

3. THE PSYCHO-EDUCATIONAL DEVELOPMENT OF CHILDREN, WITH SPECIFIC REFERENCE TO CHILDREN ORPHANED BY AIDS

3.1. INTRODUCTION

In the foregoing chapter, an overview of the progression of the HIV/AIDS epidemic in South Africa was given. The broad picture of how HIV/AIDS has affected South Africa provides us with a better idea of the context in which AIDS orphans find themselves in our country.

The first part of this chapter will generally focus on child development, some theories of child development, the life-long impact of child development and the determinants of healthy child development. Subsequently, the focus will shift to the role of context in child development with specific reference to Bronfenbrenner's ecological systems theory and the influence that contextual factors may exert on the development of AIDS orphans. Finally, the focus will turn to the particular developmental needs of AIDS orphans.

3.2. CHILD DEVELOPMENT

In view of the importance of childhood development for lifelong functioning, the following paragraphs will introduce some very basic concepts of childhood development.

3.2.1. Definitions of development

There seems to be evidence to support the assumption that over the centuries, the concept of childhood as we know it today has undergone a change (Berns, 2010:13). Berns (2010:13) states that "*we assume childhood to be a special period of time when we are cared for, taught, and protected because we are not mature enough to do these things for ourselves*". Berns (2010:13) conveys that before the Renaissance, the concept of childhood did not exist, merely 'infancy' and 'adulthood', and that a child growing beyond the age of 7, was thought of and treated as a "*miniature adult*".

According to Montgomery, Burr and Woodhead (2007:viii) childhood is a subject of research and concern as never before and the Swedish reformer Ellen Key stated that the twentieth century would be "*the century of the child*" (Montgomery *et al.*, 2007:vii). Since a large number of children globally were still subject to very adverse life circumstances at the end of the twentieth century, the healthy development of children is still hampered to a large extent. The AIDS orphans of sub-Saharan Africa form an important subgroup of this endangered child population. In order to understand how these children are disadvantaged in their development, a

closer look will be taken at the specifics of development, what hinders the latter, and what is necessary for its successful progression.

Before commencing on a discussion of the various aspects of development, an attempt will be made to define the term development. The essence of development may be defined as “*change over time*” (Berger, 2003:1). McDevitt and Ormrod (2004:5) describe development as “*systematic, age-related changes in the physical and psychological functioning of human beings*”. The first definition complies with the second and more detailed description of child development. A further characteristic of development is the persistence of these changes (McDevitt & Ormrod, 2004:5). Interestingly, Berger (2003:2) states that “*life involves the continual interplay of change and continuity*”. This may imply that a child’s development is influenced by factors of continuity as well as change. An example of this is a child growing up in a war-torn community. The communal context is marked by continual change and destruction, but the child has a loving and supportive mother who constantly takes care of and soothes the child through these immensely difficult circumstances. As a result the child develops a fair amount of resiliency and the continuity of the caring mother assists the child in coping with the harmful events in his/her environment. This example illustrates how factors of change and continuity constantly affect children’s development.

Based on the afore-mentioned, my personal definition of child development would be the following: Childhood may be defined as the period of life during which a person is particularly susceptible to change and any kind of environmental influences, while at the same time maturing physically, emotionally and cognitively. Whether or not a person reaches emotional, cognitive and physical maturity at the expected age depends on a variety of internal as well as external factors. In the context of Bronfenbrenner’s systems theory, it seems to me that environmental factors are considered significant in determining developmental outcomes during childhood.

3.2.2. Theories on child development

Childhood has fascinated researchers for decades. Subsequently, reference will be made to some of the most important developmental psychologists, and their theories of development which resulted from years of observing developmental aspects in children.

In the context of children’s developmental needs, it is important to draw on the theories of developmental psychologists and their observations on child development. Children acquire many skills with the assistance of adults and caregivers (Berger, 2003:51). Different

psychologists have identified different labels to name the stages children move through. At each stage, certain developmental tasks have to be mastered successfully, otherwise the child's further healthy development may be jeopardized.

Erik Erikson identified eight psychosocial stages that characterize aspects of emotional/personal development. According to this theory each particular stage exerts an important influence on all further stages of life (McDevitt & Ormrod, 2004:407-409). During earliest infancy the child has to develop a sense of trust in his world. The child at this age will either experience the world as warm, welcoming and caring and thus develop an attitude of trust in others, or alternatively, an attitude of mistrust may result. Children who did not experience safe early care-giver/child attachments will require special attention later in life in order to confidently explore the world in which they live. If they are not able to do this, children will struggle to achieve the developmental tasks associated with the crucial stages in their development.

Another developmental stage identified by Erikson is called *autonomy versus shame and doubt* (McDevitt & Ormrod, 2004:408). This marks the onset of the child's development of self-concept. Caregivers play a vital role during this stage as their encouragement and praise will help the child to develop a healthy self-esteem and trust in his/her abilities. If the opposite happens, a poor self-esteem develops which may result in poor performance later in life and an unwillingness to accept new challenges. This may hamper children's willingness to initiate new tasks and cause them to develop feelings of guilt. If a child is overwhelmed by tasks and responsibilities beyond his/her abilities, which may often happen to the orphaned child, this may also contribute to the development of a negative self-concept. A young child's early conceptualisations of himself will later, in adolescence, result in his/her "*private sense of identity*" (Giles, 2005:134). During primary school years, children need adults' praise for successful accomplishments of new tasks. If too many demands are placed on children at this stage, they may develop feelings of inferiority and feel overwhelmed. In the context of orphanhood this may be a particular problem as children often have to provide the much-needed support from adults for themselves. The crucial task during adolescence of *identity versus role confusion* (McDevitt & Ormrod, 2004:409), may also suffer greatly due to orphans frequently having to take on adult roles during their childhood. As has been said previously, a child's early conceptualisations of him- or herself, may already exert an influence on the sense of identity the adolescent develops at a later stage (Giles, 2005:134).

At the onset of young adulthood, orphaned adolescents may be expected to have difficulty in establishing intimate relationships, as preoccupation with their own needs due to past unfulfilled needs may incapacitate them to make the sacrifices required to maintain close relationships. Instead, *isolation* may result. This in turn renders the young adult incapable of meaningfully contributing to society which again results in a feeling of dissatisfaction and lowered self-esteem.

