BASIC HUMAN NEEDS OF ORPHANS AND OTHER VULNERABLE CHILDREN AND FULFILLMENT IN WINDHOEK.

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DECLARATION

I declare that "basic human needs of orphans and other vulnerable children in Windhoek and their fulfillment" is my own work and that all the sources I have used or quoted have been acknowledged through complete references.

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P.N. HALUDILU

ABSTRACT

This study was undertaken to determine whether the needs in the care and support of orphans and other vulnerable children in Windhoek are met and fulfilled. The main objectives of the study were to identify the basic needs of orphans and other vulnerable children, to determine the specific social support that is needed in the care of orphans and other vulnerable children, and to make recommendations regarding the needs in the care and support of orphans and other vulnerable children.

The study is based used the theoretical framework of Maslow's Hierarchy of Basic Human Needs that explains deficiency needs and growth needs. Maslow explained that the individual is ready to act upon the growth needs if the deficiency needs have already been met.

The author is answering this research question: What are the basic human needs of orphans and other vulnerable children and the fulfillment thereof in Windhoek?

A quantitative, descriptive and exploratory study was conducted to obtain information regarding the basic needs in the care and support of orphans and other vulnerable children.

The technique through which data were gathered was the structured interview instrument.

The study was conducted at Catholic AIDS Action Centre in Windhoek. On analyzing the data provided by the participants, the study concluded that the needs in the care and support of orphans and other vulnerable children are only partially fulfilled.

The results of the study showed that orphans and other vulnerable children come from all sections of society, and their needs surpass what those responsible provide and are able to offer.

Based on the above findings, the study recommends that Maslow's Hierarchy of Basic Human Needs be used as a guide to meet the needs in the care and support of orphans and other vulnerable children in Windhoek. In other words, the study recommends that Maslow's Hierarchy of Needs must be considered when stakeholders design a plan to address the needs for the care and support of orphans and other vulnerable children in order to fulfill them properly.

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I would like to thank Almighty God for giving me courage and physical and mental health.

Through the guidance of His hands I managed to complete this study.

LIST OF ABBREVIATIONS:

HIV	-	Human Immune-Deficiency Virus
AIDS	-	Acquired Immune-Deficiency Syndrome
CABA	-	Children Affected by AIDS
CAFO	-	Church Alliances for Orphans
DCC	-	District Coordinating Committee
FHI	-	Family Health International
IQ	-	Intelligence Quotient
ICDC	-	International Child Development Centre
GRN	-	Government Gazette of the Republic of Namibia
HSRC	-	Human Science Research Council
NASBCOAS	-	Namibia Business Coalition on AIDS
NGO	-	Non-Governmental Organisations
NID	-	Namibia Institute for Democracy
MOHSS	-	Ministry of Health and Social Services
MOGLSD	-	Ministry of Local and Regional Government and Housing
REPPSI	-	Regional Psychosocial Support Initiative
SIAPAC	-	Social Impact Assessment and Policy Analysis Corporation
UN	-	United Nations
UNAIDS	-	United Nations Joint Programme on AIDS
UNDP	-	United Nations Development Programme
UNESCO	-	United Nations Educational, Scientific and Cultural Organization

UNICEF   -   United Nations Children's Fund

UNGASS   -   United Nations General Assembly Special Session

USAID   -   United States Agency for International Development

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CHAPTER 1

INTRODUCTION

1.1   Background to the problem

Families exist in some form in all human societies and seem to have existed ever since anyone can remember. If we look at the concept of family, we think of a long term association of two adults, whose major concern is having and raising children.

In raising children, the importance of a family structure is emphasized in every society. One of the functions of a family is to care for these children. Caring is comprised of several aspects but can be summarized as providing for the basic human needs in children necessary for development, growth and essentials to survive.

Theorists have listed the following as human essentials (needs) that require fulfillment: - physiological, safety/security, love/belongingness, self-esteem, personal fulfillment, cultural, security, freedom, distributive justice and participation (Marker 2001:1). Unfortunately, the family structure does not always stay intact to provide a stable emotional home for the children and to ensure that all their basic needs are fulfilled. The implication of this is a vulnerable family which suffers disorganization.

Disorganization is a state in which the family as a unit does not function according to the approved and recognized standards of the society of which it forms part (Giddens 1996:164).

There are many reasons why families become vulnerable. Personal pathologies (mental, emotional and physical deviations), external factors like unemployment, social problems (alcohol and drug abuse) and death of one or both parents are the most common causes that can disrupt a family. Whatever the cause, a disorganized family leaves the children vulnerable and/or orphaned.

Currently one of the biggest health problems that causes disorganization in families globally is the HIV/AIDS pandemic. A specially important and distinctive characteristic of HIV/AIDS in regard to orphaning is that AIDS is more likely than other causes of death to create double orphans. If one parent is affected, there is a higher probability that the other parent is or will become infected and that both parents will eventually die (Bernett and Whiteside 2002:11).

AIDS has cut across all aspects of life, and owing to the parental mortality, the number of orphans and vulnerable children is expected to increase. By implication it means that one or both parents are dead, and nobody is left to look after the children. This results in a high number of orphans and vulnerable children to be found in families, communities and on the streets.

In a study conducted on orphans and vulnerable children in Namibia it was found that nearly forty million children, mostly from developing nations, have lost parents or caregivers owing to HIV/AIDS pandemic (SIAPAC, MOHSS & UNICEF 2002:2).

Another study conducted by UNAIDS revealed the situation in Africa as follows: Tanzania is at the top with about 810,000 orphans and Zimbabwe with 780,000. South-Africa is estimated to have over 660,000 orphans, while Namibia has about 81,000 orphans. Furthermore it was indicated that 50% of all orphans in Namibia are caused by HIV/AIDS (UNAIDS 2000:88).

Thus, Namibia is not exceptional with regard to orphans and vulnerable children. No city, town, village or community is left untouched by this scourge. In Namibia, HIV/AIDS breaks down the bond in and between families, and this again influences the psychosocial aspects which are essential for to live a meaningful life. Moreover, AIDS also leaves many families destitute because due to illness family members can no longer work (UN 2003:44).

Whatever the cause of the disorganization is, these orphans and other vulnerable children need to be cared for to fulfill their basic human needs. These needs must be fulfilled to some degree for them to be able to function reasonably well in their society, for their wellbeing and continued growth.

The question is who is once both parents are dead, going to provide the basic human needs that are necessary for human development and how? One option to care for these children could be the use of orphanages. Apart from the fact that no country has enough orphanages to accommodate all the orphans and other vulnerable children, there are also other problems. During the global health summit, USAID Report (2003:65) made comments and suggestions based on arguments from different studies on orphanages. Their report suggested that orphanages are not a solution, because institutional care fails to meet the developmental needs of children. The report continues to argue that children raised in orphanages often have difficulty in re-entering society once they reach adulthood, and many are poorly equipped to survive in the outside world. Another argument was that orphanages are much more expensive than providing direct assistance to the families and communities to care for orphans and other vulnerable children. The cost comparison from Uganda shows operating costs for orphanages to be 14 times higher than the costs of community care.

UNAIDS Report (2001:110) stated that in every country, stability and good progress depend on social cohesion. Bringing up orphans and vulnerable children in society with its increased political alienation and reduced social networking may lead to social breakdown, increase in crime and a much conflict with the law. These orphans and vulnerable children can end up recruited in all sorts of illegal activities with the promises of food, alcohol and drugs as well as providing a sense of family. Therefore, this crisis requires rapid sustainable interventions that will meet the needs of affected orphans and vulnerable children, families and their communities.

In Namibia there are orphanages but they cannot accommodate all the orphans and other vulnerable children. One has also to rely on a society with social cohesion to assist in the providing for the basic human needs of these children.

At the national level, the Namibian Government adapted its guidelines on children's rights according to the United Nations Convention on Children's Rights. This document serves as a guide and tool for the rights of children in Namibia, including those in special circumstances, such as orphans and other vulnerable children (UNICEF 1995:2). These guidelines can assist individuals, families and institutions who care for these children.

There are more than a thousand children who come to the Catholic AIDS Action Centre in Windhoek for up to four (4) hours a day and one needs to find out from them what happens to them concerning their basic human needs after they leave the centre. It is not clear how these children's basic human needs are fulfilled in the remaining twenty-hours when they are at their homes.

Furthermore, there are individuals and families who already care for some of these orphans and vulnerable children. It is, therefore, important to explore and describe whether the basic human needs of the orphans and other vulnerable children are fulfilled by their families and communities. Whaley and Wong (1998:138) are of the opinion that such an assessment could establish a database from which to formulate a plan for intervention and evaluation of

outcomes. The authors assert that such an assessment facilitates identification of present problems and enhances prevention of such problems in the future. An assessment process that focuses on children permits an exploration into family dynamics. Such an assessment can also give clues to cultural, environment, socio-economic or religious traditions that influence the children's total wellbeing. Similarly it can indicate the different degrees of needs of orphans and other vulnerable children depending on their circumstances.

Because of scarce resources in families, most orphans and other vulnerable children are suffering from lack of access to basic human necessities. Therefore, many orphans and other vulnerable children are forced by circumstances to live on the street and be involved in criminal activities and drug use just to survive. Without the help of family and community to offer basic human needs guidance and education, the orphans and other vulnerable children grow up on the margins of society with unacceptable social attitudes and behaviors (Kamminga 2000/001:68).

Inadequate attention to the basic human needs in the care of orphans and vulnerable children in the current situation threatens to seriously undermine improvement in the situations of orphans and vulnerable children**.** There is a need to respond to the growing problem, as the future success and survival of orphans and vulnerable children depend on the collective and comprehensive effort to address the increase (Steinitz 1998**:**15).

There are also institutions that contribute to the care of orphans and other vulnerable children in Namibia such as Catholic AIDS Action. This non-governmental organization in Namibia, is

doing very good work in supporting orphans and vulnerable children through education, income generation projects, nutrition supplementation and community support groups. The organization's volunteers are committed to providing home-based care and moral support to communities for emotional and critical psychological issues. In addition, the organization assists orphans and vulnerable children in different age groups with regard to their daily basic needs. What could be a problem is that these children go to their homes or families after 16h00 each day, and the question is how are their basic human needs catered for after that time. Catholic Aids Action has started registering orphans and vulnerable children in Namibia as seen in the following table.

Table 1.1: Field Statistics 2003: Number of Registered Orphans in Namibia

Region	March	June	August	September	November
Caprivi	1695	1670	1882	1899	2500
Erongo	1065	1011	1007	1038	1010
Hardap	781	845	942	1052	1130
Karas	1428	1516	1339	1339	1339
Kavango	3747	3522	3367	3201	3202
Khomas	746	835	948	948	1000
Omaheke	847	847	847	847	847
Omusati	2873	3118	3238	3234	3232
Oshana	3085	3085	3118	3182	3182
Total	16, 059	16, 449	16, 688	16, 740	17, 442

Source of Data: Catholic AIDS Action, 2003:4.

By looking at the number of orphans and vulnerable children, one needs to compare two figures 16,059, the number that Catholic AIDS Action started with in March 2003 and 17,442, the number at the close of the year, during November 2003. The increase in the number of orphans and other vulnerable children, as reflected in the difference between these two figures, shows what Namibia is facing a crisis. These numbers represent the tip of the iceberg because Catholic Aids Action did not register orphans and vulnerable children in all 13 regions, for example not in Otjozondjupa and Kunene Regions. Therefore, the increase in the number of orphans is a challenge to the extended families; some are already overwhelmed with the burden of illnesses and are economically depleted (Catholic AIDS Action 2003:1-8).

1.2   Problem Statement

Orphans and other vulnerable children present major problems in different societies around the globe, including Namibia, owing to socio-economical impacts and the burden on the families and communities. The problem is that it is not clear how orphans and other vulnerable children's basic human needs are fulfilled once they are out of the care of the Catholic AIDS Action institutions.

1.3   Purpose of the study

The purpose of the study was to explore and describe the basic human needs of orphans and other vulnerable children and the fulfillment of these needs.

1.4   Objectives

The objectives are to:

- identify the basic human needs of the orphans and other vulnerable children in Windhoek.

- determine the specific social support that is needed in the care of orphans and other vulnerable children in Windhoek.

- make recommendations regarding the needs in the care and support of orphans and other vulnerable children.

1.5   Justification of the study

Findings from the study will contribute to the body of knowledge concerning the basic needs of orphans and vulnerable children. The information on the basic human needs of orphans and vulnerable children and their fulfillment in Windhoek will be channeled to the Ministry of Gender Equality and Child Welfare where it will be made available to social workers and the Ministry of Health and Social Services and specifically to Community Health Nurses. The knowledge will also assist families and communities to prioritize and make provision for the needs of orphans and vulnerable children. Furthermore, the findings will help shape the development of guidelines in the care of orphans and vulnerable children (Staub and Pearlman 2002:1).

1.6   Research Questions

The question that will guide the researcher in her study is: "What are the basic human needs of orphans and vulnerable children in Windhoek and are those needs being fulfilled?"

1.7   Definition of terms

1.7.1 Care: According to Hall in George (1995:89) care is the exclusive aspect of providing a person bodily comfort through "laying on of hands" and providing an opportunity for closeness. While Leininger as cited in George (1995: 442) defined care as an action directed towards assisting or enabling behaviour of another individual or group with evidence of anticipated needs to ameliorate or improve a human condition or life way. Care is also defined as "the process of looking after somebody, providing what someone needs for their health or protection" (Hornby 1998:168).

1.7.2 Basic human needs: Robbins and Duecento (2001:558) define need as an internal state that makes outcomes appear attractive. An unsatisfied need creates tension that stimulates drives within an individual, and these drives generate search behaviour to find particular goals. If the goal is attained, it will satisfy the need and reduce the tension. Therefore, Maslow (Taylor 1997: 2) devised the Hierarchy of Needs Theory in which the five primary basic human needs are given as physiological, safety and security, love and belonging, self-esteem and self-actualization. In the context of this study, the researcher is looking at the basic needs among orphans and vulnerable children based on Maslow's Hierarchy of Needs.

1.7.3 Child: According to the Children's Act, 1960 (Republic of South Africa 1960: 3) a "child" means any person, whether an infant or not, who is under the age of 18 years, includes a person who is over the age of 18 years but under the age of 21 years especially when such child is a "child in need of care"

1.7.4 Family: Family, as one of the social institutions, is defined as a group of individuals related to one another by blood, marriage or adoption, who form an economic unit, the adult members of which are responsible for the upbringing of children. In a modern society the main family form is a nuclear family, that is, a family group consisting of a wife, husband or one of these and dependent children. Another form of family is an extended family, that is, a group consisting of more than two generations of relatives living either within the same household or very close to one another (Giddens 1996:391).

1.7.5 Orphans: According to MOHSS/UNICEF (1998:25) an orphan is defined as a child under the age of 18 years where at least one parent is known to have died, whether from AIDS or another cause of death. In the context of this study, orphans from the age 15 to 19 years are included.

1.7.6 Social Support: According to Schwarzer (1996:78) social support is an aspect of social relationship that contributes to positive adjustment and personal development as well as the way support provides a buffer against the effects of stress for both adults and children. Support refers to the environmental conditions that health promotion seeks to have in place following the intervention, so that individuals, groups or communities can

continue to exercise their own control over the determinants of their health (Glanz, Lewis & Rimer, 1998:156). In the context of this study the researcher is interested in the supportive role of social relationships for orphans and other vulnerable children.

1.7.7 UN Rights of the Child**:** In the UN Rights of the Child (UNICEF 1995**:**13), in terms of the Children's Act of 1960 (Republic of South Africa. 1960: 5), a child can be declared by the children's court to be a "child in need of care" if the child has any of the following needs:

- has been abandoned or lacks visible means of support;

- is in the custody of a person who has committed any of a list of specified offences such as assault, abduction, or sexual offences with respect to the child;

- cannot be controlled by the person who has custody of that child, is a habitual truant;

- has been in frequent immoral company or levels in circumstances likely to lead to seduction, corruption or prostitution;

- is begging or engaging in unlawful street trading;

- is being maintained apart from his/her parents or guardians in domestic circumstances which are detrimental to the child's interest;

- is in a state of physical or mental neglect.

1.7.8 Vulnerable children: Children are being grouped more and more often as agencies realize that isolating orphans as a group contributes to their social stigmatisation and often makes little sense to the community group (Tembo, Kahunga and Marinda, 1999:13). One needs to look at children who are living in households where limited care-giving is available.

These children are from:

- Child-headed households: among these vulnerable children are those heading their own homes because both parents are dead owing to AIDS or causes such as motor vehicle accidents. These children are vulnerable because they need their parents to bring them up as any other normal child does, but there is no parent to do so. Hence there is a parental care deficit (Tembo, Kahunga and Marinda, 1999:14).

- Parent-headed households where parents are sick and dying: children who still have their parents alive and are not provided with the necessities due to the health status of their parents (Tembo, Kahunga and Marinda, 1999:15).

- Elder headed households where grandparents are incapacitated: children who live with their grandparents who depend on pensions and cannot cope with these children's needs. In addition, families and communities have traditionally been and remain the primary source of support for vulnerable children, but are struggling in the face of poverty and

socio-economic instability. When relatives are not able to provide care, children often fall through the social safety net and face psychosocial and economic hardship, exploitation, discrimination and increased risks of HIV infection (Tembo, Kahunga and Marinda, 1999:15).

- Households where caregivers are overwhelmed with caring for AIDS adults or by the demand of fostering their relatives' orphans: some households are overwhelmed with AIDS cases where some family members are already dead and some are still ill or dying. These households are also overwhelmed with the children who are vulnerable due to their parents' death or dying parents. These households cannot cope with the demand of these children, and this will make children vulnerable to socially unacceptable behaviours (Tembo, Kahunga & Marinda 1999:16). Therefore, vulnerable children are looked at in this perspective concerning their basic needs of development as identified by Maslow's Hierarchy of Needs.

