers experience increased stress when they work weekends and are unable to see their children for 3 days. Below are the responses to the question asked on how frequently they experience stress:

"It's not every day it um, maybe" (H2,FG2)

"Sometimes" (H4,FG2)

"Ya sometimes maybe weekly" (H2,FG2)

"Sometimes you come in on Friday and you only go home on Sunday and that is our stress because we've left our house and we've left our kids at home alone so we have that stress" (H3,FG2)

The frequency and prolonged exposure to stressors experienced can lead to physical and psychological impairment. This supports the study done by Keinan and colleagues (1999, in Weiten 2001, p.535) who found that repeated exposure to minor stressors can accumulate and impact on an individual's mental as well as physical health.

4.2.5. HIV Virus

The HIV virus and risk of infection was identified as a possible stressor by the researcher prior to the study, however, through data collection and analysis it was noted that six out of the eight of the child care workers do not perceive working with HIV infected children as a stressor or challenge on a day to day basis., however, three out of the eight child care workers, mentioned that it does become stressful when one of the children becomes sick. These are there responses.

"No, they are just normal children; you must just know how it spreads and be careful of blood." (H1,FG1)

"It is only difficult when the child gets sick because they get very sick very quickly and sometimes you don't always know what to do." (H2, FG1)

“Not to work with them but when they get sick, they get sick fast and it is sometimes hard to see a child suffer so much.”(H2, FG2)

“No because you know that you are going to work with HIV positive children and there are many children or people at home with HIV so we know it”. (H1,FG2)

The risk of HIV infection was cited by Colvin (2008) as one of the possible causes of occupational stress. The findings contradict the study conducted by Colvin (2008, p.348) which found that the motivation and aspirations to practice medicine for over 50% of young doctors were negatively affected by the fear of infection of HIV., however, all of the respondents indicated that they had no fear of being infected with the HIV virus which could be attributed to the training that they have received that has educated them in how HIV is spread and how to avoid infection. The one stress that did arise with the concern of the HIV virus is how the children are affected and how they are able to get very sick quickly due to the poor immune system that the virus creates.

4.3. Challenges

The researcher has identified the second theme of the data as challenges. Stressors and challenge are similar in that they both cause the child care workers stress. However, the difference is that challenges are demanding situations while stressors are any situation that threatens or is perceived to threaten (Weiten, 2001). The researcher has distinguished these as situations that are demanding (challenges) versus situations that cause stress (stressors).

4.3.1. Challenges of working with traumatized children

One of the primary challenges that were identified by all eight of the child care workers in both focus groups was working with traumatized children. Working with children is often difficult enough, add to that the majority of the children that come to Beautiful Gate have in some way experienced trauma. Whether it be the watching or knowing the death or long suffering illness of a parent due to HIV or AIDS, being forcibly removed from their parents, being a victim of child rape or abuse or finally the experience of the

trauma of being neglected by loved ones. The responses of the child care workers regarding this challenge are:

“There are always challenges because working with these children brings on challenges even when they come in sometimes the child comes and is sick and does not always get well sometimes the children are too traumatized and it is tough on the child care worker because they have to look and work with this child without any knowledge of what has happened to them that has made them so upset.” (H3, FG2)

“Yes there is challenges sometimes because as well working with those children, the children don’t always behave the same sometimes they react and so you have to look at that and you have to um, sometimes you have to refer the child if sometimes you can’t help the child on your own. Some of the children come from the community that influence them and they bring that influence here, so you have to try to change that mind to, to, to discipline the child to tell the child what is wrong what is right, some they come here and you find out that their background was bad, there was alcohol or there was fights and the child shows all those things here and you, you have to look at those things and try to help the child. So those are the challenges that we come across.” (H4, FG2)

“Sometimes it is the situation that they see themselves in, you know the children were at home and now they are in another house and they have to let strangers in after being separated from their families and so that is difficult on us trying to get the children to trust us because some of them could not trust their parents and so they don’t trust other adults” (H4,FG2)

This supports the literature that states that health care professionals working with traumatised children experience that it breaks down their natural defenses and normally causes the professional to strongly identify with the victim (Dyregrov and Mitchell, 1992). All of the respondents are aware that the children are brought into Beautiful Gate normally through extreme circumstance that justified the removal of the child from their family. The responses from the child care workers indicate their feeling of being challenged when faced with a child that is traumatized sometimes due to not knowing the reason behind the trauma or the knowledge of how to help the child through the trauma.

