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Psychological support for orphans and vulnerable children at a community-based organization in Soweto, South Africa

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Abstract
This study aimed at exploring the psychological support provided for orphans and vulnerable children (OVC) in a community-based organization (CBO) in Soweto, South Africa. A total of 14 participants took part in the study. Out of which, 12 were OVC (5 males and 7 females, aged 10 to 18 years) and 2 female social workers were selected to take part in the study. This study utilized open-ended questionnaire, semi-structured individual interviews and focus group discussions s as methods of data collection. The thematically analyzed data revealed that the OVC received psychological support through occasional counseling, mentorship, and peer-group support within the CBO. The study realized that counseling was offered occasionally by some psychological counselors who are hired by the CBO and this was seen as cost-effective. The study found that the CBO utilizes mentorship and peer-group support in addressing psychological challenges facing OVC. The study recommends that the CBO together with donors should have permanent psychological counselors who can provide regular counseling services to OVC as the need arises.

Keywords: Psychological, counseling, support, children, orphans, vulnerable, South Africa

Introduction

This particular study was aimed at assessing the kind of psychological support provided for orphans and vulnerable children (OVC) in a community-based organization (CBO) in Soweto, South Africa. This study was informed by recent research which pointed out that there is a need for brief psychological therapy both in the CBO and at the school to help OVC overcome the trauma of losing their parents as well as the stigmatization they are subjected to by members of the community (Sitienei & Pillay, 2019) [43]. Many recent studies have established that Sub-Saharan Africa is the world's poorest region with the largest proportion of vulnerable children in the world (Mwoma & Pillay, 2015; Pillay, 2014b; Sewpaul & Mathias, 2013; Petersen, Bhana, Myeza, Alicea, John, Holst... & Mellins, 2010) [31, 38, 42, 35]. According to Africa Check (2014), the number of orphans in South Africa alone ranges from between 3.7 to 4 million. It has been documented that parental illness or loss of parents permeates all aspects of a child's life and often marks the beginning of a drastic change in their lives (Doku, Dotse, & Mensah, 2015) [16]. Children who are exposed to traumatic events and interpersonal trauma early in life stand a risk of a wide range of psychological, developmental and medical challenges (Modi, Nayar-Akhtar, Ariely & Gupta, 2016; Bruskas, 2008) [29] if no psychological intervention is provided to them. These children endure a greatly increased risk of poverty, homelessness, curtailed education, discrimination, and loss of life opportunities (Li, Chi, Sherr, Cluver, & Stanton (2015). Parental deaths and illnesses are childhood traumatic events that are associated with physical, psychiatric and psychosocial health problems (Bauman, Foster, Silver, Berman, Gamble, & Muchaneta, 2006) [4].

Earlier scholars have highlighted that children orphaned by AIDS are at risks for a range of adjustment difficulties including emotional problems and post-traumatic stress (Doku, Dotse, & Mensah, 2015; Cluver, Gardner, & Operario, 2007; Bauman, *et al*., 2006) [16, 4, 11] that can only be resolved through provision of psychological interventions. This forces most governments and humanitarian organizations in countries affected by HIV/AIDS to come up with sustainable large-scale interventions in response to large numbers of orphans (Wallis & Dukay, 2009). These interventions are meant to improve psychosocial, social and even psychological debriefing of traumatized individuals (Chibanda, Cowan, Healy, Abas, & Lund, 2015) [9].

Considering the great number of children who come to institutions, most of them may not get appropriate emotional satisfaction and sense of belonging within such institutions (Dowdell & Cavanaugh, 2009) [17]. Pillay (2016) [37] pointed out that the extent to which OVC in community-based home living have health and well-being might depend on how they ended up with that particular residence option. Within the children's homes, care providers may not be able to give all children the required emotional support or attachment and this can make children remain in an unhappy and unsatisfying state of life for long especially the children who might have gone through sexual abuse (Corneel & Hamrin, 2008) [14]. This can make the OVC who might have gone through traumatizing events in their early years to develop behavioural problems such as withdrawal, isolation, fear, and panic mistrust of the environment and poor interpersonal relationships (Chibanda, *et al*., 2015) [9]. From