1.8 Summary

This chapter raises the concerns and the problems behind the research and the basic needs in the care and support of orphans and other vulnerable children. The chapter furthermore states the purpose of the study, which is to explore and to describe the basic needs to be addressed by the care and support of orphans and vulnerable children.

CHAPTER 2

LITERATURE STUDY AND CONCEPTUAL FRAME WORK

2.1   Introduction

The purpose of the study is to explore and describe the basic human needs of orphans and other vulnerable children and the fulfilment of those needs. In this chapter relevant literature within the field of the basic human needs is reviewed.

Brink (2001:76) states that the literature review is a process involving finding, reading understanding and forming conclusions about published research and theories on a particular topic. According to Burns and Grove (1999:46) relevant literature refers to those sources that are pertinent or highly important in providing in-depth knowledge needed in studying a selected problem such as the family and role and function of family

Human beings possess fundamental, shared and individual needs. According to Staub & Pearlman (2002:3; LeBeau 2004:24) needs can be fulfilled constructively or destructively. The constructive fulfilment of the needs indicates that when something happens that fulfils one need, usually other needs are also fulfilled. Destructive need fulfilment means that needs are not or not effectively fulfilled. If needs are not fulfilled, people can get frustrated and become desperate to do whatever they can to meet their needs. In their attempt to fulfil needs they can lose their ability to consider consequences and make good judgements.

In every society the unit that must provide the basic fulfilment of human needs is the family. Requadt (1998:13) defines a family as "a unique social group bound together by generational ties, emotions, caregiving, established goals, altruistic orientation and a nurturing form of governance".

If anything happens that disrupts the family, such as trauma and victimization, then usually family members experience a frustration in the fulfilment of their basic human needs. Children in a family can be severely affected if anything happens that disrupts the family structure, like severe illness or death of parents.

The family, regardless of the structure, is an important unit in society to fulfil the fundamental basic human needs of children and to enable them to develop to their highest potential. Basic human needs go beyond just food, water and shelter. They include both physical elements needed for human growth and development, as well as all those things humans are innately driven to attain (Platt, Kaunatjike & Nakuta 2004:8).

Furthermore, each family, regardless of its structural system, has the potential for serving societal and human needs in one way or another. In addition, all families tend to be similar in attempting to provide for family needs, including the need to exchange affection, to provide reasonable stability, to provide financial resources for food, clothing and shelter, to offer educational opportunities and to make health services available and accessible (Stanhope & Lancaster 1996:456).

On the other hand, the vulnerable family experiences an abrupt loss of membership through such events as desertion, death and imprisonment. A crisis exists when the family is not able to cope with the event and becomes disorganised / dysfunctional when the demands of the situation exceed the resources of the family. A weak, disorganised or unstable family creates problems in ties among family members, and this in turn affects the development of children and adds to social problems.

Studies have shown that many delinquent youths, or those who are involved in criminal activities or drug abuse, come from weak, unstable or broken families. Those with schooling problems are also included in this category. If the home provides neither the emotional support necessary for children, nor an environment conducive to peaceful and proper development of mind, the children will be like a ship without a rudder and will be more susceptible to unwholesome influences outside the home. Every family must be a unit with one heart and one soul. There must be love, trust and a sense of closeness with each member of the family being able to express his/her own identity without threatening the solidarity of the institution itself (Tarmugi 1997:7).

Families are important components of society. The stability of the society and a country depends substantially on the proper development of families. The family is the foundation of a country and society. The stability and strength of a society depend on the strength of the families which are its members.

2.2 Basic human needs

Human development is defined as "focused and based on the satisfaction of fundamental human needs, on the generalization of growing levels of self-reliance, and on the construction of organic articulations of people with nature and technology, of global processes with local activity, of the personal with the social, of planning with autonomy, and of civil society with the state" (Max-Neef 1987:12). From this definition it is clear that human needs are few, finite and classifiable. They are constant through all human cultures and across historical time periods. Thus, it is important that human needs are understood as a system. They are interrelated and interactive (Max-Neef 1987:13).

Although each individual has unique characteristics, certain needs are common to all people. Throughout life people strive to meet their needs at each level. Human beings initially set their priorities according to their existential needs, and if these existential needs are not met, survival is threatened and life itself is in danger (Rohrer 2002: 1). People are conscious beings whose existence encompasses the physical as well as the social, psychological, and spiritual dimensions. Human needs thus include factors necessary for physical survival and optimum physical function, as well as factors necessary for successful social function, psychological well-being and spiritual meaning (Young, Van Niekerk and Mogotlane, 2004:94).

A number of psychologists have developed models on basic human needs, but for purposes of this study, the humanist Abraham Maslow's Theory of Human Needs (1940) (Huitt 2004:4) is used as a framework to discuss basic human needs. This is because Maslow developed a theory in which he places human needs in a hierarchy based on their relative importance for physical

survival and development of an individual as a whole (Young, Van Niekerk & Mogotlane, 2004:96).

FIGURE 2.1: MASLOW'S Hierarchy of Needs

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                          /\
            ┌─────────────────────────────┐
            │   Transcendence Helping     │
            │      others to self-        │
            │        actualisation        │
            └─────────────────────────────┘
         ┌───────────────────────────────────┐
         │        Self-actualisation         │
         │  Personal growth, self-fulfillment│
         └───────────────────────────────────┘
      ┌─────────────────────────────────────────┐
      │             Aesthetic needs             │
      │    Beauty, balance, form and imagination│
      └─────────────────────────────────────────┘
   ┌───────────────────────────────────────────────┐
   │               Cognitive needs                 │
   │   Knowledge, meaning and self-awareness, need to│
   │           understand and explore              │
   └───────────────────────────────────────────────┘
 ┌─────────────────────────────────────────────────────┐
 │                  Self-esteem needs                  │
 │     Achievement, status, responsibility and reputation│
 └─────────────────────────────────────────────────────┘
┌─────────────────────────────────────────────────────────┐
│              Love and Belongingness needs               │
│        Family, affection, relationships, work group     │
└─────────────────────────────────────────────────────────┘
┌───────────────────────────────────────────────────────────┐
│                    Physiological Needs                    │
│ Basic life needs-, air, food, drink, shelter, warmth, sex, sleep, elimination│
└───────────────────────────────────────────────────────────┘
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Available at http://chriron.valdosta.edu/whuitt/col/regsys/maslow.html

2.2.1 Physiological needs

Physiological needs are the most basic, strong and demanding of satisfaction of all other needs. Basic physiological needs are oxygen, water, food, maintenance of temperature. These include shelter and clothing, hygiene, elimination, sleep, activity and sex. These are things to keep humankind alive (Pert 2002:1). Oxygen is needed for human respiration, as well as to restore the ability of the cells of the body to carry on normal metabolic function. Water is an essential liquid substance to life and comprises 70% of living things, and people need water to drink or to bathe. Food is any substance, either from plant or animal origin, such as carbohydrates, proteins, fats, minerals and vitamins that are essential in providing energy, promoting growth and sustaining life. Therefore, orphans and other vulnerable children need well balanced food for their survival. Shelter is referred to as a home where children feel comfortable, happy and safe, and is one of the most important factors in the development of the child (Young, Van Niekerk & Mogotlane, 2004:98).

One of the biggest problems when children become vulnerable or orphaned is to obtain the nutrition and clothing that is necessary. The reason is, in many instances, that the extended family members that must care for the orphans or vulnerable children do not always have the means to meet this need.

The implication is that poverty exists which deprives children of their rights. When children do not get a balanced diet, malnutrition develops. Malnutrition is one of the most significant causes of death. According to UNICEF (2004:16) malnutrition contributes to about half of the

deaths in children. Micronutrient deficiencies also play a role. A child deficient in Vitamin A, for example, faces a 25 percent greater risk of dying than a normal child.

Furthermore, malnutrition in early childhood can cause stunting or disability and hinder brain development and thus children's capacity to learn. Lack of access to clean water and proper sanitation spreads diseases, aggravates malnutrition and weakens health (UNICEF 2004:16).

Nancy Roper (in Young, Van Niekerk & Mogotlane 2004:95) also identified other specific elements of life that are necessary in order to maintain life, such as maintaining a safe environment , communication, breathing, eating and drinking, elimination, personal cleaning and dressing, controlling body temperature, mobilizing, working and playing, expressing sexuality, sleeping and dying. Among these specific activities of living there are those which are more important in the development of children such as safe environment, communication, eating and drinking and playing. Safe environment indicates places such as safe playgrounds, safe parking lots, clean restrooms, smoke-free, drug-free, and alcohol-free settings, freedom from crime and violence, as well as social and emotional conditions that keep stress in control and generate a positive self-concept (Breckon, Harvey & Lancaster 1998:101).

2.2.2 Safety and security

The vulnerable and orphaned child needs physical safety to survive. This can be defined as the need to know or believe that you will be free from physical and psychological harm (physical attacks) on the body. Furthermore, it also includes psychological safety or a feeling of being secure and respected by other people around oneself, as well as being able to cope with events.

The safety need implies the need to avoid or escape danger and the need to be secure and protected. Security includes the rights and safety under the law as well as a sense that the individual knows where he/she stands in relation to a rational and basically good society through being able to find respect and support within that society (Kozier, Erb & Bufalino 2000: 184).

Children have the right to grow up in an environment that protects them physically and emotionally. The family is the fundamental unit of the society and the environment for the growth and wellbeing of its members, particularly children (Black 2000: 35). The greatest threats to the safety and security of children are poverty, conflict and HIV/AIDS. Children living in poverty are deprived of their right to safety and security, because poverty increases their vulnerability to dangers, providing fuel for violent and exploitative conditions that include hazardous child labour and child trafficking. The predators seek their prey in the poorest shanty towns (UNAIDS/UNICEF 2002:16).

Furthermore, children are among the first affected by conflict. It affects their safety and security need, because conflict alters their lives in many ways, and even if they are not killed or injured, they can be orphaned, abducted, raped or left with deep emotional scars. They can also be traumatized from direct exposure to violence, dislocation and the loss of loved ones (UNAIDS/UNICEF 2002:41).

The other great threat to children's safety and security need is HIV/AIDS. This was also stated in a document titled "Children on the Brink" (1997: 14). The author indicated that the most devastating effect of the HIV/AIDS epidemic is the break-up of families, the creation of millions of orphans and the disintegration of social cohesion. The author's projected estimation of orphans in Africa by the year 2000 is over 12, 1 million. This figure is set to double over the next two decades. The author asserts that the results of the HIV/ AIDS epidemic are threats to social security. AIDS orphans suffer from an absolute lack of access to education, health, shelter and nutrition. The article mentioned that many of these vulnerable children are forced to live on the street and become involved in criminal activities in order to survive, but unfortunately this could lead them to contacting HIV/AIDS themselves. Moreover, with the death of parents and without the support of the families and communities to offer guidance and education, these children grow up on the margins of society.

Whatever the cause that threatens their safety and security, children must be removed to a safer place if at all possible. When parents die or there is a problem at home, children can end up on the street (Ewing 2004: 7). In such circumstances the children in need of care can be removed from the problematic area and be placed with foster parents or in a children's home, a vocational training centre or under control of an approved agency. Sometimes the child is not removed but needs to be placed under the supervision of a probation officer or a social worker. When the child is placed with a foster family, the ultimate goal is to reintegrate back into his/her family which requires regular situational evaluations of his /her family (MOHSS/UNICEF, 1998:14).

The approach of using different institutions in which to place the affected children may seem a logical response to the growing orphan and vulnerable children population. However, there are some authors who are against this method of care owing to some problems noticed in children brought up in such institutions. For example, another set of studies undertaken by Krank, Klass, Earls & Eisenberg (1996:575; Bush 1998:54) found that long-term institutionalization in early childhood increases the likelihood that impoverished children will grow into psychologically impaired and economically unproductive adults. Moreover, long term institutionalization makes children dependent, and they expect to be under someone's authority throughout their lives.

In addition, Bert (2002:280) also did a comparison of institutions versus foster homes. The study's findings revealed that there is no evidence to indicate that group care enhances the accomplishment of any of the goals of child welfare services, and that institutional care is not safer or better at promoting development in orphans and other vulnerable children than foster homes. The study found that institutional care for orphans and other vulnerable children is not stable and does not achieve better long-term outcomes. Lastly, it was found that institutional care is not efficient, as the cost is far more compared to the other forms of care, such as foster homes.

Likewise, Quinton (1998:86) did a study on the consequences of institutional upbringing for adults who had been institutionalized while they were orphans or vulnerable children. The author found that residential care is seen as an unsatisfactory long-term option when parents cannot look after their own children. The author suggested that the best and more stable system

is the placement of children through adoption or fostering. This placement may have a chance to develop the long-term affectionate relationships that are seen as important for normal social development.

It can be concluded that institutions may be appealing because they can provide food, clothing and education, but they generally fail to meet young people's emotional and psychological needs. This is because traditional institutions usually have too few caregivers, and are therefore limited in their capacity to provide children with the affection, attention, personal identity and social connection that families and communities can offer (UNAIDS/ UNICEF 2002:19).

Thus, children can be better served by programmes that keep children within the community surrounded by leaders and peers they know and love (Kandetu 2000:15).

Orphans and other vulnerable children need safety and security in order to survive and develop to their full potential. This was confirmed by the World Bank during a workshop on orphans and vulnerable children which stated that the growing number of orphans and the high number of adult deaths has caused a shock to the traditional child protection mechanisms in many areas (UNAIDS, 2002:55). Social Capital is weakening as family and community systems disintegrate. Traditional absorption mechanisms for children have become strained, and in some places completely exhausted, and this affects also non-orphaned, critically vulnerable children with their regular education, health and social protection programs (UNAIDS, 2002:55; Haihambo and others 2004:16).

A child's experience of childhood, especially in their earliest years, is largely determined by the care and protection they receive, from adults, from the family and also from the wider community.

2.2.3 Love and belonging needs

Love is an intense affectionate concern for another person, while belonging means to be part and parcel in association with something. Here one is concerned with the needs to be loved, receive affection and belong that encompass both receiving and giving. These children need to have a place in a specific group, for example families, and the feeling of belonging. Relationships are very important in the development of children, because they create a bond between the children and the loved ones especially in their early years. When children are denied interpersonal involvement, they lose intrinsic motivation, but if someone is responsive and demonstrates that he/she cares about the children's well-being, they show high intrinsic motivation (Woolfolk, 1995:346).

USAID (2003: 24) in a workshop on orphans and vulnerable children stated that many, if not most, Africa children are vulnerable to risks and shocks. Orphans and vulnerable children are the most at risk then their local peers. The report identified some risk factors that orphans and vulnerable children are facing such as death, poor health, educational deprivation, abuse, abandonment, neglect, exploitation, social discrimination, stigmatization, and physical and moral humiliation. Moreover, these children need someone who is looking after their needs and comforting them, so that they can feel that they are loved and belong somewhere.

Relatedness is the need to establish close emotional bonds and attachments with others. This reflects the desire to be connected to the important people in one's life (Giese 2003: 36). Foster & Williamson (2000: 276) did a study on the perceptions of children and community members concerning the circumstances of orphans in rural Zimbabwe. The study revealed that orphans are concerned with stress, stigmatization, exploitation, and lack of schooling as well as lack of contact with and negligence by relatives. According to the authors these issues concerning children affect their social integration and also their coping mechanisms in their survival. Such illness will affect children's self-concept and perception in their future.

Haihambo-Mwetudhana (2002:21, 23, 25) did a study among orphans and other vulnerable children in Namibia and found that children in difficult circumstances arise from different factors such as parental absence owing to death, illness, poor employment conditions, parental irresponsibility and unemployment as well as the escalating rates of poverty. Hence, these types of children are affected or infected with HIV/AIDS, living on the street, working, and some are commercial child sex workers. In addition, the study revealed that these orphans were fully playful and energetic like other children, but they appear to be missing their parents very much revealed through their play conversations. The study found that those orphans who had lost their parents recently were grieving and were faced with difficulties in their adjustment such as economic changes, home changes, change of caretakers and change of neighborhood.

One can look at these children as social beings who need esteem and cooperation of fellow human beings. Kinghorn and others (2000/007:56) reported that "AIDS has already

decimated one generation and now holds hostage the next". The authors explained that even if the rate of infection declines, the impact of the weakened social system on the development of the children could have long lasting implications.

Furthermore, Ryklief (2000: 27) stated that in every household the quality of child rearing depends heavily on the caregivers' capacities. The author concluded that if one parent, or both parents, die while children are still dependent on them, the burden will be placed on others who are often already overwhelmed. Another research study on the development of children identified that the family culture is the most important factor in the children's psychological development. The author found that there are high numbers of vulnerable children living in both middle-income families and in poverty. The author identified the need to eliminate the negative impact of poverty in order to reduce the numbers of children who are vulnerable by 10%. Vulnerability in children is the margin that diverts them from normal development and growth (Briggs, 1999:14, 16).

Love and belonging also imply close, intimate relationships that demonstrate mutual trust and support as well as mutual esteem-building. Therefore, there is a need for more information about the impact that caring for relatives with AIDS has on the children in families, in order to develop programmes sensitive to their needs. Discrimination against families living with the virus means families keep HIV diagnosis a secret and feel unable to ask for the extra care and support they need from other families or friends. Therefore, programmes that can now successfully encourage disclosure and assist the families with care-giving skills are encouraged. Since most people with AIDS die at home, children also have to cope with the

anguish of seeing a mother or father or both dying in great physical and emotional distress. At some point, many children will also experience the death of a younger brother or sister from AIDS after few months or years of illness. The psychosocial support on the impact of AIDS in children requires systematic attention, especially the need for interaction with peers and adults, play and affection should be considered in project approaches (Save the Children, 2000:54).

The study by Monk's study (2000:42, 47) in Zambia found that there is a little discrimination against orphans and there was not much distinction between orphans and non-orphans. In addition, the study explains that culturally Zambian households absorb the orphaned children and take care of them, although they are already faced with coping problems in terms of socio-economic survival. Therefore, the study concluded that failure to provide food, clothing, shelter, health care, education and other basic requirements had been observed in many households.