4.3.2. Surrounding community

The surrounding community of Beautiful Gate is experienced as a challenge by the child care workers due to the effect that poverty and crime has had on the orphans and

themselves. According to seven out of the eight child care workers in both focus groups, they are aware that some parents feel that their child will receive a better life in institutional care than at home with them.

“Sometimes I get sad but there are bad things happening all around and especially where we live and these children are lucky they get to go to a good school and have warm beds and are fed. Some parents let their children be taken from them because they know that their children will have a better life here than with them-They can’t afford to look after their children”. (H3,FG1)

“Sometimes the child comes here and is traumatized and you as the child care worker sees this and I don’t know whether through prayer or just speaking to them to make them realize that what has happened to them is not right and every day we must do something right for the child so that they can see what is right and that can be life changing.”(H1, FG2)

This supports the literature according to Booysen’s (2003) study on orphaned children, which concluded that families living in poverty or unfavourable conditions were more likely to send their children or allow them to be taken to stay elsewhere. Unfortunately many of the people living in the surrounding communities of Beautiful Gate are unemployed, some living off of social grants while others resorting to crime in order to put food on the table. In many cases the child will have a better life in institutional care than living at home.

4.4. Causes of stressors and challenges of child care workers

In this section data will be analyzed according to the third common theme of the study which is the causes of the stressors and challenges that child care workers face.

4.4.1. Influence of the community

All eight of the child care workers in both focus groups mentioned how living or working in a poor and crime ridden community affects not only themselves but also the children they care for in terms of what may be deemed as social wrongful behaviour is modelled by their communities as socially correct behaviour.

“Not now, not that they are living here but when they first come they see things that are wrong being done by the ones they love and they don’t know it is wrong, so when they come here they have to

learn what is right and what is wrong". (H4, FG1)

"The community does influence them a bit because there is a lot of drinking and drugs there and the children see other children not going to school and getting up to no good and then they wonder why they must go to school, do homework or behave." (H2, FG1)

"Well the community has an influence, and sometimes how the parents treated the child causes the child to misbehave." (H3, FG1)

"There are challenges sometimes the children don't always behave the same some are naughty so you have to look at that and sometimes you have to refer the children. Some of the children come from the community with that influence and sometimes you have to explain to the child that what they saw in the community is not right you know some times they see people with alcohol or drugs and they think that is right". (H2, FG2)

"Yes there is challenges sometimes because as well working with those children, the children don't always behave the same sometimes they react and so you have to look at that and you have to um, sometimes you have to refer the child if sometimes you can't help the child on your own. Some of the children come from the community that influence them and they bring that influence here, so you have to try to change that mind to, to, to discipline the child to tell the child what is wrong what is right, some they come here and you find out that their background was bad, there was alcohol or there was fights and the child shows all those things here and you, you have to look at those things and try to help the child. So those are the challenges that we come across". (H4, FG2)

"Like when a child came here he thought that it was normal when his dad hit his mom. And you know in the community it is normal to have the families live in one room and the child is not always asleep and so he sees things that he shouldn't and that causes problems here because then he starts to act towards the other children. It is very difficult." (H4,FG1)

This supports the literature which states that living in poverty whether absolute or relative can lead to a debilitating existence causing individuals to use other means to increase their sense of worth whether through drugs, alcohol, crime or violence (Smith, 2009). It is also important to note the general systems theory (Potgieter, 1998) which states that all systems from the individual, to the family, organisation and the community are connected and can affect or influence the other. Therefore, the problems from within the community affect the behaviour of the children which effects Beautiful Gate where they stay if they exhibit these learnt behaviours.

4.4.2. Attachment

As the Beautiful Gate child care workers work in a family structured environment where they care for 6 or 7 children in one household attachment to the children at Beautiful Gate is a natural outcome for the child care worker. The children at Beautiful Gate consider the children living with them to be their brothers and sisters and call the child care workers mama or tata (Xhosa word for father). This causes the child care workers to care deeply for how the children are and how they cope with being taken away from their parents. This kind of attachment can cause stress and concern for the child care workers when they become overly anxious or emotionally involved in the child's life and the child's relationship with his/her parents. Seven out of the eight child care workers in both focus groups spoke about their attachment to the children.