earlier studies, counseling services have been found to yield positive outcomes that included reduced anxiety and distress after HIV testing, reduced feelings of isolation and increased disclosure of HIV status (Brown, Macintyre & Trujillo, 2003; Sengupta, Banks, Jonas, Miles & Smith, 2011). Several interventions have been identified for improving the psychosocial well-being and support of children affected by HIV and AIDS (Skeen, Sherr, Croome, Gandhi, Roberts, Macedo, & Tomlinson, 2017; Mutambara, 2015; Ndzibidtu, Meyer, & Tih, 2013) [30, 32]. But despite all the efforts for provision of interventions both locally and internationally for OVC, psychosocial services remains very limited and inadequate to deal with the long-term psychological trauma resulting from caring for dying parents and the grief following their passing away (UNICEF, 2002) [47]. The same mental stress also affects the children's performance in school and increases their chances of dropping out (Kimane, 2005) [25] in nearly all countries in sub-Saharan Africa. Children deserve to be protected from any psychosocial trauma by use any available, appropriate intervention in any given community or society (Weisz, Sndler, Durlak, & Anston, 2005) [49].

A good number of studies have found out that school-based psychosocial interventions have yielded promising improvements in the psychosocial status of children with mental health problems (Betancourt, Meyers-Ohki, Charrow, & Tol, 2013) [5]. OVC who are exposed to too much psychosocial trauma is most likely to develop mental health if no interventional measures are availed (Reed, Faze, Jones, Panter-Brick & Stein, 2006; WHO, 2013; Attanayake, McKay, Joffree, Singh, Burkley & Mills, 2009) [40, 50, 3]. This means that children who get psychological support are most likely to cope well with their traumatic conditions. During psychological counseling, the children may get the opportunity to express their fears, anxieties, and stress to the counseling psychologist. The only unfortunate situation is that counseling psychologists are few compared to the number of children who are going through a lot of psychosocial challenges. Although South Africa has led in the development of innovative adolescent HIV prevention, further research is needed to engage adolescents in prevention (Kuo, Atujuna, Mathews, Stein, Hoare, Beardslee, & Brown, 2016). An earlier study among OVC in Soweto revealed that some of the OVC are survivors of abuse and neglect for which they required a safe haven (Pillay, 2016) [37] while most of the children are still undergoing grief due to the death of their parents and they require a brief psychological therapy (Sitienei & Pillay, 2019) [43]. This prompted this study to engage OVC to shed light on some of the psychological support that they receive within the CBO to help reduce the effect of HIV/AIDS and be equipped with ways of preventing the spread of the same pandemic. The study sought the views of the OVC on the types of psychological support that can assist them to deal with some of the psychological distress caused by the death of their parent (s). This is due to the fact that provision of psychological support to affected OVC during their early years of development can assist in transforming their psychosocial wellbeing positively and may be able to construct an appropriate socially acceptable personality.

Methodology

Research Design

A qualitative research approach was used in this study. This approach enables the researcher to conduct an in-depth evaluation of the findings and prioritize on the lived experiences of the respondents (Joubish, Khurram, Ahmed, Fatima & Haider, 2011) [24]. It also allowed the researchers to obtain a holistic and deeper understanding of psychological support being provided to OVC within the community-based organization.

Participants

The present study was designed and conducted at a community-based organization which is located in Soweto within a low socio-economic community in Johannesburg, South Africa. This is where the participants were selected to take part in the study. The organization provides a holistic programme that includes psychological, social and educational as well as health support to OVC infected and affected by HIV/AIDS. The organization supports more than 500 OVC and their caregivers and it engages social workers who work closely with the OVC. A total of 14 participants took part in the study. Out of which, 12 were OVC (5 males and 7 females, aged 10 to 18 years) and 2 female social workers were selected to take part in the study. All the participants were all able to communicate in English during the study.

Data collection

This study utilized open-ended questionnaire, semi-structured individual interviews and focus group discussions s as methods of data collection. These three methods were employed in order to allow triangulation of data and also to ensure credibility and dependability of data. The items in the open-ended questionnaire and semi-structured individual interview focused on psychological interventions that are currently being offered to OVC, their views about such services, the challenges they might be facing and suggestions to be done to improve such services within the organization. The same items were used as a guide during focus group discussions to ensure consistency in the study.