The Helping Age International (2004:16-17) reported on the caring and coping strategies and support programmes for older people caring for orphans and other vulnerable children in Africa. The report explained that the AIDS epidemic is having profound effects on families and communities in Africa, leading to a dramatic rise in the number of orphaned children. The report argued that initial responses to the orphan phenomenon has been a proliferation of institutions for orphans without due consideration of existing community-based alternatives for care. It reported further that increasing numbers of elderly women and men in AIDS affected families and communities are taking on a disproportionate share of caring for these

orphans without adequate support and resources to do so. Hence, these children and their elder carers are facing increasing economic vulnerability, lack of access to education, health services, and significant psychosocial and emotional trauma as a result of AIDS.

In addition, one can also consider the way these families are suffering, especially elderly persons in the face of AIDS. The researcher explained that older people in Africa are disadvantaged by their lifelong struggle with poverty and marginalization. The poverty is exacerbated when they have to sell assets, including everyday useful items, to generate income in order to meet the rising costs of medical care for their infected children and the other needs of the orphaned children under their care.

Again the White Oak Project (2000:17) reported that behind the orphan crises there is an army of older people, battling to deal with the impacts of the AIDS pandemic as it strikes at the heart of family and community support structures for the old and young. Therefore, they recommended that the effort being made by older people should be supported and improved in whatever way possible in the best interests not only of the children but also their grandparents and the sustainability of their families and communities as a whole. Helping Age International (2004: 12) commended the amendment and enforcement of inheritance and succession laws to protect the rights of orphans and other vulnerable children, and their caregivers, especially when these are older women.

Although these children are already suffering the loss of their parents, sometimes they are also suffering in the hands of others. This will hamper their emotional and social development. An

article by UNICEF (2002:27) indicated that HIV/AIDS is undoing back decades of economic and social development, and the stark impacts are most profoundly reflected in the lives of children. The article mentioned that the impact of HIV/AIDS on children and their families has both immediate and long term consequences. It stated that in developing countries, the majority of children infected with HIV/AIDS by their mothers will not survive beyond their third birthday. Otherwise their parents may die before them, creating a stressful situation for the second caregiver. The article also included children who are not infected but often receive diminishing care, support and protection as parents become ill, and the illness leads to a loss of earnings and assets, and redirection of household spending towards medical treatment. Moreover, these children suffer significant distress over the course of their parents' illness and eventually death, which often increases children's vulnerability, pushing them deeper into poverty and the risk of exploitation and discrimination. Therefore, for these children to reach the next level of basic human needs, that is self-esteem, the people around them must be concerned with building relationships with them.

2.2.4 Self-esteem needs

In Maslow's Hierarchy of Needs self-esteem is at the fourth level in human basic needs. If the person fails to attain the three previous levels, then one cannot bother oneself to reach the fourth level. Otherwise, if one manages to reach this level of self-esteem, then one is able to hold oneself in high esteem such as self-respect or to be held in high-esteem by others such as positive respect by others. Self-esteem is the evaluation of our own self-concept and how one regards oneself in a positive way. Self-concept refers to the composite of ideas, feelings, and attitudes people have about themselves including the values and opinion of others.

Especially in the formative years of early childhood self-esteem plays an important role in the development of self-concept (Mwamwenda 1998: 88).

Human self-perceptions vary from situation to situation and from one phase of human life to another (Mwamwenda 1998:152). A healthy self-concept requires acceptance of one's personality traits, as well as a realistic perception and acknowledgement of one's faults. A study done by Hodges and Tizard (1999:112) on intelligence quotient (IQ) and behavioral adjustments of adolescents who had been institutionalized, found that this group of children had more behavioral and emotional difficulties than other children under foster care. They went on explaining that children, especially those who spend at least the first two years of their lives in residential care, were likely to have more social and emotional problems and more disruptions at age sixteen and in their adult lives than other children.

Those children who lost their parents at a young age, and who lost their sense of belonging and their self-concepts are depressed. They may develop reduced self-esteem in relation to a variety of factors including feeling abandoned by the loved ones, experiencing repeated failures or losses, lacking positive feedback from others or thinking negative thoughts, for example, suicide. If there is no-one who cares for such children, they grow up powerless and believe that their actions cannot significantly influence a positive outcome. Moreover, such children will grow up with consistent dependence on others to meet their needs and resulting perception of lack of control, as well as doubts about their own ability (Wilson & Kneisl 1996:332). Hence, they need someone to look after their needs at an early stage and help them in building their self-esteem.

This is why a manual about psychosocial support was developed in order to enable teachers and other adults in Africa to counsel orphans and vulnerable children of terminally ill parents or whose parents died already. The manual (Hunter & Williamson 2000:48) was developed to assist in this hidden impact of psychosocial support that each person is affected by in very different forms. For example, some may become depressed, others may turn to alcohol or drugs, some become aggressive, others develop insomnia and others have a poor appetite. Another contributing factor to this manual was the observation that teachers and other adults are not prepared to handle this new or difficult task, and to cope with so many orphans. Therefore, the manual was to enhance the capacity of adults to listen and to talk to orphans or vulnerable children of the terminally sick parents and to understand better their situation and their needs. This will result in communities improving their capacity to cope with some consequences of AIDS (Hunter & Williamson 2000:48).

At this point one can see that orphans and other vulnerable children need someone to communicate with when their emotions are affected, since their self-concepts are affected by their comparison of self with others. The way one feels about oneself is influenced strongly by how one compares oneself with others (Hamacheck 1995:331). If these children are allowed to develop low self-esteem, it may lead them into social isolation or withdrawal. Communication with others is a natural human activity that is essential for survival and for the formation of meaningful relationships with others. Communication is also a process of giving and receiving information and of attaching meaning to information and making use of that meaning. Communication is a major factor in determining the relationships that people have

with others and what happens to them in their daily lives (Young, Van Niekerk & Mogotlane 2004:102).

Foster (2001:39) did a study on vulnerable children whose psychosocial supports are confronted with problems owing to their parents' sickness or death from HIV/AIDS. The study reveals that psychosocial support of children affected by illnesses and the loss of the parents is stressing and traumatic for the child, and therefore is accompanied by deep emotional suffering. The child who is experiencing loss of consistent nurturing and physical neglect will have serious development problems. Moreover, the child can experience loss of guidance that will make it difficult for him/her to reach maturity and be successfully integrated into society. When these children's self-esteem needs have been satisfied, they can strive for their next higher need which is to understand and explore.

2.2.5 Need to understand and explore

There is a need to understand people and the world, how they operate, why people do what they do and why things happen. It is also true that people want to become better by improving knowledge and skills. The desire is to contribute something of value to assist others, to make the world a better place for all (Angier 2000:1).

The institution that is necessary to fulfill this need is the school. In addition to the family the school plays an important part in the education of children as a whole. Unfortunately, one of the biggest problems when a family becomes dysfunctional is the withdrawal of children from school.

A study in Uganda revealed that following the death of one or both parents, the chance of the child attending school was cut by 50 %. Even those who used to attend school regularly spent less time in school then they used to do before their parents died. The cause of poor attendance is often that the resources are diverted to care of a terminally ill family member, and children sometimes need to look for income-earning opportunities during the trauma and expense of a dying parent. The performance of some children who stay in school decreases, and they are more likely to come late to school, fail or repeat classes (UNAIDS, 2000:62).

The same trend was also found in another study. Williamson (2000:12) did a study where looking at education and training, where looking at the economic resources of the remaining family that allow the child to continue with schooling and further training. Concerning health, increasing poverty multiplies health risks and reduces abilities to obtain health services. Moreover, the loss of income or inability to repair or maintain the house will result in shelter being lost or deteriorating. Therefore, these orphans and other vulnerable children have problems with their school attendance either due to the loss of their shelter or to moving from one place to another. In the same report Williamson suggested that in many cases there are poor capacity and commitment to health, welfare, education and livelihood systems, plus a failure to provide the family with relevant and sensitive information.

Education and socialization of children leads to personal fulfillment of the need to reach one's potential in various areas of life. This gives a person freedom and capacity to exercise choice in all aspects of one's life.

2.2.6 Aesthetic needs

Aesthetic needs are interpreted as the needs for beauty, order, imagination, boldness, inventiveness and curiosity. Aesthetic needs means people need to appreciate and search for beauty in a balanced form. People consider aesthetic needs as one of the important basic human needs. People like to be in an environment that meets aesthetic requirements. People dislike ugly environments. As a result, they are more motivated and perform better if their aesthetic needs are met (Nohria, Lawrence & Wilson 2001: 24).

Beauty is a curious need, especially viewed in evolutionary terms. There is a belief that beauty is the basic principle from which all other principles, especially moral principles, are derived. Physical attractiveness is understandable as a standard by which mates may be chosen, and beauty works directly with our emotions. Aesthetics connect directly with our emotions which makes it a subtle factor in the domain of persuasion (Nohria, Lawrence & Wilson 2001: 24).

Looking at the explanation above one can see that orphans and other vulnerable children are often adolescents, and they are affected by their circumstances so much that they are not able to meet their aesthetic needs. In this study the researcher refers to orphans and vulnerable children between the ages of 15-19 years. These are boys and girls who are not able to get toiletries and clean clothes like their counterparts. These needs will affect their performance and socialization with others. Therefore, not being involved in socialization with other peers freely will hamper their development. From the time children enter adolescence, they are consumed by curiosity about their bodies and the changes taking place in them. Adolescents are also curious about the opposite sex, reproductive processes, adulthood and the world

around them. This curiosity must be satisfied if adolescents are to grow up into healthy and balanced adults. This translates into providing authentic information to them, clarifying their doubts, addressing their problems and most importantly, listening to them.

In an interview with Ms. Amkongo of the Multiple Youth Centre in Khomas Region the researcher was interested in finding out what the centre offers to the adolescents in order to develop them and address their doubts and problems with regard to reproductive health. Ms. Amkongo explained that at the centre they have different programmes to deal with youth between the ages of 15-19 years, especially on reproductive health. One of the programme is "My future is my choice", and it teaches with adolescents how to handle reproductive issues. Registered out of school pre-trained facilitators are sent to different pre-identified schools to train learners as participators who also sign up with the facilitators. Each facilitator is supposed to train 20-25 participants on a 10 session programme using the manual that was produced for the training purposes. After completing the sessions, participants graduate and are awarded with certificates, T-shirts and badges. Also, those participants who graduate should continue with the awareness campaign among their colleagues, using the participants' workbook produced for that purpose (Ms. Amkongo's interview 21 April 2005).

Ms. Amkongo mentioned other programmes that the centre offers to the parents and their children in aspects related to peers and parents. Ms. Amkongo recommended that this parents and youth programme is one of the best that trains parents simultaneously with their youth, so that when they finish the training both groups will understand and start talking the same language. Parents become parental mobilizers and youth become peer educators. This

programme was only introduced in the year 2004 for unemployed parents or part time employed (Ms. Amkongo's interview 21 April 25, 2005).

By creating programme like these, adolescents will be spurred on to individual efforts suited to their temperament and capacity. Thus they will be induced to contribute what they can of beauty to the world and of right thought to the totality of human thinking. They will be encouraged to investigate and the world of science will be open to them. Therefore, behind all applied incentives, the motives of goodwill and right human relations will be found (Singh 2003: 12).

Again imagination is displayed by ingenuity and intuitiveness. Adolescents have fantasies and imagination that at time greatly disturb them. Therefore, they need projects and programmes that guide them so that their circumstances cannot impact them negatively rather than positively. There is no doubt that, to a great extent, adolescent thinking still remains in the domain of concrete thinking and survives at higher levels of development, even in adulthood (Taylor 1997:3).

2.2.7 Self-actualization needs

When the need for self-esteem is satisfied, the individual strives for self-actualization. Self-actualization refers to a person's constant striving to realize the potential within and to develop inherent talents and capabilities. Thus every person strives to be the best he/she can in order to reach his/her full potential. Maslow admits that the thin thread of human potential for self-actualization may be overcome by a poor culture, bad parenting or faulty habits, but it never

completely disappears. Therefore, striving, reaching beyond oneself, looking ahead and transcending the usual, mundane ways of living are important dimensions of self-actualization. This self-actualization is one of the basic human needs that most people including orphans and vulnerable children have to develop further and they need to move beyond where they are at that moment. Self-actualization is not a destination at which one can arrive but rather a goal towards which one is constantly moving (Hamacheck, 1995:46).

Being aware of the dynamics of self-actualizing behaviour can assist one in developing within orphans and vulnerable children those behaviours most conducive to healthy living. When these children are encouraged to actualize their potential in whatever area they might be targeting their goals, then they, at the same time, move in the direction of becoming fully functioning individuals.

Self-actualization in these children who lost their parents at early ages can only be achieved if they are assisted and groomed to build their resilience. Resilience means flexibility, buoyancy, hardiness, toughness or resistance that is the opposite of rigidity or defeatism. Resilience is the universal capacity with allows a person, group or community to prevent, minimize or overcome the damaging effects of adversity. Resilience is also a basic human capacity which needs to grow in all children including these orphans and vulnerable children. Adults need to promote resilience in children through the words, actions, and the environment they are providing. Therefore, adults make families and institutional supports available to children. Through this support adults also encourage children to become increasingly autonomous,

independent, responsible, empathic, altruistic and able to approach people and situations with hope and trust (Werner, 1994: 32; Rabinowitz & Canale 2004: 48).

Children's own genetic make-up and temperaments are fundamental to whether they will be resilient. That is, the children's vulnerability to anxiety, challenges, stress or unfamiliarity determines their self-perception, how they interact with others and how they will address adversities. Adults need to teach them how to communicate with others, solve problems and successfully handle negative thoughts, feelings and behaviours. Only through this ability and potential may such children face many common and uncommon crises. This is because children all over the world, especially orphans and vulnerable children, face situations such as distress where they need to be buoyant in order to cope and continue with their lives (Hiew & Cormier 1994:14).

If children are inflexible and they become defeated by the situation they are facing, they will end up in major problems. A child may have self-esteem but if he/she does not know how to solve his/her problems then his/her life is in danger. In this area Denis (2004:29) produced an article with guidelines to promote resilience in children. The author indicated that the concept of resilience was used first by specialists to refer to the resistance of material objects. But then the term came to be applied to human behaviour which describes "the universal capacity which allows a person, a group or a community to prevent, reduce or surmount the negative effects of adversity". Adversity refers to physical or mental aggression, sexual abuse, the death of loved ones or terminal illness of a parent due to AIDS.

Grotberg, (2000:33) described resilience as an important concept in human development because it is the human capacity to feel, overcome and be strengthened by or even transformed by the adversities of life. Everybody in life faces adversities and no one is exempted. With resilience children can triumph over trauma and without resilience trauma (adversity) triumphs. Children face crises in their families and communities that can overwhelm them, while outside help is essential in times of trouble. Along with food and shelter, love and trust, hope and autonomy, children need loving support and self-confidence. Children also need faith in themselves and their world, because all these build resilience. Therefore, the author is encouraging those adults caring for vulnerable children to motivate resilience in children because it is a universal capacity that conquers the damaging effect of adversity.

Matsika (2004:11; Harber 2000: 8) confirmed that the Regional Psychosocial Support Initiative for children Affected by HIV/ AIDS (REPPSI) was formed in 2002 to mainstream psychosocial support (PSSI) for Children Affected by HIV/AIDS (CABA) at all levels in society within the East and Southern Africa Region. According to Matsika, REPPSI seeks to achieve the increased resilience, social stability and coping skills of both male and female CABA as the impact of its interventions and activities.

In conclusion, self-actualization is the self-fulfilment and the realization of a personal potential. Theorists believe that people are continually motivated by the inborn need to fulfil their potential. Therefore, children need to be motivated as a means of encouraging their inner resources, which are sense of competence, self-esteem, autonomy and self-actualization (Mwamwenda 1998: 258).

2.2.8 Transcendence

After orphans and other vulnerable children have reached the level of self-actualization, one can expect them to reach the top most level of self-actualization called transcendence. Although Maslow does mention this level of basic human need, he does not explain it further, but much has been written by other authors on this. Transcendence is defined as an abstruse, visionary not based on experience but concerned with its presuppositions, intuitive (The Shorter Oxford English Dictionary on Historical Principles 2000:1549). In theory of Kant (1724-1804 [in The New Universal Encyclopaedia 2000:1548]) transcendence is not derived from experiences but is concerned with the presuppositions of experiences or moving beyond the limits of ordinary experiences to extraordinary. Again transcendence goes beyond empiricism but it does not pass the bounds of human knowledge.

In The New Book of Knowledge Dictionary (1981: 1483) transcendence is explained as the way of surpassing others of the same kind, concerned with the *a priori* basis of knowledge, and minimizing the importance of denying the reality of sense experiences. Howat and Taylor (1998:483) describe transcendence as a way which is characterized by eclectic tastes and willingness to discuss new ideas, also seen as an attitude of mind. These authors explained further that transcendence is an emphasis on a human's innate divinity and on the individual's worth, a fervent belief in superiority of intuitive to sensory perception, and an optimistic faith.

In America in 1783 there was a movement called Transcendentalism. The transcendentalists based their arguments on the belief that knowledge is not limited to that solely derived from

experience and observation, but the solution to the human problem lies in the free development of individual emotions. According to transcendentalism reality exists in the world of spirit, and what a person observes in the physical world are only appearances or reflection of the world of spirit. Thus people learn about the physical world through their senses and understanding, and they learn about the world of spirit through another power called reason. The teacher of transcendentalism, Waldo Emerson, explained that the physical world is secondary to the spiritual world that serves humanity by providing beauty, language, discipline and commodity (all those human senses owed to nature). Therefore, Emerson encourages people to learn as much as possible through observation and science, and insisted that humans should adjust their lives primarily to the truths seen through reason (The World Book Encyclopaedia. T Volume 19, 2001:1852).