"Also sometimes the child misses the parents and is very upset or angry and doesn't take notice of you and won't do their homework that is very difficult because what can you say to them. There are some parents or siblings that visit but what about those with no parents or parents that are alive but don't visit how can you help them-this is very difficult." (H3,FG1)

"Sometimes the children demand love from me because they don't get love from anybody else and it's very difficult not to feel for them not to get attached to them because I am the only one who cares for that child and it sometimes makes me guilty about my own child and how much love I am giving this child while being away from my own." (H2, FG1)

"It's part of our work to care for the children but sometimes you can't help caring more than you should because they have no one you know other than us." (H1, FG1)

"I think about the children when I am not here but I also need to think of my own child because I am always with these children and it is not fair to her". (H2, FG1)

This emphasises the literature which stresses the importance of the carer knowing the limits of their caring role and being able to respond to the needs of the child for love and acceptance within appropriate professional boundaries (Smith, 2009). Similarly this can be applied to the child care workers. As the child care workers of Beautiful Gate do not have any background of training prior to entering as a child care workers even though training is given during their work there. The attachment or relationship between the child care workers and the children they care for may cause emotional

investment of either or is a cause of stress if one or the other leaves or becomes ill.

4.5. SOCIAL SUPPORT

The fourth theme that was present in the findings during the researcher's analysis is that of social support. Weiten (2001 p. 543) states that social support seems to serve as a "protective buffer during times of high stress, reducing the negative effects of stressful events". Thus, one can argue that if the child care workers have adequate support they will not feel the effects of stress as acutely as those with limited social support. Hansell, Hughes, Calindro, Russo, Budin, Hartman and Hernandez (1998) conducted a study on whether social support can ease caregiver stress and assist them in coping with caring for children with HIV/AIDS.

4.5.1. Social worker

The social worker at Beautiful Gate is currently employed to look after the children and communicate with the parents and attempt family reunification. It is currently not her job mandate to support the child care workers. However, six out of the eight child care workers in both focus groups state that they would like the social workers support with the children.

"No she (Social Worker) doesn't come to us she just goes to the children"(H3, FG2)

"The social worker is meant to help the children here because she is paid by Beautiful Gate and so does not or cannot speak with us about our own lives because it is not her work" (H4,FG1)

This supports the literature that indicates the importance for counselling and assistance from another professional if it is needed and can assist with problems that arise (Sims and Moss, 1991).

4.5.2. Child Care Workers

Having support is essential especially within a stressful work environment with colleagues who understand and experience similar stress. This support is especially helpful when those seeking support find it with someone with more experience and

a possible successful experience of how they experienced similar stress and how they were able to successfully cope. All eight of the child care workers in both focus groups mention how supportive their colleagues are.

"We support each other" (H4, FG2)

"Maybe sometimes if I have a problem then I have to share with my colleague" (H4, FG2)

"We work as a team here and try to help one another where we can" (H1, FG1)

"Well we work as a team so we have the other mama's who we talk to about things and when problems arise" (H2, FG1)

"The mamas help me, we are very close and we talk with one another about things." (H4, FG1)

"Speaking to the mama's helps and it is useful to have such wise woman" (H4, FG1)

This finding supports similar findings in the literature which states that feeling socially supported in one's environment builds resilience and encourages positive outcomes for at-risk individuals (Richman, Rosenfield, and Bowen, July 1998). Additionally the findings also support the literature by Richman et al. (1998) which states that social support is vital in contributing to one's physical and mental well-being allowing one to cope easier with stressors and challenges. This supports the importance of the child care workers having social support within their own working environment.

4.5.3. Management

Management can usually support their staff in listening to their needs and concerns and supporting them through difficult times or difficult decisions and where necessary removing unnecessary procedures that prohibit them from doing their work effectively. Six out of the eight child care workers at Beautiful Gate identified the role of the management of Beautiful Gate as a supportive role.

