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ORPHANED ADOLESCENTS' AND CAREGIVERS' PERCEPTIONS OF THEIR RELATIONSHIP AND COPING STRATEGIES: A CASE STUDY OF METSIMOTLHABE

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ORPHANED ADOLESCENTS' AND CAREGIVERS' PERCEPTIONS OF THEIR ATTACHMENT RELATIONSHIP AND COPING STRATEGIES EMPLOYED BY THE YOUNG: A CASE STUDY OF METSIMOTLHABE

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APROVAL

This dissertation has been appraised and approved in accordance with the standards required for the partial fulfilment of the requirements for award of the degree of Masters of Social Work (Policy and Administration).

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DECLARATION

I Keoneetse Ellen Munyua declare that this dissertation is my own original work. It is submitted in partial fulfilment of the requirements for the degree of Masters of Social Work. It has not been submitted before wholly or in part for any degree in the University of Botswana.

……………………………… Date: ………………………………..

Keoneetse Ellen Munyua

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ACRONYMS

AIDS- Acquired Immune Deficiency Syndrome

ART-anti-retroviral therapy

BAIS-Botswana AIDS Impact Survey

HIV-Human Immunodeficiency Virus

IRB-Institutional Review Board

MOLG-Ministry of Local Government and Rural Development

OVC-Orphans and Vulnerable Children

PPCT-process-person-context-time

SADC-Southern African Development Community

STPA-Short Term Plan of Action on Care of Orphans

UB-University of Botswana

UNHCR-United Nations High Commission on Refugees

UNICEF-United Nations Children's Fund

UNPF- United Nations Population Fund

WHO-World Health Organisation

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ABSTRACT

An exploratory qualitative study was conducted among 10 orphaned adolescents, 10 caregivers and 5 key informants from Metsimotlhabe. The aim of the study was to explore perceptions of orphaned adolescents and caregivers regarding their attachment relationships and their coping strategies. More specifically, the study investigated the meanings that caregivers attributed to behaviours exhibited by adolescents that may be suggestive of attachment difficulties. It identified challenges faced by orphaned adolescents and their caregivers and strategies to overcome them. It also examined related coping strategies of the adolescents. Finally, it suggested interventions to enhance these relationships as well as adolescents' coping skills. The integration of Attachment theory and the Ecological model of development was adopted as theoretical framework for the study. Participants were interviewed and the resultant data was analysed through the use of thematic content analysis.

The findings of this study showed that attachment is reciprocal depending on attachment behaviour of caregiver and adolescent i.e. seeking proximity and responding to proximity seeking. Despite the fact that the caregivers had provided adolescents with basic needs, accepted them as part of the families, loved and not discriminated against them, some adolescents' social and emotional needs appeared to be unfulfilled as evidenced by reported behaviour problems in adolescents. Findings further, indicated that some of the indisciplined adolescents were caused by the caregivers' excessive anger and peer pressure. The findings also revealed that most of the orphaned adolescents accepted or gave in to challenges when they encountered them. These findings seem to agree with Bowlby's attachment theory in that lack of close attachment relationships within the crucial, early years of development, hinders positive developmental outcomes and renders the child's coping skills vulnerable to fear responses and to self-perceptions of weakness and helplessness. This review suggests the introduction of family-based intervention programmes for caregivers, orphaned adolescents and extended family members. These programmes should be designed to inform caregivers, adolescents and extended family members how to develop skills that strengthen family relationships.

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Introduction

The death of a parent is a crisis for a child. It means losing the love, support, guidance, stability, and security that parents provide as well as a link with the past and the possibility of a shared future (Ministry of Local Government, 2008). Therefore, social service providers all over the world are concerned with the challenges faced by orphans. According to Bowlby (1982), loss of a caregiver through divorce, death or separation can cause intense distress to a child in the short term which may continue over time if the loss is not resolved. Placement of orphaned adolescents with caregivers who are not their biological parents may lead to the loss of the family culture to which they are accustomed and this way prevent them from enjoying nurturing emotional support in the form of love, a sense of belonging, and a lifelong connection to a community of people (Giele, 1979). Furthermore, the loss of parents and loved ones is associated with internalising psychological conditions including anxiety, rumination, depression, social isolation, survivor's guilt, and low self-esteem (Richter, 1998). Therefore, these adolescents require as much stability as possible (Oosterman & Schuengel, 2007 cited in The National Collaborating Centre of Aboriginal Health (2013).

To this end, it is important to explore the possible attachment and family interaction difficulties experienced by adolescents in Metsimotlhabe**.** The orphaned adolescents in this village and many others elsewhere are anticipated to have had experiences and interpersonal relationships which have been characterised by a lack of attachment, poverty, loss, abuse, trauma, neglect, violence, and other factors predisposing them to social and psychological difficulties (Richter, 1998).

Existing literature shows that the presence of a specific protective factor (adult caregiver), a high level of maternal control, being related to the closest adult and receiving meaningful support from this adult, and remaining in households with close relatives and siblings, could buffer the effects of insecure attachment and also reduce psychosocial distress (Greenberg, Speltz, and DeKlyen; 1993; Allen, Moore, Kuperminc and Bell, 1998; Greenberg, 1999; Nyamukapa, Nyamukapa, Gregson, Lopman, Saito, Watts and Monasch, 2008; and Ministry of Local Government and Rural Development, 2010).

UNHCR (2009) stated that the term psychosocial was used to emphasise the close connection between psychological aspects of the human, and the wider social experience. Further, the UNHCR module stated that *psychological effects* were those that affect different levels of functioning including cognitive (perception and memory as a basis for thoughts and learning), affective (emotions), and behavioural; *social effects* concern relationships, family and community networks, cultural traditions, and economic status, including tasks such as those related to school or work.

The present study investigated *psychosocial aspects* (concerning emotions, *behavioural* and *social aspects)* affecting caregiver-adolescent's relationships, family, and to, a lesser extent, community networks in Metsimotlhabe village. Richter (1998), Youth Net (2005), and the Ministry of Local Government and Rural Development (2010) indicated that the psychological effects of emotions that orphaned adolescents experienced after their parents' death included loss of home, love, support, guidance, stability, and security. In addition, orphaned adolescents also suffer isolation, separation from siblings and friends, neglect, abandonment, and abuse. Furthermore, Richter (1998) and Nyamukapa (2008) contend that psychological aspects of behaviour displayed by orphaned adolescents due to inadequate

emotional care, include anger, resentment, hopelessness, depression, trauma, stigma, lack of empathy for others, and development of antisocial behaviour.

The social effects of relationships that adolescents experienced include lack of parental protection against sexual abuse by relatives and others and lack of parental guidance and care (MOLG, 2008). In this regard, Axe, Belsky, & Fearon, 2002 cited in McKenna, (2009) and Belsky (2005) identified the internal and environmental difficulties or vulnerabilities that orphaned adolescents suffer such as the innate factors of adolescence (difficult temperament), environmental risk factors (family dysfunction, poverty, caregiver attitudes), and care-giving factors (maternal depression, poor maternal health, inconsistency of parenting, and inadequate social support). On the other hand, Lyons-Ruth, Bronfman, & Parsons (1999), Sengendo & Nambi, (1997), and Alpaslan and Mabutho (2005) cited in Mudavanhu, Segalo, and Fourie, (2008), identified the social effects of family that adolescents experience. These include physical violence, sexual behaviour, excessive anger or hostility, and other unpredictable caregiver behaviour directed towards adolescents. Such adolescents had experienced lack of discipline and socialisation by grandparent caregivers; caregivers' health problems; and lack of culturally connected family carers. For instance, the role of a caregiver had traditionally been allocated to women due to deeply entrenched gender and socio-cultural practices (Winston, 2006).

The present study investigated orphaned adolescents' and caregivers' perceptions of their attachment relationships and their coping strategies in the context of Botswana. The specific areas relating to attachment that were addressed include: adolescent development and attachment, caregiver-adolescent attachment relationships, challenges of such relationships,

how caregivers improved attachment relationships, coping strategies of adolescents, and interventions to improve caregiver-adolescent interactions.

1.2. Background to the study

The number of orphaned children around the world is alarming. The Stephen Lewis Foundation (2012) reported that, of the 16.6 million children (aged 0–17) who had lost one or both parents, 14.8 million were in sub-Saharan Africa. As of 2014, an estimated 13.3 million children under the age of 17 years worldwide had lost one or both parents. More than 80 per cent of these children (11.0 million) live in sub-Saharan Africa (UNICEF, 2014). The vast majority of orphans and vulnerable children are cared for by extended family members especially grandmothers. In some countries in sub-Saharan Africa, 40–60% of orphans lived in grandmother-headed households (Stephen Lewis Foundation, 2012).

Further, in Lesotho and Malawi, Young and Ansell (2003) found that many orphaned adolescents lack willing and culturally connected carers. Foster (2000) stated that it is often grandparents, as a last resort, who took care of orphans when other relatives had refused, died or were unavailable. Greenberg, Speltz, and DeKlyen (1993) assert that in the United States of America both local and external agencies found it easier to meet socio-economic needs than more demanding, culturally based psychosocial interventions regarding behaviour and emotional support. Hence there was a need to examine the connection between psychological and social aspects of orphaned adolescents and their caregivers.

Several researchers have associated the high numbers of orphans in sub-sahara Africa with the loss of parents due to HIV and AIDS. Nyamukapa, Nyamukapa, Gregson, Lopman, Saito, Watts, and Monasch (2008: 133) state that "the HIV epidemic in sub-Saharan Africa is giving

rise to ever larger numbers of orphaned children with unmet needs. More than half of all orphans were adolescents aged 12 to 17". It was estimated that, in 2012, 890,000 (74%) of all children in Zimbabwe were orphans, followed by Malawi with 770,000 (59%), and Zambia with 670,000 (48%). In Botswana, it was estimated that 120,000 children had lost one or both parents by the end of 2012 (UNICEF, 2013). The Botswana AIDS Impact Survey IV (BAIS IV) of 2013 sh*ow*s that 14.4% of children below the age of 18 years were double orphans (those who had lost both parents) compared to 16% recorded by the 2008 Botswana AIDS Impact Survey III (BAIS III). According to the Ministry of Local Government's Monitoring and Evaluation Report of 2011, the estimated number of double orphans showed a declining trend in the estimated number of annual AIDS deaths since 2004 due to the success of the anti-retroviral therapy (ART) programme.

Consequently, the Government of Botswana through the Ministry of Local Government has been making an effort to address the psychosocial needs of orphans after realising that their human rights were being violated by the society and caregivers (Short Term Plan of Action on Care of Orphans in Botswana (STPA), (1999). They were impoverished, stigmatised, isolated and sometimes rejected (p5)". Furthermore, it was stated that many of the caregivers were aged grandparents who depend on social welfare food rations.

In 2008 the Ministry of Local Government published a National Situational Analysis Report on Orphans and Vulnerable Children with the purpose of quantifying and qualifying the nature of the OVC situation to inform policy formulation. According to the analysis, there was still a gap in psychosocial support since one quarter of the OVC said they were not emotionally supported after their parents' death and that they lacked parental guidance and care. In the same year, the Ministry of Local Government adopted National Guidelines on the

Care of Orphans and Vulnerable Children as a guide to all organisations and individuals who work with OVC to promote an effective response and discourage harmful practices such as abuse, neglect, and exploitation (Ministry of Local Government, 2010). In 2009, the Children's Act was adopted, which clearly outlines the rights and responsibilities of orphans and their caregivers under the law. "The Act also increased legal protection for children and defined offences and penalties for abuse, neglect and exploitation" (Ministry of Local Government and Rural Development, 2010:2). In the process of developing tools to enhance psychosocial support there was still a need to engage community support networks including the family of orphans. This is clearly indicated in the Ministry of Local Government situational analysis of orphans (2008), which stated that one of the avenues to enhance psychosocial support was to improve childcare skills of caregivers. Zhao, Li, Fang, Zhao, Yang, and Stanton (2011) stated that prevention intervention efforts to improve the psychosocial well-being of orphaned children needed to take into consideration the quality of the child's attachment relationships with current caregivers and to help their current caregivers to improve the quality of care for these children.

1.3 Statement of the problem

Existing research on the 'Psychosocial Impact of Orphanhood' in Botswana tends to focus on the domains of economic and food security, education, health, and family composition (Ministry of Local Government, 2008). It does not address in detail the nature of relationships and coping strategies of the adolescents. Further, the study showed that orphaned children lacked the protection of their parents from sexual abuse by relatives and others which could result in the development of suicidal tendencies or negative coping mechanisms. However, the study identified the fact that caregivers generally lack counselling and parenting skills.

The current study aimed to explore adolescents' and caregivers' attachment relationships in the young person's psychosocial development. Engle and Ricciuti (1995) stated that the quality of psychosocial care provided to the young child and adolescent was reflected in the caregiver's responsiveness, warmth and affection, involvement with the child, and encouragement of autonomy and exploration. The present study adopted the belief that the caregiver-adolescent attachment relationship was a concern and was linked to lack of psychosocial support. Richter (1998) indicated that children who grew up without the love and care of adults who were devoted to their wellbeing were at higher risk of developing psychological problems. As a result, lack of positive emotional care was associated with a subsequent lack of empathy for others and such children might display antisocial behaviours. Although existing research shows the importance of orphaned adolescents' exposure to caregivers who provide emotional support, love, empathy, these issues have not been adequately explored in the context of Botswana. Therefore, this study and others attempted to fill a gap in the existing literature. It focuses on adolescents' and caregivers' perceptions of their relationship as well as the coping strategies of the former.

1. 4. Aim and objectives of the study

The main aim of this study was to explore orphaned adolescents' and caregivers' perceptions regarding their relationship. The specific objectives were to:

- Explore attachment relationships between orphaned adolescents and their caregivers.
- Interrogate perceptions of normality regarding adolescent behaviour by both adolescents and their caregivers.
- Identify challenges faced by orphaned adolescents and their caregivers in this regard.
- Examine related coping strategies of the adolescents.

- Suggest interventions to enhance these relationships as well as adolescents' coping skills.

1.5 .Research questions

- What are the orphaned adolescents' and caregivers' perceptions of their attachment relationships?
- What do orphaned adolescents and caregivers consider as 'normal' emotional behaviour of adolescents, aged twelve to seventeen years?
- What challenges do orphaned adolescents and caregivers face in their relationship?
- What are the related coping strategies of orphaned adolescents?
- What interventions could be put in place to enhance relationships as well as adolescents' coping skills?

1.6. Significance of the study

1.6.1 Policy implications

The study would provide valuable information to policy makers about the challenges faced by orphaned adolescents and their caregivers in Botswana. Such information may go a long way in assisting policy makers to formulate policies that are sensitive to the unique challenges of adolescents and their caregivers. There is a need for policies that promote collaboration of people with different expertise to address family needs. In addition, policy makers have to emphasise the promotion of community participation which would lead to better or more sustainable programmes, access to decision making, and the empowerment of orphaned adolescents and their caregivers. Moreover, formulation of policies should also promotion the spirit of self-reliance to reduce dependency on government programmes.

1.6.2 Practice implications

The findings of this study would be of assistance to practitioners who work with orphans. The findings will also enhance social work practitioners' capacity to act as facilitators and partners in helping communities to release their collective potential in providing for the psychological needs of orphaned adolescents. On the other hand, this study will sensitise families, caregivers, and adolescents on methods of improving their relationships.

1.6.3 Research implications

The study will be of considerable significance to research because it fills a gap in the existing literature concerning relationships between orphaned adolescents and their caregivers. This study relied on a small size so it is hoped that future research will use some of the findings of this study to design bigger samples so that their findings could be generalised to broader populations of orphaned adolescents.

The findings extended the knowledge base that currently exists in this area of concern. It was of particular significance in an African context where relationship issues regarding the young and the old were experiencing a process of significant change. Muia, Maina, and Mwangi (2013) stated that inter-generational relationships had been changing the world over, with greater implications for the family structure. The changes included the care and support of younger persons within the family. It was interesting to establish the patterns of change warranting intervention beyond the capacity of the family. It also encouraged further research which might add to the knowledge base in this regard.

1.7 Definition of key concepts

Adolescents: Young people experiencing a time of transition, filled with physical, psychological, emotional, and economic changes as they leave childhood and enter adulthood (United Nations Population Fund (UNPF), 2012).

Caregiver: A caregiver is generally defined as the person who plays the key caring role for a child or vulnerable child (Skinner et al, 2006).

Development usually refers to changes in the physical structure, and cognitive, social, and psychological processes that take place within an individual and which lead the individual from one stage to another (Cotterell, 2007).

Family: A group of persons directly linked by kin connections, the adult members of which assume responsibility for caring for the children (Giddens, 2001).**Interaction:** A mutual or reciprocal action between two or more persons in close relationship with each other (Deaux, Dane, and Wrightman, 1993).

Psychosocial support: A way of meeting people's social, mental, emotional, physical, and spiritual needs (MOLG, 2010).

Orphaned adolescent: Any person aged between twelve (12) and seventeen (17) years experiencing the period of transition from childhood to adulthood without biological parental care because one (single parent) or both (biological and adoptive) parents were deceased. (definitions are based on a description of the terms 'adolescent' and 'orphan' provided by Bee, 1997; Morris and Maisto, 2002; The Ministry of Local Government, 2009; and Ministry of Local Government, 2010:5).

Social connectedness: Being related to the closest adult and receiving meaningful support from this adult.

Vulnerability: A situation that predisposes orphaned children and adolescents to negative life outcomes, such as sexual exploitation, absence from school, lack of nutritious food, early

sexual debut and marriage, life in the streets, HIV infection or unemployment (SADC Secretariat, 2008)

Vulnerable adolescents: Adolescents between 12 and 17 years of age who are likely to face harm, exploitation, and non-fulfilment of age specific developmental needs due to orphanhood, being neglected by their caregivers, HIV and AIDS, disability, living in a child-headed household, living without parental guidance, and substance abuse (SADC Secretariat, 2008).

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL PERSPECTIVE

2.1 Literature review

2.1.1 Introduction

This chapter reviews literature that is mainly related to the objectives of the study. The first section of the chapter provides an overview of the literature that focuses on adolescents' development and attachment. It is then followed by literature that speaks to the five objectives of the study. These are: attachment relationships between orphaned adolescents and their caregivers; perceptions of normality regarding adolescents' behaviours; challenges faced by orphaned adolescents and their caregivers; coping strategies of the adolescents; and interventions to enhance caregiver-adolescent relationship as well as adolescents' coping skills. However, it is important to highlight that in traditional societies, African cultures were characterised by strong extended family networks that operate as social support systems in times of need. Within this system, orphans were cared for by relatives, especially grandmothers. This idea is supported by Foster (2000) and Lewis (2005) who stated that the traditional 'safety net' practice of uncles and aunts being the primary caregivers to orphaned children and adolescents in sub-Saharan Africa was gradually changing either due to migration or HIV and AIDS. The latter has claimed a relatively young generation and grandparents were increasingly becoming the source of safety nets for orphaned children and adolescents. In some countries in sub-Saharan Africa, 40–60% of orphans lived in grandmother-headed households (Stephen Lewis Foundation, 2012). In Botswana, 89.6% of female headed household were orphans' caregivers, 57.4% were grandmothers older than fifty (50) who were poor, unemployed, widowed, and/ or had low levels of education (Ministry of Local Government, 2011). As the prevalence of HIV and AIDS escalated and the number of orphans increased, the extended family's capacity to provide adequate care to

orphans became adversely affected. The Ministry of Local Government's situational analysis (2008: 62) stated that, "Elderly grandmothers simply could not cope with the ever increasing burden of grandchildren infected and affected by HIV and AIDS".

The study was theoretically grounded in John Bowlby's (1951) Attachment Theory together with Urie Bronfenbrenner's Ecological Models of Human Development (2004). Attachment theory speaks to a need found instinctively in children to attach to a caregiver for care and safety. It focuses on the dynamics involving protection, care, and felt security occurring within children (Rothbaum, Rosen, Ujiie, and Uchida, 2002). According to Cotterell (2007) attachment behaviour brings infants into close proximity with their primary caregivers. It is within these close relationships that children learn about themselves, other people, and social life in general. On the other hand, the ecological perspective through the concept of transaction (bidirectional and cyclic relationship exists between the client and environment) suggests that problems of clients are not a result of individual pathology, but rather a product of a malfunctioning ecosystem (Pardeck, 1988). There should be a person and environment fit in order for one to function properly, and that if there is misfit between the individual and their environment they will become dysfunctional (Pardeck, 1988; Germain & Gitterman, 1996). Thus, an investigation into attachment-related concerns of orphaned adolescents and their caregivers and the relationship between them (adolescent and caregivers) and the system they interact with and link them with needed resources was deemed to be highly relevant; especially that Botswana is faced with a huge number of orphans who need appropriate care and social resources in the form of positive, nurturing supports to foster good development.

2.1.2 Overview of Adolescents' Development and Attachment

Adolescent development involves significant transformation in almost every domain of functioning, including emotional and psychological changes. According to Bee (1997: 270) "Adolescence is the period of transition in which the child changes physically, mentally, and emotionally into the adult". Moretti and Peled (2004) indicated that, in the adolescent phase of development, the parent-child relationship is thrown into unrest as children strive toward autonomy and parents struggle to find new ways of supporting their children in the context of a changing relationship. During the period of adolescent development, parental sensitivity and support are critical in assisting children to the next level of functioning (Moretti and Peled, 2004).

Adolescence is a critical developmental stage for psychosocial identity formation (Erikson, 1968; Hurrelmann, 1996; Morris and Maisto, 2002), given that psychosocial identity development embodies a dynamic mix of internal psychological development with the reality of the social world (Erikson, 1968). It is therefore necessary for adolescents and caregivers to understand the developmental transition from childhood to adolescence and from adolescence to adulthood. It is, however, essential to comprehend what constitutes 'normal' behaviour in adolescence, so that it should not be confused with attachment and interaction difficulties. The focus of this research is on the developmental stage of adolescence, 12-17 years, of Metsimotlhabe village in Botswana. In most African societies, including Botswana, relationship had been characterised by great respect for the elderly by the youth. The young people were not socialised by their mothers alone, but by collective members of extended family. Foster, (2000: 56) stated that 'traditionally, there was no such thing as an orphan in Africa'. With the modern changes of social structures throughout the world, therefore, the relationships between the young and the old were often characterised by a lack of understanding

of each other leading to dysfunctioning of the family. One of the dysfunctions is lack of care for young persons within the family (Muia, Maina, and Mwangi (2013).

Adolescence is generally split into three stages. Early adolescence is from twelve to fourteen years of age and is the period in which the most striking initial changes are noticed. The nature of these changes is physical, attitudinal, and behavioural (Sadock & Sadock, 2007, cited in Fainstein, 2008). The authors noted that adolescents of these ages display a growing desire for autonomy, sometimes with challenging behaviour towards authority figures. Caregivers may encounter difficulties with adolescents who, in their quest for independence and autonomy, appear to be deviant, stubborn, and difficult to discipline or control. This period is also often viewed as a time of overwhelming turmoil, during which there may be feelings of alienation and rejection of others (Cotterell, 2007). In an adolescent's family these feelings may be compounded or exacerbated by the effects of earlier experiences of abandonment, impoverishment, and lack of attachment relationships. They might also be misunderstood by adults who do not possess knowledge of typical adolescent behaviour. Furthermore, it is important to note that it may be difficult to distinguish between what is 'normal' and what is due to, or exacerbated by, attachment experiences or lack of family support (Fainstein, 2008).

Middle adolescence occurs roughly between the ages of fourteen and sixteen (Louw, 1991, cited in Fainstein, 2007). At this time, adolescent behaviour reflects the pursuit of independence and achievement of goals. Realistic decision making and social judgement are tested during middle adolescence together with intensification of sexual behaviour and the complication of romantic relationships. According to Cotterell (2007), opposite-sex friendships and romantic relationships become more common in middle and late adolescence

and these friendships contribute benefits and support to the companionship. Relevant to this study is the significance of the development of self-esteem as an important influence on both positive and negative risk-taking behaviours and the development of the self-concept of a young person. Bee (1997) emphasised that, if an adolescent's self-concept (the self) is well established and self-esteem (judgement of one's self-worth) is created, they are present in the young person's behaviour. In other words, the self-concept and level of self-esteem could affect, either negatively or positively, adolescents' choices and behaviours.

Between the ages of seventeen and nineteen, or late adolescence, boys and girls embark on an exploration of academic pursuits, recreational interests, and hobbies (Cotterell, 2007). They also start thinking about social interaction and relationships in relation to a definition of self and a sense of belonging in society. Insecure attachments during the first years of life can be associated with low self-esteem, poor social relatedness, and emotional vulnerability to stress (Sadock & Sadock, 2007, cited in Fainstein, 2008). This, in addition to the tenets of Bowlby's Attachment Theory (1951), may suggest that it is possible that adolescents who have not had secure attachment relationships, may experience difficulties in forming close relationships and tend to limit their self-disclosure (that is, they fail to develop confidence in themselves and have an inability to deal with the outside world) (Cotterell, 2007).

For the purpose of this study it is necessary to focus on the most important social and psychological developmental stages and changes in adolescents, in order to understand what themes, according to adolescents' and caregivers' experiences and understanding, emerge relating to attachment and family interactional difficulties. It examined the adolescents' transition and how this could influence social and psychological development. According to Bowlby (1951) attachment difficulties may begin during infancy or early childhood, long

before the onset of adolescence, and these could be exacerbated during adolescence, especially in regard to caregivers who are not the birth parents of the young person. Further, Bowlby (cited in Cotterell, 2007), states that attachment theory is a developmental theory that emphasises the emotional bond between infant and caregiver and its influence on later development. It is therefore important to see how early experiences influence and shape the type of person the infant becomes.