According to Darling (2000:4) transcendence means being beyond the range or grasp of human experience, reason and beliefs, and existing apart from, and not subject to the limitations of the material universe. The whole point about transcendence is that it is the experience of reality, pure and simple, without any of the symbolic interpretations normally placed upon it by the rationalizing human mind. It is not something amenable to linguistic or logical analysis. This impossibility of putting the transcendent into language is why the different forms of religious instruction that have sprung up around the world vary so much. It is also why so much superfluous dogma has become attached to what is basically a straight forward message, "Stop thinking and start experiencing". Therefore, if persons reach this level of transcendence, in most cases they reach the point where they are more expressing themselves to help others also to reach self-actualization. Thus, Maslow translated self-

transcendence as a way to connect to something beyond the ego or to help others find self-fulfilment and realization of their potential (Huitt 2004:2).

Again Darling (2000:5) explained that one of the most interesting and consistent times at which a very profound transcendent experience is reported to occur, is when people approach death. Among the most common element of near-death experiences is the sensation of leaving and floating away from the body, travelling down a tunnel towards an intensely bright light, an all–pervasive feeling of rapture and love and seeing one's life recapitulated in vivid detail. In short, one can also say that transcendence is related the spiritual side of human nature.

Therefore, Huitt (2004:2) concluded that individuals at this transcendence level seek information on how to connect to something beyond them or to how others could be edified. Although not each and every person is able to reach this point, those experiencing it transmit their experiences to others in one way or the other. Therefore, transcendence is seen as individual fulfilment and self-improvement. Otherwise orphans and other vulnerable children need to be encouraged by those taking care of them so that they, if possible some of them can also reach the transcendence level.

2.3 Summary

This chapter identifies the conceptual framework of the study, which is Maslow's Hierarchy of Needs. In this chapter an overview of important aspects related to the nature of basic needs in the care and support of orphans and other vulnerable children is given. This explanation, in terms of the theory perspective of basic human needs, reveals that every orphan and every vulnerable child has individual needs that are specific to him/her. If these needs are not met or fulfilled, there will be limited progress in such a person's growth or development.

The conceptual framework of basic human needs is discussed according to the levels of satisfaction as they occur. The importance of looking at the basic human needs of orphans and other vulnerable children is to explore and to describe whether or not they are met or fulfilled.

CHAPTER 3

RESEARCH DESIGN AND METHODS

3.1 Introduction

In this chapter the research design, the study population and the sampling technique will be discussed. The development and the piloting of the instruments, as well as the procedure followed in collection of data and ethical consideration will also be discussed.

3.2 Research design

For this study a descriptive research design was used. The study was also a quantitative study in the sense that the investigation of phenomena did lend itself to precise measurement and quantification of data. The study is a descriptive study because it deals with the accurate portrayal of the needs of vulnerable children (Polit & Hungler 1999:153; Creswell 1998:62).This study involved collecting information and interacting with the participants.

3.3 Method

The method that was used to obtain the information was a survey. The method was appropriate for the study because any information that can reliably be obtained by direct questioning can be gathered in a survey. According to Polit and Beck (2004:243) surveys often focus on what people do or how they feel, what they eat, how they care for their health and how curious they

are. In this study the researcher looked at the fulfilment of basic human needs of orphans and other vulnerable children.

3.4 Study area

The study was conducted in Windhoek at the Catholic AIDS Action Centre. The Catholic AIDS Action institution is a non-governmental organization interacting with more than a thousand children who are vulnerable owing to their orphan status or other social dysfuntioning such as abandonment, poverty and parental illness. This institution was selected because it is the largest day care centre for orphans and vulnerable children in Windhoek since it has the highest number of orphans and other vulnerable children registered with it.

3.5 Study population

The population was the entire group of orphans and other vulnerable children that the researcher was interested in studying (Polit and Hungler 1999:223). Although orphans and other vulnerable children can come from a wide age group, for the purpose of this study, the researcher was focusing on older orphans of age 15-19 years found at Catholic AIDS Action Centre in Windhoek. Usually children in this age group are referred to as young adolescents, but for the purpose of this study this group of participants was referred to as "children" because according to the Children's Act, 1960 (Republic of South Africa 1960: 3) a "child" means any person, whether an infant or not, who is under the age of 18 years, includes a person who is over the age of 18 years but under the age of 21 years, especially when such child is a "child in need of care" and this Act still used or applied in Namibia today. This age group was selected because they could understand, express themselves and communicate clearly. There were 480

orphans and other vulnerable children registered between the ages of 15-19 years at Catholic

AIDS Action Centre (Statistic Catholic AIDS Action 2003).

3.6 Sample and sample size

The sample of this specific group of orphans and other vulnerable children was non exclusive

as regards gender and ethnic group. After statistical computation, the sample size was estimated

at 48 (10%).

3.7 Sampling

Random sampling was used to select the participamts. This method was chosen because each

individual in this study population had then a greater opportunity to be selected for the sample

(Polit & Hungler 1999:224). The population was all the registered vulnerable children between

the age of 15-19 years at the Centre. All the children's names between these ages were written

on pieces of paper. Each name was put into a box which was shaken well. Then forty eight (48)

(10%) names were picked from the box and kept till the inerviews started the same day (see

data collection).

3.8 Development of the research instrument (questionnaire)

The questionnaire (see appendix) was compiled and arranged following a comprehensive

literature study by the researcher. The questionnaire was constructed with closed and open-

ended questions. The reason why closed-ended questions were included is because they offer

participants alternative responses from which they have to choose one. The open-ended

questions were included because they allow participants to respond in their own words to a

situation (Polit & Beck 2004:349). The format was based on self-report, because the participants responded to a series of questions posed by the researcher during the semi-structured interview (Polit & Beck 2004: 234). The questionnaire consisted of six (6) sections relating the human basic needs as follows:

1.   Section A: Demography

2.   Section B: Physiological needs

3.   Section C: Safety and Security needs

4.   Section D: Love and Belonging needs

5.   Section E: Self-esteem needs

6.   Section F: Self-actualization needs

The questionnaire was discussed with the supervisor and co-supervisors for this study. The questionnaire was finally evaluated by the Statistician for face and content validity. Amendments were continuously made to ensure effectiveness and quality. The questionnaire was finalized after adjustments had been made incorporating all recommendations.   The questionnaire consisted of 36 questions.

3.9   Validity of the instrument

The questionnaire was evaluated for face and content validity. Face validity was ensured by determining readability and clarity of the content by the supervisors of the study. Content validity is related to whether the researcher develops an instrument for the construct with adequate items to cover the content (Polit & Hungler 1999:299; Babbie & Mouton 2001:334). Content validity refers to the extent to which the instrument covers all the aspects concerning

the basic human needs of orphans and other vulnerable children. To ascertain the content validity of the questionnaires, the following measures were taken:

- conducting literature studies, gathering information from different sources and making appropriate comparisons as well as correct references.

- questions in the instruments used were compiled and compared against the relevant literature so that the correct information could be collected.

- reviewing of the instrument by the supervisors of the study who know Maslow's hierarchy of human needs model.

- coding and analysis of data were done with the assistance of the statistician.

3.10 Reliability of the instrument

Reliability refers to consistency and accuracy as well as dependability with which the instrument measures the attributes or characteristics (Polit & Hungler 1999: 295). In this study, reliability was ascertained through the use of a pilot study of vulnerable children with similar attributes to the sample subjects on whom the study was to be conducted.

3.11 Pilot study

The pilot study was undertaken to identify any problems with the questionnaire and to give the researcher experience with the subject, setting, methodology and methods of measurement.

The researcher interviewed five (5) orphans and vulnerable children in order to provide herself with information as to whether the instrument was understandable. There were no problems experienced after conducting the pilot study. The outcome of the pilot study was that questions

were understood well and no amendments were necessary. The subjects who were included in the pilot study were not included in the sample size of the study.

3.12 Data Collection

The data were collected by means of a semi-structured interview using a questionnaire. The interview was conducted by the researcher. A quiet environment was provided to the researcher by the Catholic AIDS Action Supervisor, a room away from all disturbances and noises, where only the researcher and one participant at a time interacted. When the interviews were scheduled to start the researcher took eight names from those that had been drawn from the box to interview them. While the participants were waiting for their turn, the supervisor provided them with computers to keep them busy. All these arrangements were made prior to the interview process in order to keep these participants at ease.

The researcher interviewed the participants three times per week and before she went to the Catholic AIDS Action Centre, she made arrangements with the main Supervisor to tell these selected participants to come on the dates arranged. The data were collected on semi-structured interview using a questionnaire to allow elaboration of responses and secure proper understanding of the questions. The interview was started with an introduction, where the purpose of the study was explained. Some risks were also discussed such as remembering painful experiences as well as embarrassment during the interview. Each interview session lasted at least 35 minutes.

3.13 Ethical considerations

The researcher considered the following human rights, namely self-determination, privacy, anonymity and confidentiality. Self-determination was assured by respecting participants' rights to partake voluntarily in the study. The covering letter [Annexure C] explaining what was expected from the participants were attached to each research instrument {Annexure D] and were given to participants. Privacy was ensured by interviewing the participants individually and by keeping the information confidential, because the researcher adhered to this principle and did not reveal the information to anyone. Anonymity was ensured because the researcher could not later link the data (information) to the participants (Polit & Beck 2004:144). This was possible because the participants were not initially known to the researcher at all. The researcher also considered fair treatment and protection from discomfort and harm by asking all the participants the same questions and by not including or asking personal questions. The University Post Graduate Committee granted approval before the study was conducted. The approval was necessary after this committee screened the proposal for scientific merit, protection of human rights, study congruence with the agency research agenda and the impact of the study on the subjects.

First, permission was sought from the Catholic AIDS Action Centre [Annexure A]to allow the researcher to interact with the children who are clients at the centre. Secondly, the main supervisor at the Catholic AIDS Action Centre was requested to obtain permission from the guardians [Annexure B] for the researcher to interact with the participants. This was done

before the interviews started. The purpose of study was explained to all parties involved as carefully as possible.

Whaley & Wong (1998:139-140) emphasize the importance of nurses recognizing their own feelings during gathering of information, especially when interviewing. So as a researcher, who is a Public Health Nurse interviewing orphans and vulnerable children, it was necessary to create an environment that is conducive for communication as well as building trust with these affected children so that they can communicate freely. Therefore, the researcher visited the centre several times, was introduced to children by the Supervisor and participated in their daily activities for three weeks, communicated with the children so they could get used to each other before the participants were selected. Otherwise without a well organized environment and without trust, children might withhold some information important to the study.

3.14   Data analysis

Data were analyzed and organized to give meaning to the findings. Data were organized in a way to facilitate computer entry. The statistical analysis techniques to be implemented were determined by the research objectives, questions, research design and the level of measurement to be achieved by the research instrument. Statistical analysis using SPSS software was used to summarize the data and explore the meaning of deviations in the data. Statistical analysis was also used to infer that the findings from the sample were indicative of the entire population. The data were presented in frequency, percentage, pie and bar charts.

3.15 Summary

This chapter discussed the type of the study and research methods used during this study. The population was identified and the sample was selected from the total population according to the size of the population. The research instrument was explained, as well as cover letter, explaining what was expected from the participants. A pilot study was conducted at the Catholic AIDS Action Centre in Windhoek in order to find out whether the interview questionnaire was understandable. Data collection was conducted at the Catholic AIDS Action Centre. Data coding and presentation were computerized programmes. The analysis of the data was done with the assistance of a statistician.

CHAPTER 4

ANALYSIS AND INTERPRETATION OF DATA

4.1 Introduction

The purpose of this study was to explore and describe the basic human needs of orphans and other vulnerable children and the fulfillment thereof. As mentioned Catholic Aids Action is a Non-Governmental Organization (Faith Based Organization) which runs a day-centre assisting orphans and other vulnerable children with their daily basic human needs.

Throughout the study the researcher wanted to find out from the orphans and other vulnerable children what they really need and how they expect to be cared for and supported in their daily basic human needs as outlined in Maslow's Hierarchy of Needs.

The researcher used a questionnaire with semi-structured interviews with closed and open-ended questions. Open ended questions were included to make provision for participants to express more deeply how they feel and what they need in relation to their basic human needs.

As discussed in the previous chapter, the population included only orphans and other vulnerable children between 15-19 years of age who are registered at the Catholic AIDS Action Centre and who go there on a daily basis. About ±480 children are involved and the sample of the study represents about 10% of this population, that is, 48 children. The purpose

for studying this age group was that these children can express themselves better and are more experienced than those below 14 years.

Each item of the questionnaire was analyzed. The interpretation of the data analysis was undertaken according to the given tables and pie-chart, based on the results from the interviews. The data were presented as descriptive statistics using the percentages to calculate the parameters (Polit & Hungler 1999:321).

The statistical analysis was carried out with the assistance of a statistician using the Statistical Package for Social Scientists (SPSS) Vision 10 software. Throughout the discussion of the data, the heading of tables refers to the specific wording as found in the instrument used with orphans and other vulnerable children as participants during interviews.

4.2   Analysis of Findings

The analyses of all the results were first manually coded by the researcher and computerized into Microsoft Excel Spreadsheet with the assistance of the statistician. To achieve the objectives of the study, the Microsoft Excel Spreadsheet was used for data entry and the Microsoft Excel Statistical Package, that is, the SPSS Version 10 software was employed for data analysis.

For all the data tables and pie–charts which displayed in this document, statistics are rounded-off to the nearest hundred.

4.2.1 Demographical data

The first part of the instrument dealt with demographic information. Demographic information

was gathered to determine the background of each child.

Item 1.1:   Ages of participants in years

Table 4.1: Age of Participants (N=48)

Age	Frequency	Percent
15	26	54
16	9	19
17	8	17
18	3	6
19	2	4
Total	48	100

This item was included in the instrument to make sure that all the participants fall within the

required age population.

All the participants were from 15 years to 19 years of age, with a mean age of 16 years.

Although most of the children were 15 years (N-26=54%) this representation of children of 15

years old was high compared to those of the 19 years old (N-2=4%), who are more

experienced and in most cases they do things on their own without consultation.

This indicates that most participants of 15 years come to the Catholic AIDS Action Centre after school. The reason could be that 15 years is a sensitive age for the child and very crucial in the development of each child. These 15 year old children have a lot of wishes and questions that need to be answered. Hence they are involved in many group activities to explore and hunt for information as well as to meet their basic human needs (See Table 4.1). Clark (1996:466) explains that this age group is in their adolescent stage of development and need to be involved in socialization with other peers in order to develop to their full capacity, because they are consumed by curiosity about their bodies and the changes taking place in them. The author also explains that adolescents are more curious about the opposite sex, reproductive process, adulthood and the world around them. Therefore, these curiosities must be satisfied if these adolescents are to grow up into healthy adults.

Item 1.2:   Gender of the participants

Table 4.2: Gender of Participants (N=48)

Gender	Frequency	Percent
Male	15	31
Female	33	69
Total	48	100

This item indicates that the Centre is used by and benefits both male and female orphans and other vulnerable children. Although the number of females attending the centre exceeds that of the males, it seems that girl children are more than males or females are more eager to look for

assistance. What was important to the researcher was to find out whether both sexes were interested (See Table 4.2).

Item 1.3:   Home language of participants

Table 4.3: Home Language of participants

Language	Frequency	Percent
Afrikaans	9	19
Damara	27	56
Herero	1	2
Nama	5	10
Oshiwambo	4	8
Tswana	2	4
Total	48	100

This item indicates that 27 (56%) of these participants coming to the Centre were Damara speaking compared to other children such as Herero speaking children (2%). The reason can be that this Centre is located in a Damara location, and most of the children used the centre after school (See Table 4.3). Some children attend schools far away from the Centre, which makes it difficult for these orphans and other vulnerable children to come to the Centre. It is known that most of these children walk to and from the schools from their homes. Hence they do not have other ways to come to the Centre. There is a clear indication that some children register with the Catholic AIDS Action Centre but due to their financial constraints and transport, they can not come to the Centre on a daily basis as they are supposed to. This will hamper their psychosocial development owing to the fact that they cannot get support and information needed for their development.

Item 1.4: Number of siblings to the participants

Table 4.4: Number of siblings (N=48)

	Sisters		Brothers	
Numbers of siblings	Numbers of participants	Percentages	Numbers of participants	Percentages
0	8	17	10	21
1	16	33	15	31
2	11	23	10	21
3	5	10	9	19
4	3	6	4	8
5	2	4	-	-
6	3	6	-	-
Total	48	100	48	100

Based on the results on Table 4.4, the average number of siblings per participant is 1.9

This item provides information to the researcher regarding the number of orphans and other vulnerable children who are affected by separation from siblings. It is through this number that the issue of siblings' separation can be examined.

Three participants indicated that they have six siblings in their families (See Table 4.4). By implication it means that if the parents are already dead, it is difficult for the extended families that already have three children of their own to cope with the extra six children. This is confirmed by Proudlock (2004:32) who reported that most children orphaned by AIDS remain within extended families. The report indicated that premature deaths of adults means that the

resources of families already living in poverty are often stretched beyond their limits by taking in the children of relatives. But this report indicated that it was the opinion of children and adults that it is an advantage for the orphaned child to live with relatives instead of living with unrelated adults. The reason given here is that unrelated adult caregivers were more likely to abuse and exploit a child.

At another point, the participants indicated that the number of brothers per participant is less than the number of sisters. This contributed to the confirmation of Item 1.2 where the researcher found more female orphans and other vulnerable children than males at the Centre.

4.2.2 Basic Physiological needs

Maslow identifies one of the fundamental first priorities in human basic needs as physiological needs, which are air, food, shelter, water, temperature, elimination, and rest and pain avoidance. Questionnaires were formulated to gather data on the physiological basic needs of these orphans and other vulnerable children, in order to find out from the participants if such needs are met or not. Therefore, questions such as items 1- 4 were included to find out from children their experiences with regard to physiological needs, while item 5 was included to assess their nutritional status.