“You see we have a manager here, and the manager is the person who encourages us you see the manager, you see we are in groups and each group has team leaders who we can go to and the managers and the directors.” (H3, FG2)

“Well we talk to one another or the supervisor and then if it needs to be taken to the director then it is.” (H2,FG1)

This finding supports the study conducted by Sims and Moss (1991) on nurses who felt the need to be supported by management whether through providing additional staffing, creating a supportive environment, sufficient resources (allowing them to give high quality care), provision of appropriate training, commitment to staff development and finally the availability and interest of the manager or director.

4.5.4. Religion

Religion and spirituality can offer support to an individual in need. Five out of the eight child care workers spoke about how their religion has supported them.

“For me at home I don’t have somebody because I am a single parent I only have my children and I used to just talk and I don’t expect help they used to just listen and listen but I use my pastor he gives me support as well.”(H2,FG2)

“...but all of the time I like to discuss with God because he knows me and maybe he can guide me but sometimes if I can help me then I do but if not then I ask God through prayer because through prayer God can help me.” (H1, FG2)

“My family is very supportive and they help me and also the pastor at my church is very understanding and also helps me” (H1, FG1)

The finding supports the literature that says “in providing for the needs of the whole person the importance of spiritual and pastoral needs must be recognized (Sims and Moss, 1991:84)., thus, one needs to accept that every individual is entitled to their own beliefs without judgement and that Religious support can be beneficial depending on the individual’s faith.

4.5.5. Family

Family has always been the primary unit of society and the primary source of support. However, with the increasing rate of divorce, unmarried parents and family disputes, it appears as if the family is not the stable unit of support it once was.

Seven out of the eight child care workers interviewed were single parents, only one of which was due to death the rest were due to their boyfriends leaving them. Many had to rely on their parents or siblings for family support while others had to rely on their children. Family support was given to the child care workers primarily through the provision of care for their children while they are at work.

"When I have a problem I have my wife..." (H1, FG2)

"I have family who looks after my children, my sister stays at home and looks after my children with her own, she knows my children better than I do." (H1,FG2)

"I have friends and family but they have their own families to look after I cannot ask them to look after my children as well." (H2, FG1)

This supports the literature which says adults need at least one confident, whether in their family or in a friend, as it has beneficial effects on life satisfaction and on physical and cognitive functioning (Weiten, 2001).

4.5.6. Community

The African community is known world- wide for their community spirit of ubuntu where each neighbour tries to help out the other. Although this is traditionally a rural African concept the concept of ubuntu has tried to influence some of the more urban areas. Five out of the eight child care workers feel supported by their communities while the remaining child care workers are concerned by the lack of support shown by their community.

"For my side I have a lady who sometimes looks after my kids or checks up on them when I am at work and she lives not far from my house but although she is there I am thinking about my children because sometimes she is busy in the house while the kids are in busy in my house so she can't look

after them every second you know. I also think it takes time for her walking up and down up and down so you know” (H2, FG2)

“No I am a single parent and my neighbours often get drunk on the weekends my daughter is better to look after herself than to ask the neighbours” (H2,FG1)

“My family and neighbours help me and the mama here” (H3, FG1)

This finding supports the literature that says feeling socially supported in one’s environment builds resilience and encourages positive outcomes for at-risk individuals (According to Richman, Rosenfield, and Bowen, 1998).

4.6. Current strategies and perception of current training

Current strategies and training was identified as a theme as it was evident to the researcher that there were existing coping strategies and training that the child care workers used to assist them in coping with the stressors and challenges that they face in their work. The researcher analysed the findings according to this theme to assess how effective the current strategies and training were perceived to be by the child care workers. It is important to note that seven out of the eight child care workers had no prior training or further education prior to being employed by Beautiful Gate but are currently given in service training by the organization.

“No (To prior training), but we get training here when we start to work here”. (H4,FG1)

4.6.1. Emotional support to the children

One of the strategies currently employed by all eight of the child care workers in both focus groups to make their work more manageable is to develop good relationships with the children, which they feel will help encourage the children to listen to the child care workers more reducing the stress when the children ignore them or make trouble.