Another very prominent developmental psychologist who should be mentioned when it comes to child development, is the Swiss psychologist Jean Piaget. His contributions to cognitive development of children emphasized a rich learning environment which should provide ample opportunities for children to practice their schemata, which can be defined as mental representations of the surrounding world (Seng, Parsons, Hinson & Sardo-Brown, 2003:50). Piaget described developmental cognitive tasks that should be mastered during each of the following stages of cognitive development (Seng *et al.*, 2003:42-51): the sensorimotor stage (0-2 years), the preoperational period (2-7 years), the concrete operational period (7-11 years) and the formal operational period (11 years and older). In spite of Piaget's emphasis on the inner thought processes, it becomes clear that the concept attainment that he described at different developmental stages cannot take place without a rich environment that provides possibilities for the child to explore and experiment. Especially during the concrete operational stage, the child needs hands-on experiences of the reality around him in order to establish the newly gained understanding of reversibility (Seng *et al.*, 2003:48). The poorly resourced intellectual environments in which so many AIDS orphans find themselves (Richter & Desmond, 2008:1019) may result in cognitive deficits as many AIDS orphans do not receive the necessary intellectual stimulation that will enable them to optimally develop their cognitive skills. Piaget viewed children as primary agents of their own development, however he also believed that environmental factors play a very prominent role in the child's cognitive development (Child, 2007:88). His view of children as agents of their development supports Erikson's idea that children best explore their world with a sense of self-directed autonomy. A child with a lack of trust in his world and a poor self-concept may fail to reach the further stages of cognitive development set out by Piaget. This has major consequences for children's educational success, their development as a person, their reasoning abilities and their later vocational life.

The Russian developmental psychologist Vygotsky placed great emphasis on the social influences that lead to cognitive development and concept attainment in children (Child, 2007:104). His theory of *scaffolding* (Child, 2007:106) greatly emphasizes the idea that a child's

success depends on the support provided by adults as they assist him/her in accomplishing tasks he/she might not have been able to do on his/her own. Again, the experience of success is linked with positive interaction with more able caregivers and thus social support becomes the point of departure for development. When considering aspects of motivation for children (Child, 2007:243-245), one also realizes that children without warm and supportive caregivers will lack the positive reinforcement which is so crucial for children of school-going age in order to achieve and gain a positive self-concept. This connects with what is related in Gracey's article (2003:788) on "*The challenges of fostering infants and children*".

If children's cognitive abilities were not stimulated because of a deprived environment, they are not likely to reach cognitive stages at the appropriate ages. Consequently, their reasoning as pertaining to themselves will be incomplete and immature. Knowledge of the self is gained through social interaction and comparison to others (see Giles, 2005:134) so not knowing themselves will mean that children are unsure of their position in relation to the world around them. Giles (2005:135) states that "*understanding the self goes hand in hand with learning about other people*" (Giles, 2005:134). If children are socially insecure, this may considerably hamper their sense of autonomy. It may also be significant to realise that if children or adolescents do not reach the 'final stage' (identified by researchers as such) of understanding others, their moral development will be put at risk. For adolescents to develop a personal view of 'right' and 'wrong' they must be able to comprehend abstract concepts/principles related to morality (Giles, 2005:135).

3.2.3. Lifelong impact of childhood development

The impact of a particular child's development on his/her lifelong existence cannot be overestimated. Berger (2003:355) states the following: "*Life-span developmental research finds that childhood problems rarely disappear*". Berger (2003:255) goes on to explain that the severity of the impact childhood problems have on a person during adulthood is dependent on the particular home and school contexts in which the child grew up. Since problems which developed during childhood may impact on a person's well being for a lifetime, it is clear that we should firstly endeavour thoroughly to understand the essence of childhood development, and secondly ascertain the determinants of healthy child development.

3.3. DETERMINANTS OF HEALTHY CHILD DEVELOPMENT

Healthy childhood development does not simply happen. For children to grow up to be healthy adults, a variety of factors and aspects need to be in place. The following paragraphs will consider in greater detail such determinants of healthy childhood development.

3.3.1. A healthy and supportive family environment

Next to secure attachment to a caregiver, the all-important role of the family in the development of the happy child cannot be emphasised enough. The happiness of the average child depends on his/her relationship with his/her parents. The crucial role that parents play in their children's lives becomes clear in a study where children literally stated that their happiness depended on "*Having parents alive to take care of me*" (Cluver & Gardner, 2007a:320). The presence of parents causes children to feel comforted, cared for and secure. It gives children the feeling that they are loved, that their future is taken care of, and that they are valued as a person.

When considering the important function of a healthy nuclear family environment, the disadvantaged position of the orphaned child is highlighted. According to Berger (2003:408), families fulfil children's needs for shelter and nourishment which then enables children to focus on learning how to accomplish other developmental tasks, such as, mastering their schoolwork and building positive inter-personal relationships. Parents are a key element in choosing appropriate schooling and then motivating and supporting children in their scholastic education. Concurring with this Berns (2010:81) lists the following points as basic functions of the family which may be influenced by social, economic and health factors: Reproduction, socialisation/education, assignment of social roles, economic support and nurturance/emotional support. The family is the only natural grouping within society, and provides a secure haven for a child to explore, to learn and to develop, to acquire a healthy self-concept, and to learn to reason for him-/herself. The family environment should be the safest possible place for a child.

Families are a source of socialisation, the very first place where the latter takes place (Berns, 2010:77; Maybin & Woodhead, 2007:40), but also a place where behaviours are modelled, imitated, and learnt. When parenting styles are aggressive, hostile, and controlling, children are not very likely to keep up with parents' expectations (Hughes, 2002:387). Antisocial behaviour can easily be learnt at home. In connection with parental divorce and death, Hughes (2002:389) stated that the quality time spent with parents is what matters to children, not the quantity of interactions. The fact that quality time is what makes the difference, once again links up with attachment theory, demonstrating that the *kind* of relationship with a parent or family member is

what really matters to a child's development, as it influences the child's feelings about him/herself as well as attachment patterns with other people.