Procedure

Before commencing the study, written permission to conduct the study was obtained from the Ethics Committee of the Faculty of Education at the University in which the authors are employed as well as from the Director of Social Welfare in the Community-based Organization. Before the start of the study, each participant was requested to complete an assent form prior to data collection. The participants were informed from the commencement of the study that their participation was voluntary and that they were free to withdraw at any point without any consequences. In order to ensure confidentiality and anonymity, all the participants were informed not to mention their names throughout and after the study. Due to the nature of the study, where children might experience some emotional distress, a psychologist was at the research site to assist where necessary during the course of the study.

Data analysis

Data collected was analyzed thematically following guidelines outlined by O'Connor and Gibson (2003) [33]. This involved listening to audio-recorded information, transcribing interviews from tape to paper, and reading written transcripts including those in autobiographies. Coded data were organized according to

themes based on the children's experiences of the psychological interventions they were exposed to. The data was triangulated by reporting what was obtained from the questionnaire, interviews and supported by similar responses from the focus group discussion. These responses emphasized the kind of psychological interventions that OVC are receiving within the CBO in Soweto, South Africa.

Results

Psychological well-being of OVC was taken care of through occasional counseling, mentorship, and peer-group support within the CBO. The study realized that counseling was offered occasionally by some psychological counselors who are hired by the CBO and this was seen as cost-effective. The study found that the CBO utilizes mentorship and peer-group support in addressing psychological challenges facing OVC.

Counselling

The participants reported that sometimes they get a counselor who meets them in groups where they all share their challenges. Through the responses of the participants, the study found out that most of the participants appreciated the few counseling services which they are receiving within the CBO. One of the participants reported during the interview: "*I found the counselor was so caring and ready to listen to me. I now feel happy and I do not cry like before whenever I recall about my death parents…"* (Participant 6, Female). Another orphan also reported in the questionnaire: *"I have been thinking that the death of my father was a curse but after attending counseling, I now know many people die and I am lucky to have my mum even if she is sick…"* (Participant 1, Male). During the group discussion, some other participants pointed out that they like group counseling since they learn new ways of overcoming life challenges from the group members. One of them shared: *"whenever we get a counselor and we are put in groups to attend group counseling, I find it encouraging since I am able to learn new ways of dealing with my problems"* (Participant 10, female). Another one also added: *"group counseling is good because we meet other children who have similar problems like us. But the unfortunate part is that we do not have such counseling more often"* (Participant 3, male). This shows that group counseling help in reducing anxiety that sometimes emerges during individual counseling. To support the responses of the OVC, the social workers were interviewed to shed light on the psychological support that the OVC are receiving within the CBO. One of the social workers revealed; *"we have realized that the OVC whose parents are sick and especially those who are infected by HIV/AIDS are full of sadness and they find it to socialize with other children. Within the CBO, there are no resident counselors who could help the OVC whenever they experience distress"* (Social worker, 1). Another social worker also reported that the OVC need regular counseling services but the CBO find it quite expensive to employ a psychological counselor (Social worker, 2).

Mentorship

Nearly all participants reported that they received psychological support through the help of mentors who were among the social workers appointed by the CBO to take care of each child. For instance, during the interview session, one of the participants stated: *"When I feel sad, I go to see my mentor for encouragement"* (Participants 5, female). Another participant said: *"When my mom died; it was so difficult for me since I didn't have anyone to share my sorrows but now I tell my mentor whatever is disturbing me"* (Participant 12, female). During the group discussion, the participants expressed their appreciation for the availability of mentors within the CBO. One of the participants shared: *"when we arrived in this organization, we found a mentor who was assigned to assist us. Each one of us has a mentor who is ready to listen to us"* (Participant 1, male). More sentiments on the importance of mentorship in assisting the OVC on their psychological well-being were depicted by one of the participants in his questionnaire who reported thus: "*Before I came to this place, people used to call me names like orphan whose parents died of AIDS but when I came to this organization, I found a mentor who loves me and ready to listen to me"* (Participant 7, male). This was supported by the responses of one of the social workers who shared: *"many OVC find it easy to relate with their mentors although when they are still new, they tend to be too shy and after a while they start feeling free to share some of their challenges with them"* (Social worker 1).