Item 2.1:   Do you stay away from school due to illness?

Table 4.5: Absence from school due to illness?

Period of absence	Frequency	Percent
1st month	1	2
2nd month	3	6
3rd month	8	17
4th month	4	8
Never	32	67
Total	48	100

This item dealt with school attendance. It is known that health is one of the fundamental human rights and basic needs for each child like any other individual. Therefore, looking at the findings, thirty two (67%) of the participants indicated that they attend school throughout the year. Only a few children stay away from school for minor illness, for example one child (N-1=2%) who visited the hospital monthly. This participant has a cardiac problem and she goes to the hospital monthly to collect her medication (See Table 4.5). Looking at the findings of the study one may say that these children are not sick; hence they do not stay away from school due to illnesses. According to Williamson (2000: 34) deepening poverty due to HIV/AIDS may put the orphans and other vulnerable children in the situation of reduced access to health services. Therefore, this basic human needs may be partially met or not at all.

Item 2.2:   Are you on any medication now?

Figure 4.1: Currently using medication (N=48)

Yes

2%

No

98%
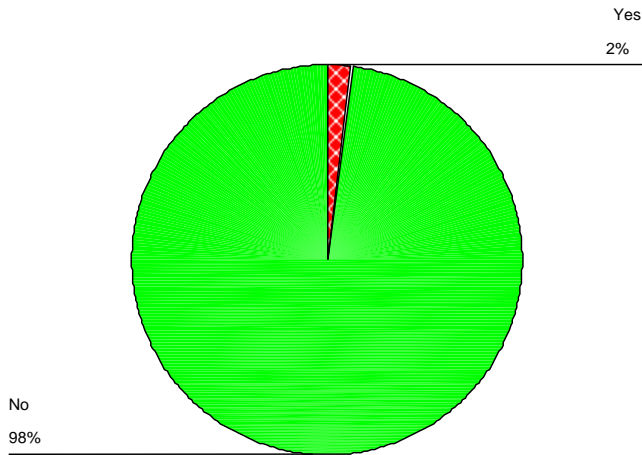
By analyzing this item the researcher gained information on the health status of the children in

confirmation of the previous item. Again here the participants confirmed that they are all

healthy (N-47=98%) except the cardiac patient who is on chronic medication treatment (See Figure 4.1).

As indicated in the graph, 98 % of participants are not on any medication. This can either reflect good health status at the time of interview or a healthy status where no illness has yet been diagnosed or it can indicate poor health, because the children are not cared for with medication. Again here Williamson (2000: 33) explains that the health rights of the orphans and other vulnerable children are compromised by lack of economic resources due to deepening poverty caused by the death of their parents or illnesses.

Item 2.3:   How often do you visit the hospital?

This item was included to clarify the previous item on health status, because of stigmatization children are sometimes shy to reveal their true health status. Therefore, by asking more questions the researcher tried to detect any hidden information with regard to the children's health status (See Table 4.6).

Table 4.6: Visit the hospital (N=48)

Visit to hospital	Frequency	Percent
1st month	3	6
2nd month	1	2
3rd month	22	46
4th month	13	27
Never	9	19

Total	48	100

Table 4.6 indicated that 22 (46%) of the participants went to the hospital every 3 months. On one hand, this could be considered as a normal cycle of hospital attendance for these participants. On the other hand, it could also be that the children did not go to the hospital so often although they were sick due to poor care. Williamson (2000:33; Landgren 1998:39) explain that deepening poverty may lead to the poor care of orphans and other vulnerable children.

Item 2.4: How often do you attend Health Education Sessions (School, Centre, Clinics)

Figure 4.2: Attendance of Health Education Sessions [N=48]

Never
6%

Monthly
2%
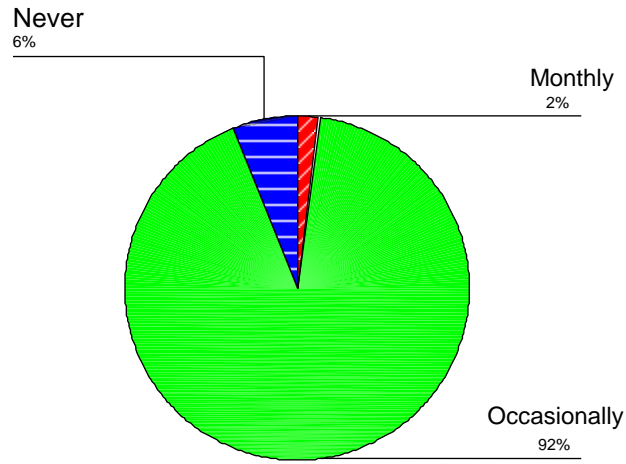
Occasionally
92%

Most children attended health education sessions occasionally (N-44=92%). This is an indication that most of the children are taken care of with regards to their health problems especially psychosocial aspects because as an orphan or a vulnerable child, one faces a lot of adversity. Hence their resilience needs to be built up so that they can cope with facing daily adversities. Most participants receive health education sessions from the Catholic AIDS Centre as well as from school (See Figure 4.2).

Building resilience in orphans and other vulnerable children is very important. According to Denis (2004:27) orphans and other vulnerable children often withdraw and they need someone to listen to their stories so that they can cope better. Children need someone who can encourage their resilience, that is, the ability to personally grow in adverse circumstances.

Denis (2004:28) has explained resilience as applied to children's circumstances as the universal capacity which allows a person, a group or a community to prevent, reduce or surmount the negative effects of adversity. Adversity as referred to in the definition may take different forms such as physical or mental aggression, terminal illness or death of parent, or sudden and unexplained change of residence.

Denis (2004:28) explained that resilience requires the inner resources of the traumatized subjects, which includes orphans and other vulnerable children. Denis feels that the solution resides within the children themselves, because in the final analysis, who has the capacity to overcome adversity? But to do this, children need resilience tutors, who give them emotional support, activities and verbal exchange, which allow the children to minimize the trauma that

has occurred. As indicated in Figure 4.2 the majority of children do attend health education sessions occasionally (92%). This is positive in the sense that it is evident that many orphans, although vulnerable and neglected in some way, are exposed to new or regular health information.

Item 2.5:   What do you eat during the day (breakfast, lunch, dinner)?

The findings revealed that 45 (94%) participants indicated that they go to school without eating anything, and they share food with friends, or they just come to the Centre to eat lunch after school. Almost all these children do not eat supper, unless they get food from neighbours or extended families. Only 3 (6%) participants indicated that they ate three meals per day. But looking at what they mention as their meals, these children do not eat a well-balanced diet. The question that can be raised here is, "How can children perform well and progress at school if they go to school hungry"?   If these children are malnourished with all the vitamin deficiencies their brain development and growth will also be retarded. Therefore, their progress in school will also be affected and that can lead them failure.

Some of the responses by the children clearly reflect their situation:

- "We eat breakfast if any; lunch from the Centre, and dinner is only when there is money to buy."

- "No food at home. I only eat lunch at the Centre."

- "We get help from family at Owambo who send food (mahangu, beans) and money at the end of each month for food and to pay the house we stay."

- "I got all the three meals a day."

- "We eat porridge for breakfast, lunch at the Centre and dinner porridge and meat."

- "No breakfast, lunch at the Centre and dinner we ask from the neighbours."

The list goes towards explaining how these children are suffering with lack of food, and no one helps them out of their problems except Catholic AIDS Action, but the assistance they are getting is not enough to satisfy their physiological needs when it comes to food provision. Staub and Pearlman (2002: 6) stated that if needs are not fulfilled, a person can get frustrated and become desperate to do whatever they can to meet their needs, and they lose their ability to weigh consequences or make good judgments. Therefore, UNICEF Innocenti Research Centre (2000: 11) advises the Ministry of Health And Social Services to request assistance from donors agencies to provide those households with orphans and other vulnerable children with the basic human needs in the form of food supplies or grants.

Children give many moving answers based on their experiences. Some families were able to secure breakfast and dinner for their children, while some families were so destitute that they were not able to have even a slice of bread for the children's supper.

Although the Namibian Government is trying to assist children, these children's needs were not addressed. It was confirmed by Kandenge (2004:4) that the Namibian Government's efforts are to provide financial assistance to those taking care of orphans through the Social Welfare and Social Assistance Divisions, as well as ensuring that policies and legislation related to children are looked at and implemented.

Maslow stated that if the first human basic needs such as food are not satisfied, then the children will never bother themselves to achieve other levels of human basic needs such as self-esteem or self-actualization (Young, Van Niekerk and Mogotlane 2004:100). Moreover, if they are hungry, how can they bother with hygiene? This is why one could find such children looking for the left-overs in the waste bin to satisfy their hunger needs, without bothering about the consequences such as food poisoning.

4.2.3 Sexual Needs

Sexual needs are one of the basic human needs. As mentioned in the literature review, in the physical context, sexual or reproductive needs refer to those actions or processes that are necessary for the reproduction of the species. These sexual needs include copulation, conception, gestation and parturition. Sexual needs are influenced by a variety of factors such as age, socio-cultural background, ethics, self-concept and physical fitness (Tubbs & Moss 1997:10).

Therefore sexuality must be taken into account when one deals with human beings because it is a physical need that involves psychological and cultural dimensions. The population that was selected for the study is that of children who are in their teens, and they naturally want to experiment in their lives. This experimentation is also provoked by their orphaned state and their vulnerability to overcome their adversity.

Item 3.1:   Have you ever heard of HIV/AIDS and Sexual Transmitted Diseases?

Figure 4.3: Knowledge of HIV/AIDS and Sexually Transmitted Diseases (N=48).

Never
6%

Monthly
2%

Occasionally
92%
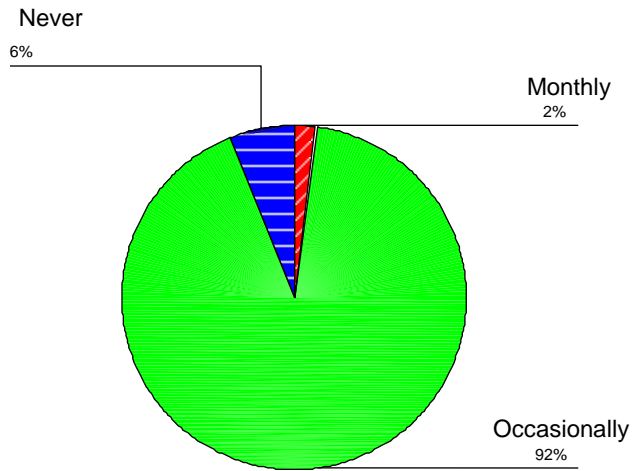
This item was included to find out from the participants whether they have knowledge about these devastating diseases, namely HIV/AIDS and Sexually Transmitted Diseases. The motive behind the question was that these children are vulnerable and at risk owing their adverse circumstances. Nearly 45 (94%) of participants had heard about the diseases in question. Only 3 (6%) had not heard about the diseases (See Figure 4.3). But then, although the number of those who had not heard about the diseases sounds small, one needs to be careful when generalizing this to the population at large. Therefore, the message still needs to reach all these vulnerable children in order to protect and help them cope with adversity. Harber (2000:13; Giese and others 2003:36) state that Sexual Transmitted Diseases and HIV/AIDS must be seen as children's issues because the prevention of diseases in adolescents will contribute to the social, economic and political security of all countries. It is also crucial to the ultimate goal of defeating the virus. The author explains that the first sexual experience for many young people globally occurs between the age 7 – 15 years old and without protection these children will be infected with Sexual Transmitted Diseases or HIV/AIDS as well as unwanted early pregnancies.

Item 3.2:   Do you know the cause of sexual transmitted diseases or HIV/AIDS?

Figure 4.4: Knowing the causes of Sexually Transmitted Diseases and HIV/AIDS (N=48)

No
8%

Yes
92%
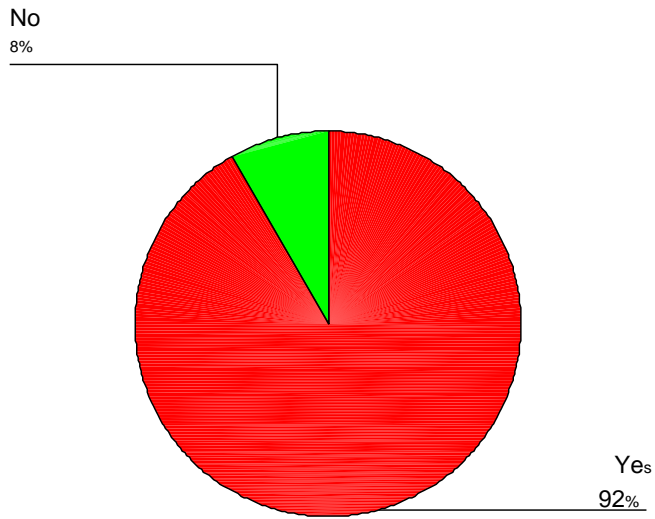
The findings revealed that 44 (92%) were well informed about HIV/AIDS, and that 4 (8%) are

not well informed. The reason could be that these children (8%) are just registered with

Catholic AIDS Action because they are with   new families after their parents' deaths.

Another reason could be that these children due to their circumstances are not exposed to any

sources of information such as radio, television or pamphlets (See Figure 5). Clark (1996: 470)

stated that lack of information and knowledge about sexuality is regarded as a causative factor

of sexual transmitted diseases and unwanted pregnancy in this age group.

Item 3.3: **Where do you get this information about HIV/AIDS and Sexually Transmitted Diseases (School, Clinic, Radio, Television, Community Centre, Church, Parents, Guardian or Others)?**

Table 4.7: Sources of information on HIV (N=48)

Institution	Yes	%	No	%	Total	Percent
School	43	90	5	10	48	100
Clinic	7	15	41	85	48	100
Radio	16	33	32	67	48	100
Television	14	29	34	71	48	100
Community Centre	46	96	2	4	48	100
Church	1	2	47	98	48	100
Parents	14	29	34	71	48	100
Guardian	9	19	39	81	48	100
Others	5	10	43	90	48	100

The common source of information was the Community Centre where these children come every day after school for assistance. At the centre 46 (96%) children had been receiving information with regard to these diseases. This is one of the good examples that the Catholic AIDS Action is doing well in taking care of these vulnerable children in regard to the health hazards faced by them. The information also shows that 43 (90%) of the children gained their information from school, indicating that schools are doing a good job in imparting knowledge to their learners.

Another source of information was the clinic/hospital where these children were supposed to get information. Most of the children, namely 41 (85%), did not receive any information from the clinic/hospital. The reason could be that these children do not go to the hospital/clinic for information unless they are sick (See Table 4.7).

Another institution that is expected to take care of orphans and other vulnerable children when it comes to health hazards facing them is the church. Here only one (2%) mentioned the church, but 47 (98%) children do not receive information from the church. One can say that maybe the church is neglecting these children, but one should also remember that Catholic AIDS Action and the Church Alliance for Orphans (CAFO) are organizations related to the churches.

CAFO is a national interfaith organization dedicated to the development and sustainability of support programmes for orphans and other vulnerable children. It achieves its goals by hosting national and regional training programmes aimed at equipping communities with the

psychosocial and financial skills necessary to run and sustain their own programmes. CAFO's dream is "to see all children in Namibia fulfilling their God given potential".

Therefore, CAFO runs projects such as after-school activities, HIV/AIDS information, soup kitchens, emergency medical assistance and training volunteers in how to offer psychosocial support to orphans. It also provides material and spiritual support to the country's vulnerable children and assists them to develop resilience so that the children can cope with the adversity ahead them (Steinitz 2004: 1). One can see that the churches are doing a lot to assist orphans and other vulnerable children through related faith-based organizations or projects. The researcher concluded that through ignorance these orphans and other vulnerable children could not identify the church as one of their information suppliers.

Another medium imparting information is television, and only14 (29%) said they were able to access information from television. Otherwise 34 (71%) children do not receive any information from this medium. Again here the reason may be that these children do not have access to the television due to their vulnerable state.

Another form of institution, that the researcher expected to find children mentioning as source of their information is the home where these children come from through their parents. Looking at the findings 14 (29%) received information from their parents. Here one can see that most of the parents, a large number of 34 (71%), are still ignorant or uncommunicative regarding these diseases. This was confirmed by the research conducted by Stein (2004:15) on HIV/AIDS and the culture of silence in disclosing HIV/AIDS information to children.

According to Stein's study, positive parents often indefinitely delay disclosure to children on the grounds that their children are too young to understand the nature of HIV/AIDS. Most parents are afraid to talk about HIV/AIDS due to the stigma attached to it and the impacts HIV/AIDS have on their children. Otherwise, those who disclose their status to the children do so in order to prepare them to accept subsequent compromises in their care attachments without causing any trouble. One of the points mentioned by parents in this study is: "It is important for the child to know so that he/she can respect the people that he/she lives with. That will prevent him/her from doing things wrong and expecting to be rescued by me." This quotation raises the fear, that parents by disclosing their HIV/AIDS status they expect their children not to have any assumption by parental love and protection from their surrogate parents (Stein 2004:16).

Another expectation of the researcher was that these children would get information from a guardian. Again one can see that only 9 (19%) of the children said they were receiving information from their guardians.

One other form of information for these children is others, for example, friends were mentioned by 5 (10%). Even if only a few children mentioned that they get information from friends, this is a good example, and the children need to be motivated to talks with others about the diseases (See Table 4.7).

Item 3.4:   Are you involved in any sexual relationship?