On the other hand, the successful transition from adolescence to adulthood is not achieved through detachment from parents. A study by Moretti and Peled (2004) on adolescent-parent attachment shows that healthy transition to adulthood and autonomy is facilitated by secure attachment and a positive emotional connection to parents. The research shows that attachment security in adolescence has the same effect on development as it does in early childhood, in other words, a secure base encourages exploration and the development of competence on cognitive, social, and emotional levels. This has a particularly important implication for adolescence as, developmentally, this is a period during which individuals explore, initiate relationships, and increase autonomy and connectedness to parents as well as other significant adults beyond the family (Cotterell, 2007; Bee, 1997). One of the important factors that distinguishes adolescents who manage the transition with success and those who do not, is the quality of relationships that the young person has with both parents and peers (Cotterell, 2007).

Bee (1997) & Cotterell (2007) agreed that attachment organisation and the ability to establish close relationships with significant others, appears to be related to various aspects of psychosocial functioning in adolescence. Such domains include communication, expressing oneself, and developing self-esteem, as they reflect important aspects of the manner in which

adolescents process emotions within social relationships and because they are associated with qualities of on-going relationships with parents.

Parents are not the only important social influences on the development of attachment. Ainsworth (1979) indicates that the attachment figure is not necessarily the natural mother but can be a significant other who plays the role of principal caregiver. Furthermore, the studies conducted by Morris et al (2002) and Nyamukapa et al (2008) have shown that both sibling and peer relationships are important in the development of attachment. While traditionally the maternal figure has been emphasised as most influential in the attachment process, other significant attachment figures should also be taken into account when exploring a child's formative attachment experiences and the resultant implications for future development. Ansell (2005) also stressed the importance of adolescents having relationships with other adults for the purpose of security in a situation where, for example, the caregiver dies.

2.1.3 Caregiver-Orphaned Adolescent Attachment Relationship

The current study interrogates caregivers' and orphaned adolescents' perceptions regarding the caregiver-adolescent attachment relationship in Metsimotlhabe. Existing literature shows that a healthy form of such a relationship is critical during childhood, especially for the individual's social and emotional development and healthy transition to autonomy and adulthood (Bee, 1997; Immele, 2000; Moretti and Peled, 2004; Ansell, 2005 and Cotterell, 2007). Further, the Canadian National Collaborating Centre of Aboriginal Health (2013), points out that a healthy attachment relationship between caregiver and child is an important aspect of holistic health. That is, the caregiver-child relationship not only impacts the health of the caregiver and that of the child but is also connected to the health of their family,

community, culture, and nation. In addition, attachment has been shown to influence almost every aspect of early childhood development, from neurocognitive development to social-behavioural competence and this early attachment exerts substantial influence over later development (Moretti and Peled, 2004). According to the authors attachment status can change in a negative or positive manner as a function of deterioration and stress or improvements in the parent-child relationship.

According to Family Health International (2005) connectedness to parents, including parental expectations regarding school completion, is a key protective factor associated with positive outcomes for orphaned adolescents. One positive outcome is avoidance of risky sexual behaviours. Sexual activity, as well as substance abuse and other risky behaviours, often begin during adolescence. Psychosocial and economic distress, which are common pressures for orphans, can heighten these risky behaviours. Moreover, adolescents in general often lack the information, skills, and access to youth-friendly services needed for development of positive behaviours regarding their sexuality. Without the protective factor of parents, adolescent orphans are more vulnerable to HIV, as well as other sexually transmitted infections and unintended pregnancy.

Allen and Land (1999) state that, when children reach adolescence, parents and caregivers face a whole new set of tasks that require new approaches to deal with their changing needs. These changes are physical as well as cognitive and social. The authors state that parents and caregivers must prepare for the upcoming changes in the parent-child relationship. Teens, especially, will begin to detach, to a greater degree, from existing family bonds and focus more on their peers and the outside world. The quest for greater independence and autonomy is a natural part of the developmental process in adolescence. This idea is supported by Gilbert & Irons (2009) who state that the transitional period into adolescence increases

developmental vulnerability to emotional difficulties that may be related to the variety of physiological, psychological, relational, and environmental changes taking place. These developmental changes encompass complex models of self and others; the formation of unique and autonomous self-identity; concerns with peer-group relationships and the structuring of new peer group identities; and the decrease of parental influence along with the increased use of peers as sources of support, values, and a sense of belonging. Parents and caregivers must find the delicate balance between maintaining the familial bond and allowing teens increasing autonomy as they mature. Teenagers who feel connected to, yet not constrained by their families, tend to flourish.

On the other hand, Allen & Land (1999) state that a key task of adolescence is to develop autonomy but, as an adolescent explores new behaviours and values, his attachment relationships may be strained. A secure adolescent is likely to maintain the expectation that the caregiver will remain available and the relationship intact even in the face of stress. This adolescent's drive for autonomy, therefore, is unlikely to undermine the parental relationship, and therefore parental control of deviant behaviour is maintained. Again, the authors indicate that reduced idealisation of the caregiver is not akin to rejection of the attachment relationship, but rather is expected in the context of a secure relationship in which the caregiver is perceived as being emotionally supportive.

In insecure relationships, however, an already fragile relationship may be further strained by the added stress of a teenager's striving for autonomy. Specifically, the insecure relationships, separations, and autonomy struggles may cause emotional withdrawal and a minimisation of attachment relationships (Allen and Land, 1999). If an adolescent and parent then distance themselves from one another, parents become less able to influence the

teenager's behaviour and thus adolescents with insecure attachment strategies act out simply to receive much-needed attention (albeit negative) from their caregivers. Again, it has been found that families become a lesser source of daily interaction from ages 9 to 15 and that relationships with friends become more rewarding in the latter part of this age range (Larson & Richards, 1991).

According to Greenberg, Speltz, and DeKlyen (1993) and Allen, Moore, Kuperminc, and Bell (1998), maternal control has been found to interact with preoccupation in the prediction of delinquency. This means that for teens with preoccupied attachment strategies, higher levels of maternal control were associated with significantly lower levels of delinquency. This suggests that the presence of a specific protective factor and a high level of maternal control, can buffer the effects of insecure attachment. An insecurely attached adolescent, who has received rejection and often inadequate care, may develop a pattern of angry and hostile behaviour in response to the emotional and physical unavailability of his caregiver (Greenberg, 1999). However, as stated by Greenberg et al. (1993), Allen, Moore, and Kuperminc (1997), and Greenberg (1999), if these adolescents are able to make close friends to provide them with the love and attention that their caregivers fail to do, they may fare better than those without such supportive friends.

2.1.2.1 Caregiver-Adolescent Relationship and Secure Attachment

Participants' perceptions regarding adolescent-caregiver's relationship and secure attachment are a primary focus of the current research. It is important for caregivers to have a good understanding of the kinds of relationships and behaviour that foster both secure and insecure adolescent-caregiver attachments because, according to Moretti and Peled's 2004 "classification of attachment", parental sensitivity and being in tune with their adolescents'

needs continue to be common factors essential in maintaining secure attachment during adolescence, especially with regard to the need for autonomy. Ainsworth also maintained that maternal sensitivity involves the ability of the mother to recognise her baby's signals and respond appropriately to these cues such as by soothing a crying infant, rather than by ignoring him or her (Howe *et al*., 1999). A study by Van den Boom (1994) showed that, by improving the sensitivity of mothers' responses to their infants, better mother- infant attachment relationships were formed. This is important because it is actual caregiving behaviours, encouraged by the caregiving system that infants and young children respond to through their attachment behaviour. According to Siegel (2001) security of attachment is greatly dependent on the display of specific types of behaviour that represent emotional attunement and empathy.

Bertalanffy (1950) argued that the individual's behaviour and development is both influenced by, as well as constituting an influence on, the behaviour and development of others with whom they interact. Thus human behaviour is the product of an on-going interaction between social environments and internal motivations (gained from previous social experiences). An ecological perspective stresses the fact that the parent-adolescent attachment is rooted in a family system, which in turn is "embedded in a community, a cultural, and even a historical context" (Bronfenbrenner, 1979 as cited in, Belsky, 2005:80).

On the other hand, caregiver culture and background may also influence attachment security in the traditional sense, as in many African cultures the load of caregiving is shared. According to Belsky (2005) culture may help shape attachment styles and behaviours in children. When adolescents are provided with a positive caregiving environment in which secure attachments are fostered, they generally adapt well.

2.1.2.2 Caregiver-Adolescent Relationship and Insecure-Avoidant Attachment

The ability of caregivers to sustain a positive relationship with adolescents remains critical, and is particularly challenging because conflict between parents and children increases during adolescence. According to Moretti and Peled (2004) and Immele (2000), insecure-avoidance attachment might develop in adolescence as a result of conflict in the parent-adolescent relationship because of the adolescent's growing autonomy. It is during the striving for autonomy, however, that many parents/caregivers feel they have little or no influence in their adolescent child's life, especially in the context of an already fragile relationship. If an adolescent and parent then distance themselves, parents/caregivers become less able to influence the teen's behaviour, thus removing a significant degree of parental control (Immele, 2000). On the other hand, Moretti and Peled (2004:41) state that, "Insecure anxious-avoidant children are reluctant to approach their parents even when distressed, because they fear their overtures for comfort will be rejected or punished". These children view themselves as unlovable and unable to attract care from their parents. The same applies to insecure anxious-ambivalent attachment where the caregiver is viewed as inconsistent in providing support and children view themselves as unable to sustain the interest and care of others (Moretti and Peled, 2004). Lastly, insecure disorganised patterns of attachment are likely to occur when caregivers have themselves suffered trauma (including childhood abuse) or have unresolved losses (such as divorcé). When parents have these unresolved issues, their trauma is projected onto the relationship with their children through their frightened or frightening behaviour (Green and Goldwyn, 2002). In this case, when the child seeks proximity and comfort from distress, he/she is met only with frightened or frightening behaviours from the parent which may cause emotional withdrawal and a minimisation of attachment relationships (Hesse, 1990).

2.1.3 Challenges of Caregiver- Adolescent Attachment Relationships

Sometimes attachment relationships are challenged and harmed by multiple life vulnerabilities. By multiple vulnerabilities Belsky (2005) refers to both internal and environmental difficulties. These may include factors such as difficult temperament in the child, an unresolved history of trauma in the life of the caregiver, family stress or conflict, and poor social support. These multiple vulnerabilities may accumulate and serve to undermine the effectiveness of other sources that would usually function as protective factors in promoting attachment security (Belsky, 2005). These vulnerabilities or stressors may differ from one adolescent's family to another depending on risk factors and protective factors. These factors are influenced by the way in which the child or adolescent is raised (Axe, 2007 cited in McKenna, 2009). Risk factors impede the development of secure attachment between infants and their primary caregivers.

On the other hand, protective factors are those that increase the chance of an adolescent developing healthy social and emotional attachment with a primary caregiver and promote the development of resilience and coping strategies that help to counter the effects of risk factors (Bradley, 2000; Schore, 2003). Protective factors related to attachment security may include consistent and sensitive care-giving by at least one primary caregiver, opportunities for exploration and learning, and parental support (Greenspan, 2002).

Orphaned adolescents have possibly experienced disruptions or reductions in parental interaction, monitoring, and support, prior to their parents' death. Youth Net (2005 b) and Cluver, Gardner, and Operario (2007) state that adolescents often experience emotions of anger , resentment, hopelessness, depression, and other negative feelings intensified by losing a parent or close family member. Further, adolescents may experience family dysfunction

where their needs for socialisation, protection, and emotional support are not fulfilled. According to Ainsworth (1978 cited in McKenna, 2009) insecurity and stress continue to occur if the attachment figure does not accept, notice, and/or respond to the attachment behaviours of the infant. Mechanic and Hansell (1989) state that children whose parents show high amounts of affection, acceptance, and support report lower levels of anxiety and depression.

Furthermore, adolescents may experience poverty after the death of their parents. Belsky (2005) states that the developmental costs of security/insecurity might vary as a function of whether or not children grow up under conditions that compromise their well-being such as lack of resources. In addition, adolescents need to be able to predict their caregivers' behaviours. Physical violence, sexual behaviour, excessive anger or hostility, and other unpredictable caregiver behaviour directed towards a child is damaging (Lyons-Ruth, Bronfman, & Parsons, 1999). If caregivers who are meant to protect children instead harm or frighten them the young person is in a state of unresolvable distress that is very harmful to their well-being (Schore, 2002). Caregivers who engage in such behaviours on a regular basis need support to learn to treat their children with increased care and respect.

In contrast, caregivers, especially grandparents, are probably themselves grieving and depressed following the death of their daughters or sons. According to Kübler-Ross (1975) parents go through grieving stages of denial whereby they cannot accept the fact of their children's chronic illness and death. Winston (2006) found maternal grief to be intense and lengthy given the unique relationship between a mother and her child regardless of age. Most grandmothers, according to Ponzetti (1992), suppress their feelings of sorrow in order to shelter their families from further anguish. In addition, grandmothers experience physical and

psychological health challenges as they may be losing their health commensurate with their age. In a study conducted among grandparents in Botswana, Alpaslan and Mabutho (2005, cited in Mudavanhu, Segalo and Fourie, 2008) found that elderly caregivers all reported having health problems either due to old age or from the stress suffered as a result of a child or children having died from AIDS-related illness or both. Apart from that, grandmothers are in later stage adulthood and mourning the loss of major senses such as sight, hearing, and the most common problems of backache, high blood pressure, and chest and side pains. All these, combined with other multiple losses, may hinder their ability to provide care to infected adult children and affected grandchildren (Mudavanhu, Segalo and Fourie, 2008).

Further, in general grandparents are usually less able to provide discipline and adequate positive socialisation (Sengendo & Nambi, 1997). However, if they show more affection to children and adolescents than other relatives they might have a very positive impact on an orphan's emotional and psychological well-being. This is because they are less likely to discriminate against these young people since they do not have young children of their own (Parker & Short, 2009). Conversely, grandmothers may be too poor or feeble to care effectively for children and adolescents (Nyambedha and Aagaard-Hansen, 2003). Furthermore, there are frequently inadequate social support networks. Crockenberg (1981) states that of all the contextual variables that may impact caregiver-adolescent attachment, social support networks (which include all those people who engage with the individual physically or emotionally, and have an influence on attachment relationships) are amongst the least significant.

As the number of orphaned children in a community increased, and as AIDS spread, with HIV infecting uncles and aunts, the traditional first choice substitute caregivers became

unavailable and the way was paved for overburdened caregivers (Foster, 2000). It is often grandparents, the last resort as caregivers, who take care of orphans when other relatives have refused, died or are unavailable.

In addition, the role of a caregiver has traditionally been allocated to women due to deeply entrenched gender and socio-cultural practices. Winston (2006) supports the assertion that, even in households where there are two grandparents, the grandmother is usually the one who assumes the role of caregiver. Traditionally, grandmothers are the most appropriate caregivers for grandchildren and believed to be experienced in raising children and to share, in equal measure, a parent's interest and affection for children (Safman, 2004). However, Winston's (2006) African study found that grandmothers often assumed the role of parenting under duress and in the belief that family comes first and should stay together at all costs. Young and Ansell (2003) affirm that the lack of willing and culturally connected carers has resulted in orphans, more than other children, living in households headed by grandparents. These grandparent/grandchildren relationships have been noted to be problematic due, in part, to a lack of resources.

Further, both local and external agencies find it easier to meet socio-economic needs than more demanding, culturally based psychosocial interventions of behaviour and emotional support (Greenberg et al, 1993). In Botswana, the Ministry of Local Government and Rural Development analysis (2008) shows that social workers are fewer than required to provide psychosocial support to OVC and their caregivers. They have shortage of transport and communication and are pre-occupied with the administration duties of overseeing the distribution of the food basket rather than the technical roles of providing psychosocial support. Immele (2000) states that, the quality of material components of care (i.e., food and

infrastructure) is not nearly as important as consistent and responsive child-caregiver interaction, especially in the early years of a child's life.

2.1.4. Adolescents' Coping skills

There is scarcity of literature on how orphaned adolescents cope with sad situations in their relationships. According to the study conducted by Botswana's Ministry of Local Government (2008) on the psychosocial impact of orphanhood, orphans and vulnerable children (OVC) have psychosocial needs which, if not met, may result in antisocial behaviour such as dropping out of school, alcohol abuse, and prostitution (National Situation Analysis on Orphans and Vulnerable Children in Botswana, 2008). The research conducted by Nyamukapa et al (2008) on causes and consequences of psychosocial distress among orphans and other vulnerable children, shows that all types of orphans are at increased vulnerability to psychosocial distress and may be in need of support. Social connectedness, defined as being related to the closest adult and receiving meaningful support from this adult, was associated with reduced psychosocial distress.

Existing literature shows that a majority of adolescents rely on peers for support. For instance, Morris et al (2002, p. 422) contends that, "For most adolescents, the peer group provides a network of social and emotional support that helps enable both the movement towards greater independence from adults and the search for personal identity". Peer relations provide an experience of peer support and bonding for adolescents and formation of identity is characterised by the strength of their values pertaining to freedom and ability to act with autonomy. One of the most prominent elements of resilience is seen in adolescents' perceptions of themselves as 'survivors'. Therefore, in terms of the present study, it would be important to look at ways in which orphaned adolescents rise above their circumstances and

attempt to establish relationships with others, despite possibly having experienced no positive attachments in their home of origin.

2.1.5 How the relationships between adolescents and caregivers can be strengthend?

Therefore, caregivers as closest adults can help children and adolescents by strengthening and supporting attachment relationships. Landy (2002) discussed strategies that can help children and adolescents to feel comforted and cared for. The researcher's first strategy is that the caregiver should provide comfort in a way that is soothing and giving calm, gentle reassurance to children and adolescents who are distressed, hurt, afraid, ill or lonely. Bowlby (1951) states that securely attached children readily seek out their caregivers when distressed, but feel sufficiently safe to explore their environment at times of low stress.

Landy's second strategy is of the caregiver's positive response and attention to children and adolescents as a way of showing their love and care. The researcher states that giving positive attention, helping with a problem, or sharing special moments together helps build strong attachment relationships. Bowlby (1951) confirms that 'secure base' attached children have an internal representation of the caregiver as stable, responsive, and caring.

The third strategy is to create warm and joyful memories (Landy, 2002). Family traditions and activities related to holidays, spiritual celebrations or special events such as birthdays or weddings are important for developing a sense of predictability and security in children. It also helps them create positive memories for a lifetime. Bowlby (1980, as cited in Bretherton, 2005) explained that every experience and interaction that people have with the world is interpreted in terms of internal working models. He used this term to describe mental

representations which all infants form of themselves, their caregivers, and their worlds (Bretherton, 1991).

The fourth strategy is for the caregiver to attempt to be predictable when responding to the behaviour of children and adolescents. The researcher indicates that it is important to give children a sense of predictability through establishing clear guidelines and rules for behaviour. Short duration of separation may strengthen children's attachment to their caregivers as it helps them develop a sense of trust that their caregivers will return when promised. Bowlby (1980 as cited in Bretherton, 2005), assumed that children whose caregivers are sensitive and appropriately responsive learn to approach the world with confidence and are not afraid to ask for assistance when they cannot cope.

Landy's fifth strategy is to express love, joy, and other positive feelings towards adolescents and accept that they experience emotions such as sadness, anger, and jealousy. The researcher states that children and adolescents with caregivers who accept and help them deal with negative emotions learn that they will have their needs met in good, as well as in challenging, times. This is supported by Rothbaum et al. (2000) and van Ijzendoorn & Sagi (1999) who state that secure children are more autonomous, less dependent, more able to regulate their own negative emotions, less likely to have behaviour problems, and more able to form close and warm relationships with peers.

Landy's final strategy is to allow children to explore the world around them as much as possible while keeping them safe. Children develop a sense of trust in their abilities when their caregivers allow them to be independent and do things for themselves. Caregivers should allow children to learn and explore while keeping them safe without being overly

directive. Balswick and Balswick (1991) suggest that parents should change their parenting style of power and control as their children mature. They should delegate responsibility to them as part of empowerment process. The success of the empowerment depends upon both parents and adolescents. That is, parents give responsibility and adolescents act responsibly.

2.1.6. Interventions to improve caregiver-adolescent interactions and Adolescents' coping skills

Interventions to improve caregiver-orphaned adolescents interaction should address socio-economic conditions, social support, knowledge about children's health and development, the caregivers' emotional state, caregiver skills, and characteristics of the adolescent (Wendland-Carro, Piccinini & Millar, 1999). The authors state that intervention programmes may include increased resources and social support for socially isolated or vulnerable caregivers as well as efforts to draw male caregivers (who are frequently household decision makers) into interventions that address adolescents' psychosocial and developmental needs. Efforts to improve caregiver-child relationships by combating caregiver depression and low morale and improving the basic caregiving skills and the interactions between the caregiver and orphans could be introduced in Botswana through the operationalisation of the Social & Community Development Department, Early Childhood Care and Development programmes. This could also be achieved through community development initiatives to promote effectiveness of interventions to improve caregivers' sensitivity and responsiveness to the needs of orphaned adolescents (Regalado & Halfon; Myers, 1992; Armstrong & Morris, 2000; and Young, 2002).

Further, the Ministry of Local Government (User-Friendly Guide to the Care of Orphans and Vulnerable Children in Botswana, 2010:14) states that, "Psychosocial support is a way of

meeting the social, mental, emotional, physical, and spiritual needs of children or adolescents. A good psychosocial support intervention should be based on the child's age, maturity, and ability to understand, as well as his or her rights". Research by Nyamukapa et al (2008) indicates that support that enables orphaned and vulnerable children to remain in households with close relatives and siblings could also reduce psychosocial distress. It is important to keep brothers and sisters together after the loss of their parents as being with siblings is an important source of comfort and support for children during difficult times (Ministry of Local Government, 2010).

A study on 'The influence of temperament and mothering on attachment and exploration' by van den Boom (1994) found that, by guiding mothers' behaviours, they were increasing these mothers' feelings of effectiveness and mastery. This had the ripple effect of improving their maternal sensitivity. It was also discovered that caregivers having a sense of mastery is deemed very important because they felt competent and confident in their roles such as being open to attachment signals and thus free to naturally respond to children in ways that fostered secure attachments (George & Solomon, 1996). Many parents of adolescents require in-depth support themselves in order to develop the skills that are necessary to support their children through adolescence. Parental interventions that focus on attachment and the development of sensitivity, attunement, and conflict negotiation can be particularly beneficial for both parties (Moretti and Peled, 2004). These researchers state that support within the educational system, emphasising the continued importance of attachment to parents and other adults during adolescence, would also be beneficial. In particular, educational programming should support attachment during the transition from elementary to high school through bridging programmes that connect youth with teachers and structuring of schools and classrooms to encourage connection.

2.2 THEORETICAL PERSPECTIVE

2.2.1 Introduction

The study is theoretically grounded in John Bowlby's (1951) Attachment Theory together with Urie Bronfenbrenner's Ecological Models of Human Development (2004). Attachment theory focuses on the attachment of individual adolescent and their caregiver, whereas the ecological view point shift the focus from individual's personality and behavioural make-up to the relationships between the individual, his or her, family, community, and other ecologies that form the person's ecosystem (Pardeck, 1988).

2.2.2 John Bowlby's Attachment Theory (1951)

The theoretical basis for this study is John Bowlby's Attachment Theory (1951). Attachment theory originated with Bowlby's attempt to understand the effects of maternal deprivation by studying the development of this earliest relationship. Bowlby' ideas surrounding attachment theory are that attachment is an active, affectionate, reciprocal relationship specifically between two persons (usually human infants and primary caregivers), in which interaction reinforces and strengthens the link or bond (Papalia and Olds, 1995). Cotterell (2007: 63) supports this by stating that "The concept of attachment was applied to explain the bond between an infant and its caregiver, although Bowlby regarded attachment as continuing into adulthood". These lasting bonds ideally provide infants and humans generally with comfort and reassurance when threatened. Bowlby (1951), 1988) and Belsky (2005) emphasise that attachment is a biologically based sequence of organised behaviours of an infant such as crying, smiling, clinging, and proximity seeking that foster infant-parent interactions and maximise survival. This mother- infant interaction or attachment does not have to be the infant's biological mother, but may be any primary caregiver (Ainsworth, 1967).

Bowlby (1979) argues that attachment behaviours displayed by children are natural and essential for the survival of human infants. Likewise, it has been natural that caregiving behaviours engaged in by parents or caregivers are also essential to serve as a biologically driven mechanism that ensures the protection and survival of the child (Howe, Brandon, Hinings, & Schofield, 1999). This proximity seeking is achieved through various attachment behaviours which serve to encourage the desired caregiver or "attachment figure" to attend to the child's need for love, security, nurturance, and protection (Bowlby, 1969; Belsky, 1988; Zeanah, Mammen, and Lieberman, 1993). Attachment behaviours include: crying, smiling, and vocalisation differentially towards the caregiver; orientation and attention towards the caregiver; following the caregiver; clambering over and exploration of the caregiver; and happiness when reunited with the caregiver after a separation (Ainsworth, 1967). Proximity may range from close physical contact under some circumstances to interaction or communication across some distance under other circumstances. Zeanah et al. (1993) state that the term "attachment" is largely used in the literature to refer to the "attachment relationship" because it allows children to relate to their parents or caregivers both as a 'secure base' from which to explore, and as a 'safe haven' for obtaining support and protection in times of perceived threat.