The family may be the smallest unit of society, "*a micro-system*" (Berns, 2010:77), but it is fairly complex, with "*people who interact regularly with one another and take on defined roles*" (McDevitt & Ormrod, 2004:503). In terms of Bronfenbrenner's *ecological systems framework*, the influence of a family in the life of a child may be very strong (McDevitt & Ormrod, 2004:503), seeing that it is the child's most immediate developmental context. Any kind of strain or stress that one or several family members experiences will affect the child's life and development.

Families take on a variety of forms. Maybin and Woodhead (2007:41) state that an ideal family does not exist. Berns (2010:78-79) makes it clear, nevertheless, that the nuclear family, which consists of a couple who produces or adopts children, remains significant as it is the main source of support to children and "*provides the basis for perpetuation of society*" (Berns, 2010:78). Institutionalised marriage also assists in binding parents to care for the children who have resulted from their union (Berns, 2010:78). The fact that biological parents are initially expected to take care of their children, logically means that if at any point they are not able to fulfil their caretaking responsibilities, they should find viable alternatives to meet the various developmental needs of children.

One of the family's main functions named in this discussion is economic support. It is natural to assume that the main source of income for a family should be provided the father/mother or lawful guardians of the children. On a global scale, however, most children grow up in rural areas where they contribute to family income through farming tasks which they perform from an early age (Maybin & Woodhead, 2007:22). In connection with physical strength and endurance, there is the concern that children might be harmed physically or otherwise through physical labour that does not match their capabilities and that this may hamper their development (Maybin & Woodhead, 2007:87). It is important to remember that from the 18th to the 20th century, many measures were taken in industrialised nations to reduce or finally eliminate child labour, also providing children with more time to spend on scholastic education (Maybin & Woodhead, 2007:82ff).

The more support provided by parents and guardians, the less stressed children are, and the more they can concentrate on the developmental tasks of childhood. It has been shown that children

from lower socio-economic-status families display poorer performance in academic tasks than those from wealthy homes (Berns, 2010:101). Economically secure homes seem to be more stable environments with reduced stress levels. A somber reality in rural Africa is the fact that many families are supported by single parents/guardians who, as sole breadwinners, must work hard to support their families on their meagre incomes often to the detriment of the developmental needs of the children (Kidman, Petrow & Heyman, 2007:326).

In the context of AIDS orphans in sub-Saharan Africa, the unfortunate situation is developing, where adult caregivers are absent and where orphans live in child-headed households, or are exploited for child-labour (Kidman *et al.*, 2007:326). It is inevitable, that in situations where adult caregivers are absent, the development of these children is impeded by factors such as malnutrition, poor physical and mental health, educational problems, and social stigma and exclusion (Kidman *et al.*, 2007:326). The picture of child labour in poverty-stricken and HIV/AIDS-affected rural Africa is reminiscent of child labour practices of the 17th and 18th century in Europe, with much more devastating consequences in the face of absent caregivers.

3.3.2. Healthy social and emotional attachments

Families form the very basis of the development of a child's relationships for life. The first relationship a child forms is the relationship with his/her parents and siblings. Siblings are important in supplying necessary emotional support for children (Berk, 2004:328). More often than not, healthy family ties lead to secure social and emotional attachments with other non-family members, since the home serves as the foundation for acquiring healthy social skills. Berk (2004:452) confirms that attachment patterns during childhood predict future relationship patterns in life. Concurrent with attachment theory, Goldfinch (2009:288) stresses the importance of a secure home that teaches children "*about the world and themselves*". Children with secure attachments regard the world as a safe place with adults whom they can trust to comfort them. It is only a safe and predictable environment that makes it possible for a child to cope with both positive and negative emotions. Coping with emotions such as grief, frustration and disappointment needs a great deal of support from a comforting caregiver (Goldfinch, 2009:288). The effects of trauma or stress are also less damaging to a child when supportive caregivers exist.

It must be emphasized that scholars such as Berger (2003), Berk (2004), Cluver and Gardner (2007a), and Goldfinch (2009) agree on the crucial role that parents and a stable family environment play in the development of positive social and emotional attachment patterns which

lay the foundations of a child's happiness, relationships with other people and personal successes in life.

3.4. THE ROLE OF CONTEXT IN CHILD DEVELOPMENT WITH SPECIFIC REFERENCE TO BRONFENBRENNER'S ECOLOGICAL SYSTEMS THEORY

Within Bronfenbrenner's ecological systems theory, it is crucial to understand the context surrounding children's development in order to be able to assess the influence of that context on their development (Berk, 2004:24). Bronfenbrenner maintains that child development cannot be properly understood unless one comprehends how the elements of the systems surrounding a child act together to exert an influence on his/her development (Bee & Boyd, 2004:356). Harwood, Miller and Vasta (2008:vi) identified the child's family, peer group, school and cultural environment as the most important social contexts with which a child interacts. Since child development is inextricably intertwined with the context in which it occurs, research and scientific investigation into child development in natural settings (such as can be found in qualitative research) is of great value (Harwood *et al.*, 2008:5). Bronfenbrenner's ecological model is based on the assumption that a child is influenced by and likewise influences his environment (Harwood *et al.*, 2008:6). The child finds him/herself with his/her physical abilities and individual personality traits at the centre of the model. The systems closest to the child are called the "microsystems" (Bee & Boyd, 2004:356-357).

The microsystems include the contexts within which the child is immediately and intimately involved, such as the child's home, school, church, neighbourhood or even a day care centre. The impact and influence of these microsystems are powerful since the child stands in direct relation to the different people in these contexts (Bee & Boyd, 2004:356;). If one zooms in on these contexts, one may find that aspects such as the economic status of the family, the quality of family relationships, the school climate, relationships with teachers and peers, the availability of school-based resources, the presence/absence of crime in the neighbourhood, will all affect the child's development (Harwood *et al.*, 2008:6-7). The microsystems are all about relationships, not only relationships between the child and other people, but also relationships between the different microsystems. All the microsystems and their relationships with each other are grouped together under the umbrella term "mesosystem" (Berger, 2003:3). The more positive the inter-connectedness among the systems, the better the chances are for the supportive, holistic and healthy development of the child (Harwood *et al.*, 2008:7). In practical terms, if cooperation exists between a child's school teachers, parents and church, the child is likely to be supported in

the best possible way, as communication between stakeholders is healthy, providing the best opportunity to talk about the child's needs and to sort out misunderstandings and problems.