Figure 4.5: Involvement in sexual relationship (N=48)
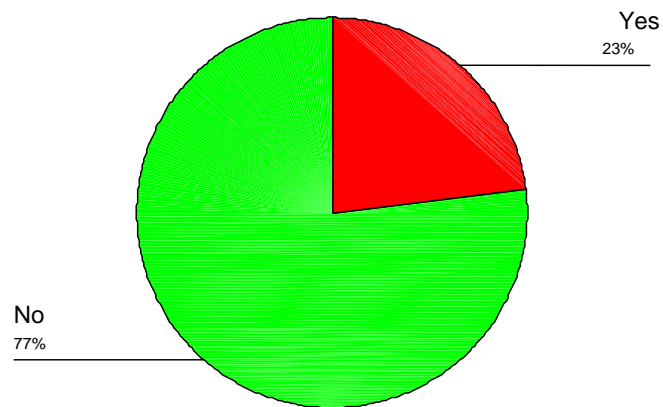
Analyzing this item the researcher wants to find out from these children whether they understand and have knowledge of the danger of involvement in early sexual relationships. . Most of the children did not indicate their involvement in sexual relationships.

Moreover, 11 (23%) of the children mentioned their involvement in sexual relationships. But then they mentioned that they were involved in sexual relationships before they became members of the Catholic AIDS Action and received advice (See Figure 4.5). Clark (1996:466) explains adolescence as a very difficult time for the age group between 15 – 19 years old because of their curiosity to experiment. Sexual activity by teenagers may have a variety of psychological factors, for example, the adolescent may think that if she is still a virgin at age 15, there is something wrong with her. Pregnancies and HIV/AIDS are some of the most prevalent problems mentioned by the author. Therefore, the researcher is of the opinion that well informed adolescents will aid proper development in this age group and will prevent disappointment at very young ages. UNICEF (2000: 45) stated that sexual activity either voluntary, coerced or for money, and drug abuse among the street orphans and other vulnerable children in Namibia is high putting them at risks of HIV/AIDS infection.

Item 3.5: To what extent do you use the following: Condom, Pills, Injection or Device?

Table 4.8: Usage of contraceptives (N=48)

Methods	Never	Percentages	Not Applicable	Percentages	Total	Percentages
Condom	48	100	_	_	48	100
Pills	33	69	15	31	48	100
Injection	33	69	15	31	48	100

Device	33	69	15	31	48	100

All participants indicated that they do not use any method because they are too young. For example, 48 (100%) children do not use condoms.

The other number, 15 (31%) participants, includes those male orphans and other vulnerable children who do not use pills, injection or devices. Although the participants deny using any contraceptives one can conclude that there is negligence by them because according to item 3.4 there are those involved in sexual relationships. Clark (1996: 469) stated that sexual activity in some adolescents may be an attempt to define personal and sexual identity as well as a means of communicating with others, and sometimes as a punishment to their parents if parents fail to provide them with their basic human needs. Therefore, these children still need to be encouraged to build their resilience to face this adversity (See Table 4.8). Again Clark (1996: 470) explains that lack of information about the use of contraception is regarded as a cause of unwanted pregnancies and sexual transmitted diseases including HIV/AIDS in teenagers.

4.2.4 Safety and Security Needs

Maslow and those influenced by Maslow's theory explain that safety and security needs are also other basic human needs. Safety was looked at in the sense of avoidance of physical injuries and damage to the body of orphans and other vulnerable children, while security was looked at as protection, shelter and freedom from physical harm.

Safety and security also means that these children were assured of the way to support themselves in society and their satisfaction with their role and position in society.

Therefore, the researcher used also this level to assess the needs of orphans and other vulnerable children to determine whether they can develop to their full potential. Otherwise, if this level is not satisfied, children will never bother themselves with other higher levels of their basic human needs.

Item 4.1:   How many people are staying in the same house?

Table 4.9: People stay in these houses

Number of people stay in these households	Frequency of participants	Percentages
1 - 5	6	13
6 – 10	28	58
11 – 15	11	23
16 – 20	3	6
Total	48	100

In this item the researcher is interested in the number of people staying in the households where these participants come from. The researcher wanted to look at the safety net into which each child falls. Looking at the number of occupants in the affected households revealed that some children come from households that have between 3-9 occupants. But still these are the households which are on the poverty line and do not have grants to assist them.

Even if only three participants (6%) had between 16-20 occupants in their households, one cannot overlook this. Although this percentage looks very small compared to the other households' occupants, these households are more stretched and cannot cope with the burden of these children from their relatives.

This was confirmed by one incident in "the Namibian" newspaper (Maletsky 2004:7) where a news article showed the touching picture of a bedridden single mother with her six children.

The reporter mentioned that this mother had been admitted to hospital, but no-one from her family came to visit her. This was a clear indication that because of socio-economic circumstances in the extended families, this mother and her vulnerable children were rejected. There was a Good Samaritan who came to help them, but she also was unemployed. This is why the Government of Namibia should give grants to affected families and their caregivers (See Table 4.9).

This was also confirmed by Strategy to Assist (1996: 12) which stated that according to Malawian tradition the uncles and the aunts as well as other members of the extended family take in orphans. However today some of these uncles and aunts have died, and some have departed to find economic opportunities elsewhere or to avoid the responsibility for orphaned children. It concluded that if this is the case, it is clear evidence that protection of orphans and other vulnerable children is very much in danger. Kalemba (2000: 10) also stated that some community members are fearful to the extent that they want to separate day care and homes for AIDS orphans because they fear the transmission of the disease to other children. Therefore this attitude is clear evidence of rejection and discrimination that shows lack of support to the orphans and other vulnerable children

Item 4.2:   Are you staying in the same household as your siblings?

Figure 4.6: Stays in the same household with your siblings (N=48)
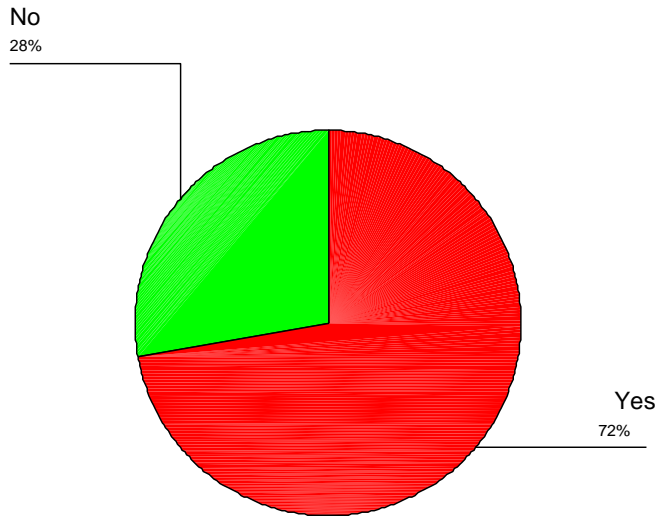
With this item the researcher wanted to look at the issue of sibling separation. The family is a group of individuals related to one another by blood ties, marriage or adoption, which forms an economic unit, the adult members of which are responsible for the upbringing of children (Requadt 1998:14). The children in this study are vulnerable owing to their orphaned status. Hence they are likely to be separated from their environment, parents' home and from siblings as well. Psychologically these children will be affected by having to adjust to the death of their parents as well as to the separation from their siblings. These children sometimes end up withdrawn and lonely, and their performance in school will also be affected. Those who manage to stay together with their siblings will develop and cope better psychologically, because even if they are sad sometimes they know they have a shoulder to cry on. Therefore, Figure 4.6 indicates that 34 (72%), children are still lucky because they stay with their siblings. Only13 (28%) children are separated from their siblings, and 1 (2%) is an only child (See Figure 4.6).

Item 4.3:   To what extent do you have financial support for basic needs?

Table 4.10: Financial support for basic needs

Level of financial support	Frequency to participants	Percent
Not at all	11	23
2	30	63
3	7	15
Total	48	100

In this item the researcher is interested in the number of people staying in the households where these participants come from. The researcher wanted to look at the safety net into which each child falls. Table 4.10 indicates that 11 (23%) children are suffering because of financial constraint. This is one of the reasons why these children come to the Catholic AIDS Action Centre as a refuge from their poverty-stricken situation. At the Catholic AIDS Action Centre, these children receive food, blankets, toiletries and clothes as well as money occasionally. Catholic AIDS Action Centre is also involved in negotiation with different schools for placement of children, as well as for gaining exemption in paying school fees. After these children receive their lunch at the centre, sometimes they also take the left-over food for their supper. The findings also reveal that 30 (63%) children have some finances to buy bread, maize meal, and meat. Only 7 (15%) children are in reasonable financial situation and are able to manage with school fees, uniforms and food.

Item 4.4:   Is there anyone working in your family?

This item was included to identify the income sources in the orphans' and other vulnerable children's households. An analysis of this item reveals that about 39 (81%) children come from households where one or two people are working. But most of the children mentioned that these workers are domestic workers, security guards, cleaners and tea ladies. These workers earn salaries between N$ 200-1000.00 per month and with today's inflation rates all the prices are very high, and these workers cannot cope with these prices.

This is confirmed by the example in "the Namibian" newspaper (Dentlinger 2004:7) that reported that the majority of home owners in the Ha Ida Om/Hao section in Karas are women with salaries that range between N$ 200.00-1000.00 a month. There are sick people in these houses, and they sleep packed like sardines. One can also look at some households with many occupants as indicated in Table 4.10 above. Even if people are working, the salaries are low so these households are suffering since the income is not enough for all occupants. Therefore, this report is one of the indications of suffering in many households around the country (See Figure 4.7).

According to UN (2003: 40) AIDS leaves many families destitute due to illnesses of the bread winners and who could not continue working any more. Therefore the coping mechanism of the families, especially the economic resources is shattered to the extent that orphans and other vulnerable children are affected. Again Helping Age International (2004:15) reported that the increasing number of elderly women and men in AIDS affected families are required to share in caring for these orphans and other vulnerable children without adequate resources; hence these families are facing increasing economic vulnerability.

Figure 4.7: Somebody working in your family (N=48).

No
19%

Yes
81%
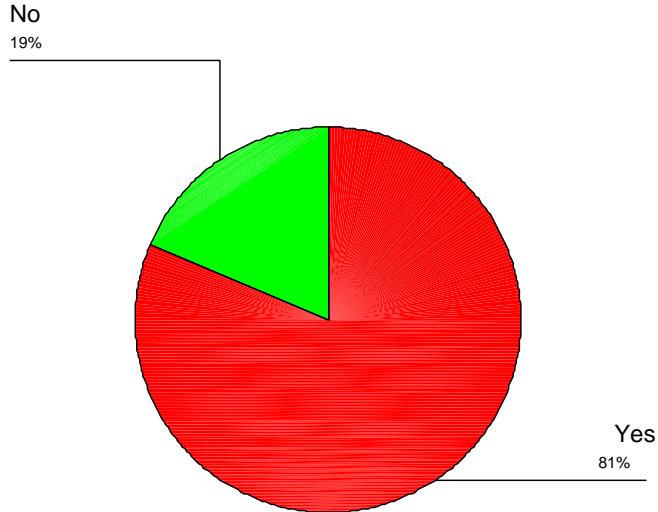
In an extension to the above item, participants where asked to elaborate more, especially those

who come from households where no one was working. Children here mentioned different

support systems that save them from disaster, such as the following:

- "Our money comes from Owambo from our Aunt who is working."

- "We are asking from our neighbours."

- "We are asking from my uncle."

- "We are sleeping with empty stomach"

- "We depend only on the centre"

Giddens (1996: 146) explains that the concept of absolute poverty usually involves a judgement of basic human needs and is measured in terms of resources required to maintain health and physical efficiency such as nutrition, health and shelter. The author explains that shelter is measured by quality of dwelling and degree of overcrowding.

Item 4.5:   Do you go home after 16h00 (from Catholic AIDS Action Centre)?

Figure 4.8: Participants who go home [N=48]

No
6%

Yes
94%
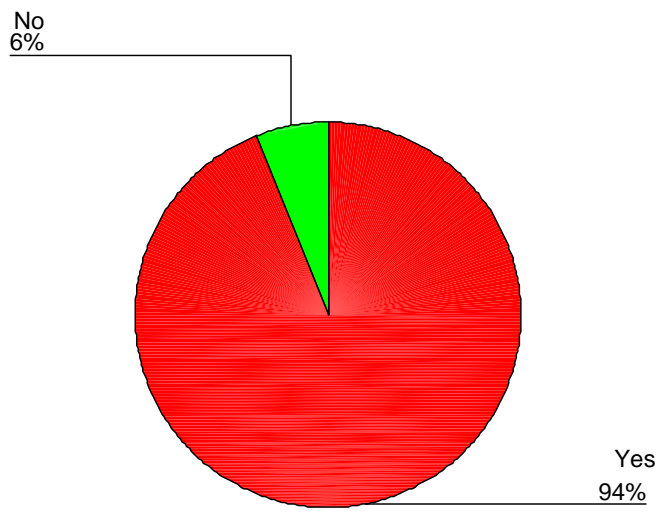
This item was included in order to assess the safety and protection of these orphans and other vulnerable children after they have finished at the Centre at around 16h00. There is a concern that these children end up in the streets, shopping malls, as sex workers or begging, which would make them vulnerable to many health hazards. Stein (2004:44) explained that what drives children to the streets is usually the amount of hunger, love and neglect by their families and communities. The 45 (94%) children mentioned that they go home after their centre sessions. Only 3 (6%) of participants mentioned that they do go and play with their friends. One can say that this was one of their coping mechanisms because sometimes when the children play together, the mother for their friends gives food to all the children (See Figure 4.8).

4.2.5 Need for Love and Belonging

Love is a human desire that encompasses both giving and receiving affection, while a need for belonging includes attaining a place in a group, for example, having a family and the feeling of belonging. This means that human beings have a need to form a close association with other people. This close association can only be attained if an individual is at the fullest expression of the personality within reciprocal human relationships. Therefore, different types of relationships are characterized by different degrees of self-disclosure (Mitchell 2004: 10; Stein 2004:14).

Moreover, the researcher is interested in this concept in order to analyze the need for love and belongingness of orphans and other vulnerable children. The main focus is on whether these

vulnerable children still have hope and feeling that there are still people who love them and care about them.

Item 5.1: Do you have the following support systems (mother, father, grandparents, guardian or caregivers).

Table 4.11: Support systems (N=48)

Support System	Yes	Percent	No	Percent	Total	Percentage
Mother	21	44	27	56	48	100
Father	25	52	23	48	48	100
Grand Parents	23	48	25	52	48	100
Guardian	15	31	33	69	48	100
Caregivers	6	13	42	88	48	100

This item is one of the most important in analyzing the needs of orphans and other vulnerable children. One wants to find out whether these children are maternal orphans or paternal orphans or both, or just vulnerable children because of their household circumstances. Some of the children are not orphans, but due to the fact that their parents are sick or unemployed, they become vulnerable. This is why these children need psychosocial support to build their resilience towards many adversities.

Psychological well-being plays an integral part in each individual and this applies to orphans and other vulnerable children. The trauma these children go through when they attend to their

sick parents and assume parental responsibilities, puts on emotional strain on these young people.

There is a proverb in Oshiwambo that goes "Waa na mhagona kuna iilya" that means "Without young wheat, you do not have the real wheat" or "you will never have a good harvest". This means if you do not have a young generation, you do not have the nation.

Kandenge (2004:4) explained that the scientific principle of co-existence requires that there must be children for human life to exist. This principle illustrates the situation of what would happen to any country if its children's psychosocial needs were not taken care of. Caring for children properly is the best investment any nation can make for national stability and a prosperous future.

Through this question the researcher discovered those children who have parents alive, those children who have only their father or mother, and those children who do not have either of their parents alive. The researcher discovered also those who have grandparents, guardians or caregivers (See Table 4.11). Although these participants have the support system as mentioned, the support received was not enough to meet their basic human needs. Therefore one can conclude that their needs are only partially met.

Item 5.2: Indicates where you stay now (parents' home, mother's home;   father's home, guardian's home; family such as grandparent's home or caregivers home.

This item was included as an elaboration of the previous item. The researcher wanted to look at the safety net of these children with regard to shelter, protection and security. Some children stay with their mother, some with their father, some with both parents, some with grandparents, some with guardians and some with care-givers.

Referring to the previous item some children have both parents alive, but they end up staying with only one parent. This one parent plays the role of mother and father which is problematic. In many cases where both parents are alive, most of the children 9 (18%) stay with their mother. Only 3 (6%) children stay with their fathers, because their mothers are dead and there is no-one else to look after them (See Table 4.12).

Table 4.12: Current accommodation [N=48]

Place of Stay	Yes	Percentage	No	Percentage	Total	Percentage
Parent's home	5	10	43	90	48	100
Mother's home	9	19	39	81	48	100
Father's home	3	6	45	94	48	100
Guardian's home	12	25	36	75	48	100
Family (Grand parent's home)	19	40	29	60	48	100
Caregivers' home	2	4	46	96	48	100

Mkhize (2004:3) argues that fatherhood needs to be further studied because fathers are an essential component of the family. The family has been acknowledged as the most important units of the society for the nurturing and protection of children. Yet there is a dramatic increase in the number of broken families, that is, where the biological fathers absent from the lives of their children.

Again, Richter, Manegold, Pather and Mason (2004:16) state that despite the fact that many men do contribute to the well-being of their children, both socially and materially, it is estimated that more than half of all South African men do not live with their children for any appreciable length of time. These authors also write about desertion by fathers that is prompted by their inability to bear the burden of being primary providers. They further say that the burdens of failure are intolerable for these who lack the capacity to generate enough income as uneducated or unskilled labourers. Desertion is not only physical but can also be emotional. Some parents and husbands die from indulging in alcohol or drugs and become

irresponsible towards their families. Therefore, mothers end up carrying a disproportionate burden of responsibility in the nurturing of young people without the necessary authority.

This not only applies to South Africa, but Namibia is also affected by the large numbers of children who lack a father or even a father figure in their lives. This was again discussed by Richter, Pather, Manegold and Mason (2004:4). These authors indicated that for many young people, the care and protection associated with the presence of a father is an unknown experience. Even when men are present in the lives of children, the prevailing view is that they are the perpetrators of domestic violence, sexual abuse, and emotional and physical neglect of children. These young children will develop with little idea of what a father is supposed to be or the responsibilities and commitments associated with fatherhood.