In the study by Bowlby on maternal care and mental health (1988) he argued that maternal separations were a clear risk factor for mental illness. He stated that the nature of the individual's primary parental attachment is important with regard to subsequent intrapersonal and interpersonal functioning. Furthermore, a secure attachment between mother and child in infancy is what affects people's ability to form healthy relationships in later life. Bowlby (1988) described attachment behaviour as any form of behaviour that results in a person attaining or retaining proximity to some other individual. Bowlby suggested that, as long as the attachment figure remains accessible and responsive, the behaviour may consist of little

more than checking by eye or ear on the whereabouts of the attachment figure and exchanging occasional glances or greetings. In certain circumstances, however, following or clinging to the attachment figure may occur and also calling or crying which are likely to elicit caregiving (Morgan, 1999, cited in Fainstein, 2007). Bowlby (1988 cited in Cotterell 2007) assumed that attachment behaviour persists throughout life and clinical studies have shown attachment behaviour in middle childhood, adolescence, and adulthood. From this current study, attachment behaviour may, therefore, be seen as the ways in which orphaned adolescents experience and learn about communication, expressing themselves, and forming relationships with their caregivers and others. Sroufe and Fleeson (1988) cited in Fainstein (2007) have suggested that early secure attachments provide a learning experience through which individuals internalise relationships.

2.2.2.1 Attachment Behaviour

Attachment behaviour becomes organised according to the child's on-going interaction with attachment figures, from infancy through adolescence. An active relationship which emphasises infant development and mutual satisfaction is the basis of Bowlby's theory (1969). Attachment behaviour brings infants into close proximity with their primary caregivers. It is within these close relationships that children learn about themselves, other people, and social life in general (Cotterell, 2007).

Ainsworth's 1967 study on Attachment Systems of 12-to-18-month-old babies with a series of short separations from their mother, is able to distinguish four primary attachment classifications: "secure", "resistant", "avoidant," and "disorganised/disoriented" (Papalia and Olds., 1995). These patterns were linked to caregivers' success or failure in responding to, and meeting, infant's needs.

In her study, Ainsworth shows that "*secure*" infants were able to readily separate from the caregiver in the laboratory procedure and became easily absorbed in exploration. The infant was upset by the separation and demanded and received care from the caregiver when she returned but continued explorative play thereafter. The securely attached infant develops the confidence that the caregiver will be available, responsive, and helpful should he/she be in a frightening situation (Papalia and Olds, 1995; Cotterell, 2007). The "*insecure-avoidant*" infant appeared uninvolved with the caregiver when she was present and was not overtly upset when she left and ignored her on her return, but watched her acutely and was unable to play freely. Avoidant behaviour was seen in infants who appeared less anxious during the separation and snubbed the caregiver on her return, avoiding eye contact and/ or using toys to distract their attention away from the caregiver. Avoidant coping interferes with the development of feelings of emotional connectedness such as affection, empathy, dependency, and fosters a self-promoting and inflated self-concept ("compulsive self-reliance"), leading to a focus on satisfying one's own needs with little regard for those of others. The result is externalising behaviours, such as exploitation and aggression (Cotterell, 2007).

The "*insecure-ambivalent*" (resistant) infant panicked when the separation occurred and simultaneously clung to the caregiver and fought her off when she returned (Bowlby, 1988). The infant was also unable to return to his own activities. The resistant infant is uncertain whether the caregiver will be available or responsive or helpful when called upon. As a result of this uncertainty, the infant is always prone to separation anxiety and is anxious about exploring the world (Bowlby, 1988). Because ambivalent coping inhibits exploration and mastery of the environment and interferes with the development of age-appropriate strategies for regulating affect during even minor stressors, it renders the child vulnerable to fear responses and to self-perceptions of weakness and helplessness (Cotterell, 2007). The

disorganised/ disoriented infant had no coherent strategy whatsoever to deal with the experience of separation and showed disorganisation and dissociation upon reunion (Bowlby, 1988). This infant was also confused and chaotic, freezing and slowing of movements and displaying hesitation towards the attachment figure (Papalia and Olds, 1995). The disorganised attachment behaviours are associated with specific developmental outcomes and in some cases impairment due to physical abuse and/ or negligence by the parent or caregiver (Papalia and Olds, 1995).

This theory was pioneered in Ugandan babies by Mary Ainsworth (1967). The researcher's observations were that Ugandan babies became distressed and upset when their parents left the room (Papalia and Olds, 1995). Hence, failure to have a consistent secure base (mother/ caregiver) negatively affects the emotional ties and the quality of relationships of orphaned children. To be deprived by the mother figure or the primary attachment figure results in children who are prone to insecurity, low self-esteem, and abusive behaviour. Attachment theory contributes to understanding adolescents and youth friendships; it offers valuable insights into the contributions to personal development of trust, intimacy, and close communication (Cotterell, 2007). The theory may also explain adolescent/ group relations with peers.

2.2.2.2 Secure versus Insecure Attachment

Securely attached children readily seek out their caregivers when distressed but feel sufficiently safe to explore their environment at times of low stress. Attachment theory by Bowlby (1951) confirms that 'secure base' attached children have an internal representation of the caregiver as stable, responsive, and caring. Further, Bowlby (1980, as cited in Bretherton, 2005), explained that every experience and interaction that people have with the

world is interpreted in terms of these internal working models. He used this term to describe mental representations which all infants form of themselves, their caregivers, and their worlds (Bretherton, 1991).

Bowlby (1980 as cited in Bretherton, 2005), assumed that children whose caregivers are sensitive and appropriately responsive learn to approach the world with confidence and are not afraid to ask for assistance when they cannot manage. This type of interaction with the world leads to the development of internal working models of a "secure self, caring parents, and a reasonably empathetic world" (Bretherton, 2005:16). Secure attachments generally predict social and behavioural competence. Rothbaum et al. (2000) and van Ijzendoorn & Sagi (1999) state that secure children are more autonomous, less dependent, more able to regulate their own negative emotions, less likely to have behaviour problems, and more able to form close and warm relationships with peers. Secure children's internal working models allow them to perceive and interpret the world in ways that encourage solid self-esteem and feelings of self-efficacy, enhance social functioning and emotional flexibility, and encourage the development of good cognitive capacities (Siegel, 2001 cited in Koursaris, 2009).

On the other hand, insecurely attached children or those who are insecure-anxious and insecure-avoidant, have representations of the caregiver as inconsistent and rejecting. The idea is supported by Howe et al., (1999 cited in Koursaris, 2009) who indicate that the insecure-avoidant child has internal representations of the self as unvalued, ineffective, and highly dependent, and of representations of others as neglectful, insensitive, unpredictable, inconsistent, and unreliable. According to Bowlby (1979 cited in World Health Organisation, 2004) children in the insecurely attached categories may have less positive developmental outcomes as they struggle to enter the developmental stage of goal oriented partnership in their relationships. They fail to interact appropriately with the world and as well as to function

within the full range of social and emotional experiences. In addition, they lack empathy and while displays of negative emotions are short lived, they do occur as a response to others' displays of emotion (Fonagy *et al*., 2000 cited in Koursaris, 2009). Further, Rutter (1979) indicates that attachment between a child and a caregiver develops even in the face of mistreatment and fear, but these attachments are called insecure. Insecure attachments have been found to have a strong link to later social inadequacy such as behavioural problems, specifically aggressive behaviours, mental disorders, school difficulties, anxiety disorders, and other psychopathologies (Main, 1996 cited in World Health Organisation, 2004). Insecure-avoidant children tend to focus a lot on their cognitive abilities, since their internal working models contain representations of the self as self-sufficient and undemanding, which is how they learn to be in academic pursuits (Howe *et al*., 1999 cited in Koursaris, 2009).

The illustration here is that internal working models mediate between caregiver behaviours and the development of the children or adolescents under their care. Through these internal working models, infants, or adolescents internalise what they have learned socially and emotionally from encounters with the caregiver. Howe *et al* (1999: 23) state that it is through internal working models that "the quality of external relationships gets in the child's mental insides".

2.2.2.3 Application of Attachment Theory to the Current Study

Attachment theory is applicable to this study because the findings are likely to show that some orphaned adolescents in Metsimotlhabe lack positive attachment relationships with adult figures due to the deprivation of a relationship with their primary caregivers. This depends on whether adolescents had secure attachment with their mothers. As a result, the adolescents' basic emotional security and trust might be affected. According to attachment

theory, orphaned children and adolescents may experience problems with attachment formation and other facets of development (Shafer, 1989, cited in Feinstein, 2008). These inadequate attachments and developmental problems may not simply be the result of separation from a biological mother but rather the lack of an emotional bond with one or more caregivers. Mead (cited in Ansell, 2005: 17) states that "In many non-Western societies children have traditionally formed attachment relationships with multiple adults and peers, a situation that enabled their mothers to work and gave children security in situations where adult death rates were high".

Orphaned adolescents are likely to be anxious as to whether they will be accepted and fearful of abandonment after the death of their parents. These individual adolescents desire more intimacy than they find in general social interactions (Cotterell, 2007). If caregivers do not fill the supportive and caring roles, close friends may be able to do so in some circumstances and this is evident during early adolescence, away from parents or caregivers and towards friends. (Immele, 2000; Cotterell, 2007). On the other hand, orphaned adolescents are likely to avoid close relationships and limit their self-disclosure because of the fear of the stigma associated with HIV and AIDS.

Attachment theory can be universally applied and will hold true including the population of orphaned adolescents in Botswana. The assumption that security of attachment may promote the well-being of children and adolescents in all cultural contexts, and while not fully inclusive, may be reasonable (Bowlby, 1989). Attachment theory speaks to a need found instinctively in children to attach to a caregiver for care and safety. It focuses on the dynamics involving protection, care, and felt security occurring within orphaned adolescents. It is also concerned with the developmental needs of the adolescents (Rothbaum, Rosen,

Ujiie, and Uchida, 2002). According to the World Health Organization (2004) all the child's physical and psychological needs must be met by one or more people who understand what infants, in general, need and what a *baby*, in particular, wants. The child's growth, in all aspects of health and personhood, depends on the capacity of adults, in whose care the child rests, to understand, perceive, and respond to the child's bids for assistance and support. According to Cotterell (2007) attachment behaviour brings infants into close proximity with their primary caregivers. It is within these close relationships that children learn about themselves, other people, and social life in general. Thus the concept of secure attachment as fostering the best developmental outcomes and most adaptive functioning in adulthood would seem to apply to all populations, including orphaned adolescents.

On the other hand, in many African societies, infants and young children frequently have several key caregivers (Rutter, 1979). This may include situations in which fathers, other relatives, siblings, and friends participate actively in the care of young children. Therefore, it is possible that a child's opportunity to develop secure attachment to another person can help counteract the adverse effects of insecure attachment to a parental figure and it is possible that the initially insecure attachment of a child could change into a secure attachment (Shaffer, 1989).

Caregiver-child interactions occur within a framework of caregiving and parenting, which are influenced by both cultural and subcultural beliefs and practices. Culture can, therefore, be regarded as those values that are shared by people living together as a group. According to Belsky (2005) culture may help shape attachment styles and behaviours in children. In an African context children and adolescents are taught early, by strict control and discipline, to conform to societal standards around behaviour, respect, and deference to others (Fainstein,

2008). Therefore, to seek comfort and security of caregivers from strange situations by adolescents may differ according to the cultural context. In terms of this study, the focus falls on the cultural background and experiences of caregivers in terms of their own attachment relationships with caregiving figures.

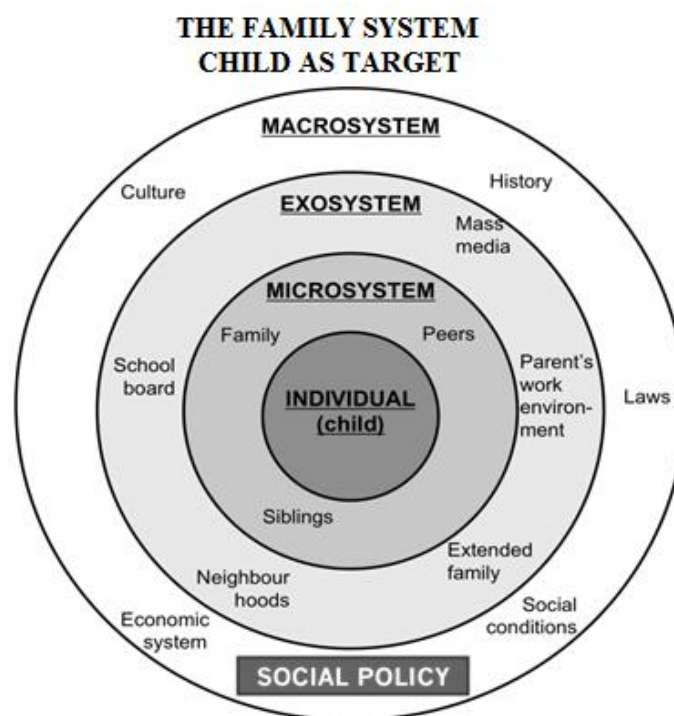
2.2.3. Ecological Models of Human Development

The ecological model used in this study will also be discussed in relation to its influence on orphaned adolescents' relationships with their caregivers. The review will focus on the work of Urie Bronfenbrenner and explore how his early ideas have resonated through descriptions of orphaned adolescents and their attachment relationships with their caregivers, in efforts to prepare practitioners for professional practice, and in actual practice itself. An ecological perspective underscores the fact that the parent-child dyad is entrenched in a family system, which is in turn "embedded in a community, a cultural, and even a historical, context" (Bronfenbrenner, 1979). The review concludes by questioning how Bronfenbrenner's work could continue to inform orphan care practice, particularly in the areas of policy and community work.

An ecological system or ecosystem is a place where an organism or person lives and the physical factors that influence the organism or person such as individuals, family, community or society. It is where a person interacts with their environment or systems. The ecological perspective is a systems model that originated in the natural sciences (Hepworth, Rooney and Larsen, 2002) and have been widely utilized by social workers as an overall framework for thinking about the complexities of intervention at many levels (Suppes & Wells, 2000). A system is defined as a whole consisting of interacting and interrelated parts. Subsystems are found within larger systems, for instance a family within a community, state, or nation. This

leads naturally to a consideration of environment. The ecological systems model acknowledges the on-going, necessary, and intrinsic interactions of a unique individual with others and the environment (Hepworth et.al, 2002). According to the authors the social work profession has adapted an ecological systems model as a basic theoretical framework to promote understanding of human behaviour and to inform assessment and intervention. The social work profession considers that child development is therefore regarded as taking place within four nested systems, namely: the microsystem, the mesosystem, the exocystem and the macrosystem. These all interact with the chronosystem (Donald et al, 2002). The four systems are shown below in Figure 2.2.2.1 Bronfenbrenner's Ecological model of social work adapted from Bronfenbrenner (1995)

Figure 2.2.2.1: Bronfenbrenner's Ecological model of social work



Social workers serve clients at various systemic levels and have adopted the terms *micro* and *macro* to differentiate between these levels (Hepworth et al., 2002). For this study, the micro

context refers to the people, environments, and settings nearest or most connected to an individual such as significant other, family, extended family networks, peers, school, and work. Macro context refers to larger systems such as communities, countries, the world, and the social, cultural, economic, and political forces within those systems.

According to Dubow, Huesmann, and Boxer's (2009) the term "ecological" refers to the nested contexts that constitute an individual's developmental environment. For instance, the adolescent is nested within the family, within the peer group, within the classroom, within the school, within the community, within the ethnic group as well as protective factors within contexts that can foster the development of secure attachment between adolescents and their primary caregivers. Family risk factors include poor parenting and having aggressive or antisocial parents, whereas family protective factors include a supportive relationship with at least one parent and support from siblings and grandparents (Rutter, 1990). Community-level risk factors include neighbourhood structural characteristics and poverty, whereas community-level protective factors include external support from schools, churches, and youth groups (Guerra et al., 2003).

Ecological models encompass an evolving body of theory and research concerned with the processes and condition that govern the lifelong course of human development in the actual environments in which human beings live (Gauvain & Cole, 1993). Bronfenbrenner & Morris (1993:996 cited in Tudge, Mokrova, Hatfield, Karnik, 2009) assumed that "Human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects and symbols in its immediate environment. To be effective, the interaction must occur

on a fairly regular basis over extended periods of *time*. Such enduring forms of interaction in the immediate environment are referred to as *proximal processes*".

Bronfenbrenner & Morris (1993:99) believed that "The form, power, content, and direction of the proximal processes affecting development vary systematically as a joint function of the characteristics of the developing persons; of the environment both immediate and more remote in which processes are taking place; and the nature of the developmental outcomes under consideration. In order to understand how particular processes, in combination with child characteristics, might differentially influence development, Bronfenbrenner and Morris (1998) advanced a bioecological model and a theoretical basis for this model is referred to as a process-person-context-time (PPCT) model, and sets forth implications for how research might consider the interaction of parenting and temperament. Moen (1995:4) states that the bioecological paradigm, described as the person-process-context-time (PPCT) model "Attends to the interplay between characteristics of the person and the social context in affecting developmental processes over time". These elements change depending on the child's maturation as well as environmental changes (Donald et al, 2002).

The process through which children and adolescents become orphans should be considered because it is essential to identify the relevant interrelationships between these children or adolescents and their social environment. According to STPA (1999) most orphans are a result of HIV and AIDS and as their parents die the orphans go through serious emotional stress. They are impoverished, stigmatised, isolated, and sometimes rejected. As a result they lack power or voice in the society. UNICEF (2011) states that the vulnerability of Orphans and Vulnerable Children (OVC) is exacerbated by a lack of opportunity, space, and power or voice in the society that leaves OVC open to greater instances of neglect, violence,

exploitation, exposure to HIV, and sexual and other forms of abuse. Orphaned adolescents still need parental guidance and care including community support networks (Ministry of Local Government and Rural Development, 2010). UNICEF (2011) indicates that there is need for integrated family centred interventions complemented by quality social services that address intra-household dynamics.

Further, Bronfenbrenner & Ceci (1994) acknowledged the relevance of biological and genetic aspects of the *person*. Bronfenbrenner (1993 cited in Tudge, Mokrova, Hatfield, and Karnik, 2009) devoted more attention to the personal characteristics that individuals bring with them into any social situation. He divided these characteristics into three types, which he termed *demand*, *resource*, and *force* characteristics.

Demand characteristics are those to which he referred in earlier writings as "personal stimulus" characteristics such as age, gender, skin colour, and physical appearance (Tudge, Mokrova, Hatfield, Karnik, 2009). According to Bronfenbrenner age, gender, skin colour and physical appearance may influence initial interactions because of the expectations formed immediately. According to Bronfenbrenner and Morris (1998), temperament can act as force or demand characteristics. The assumption of the authors indicated that demand characteristics may evoke or hinder social reactions and behaviours from others involved in proximal processes. The degree to which a temperament characteristic impedes or facilitates productive engagement in proximal processes indicates its positive or negative value for the child's development.

In relation to demand, adolescence is the period in which the most striking initial changes are noticed. According to Bee (1997: 270) "Adolescence is the period of transition in which the

child changes in age, physically, mentally, and emotionally into the adult". During the adolescent phase children display a growing desire for autonomy, sometimes with challenging behaviour towards authority figures (Sadock & Sadock, 2007, cited in Fainstein, 2008). Caregivers may encounter difficulties with adolescents who, in their quest for independence and autonomy, appear to be deviant, stubborn, and difficult to discipline or control. A study in New York on adolescent-parent attachment by Moretti and Peled (2004) showed that, during periods of adolescent development, parental sensitivity and support are critical in assisting children to the next level of functioning. This 'power' that the caregiver has to shape the relationship, regardless of the child's intrinsic factors, appears to support Ainsworth's (1973 as cited in Belsky, 2005) original hypothesis that the mother or caregiver is the main role player in determining the attachment status of the child.

Resources are characteristics that relate partly to mental and emotional resources such as past experiences, skills, and intelligence, and also to social and material resources (access to good food, housing, caring parents, and educational opportunities appropriate to the needs of the particular society) (Tudge, Mokrova, Hatfield, Karnik, 2009). According to Siporin (1980) an individual person can function well only if he/she has internal abilities and competencies, and has access to needed social resources in the form of positive, nurturing supports, facilities, opportunities and demands (*meaning norms, values, standards and physical qualities*).

In terms of internal abilities and competencies, Landy (2002) indicated that children should be allowed to explore the world around them as much as possible while keeping them safe. Children develop a sense of trust in their abilities when their caregivers allow them to be independent and do things for themselves. Balswick and Balswick (1991) suggest that parents should change their parenting style of power and control as their children mature. They

should delegate responsibility to them as part of the empowerment process. The success of the process depends upon both parents and adolescents. That is, parents give responsibility and adolescents act responsibly.

Finally, *force* characteristics are those that are concerned with differences of temperament, motivation, and persistence. According to Bronfenbrenner (cited in Tudge, Mokrova, Hatfield, Karnik, 2009), two children may have equal resource characteristics, but their developmental trajectories will be quite different if one is motivated to succeed and persists in tasks and the other is not motivated and does not persist. For instance, fearfulness, a force characteristic, may hinder a child's participation with the parent in playgroup activities, reducing the quality and time spent in parent–child proximal processes. Bronfenbrenner provided a clearer view of individuals' roles in changing their context. The change can be relatively passive (a person changes the environment simply by being in it, to the extent that others react to him or her differently based on demand characteristics such as age, gender, and skin colour), to more active (the ways in which the person changes the environment are linked to his or her resource characteristics, whether physical, mental, or emotional), to most active (the extent to which the person changes the environment is linked, in part, to the desire and drive to do so or force characteristics).

The ecological perspective of human development (1979) asserts that the development of all children is influenced at *context* or environmental levels (where developing children spend a good deal of time engaging in activities and interactions) such as home, school, and peer group **(i.e. the microsystem**). There are also important contexts in which the individuals whose development is being considered are not actually situated, but which have important indirect influences on their development **(i.e. the exosystem)** (Bronfenbrenner, 1979). For

instance, a mother has been victimised by her employer at work, and as a result behaves more irritably than usual with her child when she gets home. The mother's work is an exosystem for the child. Orphaned adolescents are influenced not only by their personal circumstances, family relationships or the absence thereof, but also the social and economic circumstances of the community and society in which they live (**i.e. macrosystem**). Bronfenbrenner's ecological models of development therefore provide a suitable framework in which to understand the dynamic relationship between individual behaviour and social contexts (Bronfenbrenner, 1994).

The final element of the PPCT model is *time*. Bronfenbrenner and Morris (1998) wrote about time as constituting micro-time (what is occurring during the course of some specific activity or interaction), meso-time (the extent to which activities and interactions occur with some consistency in the developing person's environment), and macro-time (the chronosystem), The latter term refers to the fact that developmental processes are likely to vary according to the specific historical events that are occurring as the developing individuals are at one age or another. Considering time might help us to examine the nature of cross-generational human relationships, such as those between parents and children. Bronfenbrenner (1995: 643-644) is particularly concerned that there is "growing chaos" in the "everyday environments" in which we live, which might interrupt and undermine "the formation and stability of relationships and activities that are essential for psychological growth". Muia et.al (2013) state that inter-generational relationships have been changing the world over, with greater implications for the family structure. It will be interesting to establish the patterns of change warranting intervention beyond the capacity of the family.

Bronfenbrenner (1994) argues that the human person is compared to a living organism that must secure resources from the environment to survive, has a predictable life cycle, prospers in suitable places, has problems when displaced from its roots, and exists in a web of interdependence. Therefore, to understand human development, one must consider the entire ecological system in which growth occurs. This system is composed of five socially organised subsystems that help to support and guide human growth. They range from the microsystem, which refers to the relationship between a developing person and immediate environment, such as school and family, to the macro-system, which refers to institutional patterns of culture, economy, customs, and bodies of knowledge.

In the present study this will include interactions in all life events that have an impact on orphaned adolescents' emotional and social functioning. Hobbs (1980) says, "what is powerful, about the concept of ecological approach (ecosystem) is that the client social functioning is clearly interrelated with the environment, and the client is an inextricable part of the ecological system". Social functioning refers to a system's integrated, coordinated application of well-developed, well-working capacities and abilities, within basic social relationships, utilizing internal and external resources, so as to accomplish life tasks/ functions, meet needs, and perform life roles (Siporin, 1980). Additionally, Bronfenbrenner & Ceci, 1994, pp. 569, 571) state that "Effective psychological functioning refers to the optimal achievement of developmental outcomes related to: perception and response; directing and controlling one's behaviour; coping with stress; acquiring knowledge and skill; establishing and maintaining relationships; and modifying and constructing one's environment".

Orphaned adolescents may have experienced stressors which result in limited relationships and self-disclosure. First of all, there are life events relating to separation from attachment figures which have a potential biological and social risk for adolescents and young children

who grow up in environments other than biological, nuclear family units and/or devoid of significant caregivers such as parents (Bowlby, 1952; Rutter, 1995). Rutter (1998) further states that children who grow up without the love and care of adults who are devoted to their wellbeing are at higher risk of developing psychological problems. On the other hand, developmental risks may be associated with the fact that poverty increases the risk of parents or caregivers lacking personal and social resources to meet the child's needs and therefore increasing the likelihood of the child experiencing disruptive family environments, inadequate nurturance, parental rejection, and even difficulty with learning and cognitive development (Rutter, 1998; Landsberg, 2005). In addition, Garbarino and Kastelny (1996) mentioned other family-level risk variables such as physical violence directed at the child, marital violence, verbal aggression, maternal depression, and perceived incompetence.