The "exosystem" in Urie Bronfenbrenner's model encapsulates the mesosystem. The exosystem comprises settings in which a child is not immediately involved, but do affect the child's life (Berk, 2004:25). Examples of elements of the exosystem are: the job a child's parent holds, the grants that are available to the child with diseased parents and the schoolboard that may decide which children qualify to receive additional educational support from the teachers (Harwood *et al.*, 2008:7). The adjacent macrosystem may affect the moral development of the child as it embodies cultural values, beliefs, practices and traditions (Harwood *et al.*, 2008:7). Examples of the elements of the macrosystem may be the kind of multimedia influences in the society in which the child lives, the socio-economic class that prevails in the neighbourhood, the type of culture (e.g. collectivist or individualist culture) (Bee & Boyd, 2004:357). The "chronosystem" is a term used to illustrate the effect of time on these various contexts. As children grow older, they change schools, and their microsystemic environments change (for instance when moving from primary to high school), even societal values may greatly change (Harwood *et al.*, 2008:7). A vivid example in this regard is the social and political transformation which has taken place in South Africa over the past 17 years and the effect thereof on the different systems.

3.5. THE DEVELOPMENT OF THE AIDS ORPHAN IN CONTEXT

An important but easily neglected aspect of child development in context is the development of the child before birth. Relevant foundations for a child to be born are laid down during pregnancy (Giles, 2005:10). Before birth, environmental factors such as a child's father's or mother's conduct already start to play a role, and may significantly impact a baby's cognitive and emotional functioning (Giles, 2005:11). A baby may be harmed in his/her development and predisposed to health problems later in life due to negative environmental influences experienced during pregnancy (Marco, Macri & Laviola, 2011:286, see also Braveman, Marchi, Egerter, Kim, Metzler, Stancil & Libet, 2010:21). If a mother is under stress, complications in her pregnancy may occur, the birth weight of her baby may be affected, or even later behavioural problems in her child may be caused (Giles, 2005:12).

A great deal is known today about detailed development of the unborn child in the mother's womb (Harwood *et al.*, 2008:106ff). It is significant to realise that even before birth, interaction between mother and child begins and may have an effect on a child's development. In fact, a child's early relationship with the mother, beginning before birth and continuing postnatally,

forms the foundation of a child's social, emotional and cognitive development later on (Siddiqui & Hägglöf, 2000:14). In view of these facts, the importance of healthy prenatal development cannot be over emphasised.

For optimal protection of the unborn child, it is important to inform the mother of so-called critical periods for the development of different bodily structures (Harwood *et al.*, 2008:119). The pregnant mother should be made aware of harmful substances (teratogens) which may negatively impact an unborn baby's development (Harwood *et al.*, 2008:118). A mother should also know what kind of nutrition is needed for her child to develop healthily. De Frias, Varela, Oropeza, Bisiacchi and Alvarez (2010:203) state that "*early prenatal and postnatal malnutrition causes severe neurochemical, histological, electrophysiological alterations*" as well as neurological and behavioural consequences which may result in cognitive changes. Education to inform mothers of important factors concerning prenatal child development is very important. Education may, however, prove difficult in rural Africa where significant parts of the population are illiterate and access to services is very limited or completely absent. It may be interesting to note that over a third of black South African adults are unable to read or write (Sibiya & Van Rooyen, 2005:480). Naturally, a pregnant woman cannot guard against dangers and take precautions if she is not well informed.

There are a large number of diseases which may cause considerable damage to the developing and unborn child and prominent among these are sexually transmitted diseases (Berger, 2003:114, see also Schweon, 2001). Another factor which poses a major risk to children of HIV positive parents is the HI virus itself. Only prenatal care can significantly intervene to protect the growing baby from harmful effects of these illnesses. If HIV positive parents want to protect their child, their chances of receiving counselling, satisfactory prenatal care and anti-retroviral medication in sub-Saharan Africa are very meagre or even non-existent (Berger, 2003:115).

Children from families which experience psychosocial and/or economic problems, may be predisposed to serious problems in the cognitive, emotional, behavioural and physical realm (Braveman *et al.*, 2010:21). It also appears that poor pregnant women are very likely to experience considerable difficulties during pregnancy (Braveman *et al.*, 2010:29), probably related to stress in connection with economic difficulties. Poor mothers are also more likely to suffer from disease and malnourishment (Berger, 2003:122). Poor mothers tend to be a lot younger than their wealthy counterparts (Berger, 2003:122). The last factor may again be associated with inadequate education. Maternal malnutrition and poverty gives rise to stunted

growth in her unborn baby and a low birth weight (Amorim, Lima, Lira & Emond, 2011; Berger, 2003:119,121; Rondo & Tomkins, 1999). Olusanya and Ofovwwe (2010:978) likewise mention that during a study carried out in a sub-Saharan country, amongst others, marital status, type of job, accommodation, sharing sanitation facilities, and lack of prenatal care with mothers-to-be, influenced early deliveries and caused low birth weight.

Since low birth weight makes a baby very vulnerable and susceptible to other problems, much study has been devoted to the phenomenon (Berger, 2003:119). Low birth weight combined with the influence of poverty often leads to an unhealthy child, especially in the context of poverty (Tutor, 2007:6). One may rightly assume that a great number of other health-related problems are associated with the poverty cycle in sub-Saharan Africa, and an example of this is the chronic condition of hearing loss, which is associated with improper maternal health care, and which severely restricts a child's development (Swanepoel, Olusanya & Mars, 2010:53). The fact that half of the world's maternal deaths still occur in sub-Saharan Africa, also serves as an indicator of the lack of progress being made in public health care in this impoverished region (Alvarez, Gil, Hernandez & Gil, 2009). Grady, Ameh, Adegoke, Kongnyuy, Dornan, Falconer, Islam and Van den Broek (2011:18) show that newborn babies are also at risk in sub-Saharan Africa since the health of babies is intimately related to the health status of mothers. In actual fact, babies which weigh too little at birth frequently need to be cared for in intensive care units (Harwood *et al.*, 2008:147). It goes without saying that this luxury is inaccessible to mothers who give birth in impoverished and rural areas. The consequence is that sickly babies (if they survive) receive inadequate care and are greatly disadvantaged in their development. According to Mason (2007:65) and Lawn and Kerber (2006), 50% of women in Africa do not have access to professional assistance at child birth and a greater number are excluded from post-natal care. These then, are the contextual factors which surround AIDS orphans' prenatal and early postnatal development in particular, and which pose significant barriers to the healthy development of the AIDS orphans.

