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Beating South Africa's Endless Plague:  
Making Life Easier for HIV/AIDS Orphans

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Submitted in Partial Completion of the  
Requirements for Departmental Honors in Social Work

Bridgewater State University

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### **Introduction**

There are many modern beauties on this earth, including the incredible power of twenty-first century science and technology. But, due to many socio-economic injustices and current wars, these modern 'beauties' do not reach everyone. The spread of HIV/AIDS in Africa is a pertinent example of a social and public health issue disabling millions of people from obtaining their basic necessities. Although South Africa is the richest country on the African continent, it continues to contain the highest number of people diagnosed with HIV/AIDS worldwide. One out of five adults is diagnosed with HIV/AIDS in South Africa; this has left over two and a half million HIV/AIDS orphans in its wrath (McGraw-Hill, 2012). It is important to take all possible steps to discontinue a growing intergenerational HIV/AIDS pandemic by improving the emotional, mental and physical livelihood of the HIV/AIDS orphans themselves.

To discontinue this pandemic, there is a need for effective macro, micro, and mezzo interventions. These interventions integrate international and domestic policy and practice, which particularly focus upon the ways that foster care programs, adoption programs, work/life skills programs, caretaker resource accessibility programs, anti-stigma education programs, and specialized medical programs for HIV+ orphans all impact the lives of these orphans. The purpose of this social work review is to explore evidence-based practice interventions being used to help improve the lives of HIV/AIDS orphans in South Africa, through the combination of an in-depth literature review study and empirical study. During this process, implications for future best practices have also been identified.

## **Methodology**

### **Approach**

Due to the international nature of the research, and an inability to travel to South Africa, combining a literature review and empirical study was determined to be the most effective at capturing the most wholesome and diverse information regarding current and future practices that help orphans mentally, physically, socially, and emotionally in South Africa. In doing so, the literature review enabled the researcher to establish a baseline of information on the issues that these orphans are facing and the interventions many international, domestic, and local organizations are using to address this in South Africa. The empirical study enabled the researcher to identify these significant interventions from the literature and use this to create a semi-structured interview and online survey; both of these asked questions regarding the impact certain interventions have on the orphans physically, mentally, emotionally, and socially. The contemplation of qualitative data from both of the literature review and empirical study helped determine the best interventions being used on a macro, mezzo, and micro level to improve the lives of HIV/AIDS orphans in South Africa.

### **Empirical Sampling Process**

The beginning of the empirical study relied upon the ability to enlist the participation of participants from a variety of macro, mezzo, and micro social work roles working with HIV/AIDS orphans. In order to do so, the researcher investigated major non-governmental organizations and community-based organizations working in South Africa, as well as smaller non-profits, orphanages, and resource organizations. Over forty organizations were identified, from America, Europe, and South Africa itself; an e-mail and phone contact list was established. Over the course of five months, a generalized e-mail asking for participation in the interview

and/or survey was sent out, as well as a follow-up phone call. The researcher received thirty-seven replies, and from these replies seven participants were chosen. The researcher went onto explain the purpose of the research, inform the participants of IRB approval, and ask for any questions or concerns.

The desire of the researcher was to establish the most diverse sample possible, cognizant of the fact that the international, local, and domestic/national communities work interdependently with these orphans. Their experiences working with HIV/AIDS orphans varied, among the participants were, but not limited to: a NGO program developer, a UN-organization health policy-maker, a South African orphanage leader, a non-profit coordinator, and a public health advocate. The participants all have had direct and in-direct experience working to improve the lives of South African HIV/AIDS orphans and they live in America, Ireland, and South Africa. Four participants took part in both the interview and the survey; one participant took part in the survey alone and two participants took part in the interview alone.

### **Procedure of Literature Review and Empirical Study**

The research process began with the literature review. The most common search terms for the problem included, "HIV/AIDS orphans in South Africa", "orphans in South Africa," and "HIV/AIDS orphans in Africa." All the while, the most common search terms for the resolution of the problem were, "interventions," "treatments," and "preventions." The particular order of search terms proved very important in basic and advanced searches. When narrowing down the search, the most effective method in finding relevant information was generalizing HIV/AIDS holistically to the continent in Africa; due to the South African containing the highest infection rates, most articles particularly focused on South Africa anyways. Throughout the literature review certain themes came up often, including the need for safer international adoptions,

adolescent focused interventions, etc. These themes helped form questions for the qualitative semi-structured interview and for the online survey.