Secondly, with regard to life events relating to disturbance of intrapersonal relationships, that is, self-awareness, self-management, and self-motivation as well as interpersonal relationships, Bronfenbrenner (1979) adopted the four nested systems, namely: the microsystem, the mesosystem, the ecosystem, and the macrosystem.

a) Microsystem

The microsystem involves patterns of daily activities, social roles and interpersonal relations experienced by the developing person or adolescent in a face-to-face setting with a familiar caregiver (possibly extended family member), the school, and the peer group. At this level, which is the child's most immediate environment, social workers need to be highly skilled in direct caregiving, environmental design, and activity programming (VanderVen, 2006). Maier (1991:395) also mentioned that child and youth care practice has shifted away from psychoanalytic, educational, and behavioural approaches to an "interactional/attachment

orientation" which recognises that basic to human development is,"the existence of assured closeness (attachment) to another person," and that attachment is formed through, "ordinary daily care interactions". It is within the immediate environment of the microsystem that proximal interactions occur. The role of the caregiving 'family' or environment within the children's home, would be to nurture adolescents with emotional support such as love, and a sense of belonging and to assist them to learn important social skills that help them engage and interact as family and community members later in life (Giele, 1979). It is through the caregivers, siblings, peers, and immediate environment that adolescents acquire social norms associated with human relations, main universal human values, and worldview attitudes, thus forming their distinct position in the system of interpersonal relations with surrounding people (Saralieva and Otdelkina, 2015).

In order to understand the intrapersonal relationships, adolescents' development will be viewed in terms of an eco-systemic perspective which regards any delay or distress as being due to a poorness of fit between individuals or personal endowment and the systems around them (Harcombe, 2000 cited in Koursaris, 2009). The ecological perspective through the concept of transaction (bidirectional and cyclic relationship exists between the client and environment) suggests that problems of clients are not a result of individual pathology, but rather a product of a malfunctioning ecosystem (Pardeck, 1988). According to Pardeck, (1988:133) "Positive adjustment is seen as a product of ''goodness-of-fit'' between the child's relationships and the environment. The goodness of fit is simply defined as when the child's capacities, motivations, and temperament are adequate to master the demands, expectations, and opportunities of the environment'' (Chess & Thomas, 1989, p. 380). The goodness of fit will be viewed in terms of caregivers' perceptions of adolescents in their family and the nature of interaction between them. A study of American Christian families by

Balswick and Balswick (1991) indicates that family life is the interaction of all family members operating as a unit with interrelated parts and family members are considered in the context of their relationships. When poorness of fit is evident, children develop many different kinds of behaviours that are indicative of their distress (Harcombe, 2003 cited in Koursaris, 2009).

Finally, life events will relate to environmental influences emanating from outside the family. Dubow, Huesmann, and Boxer's (2009) Social-Cognitive-Ecological model stated that community structural characteristics like concentration of poverty or lack of economic investment in the community would predict lower levels of neighbourliness and higher levels of neighbourhood problems such as vandalism, burglary, and availability of drugs, which in turn would predict poor parenting and ineffective discipline. With regard to the present study, community structures such as school, welfare services, cultural structures and extended family systems, will be relevant because they operate to enhance the quality of life of adolescents and to provide social support networks to caregivers in relation to parenting (Harper et al, 1999). Such networks act as a general protective factor for the children.

In relation to this study, adolescents' individual characteristics of temperament, behavioural styles, and levels of emotional stress may be said to play an important role in the way in which caregivers, teachers and other individuals experience them within their personal, social, and educational environments. Temperament does not predict the attachment status of the child, except possibly under conditions of immense stress where adequate social support is unavailable (Belsky, 1999). It does, therefore, seem very important that caregivers remain consistent in their responses to children and do not allow more difficult children to cause them to display behaviours that may foster insecure attachments. Ainsworth (1973, as cited in

Belsky, 2005) stated that the mother or caregiver is the main role player in determining the attachment status of the child. Maier (1991:395) asserts that "An interactional/attachment orientation recognizes that basic to human development is the existence of assured closeness (attachment) to another person" and that attachment is formed through "ordinary daily care interactions".

The study views a proximal process like caregiver-adolescent interaction. Gauvain & Cole (1993) stated that a proximal process like mother-infant interaction across time, emerges as the most powerful predictor of developmental outcome. For instance, good maternal treatment appears to reduce extensively the degree of negative behaviour exhibited by the child. On one hand, Demo and Acock (1988) and Acock and Demo (1994) mention the two family processes important for children, being the quality of the parent-child relationship and the quality of the relationship between parents. The authors argue in favour of the family process perspective that if children have good family processes, such as high quality parent-child relationships and low parental conflict, then their well-being will be high regardless of their family structure. Children whose parents show high amounts of affection, acceptance, and support report lower levels of anxiety and depression (Mechanic and Hansell, 1989; Goodyer, 1990). The mother or caregiver's psychological well-being is an important influence on children's psychological well-being. Grossman, Eicher, and Winickoff (1980) argue that high maternal well-being is thought to lead to higher psychological well-being for children and adolescents, because maternal psychological well-being has an impact on parenting. According to Crockenberg (1981) parenting is a proximal process in which parental influence on child adjustment varies as a function of the child's characteristics, such as temperament. Responsive parenting may reduce the likelihood of negative emotions, while harsh parenting may be associated with increased child aggression in general, but with even

more aggression in the case of children who express more negative emotions (Crockenberg, 1981). The purpose of this research is to explore the orphaned adolescents and caregivers' perceptions of the quality of their relationship and the connectedness they share. Furthermore, issues of conflict, anxiety, and depression will be interrogated.

b) Mesosystem

The mesosystems level relates to the interactions the people in the microsystems have with each other – as parents interact with school or as neighbours interact with each other, for example. At the mesosystem and exosystem strata, practitioners are involved in indirect work with children and more direct work with adults. VanderVen (2006) argues that these levels require radically different skills than at the microsystem level and include policy design, organizational coordination, financial administration, and political skills. The child is not directly involved with the mesosystems, but nevertheless is affected by them. In the present study mesosystem factors, such as the relationship of the family with teachers and other professionals will be explored, including parental involvement with the mesosystems.

c) Exosystems

The exosystems level is a wider context as it relates to the broader community in which the child lives. According to Bronfenbrenner (1979) in the exosystems level are extended family, family networks, workplaces, neighbours, family friends, community health systems, legal services, and social welfare services. Though the child may not have direct contact with it, the systems affect the child's development and socialization – as do all the systems. Because the people in the child's life are affected by the exosystems and mesosystems, the child is also affected. For example, when a parent goes to work or is laid off from work, the changes in the parent's life impact that of the child.

With regard to this study, the structure of the larger community, the community's resources, schooling, community health organisations and welfare services, and the extended family are relevant. Some of these resources operate to enrich the quality of the adolescents' micro and mesosystem interactions (Harper et al, 1999, cited in Koursaris, 2009). According to Koursaris (2009) the experiences in their community setting may be seen as advantageous and fostering a better quality of life and higher standard of living for adolescents including participation in church gatherings, school and social outings, donations of clothing, books and stationery as well as the educational services provided by public / government schools, and welfare services. Therefore, this present study will explore whether or not the material enrichment and increased standard of living counteract the seemingly decreased amount of positive influences within the adolescents' microsystems, including adolescents' difficulties with establishing close attachment relationships with their caregivers and others.

d) Macrosystems

The macrosystems level contains the government; policies; attitudes and ideologies; values, laws, and customs of a particular culture or subculture or social class; broad social ideologies; and values and belief systems (Bronfenbrenner, 1993). At this level VanderVen (2006: 244) suggests that "work at the macrosystem level requires the ability to influence global attitudes and viewpoints about a culture or subculture". Within this system opportunity structures and life-course options for the individual exist (Muus, Velder & Porton, 1996). The point of the ecological model is that each component interacts with other components, making a highly complex context the child grows up in. The child isn't just a passive recipient of what goes on in his or her life, but at the centre of Bronfenbrenner's ecological model interacts directly with the people in the microsystems and the effects of the interaction go both ways. As people affect the child, so the child has an influence on them. Another point is that nothing

ever remains static. As a result, the child, systems, and environments are ever changing. Milestones and life events occur as time passes, the child grows, and the contexts change laws and customs of one's culture. They involve dominant structures, as well as the beliefs and values that influence and may be influenced by all other levels of the system (Bronfenbrenner, 1977).

The rest of the systems proposed by Bronfenbrenner (1979; 2005) as well as the links between them will not be addressed for practical reasons. For example, the role of exo-system factors, such as policy and legislation, will be not addressed, although it is acknowledged that they have relevance to the questions in the research. Similarly, the role of the macro-system, including cultural and social influences such as language and culture, and the role of chronosystem variables (i.e., changes in systems across time) will not be the direct focus of the study. Bronfenbrenner (1979: 14) maintains that 'it is neither necessary nor possible to meet all the criteria for ecological research within a single investigation'. However, future research could work towards the development of research designs suitable for directly addressing the role of more systems and systemic factors when exploring orphaned adolescents' and caregivers' perceptions of their relationships.

2.2.2.1 Application of Ecological Models of Human Development to the current study

Ecological Models of Human Development is applicable to the current study because in practice, Bronfenbrenner's ecological paradigm does not only influence the daily interactions between orphaned adolescents and their caregivers and social work practitioners but also their efforts to work across the various ecological contexts that are significant in children's lives. Orphaned adolescents care practice requires social workers to operate within and across the varied ecological contexts that influence children and adolescents at the micro-system to

macrosystem level. It is within the micro-system or individual level that proximal interactions occur. At this level, the role of the caregiving 'family' or environment within the children's home, should nurture adolescents with emotional support such as love, and a sense of belonging and assist them to learn important social skills that help them engage and interact as family and community members later in life (Giele, 1979). It is through the caregivers, siblings, peers, and immediate environment that adolescents acquire social norms associated with human relations, main universal human values, and worldview attitudes, thus forming their distinct position in the system of interpersonal relations with surrounding people (Saralieva and Otdelkina, 2015).

At the meso-systems level the adolescent is not directly involved with the meso-systems, but nevertheless is affected by them. In the present study meso-system factors, such as the relationship of the family with teachers and other professionals will be explored, including parental involvement with the meso-systems. The study will also look at the exo-systems level. In the exo-systems the study will look at family and extended family networks, community health services, the school, community services, and social welfare services though the adolescents may not have direct contact with them, the systems affect the adolescent's development and socialization. Further, at the macro-systems level the study will focus on the government; policies; and social services. The point of the ecological model is that each component interacts with other components, making a highly complex context the child grows up in. The child isn't just a passive recipient of what goes on in his or her life, but.at the centre of Bronfenbrenner's ecological model interacts directly with the people in the microsystems and the effects of the interaction go both ways. As people affect the child, so the child has an influence on them. Another point is that nothing ever remains static. As a result, the child, systems, and environments are ever changing. Siporin (1980) said

institutional policies and programs, and organizational and family group interaction patterns and operating processes, should be altered so that they may be more supportive and nurturing of caregivers and adolescents, as individuals and as fanily-comrnunity-mernbers.

2.2.2.2 Ecological Models of Development: A Critique

The ecological system model consists of interacting and interrelated parts and is known for its complexities of intervention at many levels. Its' subsystems are found within larger systems, for instance, a family within a community, state, or nation. For this reason, it should be noted that systems analysts assume that all systems are similar, but actually there are important differences between a person and a work organization. Leighninger (cited in Siporin, 1980:521) states that systems analysis is deficient in its conception of society in normative terms; its overestimation of subsystem integration, which leads to "conservative, status-quo, political positions," and a discouragement of constructive conflict and variety. Further, Siporin (1980) argued that there is a tendency on the part of systems theorists to overestimate the rationality of human beings and particularly of decision-making and problem-solving in organizational behaviour. Thus, there is an effort to impose an unrealistic kind of rational image upon organizational life. Moreover, all systems are bureaucratic. Siporin (1980) states that "One pernicious trend has been the increase in bureaucratic, centralised control, with power placed in the hands of "systems-experts" rather than managers, with escalated costs due to overstaffing of non-productive personnel and to reams of paperwork". Another difficulty posed by the systems model is the assumption that systemic components are so interdependent that impactful intervention at some crucial point should affect other elements (Siporin, 1980). For example, lack of levels of intervention into systems, with individuals, dyads, families, groups, organizations and communities.

CHAPTER 3

3.0 METHODOLOGY

This chapter presents the research design and methods utilised in the study. The subsections include: research design; research method; study site; study population; sampling techniques; sampling size; data collection procedure; data management; data analysis; limitations of the study; and ethical considerations.

3.1 Research design

Research design involves developing strategies for executing scientific inquiry. Wagenaar and Babbie (2004) state that appropriate research designs enable the social scientist to make observations and interpret the results. This study is exploratory and descriptive. It is exploratory in the sense that little or no research in this field has been conducted in Botswana. Further, it is a descriptive study, as it sought a detailed and descriptive understanding of participants' perceptions (Babbie & Mouton, 2001). In this case, it sought to obtain adolescents' and caregivers' experiences and descriptions of their relationship and to enable the researcher to identify effective methods or strategies of dealing with the social, emotional, and mental challenges of adolescents. Furthermore, the researcher intended to save time and resources by conducting a cross-sectional study in which units of analysis are studied at one point in time (Wagenaar and Babbie, 2004).

3.2 Research method

This study employed a qualitative research method. A qualitative research method was used it enabled the researcher to observe subjects in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings adolescents and caregivers give to them (Denzin, 1994). According to Babbie & Mouton (2001) the strength of qualitative

research is its ability to provide complex textual descriptions of how people experience a given research issue--that is, the often contradictory behaviours, beliefs, opinions, emotions, and relationships of individuals. Further, qualitative research emphasises the importance of the social context for understanding the social world (Babbie & Rubin, 1997). This research was also inductive, as it looked at individual cases, or moved from the specific to the general (Babbie & Mouton, 2001). The researcher viewed it as critical to look deeply at a few subjects' experiences and then apply their information to an understanding of the adolescents' behaviour and possible attachment difficulties.

3.3 Study location

The study was conducted in Metsimotlhabe one of the village that is 10 kilometres from the capital city of Gaborone. The village has a population of 8,081 persons (Population and Housing Census, 2011). The village was chosen because it was convenient for the researcher and fewer resources were needed to conduct the study.

3.4 Study population and unit of analysis

The study population is an aggregate or totality of all subjects or members that conform to a set of specifications (Polit and Hungler, 1999). The population for this study was orphaned adolescents (12-17 years of age) and their caregivers, a social welfare officer, community health officer (nurse), community leader (chief), guidance and counseling teacher Metsimotlhabe Primary School and a senior social worker in the Department of Social and Community Development in Mogoditshane/Thamaga sub-district.

3.5. Sampling technique

The primary rationale for sampling in qualitative research is to select "information-rich cases for in-depth understanding and deeper meaning of human experience," so that the researcher can learn about the issues of central importance to the purpose of the research (Patton, 2002, p. 230). The sampling method used in the present study is consistent with the assumptions of qualitative research. According to Kuzel (1992), cited in Patton (2002), qualitative sampling is essentially concerned with information-richness. This was achieved through a non-probability sampling strategy of the purposive method of sampling. The purposive sampling strategy entails the inclusion of participants based on "judgment and the purpose of the study" (Babbie & Mouton, 2001, p.166). This is the sampling method usually drawn upon for studies utilizing qualitative content analysis as it allows for the intentional selection of participants that will inform the research questions under investigation (Zhang & Wildemuth, 2006). A purposive, theoretical sampling method was employed to select participants for the study as the aim was to acquire theoretical insight and deeper understanding of the social world of orphaned adolescents and their caregivers (Neuman, 1997).

3.6 Sample size

The sample size refers to the number of research units to be interviewed from the study population. Qualitative research does not rely on a large sample due to the nature of information being sought from a particular study. Patton (2002 cited in Fainstein, 2008) explains that, in qualitative research, there are no rules concerning sample size. Twenty-five (25) respondents were interviewed from Metsimotlhabe. These were: ten (10) orphaned adolescents; ten (10) of their caregivers; and five (5) key informants. The key informants were one local social welfare officer from the Department of Social and Community Development (Metsimotlhabe); one senior social worker from the same department; one

community leader (chief); one guidance and counselling teacher; and one community health worker (nurse). The sampling size used in the present study is consistent with the assumptions of qualitative research. According to Patton (2002 cited in Fainstein, 2008), qualitative sampling is essentially concerned with information-richness.

Further, the sample selection in the present study was not based on the size, but rather the extent to which participants helped the researcher understand the social, emotional, and mental development of orphaned adolescents and possible attachment and family relationship challenges. Participation in this study was voluntary.

No part-time caregivers were considered for inclusion. The inclusion criterion of being a full time caregiver was decided upon because time and proximity are prerequisites for the formation of attachment bonds (Zeanah & Fox, 2004). Therefore, it was important to investigate the perceptions of full-time caregivers over part-time helpers, because by virtue of the longer hours they stayed with adolescents, they may had an opportunity to attach to the children which part-time caregivers and volunteers may not have. The second inclusion criterion was informed by Bowlby's (1952) finding that the most crucial years for the development of attachment relationships are during the first four years of life. Thus, in order for caregivers to be eligible to participate, they had to have stayed with adolescents younger than twelve years of age at the time of the study. This served to ensure that all of the participants were caring for children during the critical ages for attachment formation, which may have provided them with insights and perceptions guided by life experience. In addition, inclusion criteria was considered in terms of geographical location, that is, the participants should be residents of Metsimotlhabe and caregivers should be living with or within the orphaned adolescent's home.

On the other hand, the inclusion was for the informants working with orphaned adolescents in Metsimotlhabe such as social workers, chief/headman, nurse, and teachers. They had varying amounts of experience and different kinds of training. The informants' expertise formed inclusion criteria, regardless of length of time they worked in Metsimotlhabe where the study was conducted.

3.7 Data collection methods

An individual face-to-face semi-structured interview guide was used as a primary means of data collection to obtain information from orphaned adolescents, caregivers and key informants regarding issues of attachment between caregivers and adolescents. These respondents were identified through purposive method of sampling, which is a non-probability sampling strategy. The face-to-face interview enabled the researcher to obtain direct information about the behaviours (non-verbal cues) and how respondents reacted to the questions asked. In addition, face-to-face interviews also provided an opportunity to help the subjects in their interpretation of the questions and allowed flexibility in determining the wording and sequence of the questions. This also gave the researcher greater control over the situation through allowing the interviewer to determine, on site, the amount of probing required (Babbie &Rubin, 1997). Effective probing was essential to ensure that the researcher correctly understood the participants because the interviews were conducted in English as well as Setswana, the first language of many of the adolescents and caregivers.

Furthermore, semi-structured open-ended questions were used. Open-ended questions were unstructured to allow and guide the participants in providing relevant information. The method also yielded flexibility in that an answer to one question sometimes influenced the next question the researcher asked (Wagenaar and Babbie, 2004). Eckhardt and Erman (1977

cited in Fainstein, 2008) state that, “for the interview to yield as much information as possible while at the same time allowing the participants freedom of expression, open-ended questions are ideal”. The advantages of using this type of interview were that it provided an opportunity to establish rapport with the adolescents and caregivers and stimulated trust and cooperation needed to probe sensitive areas (Wagenaar and Babbie, 2004). It also provided an opportunity to help the subjects in their interpretation of the questions and allowed flexibility in adjustment of questions to each of the participants as necessary. While the format of the individual, semi structured interview is flexible, allowing questions to be adjusted to each of the participants as necessary, the risk associated with the use of this type of interview is that the interviewer may use leading questions, which affects the validity of the results (Babbie, 2006). In order to avoid the challenge of this pitfall (leading questions), the researcher asked mainly open questions, which gave the participants no suggestion of a desired answer. The interviews ranged in length from 45 to 60 minutes. They were conducted in English for the key informants and both English and Setswana for orphaned adolescents and caregivers. There were separate interview guides for orphaned adolescents, caregivers, and key informants. The major themes for the interview guided included the following;

- Perceptions of attachment relationships between orphaned adolescents and their caregivers.
- Perceptions regarding normality of adolescents’ emotional behaviour.
- Challenges experienced by orphaned adolescents and caregivers in their relationship with one another.
- Coping strategies of orphaned adolescents
- Interventions needed to enhance caregiver-adolescent relationships as well as adolescents’ coping skills.

3.8 Data management

Data management includes all aspects of safeguarding, handling, organising, and enhancing research data. Schopfel and Prost (2016) state that data management encompasses the kind of data used and produced, how they are stored, preserved and safeguarded; and how they are shared with other researchers. The open-ended semi-structural interview schedules were used to collect data from participants. Each interview was audio-recorded in order to ensure that transcriptions were accurate and thus reduced the chance of bias in the data analysis phase. Thereafter, thematic content analysis was employed to transcribe, categorize and code data from the interviews (Babbie, 2004; Ricardo, 2014). Every effort was made to ensure that the transcripts were used only for the purposes of this study.

Conclusions were drawn after thorough and critical analysis of the data collected. Issues such as expressions, thoughts, and views were grouped together in line with Attachment theory, Ecological Models of Human Development, and literature review that may explain and contribute to caregiver-adolescent attachment relationships and interactions. Further, text documents, tables, graphs, and charts were used to display the findings of research data produced by respondents. In conclusion, the research results will be shared with relevant stakeholders for intervention purposes.

3.9 Data analysis

Data analysis refers to working with data, breaking it into manageable units, synthesising it, searching for patterns, and discovering the most important points to be used. The data that resulted from the interview was audio recorded and transcribed verbatim. Then, the transcribed interviews were analysed using content analysis, which is a technique used to study human communication of various forms (Babbie, 2004). More specifically, thematic

content analysis was used. This type of analysis is systematic and allows for large amounts of data to be put into categories or themes, patterns, and agreements or disagreements based on pre-determined rules of coding (Wagenaar and Babbie, 2004). This systematic process of coding and theme identification also allows for "subjective interpretation of the content of text data based on people's assumptions" (Zhang, 2006, p.1). The process of analysing the data in line with the guidelines for thematic content analysis examines the presence or repetition of particular words or phrases in the content of text data in order to make inferences about the author's or speaker's message. According to Babbie & Mouton (2001) thematic content analysis stresses that meanings attached to signs are socially constructed and tend to be more subjective and emphasise meaning rather than quantification.

The first step of the data analysis phase proposed by Wagenaar and Babbie (2004) was followed by the researcher which involved transcriptions of conversations in order to understand their meaning and structure. For instance, after the interviews, the tape was listened to and notes were read through, organised, and categorised to derive the meaning from the material. According to Mayring (2000) and Patton (2002), following analytic rules allows the researcher to go step by step, without rash quantification in order to make sense of qualitative material and attempts to identify core consistencies and meanings.

The second step followed involved coding data and identifying the code labels and their meaning. Wagenaar and Babbie (2004) state that coding is central and involves classifying or categorising pieces of data. According to the authors, codes are used to identify similarities and differences and help to uncover people's assumptions and that which is of interest to the researcher and relevant to the research questions. The researcher coded all the data and then organised the corresponding data under the heading of each code, while the irrelevant data was

discarded. It is important to note that, according to Bryman (2001, cited in Braun & Clarke, 2006) one of the criticisms of coding is that often the context is lost. In order to address this possibility data was presented in terms of categories and interpretations and supported by direct quotations from participants.

The third step followed in the data analysis phase involved searching for themes. This entailed thematic content analysis where information is synthesised in a systematic manner that responds to specific research questions (Babbie, 2004). Analytic comparison was used where the researcher looked for themes and only those in which agreement was reached were included in the results. Further, the researcher made use of both the inductive (data from the interview) and deductive (theoretical assumptions and theories) approaches in order to generate as many themes as possible that would add to the richness of the data collected and that would also illuminate the aims of the study. According to Braun and Clarke (2006), themes can be chosen based on the inductive or the theoretical approaches.

The fourth step followed in the data analysis phase entailed reviewing the themes and presenting key themes in the analysis (Wagenaar and Babbie, 2004). This involved re-reading all the coded data extracts within each theme and checking for coherence whilst noting inconsistencies and contradictions that may be relevant. It also involved reading across the themes to ensure that there were none overlapping.

Wagenaar and Babbie's (2004) fifth step entailed defining and naming the themes. While the researcher had chosen to name the themes in the previous step, the names will be reworked where necessary to link them to the research questions. Finally, the results and discussion sections were written up using the themes. The template was as follows;

- Research questions

- Actual response
- Overarching or emerging themes
- Sub-themes

Literature was added in this phase to support arguments and illustrate points made.

3.10 Pilot study

A pilot study is a mini-version of a full-scale study that can be specifically manipulated in re-testing of research instruments, including questionnaires or interview schedules. The purposive sampling method was used to identify orphaned adolescents, caregivers, and a social worker in the Social and Community Development Department in Mmopane village. Blaxter, Hughes & Tight (1996:121) refer to a pilot study as "reassessment without tears", that is, trying out all research techniques and methods which the researcher has in mind to see how well they will work in practice. If necessary it can then still be adapted and modified accordingly. Van Teijlingen, Rennie, Hundley, and Graham (2001 argue that well-designed and well-conducted pilot studies can provide information about the best research processes and occasionally about likely outcomes. A pilot study was conducted in Mmopane involving three (3) respondents: one (1) orphaned adolescent, one (1) caregiver, and a social worker in Mmopane. The purpose of the pilot study was to verify the reliability of present research instruments. The researcher was based in Metsimotlhabe and thus Mopane village was chosen for its accessibility.