Peer-group support

The study realized that peer-group played a key role in improving the psychological well-being of OVC. The participants revealed that when they are in peer-groups, they get a chance to share life experiences with their peers. This was evident in the following responses by one of the participants: *"Before I joined peer-group, I thought I was the only with problems I have who has problems and I am not the only orphan and this makes me feel better"* (Participant 2, female). Peer-groups made some of the OVC to acknowledge the presence of other orphans within the community. One of them stated in his questionnaire: *"Before I came to this organization, I didn't know there are many orphans like me and now I feel better to know other children are also orphans like me"* (Participant 8, male). Peer-group support was found to be another avenue of socialization for the OVC where they interact with their peers who had similar challenges. This was confirmed by one of them during the focus group discussion: "*During peer-group meetings, we meet other children with similar challenges and we get chance to socialize with other children"* (Participant 9, female). A similar response was given by another participant during the interview: *"I have managed to get a good friend during our peer-group meeting here in the organization"* (Particpant10, male). The significance of peer-group support was also highlighted in a questionnaire by one of the participants thus: *"When we are with other orphans, I learn from them on how to accept that my parents died"* (Participant 4, male).

Challenges of psychological interventions

From the data collected, some of the participants did not trust their mentors and some of them did not feel at ease sharing their challenges with their peers. This may be attributed to the issue of confidentiality and lack of a well-established rapport from the side of the mentors. This is evident from the responses given by some of them: *"I find it so difficult to talk about the death of my parents especially with my mentor and even during some peer-*

group since I do not trust them" (Participant 12, female). *"I don't find it comfortable saying what I feel when I am in such a group"* (Participant 6, male). During the group discussion, one of the participants shared: *"I wish there was a trusted person to share more things about adolescent stage"* (Participant 2, female). Some of the children preferred to keep their painful experiences to themselves, which is a shred of clear evidence that the CBO needs for a trusted psychological counselor whom the children can express themselves freely. One of them reported in his questionnaire: "*Whenever my friends talk about their mothers, I feel so sad and it is not easy to tell my dad because I don't want to make him feel sad*" (Participant 1, male). There is clear evidence that the OVC are still facing anxieties, fears, and insecurity in their lives. This was supported by one of the social workers who stated: "*The absence of counselors within the organization is a big challenge since some of the OVC are not willing to share their life experiences with their mentors and with their peers"* (Social worker 2). Another social worker narrated: *"I have realized that with the CBO, may not be getting enough mentors due to the fact that the OVC are so many while the mentors are few. It is difficult to handle problems facing each child effectively. The few numbers of mentors could be attributed to lack of enough funds to employ more. This also applies to counselors since it is quite expensive to pay more two counselors especially when donors may not give enough funds to the organization"* (Social worker 1).

Discussions

Counseling

This study established that psychological counseling was provided to the OVC occasionally when an invited counselor is within the CBO. This may not be effective enough in helping the OVC to accept and cope with the challenge of losing one or both parents. In the most recent study, scholars study found that there was lack of psychological counseling for the OVC within the CBOs and this meant that they were still harbouring the trauma of losing their parents (Sitienei & Pillay, 2019) [43]. According to Li, *et al*. (2015) if a surviving parent or other primary caregiver is actively involved in effective parenting, their children may have more opportunities to be resilient against parental loss. These OVC need lots of psychological support since the stress of losing parents and then being separated from brothers and sisters and from their familiar terrain increases the sense of uncertainty and insecurity about their future as well as reduces their ability to cope with new external environments (Gardner, 2015) [20]. Adaptive response to adversity requires the capacity to regulate one's own attention, expression of emotions, impulses, thinking, planning, and actions (Masten, 2011) [28]. These findings concur with those of Mwoma and Pillay (2015) [31] who pointed out that having proper channels for guiding and counseling OVC on social relationships is likely to have a positive impact on their behaviour and self-esteem. Similar findings were also revealed by scholars revealed that psychological intervention through provision of counseling improved children's self-concept, self-esteem, and self-efficacy (Puffer, Green, Sikkema, Broverman, Ogwang-Odhiambo & Pian, 2016; Ssewamala, Karimli, Torsten, Wang, Han, Ilic & Nabunya, 2016; Cluver & Gardner, 2007) [44, 11]. But in most cases, such children may not be able appropriate support like counseling that can help overcome the effects of HIV/AIDS and they fail to develop resilience. This means that the children will be forced to seek alternative accommodation in a supportive environment and in this study is the CBO. A supportive and competent community can create a caring and enabling environment for child development (Chi & Li, 2013) [8]. The disastrous effects of parental illness and death often weakened the support to children affected by HIV from other family members (Li, *et al*., 2015). A trusting relationship with the current caregiver is the most proximal protective factor for children affected by HIV (Wang, Li, Barnett, Zhao, Zhao, & Stanton, 2012) [48].