The literature review continued throughout the research process, while questions were created for both the semi-structured interview and online survey based upon the information being established in the literature review. The qualitative interview was structured to take place on the phone, in-person, or over Skype. Two of the six semi-structured interviews were done in-person; the other four were done over the phone due to being overseas or out of state. This may impact the validity of the study, but it was the only possible way to interview certain participants who were out of the state/country. In order to control this as best as possible, phone interviews were done in the same location for the same amount of time, thirty to forty five minutes. The semi-structured interview contained questions that identified macro, mezzo, and micro programs being implemented by the South African government, domestic/international organizations, educational groups, and medical non-profits. These questions were open-ended and basically set the stage for the participants to comment on the most common interventions being used today to help HIV/AIDS orphans and the ways in which they are or are not significantly helping the orphans. The participants were informed of their choice to skip any questions.

The online survey was supposed to act as another control due to the fact that the semi-structured interview occurred in different settings (e.g. over the phone and in-person). Questions on the online survey addressed the main barriers HIV/AIDS orphans are facing, including but not limited to: the lack of mental/physical health resources for the orphans in townships, lack of adequate monetary benefits given to child-headed households, and lack of cultural competency among workers, and so forth. The online survey was designed to be accessible to anyone

worldwide and was set up to take about five minutes maximum; participants were informed of IRB approval before taking the survey and informed of their choice to skip any questions.

Both of these empirical studies contained a variety of questions that addressed the six major “factors” of interventions being used to help HIV/AIDS orphans in South Africa, including: foster care, adoption, work/life skills, caretaker resource accessibility, anti-stigma education, and specialized HIV+ orphan medical programs.

### **Findings from Literature Review**

#### **International Policy and Programming**

The aftermath of World War II established the need for human rights policies to protect all from atrocities as a result of war, natural disaster, and/or illness. The United Nations was created for this purpose. Its over-arching aim is to improve the lives of those facing human rights abuses and/or inability to access basic needs; its policies serve as a major underpinning for the majority of services HIV/AIDS orphans receive in South Africa.

The United Nations “Principles to Guide Programming for Orphans and Other Children Affected by HIV/AIDS” outlines the important steps that the South African government must take in order to provide basic necessities to their HIV/AIDS orphans (e.g. food, water, education). The principles outlined by this UN document, in turn, force the South African government to combat the epidemic head on (Singletary, 2007). For example, these UN programs must continually take into account the isolationist culture created by the taboo of HIV/AIDS and encourage the development of programs that address the rejection many orphans face, through innovative social policies, anti-stigma education, and therapeutic alternatives (Roby & Shaw, 2006). The United Nations and its umbrella organizations have been a huge

advocates in making sure that the South African government enacts the appropriate measures for its orphan population.

One of the most important aspects of the United Nations' involvement on a macro scale is the implementation of their laws that protect orphans' safety and general well being. The Hague Convention's central purpose is to prevent the exploitation and trafficking of vulnerable children through investigating adoption agencies (Roby & Shaw, 2006). Since HIV/AIDS is so normalized in South Africa, UN diplomats are playing a key role in making sure that the protection of orphans' well-being is not being overshadowed by many other social issues (lack of housing, high starvation rates); finding ways to combat all of these issues together has been the most successful thus far in creating a loving, nurturing home for these orphans (Lieberman, 2012). The importance of the Hague Convention in protecting the lives of these HIV/AIDS orphans cannot be overlooked, and, it furthermore stresses the on-going need for on-the-ground UN and NGO workers putting these policies into place.