3.11 Limitations of the study

This study relied on a small sample size, therefore, its findings were limited to a specific group under investigation (orphaned adolescents and their caregivers in Metsimotlhabe) and, as such, may not be generalised to other samples or groups. The second limitation was that

the nature of the data was limited, as the descriptive and exploratory nature of the research does not account for self-report bias that may be present. As the research focused on experiences and understanding, the nature of the findings was subjective and must be considered as such. The third limitation was having to accept that the use of handwritten notes by the researcher, including observations, may cause valuable data to be lost due to limited time allocated for interviews and the fact that tape recorders did not capture the non-verbal expression of participants.

3.12 Ethical considerations

The research adopted a number of measures in order to ensure that participants were not harmed in any way as a result of their participation in the study.

Clearance with relevant institution: Verbal and written consent was acquired from the UB Institutional Review Board (IRB). Permission to access orphaned adolescents was also sought from the Ministry of Local Government and the Department of Social and Community Development in Mogoditshane Sub district council.

Informed consent: Informed Consent is a voluntary agreement to participate in research by the participants after understanding the research and its risks. According to Shahnazarian (2008), the consenting process is about the protection and respect for research subjects. The researcher explained to the participants that they were selected to participate in the study because the study was based in their village and they were identified as orphans, caregivers of orphans and key informants of orphans. Apart from that, adolescents are minors and thus verbal and written consent was obtained from the Department of Social and Community Development (Mogoditshane) as well as from their caregivers. All information concerned

with the nature and purpose of the study was verbalised to the participants in order to decide whether or not they wished to participate. Participants' right to withdraw from the study at any point was also emphasised to them, as well as their right to choose not to answer some questions. Participants who gave consent to participate were requested to sign the consent form as a mark of consent in advance before participating in the study.

Anonymity and Confidentiality: Graham and Wiles (2008) stated that in anonymity and confidentiality, researchers aim to assure participants that every effort will be made to ensure that the data they provide cannot be traced back to them in reports, presentations and other forms of dissemination. All information and records obtained directly or indirectly about participants was used for the intended purpose only, unless participants gave permission to share that information for their benefit. The identity of participants was not revealed in the findings. Further, the researcher was responsible in observing the ethics and guidelines of the social work profession directly or indirectly connected with the research.

Further, participants were informed that they would neither benefit nor sacrifice anything as a result of their participation. Participants were also assured that, should any of them be adversely affected by their participation, they would be referred to the Department of Social and Community Development (Mogoditshane) for intervention and assistance. Furthermore, assurance was given that any information disclosed would remain strictly confidential. Lastly, anonymity of all participants was protected by the researcher using codes instead of names on the material derived from interviews. The research did not exploit participants by unnecessarily consuming their time and thus incurring loss of resources or income as it was conducted at their convenient time and place.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND DISCUSSION OF STUDY FINDINGS

4.0. Introduction

This chapter presents findings of the study. The data presented in this chapter shows results from interviews of ten (10) orphaned adolescents, ten (10) caregivers and five (5) key informants. Characteristics of respondents are shown on tables 1-4 on pages 74 to 77. Altogether, twenty-five respondents were interviewed using interview guides containing open-ended questions.

The findings are presented in correspondence with the themes which emerged from the thematic content analysis of the participants' responses. Descriptive statistics have been presented in tables. The themes are divided into subthemes, all of which are grouped around:

1. Perceptions of orphaned adolescents and their caregivers regarding their attachment relationships.
2. Caregivers' perceptions regarding normality of adolescents' emotional behaviour.
3. Challenges experienced by orphaned adolescents and caregivers in their relationship with one another.
4. Interventions needed to enhance caregiver-adolescent relationships as well as their coping strategies.

4.1 Demographic characteristics of respondents

Table 1: Demographic characteristics of orphaned adolescents

H/hold	Respondent	Sex	Age	Level of educ.	Guardianship	No. of years lived with caregiver
1	Adolescent 1	m	17-18	Form 4	aunt	3 years
2	Adolescent 2	f	17-18	Form 4	grandmother	17 years
3	Adolescent 3	f	17-18	Form 4	grandmother	17 years
4	Adolescent 4	f	17-18	Completed form 3	aunt	17 years
5	Adolescent 5	f	17-18	Completed form 5	aunt	7 years
6	Adolescent 6	f	13-14	Standard 7	aunt	13 years
7	Adolescent 7	m	13-14	Standard 7	grandmother	13 years
8	Adolescent 8	f	13-14	Standard 7	sister	13 years
9	Adolescent 9	f	15-16	Form 3	sister	16 years
10	Adolescent 10	f	15-16	Form 4	aunt	11 years

4.1.1. Demographic characteristics of orphaned adolescents

Table 1 above shows that a majority of orphaned adolescents (7) were aged 16-17 years, while three (3) represented an age group of 13-14 years. Eight (8) of the adolescents were females and two (2) were males. The table also shows that half of the orphaned adolescents (5) were doing Form 2 and Form 4 respectively, whereas those in standard 7 comprised three (3) adolescents. Those who had completed Form 3 and were no longer schooling were represented by one (1) adolescent, the other one (1) represented those who completed Form 5.and were admitted for tertiary education.

Further, the data on Table 1 showed that half of the orphaned adolescents (5) were under the guardianship of aunts. Three (3) of them were cared for by their grandmothers and two (2) of them were cared for by their sisters. The pattern in the results indicates that most orphaned adolescents come from nuclear families, single family, widowed and cohabiting families. On the other hand, the pattern in the data indicated that a majority eight (8) of the orphaned adolescents stayed with their caregivers for more than ten years (i.e. 11-17), while two (2) stayed with their caregivers between 3-7 years.

4.1.2. Demographic characteristics of caregivers

Table 2 below shows that caregivers' age group ranged from twenty to seventy-nine (20-79) years. Most caregivers (7) aged 20-39 years and 40-59 years, respectively, while three (3) of them represented an age group of 60-79 years. All caregivers were females. The table also indicates that half of the caregivers (5) were single; only two (2) of them were married; and the other two (2) were cohabiting, while the remaining one (1) were widowed. Based on the educational status of the caregivers, table 2 below shows that half of the caregivers (5) attained junior secondary education (form 1-3); Three (3) of them attained senior secondary level of education (form 4-5), whereas one caregiver (1) attained standard 5-7 level of education. The remaining one caregiver (1) had no school education at all. Regarding the employment status of caregivers the data on table 2 below revealed that six caregivers (6) were unemployed and the employed were represented by two (2), while two caregivers (2) were self-employed.

Table 2: Demographic characteristics of caregivers

Household	Respondent	Sex	Age	Marital status	Level of educ,	Employment status
1	Caregiver 1	f	40-49	married	Form 1-3	employed
2	Caregiver 2	f	60-69	widow	Standard 5-7	unemployed
3	Caregiver 3	f	60-69	married	Form 1-3	unemployed
4	Caregiver 4	f	30-39	single	Form 1-3	Self-employed
5	Caregiver 5	f	40-49	single	Form 4-5	Self-employed
6	Caregiver 6	f	40-49	single	Standard 5-7	unemployed
7	Caregiver 7	f	70-79	single	No education	unemployed
8	Caregiver 8	f	20-29	single	Form 1-3	unemployed
9	Caregiver 9	f	30-39	single	Form 1-3	unemployed
10	Caregiver 10	f	50-59	single	Form 4-5	employed

4.1.3. Number of persons living in the same household with orphaned adolescents

As indicated in table 3 below, the number of persons living in the same household with orphaned adolescents ranged from 5-15 persons per household. Three (3) of households had

between 1 and 5 people; half (5) of the households had between 6 and 10 people; while two (2) of the households had between 11 and 15 people. The results show that some of the household members included the adolescents' siblings and the caregivers' children as well as grandchildren. The findings also revealed that the households of orphaned adolescents had high dependency ratio of children under the age of 18 years and persons over the age of 60 years. All ten (10) households of orphaned adolescents had 79 persons; 45 were children under the age of 18 years, 4 were persons over the age of 60 years and 30 were persons aged between 18 and 60 years.

Table 3: Number of persons living in the same household with orphaned adolescents by age

Household	No, of children under the age 18 years	No. of persons aged 18-60 years	No. of persons over the age of 60 years	Total no. of persons per household
1	5	3	0	8
2	4	3	1	8
3	5	3	2	10
4	2	3	0	5
5	1	3	0	4
6	4	3	0	7
7	3	2	1	6
8	11	4	0	15
9	8	4	0	12
10	2	2	0	4
Total	**45**	**30**	**4**	**79**

4.1.4. Summary of the demographic characteristics of orphaned adolescents and their caregivers

The findings present the implications of the results on caregiver-adolescents attachments looking at employment status of the head of households, guardianship, number of persons per household, and marital status. According to the employment status of the caregivers in table 2, it is evident that high proportion of caregivers 60% (n=6) were unemployed. This is higher than the national unemployment rate of 17.8% stated in the population and housing census of

2011. On top of that, the data on table 3 shows that 70% (n=7) of the households had 6-15 persons per household. The data showed that all ten (10) households of caregivers with orphaned adolescents had 79 persons, 45 were children under the age of 18 years, 4 were persons over the age of 60 years and 30 were persons aged between 18-60 years. From the data above it is clear that many of the caregivers of orphaned adolescents were in need of socio-economic assistance. Furthermore, all orphaned adolescents were under the guardianship of female caregivers and a majority (80%, n=8) of the households were headed by females, while 20% (2) of the female heads were sister or child-headed households. It is clear that some orphaned adolescents were living in households headed by siblings who were over 18 years, but unemployed. Moreover, in table 2, the pattern in the results indicates that most of orphaned adolescents (80%, n=8) came from singlehood, widowed and cohabiting families. It is evident that most of the orphaned adolescents lack adequate paternal support.

Table 4: Demographic information of the key informants

	Occupation	Sex	Level of education	Place of work
1	Community leader/Chief	m	Secondary level	Metsimotlhabe
2	Health Education Assistant	f	Certificate	Metsimotlhabe
3	Senior Teacher (Guidance and Counselling)	f	Degree	Metsimotlhabe
4	Social welfare officer II	f	Degree	Metsimotlhabe
5	Principal Social Welfare Officer II	f	Degree	Mogoditshane

4.1.5 Demographic Characteristics of Key informants

Table 4 above showed the demographic characteristics of five (5) key informants who participated in the study. The key informants comprised of the community leader/chief, social worker, senior social worker; guidance and counselling teacher and community health worker (Health Education Assistant). The informants were distributed across gender with four (4) being females and one (1) males. In terms of level of education, a majority of informants (3) had acquired degree in their qualifications, whereas one acquired certificate and the

remaining one (1) informant had post-secondary level. The results indicate that all the informants were experienced and conversant with the locality of Metsimotlhabe because of the positions they occupied in the community. About four (4) of the informants were in leadership positions while one (1) worked directly with the community, but was accountable to their supervisor. Most of the key informants (4) were based in Metsimotlhabe, whereas one (1) of them was based in Mogoditshane.

4.2 Main Study findings

This chapter presents findings of the study. Various themes emerged concerning orphaned adolescents' and caregivers' perceptions of their relationship and coping strategies of the adolescents living in Metsimotlhabe. These themes are presented in table 5 below. This table indicates how the overarching-themes and sub-themes are linked.

Table 5: Themes and sub-themes

Themes	Sub-themes
Theme 1: Caregiver-adolescent attachments	i) Attachment develops through reciprocal relationship ii) Parental love and support iii) Importance of attachment to orphaned adolescents
Theme 2: Protective factors that facilitate attachment	i) Enjoyment of caregiver-adolescent interactions
Theme 3: Risk factors that impede attachment	i) Individual level (Micro-level) ii) Family level (Messo-level) iii) Community level (Exo-level) iv) Societal level (Macro-level)
Theme 4: The social-emotional development of adolescents	i) Patterns of behaviour displayed by orphaned adolescents ii) Causes of orphaned adolescents' emotional problems iii) How personality and behaviour of caregivers affect relationship iv) Expected personality and behaviour of adolescents
Theme 5: Challenges experienced by orphaned adolescents and caregivers in their relationship and strategies to overcome them	i) Strategies used by adolescents and caregivers to address their challenges ii) The effectiveness of strategies used by adolescents and caregivers to address their challenges
Theme 6: Interventions needed to enhance caregivers and adolescents' attachment relationship and coping skills of orphaned adolescents and their caregivers	i) Interventions needed to enhance adolescents and caregivers attachment relationship ii) Coping skills of orphaned adolescents iii) Coping skills of caregivers

4.2.1. Caregiver-Adolescent Attachments

This theme presents findings on the perceptions of orphaned adolescents and caregivers concerning their attachment relationship. Under this theme, the findings identified important factors that contributed to caregiver-adolescent attachment, which include: attachment develops through reciprocal enduring relationships between caregivers and adolescents; parental love and support; and the importance of attachments to orphaned adolescents. The findings identified that reciprocal enduring relationships between caregivers and adolescents is one of the important factor that contributed to caregiver-adolescent attachment. Papalia and Feldman (1999) stated that it is a reciprocal enduring relationship between infant and

caregiver, each of whom contributes to the quality of relationship. The other factor that featured through the analysis of caregivers and adolescents was based on the ecological models i.e. the goodness of fit. The goodness of fit has been realised to be a factor that in itself might encourage attachment formation. The final factor that came out through the analysis of the data was the importance of attachment to orphaned adolescents. According to Bowlby (1982), loss of a caregiver through divorce, death or separation can cause intense distress to a child in the short term which may continue over time if the loss is not resolved.

The interview revealed that some of the orphaned adolescents were securely attached to their caregivers, whereas others were insecurely attached as they were perceived by the caregivers to be fearful of potential abandonment and showed marked anxiety when the caregivers were unavailable. These were indicated in the analysis of the data by caregiver 6 who said: "*She loves me so much. She always tells me that if you die I will be lost"*. Further, Caregiver 7 (C7) stated that: "*The pain in my heart is like (that) of a parent when I think of separating with him. He does not want to separate with me"*. Adolescent 7 (A7) additionally said that: *I do not want to part with my caregiver; I want to shift with her if she moves to another place"*.

The role of the caregiving 'family' or environment within the adolescents' home, was to nurture adolescents with emotional support such as love, and a sense of belonging and assist them to learn important social skills that help them engage and interact as family and community members later in life (Giele, 1979).

Respondents also revealed the accomplishment and fulfilment of the caregivers in providing care and support to the adolescents as other ways of encouraging secure attachments. These were stated in the word of caregivers 5, 8 & 10 when they shared their feeling of

accomplishment. They stated that: Caregiver 5 (C5) -*"I feel proud of her because I worked very hard to make her perform well in the BGCSE results. She is waiting to go for tertiary education";* Caregiver 10 (C10)- *"I feel proud because she listens to my instructions and she is committed to church activities";* and Caregiver 8 (C8)-*"I am happy because she is a well behaved child".*

The formation of an active, affectionate, reciprocal relationship specifically between two persons (usually human infants and primary caregivers) is described as extremely important in attachment literature (Bowlby, 1977). In the following sub-sections, the participants' perceptions regarding attachment develops through reciprocal relationships and parental love and support were introduced to their general perceptions regarding attachment formation. In subsequent sections, their perceptions regarding more specific areas relating to attachment are presented.

4.2.1.1. Attachment develops through reciprocal relationships

In this sub-theme caregivers and adolescents revealed that their relationship depended on mutuality, that is, reciprocal relationship. All ten (10) caregivers' responses revealed that when adolescents were obedient, performed household chores, followed instructions, and were well mannered, behaved well, and were adequately controlled, the attachment relationship persisted.

Caregiver 3 (C3) stated*: "She is an obedient child and she does all her house chores even though she once went out of the way and could not listen to my advice".*

Caregiver 4 (C4) put it this way: *"The relationship is improving. She went out of control because of peers, but now she is becoming better".*

On the other hand, all ten adolescents' comments showed that the relationship persisted because they were taken care of, treated equally like other children and not discriminated

against, treated well, loved, provided with basic needs, worked together with the caregivers, and were given advice and encouragement.

Adolescent 5 (A5) aged 17 years stated that: *"The caregiver is lovely and does not discriminate. She always gives me advice and provides whatever I need".*

Another A7 aged 13 years stated that*: "She treats me like her own child because when she instructs me I listen. I am able to do my house chores well".*

Five of the caregivers associated parental behavioural control of managing adolescents' behaviour and being disciplined or well-mannered with secure attachment. In this way, caregivers were concerned about providing adolescents with guidance for appropriate societal behaviour and conduct or instilling discipline in the adolescents through parental control.

For instance, C5 stated*: "She used to listen to my advice and she performed very well in her BGCSE results. She has grown up and now she is difficult to control".*

Another C4 said: *"I am not able to control her because of the influence from peers and relatives. She is regretting because she could not take my advice. She has not performed very well in her examinations and she is now HIV positive".*

Participants acknowledged the importance of their role in forming specific kinds of relationships. Interestingly, all ten of the caregivers focused on things which led to the adolescents' preferring them over other caregivers. For instance, they promoted their caregiving skills by taking care of the adolescents well, treating them (adolescents) equally with other children without discrimination, loving them and providing for their basic needs, working well with adolescents and giving adolescents advice and encouragement. This is in the light of attachment theory, which consistently reinforces the idea that it is the mother or primary caregiver who is mainly responsible for forming a secure attachment bond with the children under her care (Zeanah & Fox, 1994).

On the other hand, all the 10 adolescents performed their roles to seek proximity with their caregiver (Bowlby, 1951, 1988) and (Belsky, 2005). This proximity seeking behaviour is

achieved through various attachment behaviours which serve to encourage the desired caregiver or “attachment figure” to attend to the child’s need for love, security, nurturance, and protection (Bowlby, 1969; Belsky, 1988; Zeanah, Mammen, and Lieberman, 1993). The proximity seeking of the adolescents included: being obedient, able to perform household chores, being able to follow instructions, and being good mannered, behaving well, and adequately controlled.

The results of this study indicate that the adolescents and caregivers in Metsimotlhabe had very specific ideas, beliefs and values regarding attachment. The adolescents’ and caregivers’ responses indicated that their attachments depended on reciprocal relationships. According to Homans (1989), reciprocal or give-and-take relationship involves costs (investments) and rewards. Homans believes that what is exchanged are rewards and investments, and they can be either material or non-material. On the other hand, Knapp et al (1992) argued that the norm of reciprocity suggests that there is a strong tendency for human beings to respond in kind to the behavior they receive. That is, love may bring the response of love, and hostility may evoke hostility. In addition Stacks et al (1991) indicated that if the persons are rewarded for their actions, there is likelihood that they will perform the same actions again.

Furthermore, the analysis of caregivers’ responses showed that half of them associated adequately controlled or disciplined and being well-mannered with secure attachment in that caregivers were concerned with instilling discipline in the adolescents. McKenna (2009) indicates that caregivers in collectivist societies may have different parenting goals, but the fact remains that the primary goals behind parenting behaviours are safety, health and survival. According to McKenna (2009) children in collective societies are taught early by strict control and discipline to conform to societal standards around behaviour, respect and

deference to others. That is, higher levels of maternal control are associated with interdependent societal values in which the needs of the group outweigh the needs of the individual (Carlson & Harwood, 2003; Takahashi, 1990). Carlson and Harwood (2003:56; 67) and Hoskins (2014) suggested that behavioural control can protect against problem behaviours and may be important in raising a respectful child who is "attentive, calm, and well-behaved", especially when combined with warmth and responsiveness, hence, lead to secure attachment. Parenting styles characterised by very high levels of control are not always associated with negative outcomes for adolescents, but with interdependent societal values in which the needs of the group outweigh the needs of the individual. This is an indicator of the importance of such contextual factors as parenting styles characterized by maternal control and societal values should be taken into account and given further consideration when examining the effects of contextual factors on caregiver-orphaned adolescent attachments.

The attachment system includes not only outward behaviours but also an inner organization. This occurs because attachment relationships are internalized in what Bowlby (1973) called "internal working models". Bowlby used the term "internal working models" to describe mental representations which all infants form of themselves, their caregivers, and their worlds (Bretherton, 1991). Attachment theory confirms that 'secure base' attached children have an internal representation of the caregiver as stable, responsive, and caring. In light of the above, it may be said that results indicated that all ten (10) orphaned adolescents have an internal representation of the caregivers as stable, loving and caring. Sub-section 4.2.1.2 below, shows the goodness-of-fit of being accepted, loved and supported by their caregivers.

4.2.1.2. Parental love and support

A strong theme came out based on the caregivers' perceptions of whether they treated orphaned adolescents like other children in the households. The is parental love (warmth) and support. Warmth is the degree to which the adolescent is loved and accepted, usually measured by items such as how often the mother or father listened carefully to their child's point of view, and helped them with something important (Hoskins, 2014). Parental support is referred to as the presence of close, caring, and accepting relationships between adolescents and their caregivers. The data show that all of the ten caregivers agreed with the fact that they treated orphaned adolescents like other children because they love and regard adolescents as their own children and provide them with basic needs without discrimination.

This was what caregiver (C2) stated: *"Yes, I love her like my own child. She reminds me of my daughter who passed away"*.

Other C5 said: *"Yes, I provide her with everything she needs including buying her clothes together with my children without discriminating. All my neighbours believed that she is my biological daughter because of the way I treat her"*.

In addition, all of the ten adolescents agreed that they were treated like other children in the household because their needs are met, and they were loved and not discriminated against. They stressed the love and support their caregivers offered to them.

Adolescent 4 (A4) aged 17 years said: *"She treats me equally with her own children. She is lovely and does not discriminate"*.

Adolescent (A2) aged 16 years put it this way: *"She provides me with whatever I need.*

A5 aged 17 years also said: *"She treats me like her own child and buys clothes for all of us without discriminating"*.

The researcher found that a common factor among caregivers was their perception of adolescents in their family and the nature of interaction between them, that is, the goodness-of-fit. According to Pardeck, (1988:133) "Positive adjustment is seen as a product of ''goodness-of-fit'' between the child's relationships and the environment.

A thorough analysis of caregivers' responses showed that the goodness of fit may encourage attachment formation with the adolescents. Consequently, the data shows that all of the ten caregivers agreed with the fact that they treated orphaned adolescents like other children in the households as a way of accepting them as part of the family. According to Siegel (2001) security of attachment is greatly dependent on the display of specific types of behaviour that represents emotional attunement and empathy. Caregivers can help children and adolescents by strengthening and supporting attachment relationships. Landy (2002) discussed strategies that can help children and adolescents to feel comfortable and cared for. One of Landy's strategies is that of the caregiver's positive response and attention to children and adolescents as a way of showing their love and care. The researcher states that giving positive attention, helping with a problem, or sharing special moments together helps build strong attachment relationships. Bowlby (1951) confirms that 'secure base' attached children have an internal representation of the caregiver as stable, responsive, and caring.

The fact that caregivers' emotions must be genuine when relating to children is a key concept of attachment theory. Bertalanffy (1950) argued that the individual's behaviour and development is influenced by, as well as constituting an influence on the behaviour and development of others with whom they interact. The caregiver's emotional state directly impacts the children's emotional state. Bowlby (1952) emphasised that caregivers would be unable to raise securely attached children if they display a degree of hostility towards or carried negative attitudes about their children. The mother or caregiver's psychological well-being is an important influence on children's psychological well-being. Grossman, Eicher, and Winickoff (1980) argue that high maternal well-being is thought to lead to higher psychological well-being for children and adolescents, because maternal psychological well-being has an impact on parenting.

In the following sub-sections, the orphaned adolescents' perceptions regarding whether attachments were important for them is presented. Orphaned adolescents are likely to be anxious as to whether they will be accepted or loved and fearful of abandonment after the death of their parents. These individual adolescents desire more intimacy than they find in general social interactions (Cotterell, 2007).

4.2.1.3. Importance of attachment to orphaned adolescents

When asked to give opinions on whether it is important for caregivers to form close, emotional relationships with the orphaned adolescents, almost all (9) adolescents agreed that it is important because it would build rapport and empathy and influence adolescents' positive behaviours of respect and trust. One (1) adolescent said caregiver-adolescent attachment was not always important because she could talk to peers. The formation of a focused attachment in children is described as extremely important in attachment literature (Zeanah, 1993). This emphasis stems from the idea that a focused attachment to a caregiver is the basis for the formation of any type of attachment relationship (Bowlby, 1952, 1988).

On the other hand, Ainsworth (1979) indicates that the attachment figure is not necessarily the natural mother but can be a significant other who plays the role of principal caregiver. The studies conducted by Morris et al (2002) and Nyamukapa et al (2008) have shown that both siblings and peers relationships are important in the development of attachment.

In contrast, Giele (1979) identified that placement of orphaned adolescents with caregivers who are not the biological parents may lead to the loss of the family culture to which they are accustomed and this way prevent them from enjoying nurturing emotional support in the form of love, a sense of belonging, and a lifelong connection to a community of people.

Therefore, these adolescents require as much stability as possible (Oosterman & Schuengel, 2007 cited in The National Collaborating Centre of Aboriginal Health, (2013).

In the following sub-section, caregivers and adolescents provided meaningful information regarding factors that may aid in facilitating caregiver-adolescent attachments. The participants responses are presented basing on the interactions they have with one another.

4.2.2. The protective factors that facilitate caregiver-adolescent attachments

The emphasis of this theme is on the fact that the participants spoke of how they felt about the interactions they have with one another (caregivers and adolescents). Much of the data used to form the sub-themes presented here was from the caregivers' answers to the question regarding what they enjoy most in their relationship with the adolescents. It was found that themes regarding the enjoyable aspects of their relationship, were in line with concepts found within attachment theory that may facilitate attachment formation. It must be noted that the caregivers were not questioned regarding what factors they thought promote attachment. It was pointed out in this theme that it might be through this enjoyment that caregivers and adolescents experience that may promote attachment security.