Another aspect that these authors touched is that research has shown that children who have been exposed to an involved father figure are healthier, tend to fare better in school and are more confident.

Therefore, the researcher was interested in the number of children who were under the care of their parents, mother or father. Regarding those who are taken care of by their grandparents, guardians or caregivers, this is just an indication that even though extended families' economic situation has been difficult, still there are those who care and absorb their relatives' orphans and other vulnerable children.

Kamminga (2000/001: 67) explained that due to the imbalanced environment in which Namibian orphans and other vulnerable children found themselves, most were forced by circumstances to live on the street and then become involved in criminal activities such as stealing and drug abuse. This was also confirmed by UNICEF (2000: 40) which reported that due to harsh environment most Namibian orphans and other vulnerable children forced to end up on the street with the purpose of finding what is missing in their lives and they end up working, begging or stealing in towns.

Item 5:3: Do you get along with the one you are staying with and do they attend to your needs?

In analyzing this item the researcher is concerned with love and the feeling of belongingness among these orphans and other vulnerable children. One can see that 42 (88%) participants answered that they are comfortable with the ones they stay with and only 5 (10%) participants were not satisfied.

Table 4.13: Getting along with the one staying with participants (N=48)

Responses	Frequency	Percent
Yes	42	88
No	5	10
Total	47	98
Missing No answer	1	2
Total	48	100

This was discussed in studies by Ewing (2004:32; Morgan 2004:39) which mention that while adults emphasized the material capacity of the family to care for an orphaned child, children were more concerned about being cared for by adults who love them and respect the honour of their deceased parents. This led to a strong preference for care by grandparents, even if this meant living in extremely poor material and economic circumstances. One of the consequences of the difference between the adults and orphaned children was the opinion of adults that orphaned children were not suffiently grateful for the care they provided, while orphaned children felt that they were unloved and mistreated.

This statement supports what was found by Denis (2004:16) that some parents, disclose their AIDS status, to make their children aware so that they can respect the people they live with, without expecting too much. This means that, caregivers expect orphan children to give up their fundamental rights and cope with any treatment they are facing. This is why many orphans seek refuge into the street. However, people must respect and honour these children as full human individuals with feelings and desires.

One (2%) participant was a double orphaned child who stays with other siblings alone in the household, which means orphans in a child-headed household. Recently in Namibia children who have been orphaned or who are found to be in need of care are protected in terms of the Child Act, 1960 (Republic of South Africa 1960:5) and the Constitution (NID & MRLGH 2001: 28). However, this legislation does not adequately deal with children who are heading households. Financially children have not been provided for and are unable to access any form of social assistance.

This is why these children stay alone in their house in Windhoek and only get assistance from someone staying more than 800 km away. These children can indulge in any anti-social activity because there is no adult supervision and protection (See Table 4.13).

Item 5.4: Is the house you stay in now, the house you stayed in before you parents' death?

Although 20 (42%) participants indicated that they stay at the same place where they used to stay before their parents' death, still 16 (33%) indicated that they had moved afterwards. Therefore, these children (33%) are suffering psychologically and need to adjust to their new environment, in addition to the issue of loss of their parents (See Table 4.14).

Table 4.14: Staying in this house before your parent's death (N=48)

Responses	Frequency	Percent
Yes	20	42
No	16	33
Total	36	75
Missing No answer	12	25
Total	48	100

Germann (2004:4) stated that long before the parent dies, children experience trauma and stress related to caring for terminally ill parents. The impact of HIV/AIDS is linked with fear, economic insecurity and other stress factors frequently resulting in domestic violence. Fear

and worries erupt from observing and caring for their ill parents in pain and stigmatization, and there are hospital visits which shatter their hope. After their parents' death children suffer from the treatment of the family who may separate them and share their parents' possessions take their assets. So children are left in dire need and are destitute.

From this point of view, the researcher wanted to identify the experiences of these orphans and other vulnerable children. Here the researcher can mention one child from a family that was evicted by the municipality of Windhoek after their grandmother passed away. This grandmother was the sole breadwinner in their family and due to their mother's inability to pay the municipality bill, they were evicted and thrown onto the street.

Municipalities and other local authorities should consider those orphans and other vulnerable children's future by assisting the affected families by providing a low income shelter.

Item 5.5: How many sleeping rooms are in your house?

Table 4.15: Number of sleeping rooms in your house

Number of rooms	Frequency	Percent
1	8	13
2	12	25
3	5	10
4	17	35
5	8	17
Total	48	100

In analyzing this item the researcher wanted to compare the number of people in the household and the rooms the people used. Through responses to this item the researcher could also detect the socio-economic condition of the households and the hygienic condition of the households.

These participants come from all kind of economic backgrounds such as shanty towns and locations and some live in the backyard rooms or corrugated iron rooms according to their answers. The results indicated that 8 (13%) children come from households of one dwelling or one sleeping room and which have from 6 to 8 people, referring to item 4.1's table. So for some there are health hazards in the environment, and their safety and security are in danger (See Table 4.15). Giddens (1996: 147) stated that there are many unfavourable factors associated with poor housing such as poverty, lack of education, poor job opportunities, poor nutrition, inadequate medical services, a hostile environment and overcrowding. Giddens explains that communicable diseases such as tuberculosis, non-tuberculosis respiratory infections and meningitis have the highest incidence where there is overcrowding, because of poor ventilation and pollution air.

4.2.6 Self-Esteem

Another level of human development is self-esteem meaning that one regards oneself in a positive way. A positive way means that one has self-confidence and a good self-concept. Hence one knows one's strengths and weakness. These children need to be made aware of their identity, and what they contribute to the country in the future. By doing this they will

discover their full potential. This only happens if the adults around these children build and support their emotional needs.

Self-esteem is the basis of good interpersonal relationships and mental health. Therefore, for these orphans and other vulnerable children to develop this concept of self-esteem, they need to have well grounded, good bonding with the persons bringing them up. Unfortunately orphans and other vulnerable children do not have this support system. This is why the society needs to make special provision for them.

Item 6.1: Have you ever attended school?

Table 4.16: School attendance (N=48)

Responses	Frequency	Percent
Yes	47	98
No	1	2
Total	48	100

This item in the interview indicates that the researcher was worried about the educational background of these orphans and other vulnerable children. She wanted to find out from the participants whether they used to attend school before their parents' death and whether they are still schooling. The worries come from a lot of literature about the drop-out rate of orphans and other vulnerable children from school owing to financial constraints in the families as well as the deaths of the parents (Stein 2004:18). Williamson (2000:30) stated that the HIV/AIDS impact affecting orphans and other vulnerable children includes deepening poverty that leads to the pressure to drop out of school. While the study by Kinghorn and others (2000/007:24) confirmed that Namibian orphans and other vulnerable children are at risk of dropping out of

school, erratic attendance, poor concentration and performance and emotional disturbances at school.

The results revealed that 47 (98%) of the participants were still schooling and progressing. Although some of these children were in the lower grades compare to children of their age, one can understand this given their backgrounds as well as the change in environment (See Table 4.16).

Only 1 (2%) sixteen year old child did not attend school after failing grade 10 in 2002. After finishing upgrading his subject in 2003 with Namibia College of Open Learning (NAMCOL), he could not secure a place in any school this year. Otherwise he was determined to continue his education next year because the Centre managed to find a place for him.

If yes, what is the highest grade you have completed?

Table 4.17: The highest grade of schooling (N=48)

Highest grades of completion	Frequency	Percent
Primary	30	63
Junior Secondary	13	27
Senior Secondary	5	10
Total	48	100

In addition to the previous item, participants were asked to mention the grades they completed at school. The researcher then compared the grades they completed with the normal grades they were supposed to have completed according to the Namibia education standards. Most of the participants (30=63%) were still in primary school and only 13 participants (27%) were at their normal level that is junior secondary level (See Table 4.17).

One needs to appreciate the children's courage to continue their education regardless of circumstances facing them. This is one of the reasons why these children need more mature and willing adults to assist them to build their resilience.

Item 6.2:   In which school activities do you participate?

This item was included to analyze the activities of these participants at school. This item becomes one of most interesting parts of the research, because in the literature a lot is mentioned about the loneliness and withdrawal of orphans and other vulnerable children (Stein 2004:15; Guthrie 2003: 14). Hamacheck (1995: 332) also stated that if orphans and other vulnerable children develop low self-esteem, it may lead to social isolation or withdrawal.

The findings of this item indicate that many participants (N-15) were participating in netball, N-11 in sport, N-7 in soccer, while N-4 school choir, while N-1 apply to those involved in volleyball, cricket, rugby, Scripture Union (SU) basketball, Teenage Against Drug Abuse (TADA), Student Representative Council (SRC) and AIDS Club, and only N-1 was not participating in any activities.

The one child who did not participate in any of the activities gave the reason: "I am not participating because I am too old for the grade I am in and children make fun of me". This was one of the disappointments children face in their daily life because other children do not consider the strength in that child to come to school when she/he is much older then the rest of her/his class.

Children were not the only culprits who laugh at others. Teachers were also culprits because they did not explain the problem to the other children. Adults who were dealing with children of this nature should look at the total environment of individual children. This assertion was made by Mabotja (2003:16) giving one example of a young man who arrived twenty minutes late to school because of family disputes between his parents the previous night. The child and the mother ended up chased away from their home. They had to travel 15 km to their grandparents' home. This young man had to travel back in the morning to come to school. During the break period this young man overslept and the teacher had to call him back into the

class. On arrival in the class the teacher punished him severely without enquiring about why he had slept during the school hours.

The scenario given above indicates that adults often do not think about the background reason for the children's behaviour. Had this teacher known the young man's background, one strongly believes that he would have reacted differently. Luckily, the young man involved had good resilience and was able to cope with the stressful situations facing him. Therefore, Mabotja (2003:16) concluded that one sees resilience at its best in the young man when one takes into consideration his background, because he managed to go to university after staying in the street for three years. If adults recognize the strength in orphans and other vulnerable children, they will give examples to the other young people to tolerate and understand orphans and other vulnerable children. Otherwise, orphans and other vulnerable children will be disappointed and suffer despair that leads them into loneliness and withdrawal.

Item 6.3:   How many friends do you have?

Table 4.18: Friends of the participants (N=48)

Numbers of friends	Frequency	Percent
0	3	6
1	6	13
2	10	21
3	6	13
4	4	8
5	3	6
5+	16	33
Total	48	100

In analyzing this item one needs to look at the issue of withdrawal and loneliness as well as feelings of guilt, because some children after their parents' death feel lonely, withdrawn and do not want to socialize with anybody (See Table 4.18). It was confirmed by Giese (2003: 33) that those orphans and other vulnerable children who suffer from the loss of parents feel lonely and withdrawn, especially when they are separated from their siblings and they feel unsafe. This will be aggravated if the orphans or other vulnerable children are removed from their usual environment and brought into a new one. Sometimes children are shy and fear the stigma involved from death or illnesses related to HIV/ AIDS.

This situation affecting children is confirmed by Mitchell (2004:7) who says that after losing their parents, some children's hope becomes shattered and they lose their vision. Therefore, Mitchell (2004:7) encourages the parents to help their children before they die to see and

appreciate their world. She explains that children are waiting for something special to happen to them during the precious time they have with their parents, so that the parents become someone children will remember for their rest of lives. She went on to explain that children will gain appreciation of beauty and a feeling of wonder by doing things as they are given opportunities and guidance.

This was applicable to the findings of this study as participants do have a grounded, sound background in self-esteem. Most children have friends, ranging from 1 to 6, except three who do not have close friends, with the reasons that sometimes friends ask too much and that can lead them into unwanted behaviour. Therefore, they see that to be without friends is better than having bad friends. One can also conclude that these children may have bad experiences, and because of the help of Catholic AIDS Action they manage to recover from the unwanted behaviour.

Item 6.4:   Have you been selected/nominated for any leadership position?

Although the analysis of this item indicates that not all children have been nominated/ selected for leadership positions, one can see that some have been recognized by others and selected for different categories of leadership.

Table 4.19:   Selected/ nominated for any leadership position (N=48)

Leadership Position	Yes	Percent	No	Percent	Total	Percent
School Prefect	15	31	33	69	48	100
Class Captain	19	40	29	60	48	100
Team Leader	15	31	33	69	48	100
Other	4	8	44	92	48	100

 The results indicated that 15 (31%) participants had been selected as school prefects, while 19 (40%) participants had been selected as class captains. Then 15 (31%) participants had been nominated as team leaders. It is considered normal that not each and everyone will get the chance to be selected or nominated as a group leader (See Table 4.19). Mwamwenda 1998: 87 explains that a healthy self-concept requires acceptance of one's personality traits and this varies from human self-perceptions. This was also confirmed by Wilson and Kneisl (1996:331) that if orphans and other vulnerable children do not have someone who encourage and care about them their depressed self-perceptions reduced to the level that make them powerless and believe that their actions cannot have a positive outcome.

4.2.7 Self-Actualization needs

The last level of human basic needs is self-actualization. Self-Actualization was included in the analyses of the individual participants' needs to discover whether these children had developed to their full potential. What one should remember is that these are orphans and other vulnerable children who have met many adversities in their early young age.

According to Hamacheck (1995:48) self-actualization may be hampered by a poor culture, bad parenting or faulty habits, but it never completely disappears. Therefore, these children are striving, and trying to reach beyond themselves, looking ahead with vision, and transcending the usual, mundane ways of living by coming to Catholic Aids Action Centre for assistance.

At the Centre all aspects of life, physiological, psychological, spiritual, intellectual, and socio-cultural are attended to according to individual needs. This was confirmed by De Laune and Ladner (2002: 268) where they explained that the need for individuals requires a holistic perspective approach, since human needs occur in emotional, socio-cultural, intellectual and spiritual realms. Only through the entire person (body, mind and spirit) are the needs of individuals satisfied.

Furthermore, it is very important to foster and promote the spiritual and religious growth of children through reading, songs, prayers and teaching particularly if they have had bad experiences. This is only achieved when adult support orphans and other vulnerable children while teaching them how to cope in times of difficulty.

So there is a need for resilience counselling approaches so that children can use their inner resources when they are confronted by death or deteriorating family conditions. Resilience counselling will provide emotional support, activities and verbal exchange which allow children to minimize the trauma that has occurred.

If the children's resilience has been built up, they do not need to be "taken care of" by some familiar or social authority that makes decisions about children without consulting them, because the major solution resides within the traumatized children themselves. In the final analysis they have the capacity to overcome adversity.

7.1:   In which extra-mural activities do you perform well (music, sport, art, and choir)?

In analyzing this item the researcher was concern with the activities that these participants were interested in, participated in, their capabilities and potential. Most of the children indicated clearly that they were participating in activities such as Teenagers Against Drug Abuse (TADA), Junior Achievement, art, basketball, netball, soccer, music, choir, sports dancing and National Science.

The largest number of 21 children goes to School Choir; 18 participants go to sport, while 15 participants go to music. Some even participate in more then one extra-mural activity which indicates more dynamism in these children.

The results are as follows: Choir 21, Sport 18, Music15; Art 4, Basket ball 3, Soccer 2, TADA 2, while Dancing, National Science and Junior Achievement: each 1. Only four participants do not participate in any extra-mural activities with the reason they are not able to because they have to come to Catholic Aids Action and walk back to their homes which are far away.

Extra-mural activities are important to give these unfortunate children opportunities for shining in something apart from school work.

7.2:   What do you want to become after completing Grade 12?

This item was included to analyze the vision of these orphans and other vulnerable children. Moreover, the researcher wanted to identify whether these children have goals and aims for being at school.

According to the results nearly all the participants were dreaming about future careers. The careers were envisaged as follows: Medical doctors 13; Teachers 12; Lawyers 5; Pilots and Traffic Officers 4 each; Nurses 3; Engineers, Soccer players and Veterinary Doctors 2 each; and Artist, Accountant, Electrician, Cooker, Model, Scientist, and not yet decided: 1 each.

The results indicate that most children are motivated to achieve. This is a very good sign. Although these children have gone through a lot of difficult circumstances, their potential did not end with these adversities. This is another confirmation that their self-actualization was not completely destroyed by their poor culture or bad experiences.

Item 7.3:   Who do you see as your role model in your daily life? Explain why?

This item was included by the researcher in order to analyze whether the children copy other people's behaviour in their daily life in order to be like them in their future endeavours. According to Clark (1998:62) a role model is someone who consciously or unconsciously demonstrates behaviour learned by others who will perform a similar role.

Nearly all the participants had people in mind they wanted to be associated with. The reasons for selecting these specific individuals as their role models ranged from wealth, popularity, charity and dedication.

Some of the answers were as follows:

- My friend, because she is helping sick people'

- Teacher because she is handling learners in a nice manner

- President in order to be rich

- Jennifer Lopes because she is a good singer and actress

- Pastor and his wife because they are always kind towards me and they make me feel like their own child

- Englind Louis because she is doing much for us orphans and treats us like her own children

- Frank Frederichs because he runs for Namibia and keep the country's name high

- Traffic Officer because he saved the life of one child who was bumped by a taxi by tracing the run-away taxi man

- Nurse because they are helping sick people

- My sister because she gives me love and support in everything I need

- My mother because before she died she used to be take care of me, gave me food to eat, clothes to wear and paid my school fees to be educated

These answers are an indication that children appreciate life and have vision of what they want to be when they grow up. Surprisingly only one took his/her mother as role model but none took the father as a model. This was confirmed by Richter and others (2004: 16) who stated that many fathers are absent from the lives of their children, providing neither material nor social support for their children, and leaving themselves disconnected from the benefits of family life. Therefore, it is not surprising if none of the participants indicate the father as a role model.

Item 7.4:   Who assists you with your home work if you find it difficult?

In analyzing this item, the researcher wanted to hear from the participants if there are people who assist and help them with their school work.

This item is very important because it looks at the way children are encouraged to progress and reach their dreams.