The essential unit of a healthy society, the nuclear family, is being severely threatened by the spread of HIV/AIDS. The role that the microsystem "family" plays in the healthy development of a child becomes evident when considering a child's course of development. Children from nuclear families (involving two parents, their own children, and no other relatives in the home) can be predicted to be more healthy psychologically as well as more successful in their own career and family life later in life (Berger, 2003:312). Berger (2003:312) discusses the following four factors favouring positive developmental outcomes: "*Parental alliance, genetic investment,*

parental mental health, financial advantage.” Child abuse is seldom found in healthy nuclear families and investment in the next generation takes place with commitment. Financial stability often forms part of a stable family environment for the growing child. It means lower stress levels for all family members and a more relaxed and secure family environment. These facts taken into account, AIDS orphans are at a disadvantage from the start since most of them lack a stable and secure family environment.

What are the expected consequences if such a protective family environment is missing in a child’s life? In order to anticipate consequences for AIDS orphans in more detail, we may draw on literature on children who have undergone traumatic life experiences who will probably display developmental deficits similar to those of AIDS orphans. Such trauma may be induced by factors such as child abuse, war, death of parents by factors other than AIDS, or runaway children living on the streets. In each of these cases the protective family environment is disturbed. Trauma during childhood disturbs the healthy developmental progress in children, who are not yet as emotionally stable as adults. According to Rosner, Kruse and Hagl (2010:99), *“experiencing loss and bereavement in childhood is a painful and sometimes traumatic experience that can be associated with grief symptoms, overall negative affect and later depression and anxiety.”*

Berger (2003:418) states that children raised in a foster family display far higher levels of problems in the behavioural and educational realms than children growing up with their biological parents. Within the South African HIV/AIDS context, it is very important to take this into account. Orphans placed with extended family members have particular emotional and educational needs; rearing these children requires special expertise and attentiveness to their needs.

The AIDS orphan is not only taken out of the protective family environment; s/he may be placed in a context which is unknown, and may thus struggle with issues of identity and belonging. A parallel may be drawn here between the AIDS orphans and a holocaust survivor. In chapter 1 it was mentioned, that the AIDS orphans not only loses parents, but may frequently face separation from the siblings as well (Landry *et al.*, 2007:75). In addition to this, the AIDS orphans often faces abuse by family members on the grounds of his/her status (Cluver & Gardner, 2007a:321; Landry *et al.*, 2007:76). Holocaust survivors likewise have undergone trauma on the basis of their identity, and faced separation from familiar, safe environments. It would not be surprising then, to find that AIDS orphans may struggle with issues of identity. Problems with issues of

identity related to HIV-positive status among adolescents have been reported in the literature (Petersen, Bhana, Myeza, Alicea, John, Holst, McKay & Mellins, 2010:970).

Cohen, Dekel, Solomon and Lavie (2003:611) mention very specific negative psychological consequences for child holocaust survivors due to the loss of the much-needed protective family, friends and basic belongings. Ensuing psychological consequences are incapacitating conditions such as depression, guilt, somatisation, anxiety, sleeping disturbances, and even deficiencies in memory and cognition. The latter two are of particular relevance to this study as AIDS orphans suffering cognitively will be at a disadvantage with regards to education. Cognitive deficiencies may explain the high drop-out rates of orphans from schools in part, at least. A vital point which Cohen *et al.* (2003:612) emphasised once again is that damage is done to children by depriving them from nurturing and stable family ties. The early experience of cruelty instead of love and warmth robs children of a healthy self-concept, resulting in an inability to trust people or to form warm and healthy intimate relationships even in adulthood.

A factor which inevitably forms part of the contexts in which AIDS orphans find themselves, is poverty. Felner (2006) states that studies on the effect which poverty may have on developmental outcomes in children have not been able to address the extent to which poverty may truly impact on aspects of emotional, physical and mental development. However, Felner (2006:125) maintains the following: *“Poverty is the greatest risk factor of all. Family poverty is relentlessly correlated with school-aged child-bearing, school failure, and violent crime(...)Virtually all other risk factors that make rotten outcomes more likely are also found disproportionately among poor children”*. The question however, still remains whether the adverse outcomes mentioned here are really a direct result of poverty, or whether certain value systems and lifestyles found among the poor determine the outcomes. Healthy value systems are more likely to lead to productive lives. The fact remains that children growing up in poverty are vulnerable, disadvantaged from the beginning, and may certainly be at a higher risk to develop behaviour patterns leading to adverse developmental outcomes, regardless of what the precise cause of this may be. Poverty or low socio-economic status may also force children to go working themselves, thus causing them to neglect their education and prematurely take on the responsibilities of adults.

There is reason to believe that children orphaned by HIV/AIDS may be exposed to a great number of risk factors surrounding stigma and violence (Cluver, Gardner & Operario, 2008:410; Cluver & Gardner, 2007a:321; Cluver, Gardner & Operario, 2007:758). These aspects not only

concern orphans' home environments, but may include reactions within their peer group, which is one of the microsystems that they are part of. Needless to say, with all the other responsibilities AIDS orphans carry, and the trauma they experience, it might be difficult for them to enjoy play activities as much as 'normal' children do. According to Montgomery *et al.* (2007:153), bullying of children may involve violence on the physical level in the form of hitting or threatening. Psychologically, bullied children are typically alienated from their peer group, laughed at, ignored, deliberately humiliated or made fun of in public (Montgomery *et al.*, 2007:153). The damaging and far-reaching effects of bullying on children are very negative for their development. Next to decreased self-esteem and loss of confidence, unrelenting bullying may even lead to thoughts of suicide (Montgomery *et al.*, 2007:153-154). AIDS orphans are at a particular risk of being bullied, seeing that AIDS orphans are more likely to experience stigma, and many (70%) of stigmatised children experience bullying, as Cluver and Orkin (2009:1189) showed through their study.