In sub-theme below, participants presented their feelings of how they enjoy their interactions.

4.2.2.1. The Enjoyment of Caregivers- Adolescents interactions

Caregivers made reference to how they felt about the interactions they had with the adolescents. Seven of the ten caregivers spoke about their feelings of love, attachment, happiness, pride and satisfaction in their interactions with the adolescents. For example; Caregiver 6 (C6) stated: *"I love her so much. I do not want to separate with her".*

Caregivers 5, 8& 10 share their feeling of accomplishment. They stated:

C5-*"I feel proud of her because I worked very hard to make her perform well in the BGCSE results. She is waiting to go for tertiary education".*

C10-*"I feel proud because she listens to my instructions and she is committed to church activities.*

C8- *I am happy because she is a well behaved child".*

The analysis revealed that caregivers' enjoyment of the relationship with the adolescents was the resilience and power they experienced as a result of these interactions, and the social support offered to the caregivers by institutions such as churches, social workers, and schools. Gray (2002) stated that empowerment models explore the strengths which people have; and the way in which they overcome hardship is viewed as evidence of their resilience and power.

Another positive indicator for attachment formation may be found in the responses of the adolescents. The analysis revealed that adolescents' enjoyment in the relationship with the caregivers was the parental support they experienced as a result of these interactions. Nine of the ten adolescents specifically shared their feelings of satisfaction, attachment, love and respectfulness.

Adolescent 3 (A3) aged 17 years stated: *"The relationship or care is okay because she loves me like her own child.*

A7 aged 13 years also said: "*My caregiver takes care of me well. I do not want to separate with her".*

Thus, seven of the caregivers and nine of the adolescents described the good feelings associated with their interactions. These good feelings may aid in the facilitation of attachment because it would bring the caregivers and adolescents into interaction, hence encourage feelings of safety in the adolescents and therefore, some degree of attachment. This is emphasized by Bowlby (1952) where he explains that, in order for children to not

experience maternal deprivation, they not only need a warm, loving, and continuous relationship with a caregiver, but within this relationship both must "find satisfaction and enjoyment" (p. 67). The fact that caregivers and adolescents have good feelings of interaction does not guarantee attachment security which also depends on several other variables such as the provision of sensitive, secure base style caregiving (Bretherton, 1991, 2005; van den Boom, 1994).

Overall, the above factors described by most of the caregivers and adolescents regarding their positive feelings in their interactions could be seen as potentially encouraging attachment formation. Analysis of the data revealed a possible explanation for the finding that caregivers and adolescents enjoy their interactions because of the way such interactions make them feel. Gauvain & Cole (1993) stated that a proximal process like mother-infant interaction across time emerges as the most powerful predictor of developmental outcome.

On the contrary, three of the caregivers and one adolescent described the bad feelings associated with their interactions. These bad feelings may hinder the development of secure attachment because it would set the caregivers and adolescents apart in their interactions, hence, discourage feelings of safety in the adolescents and reduce attachment. Belsky (2005), states that the developmental costs of security/insecurity might vary as a function of whether or not children grow up under conditions that compromise their wellbeing such as lack of resources.

However, it is apparent to the researcher that some caregivers and adolescents recognised the influence that risk factors have on their interactions, in particular, the experience of negative feelings that might impede the formation of secure attachment. The ecological perspective

through the concept of transaction (bidirectional and cyclical relationship existing between the client and their environment) suggests that problems of clients are not a result of individual pathology, but rather a product of a malfunctioning ecosystem (Pardeck, 1988. An ecological perspective underscores the fact that the parent-child dyad is entrenched in a family system, which is in turn "embedded in a community, a cultural, and even a historical, context" (Bronfenbrenner, 1979).

4.2.3. Risk factors that impede caregiver-adolescent attachments

In the following subsections, factors that may impede child-caregiver attachments in Metsimotlhabe are discussed. The data that facilitated the creation of this theme mainly emerged from the participants' answers to questions regarding what they found difficult in their relationships. Thus, attachment theory in particular emphasizes the important role of early caregiver-adolescent social-emotional experiences and predicts delayed development of social-emotional behaviour in children lacking such experiences. Without the early experience of a few warm, caring, socially–emotionally responsive adults, long-term development may be compromised. The risk factors that impede caregiver-adolescent attachments are presented under the nested levels of the ecological models which are micro, messo, exo and micro levels.

Factors at the individual Level (Micro level)

At the micro-level, the findings identified misfit or delay or distress as being due to a poorness of fit between caregivers, adolescents and the systems around them (Harcombe, 2000 cited in Koursaris, 2009). At the individual level, risk factors that impeded caregiver-adolescent attachment that were identified by the respondents consisted of psychological

effects (lack of shelter and resources, adolescent emotional problem and being physically and verbally abused)

Lack of shelter and resources: This factor was highlighted by three (3) of the caregivers who stated that they have a challenge of financial resources. One of the caregivers said she is unemployed and she depends on piece jobs. However, she once registered for the poverty eradication programme to be allocated goats, but she has never been assisted. According to all of the three caregivers, the assistance they receive from the government is not enough and there is a delay in provision of these services such as private clothes and transport or pocket money. As caregivers they do not feel good to see adolescents struggling with these needs and themselves lacking resources.

This is stated below by C2 & C3 who said:
C2- *"I feel I am not able to provide for her enough because of lack of resources"*.

C3- *"It is difficult for me to make her happy because I am not able to provide whatever she needs. I do not have resources"*.

One of the caregivers said they did not have land and shelter. They were accommodated by their uncle in his one room, but he once informed them to vacate the room. This was also the concern of the key informants who observed that most of orphans and their caregivers were struggling when it comes to a place they call their resident. Most of the orphans were staying with relatives and sometimes they were moved from one household to another by their relatives because they cannot accommodate all of them. Some of the caregivers took an advantage of separating the orphans for their economic benefits. The chief put it this way: "*There is a need for a policy on housing scheme for orphans who do not have shelter in order to address the challenge of transferring orphans from one household to another"*.

On the other hand, one of the ten adolescents spoke of risk factors that might hinder the formation of attachment.

This is what A2 aged 17 stated*: "She is struggling to provide for me because she is not working and lack resources".*

Commenting on the above risk factor, key informants concern was that any programme created with a good faith to alleviate or address a crisis in human life lead to another challenge of dependency. This issue featured out during the interview after realising that some of the caregivers who cared for orphans were not engaged in any economic activities except depending on food ration they receive from the government. The senior social welfare officer said in order to address the dependency problems all policies of orphans and vulnerable children should incorporate empowerment programmes in form of income generating projects for both caregivers and adolescents.

Tomlinson et al (2005) (cited in McKenna, 2009) suggested that "despite adverse living conditions, mothers of a secure child were able to create a sufficiently good personal environment for the healthy emotional development of their children" (p. 1051) and that there may be protective factors at play among caregivers in impoverished situations that mediate the effects of the extreme risks.

Adolescent emotional problems: One of the caregivers reported that her relationship with the adolescent is sometimes challenged by the emotional problems of the adolescent. She said sometimes the adolescent just keeps quiet the whole day without reason. The caregiver reported that she realised her sister's (adolescent) emotional problems after the parents' death. According to the caregiver, as a family they tried by all means not to hurt the adolescent emotionally as a way of assisting her to deal with her emotional problem.

This is what C9 said: *“As a family we now understand her, when we realise that she is not in a good mood we leave her alone until she is okay. Her (adolescent) bad mood used to worries me a lot, but now I have accepted.*

Commenting on the risk factor of emotional problems, the key informants suggested that there is a need for policy on psychosocial support of orphans and loss and bereavement counselling should be considered in the provision of psychosocial support and it should be provided immediately after the parents’ death. At this stage orphans would accept and cope with the death of their parents and emotionally heal faster. In addition, the key informants suggested the use of retreats as one way of providing psychosocial support to orphans and vulnerable children. According them, the retreat might be helpful because orphans are separated from their relatives to a quiet place where continuous loss and bereavement counselling is provided. This was supported by senior social welfare officer who said provision of psychosocial services such as psychotherapy through the retreats was proven to be effective.

According to Bowlby (1982), loss of a caregiver through divorce, death or separation can cause intense distress to a child in the short term which may continue over time if the loss is not resolved. Further, Youth Net (2005), Nyamukapa et al, 2008, Fang, Stanton, Hong, Zhang, and Lin, 2009, and Zhao et.al (2011) suggested that psychosocial measures should address issues surrounding (inter alia) anxiety and loneliness.

Physical and verbal abused: One adolescent reported that he was physically and verbally abused by his aunt and her children.

A7 aged 13 years said: *“I am beaten, mistreated and insulted by my aunt and cousins. All these make me to think of my mother”.*

According to the adolescent, the caregiver (grandmother) knew about the challenge, but she could not do anything because she was afraid of them (her children). What the caregiver did was to tell the adolescent to ignore the challenge and not report it to anyone for the sake of the family.

A7 stated this again: *"My caregiver said I should ignore them and keep quiet even though I am hurt".*

Key informants mentioned that the challenging problem facing adolescents among others were sexual and emotional abuse. Physical and verbal abuse is associated with negative caregiver-adolescent attachment outcomes. Hoskins (2014) indicates that families living in poverty have increased use of corporal punishment, in which parents utilize physical punishment, such as hitting with a belt, pushing or grabbing, when administering discipline. The author said there is a tendency of caregivers to threaten, yell, or scream in response to misbehaviour which in itself is linked to behavioural problems ranging from conduct disorder to depression and low self-esteem or even contribute to more frequent externalised behaviours that normalise violence or aggression. Rutter (1979) indicates that attachment between a child and a caregiver develops even in the face of mistreatment and fear, but these attachments are called insecure. Insecure attachments have been found to have a strong link to later social inadequacy such as behavioural problems, specifically aggressive behaviours, mental disorders, school difficulties, anxiety disorders, and other psychopathologies (Main, 1996 cited in World Health Organisation, 2004).

Factors at the Family Level (Messo-level)

Inadequate parental support: Commenting on this factor, the informants observed that orphaned adolescents lacked parental support in terms of someone encouraging them to go to school or do their homework. The informants were concerned about inadequate control of

adolescents whereby caregivers allowed orphans to stay at home without going to school, but no valid reason was given. The guidance teacher stated these words: *"Orphans are neglected by their caregivers when it comes to school work. They are not assisted with homework, neither, encouraged to go to school".*

Hoskins (2014) identified that inconsistent parenting and discipline may reinforce adolescents' conduct problems which have been associated with problematic psychological adjustment of adolescents, such as depression and anxiety and externalising behaviours, such as delinquent acts. Siegel (2001) said when the caregiver has a good attuned understanding of what the child needs and thus responds sensitively and contingently that is the best rendered to the child. Should caregivers fail to understand the adolescents' need, repeated abandonment and rejection, even just psychologically, by unavailable caregivers, can lead adolescents to a place where they have little value on interpersonal and social contact. This in turn can have negative consequences, particularly in the realm of personality development (Masterson, 2000; Noppe, 2000) cited in (Koursaris, 2009).

On one hand, caregivers' ability to provide quality care to the adolescents depends on a number of factors such as their own experience of parenting patterns, training and support of parenting programmes, facilitators and staff. Berlin & Cassidy (2001) and Main (1990) mentioned that provision of quality care include appropriate high quality training for carers, suitable matching between carer and child, adequate financial provision, and on-going and timely support to carers.

It is clear from the findings of the study that caregivers had difficulties relating to the socialisation of orphaned adolescents, hence the need for extended family and community

support. The ecological systems model acknowledges the on-going, necessary, and intrinsic interactions of a unique individual with others and the environment (Hepworth et.al, 2002). Adolescent are nested within the family, within the peer group, within the classroom, within the school, within the community, within the ethnic group as well as protective factors within contexts that can foster the development of secure attachment between adolescents and their primary caregivers. According to the World Health Organization (2004) all the child's physical and psychological needs must be met by one or more people who understand what infants, in general, need and what a *baby*, in particular, wants. The child's growth, in all aspects of health and personhood, depends on the capacity of adults, in whose care the child rests, to understand, perceive, and respond to the child's bids for assistance and support.

Intergenerational communication: This factor was highlighted by one of the adolescents who revealed the challenge of grandmother-grandchild relationship. The adolescent said even though the caregiver takes care and provides for her well, she finds it difficult to open up to her instead she shared her challenges with her aunts. She (adolescent) said culturally, grandparents should be respected and you do not share anything with them.

A2 (aged 17 years) put it this way: *I never shared my challenges with my caregiver (grandmother) because of culture, rather I talk to my aunts or friends because they understand my situation better".*

Commenting on the risk factor of intergenerational communication, the key informants said one of the constrains of caregiver-adolescent relationship was intergenerational communication between orphans and their caregivers. In order to address the risk factor of intergenerational communication, the guidance teacher suggested that family alternative counselling should be used to bring caregivers and adolescents together in a counselling session. Koursaris (2009) states that through experiencing responsive and sensitive caregiving, a child also develops social competencies, empathy and emotional intelligence and learns

how to relate to other people and understand what to expect from them. Further, Bowlby (1980 as cited in Bretherton, 2005), assumed that children whose caregivers are sensitive and appropriately responsive learn to approach the world with confidence and are not afraid to ask for assistance when they cannot manage.

Challenges related to disciplining adolescents: Three (3) caregivers indicated that they were not able to control the adolescents. One of them attributed this to the fact that grandparents and peers had interfered too much in their relationship. The other caregiver attributes her challenge to the adolescent's developmental stage i.e. the adolescent has now grown up and she is difficult controlled. The last caregiver revealed how grandparent-grandchild relationship could be a challenge when it comes to instilling firm discipline in their grandchildren. These were stated below by C5, C4 and C7 who said:

C5 put it this way: *"She used to listen to my advice and she performed very well in her BGCSE results. She has grown up and now she is difficult to control".*

Another C4 said: *"I am not able to control her because of the influence from peers and relatives. She is regretting because she could not take my advice. She has not performed very well in her examinations and she is now HIV positive."*

Caregiver C7 who was also the grandmother said:*"Rona basadi bagolo re setse re fedile bogale, ka gore, bo feletse mo go bo mmaabone (We grandmothers we are no longer able to use strict control on our grandchildren because that ended with their parents".*

Key informants were also concerned about inadequate control of adolescents by their caregivers. They indicated that orphans were not controlled because they did not like to be reprimanded or rebuked. The key informants attributed lack of discipline and inadequate positive socialisation to the fact that adolescents were cared for by their grandparents, so they sympathised with them (adolescents) too much and orphans have too much rights. These were the health education assistant's words: *"Bana ba masiela ga ba kgalemelwe, ba filwe di rights too much".*

Generally, grandparents are usually less able to provide discipline and adequate positive socialisation because they do not set rules, avoid engaging in behavioural control, and set few behavioural expectations for adolescents and this is referred to as permissive parenting (Sengendo & Nambi, 1997 and Hoskins, 2014). Hoskins (2014) further said permissive parents showed steep decreases in monitoring once their children reached adolescence and these children increased their levels of externalising behaviour. Adolescents from permissive families report a higher frequency of substance use, school misconduct, and are less engaged and less positively oriented (Hoskins, 2014). On one hand, Gilbert & Irons (2009) stated that the transitional period into adolescence increases developmental vulnerability to emotional difficulties such as complex models of self and others; the formation of unique and autonomous self-identity; concerns with peer-group relationships and the structuring of new peer group identities; and the decrease of parental influence along with the increased use of peers as sources of support, values, and a sense of belonging.

Family conflicts and Influence from extended families, siblings and peers: Although, adolescents are provided with positive caregiving environments in which secure attachments were fostered, there were some difficulties that surfaced during the analysis. Some of the most prominent aspects that emerged through analysis of the eight of the ten caregivers' interviews were the caregivers' perceptions that there were family conflicts and external influence from extended family members, siblings, and peers.

This was what C4 said*: "My parents and I had a misunderstanding because I did not want them to buy her (adolescent) a cellular phone while she was still schooling. She (adolescent) sided with the grandparents to buy her the cellular phone rather than taking my advice. She (adolescent) also spent time outside the home with friends which led her to have HIV and AIDS".*

Caregiver 1 (C1) put it this way*: "I stopped him (adolescent) from visiting the grandparents at our home village because they once allowed him to spend the night at the bar with his cousins".*

C6 also said: *"My siblings and I had conflicts over the care of the adolescent". We then, agreed to exchange the care. During school holidays I sent her (adolescent) to my elder sister, but when she came back she (adolescent) could not communicate freely and take my instructions as before. I decided to take her for counselling with the Guidance and Counselling Teacher until she was fine. Since then, I am reluctant to part with her again".*

Two of the ten caregivers attributed their difficulties to the fact that there was inadequate support from extended family members.

C8 put it this way*: "After our mother's death our relatives shunned us. They even moved from their homes to occupy the plot that was supposed to be allocated to our mother. They never check on us even though they stay in our neighbourhood".*

C9 also said: *"After our parents' death, we had conflicts with our uncles over the care of my younger siblings. Then we decided that we will all stay at our parents' home together with our younger siblings. Since then, our uncles never check on us".*

Commenting on family conflicts, the key informants said family conflicts have led caregivers who were not staying with the orphans to benefit from the orphan's ration rather than the beneficiaries. The senior social welfare officer put it this way: *"There are family conflicts over food ration of the orphans and some caregivers literally transfer the food rations to other relatives. This could be overcome by monitoring to ensure that properties of orphans are not taken".* The other issues of concern mentioned by the key informants were property grabbing and separation of orphans among relatives for the purpose of securing the benefits of food ration. According to the senior social welfare officer, there was a need for caregivers' workshops to address these matters.

Belsky (2005) stated that sometimes attachment relationships are challenged and harmed by multiple life vulnerabilities such as family stress or conflict, and poor social support. These multiple vulnerabilities may accumulate and serve to undermine the effectiveness of consistent and sensitive care-giving that would usually function as protective factors in promoting attachment security. This could partially be attributed to the sole responsibility that the caregivers fulfil in raising the teenagers without the support of nuclear or extended

family units and/or community members, proposed as necessary by Fapohunda & Todaro, (1988). Crockenberg (1981) found that one's social support network, which includes all those people who engage with the individual physically or emotionally, has a great bearing on attachment formation, that is, it promotes attachment security because it decreases caregivers' feelings of being overwhelmed and in need of help.

Given that risk factors at the individual and family level influence the effect of insecure attachment on caregiver-adolescent attachments, prevention intervention programming may need to focus on caregivers and adolescents. Taken together, these findings suggest that caregivers who provide secure attachment in the mist of high risk factors may need high quality training, adequate emotional and financial support. Siporin (1980) said institutional policies and programs, and organizational and family group interaction patterns and operating processes, should be altered so that they may be more supportive and nurturing of caregivers and adolescents, as individuals and as fanily-comrnunity-mernbers. Other researchers suggest that systemic change is necessary in order to support and sustain change in individuals.

Factors at the Community Level (Exo-level)

Shortage of staff and specialisation: In exploring factors at the exo level, the informants identified shortage of staff and specialisation. The guidance and counselling teacher stated: *"The current social welfare officer is overtasked and lack resources such as transport to attend to referred cases, so there is a need for social welfare officers who would specifically work with orphans and needy children attending primary and secondary schools".* This was supported by a senior social welfare officer who said: *"School social workers should be placed in primary and secondary schools for convenience purposes".* In addition, the informants said adolescents need a child friendly counselling place where they would not

mingle with their caregivers. Further, the informants suggested that in order to increase the task force, guidance and counselling teachers should not be allocated a class or should be given time off from teaching so that they can concentrate on providing psychosocial support to orphans and other needy children who are in schools.

Staff workload and lack of counselling for staff: Talking about more factors at community level, the informants said they are overtasked to perform all their duties to their best level. A social welfare officer stated that due to other office commitments she is unable to perform to the best of her ability some of her duties such as home visits, referral cases and provision of psychosocial support to orphans and their caregivers. In responding to lack of support counselling for staff, the social welfare officer said: *"We are overwhelmed by the duties of our office since we do not have time to debrief. As social workers we also need time for debriefing or be provided with counselling".* The same applies to the guidance and counselling teacher who said she has to perform her duty of teaching and at the same time attend to psychosocial needs of orphans and vulnerable children. According to her, sometimes she was forced to leave the class to attend to children who need support.

Inadequate resources for service providers: Commenting on this issue, the informants said they have a shortage of transport to conduct home visits, make some follow-ups and transport orphans who stay in the surrounding settlements of Metsimotlhabe 5 kilometres away from school who need transport. Provision of transport to orphans who stay 5 km away from school would address the issue of truancy. The informants also complained of shortage of offices and lack of child friendly offices which could be used specifically for counselling orphans and vulnerable children. In addition, the senior social welfare officer stated: *"The*

finances that the government provides are not enough to provide everything that the adolescents need such as private clothing".

Factors at the Societal Level (Macro level)

Review of land policy to cater for orphans: The informants observed that most orphans and their caregivers were struggling when it comes to a place they call their residence. Most of the orphans were staying with relatives and sometimes they were moved from one household to another by their relatives because they cannot accommodate all of them. Some of the caregivers took advantage of separating the orphans for economic benefit. The chief put it this way: *"There is a need for a policy on housing scheme for orphans who do not have shelter in order to address the challenge of transferring orphans from one household to another".*

Absence of social workers in schools: The informants identified that there was a need for school social workers to be employed in all government schools to address the challenges of orphans and vulnerable children. This was indicated by a guidance teacher who suggested that the school social workers and their offices should be established at primary and secondary schools to address the challenges of orphans and needy children. The guidance teacher also said if the social workers work closely with children it would build rapport and help the orphans to open up and share their challenges.

Given that the risk factors at community and societal levels undermine the promotion of attachment security, interventions may need to focus on community and societal context. Findings of the current study indicate that caregivers, as well as the community and societal contexts can influence caregiver-adolescent attachments.

4.2.4. How caregivers and adolescents can improve attachment relationships

Respondents listed several ways through which attachment relationships between adolescents and caregivers could be improved. These include: social support; communication; and spiritual support.

Social support: Four (4) caregivers believed that social support could improve their attachment relationship. Caregivers said there was a need to engage family support.

C4 also said: *"When we (caregiver and adolescent) struggled in our relationship because I could not control her (adolescent) due to influence from my parents and peers, I called my siblings to the meeting to help me address this issue. After the advice from the aunt and uncles her behaviour improved".*

This was supported by Adolescent 9 (A9) aged 16 years who said: *"My siblings and I (adolescent) always have a meeting when we need to address challenges. This helps a lot because it brings happiness back in our family".*

This was also revealed in the informants' comments who said caregivers should use families' gatherings to address needs and challenges of orphans.

On the same idea, Nukunya (1992, p. 47) cited in Fainstein (2008) stated that the extended family is a "social arrangement in which an individual has extensive reciprocal duties, obligations and responsibilities to his or her relations outside his nuclear family". Within the framework of this family structure, series of childrearing practices are maintained, whereby all extended family members make themselves available to assist in caring for the children. This practice lessens the emotional burden that a mother goes through during the early and even later periods of childrearing. It is clear from the adolescents, caregivers' and key informants' responses that they too regard their cultural fundamental guidelines which ought to be fulfilled within the caregiver-adolescents attachments. That is, close relationships with family members, support and guidance are of prime importance in raising children.

Further, USAID (2014) indicates that supporting parenting is integral to strengthening families because it reduces parenting stress and improves family wellbeing, as a results, assists caregivers to cope with aspects of child health, development and behaviour of concern (not only difficult behaviour). On the other hand, Wendland-Carro, Piccinini & Millar (1999) state that intervention programmes may include increased resources and social support for socially isolated or vulnerable caregivers as well as efforts to draw male caregivers (who are frequently household decision makers) into interventions that address adolescents' psychosocial and developmental needs.

Communication: Further, the other four (4) caregivers talked about giving advice as another way of improving attachments. This was also supported by two (2) adolescents who said caregivers should talk and give advice and it should not be done in anger, but politely. This study discovered that some caregivers and adolescents talked about giving advice as a way of opening communication with each other. The communication of adolescents and caregivers was very important in building relationship.

This was highlighted in C5 responses who said: *I used to communicate with her so that she (adolescents) can feel free to discuss her challenges with me. She used to listen to my advice and she performed very well in her BGCSE results".*

C2 also said: *"She (adolescent) was not able to discuss her troubles with me unless I questioned her, but now she can communicate freely".*

This was also supported by some adolescents who said caregivers should talk and give advice and it should not be done in anger, but politely.

A6 put it this way: *"She (caregiver) should talk and give advice politely without being angry".*

Siegel (2001) stresses that secure attachments are only fostered when emotional communication is engaged in. Thus, it is important for caregivers to engage in collaborative, attuned and reflective communication with the children under their care (Howe et al., 2001). The author goes on to say, caregivers are in line with the concept of maternal sensitivity when they open to, and in fact encourage, the emotional component of this communication, and prioritise the children over themselves. That is, their aim of the communication should be to understand the child's verbal and non-verbal signals and to make sense of them, feed them back to the child, and if necessary add a further response such as giving advice.

Spiritual support: Some caregivers preferred going to church because they believed it improves relationships. They said going to church moulds people's behaviours, hence harmonises relationships. Some of them (caregivers) said spiritual support helps them cope with their challenges. According to Koursaris (2009) the experiences in their community setting may be seen as advantageous and fostering a better quality of life and higher standard of living for adolescents including participation in church gatherings.
This was stated by C10- "*I feel proud because she listens to my instructions and she is committed to church activities".*
C2 also said: *"She is likes going to church and that helps her to mould her behaviours".*

On the other hand, adolescents believed that being respectful, obedient, and supportive, working well and sharing their love with their caregiver can improve relationships. Bowlby (1977) ideas surrounding attachment theory are that attachment is a reciprocal enduring relationship between infant and caregiver, each of whom contributes to the quality of relationship (Papalia, Olds, and Feldman, 1999).