Here many alternative answers were given as follows: 9 the Centre, 8 their mother and sisters, 6 their cousins and brothers, otherwise grandmothers, aunts, uncles, social workers, classmates, grandfathers were also mentioned. Unfortunately again none of these children mentioned the fathers.

There was one who mentioned: "I do not have any problem with my subject. Otherwise I have to go to the subject teacher". This is the indication that some children's IQ's are high and they can perform better if they have the means and the courage to do so.

Another answer that was given by one participant was "No-one. If I find it difficult I would rather go back to the subject teacher, because at home if I ask someone to help, they say they are always busy." This is a pity because some people who stay with the orphans can not help them and assist them. These children feel much loneliness and are withdrawn. They need someone to talk to and give them psychosocial support. Children need to be helped to realize that some adults are caring, concerned and trustworthy and can communicate in a warm manner (Brown 2004:5).

Item 7. 5:   What kind of recognition have you received?

Table 4.20: Kind of recognition received (N=48)

Recognitions	Yes	Percent	No	Percent	Total	Percent
Medals received	5	10	43	90	48	100
Book prize et al	10	21	38	80	48	100
Merit Certificate	21	44	27	56	48	100
Others	4	8	44	92	48	100

This item was included to determine the recognition received by these orphans and other vulnerable children, in terms of medals, book prizes at school, merit certificates or any other items.

Looking at the table above, although not all the children received awards, those who did receive them are an indication that among these children there are those who achieve their potential and have capabilities to perform well (See Table 4.20). This shows that among these children there are those who strive for self-actualization, regardless of adversity.

This is why it is very important for adults to build resilience in children's coping mechanisms. Denis (2004: 28) emphasizes that resilience needs to be enhanced in children in the times of AIDS. The article explains that children kept on remembering their parents and wondered what happened to them. This is why children need to be encouraged to tell their stories so that they can cope better. Only those who reach the point of resilience can cope and do better in their daily performance. This is very difficult to achieve if adults do not stand behind them.

Item 7.6:   Are you sometimes verbally praised for action?

Table 4.21: Verbally praised for action

Responses	Frequency	Percentage
Yes	38	79
No	10	21
Total	48	100

In this item the participants were expected to indicate whether they were verbally praised for any action they performed. The findings if this item indicate that 38 (79%) had been verbally praised for their actions and 10 (21%) had not been praised (See Table 4.21). The purpose of this item is to see whether the person working with them appreciates and recognizes them. Only through others' recognition will a person feel wanted and appreciated by others, so that she/he can develop self-worthiness and self-respect.

Children need to be helped to overcome their unpleasant memories and other negative feelings. Also, children need to be helped to develop better self-worth and dignity, by praising them as well as quietly point out their shortcomings. On the other hand, children are more likely to become self-learners when they experience the joy of discovery (Mitchell 2004: 14; Morgan 2004: 36). Clark (1996: 809) confirmed that some adolescents abuse substance in an attempt to gain acceptance or status within the group especially when they know that they were engaged in unacceptable activities (such as sex workers).

Item 7.7: To what extent do you use the following (alcohol, cigarettes or drugs)?

Table 4.22: Usage of intoxicating substances [N=48].

Substance in Use	Not at all	Percent	Level 2	Percent	Total	Percentage
Alcohol	47	98	1	2	48	100
Cigarettes	48	100	0	0	48	100
Drugs	48	100	0	0	48	100

By including this item the researcher wanted to find out from these orphans and other vulnerable children if they experiment and try to experience toxic substances at a young age. In this study cigarette smoking was also considered as a toxic substance.

Mitchell (2004:7) encourages children to be given opportunities to exercise experience with all their senses, to get in touch with their inner world, a feeling of butterflies in their tummy, a

lump in their throat, the glow of pleasure in achievement and finally to see beyond the obvious with their eyes and their hearts but some children do these in bad ways. Hence by given opportunities to experiment they need also to be encouraged not to end up doing wrong things such as abusing drugs or alcohol (See Table 4.22). This was confirmed by UNAIDS Report (2001:111) which stated that orphans and other vulnerable children can because of circumstances end up recruited into illegal activities, such as alcohol, drug or cigarettes abuse.

Item 7.8:   To what Extent do you have knowledge on the following (Danger of smoking, Danger of alcohol abuse or Danger of drugs abuse)?

By analyzing this item the researcher wanted to find out about knowledge of the danger of smoking, alcohol and drug abuse by the participants. These participants are children who can be tempted to indulge in any of these harmful substances.

The researcher included this item because there are many children in society who are troubled and have been psychologically or physically abandoned throughout their lives. Ewing (2004:6) confirmed that these children need dependable and predictable connections in order to trust and grow again. Therefore, they need caregivers whom they can count on, who are on hand to talk to when they are ready, and who support them when they are motivated to change, and encourage them to try again when they fail. Otherwise decisions about how to treat, educate and care for youth require the insight and consensus of all those who are involved in their lives. Furthermore, these decisions need the mutual support of everyone as they are being implemented. Therefore, it was very important to have knowledge of the dangers involved.

Most of the children had the following knowledge of the danger of these harmful substances although there are those who do not know the harmful effects of the use of these substances (See Table 4.23).

Table 4.23:   Knowledge on the danger of intoxicating substances

Levels to the knowledge of danger	Smoking	Alcohol abuse	Drugs abuse
Not at all	1	1	5
Percentages	2	2	10
Level 2	1	2	3
Percentages	2	4	6
Level 3	2	6	1
Percentages	4	13	2
To a large extend	44	39	39
Percentage	92	81	81
Total	48	48	48
Percentages	100	100	100

There is an indication that although some of the participants have the knowledge of the danger of these substances, there are those who still need to be reached. Otherwise, if the persons dealing with the children ignore them in this matter, the children will end up in such difficult situations that no one will be able to save them. UNAIDS Report (2001:111) explains that bringing up orphans and other vulnerable children in communities and families with increase

political alienation and reduced social networking leads them to social breakdown. The report explains that this crisis requires rapid sustainable intervention that will meet the needs of affected orphans and other vulnerable children.

4.3 Summary

In this chapter the analysis and the interpretation of data were made. The focus was on the care and support of orphans and other vulnerable children and whether or not their basic needs were met or fulfilled. This chapter also analyzed the information collected regarding the application of Maslow's Hierarchy of Needs. The chapter analyzed how the sampled group of orphans and other vulnerable children's needs are handled, solved and fulfilled.

CHAPTER 5

CONCLUSIONS, RECOMMENDATIONS

AND LIMITATIONS

5.1 Introduction

According to Burns and Grove (1999:625) the developing of a research report and disseminating of research findings lead to the advancement of knowledge in a discipline and in policymakers as well as providing an advantage for the researcher. In this study the needs in the care and support of orphans and other vulnerable children were investigated in relation to the basic human needs as identified by Maslow in his Hierarchy of Needs.

The researcher is of the opinion that this study, as well as the resulting recommendations, will guide the policy makers and enable providers and legislators who deal with orphans and other vulnerable children to assist such children with meeting their daily basic human needs**.**

5.2 Conclusion

Conclusions and recommendations were made according to the objectives that had been established. Throughout the study the researcher intended to describe and explore the needs in the care of orphans and other vulnerable children and the fulfillment thereof.

Objective 1 – To identify the basic human needs of orphans and other vulnerable children in Windhoek

5.2.1 Conclusion:

It was concluded that the all the basic human needs outlined in Maslow's Hierarchy of Needs were not properly fulfilled. After analyzing the data, it was concluded that the physiological needs of the participants were not completely met. Many of these orphans and other vulnerable children go to sleep hungry. This is a clear indication that if this first level of the basic human needs is not completely met, the other levels in Maslow's Hierarchy of Needs cannot be achieved.

On items that address sexual needs the researcher came to the conclusion that those orphans and other vulnerable children were taken care of, particularly when it comes to HIV/AIDS and other Sexual Transmitted Diseases that can affect them.   94.0 % of the participants had heard about the disease and 92.0 % of the participants were well informed. The researcher is able to conclude that these children are able to abstain from sexual relationships or use condoms.

Based on the items concerning the safety and security of the orphans and other vulnerable children, the researcher concluded that although there are elements of safety and security in the answers of participants, a lot still needs to be done in order to secure the life and the future of these children. Their future is not secured, and shelter is often taken away from them by their parents/relatives. There is no money or no grants to buy basic human necessities and

other things. Their future is not assured, and they are likely to get involved in juvenile delinquent activities that can lead to health hazards and criminal offences.

Concerning love and belongingness it was concluded that the participants not always experience love and belongingness as they should because of the number of children that the parents should look after or the father that has left them. Mitchell (2004:12) stated clearly that children will be waiting for a special relationship with parents during that precious time up to their parents' death so that the children will remember the parents in a positive way for the rest of their lives. Mitchell also stated that children will grow with you if they feel safe and learn to see the beauty of their world when they are safe from humiliation, put-downs, harsh criticism and being ignored. Furthermore, children will trust adults with their feelings only if they feel that adults value their ideas not betray them and will protect their dignity.

Concerning the educational needs it was concluded that children go to school although they sometime stay away. When children stay away it was because of financial constraints, for example, not able to pay school fees.

The researcher concluded that the basic human needs that were identified as not being adequately fulfilled were:

- physiological needs (food shortage in the homes; shelter where orphans are not always allowed to stay in their parents' home after they died);
- educational needs;
- safety and security (households are headed by orphans); and

- love and belonging needs (siblings were separated; adults looking after orphans and other vulnerable children do not give love to the orphans and other vulnerable children, and orphans and other vulnerable children are also stigmatized and discriminated against).

Objective 2 – To determine the specific social support that is needed in the care of orphans and other vulnerable children.

5.2.2 Conclusion

One of the study's findings was that some orphans are heading households after their parents' death. This is a very dangerous situation that makes them vulnerable to several social hazards such as rape, sex prostitution and murder. Generally, children living on their own in their family homes are bad options, because they are vulnerable to abuse owing to their isolation and financial situation. The literature points out that the decision of the group of orphaned siblings to remain in their parents' home may be motivated by the need to protect their rights to their house and land.

It was concluded however, that the specific social support that is needed in the care of orphans and other vulnerable children is to a certain extent met, because extended families are the traditional social support for orphans and other vulnerable children after the parents for these children have either seriously ill or have died. The extended family accommodates them regardless of their own socio–economic situation. Caregivers and guardians are also part of the social support network for orphans and other vulnerable children because they take on the

responsibility for parenting those children when there is no one else in the family willing to do so.

The researcher came to the conclusion that another traditional social support sector is the church, providing support and socialization to orphans and other vulnerable children in welcoming them and lobbying for financial support for orphans and other vulnerable children, as is happening with Churches Alliance for Orphans (CAFO) and Catholic AIDS Action.

Friends are also part of the social support for orphans and other vulnerable children, because they socialize with these vulnerable children and give them moral support and encouragement when the children need someone to comfort them.

In most cases grandparents are also there for their orphaned grandchildren and other vulnerable children even when their parents are there to give social support. When the parents of orphans die, then the grandparents' responsibility increases and they play a double role as parents as well as grandparents.

The surviving mother or father plays a double parenting role and gives social support to their children and other vulnerable children as much as possible and tries to make them grow up like any other child with both parents.

On the one hand, the researcher concluded that these children receive partial social support, particularly when it comes to the aspects of attention, loneliness, love, belongingness and buffers against danger.

Therefore, the researcher agrees strongly with Stanhope and Lancaster (1996:467) who state that it is very important for the family to generate affection within it in order to provide acceptance and security to the children, and give satisfaction and a sense of purpose of being a member of that family as well as ensuring continuity and companionship by providing socialization. In addition, Stanhope and Lancaster (1996:461) argue that siblings are both instigators of socialization in the family and recipients of the socialization process. Therefore, they contribute to one another's identity formation by serving as defenders and protectors of each other, interpreting the outside world, building coalitions, bargaining, negotiating and mutually regulating each other's behaviour.

Objective 3 - To make recommendations regarding the needs in the care and support of orphans and other vulnerable children.

5.3   Recommendations:

The researcher concluded that some recommendations are necessary regarding the basic human needs of orphans and other vulnerable children in Windhoek and their fulfillment.

5.3.1 Physiological needs

The following recommendations were made to fulfill basic human needs of orphan and other vulnerable children:

The Ministry of Health and Social Services as well as the Ministry of Gender Equality and Child Welfare should request assistance from donors to develop a system to provide basic needs as far as possible to households with orphans. This could be in the form of food supplies and or grants (UNICEF Innocenti Research Centre 2000:10; Dentlinger 2004:6). Guthrie (2003:13) stated that within the general socio-economic situation in South Africa, children are a particularly vulnerable group requiring special protection according to that country's constitution, and they have the right to a minimal standard of living to ensure their survival and development. This is also applicable to Namibian children. They are not supposed to go to sleep hungry or eat an unbalanced diet and become malnourished.

The study found that Catholic AIDS Action Centre that caters for orphans and other vulnerable children was not well equipped to fulfill their basic human needs for the whole day (24 hours) since the children have to return to their home without provision for the rest of the day. It is recommended that international organizations like UNESCO recommend support for integrated early childhood development to link education with nutrition, health care, and community support. They further state that UNESCO's technical support should be made available for initiatives for young orphans and other vulnerable children, in particular in the areas of advocacy

workshops, training and capacity building, materials development, information, education and communication (UNESCO, 2002:43; Foster and Williamson 2000:11).

5.3.2 Education needs (Knowledge, exploration and understanding)

Concerning formal education Article 20 of the Constitution of the Republic of Namibia (Namibia Institute for Democracy [NID] & Ministry of Regional and Local Government and Housing 1998: 12; UNDP, UNESCO UNICEF & World Bank 1990:46;), combined with the Education Act (16 of 2001) (GRN 2001:8; Ministry of Basic Education and Culture 2000:148) and the "Towards Education For All" policy, guarantee that all children have a right to education. It is recommended that the government adhere to this undertaking by providing free schooling for orphans and vulnerable children. It is further recommended that orphans and other vulnerable children as well as their guardians to be informed of the provision of free education and start using it. Therefore, schools which enrol orphans and other vulnerable children can use all the necessary measures put together by the Ministry of Education to accommodate them.

5.3.3 Safety and Security needs

Orphans and other vulnerable children are extremely vulnerable and should therefore experience a feeling of safety and security. They should not in the position where they are the head of the household. If any child-headed household is identified, it should be the primarily focus of the community based monitoring agency (UNAIDS 2000:17; Brey 2004:4). It is recommended that the orphaned children should be kept in the

family, and siblings should not be separated. According to UNICEF (2002:25; Halkett 1999:21; Smith 1998:44), literature on orphan care supports the beliefs that it is best when orphans are placed in a family-like structure, in families headed by responsible adults within a cohesive community.

5.3.4 Love and Belongingness needs

One of the research findings is that fathers sometimes are rejecting their children to the extent that such children suffer so much with only their mothers. Another aspect that could influence the needs of love and belongingness is the situation of parents that must care for too many children. Therefore it is recommended that fathers should be supported to look after their children while they are still alive, so that their children will feel proud of their presence. This can be done by the Ministry of Gender Equality and Child Welfare in organizing projects on fatherhood that encourage the fathers to take their responsibilities, promote men's caring and protection of their children (Richter 2004:4; Pisani 2003:45; Morgan 2004:38). Otherwise those fathers who experience problems in caring for and supporting their offspring, need to be counselled by those who have the technical know-how to counsel them. The law enforcement agencies need to enforce the maintenance law seriously in order for the fathers to look after their children well especially the orphans and other vulnerable children.

A well documented fact is that in Africa, extended family structures have managed so far to absorb the orphaned children. However, the increasing number of orphans is becoming overwhelming, and the extended family is not able to cope due to the

HIV/AIDS epidemic (Landgren 1998:39; Stein, 2004: 44). Therefore, it is recommended that families should be strengthened in this regard, first of all to address the outset stigma and discrimination of HIV/AIDS while recognizing the crucial role the families play in taking care of the affected children (Kalemba 2000:9; Warmblackets 2002:23). This can be done by religious and welfare organizations.

It is also recommended that families be guided on coping strategies. Foster and Williamson (2000:11; UNAIDS 2000:17; Brey 2004:4) suggested that emphasis should be focused on strengthening coping mechanisms where people already have experience, and "safety net" support provided where caregivers cannot cope. The authors suggest more emphasis on community-based support for infected or affected households, taking into account the historical coping of households and communities to deal with the AIDS pandemic. The community-based orphans support initiatives have demonstrated the ability to target a small amount of material support to large numbers of orphaned households in the greatest need. Coping mechanisms can be offered by government psychologists and social workers in or from the private sectors.

5.4   Limitations of the study

Limitations applicable to this study were participant effect and the sample size.

Participant effect:

Although the assumption was accepted that participants would answer the questions posed during the interviews honestly, participants may have answered questions in a manner which they perceived as correct and not as they really felt. This participant effect, where the participants may have given the answers they thought the researcher wanted, is commonly referred to as the Hawthorne Effect (Polit & Beck 2004:180). Some participants were orphans owing to HIV/ AIDS and this is a very sensitive situation in which to ask questions directly to orphans and other vulnerable children.

Sample size:

Although a confidence interval of 5% would have been preferable in order to submit valid generalizations this could not be obtained due to the small sample size. However, in this study the aim and focus was not to generalize but to gain an overview of trends in a specific contextual situation. Descriptive statistics were used and no generalization was intended.

5.5   Summary

In this chapter, the researcher submits conclusions and also made recommendations based on the objectives of the study. Limitations to the study were also included and constrains.

The results of this study reflect the shortcomings in fulfilling basic needs with regard the care and support of orphans and other vulnerable children. Therefore, it is the view of the researcher that the findings of this study must not be seen as criticism but as an indication of areas where all stakeholders involved in care and support of orphans and other vulnerable children have to put more effort to improve and fulfill the needs of such children.

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