“I like to encourage the children because they have pain because their mother left or mother died and they don’t know the father or he is also dead and so I like to help them to be happy and to protect them” (H2,FG1)

"I like the children and I like to protect and encourage them".(H1,FG1)

"Well if you develop a good bond with the child then you have little difficulties with the child because they then listen to you and not as naughty". (H1, FG1)

"Ya I like to work with children you see when I start I was security and I used to see the children everyday so in 2000, I decided that I want to work with the children because I liked the children and I wanted them to know one man who they could look up to and have as a role model you know to respect and to have to talk to you know not just someone who bully's but a man who is kind but strong."
(H1,FG2)

This supports the literature by Bronfenbrenner (1977, in Smith, 2009 p.119) that says "every child needs an adult that is crazy about them". Additionally the findings support a study conducted by Clark (2001, in Nicolson and Artz 2003, pp.41-42), which found child care workers who have a good relationship with the children by showing empathy, acceptance, trust and warmth can account for 70% of positive behaviour change as opposed to alternative intervention which only accounted for 15% of behaviour change.

4.6.2. Understanding limitations and root of child's behaviour

Seven out of the eight child care workers tried to understand what their own limitations are and why the child is behaving negatively, in order to not take on the stress of the problem onto themselves.

"Some things you can deal with, while others you can't". (H3, FG1)

"Ya like discipline and making sure homework is done and that they are fed but you can't always help the child with what is going on inside. If the child is angry because of what his parents did or from leaving him then what can you do what can you say, you can't make the parent better you can't make the parent come. These are the things that are the hardest". (H1,FG1)

This finding supports the literature where Smith (2009) emphasized the importance of the caregiver knowing the limits of their caring role and being able to respond to the needs of the child for love and acceptance within appropriate professional boundaries. It is important that the child care workers know their limitations for not only their benefit but for those they are caring for.

4.6.3. Procedures

Below are explanations from the child care workers of the procedures they go through when they encounter a problem. Seven out of the eight child care workers seemed aware of and satisfied with the procedures to follow when necessary.

"If I don't know what to do I normally ask one of my fellow mama's because some have been here for many years and have been through it and if it still is wrong then we speak to the supervisor and then the social worker" (H2,FG1)

"We used to call the child and speak with them and ask them questions depending on the problem, some of the children will tell the problems and then you share with another mother the problem"(H3,FG2)

In a study conducted by Sims and Moss (1991, p.35) the findings revealed the need of nurses currently working with patients that are terminally ill from AIDS to have a supportive environment which may mean the absence of unnecessary rules and regulations. The finding in this study contradicts this literature as seven out of the eight child care workers were satisfied with the current procedures in place, thus, not requiring removal of unnecessary rules and regulations.

4.6.4. Social worker

Beautiful Gate currently employs a social worker who focuses primarily on family reunification and community work. The child care workers were asked if they knew her role, and if they felt that she could assist them in anyway. Six out of the eight child care workers stated that the social worker is employed for the children and not for them and it is only when they have a problem with a child that they cannot solve that they ask for her guidance.

"The social worker mainly cares for the children and speaks with the parents but does not counsel us" (H4, FG1)

"Or she works in the community" (H2,FG1)

"Maybe if the mother had that problem before and then she will help you deal with that if it is more

than that we refer the social worker or the counsellor". (H2,FG2)

The finding in this data is similar to the findings of the research conducted by Sims and Moss (1991) done with nurses working with HIV positive patients who found it might be helpful to discuss stressors with a counsellor on one to one basis regularly. Similarly the child care workers would benefit from such a service.

4.6.5. Training

All eight of the child care workers at Beautiful Gate receive regular training. Below are some of the examples of training they have received:

"We do have a lot of training I mean this week we had training in healthcare. (H1,FG2)

"We have had a basic aids course, psychosocial support course". (H1,FG1)

"No but when we came to work here we sent on courses like Child care worker course... "(H2,FG2)

"HIV AIDS, psycho support, home based care".(H3,FG2)

"ECD or early childhood development". (H1,FG2)

All eight of the child care workers enjoy their training but feel that they would like to have more training to better cope with some of the problems they are faced with. They also would like some certificate or qualification for the training they have done so that if they do not work for Beautiful Gate for some reason or another they are able to find employment elsewhere with proof of their qualifications.

"Yes it has it has helped us understand something's but I think that we need more as it helps us be better at our job and it gives us ideas how to help the children" (H3,FG1)

"The training has helped but I do think we should have more and maybe let us get a certificate of some kind that will show others what training we have had if we leave here" (H2,FG1)

Both findings support the literature study conducted by Braukmann, Ramp,

Braukmann, Willner and Wolf (1983) whose findings suggested that training health care professionals is effective in increasing the level of service delivery as training increases understanding and confidence. Similarly training child care workers would increase the rate and success of the services that they provide.