4.2.5 The psycho-social development of adolescents

The above theme came about when caregivers were struggling to understand the behaviours which adolescents were displaying. Adolescents were in the dilemma of making their own decisions about whom to befriend with and at the same time strive to be responsible for themselves and think independently about values which can serve as a guide for their behaviours. The dilemmas mentioned above are supported by responses of caregivers and adolescents below. C5) stated: *"She used to listen to my advice and she performed very well in her BGCSE results. She has grown up and now she is difficult to control".* Another C4 said: *"I am not able to control her because of the influence from peers and relatives.*

On the one hand, adolescents reveal their dilemmas by responding this way: A5 said this: *"My caregiver says I am giving her stress because of my friends".* Adolescent 6 (A6) aged 13 years put it this way: *"I enjoy playing with my peers so much and I don't know how to come out of it because my caregiver is against it. That is my trouble".*

According to Giele (1979), the role of the caregiving 'family' or environment within the children's home, would be to nurture adolescents with emotional support such as love, and a sense of belonging and assist them to learn important social skills that help them engage and interact as family and community members later in life. A child that is secure will be more than likely to be confident and resilient when confronted with peer pressure and be able to cope with stress and negative feedback (Scores, 2001). The themes below on patterns of behaviours displayed by adolescents do not only include a summary of the adolescents' behaviours that caregivers have observed and adolescents displayed, but also include a discussion of the meaning they attributed to these behaviours.

Under this theme, four sub-themes emerged during the analysis of caregivers and adolescents including: patterns of behaviour displayed by orphaned adolescents; causes of orphaned adolescents' emotional problems; expected personality and behaviour of adolescents; and how personality and behaviour of caregivers affect the relationship.

4.2.5.1. Patterns of behaviour displayed by orphaned adolescents

Understanding caregivers' and adolescents perceptions regarding the patterns of behaviours displayed by adolescents information regarding the meaning of these behaviours is important because all attachment behaviour or attachment difficulties are 'diagnosed' based on specific patterns of behaviour.

In exploring the patterns of behaviour displayed by orphaned adolescents, most caregivers with the support of adolescents said orphaned adolescents were disciplined, respectful and obedient.

This is what C9 said: *"I am happy because she (adolescent) is a well behaved child".*

Lastly, C7 said: *"He (adolescent) is a disciplined child; he was born with good manners".*

There were some caregivers who complained about peer influence and indiscipline.

C6 also said: *"She likes playing so much with her friends, which keep her away from studying. I always talk to her but never listen".*

In forming, relationships the adolescents wanted to make their own decisions about whom to befriend and at the same time strive to be self-reliant i.e. to be responsible for themselves and think independently about values which can serve as a guide for their behaviours (Elkind & Weiner, 1978). Caregivers may encounter difficulties with adolescents who, in their quest for

independence and autonomy, appear to be defiant, stubborn and difficult to discipline or control.

On the other hand, there were some adolescents who showed emotional withdrawal, but attributed this to excessive anger of their caregivers. Analysis of the data showed that one (1) of the ten orphaned adolescents complained of the caregivers' excessive anger or hostility.

This was revealed by A5 (aged 17 years) who said: *"She likes being extremely angry so I am not used to her behaviour".* A5 continued to say: *"My caregiver says I am giving her stress. I just kept quiet or communicate with my cousins. Sometimes I feel that if my mother was there it could be better".*

Rutter (1979) indicates that attachment between a child and a caregiver develops even in the face of mistreatment and fear, but these attachments are called insecure. Insecure attachments have been found to have a strong link to later social inadequacy such as behavioural problems, specifically aggressive behaviours, mental disorders, school difficulties, anxiety disorders, and other psychopathologies (Main, 1996 cited in World Health Organisation, 2004).

Findings from the study showed that majority of caregivers reported that orphaned adolescents were well behaving, disciplined, respectful and obedient to instructions. With regard to what they thought about the behaviours, a higher proportion of caregivers were of the view that adolescents were disciplined because of being obedient to church rules and being born with good conducts and respectfulness. According to the caregivers, the respect they got from the adolescents was because adolescents regarded them as their own parents by the way caregivers love, care, and protect them and have accepted them (adolescents) as part of their families. The patterns of behaviour were linked to caregivers' success or failure in responding to, and meeting, adolescents' needs. Gauvain & Cole (1993) indicated that in

proximal process good maternal treatment appears to reduce extensively the degree of negative behaviour exhibited by the child.

According to the findings of the study presented by orphaned adolescents, more than half showed that they behaved well as a way of respecting their caregivers because they (caregivers) were also respectful and lovely. Less than half behave well to win the caregivers' trust and to reduce the burden of care on the caregivers. With regard to what they think about their behaviors, all adolescents who showed respect to their caregivers stated the following: *"We respect our caregivers as the culture requires; they respect us; they did not discriminate us; and our caregivers take care of us well".* Bowlby (1980 as cited in Bretherton, 2005), assumed that children whose caregivers are sensitive and appropriately responsive learn to approach the world with confidence and are not afraid to ask for assistance when they cannot manage.

4.2.5.2. What causes orphaned adolescents to develop emotional problems?

By and large the relationship between adolescents and their caregivers seemed fine, however, there was evidence that adolescents did not enjoy being rebuked or reprimanded.

This was revealed by A5 (aged 17 years) who said: *She likes being extremely angry so I am not used to her behaviour. She should talk to me politely".*

A6 aged 13 years additionally said: *She should not always be angry, but have time to advise.*

Lastly, A7 aged 13 years stated: *She has ill temper and when she is angry she shouts at me.*

Caregiver and adolescents hold the same value that control and support appear to be associated with the most positive outcome. The consensus was that caregivers should direct (control) adolescents to behave in a desirable manner and at the same time support the adolescents so that they feel comfortable and accepted by the caregivers (Rollins and

Thomas, 1979 cite in Balswick et al, 1991). Balswick and Balswick (1991) suggested that parents should change their parenting style of power and control as their children mature. They should delegate responsibility to them as part of the empowerment process. The success of the process depends upon both parents and adolescents. That is, parents give responsibility and adolescents act responsibly.

Most of the caregivers believed that the adolescents they cared for may experience emotional and behavioural problems later in life because they (adolescents) did not like to be rebuked or reprimanded. This was supported by a high proportion of adolescents who revealed that being rebuked or reprimanded or even advised could cause them to develop emotional problems. The informants also commented on the same issue when saying orphans are not controlled because they do not like to be reprimanded or rebuked.

The analysis of caregivers showed that the experience of emotional and behavioural problems may not be attributed only to the control part of it, but also to the attitudes and behaviours of the caregivers e.g. being harsh. Attachment theory shows that the origins of attachment difficulties are based, at least partly, in the emotional communication that caregivers engage in with the children under their care (Bowlby, 1969; Siegel, 2001). The emotional communication typically engaged in by parents of 'disorganized' children is laden with scary or scared responses to their children's cues and render them vulnerable to self-perceptions of weakness and helplessness (Green & Goldwyn, 2002; Cotterell, 2007). Good caregivers do not shout at or scold the children but speak to them gently and without the display of negative emotion. The sub-section below assessed how the personality and behaviour could affect the attachment relationships.

4.2.5.3. How personality and behaviour of caregivers could affect their relationships with adolescents

The previous sections shows that some adolescents complained of their caregivers' personalities and behaviours which contributed to them (adolescents) being silent and withdrawn and or even isolated. Should the caregivers continue with insecure disorganised patterns of attachment and frightening behaviour it would result to what Bowlby (1979) terms detachment. When adolescents detach, caregivers would fail to act as alternative attachment figures. The rebellion, silence and closeness, stubbornness and suicidal emotions would be the resultant symptoms because adolescents are in the state of protest and despair and also yearning for their parents (Koursaris, 2009).

As discussed in the literature review, attachment is a partnership between a child and a caregiver. The child-caregiver attachment is, however, affected by the caregiver and is thought to be primarily a function of the caregivers' behaviour rather than of individual differences in children (Belsky, 1999; Zeanah & Fox, 2004). Caregivers' behaviours and traits can serve to encourage the formation of insecure attachment relationships between children and their caregivers (Green & Goldwyn, 2002).

4.2.5.4. The expected personality and behaviour of adolescents

The personality and behaviour of adolescents have a potential to harmonise or agitate the relationship between orphaned adolescents and their caregivers. The findings reveal that adolescents who were respectful, obedient, willing to be instructed and reprimanded, being attentive to caregivers' advice and willing to do house chores were able to win the caregivers' love and support, hence strengthen the attachment relationship. This is revealed by the analysis of the caregivers and adolescents below.

C3 stated: *"She is an obedient child and she does all her house chores even though, she once went out of the way and could not listen to my advice".*

C4 said: *"The relationship is improving. She went out of control because of peers, but now she is becoming better".*

A7 aged 13 years stated: *"She treats me like her own child because when she instructs me I listen. I am able to do my house chores well".*

A5 aged 17 years also stated: "*She is lovely and does not discriminate. She always gives me advice and provides whatever I need".*

The analysis of the caregivers showed that caregivers interpreted adolescents' behaviours in terms of attachment behaviour. Bowlby (1979) assumed that attachment behaviours displayed by children are natural and essential for the survival of human infants. The personality and behaviours of the adolescents were expected to bring adolescents into close proximity with their primary caregivers in order to ensure the protection and survival of the adolescents

All caregivers expected adolescents to behave in a respectful manner, being obedient, willing to do household chores, be willing to be instructed and reprimanded, treat caregivers as their own parents and being attentive to their advice. According to Cotterell (2007), it is within the caregiver-adolescent attachment relationships that adolescents learn about themselves, other people, and social life in general. Through interaction with parents or caregivers, the adolescents were able to achieve social maturity and the ability to handle the developmental tasks associated social development (Louw, 1991).

4.2.6. Challenges experienced by orphaned adolescents and caregivers in their relationship

Caregivers, adolescents and key informants reported that there were family conflicts which were evident when it comes to control and socialisation of orphans. Some caregivers (4) complained that they were not able to control adolescents because of interference from

extended family members. Some adolescents (2) also complained of collective conflicts between caregivers against children whereby negative verbal and non-verbal messages are exchanged. One of the adolescent said sometimes the conflict is centred on them as orphans and their dead parents.

Key informants also observed specific problems facing orphaned adolescents and caregivers including family conflicts and property grabbing. The family conflicts have led caregivers who are not staying with the orphans to benefit from the orphan's ration rather than the beneficiaries. These are the senior social welfare words: *"Some caregivers literally transfer the food ration to other relatives".* The other challenge mentioned was property grabbing. The senior social welfare officer said the family-related factors could be overcome by monitoring to ensure that properties of orphans are not taken. The chief was also concerned about some caregivers who never report their challenges to his office such as family conflicts over the property of orphans, separation of orphans by relatives for economic purposes and lack of shelter for the orphans.

Demo and Acock (1988) and Acock and Demo (1994) mention the two family processes important for children, being the quality of the parent-child relationship and the quality of the relationship between parents. The authors argue in favour of the family process perspective that if children have good family processes, such as high quality parent-child relationships and low parental conflict, then their well-being will be high regardless of their family structure.

The other challenge that faced caregiver-adolescent attachments was peer friendship and influence. Most caregivers (6) complained that peer friendship deny adolescents time to study

resultant into poor results. Some adolescents (2) also said they enjoy playing with peers even though they understand that friendships deny them time to study.

However, some researchers state that as children mature, their attachment system matures as well. Ainsworth (1989) and Mayseless (2005) support this by highlighting that middle childhood marks a developmental stage when children begin to form close attachments to individuals other than their parents or primary caregiver. At this stage the attachment system becomes more generalised and attachment behaviours, such as proximity-seeking or safe-haven behaviours, begin to take place in various relationships, leading to an overall feeling of attachment security or insecurity that is not tied to a specific relationship. Peers tend to take over as the main source of moral value influence and the effects of parents on adolescent moral values are lessened, but if an adolescent and parent then distance themselves from one another, parents become less able to influence the teenager's behaviour and thus adolescents with insecure attachment strategies act out simply to receive much-needed attention (albeit negative) from their caregivers (Allen and Land, 1999). Scores (2001) argues against peer influence by saying a child that is secure will be more than likely to be confident and resilient when confronted with peer pressure and be able to cope with stress and negative feedback.

4.2.6.1. How caregivers and orphaned adolescents addressed challenges in their relationships?

Half of the caregivers (5) revealed that they used professional counselling of social workers, guidance and counselling teachers and pastors to address their challenges, whereas, some caregivers (4) used family meetings to address their challenges. One caregiver had pursued both family support and professional counselling. This was also disclosed by six adolescents (6) who said their challenges were addressed through family meetings and the engagement of

social workers, guidance and counselling teachers and pastors. The strategies used by caregivers and adolescents were also supported by informants who said caregivers should use family gatherings to address the needs and challenges of orphans. In case of family conflicts they should engage community leaders or chiefs and social workers to intervene in their disputes.

However, the data showed that four adolescents said nothing was done to address their challenges apart from keeping quiet. Some adolescents reported that they were advised by their caregivers to supress and ignore their challenges and never report it to anyone for the sake of family peace. Insecurely attached children have representations of the caregiver as inconsistent and rejecting. They have internal representations of the self as unvalued, ineffective, and highly dependent, and of representations of others as neglectful, insensitive, unpredictable, inconsistent, and unreliable (Howe et al*.,* 1999) cited in (Koursaris, 2009).

4.2.6.2 Views about the effectiveness of strategies used by caregivers and adolescents to address their challenges

Four caregivers who addressed their challenges through family gatherings revealed that the strategy was less effective due to family conflicts, inadequate social support from other family members and lack of resources. One caregiver reported that the family gathering strategy worked very well for them (caregiver and adolescent) and they reaped the results of it. Three of the caregivers who used professional counselling of social workers, guidance and counselling teachers and pastors said the strategy worked for them. One of the caregivers said the professional strategy was less effective because of peer friendship and influence. One of the caregivers stated that they (caregiver and adolescent) used family gatherings and professional counselling but to no avail because they have accepted the situation and have

given up. This was also revealed in the adolescents' responses where six of them confirmed that their challenges were addressed through family meeting, social workers, guidance and counselling teachers and pastors. All of them stated that the way their challenges were addressed was effective. On the one hand, four adolescents said no strategy was used to address their challenges apart from keeping quiet. They lamented the strategy of keeping quiet was ineffective to address their challenges, but they preferred to do it in order to keep their feelings under wraps and make communication and interaction difficult. According to Bowlby (1979 cited in World Health Organisation, 2004) children in the insecurely attached categories may have less positive developmental outcomes as they struggle to enter the developmental stage of goal oriented partnership in their relationships. They fail to interact appropriately with the world and as well as to function within the full range of social and emotional experiences.

The review of the data showed that most of the respondents prefer family interventions even though is reported to be ineffective because is culturally recommended and is viewed to be decent in nature to keep the families' secrets. The findings suggest that family gatherings as one of the interventions used by the respondents is a culturally influenced process and could be used as family-based intervention strategy to address family conflicts. Research on family structure diversity is needed to capture how family processes among extended family structures, influence caregiver-adolescent attachments. Some researchers believe that there may be protective factors at play among caregivers in impoverished situations that mediate the effects of the extreme risks.

4.2.7. Interventions needed to enhance caregivers and adolescents' attachment relationship

All caregivers, adolescents and key informants had specific ideas about what could be done in the form of interventions to enhance caregiver-adolescents. One of the recommendations they made was that love should be given priority in a relationship. Landy (2002) indicates that caregivers should express love, joy, and other positive feelings towards children or adolescents and accept that they (adolescents) experience emotions such as sadness, anger, and jealousy. The researcher states that children and adolescents with caregivers who accept and help them deal with negative emotions learn that they will have their needs met in good, as well as in challenging, times. This is supported by Rothbaum et al. (2000) and van Ijzendoorn & Sagi (1999) who stated that secure children are more autonomous, less dependent, more able to regulate their own negative emotions, less likely to have behaviour problems, and more able to form close and warm relationships with peers.

They also recommended that: orphans should be given preference when it comes to allocation of plots; caregivers should be trained in parenting skills; unemployed caregivers should be considered for poverty eradication programmes and income generating projects for the purpose of supporting out of school adolescents; caregivers and adolescents should seek for advice from chiefs, social workers and guidance and counselling teachers on issues of family conflicts and property grabbing.

Other recommendations that respondents made are: there is need to establish a child friendly counselling offices for orphans and vulnerable children; families need to spend time together so that they can know each other better; there is a need for the establishment of support groups for caregivers and orphaned adolescents; a forum for orphans is needed where they

can meet and tackle their challenges; families need to promote cooperation and reduction of verbal conflicts; other family members including siblings should be involved in giving advice.

The respondents concluded by giving the following recommendations: there is a need for a policy on housing scheme for orphans in order to address the challenge of transferring orphans from one household to another; policy on psychosocial needs of orphans and vulnerable children should be established in order to task relevant stakeholders, caregivers and orphans on the issue of psychosocial needs of orphans; in order to address the dependency problems all policies of orphans and vulnerable children should incorporate empowerment programmes in the form of income generating projects for both caregivers and adolescents; school social workers should be placed in primary and secondary schools to attend to children's psychosocial needs; loss and bereavement counselling should be considered in the provision of psychosocial support and it should be provided immediately after the adolescents' parents' death; and lastly, there is a need to establish support groups and a centre for orphans and vulnerable children and their caregivers for the purpose of bringlng the individuals with the same challenges together to discuss and support each other.

5.2.8. Coping strategies of orphaned adolescents and their caregivers

Adolescents' coping skills

Caregivers mentioned the following as the coping strategies of the adolescents: peer friendship; acceptance of the situation and some choose to go to church, while others utilised professional counselling of social workers. On the other hand, adolescents stated the following as their coping skills: giving up; antisocial behaviours of taking drugs; and others used family gatherings to address their challenges. Commenting on the coping skills of

adolescents, the key informants stated the following: giving up; acceptance of the situation, feeling isolated; feeling stigmatised for being orphans and use of professional social workers for counselling.

The findings revealed that some orphaned adolescents accept or give in to the situation when they encounter some challenges. According to the findings, half of the adolescent resort to keeping quiet and giving up. The perceptions of caregivers and adolescents reveal that orphaned adolescents do not take initiative in taking charge of problems. Smith & Carlson (1997) stated that in every developmental level the child's perception of an event is an important mediator of how stressors will be experienced and handled. Because ambivalent coping inhibits exploration and mastery of the environment and interferes with the development of age-appropriate strategies for regulating affect during even minor stressors, it renders the child vulnerable to fear responses and to self-perceptions of weakness and helplessness (Cotterell, 2007). However, levels of stress that are too high may render the child helpless and increasingly at risk for negative developmental outcomes such as behavioural problems (Haan, 1989).

Caregivers' coping strategies

All the 10 caregivers mentioned that they sought professional intervention from social workers, guidance and counselling teachers, and pastors then followed by those who seek family intervention and lastly those who said nothing was done. Others engage in piece jobs to address the challenges of unemployment and lack of resources. Some resort to giving up and keeping quiet because of being afraid of family members. It was suggested that caregivers' forum be established to address the challenges of caregiving of orphans.

Existing literature shows that levels of stress that are too high may render adolescents helpless and increasingly at risk for negative developmental outcomes such as behavioural problems. This implies the need for caregivers to fill the attachment role at this critical time to prevent the negative consequences, in the realm of personality development whereby adolescents place very little value on interpersonal and social contact. Should the caregivers continue with insecure disorganised patterns of attachment and frightening behaviour, this would result in detachment. When adolescents detach, caregivers would fail to act as alternative attachment figures, hence negative coping skills would be the resultant symptoms because adolescents are in the state of protest and despair and also yearning for their parents. Evidence of the study suggests that caregivers play a key role on the orphaned adolescents' coping strategies.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

6.0. Introduction

This chapter presents conclusion and recommendations of the study. The recommendations are based upon the study findings and are divided into sections concerning their significance for policy, social work practice and future research.

6.1. Conclusion of the study

The study explored orphaned adolescents and caregivers perceptions of their attachment relationship and the coping strategies of adolescents. Findings confirmed that some orphaned adolescents were securely attached to their caregivers, whereas others were insecurely attached as they were perceived by their caregivers to be fearful of potential abandonment and showed marked anxiety when the caregivers were unavailable. Despite the fact that the caregivers provided adolescents with basic needs, accepted them as part of the families, loved and not discriminated against them, some adolescents' social and emotional needs appeared to be unfulfilled as evidenced by undisciplined behaviour. The review of the data shows that some of the undisciplined adolescents were caused by the caregivers' excessive anger and peer pressure. These difficulties could stem from a lack of early, consistent attachment relationships with significant caregiving figures. The literature indicates that in order for children not to experience maternal deprivation, they not only need a warm, loving, and continuous relationship with a caregiver, but within this relationship both must find satisfaction and enjoyment.

Furthermore, the study findings reveal that caregivers' personalities and behaviours such as extreme anger and hostility, neglect or inadequate positive socialisation can encourage the

formation of insecure attachment. It is revealed that this could partially be attributed to the sole responsibility that the caregivers fulfil in raising the teenagers without the support of nuclear or extended family units and/or community members. In order to counteract these, the study findings suggest that caregivers who provide secure attachment in the mist of high risk factors may need high quality training, adequate emotional and financial support.

In addition, the perceptions of caregivers and adolescents reveal that orphaned adolescents do not take initiative in taking charge of problems. The findings revealed that most of the orphaned adolescents accepted or gave in to challenges when they encounter them. These findings seem to agree with Bowlby's attachment theory in that lack of close attachment relationships within the crucial, early years of development, hinders positive developmental outcomes and renders the child's coping skills vulnerable to fear responses and to self-perceptions of weakness and helplessness.

6.2. Recommendations

Several recommendations have resulted from the findings of the study.

6.2.1. Implications for policy

- The orphan care policy should be reviewed to empower caregivers and adolescents economically to address the challenge of economic dependency.

- The findings reveal that some of the adolescents had psychological needs which were unmet. These include: experiences of neglect and abuse. Therefore, there is a need to avail social workers to provide psychosocial support to these adolescents.

- It is suggested that organizations that employ social welfare officers should provide support to them so that they may feel less isolated in their jobs and listen to the grievances that they may have. These supportive actions may increase job satisfaction which may then positively impact on caregiver-adolescent attachment relationships. Findings from the key informant interviews showed that there is insufficient social welfare staff. It is thus recommended that the ratio of social welfare officers to population of Metsimotlhabe be increased. The need for additional staff is motivated by the fact that the current social welfare officer is overtasked to address the psychosocial needs of adolescents and caregivers.

6.2.2. Implications for practice

- This review suggests the introduction of family-based intervention programmes for caregivers, orphaned adolescents and extended family members. These programmes should be designed to inform caregivers, adolescents and extended family members how to develop skills that strengthen family relationships.

- The findings suggest that family gatherings as one of the interventions used by the respondents is a culturally influenced process and could be used by professional counsellors as family-based intervention strategy to address family conflicts.

- In terms of offering caregivers increased support to enable them to emotionally avail themselves to the adolescents, psychosocial support be provided to caregivers as well to help them feel less isolated in their caregiving which may then positively impact on caregiver-adolescent attachment relationships.

- With regard to the improvement of community services, the community-based intervention strategies of village extension teams should be revived to encourage team work in provision of services to the orphaned adolescents and their caregivers at community level.

- With regard to the provision of psychosocial support to orphans and vulnerable children, there is a need to establish a child friendly counselling offices at primary and secondary schools.

- Apart from that, the key informants believed that social welfare staff may become overwhelmed by the emotions that they experience as a result of working in stressful and demanding environments. These challenged emotional states may undermine the provision of quality psychosocial support to adolescents and their caregivers which may negatively impact on attachment security of the adolescents. It is also recommended that social welfare officers have access to relevant professionals, like psychologists to receive some form of emotional support or debriefings.

6.2.3. Implications for research

- The findings further, suggest that caregiver-adolescent attachments can be strengthened when future research considers the perspective of not only the adolescent or one parent or informants, but also examines cultural structure and extended family systems, community structures and societies and policies because they operate to enhance the quality of life of adolescents and to provide social support networks to caregivers in relation to parenting.

- Research on family structure diversity is needed to capture how family processes among extended family structures, influence caregiver-adolescent attachments.

- Future research needs to examine parenting behaviours in relation to parenting style, since parenting behaviours may have very different effects on caregiver-adolescent attachment when levels of both responsiveness and control are considered.

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APPENDIX i

ORPHANED ADOLESCENTS' AND CAREGIVERS' PERCEPTIONS OF THEIR RELATIONSHIP AND THEIR COPING STRATEGIES: A CASE STUDY OF METSIMOTLHABE

Orphaned Adolescent's Assent Form

My name is Keoneetse Ellen Munyua. I am trying to learn about perceptions of orphaned adolescents and caregivers regarding their relationships and the coping strategies of the adolescents because it will provide information that could influence intervention programmes that target young people who have lost their parents. If you would like, you can be in my study.

If you decide you want to be in my study, you will be asked questions about your family and caregivers that could trigger stress for you as a young person in such a situation concerning some elements in your community that you think are of concern. If there are questions you do not want to answer, you are free to do so and that will not affect your participation in the study. All information obtained from you will remain strictly confidential and your name will not be revealed in the research findings. The interview could last approximately one hour.