In fact, the most important UN organization working to help HIV/AIDS orphans in South Africa, both on the ground and on the policy level, is UNICEF. UNICEF workers are focused on training leaders of townships to create changes on their own for orphans, through advocacy and self-sustainability, in order to build stronger municipalities for orphans to grow up in (Roby & Shaw, 2006). A few umbrella organizations of UNICEF that have been successful in partnering with are World Vision, Save the Children, and Hope for African Children (Singletary, 2007). In fact, Hope for African Children discourages international non-governmental organizations from working in South Africa and hires members from its own communities to work towards providing orphans with their necessities, as well as educational and therapeutic interventions (Singletary, 2007). These locals have created CBO's like Circle of Hope, which implements

clinical therapy in various orphan communities unique to the needs of orphans in child-headed, skip-generation, or institutionalized care (Singletary, 2007). This organization (and many like it) also focuses on the significance of retaining aspects of orphans' familial identity and its impact on their mental health (Singeltary, 2007). UNICEF is a major catalyst for assistance programs for HIV/AIDS orphans in South Africa by partnering with its many umbrella organizations, through engaging these organizations in providing HIV/AIDS orphans both emergency "band-aids" for the crisis at hand and long-term programmatic resolutions.

The United Nations' policies and internal organizations have helped identify many of the social issues that are coupled with HIV/AIDS in South Africa and what the South African government must do to address this. In doing so, the United Nations' programs and policies have become the foundation to many of the domestic interventions being put into place.

### **Domestic Policy and Programming**

The South African government takes into account these international policies and programs, both mandated and of its own volition; through this, foster care, adoption, care-taker resource accessibility, work/life skills, anti-stigma education and specialized HIV+ medical programs have become instrumental factors in the interventions at hand.

The Children's Act is a central political structure that interconnects international and domestic programming/policy making, by addressing the various types of households usually live in (Meintjes, Hall, Marera, & Boule, 2010). This Act outlines specific ways that a local community can help orphans access clean drinking water, good nutrition, and a valuable education, while being cognizant of the fact that orphans living in a child-headed, skip-generation (with grandparents or kin), or institutionalized setting may have different needs (Daniel, Habib & Southall, 2003). Thus, the Children's Act is core to every intervention helping

these orphans because it is constantly encouraging domestic and local structures to implement interventions that meet the needs of the household structure an orphan is living in.

In fact, the South African foster care system helps HIV/AIDS orphans access basic necessities (medicine, nutrition) through both cash benefits and foster care placements, but its programs are constantly keeping in mind the significance of the Children's Act (Hearle & Ruwanpura, 2007). For example, within skip-generation households, foster care grants are focused on providing the natural-kin care-taker in skip-generation households with cash benefits so that they can use this money to pay for the child's schoolbooks, food, medicines, and other like necessities. (Meintjes, Hall, Marera, & Boule, 2010). Of equal importance, the foster care system is working collaboratively with the Department of Social Development to provide welfare grants to orphans who are having difficulty accessing legal documentation of their parent's death (Cluver & Orkin, 2009). Because the HIV/AIDS death rate is so high, many orphans do not have their parent's death certificates and/or education as to why this is important to obtain benefits and/or be considered to be apart of the foster care system. So, affidavits are being created so that orphans can more quickly and easily access resources and housing from the foster care system without the barrier of these death certificates (Daniel, Habib, & Southall, 2003). The foster care system is continually working on adapting its interventions to address the basic needs of orphans based upon their household type and documentation-status; this strategy has been seen to be quite successful thus far and can continue to be perfected.

The South African adoption system focuses on creating programs that fill the gaps of various households orphans grow up in (child-headed, skip-generation, institutionalized), making it easier for orphans to be adopted in their kin-ship and community surroundings. Community organizations are trying to close the gaps of the adoption system by using five major strategies to

mobilize resources for child-headed orphans and eliminate institutionalized care by educating the community on what the primary levels of response for a soon-to-be adopted child should be.

These levels of response include the family first, community second, churches third, and lastly the government (Tellez, Demaria, & Gallarga, 2011). Increasing efforts to place children within kinship placements has made a multitude of differences in the mental health status of orphaned children, as it has been proven psycho-socially to be more beneficial to stay within kinship care (Singletary, 2007). This notion also respects one of South Africa's central values, "ubuntu" (togetherness); South Africans see their community as immediate family and believe those outside of their community could introduce spirits (Roby & Shaw, 2006). Nevertheless, while kin-ship/community adoptions are preferred, many social workers express the desperate need for HIV/AIDS orphans to be in a permanent setting. Social workers note that international adoptions are actually better received than expected, if done with the respect to the community at hand (Roby & Shaw, 2006). The South African adoption system is one major aspect of interventions being used to help improve the lives of HIV/AIDS orphans, it gives orphans a sense of permanency and purpose within a family structure; on a wholesale, if these adoptions are done with respect to a community at hand, they are actually quite successful.