Children who are being bullied may be more prone to resorting to violence themselves as a reaction to the injustice experienced (Montgomery *et al.*, 2007:155). The example of street children in Brazil shows how children try to be more violent than those by whom they feel threatened. These may be older children, the police or community members (Montgomery *et al.*, 2007:155). In the case of street children, violence may not only serve self-protection, but also become a means of survival by keeping unwanted elements or people away (Montgomery *et al.*, 2007:155).

Cluver *et al.* (2008:410) made it clear that AIDS orphans are at particular risk of problems such as depression, post-traumatic stress, peer relationship problems, crime and problems of conduct. As this short discourse makes clear, bullying, HIV/AIDS related stigma and associated violence may greatly result in negative developmental outcomes among AIDS orphans.

3.6. THE PSYCHO-EDUCATIONAL NEEDS OF CHILDREN ORPHANED BY AIDS

Montgomery *et al.* (2007:56) declared: "*Throughout the world, poor children are disproportionately affected by armed conflict, environmental disasters and health issues such as HIV/AIDS*". Children who grow up in poor conditions may fail to have some very basic needs met: the need for security, for safety and shelter, and the need for basic medical and physical care may all be denied. If basic needs such as these are not met, children are preoccupied with them and very unlikely to fulfil higher-level needs.

Maslow's well-known needs hierarchy (Onchwari, Onchwari & Keengwe, 2008:268) places physiological needs such as food, clothing and shelter at the bottom of the human needs pyramid. The next significant need is the need for safety: children who grow up on the streets experience perpetual danger. Homelessness or overcrowded shelters may cause a lot of additional stress to children and families. The third important need according to Maslow is the need for love and belonging, self-esteem ranks fourth and the need for self-actualisation takes the 'top' position of the needs hierarchy (Onchwari *et al.*, 2008:268). Maslow's needs hierarchy by no means rigidly prescribes the order in which needs are to be met. Children may have a definite need of shelter, but may simultaneously experience their need for belonging met by a group who lives under the same circumstances. What Maslow's need hierarchy does show is that by meeting the more fundamental needs, a platform is created by which children are placed in a better position to have their other developmental needs met (Onchwari *et al.*, 2008:268). For example, the better the physiological needs are met, the less likely the child is to experience adverse effects of poverty in the higher-ranking domains of his/her existence.

The negative psychological/behavioural consequences of childhood neglect, abuse and trauma are confirmed by various sources (Catani, Schauer, Elbert, Missmahl, Bette & Neuner, 2009b; Cluver *et al.*, 2009; Jeon, Roh, Kim, Lee, Lee, Yoon, & Hahm, 2009; Palaszynski & Nemeroff, 2009; Lancaster, Rollinson & Hill, 2007). These negative consequences are experienced by numerous groups of endangered children worldwide. In order to understand the full scope of AIDS orphans' needs in particular, one has to take into consideration the various aspects of AIDS orphans' personal lives that are directly impacted by the disease. As discussed before, the context surrounding AIDS orphans will determine the kind of psycho-educational needs they display.

3.6.1. Psychological needs

In spite of a lack of research on the psychological and mental health of AIDS orphans (Cluver & Gardner, 2007a:318), there are various indications that being orphaned goes hand in hand with a range of psychological and health-related challenges (Cluver & Orkin, 2009:1192). It also appears that AIDS orphans may be subject to the highest levels of psychological distress risks when compared to children orphaned by causes other than HIV/AIDS or children whose parents are still alive (Onuhoa & Munakata, 2010:256). According to Cluver *et al.* (2007:755), "*qualitative evidence suggests that AIDS-orphaned children are exposed to multiple stressors which may contribute to mental health problems*". Chitiyo, Changara and Chitiyo (2010:95) likewise state that "*children orphaned by HIV/AIDS face many daunting challenges in their*

struggle to cope with life". This statement is confirmed by an article on psychological problems among AIDS orphans in China, where the authorities were unwilling to recognize the AIDS orphans problem, and thus the social and emotional needs of AIDS orphans went unrecognized and were neglected (Zhao, Li, Fang, Zhao, Yang & Stanton, 2007:1075-1076). Among the challenges that AIDS orphans face are poverty, HIV/AIDS-related stigma, stress and bullying (Chitiyo *et al.*, 2010:95; Cluver & Orkin, 2009:1192; Richter & Desmond, 2008:1019).

Numerous specific parallels can be drawn between HIV/AIDS-orphaned children and children traumatised by other devastating life events. People who have gone through trauma in the form of loss or bereavement may be affected cognitively (Boelen, Huntjens, Van Deursen & Van Den Hout, 2010:331). Prolonged Grief Disorder, as described by Boelen *et al.* (2010:331), typically presents enduring yearning, obsession with the lost person and disturbing images of the lost one to such an extent that normal functioning is impaired. There is good reason to assume that at least some AIDS orphans may display this kind of grieving behaviour. Cluver *et al.* (2009:106) found that HIV/AIDS-orphaned children are also at a heightened risk of developing post-traumatic stress disorder (PTSD). This is understandable, for according to Zhao, Zhao, Li, Fang, Zhao and Zhang (2010:327) "*children who lost their parents to HIV/AIDS might have experienced many traumatic events in their lives*".

Onchwari *et al.* (2008:268) highlighted crucial points in child development when using Abraham Maslow's need hierarchy in considering the needs of US immigrant children. Children not only face major developmental tasks in the cognitive realm; they undergo physical, emotional, and psychological maturation. If their most basic needs such as food, shelter and security are not met, this has major consequences for their development. The implication for AIDS orphans could be that they struggle far more than other children to have their needs for love, security and attention met. Children who receive no, or little gratification of their needs for love, warmth and security, may start to experience these needs as a burden or try and suppress them. Another possibility could be that they develop aggressive or anti-social behaviour patterns out of sheer frustration of not having these needs met. Since there is nobody to support them in having these needs met, they may experience themselves as "abnormal", or regard themselves as incapable of coping as well as others, which in turn may rob them even more of society's approval. It becomes a vicious circle, and these children, feeling unloved and unwanted, may have great difficulties in accepting themselves as they are, and may experience the world as a hostile and unsafe place.