Peer Support

This study established the OVC valued peer-group support where they meet with their peers and were able to share their challenge and be able to learn new ways of overcoming such challenges. Sitienei and Pillay (2019) [43] pointed out that during peer-groups, the OVC discovered that they did not live in isolation, but belonged to a social system. This concurs with what earlier scholars contented that peer relationship exerts an enormous influence on the lives of school-aged children (Li, *et al*., 2015). In terms of developmental stages, adolescents, compared to younger children, depend more on friends than on parents to satisfy these psychosocial needs (Santrock, 2004) [41]. For HIV-affected children, studies have shown that a positive peer relationship can foster positive feelings of self through friendship and contribute to their psychological adjustment (Philip, 2015; Du Li, Chi, Zhao, & Zhao, 2014; Cluver & Orkin, 2009) [18, 12]. Such friendship can fulfill a number of basic needs such as companionship, social acceptance, and intimacy, which are crucial for a child's emotional well-being and sense of self-worth (Li, *et al*., 2015). Such kind of support systems has been shown to be effective in addressing mental health and behavioral problems among AIDS orphans (Lee, Deteis, Rotheram-Borus, & Duan, 2007) [27]. Through sharing experiences with others in similar situations and disclosure of mutual fears and insecurities, children can gain the sense of their "normality" and feel supported (Li, *et al*., 2015). These results justify the findings of early scholars who documented that psychological interventions such as peer-group support may optimize adjustment and decrease the psychological distress, particularly depression and anger associated with AIDS orphanhood in the adolescent age group (Kumakech, Cantor-Graae, Maling & Bajunirwe, 2009) [26]. Peer-groups within the organization is one of the ways of assisting the OVC to share some of the challenges with their peers which they may not be able to share with psychological counselors or mentors within the CBO. Earlier studies have pointed out that availability of social support like peer support, in this case, can enhance the coping skills of children to handle stressing life events and functions to reduce distress and psychiatric difficulties (Decker, 2007; Allgower, Wardle & Steptoe, 2001) [15, 2]. This shows that peer support can be enhanced within the CBO to assist the OVC to learn new ways of dealing with unresolved psychological distress.

Mentorship

This study realized that mentorship was one of the common practices that are being used to provide psychological support for the OVC within the CBO. The children revealed that they usually

share some of their challenges mentors. According to observations made by Sitienei and Pillay (2019) [43], mentors are helpful since they can reach the children in their homes since they are usually available whenever a need arises and they act as substitutes for their parents died. Mentorship opens a door for consideration and understanding and summons children to participate in the world around them with compassion and creativity as they seek to be voices that link, disrupt and change their environment (Bloomquist, 2009) [6]. These findings concur with that Masten (2011) [28] expressed that primary caregiver of a child is lost, it is critical that someone else takes on the protecting roles of the primary attachment figure. Earlier researchers have documented that enduring mentoring relationships have been found to be associated with a wide range of benefits to children and young people (Freedman, 2014; Synder, 2010) [19, 46]. This means that mentors must take into consideration psychological distress, the stress of isolation, the problem with basic needs, anxiety about safety and cultural barriers facing the OVC (Chiroma, 2016) [10] so that they provide them with necessary psychological support. In a relationship with non-family mentors, children might obtain or perceive assistance, guidance, modeling, and psychosocial support (Li, *et al*., 2015). To promote psychological well-being of OVC, studies in resource-limited settings of Zimbabwe and Kenya, revealed that protective factors for the OVC included connectedness to a caring adult outside the family and a sense of community inclusion (Gilborn, Apicella, Brakarsh, Dube, Jemison, Kluckow, Snider, 2006; Hutchinson & Thurman, 2009) [21, 23]. Another study in Rwanda revealed that scholars contented that mentoring program for youth-headed households affected by HIV resulted in a reduction in depressive symptoms among intervention (Brown, Rice, Boris, Thurman, Snider, Ntaganira, *et al*., 2007) [7].