Due to the fact that orphan rates overwhelm both the foster and adoption care systems, there is a great gap between the needs of a 'parentified' orphan and the resources available to him/her; work and life skills programs have been developed by government and private organizations as a way to teach orphans skills to survive and be self-sufficient. For instance, many local community organizers are creating food security monitoring systems where orphans can learn how to independently access nutritious and safe food/water (Schroeder & Nichola, 2006). This provides orphans with a survival and possible future job skill, contributing to the

ability to live a more positive and healthy lifestyle. The Leaders of Tomorrow project is one example; it was created for Zulu-speaking South African HIV/AIDS orphans, teaching them basic trade skills in farming in order to help these orphans understand what nutrition is, how to maintain a farm, and what they would eat a time of crisis (Henderson, 2006). This organization empowers and educates orphans while simultaneously enabling them to build relationships with the facilitators who provide mental health therapy support groups for the orphans to partake in (Henderson, 2006). Many orphans are more likely to try these programs out with some sort of incentive, so work/life skills programs are continually trying to integrate these reduced cost services (e.g. medical, pharmaceutical) as an incentive for orphans to become involved in the programs; after all, they provide orphans with educational, career, and psycho-social support in a very creative and sufficient way.

Also, the implementation and use of anti-stigma education is quite important in order to address the posttraumatic stress, anxiety, depression and/or complicated grief many orphans face in the loss of their parents and the bullying they may face for being associated with HIV/AIDS (Cluver, Gardner, Operario, 2007). The idea of anti-stigma education is to educate orphans and also their peers, caretakers, and community-members on various taboo topics like the myths/facts of HIV/AIDS, sexual education, and bullying pertaining to HIV/AIDS. The "International Technical Guidance of Sexual Education" is used often by local CBO's to mentor teachers on how to appropriately handle bullying that many orphans face within the classroom, by showing these teachers how to speak to both the perpetrator and victim appropriately (Hearle & Ruwanpura, 2007). For many orphans, schools are their safe haven; creating an area where bullying is not prevalent is important. So, anti-stigma education is becoming more well rounded: besides simply educating society on "what" HIV/AIDS is, South African schools are normalizing

sexual and HIV/AIDS education into its curriculums through creating psycho-social support groups for orphans, open forums, and normalized talk about HIV/AIDS itself (Cluver, Bowes & Gardner, 2010). By educating the community as a whole, it provides a more structured and stable support system to orphans who may be facing bullying for HIV/AIDS, as well as educates those non-impacted on how to stop ostracizing those impacted by HIV/AIDS and how to promote a respectful environment (Cluver, Bowes, & Gardner, 2010). These curriculums create a safe-space for the orphans, which in turn, promotes greater mental well-being for these orphans. While anti-stigma education is imperative within South African schools, the ability to educate the entire community on ways to they can help eliminate the stigma as well is crucial.

In fact, addressing the “taboo topics” associated with being an HIV/AIDS orphan and the ways in which sexual education and anti-violence against women campaigns interconnect, is also crucial in creating the safest environment for HIV/AIDS orphans’ well being. There is an extremely high crime and sexual assault/rape rate in South Africa currently (United Nations Children’s Fund, 2011). So, apart of this anti-stigma education includes educating both male and female orphans on the importance of sexual protection (condom usage) and sexual respect/boundaries (Children & AIDS; Fifth Stocktaking Report, 2010). For example, the Department of Safe Schools Project created a National Lifeskills education created a Soul Buddy’s Program that is focused on encouraging those impacted and non-impacted by HIV/AIDS to be allies with each other, rather than bullies (Henderson, 2006). The United Nations’ umbrella organizations are also partnering with reality television and social media in order to educate communities as a whole on the real struggles orphans face and advocating for anti-bullying and safe sex/respect campaigns on their television shows/websites (Children & AIDS; Fifth Stocktaking Report, 2010). Anti-stigma education is a three hundred sixty degree

strategy to help improve the mental health of HIV/AIDS orphans through creating the safest, judgment free community as possible; to do so, mentoring teachers on how to deal with bullying, educating entire communities on the myths/facts of HIV/AIDS, and advocating for safe sex through the integrating modern technology have all been imperative factors.