4.7. Recommendations

Below are some of the recommendations of the child care workers for an improved less stressful working environment.

4.7.1. Regular counselling or support groups

One of the recommendations made by six of the eight child care workers in both focus groups was to receive regular counselling or attend support groups.

“Yes I think that it might be nice to speak through some of the things that we experience and that it may help us especially talking about what is going on in our homes.” (H3,FG1)

“Yes I think it would be helpful because we all have problems at home, we are all mainly single parents and it is difficult sometimes and it is always helpful to speak to someone.” (H4,FG1)

“Just the social worker maybe speaking to us in a group and maybe the director listening to some of our concerns or ideas” (H3, FG1)

“Maybe if they can a counsellor to come speak to us like once a month” (H2,FG2)

“And if we can have like support groups at least maybe like once a week where we can share our problems or stressors”. (H3,FG2)

This finding supports the literature that it is important for counselling to be available for all professionals if it is needed and can assist with problems (Sims and Moss, 1991). Additionally the finding supports the literature that states feeling socially supported in one’s environment builds resilience and encourages positive outcomes for at-risk individuals (Richman, Rosenfield, and Bowen, 1998).

4.7.2. Further education

Five out of the eight child care workers wanted the opportunity for further training or official qualifications. Also further education will allow the child care worker to better themselves leading them to feel empowered and better equipped to face challenges.

"I think we should have further education as it will allow us to better ourselves and deal with problems better" (H2, FG2)

This supports the literature that states one can be trained to learn how to constructively cope with stress. This will involve confronting problems directly, reasonable appraisals of the individuals stress and coping resources, and finally learning to recognize and sometimes inhibit disruptive emotional reactions to stress (Weiten, 2001).

4.7.3. Government initiatives

One must not overlook the government's responsibility to combat poverty by improving access to education and job creation and also for there to be adequate resources available such as affordable child care. It is also important for all individuals to feel safe and secure not only at home but at work. All eight of the child care workers felt that government could focus more on the eradication of poverty and crime.

"I don't know maybe better police or someone to help me care for my child" (H3,FG1)

"There is a lot to do there are many children on the street, and there are few people to help them government needs more people to help the children and should employ more people because there are children who do not have good lives" (H2,FG1)

"Just to employ more people and let people have further education for free" (H2,FG1)

This finding is supported by literature written by Smith (2009) who states that the children in residential care are predominantly from impoverished backgrounds. If the government focuses on reducing poverty and crime the need for residential care for the children will decrease.

4.7.4. Legislation and organizational policies

Part of government's role was related to reviewing legislation and policies that may hinder or assist those on the ground level. As well as educating those on the ground level on the policy and legislation that exists. Six out of the eight child care workers were not educated about the majority of governmental policy and legislation that they are expected to follow.

"No, just that we must bring any issues to the supervisor and that we must follow the rules of the child care act" (H4,FG1)

"I don't think the government knows, because it has its own laws and I am not sure how Beautiful Gate is working with those laws and if they are working or not" (H3,FG2)

"But Beautiful Gate has its own laws on how we must work and what we must or must not do (H4,FG2)

"Well you see when they get a child the child must first go to court and then government sends the child to Beautiful Gate but they must also send the child everything from medication to clothing to schooling and then we can take care of the children better"(H1,FG2)

This supports the literature which states that there is generally a lack of consultation from the South African government with ground level NGO's when in development of legislation or policy (Streak, J. and Poggenpoel, 2005). In addition the findings support literature which states that the majority of NGO's are not informed or included when reviewing legislation or policies (Streak, J. and Poggenpoel, 2005).

4.7.5. Funding

Community organizations are reliant on outside funding to survive. Beautiful Gate is no different and with the ever changing economic climate it is becoming more difficult for these organizations to find funding. Seven out of the eight child care workers saw the need that Beautiful Gate has for increased funding.