The interviewer will request information about your education and relationships with caregivers, siblings, and peers. Some of the questions could be invasive and might result in mistrust and bitterness after the study. If you experience any of the above, you will be offered counselling through the Social and Community Development Office at Mogoditshane Sub-District Council, until you can work through your problems. You will also be given the opportunity to ask questions during the study.

Other people will not know if you are in my study. I will put things I learn about you together with things I learn about other adolescents, so no one can tell what things came from you. When I tell other people about my research, I will not use your name, so no one can tell who I am talking about.

Your parents or guardian have to say it's OK for you to be in the study. After they decide, you get to choose if you want to do it too. If you don't want to be in the study, no one will be mad at you. If you want to be in the study now and change your mind later, that's OK. You can stop at any time.

My telephone number is 267-71790030 (cell). You can call me if you have questions about the study or if you decide you don't want to be in the study any more.

I will give you a copy of this form in case you want to ask questions later.

Agreement

I have decided to be in the study even though I know that I don't have to do it. Keoneetse Ellen Munyua has answered all my questions.

Signature of Study Participant	Date
Signature of Researcher	Date

APPENDIX ii

INFORMED CONSENT FORM FOR CAREGIVERS

PROJECT TITLE: Orphaned adolescents' and Caregivers' Perceptions of their Relationship and their Coping Strategies: A Case Study of Metsimotlhabe.

Principal Investigator: Keoneetse Ellen Munyua [*MSW*]
Phone number(s): 71790030 / 73297473
What you should know about this research study:
We give you this informed consent document so that you may read about the purpose, risks, and benefits of this research study. You have the right to refuse to take part, or agree to take part now and change your mind later. Please review this consent form carefully. Ask any questions before you make a decision. Your participation is voluntary.

PURPOSE
You are being asked to participate in a research study of perceptions of orphaned adolescents and caregivers about their relationships and the coping strategies of the adolescents. The purpose of the study is to contribute to the information that could influence intervention programmes that target young people who have lost their parents**.** You were selected as a possible participant in this study because your participation will help us to understand the needs of the young people in your operation. Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

PROCEDURES AND DURATION
If you decide to participate, you will be invited to give information about your job and challenges of your job in enhancing the relationships of orphaned adolescents and their caregivers. I want to assure you that we will safeguard the identities of all respondents of this study. If we use any of your statements in the report, we will cite the source of the statement only as the caregiver. This interview will take about 25–30 minutes.

RISKS AND DISCOMFORTS
If you have any concerns about the interview process or about your statements being kept in strict confidence, please contact the Research Coordinator of the Department of Social Work at University of Botswana or contact the Office of Research and Development, University of Botswana, Phone: Ms Dimpho Njadingwe on 355-2900, E-mail: research@mopipi.ub.bw, Telefax: [0267] 395-7573.

BENEFITS AND/OR COMPENSATION
In this study there are no benefits or compensation. Your participation is voluntary looking at its benefits to your community.

CONFIDENTIALITY
The data from this investigation will be will remain strictly confidential and your name will not be revealed in the research findings. None of these will be used for commercial use.

VOLUNTARY PARTICIPATION

Participation in this study is voluntary. If you decide not to participate in this study, your decision will not affect your future relations with the University of Botswana, its personnel, and associated institutions. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without penalty. Any refusal to observe and meet appointments agreed upon with the central investigator will be considered as implicit withdrawal and therefore will terminate the subject's participation in the investigation without his/her prior request. In this event the subject will be paid what if owed to him/her or forfeit a proportionate amount of relative payment mentioned earlier in this document. In the event of incapacity to fulfill the duties agreed upon the subject's participation to this investigation will be terminate without his/her consent and no compensation will be offered under these circumstances.

AUTHORIZATION

You are making a decision whether or not to participate in this study. Your signature indicates that you have read and understood the information provided above, have had all your questions answered, and have decided to participate.

____________________________________ ________________

Name of Research Participant (please print) Date

_________________________________ ________________

Signature of Staff Obtaining Consent Date
(Optional)

YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP.

If you have any questions concerning this study or consent form beyond those answered by the investigator, including questions about the research, your rights as a research participant; or if you feel that you have been treated unfairly and would like to talk to someone other than a member of the research team, please feel free to contact the Office of Research and Development, University of Botswana, Phone: Ms Dimpho Njadingwe on 355-2900, E-mail: research@mopipi.ub.bw, Telefax: [0267] 395-7573.

APPENDIX iii

INFORMED CONSENT FORM FOR CHIEF/HEADMAN, NURSE, TEACHER OR SOCIAL WORKER

PROJECT TITLE*:* Orphaned adolescents' and Caregivers' Perceptions of their Relationship and their Coping Strategies: A Case Study of Metsimotlhabe.

Principal Investigator: Keoneetse Ellen Munyua [*MSW*]
Phone number(s): 71790030 / 73297473

What you should know about this research study:
We give you this informed consent document so that you may read about the purpose, risks, and benefits of this research study. You have the right to refuse to take part, or agree to take part now and change your mind later. Please review this consent form carefully. Ask any questions before you make a decision. Your participation is voluntary.

PURPOSE
You are being asked to participate in a research study of perceptions of orphaned adolescents and caregivers about their relationships and the coping strategies of the adolescents. The purpose of the study is to contribute to the information that could influence intervention programmes that target young people who have lost their parents**.** You were selected as a possible participant in this study because your participation will help us to understand the needs of the young people in your operation. Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

PROCEDURES AND DURATION
If you decide to participate, you will be invited to give information about your job and challenges of your job in enhancing the relationships of orphaned adolescents and their caregivers. I want to assure you that we will safeguard the identities of all respondents of this study. If we use any of your statements in the report, we will cite the source of the statement only as key informant (chief/headman, nurse, teacher or social worker). This interview will take about 25–30 minutes.

RISKS AND DISCOMFORTS
If you have any concerns about the interview process or about your statements being kept in strict confidence, please contact the Research Coordinator of the Department of Social Work at University of Botswana or contact the Office of Research and Development, University of Botswana, Phone: Ms Dimpho Njadingwe on 355-2900, E-mail: research@mopipi.ub.bw, Telefax: [0267] 395-7573.

BENEFITS AND/OR COMPENSATION
In this study there are no benefits or compensation. Your participation is voluntary looking at its benefits to your community.

CONFIDENTIALITY
The data from this investigation will be will remain strictly confidential and your name will not be revealed in the research findings. None of these will be used for commercial use.

VOLUNTARY PARTICIPATION
Participation in this study is voluntary. If you decide not to participate in this study, your decision will not affect your future relations with the University of Botswana, its personnel, and associated institutions**.** If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without penalty. Any refusal to observe and meet appointments agreed upon with the central investigator will be considered as implicit withdrawal and therefore will terminate the subject's participation in the investigation without his/her prior request. In this event the subject will be paid what if owed to him/her or forfeit a proportionate amount of relative payment mentioned earlier in this document. In the event of incapacity to fulfill the duties agreed upon the subject's participation to this investigation will be terminate without his/her consent and no compensation will be offered under these circumstances.

AUTHORIZATION
You are making a decision whether or not to participate in this study. Your signature indicates that you have read and understood the information provided above, have had all your questions answered, and have decided to participate.

____________________________________ ________________
Name of Research Participant (please print) Date

____________________________________ ________________
Signature of Staff Obtaining Consent Date
(Optional)

YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP.

If you have any questions concerning this study or consent form beyond those answered by the investigator, including questions about the research, your rights as a research participant; or if you feel that you have been treated unfairly and would like to talk to someone other than a member of the research team, please feel free to contact the Office of Research and Development, University of Botswana, Phone: Ms Dimpho Njadingwe on 355-2900, E-mail: research@mopipi.ub.bw, Telefax: [0267] 395-7573.

APPENDIX iv

<u>INTERVIEW GUIDE FOR ORPHANED ADOLESCENTS</u>

BACKGROUND

1. Location Details

2. Demographic Details

i) Relevant personal information

Tell me a little about yourself

a) How old are you?________________

b) Who are you staying with?

c) How long have you been staying with your caregiver? _________

d) Gender of adolescent (observation*)*

e) Level of education

f) Employment status

g) Household composition

3. Tell me what you enjoy most about your relationship with your caregiver?

4. Do you believe you are treated like other children in the household? Tell me more.

5. What do you find difficult in your relationship with your caregiver?

6. How do you feel about the care you receive from your caregiver?

7. What do you think your caregiver/s feels about the care s/he gives you?

8. Do you have favourite caregivers? Give your reasons.

9. From your experience or observations, do you think it is important for your caregiver/s to form a close, emotional relationship with you as an orphaned adolescent? Tell me more about your opinion.

10. Explain to me the kinds of behaviour you display when you are with your caregiver and why?

11. What do you think about the behaviours?

12. What do you think may cause a child/ a young person to develop emotional problems?

13. In your view how should a caregiver relate to an orphan adolescent?

14. How does your caregiver/s personality and behaviour affect your relationship?

15. What do you consider to be the challenges in your relationship with your caregiver?

16. Explain how you and your caregiver address the challenges in your relationships.

17. Do you think the way you address your challenges is effective? Elaborate.

18. From your understanding, how can your relationship with your caregiver/s be improved?

19. What are your suggestions to orphaned adolescents who struggle in their relationships with their caregivers?

20. What interventions should be put in place to enhance;

a) Relationships of orphaned adolescents and their caregivers?

b) Adolescents' coping skills?

c) Caregivers' coping skills?

PATLISISO KA MASIELA A BANANA MO MOTSENG WA METSIMOTLHABE

TSHIMOLOGO

1. Tlhaloso ka lefelo

2. Tlhaloso ya nnete ka Lesiela la monana

a) Dingwaga tsa gago di kae?_____________

b) O nna le mang?

c) O ntse lebaka le le kae le motlhokomedi wa gago?________

d) Bong jwa mmotsiwa (ka tebo)

e) Selekanyo sa thutego

Lokwalo lwa 5-7----- *Mophato wa 1-3-----*

Mophato wa 4-5------ *Feditse Mophato wa 3----*

f) *Kago ya lelwapa* (*Palo ya batho mo lwapeng)* ________________

3. Mpolelela gore ke eng se o se ratang thata ka botsalano jwa lona le motlhokomedi wa gago? …………………………………………………………………………………

……………………………………………………………………………………………..

4. A o dumela gore o tsewa/tshwarwa jaaka bana ba bangwe mo lwapeng?

……………………………………………………………………………………………..

5. Ke eng se o se bonang e le mathata mo botsalanong jwa lona le motlhokomedi wa gago? ……………………………………………………………………………………..

…………………………………………………………………………………………….

6. O ikutlwa jang ka tlhokomelo e o e neelwang ke motlhokomedi wa gago? ……….

……………………………………………………………………………………….......

7. O akanya gore motlhokomedi wa gago o ikutlwa jang ka tlhokomelo e a e go neelang ? ……………………………………………………………………………………

……………………………………………………………………………………………..

8. A gona le batlhokomedi ba o baratang thata kgotsa o ba tlhophile go na le motlhokomedi wa gago? Lebaka ke eng? ……………………………………………….

……………………………………………………………………………………………..

9. Go tswa mo kitsong ya gago, ke eng o bona go le botlhokwa gore batlhokomedi ba nne le botsalano jo bo gaufi jwa maikutlo le masiela a banana? Mpolelela go le go ntsi ka mogopolo o o. ……………………………………………………………….

…………………………………………………………………………………………….

10. Ntlhalosetsa maitsholo a gago a o a supang fa ona le motlhokomedi wa gago le gore ka go reng? ……………………………………………………………………...

……………………………………………………………………………………………..

11. O akanya jang ka maitsholo a o? ……………………………………………………..

……………………………………………………………………………………………..

12. Ke eng se o se akanyang se ka go direla mathata a maikutlo? ………………………

……………………………………………………………………………………………..

13. Mo tumelong ya gago, motlhokomedi wa lesiela la monana o tshwanetse go bo a ntse jang (fa re lebeletse botsalano jo bo siameng)? ………………………………………

……………………………………………………………………………………………..

14. Setho le boitshwaro jwa motlhokomedi bo ka ama jang botsalano jwa lona? ……..

…………………………………………………………………………………………......

15. Ke dife dikgwetlho tse le kopanang le tsone mo botsalanong jwa lona le motlhokomedi wa gago? ……………………………………………………………….

………………………………………………………………………………………..

16. Ntlhalosetsa gore wena le motlhokomedi wa gago le dira jang go fenya dikgwetlho tse le kopanang le tsone mo botsalanong? ………………………………..

………………………………………………………………………………………..

17. A o akanya gore ka fa le lwantshang dikgwetho tsa lona ka teng go na le maduo a a nametsang? Tlhalosa.

18. Go tswa mo go tlhaloganyeng ga gago, wena le motlhokomedi le dira jang go tlokafatsa botsalano jwa lona?…………………………………………………………

………………………………………………………………………………………..

19. O ka gakolola jang masiela a banana a a santseng a sokolang ka botsalano jwa bone le batlhokomedi? ……………………………………………………………….

………………………………………………………………………………………..

20. Ke afe mananeo a a ka diragadiwang go oketsa;

a) Botsalano jwa masiela a banana le batlhokomedi ba bone? ……………………...

………………………………………………………………………………………...

b) Bokgoni jwa banana mo go fenyeng dikgwetlho? ………………………………..

………………………………………………………………………………………..

c) Bokgoni jwa batlhokomedi go fenya dikgetlho? ……………………………….

………………………………………………………………………………………...

APPENDIX v

INTERVIEW GUIDE FOR CAREGIVERS OF ORPHANED ADOLESCENTS

BACKGROUND

1. Location Details

District------- Kweneng District

Name of locality-------Metsimotlhabe

Type of area------ Urban Village

2. Demographic Details

i) Caregivers Details

h) Ages of the caregivers are between 20-79 years.

20-29 years-- *30-39 years--* *40-49 years--*

50-59 years-- *60-69 years--* *70-79 years--*

i) Gender of caregivers (observation*)* *female--* *male--*

j) Marital status

Married----- *Single-----* *cohabiting---------* *widow/widower-----*

k) Level of education

Primary level----- *Secondary level-----*

Tertiary level----- *Never attended school---*

l) Employment status

Employed------ *Self-employed------* *Unemployed-----*

3. What do you enjoy most in your relationship with the adolescents you care for?

4. Do you believe you treat orphaned children like other children in the household?

Why do believe so?

5. What do you find difficult in your relationship with the adolescent?

6. How do you feel about the adolescent you care for?

7. How do you think the adolescent under your care feels about you?

8. Does the adolescent have favourite caregivers? What is the reason?

9. Explain the types of behaviour an adolescent under your care displays?

10. What do you think about these behaviours?

11. What do you think may cause an adolescent to develop emotional problems?

12. Do you think that any of the adolescents you care for or have cared for may have experienced emotional and behaviour problems later in life? Why do you think so?

13. What is your expectation of an orphaned adolescent's personality and behavour?

14. How could an adolescents' behaviour affect their relationships with caregivers?

15. What do you consider to be the challenges in your relationship with the adolescent?

16. Explain how you and the adolescent address any challenges in your relationships?

17. Do you think the way you address your challenges is effective? Elaborate.

18. How could the adolescent and yourself improve your relationship?

19. What are your suggestions to orphaned adolescents who struggle in their relationships with their caregivers generally?

20. What interventions could be put in place to enhance;

a) Relationships of orphaned adolescents and their caregivers?

b) Orphaned adolescents' coping skills?

c) Caregivers' coping skills

PATLISISO KA MASIELA A BANANA MO MOTSENG WA METSIMOTLHABE

TSHIMOLOGO

1. Tlhaloso ka lefelo

Kgaolo------- Kgaolo ya Kweneng

Leina la motse-------Metsimotlhabe

Mofuta wa lefelo------ Motse seka toropo

2. Tlhaloso ya nnete ka Motlhokomedi

a) Dingwa tsa Batlhokomedi gotswa ko go 20- 79

Dingwaga tse 20-29--- *Dingwaga tse 30-39---* *Dingwaga tse 40-49---*

Dingwaga tse 50-59--- *Dingwaga tse 60-69---* *Dingwaga tse 70-79---*

b) Bong jwa mmotsiwa (ka tebo)

Monna-------- *Mosadi-------*

c) Seemo sa nyalo

Ke nyetswe----- *Ga ke a nyalwa-------* *Re nna mmogo re sa nyalana-----------*
Ke swetswe-------

d) Selekanyo sa thutego

Lokwalo lwa 5-7----- *Mophato wa 1-3-----*

Mophato wa 4-5------ *Feditse Mophato wa 3-----*

e) Seemo sa tiro

Ke a dira---- *Ga ke dire----* *Ke a ipereka----*

3. Mpolelela gore ke eng se o se ratang ka thata mo botsalanong jwa lona le monana yo o motlhokomelang? …………………………………………………………………....

……………………………………………………………………………………………..

4. A o dumela gore o tsaya/tshwara lesiela la monana jaaka bana ba bangwe mo lapeng? Ke eng o dumela seo? …………………………………………………………....

……………………………………………………………………………………………..

5. Ke eng se o se bonang e le mathata mo botsalanong jwa lona le monana yo o mo tlhokomelang? ……………………………………………………………………………...

……………………………………………………………………………………………..

6. O ikutlwa jang ka monana yo o mo tlhokomelang? …………………………………...

……………………………………………………………………………………………..

7. O akanya gore monana o ikutlwa jang ka wena? ………………………………………

……………………………………………………………………………………………..

8. A monana yo o motlhokomelang o na le batlhokomedi ba a baratang thata kgotsa a ba tlhophile go na le wena? Lebaka ke eng? …………………………………………….

……………………………………………………………………………………………..

9. Ntlhalosetsa maitshwaro a monana yo o motlhokomelang a a supang fa ona le ene le gore ka go reng? ………………………………………………………………………...

…………………………………………………………………………………………….

10. O akanya jang ka maitshwaro a o? ……………………………………………………..

……………………………………………………………………………………………..

11. Ke eng se o se akanyang se ka direla monana mathata a maikutlo? ………………..

……………………………………………………………………………………………..

12. A o akanya gore banana ba o ba tlhokomelang ba ka nna le mathata a maikutlo le boitshwaro mo botshelong? Ka goreng? …………………………………………………...

…………………………………………………………………………………………......

13. Wena o le motlhokomedi, o solofetse gore setho le boitshwaro jwa monana sa bo bo ntse jang? …………………………………………………………………………………..

……………………………………………………………………………………….....

14 Setho le boitshwaro jwa motlhokomedi bo ka ama jang botsalano jwa bone? ……..

………………………………………………………………………………………..

15. Ke dife dife dikgwetlho tse le kopanang le tsone mo botsalanong jwa lona le monana yo o mo tlhokomelang? ………………………………………………………

………………………………………………………………………………………..

16. Ka tswee-tswee ntlhalosetsa gore le dira jang go fenya dikgwetlho tse le kopanang le tsone mo botsalanong? ………………………………………………..

………………………………………………………………………………………..

17. A o akanya gore ka fa le lwantshang dikgwetlho tsa lona ka teng go na le maduo a a nametsang? Tlhalosa. ……………………………………………………………….

………………………………………………………………………………………..

18. Le ka dira jang gore wena le monana le tlokafatsa botsalano jwa lona? ……………

………………………………………………………………………………………..

19. O ka gakolola jang batlhokomedi ba ba santseng ba sokola ka botsalano jwa bone le msiela a banana? …………………………………………………………………...

………………………………………………………………………………………..

20. Ke afe mananeo a a ka diragadiwang goboketsa; …………………………………….

………………………………………………………………………………………..

a) Botsalano jwa masiela a banana le batlhokomedi ba bone? ………………………….

………………………………………………………………………………………..

b) Bokgoni jwa banana mo go fenyeng dikgwetlho? ……………………………………..

……………………………………………………………………………………………..

c) Bokgoni jwa batlhokomedi go fenya dikgwetlho? ……………………………………..

……………………………………………………………………………………………..

APPENDIX vi

<u>INTERVIEW GUIDE FOR KEY INFORMANTS (chief, social workers, community health officer and guidance and counselling teacher)</u>

BACKGROUND

1. Location Details

District------- Kweneng District

Name of locality-------Metsimotlhabe

Type of area------ Urban Village

2. Demographic Details

m) Gender of social worker (observation*)* *female-------* *male-------*

n) Level of education

i) Tertiary qualification (√) *Certificate_____* *Diploma_______*
Degree_____ *Master's degree_________* *Others (specify)____*

o) Job status

i) Position ____

ii) Location____

3. What care and support services for orphaned adolescents does your office provide?

4. What care and support services for caregivers does your office provide?

5. What family-related factors constrain caregiver/s of OVC in accessing care and support services for the children under their care?

6. What do you think should be done at the community level to remove these constraints?

7. What resources (financial, human, supplies, equipment, infrastructure, etc.) do you or your organisation currently need to provide OVC and caregivers with adequate care and support?

a) Finances

b) Human

c) Supplies, equipment and infrastructure

8. What additional resources do you need to improve access to OVC care and support and improve the quality of support?

9. What could be done to enhance:

a) Relationships of orphaned adolescents and their caregivers?

b) Adolescents' coping skills?

c) Caregivers' coping skills?

10) What are the specific problems facing orphaned adolescents and caregivers in their relationships?

11) Do orphaned adolescents and caregivers have specific needs in their relationships that require specific policy and programme?

12\) What policies and programmes are in place (or lack thereof) to address these needs and rights?

<u>PATLISISO YA BODIREDI JWA MOTSE KA MASIELA A BANANA MO MOTSENG WA METSIMOTLHABE (kgosi, mooki, morutabana le bommaboipelego)</u>

TSHIMOLOGO

1. Tlhaloso ka lefelo

Kgaolo------- Kgaolo ya Kweneng

Leina la motse-------Metsimotlhabe

Mofuta wa lefelo------ Motse seka toropo

2. Tlhaloso ya nnete ka Moeteledipele wa motse (kgosi)

a) Dingwa tsa Batlhokomedi gotswa ko go 20- 79 *(Tshwaa √)*

Dingwaga tse 20-29--- *Dingwaga tse 30-39---* *Dingwaga tse 40-49 –*

Dingwaga tse 50-59--- *Dingwaga tse 60-69---* *Dingwaga tse 70-79_*

b) Bong jwa moeteledipele wa motse (kgosi) (ka tebo) *(Tshwaa √)*

Monna-------- *Mosadi-------*

c) Selekanyo sa thutego *(Tshwaa √)*
Lokwalo lwa 5-7----- *Mophato wa 1-3---* *Mophato wa 4-5------*

d) Selekanyo sa thutego ya ithutelo ditiro

Setlankana sa ntlha (certificate)----- *Setankana sa fagare (diploma)___*

Setankana sa maemo a a kwa godimo (degree)___ *Setankana sa boeteledipele*

(Master's degree___

e) Maemo mo bodireding

i) Maemo____

ii) Lefelo____

3. Ke dife ditlamelo tsa tlhokomelo tse bodiredi jwa gago bo di neelang masiela a banana? …

…………………………………………………………………………………………………..

4. Ke dife ditlamelo tsa tlhokomelo tse bodiredi jwa gago bo di neelang batlhokomedi? ....

………………………………………………………………………………………………......

5. Ke dife dilo dingwe tse di tlhotlheleiwang ke botshelo jwa lelwapa tse di kganelang batlhokomedi ba masiela go amogela ditlamelo tsa tlhokomelo tse di diretsweng bana ba ba mo tlhokomelong ya bone? ……………………………………………………………………….

………………………………………………………………………………………………….

6. Ke eng se o akanyang gore se ka dirwa mo motseng wa gago go ntsha dikganedi tse? …….

…………………………………………………………………………………………………..

7. Ke dife dilo dingwe tse le di tlhokang tse di amanang le madi, bodiredi, dithoto, didirisiwa le tsamaiso ya ditirelo e e farologanyeng (dipalamo le tse dingwe) e wena kgotsa bodiredi jwa gago bo ditlhokang go neela masiela le batlhokomedi ditlamelo tse di diretsweng bana ba ba mo tlhokomelong ya bone?

a) Madi? ……………………………………………………………………………………...

…………………………………………………………………………………………………..

b) Bodiredi? ………………………………………………………………………………….

…………………………………………………………………………………………………..

Dithoto, didirisiwa le tsamaiso ya ditirelo? …………………………………………………

…………………………………………………………………………………………………..

8. Ke dife ditirelo tse o tlhokang gore di okediwe mo bodireding jwa gago tse di ka tlokafatsang le go godisa tlhokomelo e e tseneletseng ya masiela mo motseng wa gago? …….

…………………………………………………………………………………………………..

9) Ke eng se seka dirwang go godisa; ………………………………………………………

…………………………………………………………………………………………………..

a) Botsalano jwa masiela a banana le batlhokomedi ba bone? …………………………………

……………………………………………………………………………………………..

b) Ka fa banana ba kgonang kgotsa ba laolang mathata a bone ka teng? ……………………...

……………………………………………………………………………………………..

c) Ka fa batlhokomedi ba kgonang kgotsa ba laolang mathata a bone ka teng? …………….....

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10) Ke eng se e leng one mathata a a lebaganyeng masiela a banana le batlhokomedi mo botsalanong jwa bone? ………………………………………………………………………

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11) A gona le matlhoki a a lebaganyeng masiela a banana le batlhokomedi a a tlhokang lenaneo (poliy or programme) le le a lebaganyeng? …………………………………………...

……………………………………………………………………………………………..

12. Ke afe mananeo a a leng teng kgotsa a a tlhokafalang go kopantsha matlhoki le ditshwanelo tsa masiela a banana le batlhokomedi mo botsalanong jwa bone? ……………….

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