According to Parsloe and Wray (2000) [34], the goal of a mentor is leaning towards an interchange of wisdom, support, learning or guidance for the purpose of personal, spiritual, career or life growth. In this way, the mentors can be able to provide relevant psychological support for those affected OVC. Some of the OVC revealed that they were still saddened by the death of their parents, a clear indication that the CBO should intensify psychological support for such children. Therefore within the CBO, responsibilities of the mentor should be to help facilitate an initial assessment of the psychological state of the OVC and to assist the child to make deliberate efforts towards its development (Chiroma, 2016) [10]. Although mentorship was seen as one of the most utilized psychological support, some OVC expressed their mistrust on their mentors and this pause a question if the mentors within the CBO are qualified to provide mentoring services to such children. These findings support the observations made by Goodner (2015) [22] who pointed out that the use of volunteers in mentoring OVC must be taken seriously and certain criteria for selection must be put in place to ensure that the aims and objectives of mentoring OVC are achieved.

Implications of the study

From the findings of this, the paradigm shift has emerged that conceptualization has shifted from the pathological effect of HIV/AIDS pandemic to psychological support. Due to the immense effect of HIV/AIDS which has resulted in creating huge numbers of orphaned children, there are instances when these children cannot count on the emotional support of an adult caregiver (Ssewamala, Nabunya, Mukasa, Ilic, & Nattabi, 2014) [45] and so mentors of peers are helpful in such instances. The study realized that there is an urgent need for psychological counseling to support other forms of psychological support like peer support and mentorship. These two can only be seen effective if the children are assisted to overcome grief and effects of HIV/AIDS and be able to develop resilience. This kind of framework requires a clear concept of child outcomes, adversity, and protective mechanisms (Li, *et al*., 2015). This study realized that more protective measures especially psychological measures in terms of counseling to help the affected OVC be able to cope with adversity that may be causing more distress even within the CBO. Provision of basic needs like food, clothing, and shelter may be seen as the most appropriate for these children but in reality, they may be hurting psychologically due to the loss of their parents. The CBO together with the donors should be able to look for ways possible to employ resident psychological counselor who can journey with those children so that they can be able to express their withheld psychological distress and develop mechanisms of accepting the death of their parents. Psychological interventions such as peer-group support may optimize adjustment and decrease the psychological distress, particularly depression and anger associated with AIDS orphanhood (Kumakech, *et al*., 2009) [26]. The primary goal of CBO and donors should be the creation of a comprehensive supportive and enabling environment for the children and their caregivers, identifying the resources and strengths which can help in promoting the psychological well-being of OVC. The CBO should establish networks with the government and other donors in order to get more resources that can enable them to render quality psychological support to OVC.

Conclusion

This study realized that psychological support for OVC within the CBO was addressed through the use of peer-group support, mentorship and occasional counseling. The study noted that there is a need to enhance counseling services (both individual and group counseling) to help the OVC to overcome unresolved psychological distress. Future, the study realized that there are many OVC compared to mentors and this can jeopardize mentorship since some of the OVC may not get the chance to share their concerns at an appropriate time frame. Through the strengthening of psychological support and in particular counseling services, the OVC may be assisted to reduce some of the psychological distress. The few limitations of this study were; the use of qualitative approach

\]and the few numbers of participants. This approach only sought opinions of the participants but it did not investigate the impact of psychological support on psychosocial well-being of OVC. Despite these limitations, the study generated helpful information on how the OVC are being assisted to deal with psychological distress caused by the death of their parents due to HIV/AIDS pandemic. The study suggests that a qualitative be carried out to investigate the impact of psychological support on psychosocial well-being of OVC. The study recommends that the CBO together with donors should have permanent psychological counselors who can provide regular counseling services to OVC as the need arises.

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