"You know we are dependent on others for money you know we have mainly overseas people or people from church that donate money to Beautiful Gate but it is not enough to do what we do

here. You know the people around here don't have money or resources and you know government doesn't support, they support a little bit but not enough to reach all the children in our community who are in need". (H1,FG2)

"They try to help us here at the organisation, I mean they try to organise people who can volunteer or teach us how to deal with the things and also last week we were take on a retreat where we were able to relax and mediate on the bible and what we are doing and why we are doing it. So the organisation is trying to make our job easier" (H2,FG2)

This supports the literature that states "inadequate funding, lack of qualified supervision and little training represent a lack of interest and commitment showed by the government" (Chaplain and Freeman, 1994:152).

4.8. Conclusion to the chapter

In this chapter the data was analysed in accordance with Tesch's (1990) stages for qualitative data analysis. Findings were categorised into themes, categories and sub-categories and compared against literature. In the next chapter conclusions and recommendations will be formulated based on the findings on this study.

CHAPTER 5 CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction to the chapter

Following the in depth analyses of the data collected and review of findings in the previous chapter, conclusions and recommendations can be made. However, one must remember that as this is a qualitative study on a small sample, and, thus, generalisations cannot be made. As such each respondent's unique experience can be explored thoroughly.

An aspect that distinguishes this research study from others is that its aim was to understand how the childcare workers currently cope with their stressors and challenges by allowing them to share their ideas and recommendations to what could assist them in coping in their occupation.

5.2. Conclusions to the findings

When making conclusions it is important for the researcher not only to note cultural norms in coping with stressors and challenges but also to note what child care workers considered as a stress. As an outside researcher the expectation was that the child care workers would be more concerned and stressed about the HIV virus. However, due to the pandemic of the virus the majority of the child care workers, communities, families and perhaps themselves (although this was not investigated) are infected with or affected by this disease. As such it is the researcher's belief that this over exposure to those with the disease has become normality to the child care workers.

5.2.2. Findings relating to the first objective: Child care workers' perceptions of the stressors and challenges

In terms of the types of stressors that child care workers experience the following conclusions can be drawn:

- Long hours or time spent at work was the primary stressor and concern of the child care workers. Particularly as this time is spent away from their own children and it could lead to burnout and fatigue.

- Following this concern for their own families' welfare was a stressor as seven out of the eight child care workers are single parents who have to leave their own children in the care of neighbours, families or by themselves. Leading the child care workers to worry about their children's safety and care while they are at work.
- Caring daily for orphaned or abandoned children affected by HIV/AIDS leads to child care workers experiencing general occupational stress. For example caring for terminally ill children and disciplining traumatised children who act out to get attention.
- The combination and frequency of stressors experienced was identified as a stressor for the child care workers. The pile up of stressors could lead to physical, emotional and psychological damage to the child care workers.
- Finally working with those infected with HIV/AIDS was not experienced consciously as a stressor to the child care workers as they felt comfortable working with those who have the virus.

In terms of the types of challenges that child care workers experience the following conclusions can be drawn:

- The primary challenge identified by the child care workers is working with traumatised children, which was also identified as a stressor. The children at Beautiful Gate often come out of violent or dysfunctional homes. Although the child is brought out of the home, the experience often leads the child to act out or withdraw.
- The secondary challenge identified is that violence, drug use and poverty in the surrounding community is so prevalent that it influences the children and the child care workers at Beautiful Gate making the child care workers job more challenging.

5.2.3. Findings relating to the second objective: Child care workers' perceptions about the causes of the stressors

In terms of the causes of stressors that child care workers experience the following conclusions can be drawn:

- The primary cause of stressors was identified by the respondents as the influence of the surrounding community.
- Emotional attachment to the children was identified as a cause of stressors experienced by the child care workers. As child care workers develop emotional attachments with the children in their care, which may cause stress to the child care worker when the child becomes unwell or dies.

5.3.4. Findings relating to the third objective: Child care workers' perceptions about the adequacy of support that exists to assist them

In terms of the support structures that child care workers experience the following conclusions can be drawn:

- The primary source of support for the child care workers is each other, as they find it easy to talk to one another.
- Another source of support for the child care workers is their families who aid them in various ways through emotional support as well as practical support by helping them care for their child and assisting them financially.
- Spirituality or religion was also identified by the child care workers as a source of support for them.

5.3.5. Findings relating to the fourth objective: Child care workers' perception of their current coping strategies and effectiveness of their current training

In terms of the current strategies and training that child care workers experience the following conclusions can be drawn:

- The current strategy to deal with problems identified by the child care workers is if the ground level staff finds a difficulty they can refer to the higher level of staff.