Street children constitute a very real example of an endangered child group which struggles psychologically and is educationally disadvantaged because of their basic struggle for survival. With eleven million street children, India hosts the largest group of such children in the world (Mathur, Rathore & Mathur, 2009:907). In their article on street children Ali, Shahab, Ushijima and De Muynck (2004:1707) once again introduce the conventional perspectives of care, protection and upbringing as being parental obligations. Bonding with peer group members in search of protection and care emphasises street children's basic need for safety and security (Ali *et al.*, 2004:1709). Mathur *et al.* (2009:911) state that the adverse life circumstances such as separation from families, hard working conditions, various types of abuse, the lack of food and basic health care facilities often lead to irreversible consequences for these children in need. Physically and psychologically these children are affected by the harsh conditions of a working life in which the children are exploited. Mathur *et al.* (2009:911) adequately sum up street children's predicament as follows: *"Children are denied the basic facilities of everyday living. Frequent absence of parental supervision, alcoholism and substance abuse among adults, stressful family environment, and long hours of work with very low wages, contribute to low self-esteem, depression, negativity, and antisocial behaviour."*

Another striking example of how the lack of basic necessities may lead to adverse developmental or psychological outcomes is brought by war and concentration camp survivors. Catani *et al.* (2009b:163) explain how the lack of basic necessities such as food and shelter renders children affected by war trauma in Afghanistan particularly vulnerable to developing post-traumatic stress disorder (PTSD). Catani *et al.* (2009b:164) also state that children exposed to high-risk situations are likely to develop chronic mental health problems, depression and psychological disorders. The large number of youths suffering from PTSD ten years after the genocide in Ruanda is given as an example. This example also shows that intervention must be timely in order to eliminate severe long-term psychological problems.

Trauma may influence children in various ways. Trauma might even change brain structure and functioning (Galletly, Van Hooff & McFarlane, 2011:76). This means, that children who have been subjected to trauma, are at a greater risk of developing psychotic illnesses (see Galletly *et al.*, 2011:76). Galletly *et al.* (2011:77) state that psychological or physical trauma as well as bullying and sexual abuse may augment vulnerability to subclinical psychotic experiences. Palaszynsky and Nemeroff (2009:1004) also point out that the evidence suggests that childhood stress, verbal, physical or sexual abuse, neglect or separation from the parent results in psychiatric conditions such as mood and anxiety disorders, attention-deficit hyperactivity

disorder, drug abuse, and even schizophrenia. AIDS orphans may also be included in this vulnerable group since bullying, trauma, and sexual abuse are factors which they are very likely to experience (Cluver *et al.*, 2010:794; Johnson, 2006:50). In South Africa, children are particularly at risk, since extremely high levels of child abuse are at the order of the day (Cluver *et al.*, 2010:794). Cluver *et al.* (2010:794) state that bullying is linked to violence, fighting and antisocial behavior, but that there are little research results available on a connection between bullying in childhood and psychological problems.

A study of HIV/AIDS-orphaned children was conducted in Cape Town examining PTSD among HIV/AIDS-orphaned children. Apparently, this is the only study to date examining PTSD among HIV/AIDS-orphans (Cluver *et al.*, 2009:106). Children other than AIDS orphans who experience PTSD are children who have gone through war, natural disasters, or both (Catani, Kohiladevy, Ruf, Schauer, Elbert & Neuner, 2009a:22). Cluver *et al.* (2009:106) found that children with high perceived social support were not as much affected by PTSD as children with low perceived levels of social support. This finding suggests that intervention strategies for AIDS orphans should provide high levels of social support in order to improve the psychological health of these children.

Catani *et al.* (2009a:22) state the notable fact that since mass disasters most frequently concern poor countries, and seeing that the humanitarian aid needed often takes prevalence over psychological services, psychological services tend to be rare in spite of the great need. In the light of the fact that psychological aid may be ineffective or even detrimental, however, even emergency situations call for methods of psychological help which must be empirically authenticated (Catani *et al.*, 2009a:22). Naturally, the same principle applies to psychological measures of assistance with regard to AIDS orphans. Caregivers of AIDS orphans are not very likely to have undergone professional training because parts of South Africa's population are still illiterate (Sibiya & Van Rooyen, 2005:480). This study argues for timely intervention to meet AIDS orphans' psychological needs. However, this might be easier said than done, seeing that there are few interventions which have been empirically proven to be effective in meeting children's psychosocial needs or children's needs experienced as the result of trauma (Chitiyo *et al.*, 2010:95; Catani *et al.*, 2009a:22). Apparently more research has been carried out in this regard in the adult population (Catani *et al.*, 2009a:22).

Cluver and Orkin (2009:1186) state that although HIV/AIDS-orphaned children are more likely to experience a clinical range of psychological problems, very little is known about factors

mediating their high stress levels. While a great deal of research has been carried out on the impact of HIV/AIDS on AIDS orphans (Skovdal, Ogutu, Aoro & Campbell, 2009:587), Cluver and Gardner (2007b:1) add that studies about AIDS orphans' mental and psychological health are "*limited, scattered, and often unpublished*". There are a few studies, however, which give some insight into AIDS orphans' psychological difficulties. The internalized problems AIDS orphans experience are not surprising. Among them are depression, anxiety, insecurity, lowered self-esteem and suicidal tendencies (Makame, Ani & Grantham-McGregor, 2002:464). Atwine, Cantor-Graae and Bajunirwe (2005) also provide some measure of insight into particular psychological problems AIDS orphans may experience. Atwine *et al.* (2005:555) state that orphan status is related considerably to psychological problems in terms of anxiety, depression and anger. He and Ji (2007:1180) also include depression, anxiety, anger, and additionally pessimism, hopelessness and suicidal ideation among the psychological problems AIDS orphans may potentially experience. Chitiyo *et al.*, (2010:95) affirm that these problems may negatively impact on children's academic and social development, since high levels of anxiety cause a drop in academic performance and may cause other anxiety disorders related to school. Depression found in orphans is not surprising seeing that there is considerable evidence of a link between lack of parental care during childhood and depression in adulthood (Lancaster *et al.*, 2007:263-264).

As AIDS orphans are susceptible to post-traumatic distress, and a range of other psychological conditions, their long-term mental health is clearly in danger. The support needs of these orphans are great, and they are in desperate need of someone with whom they can form closer emotional relationships in order to support them through their hardships. This holds true especially in the light of the fact that in the 'domain' of HIV/AIDS, "*children remain on the margins with respect to advocacy, prevention, treatment and care*" (Richter & Desmond, 2008:1019). In spite of increased local and international effort to improve the fate of AIDS orphans, large scale success had not been achieved yet (Richter & Desmond, 2008:1019). Social support is clearly one of the factors which will assist AIDS orphans as social support will mitigate levels of PTSD.

3.6.2. Coping with the trauma of parental death(s)

The challenges surrounding the death of AIDS orphans' parents are immensely complex and may cause the orphans to experience a vast range of psychological problems. Since coping with parental death is so complex and difficult to deal with, this aspect is discussed separately as a contributor to psychological problems. Chitiyo *et al.* (2010:95) assert that "*one of the challenges faced by children orphaned by HIV/AIDS is the emotional stress of coping with the loss of their*

parents". This is confirmed by Petersen *et al.* (2010:970), who mentioned confrontation with the loss of parents as one of the major psychosocial challenges associated with AIDS orphanhood. Cultural and personal factors are inextricably inter-twined. In order to come to a thorough understanding of AIDS orphans' needs, one has to consider what they go through before and after the death of their parents. These orphans have been exposed to severe stress already long before their parents' deaths (Wood, Chase & Aggleton, 2006:1924). An additional problem, especially in the African context is the fact that HIV/AIDS is a taboo topic, with the result that children may not be informed at all about the cause of their parents' illness. This means that these children have to cope with immense emotional trauma without being able to understand and accept the cause of their parents' death. Another problem is that the traditional African value system tends to interpret the child's possible silence as a sign that the child is coping adequately with the traumatic situation (Wood *et al.*, 2006:1930).

According to Petersen *et al.* (2010:972), the circumstances which orphans experience at the time of their parents' death, may determine how the loss affects them. Worries about a future caregiver are often connected to parental death (Petersen *et al.*, 2010:972). Family disputes over the orphans may also be painful (Petersen *et al.*, 2010:972). After their parents' death, AIDS orphans are frequently separated from their siblings when being accommodated into the larger family network (Landry *et al.*, 2007:75). Orphans are often abused or not treated in the same way as caregivers' own children are treated (Cluver & Gardner, 2007a:321; Landry *et al.*, 2007:76). In addition, the orphans may not have been given the opportunity or support to come to terms with their own parents' death, because the African tradition discourages open conversation with children on such matters (Wood *et al.*, 2006:1924). Orphans' physical health is often at risk, having had to care for their own parents before their deaths, and then having taken on extra tasks to support themselves and their siblings after their parents' decease. Generally, AIDS orphans' lives may be very unstable due to change in caregivers. Some of them may even drop out of school, thus rendering them even less capable of achieving economic stability later on in their lives. Nordveit (2010:223) asserts that "*the mutually reinforcing relationship of HIV/AIDS and poverty in many countries is leading to increasing child labour*". He explains that the adverse situation may cause children to drop out of school and become the victim of abusive child labour, possibly the "*worst forms of child labour*" (Nordtveit, 2010:223).

Piaget's theory of cognitive development also has implications for the way in which children of different ages experience traumatic events such as death. Children's understanding of a situation never goes beyond their stage of cognitive development, which in turn dramatically influences

the way in which they experience a particular event. Children who find themselves at different stages of their development will react differently to the same stressors. Rosner *et al.* (2010:102) gave a good description/explanation in this regard: Children of different ages experience death in diverse ways. The concept of death can be divided into three different components: 1) universality (the understanding that all that is alive must face death), 2) irreversibility (the understanding that once a person dies, his physical body will never come back to life again) and 3) non-functionality (the understanding that the body of a dead person cannot do the things a living person can do). It is noteworthy to realize that not until they are ten will most children understand the last two concepts (Rosner *et al.*, 2010:102). This has far-reaching implications for the way in which children of kindergarten age and older experience the loss of a family member. Trauma tends to have more lasting effects on older children since they can cognitively apprehend and better evaluate the threats of their situation whereas younger children are incapable of doing this. This seems to be confirmed by Petersen *et al.*(2010:972) who reported about two children who did not experience the loss of their biological parents as painful since this took place far back in the past, and the children could not remember their parents anymore.

The concept of irreversibility with respect to death links up directly with Piaget's *concrete operational stage* completed at age 11 (Seng *et al.*, 2003:41). With regards to AIDS orphans, it may be speculated that cognitive delay may cause older children not to fully comprehend the finality of their parents' death. This may, on the one hand, imply that trauma has less impact, but on the other hand, it may also imply children are not able to fully grasp the impact of the change that has taken place in their lives and all its immediate consequences. This may mean that children are not able to cognitively and emotionally prepare themselves for the challenges ahead, and confusion may result.

3.7. CONCLUSION

In order to best facilitate the holistic development of children, including the emotional, intellectual and social realms, a caring, protective, and supportive environment is needed. This view is confirmed by Cohen *et al.* (2003:611), who stated that if developmental goals are not attained at critical stages because of hostile circumstances, lasting developmental deficits are the consequence. The disadvantages that AIDS orphans experience in this regard are only too obvious. Instead of being given loving adult support to enable him/her to do what is only slightly beyond his/her ability, the AIDS orphans is plunged into a threatening situation where the fight for survival makes the attainment of more complex developmental tasks extremely difficult, if not impossible. If the main focus of the child is on his/her personal survival needs, secondary

developmental needs are left unattended to. Instead of a supportive caregiver who assists in the challenges confronting the struggling child, AIDS orphans are often expected to take on adult roles, in the face of 'sink-or-swim' pressure; something that can never be expected of a child without causing major obstacles in many areas of the child's development.

In the next chapter, the research design and methodology which was followed in the empirical part of the research will be discussed.