In other words the child care workers are currently expected to go to their supervisor if there are any concerns.

- There is periodic in-service training; however, the child care workers feel that the training could be more regular. The child care workers also expressed how they would like acknowledgement or proof of what training they have gone through such as certificates.

5.4.6. Findings relating to the fifth objective: Recommendations child care workers' have for new policies, support and training

In terms of the policies, training and support that child care workers recommended the following conclusions can be drawn:

- Child care workers highlighted the need for them to have regular counselling and/or support groups to assist them in dealing with the stressors and challenges they do experience in their work.
- Child care workers also highlighted the need for government to play a bigger role, as the need for safe communities, residential care for children, funding and employment is great. There was a consensus that education should be free and more jobs should be created.

5.3. Recommendations

From these conclusions the following recommendations can be made:

- Firstly, it is vital that support groups for child care workers are developed and run on a regular basis allowing the child care workers the space to communicate their stressors and challenges and receive support, guidance and the chance to be heard.
- Secondly, that community day care facilities are created in low socio-economic areas. The underlying concern for the child care workers is the safety of their children while they are at work. These individuals who do work cannot afford day care and often need to leave their children in the care of another while they go and work. It is the recommendation of this research that Beautiful Gate allow the children of the child care workers to visit the premises while their mothers are at

work. Alternatively government can establish free or low cost day care centres in these poorer areas, thus, creating jobs and a safe place where children can be cared for while their parents are at work.

- Attempts should be made at regulating shifts so that the child care workers are not away from home for entire weekends. If this is impossible arrangements should be made so that the children of those who are on duty can stay at Beautiful Gate.
- Furthermore, government needs to focus more on the eradication of crime and poverty through job creation, more police officers and social service personnel to reduce domestic abuse, gang violence and drug use.
- It is further recommended that the in-service training at Beautiful Gate is increased and that the child care workers receive certificates upon completion of various training to acknowledge the skills or education that they have acquired.
- It is recommended that all child care workers working at Beautiful Gate should become members of National Association of Child Care Workers (NACCW) which is a registered non-profit organisation which recognises child care workers and assists in providing more training and dictates standards of care.
- Furthermore education needs to be given to the child care workers concerning policy and legislation concerning the child care act and the NACCW operation procedures.
- It is clear that the child care workers feel passionately about caring for these children and would sacrifice a lot of themselves for their work. It is important that the child care workers are monitored or supervised, thus, preventing emotional fatigue and burnout. The child care worker supervisor can assist in this regard.
- It is recommended that the social worker employed at Beautiful Gate be allowed to consult or assist the child care workers with regards to the children. As the social worker may be able to explain to the child care workers, what the basic and therapeutic needs of the child are. As well as to advise the child care workers on what each child responds to or how they can be approach to optimise their development and trust.

- Furthermore it is vital that the child care workers meet regularly as a group to support each other and to consult one another on various issues relating to their work. Having regular feedback with one another will allow the child care workers to seek advice from the group rather than individuals and encourage a supportive environment.
- It is also the recommendation for all professionals whether child care workers or social workers to review the social environment with a critical lens in order to identify existing or potential problems which is either researched to gain knowledge on the problem or necessary adaptations take place in preparation.
- This calls for not only Beautiful Gate but all organisations to become a flexible environment which can adapt when the social, environmental or economic world changes.
- Finally, further research needs to be conducted regarding child care workers in residential care. These child care workers are expected to care for those who parents could not or would not care for and are expected to act like professionals who have more education than they have. These are the individuals into whose care we will trust the lost children of South Africa for many generations and yet they are seldom recognised nor mentioned as opposed to social workers, nurses and biological mothers.

5.4. Conclusion

Within this chapter the researcher has drawn conclusions and recommendations from the data analyzed.

Within this study the researcher has explored Beautiful Gate's child care workers perceptions of their stressors and challenges in working with HIV/AIDS infected/affected children. Additionally the researcher has explored the causes of these stressors and challenges, whether the child care workers feel prepared and equipped to deal with stressors, the adequacy of the support structures that exist to support them, and finally, whether there is adequate training and policies in place to deal with these stressors and challenges.

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