Knowing this, the amount of love, nurture, and direction that these HIV/AIDS orphans receive is highly dependent upon the ability for multiple organizations to make resources more readily available for orphan caretaker. Since about sixty percent of care-takers (mostly grandparents) experience clinical depression due to the high stress they face with high numbers of orphans in these kin-ship placements (Kuo & Opario, 2010). Implementing therapeutic support (e.g. kinship support group) and assistance with cooking, babysitting, transporting, and tutoring has been extremely helpful in decreasing stress levels, as well as depression levels (Udjo, 2001). The government is also increasing investigations surrounding dishonest foster parents who are taking advantage of the system; this is helping redistribute cash benefits to those foster parents who are running out of resources, due to an influx of orphans in their home, and need them (Hearle & Ruwanpura, 2007). The ability for the South African government to address the stress that these orphan care-takers are facing is pinnacle to the guidance these orphans receive; the steps the government is taking through investigating dishonest foster parents, as well as providing these foster parents mental, physical, and emotional support has been pivotal to the lives of the orphans in their homes.

Whether a child in South Africa is orphaned or not, the chances of contracting HIV/AIDS is extremely high; an HIV/AIDS orphans is much more vulnerable, so providing medical resources to these orphans is essential for their physical well being. More focus has been placed on making it easier for these orphans to access specialized pediatric medicine that addresses

issues young kids face being HIV+; for example, oropharyngeal candidiasis is a very common oral complication HIV+ children experience (Daniel, Habib, & Southall, 2003). South African public health organizations are placing a lot of focus on making it easier for orphans to access medicine that helps decrease their pain for these child-like symptoms. The South African Children's Act has done so by lowering the age of consent for HIV testing, treatment, and access to contraceptives to age twelve (United Nations Children's Fund, 2011). This has helped orphans become educated sooner on the need to get treatment, as well as access medicines easier (Children and AIDS: Fifth Stocktaking Report, 2010). Thirdly, mental health workers have been trying to balance engagement and attachment therapies, alongside "cultural empowerment" in order to help orphans with especially trying mental health issues as a result of being parent-less and infected with a very trying disease (Iwelnumor & Airhihenbuwa, 2012). These specific mental/physical health interventions have been pertinent in improving the physical livelihood of these HIV/AIDS orphans, particularly those who are HIV+ themselves (a harsh reality).

Also, more specialized child-focused health centers are being put in place in South Africa in order to improve the focus on mental and physical quality of life for all South African children, orphans especially (Daniel, Habib, & Southall, 2003). In these centers behavioral and physical health interventions tend to go hand-in-hand; this interdisciplinary focus enables experts to exchange ideas will help an orphan physically/mentally. Thus, a therapist, after being trained, might notice a problem that a physician would help with, and could refer the child back to the physician (Mall, Sorsdahl, Swartz & Joska, 2012). The ability for these physical and mental health teams to work together provides orphans with a very well rounded, strong support (much needed when they do not have parents themselves). The government has also used these centers to provide follow-up HIV treatments for a free or reduced cost (Children and AIDS, Fifth

Stocktaking Report, 2010). South African orphans who are unable to follow up with treatment because of lack of money and access to care centers are slowly being able to access these easier. Ultimately, combining behavioral, mental, and physical health efforts, as well as affordable treatments for HIV+ orphans, has been critical in improving these orphans lives.

The ability to engage orphans through foster care, adoption, work/life skills, caretaker resource assistance, anti-stigma education, and specialized orphanhood HIV+ medical programs is essential to improving their lives in a variety of ways. But, doing so through cultural competency and NGO/CBO's partnerships is essential in applying policy to practice.

### **Findings from the Empirical Study**

The structure of the online survey and semi-structured interview was designed to address the main themes found in the literature and determine what the participants' observations are on the most effective macro, mezzo, and micro interventions working interdependently.

### **International Policy and Programming**

International HIV/AIDS orphan policies must enhance the partnerships between the UN and NGO's, as well as NGO's with local CBO's. This helps maintain a sense of cultural competency, which increases the trust the people have in both organizations, as well as increases the desires the orphans have in taking into account the interventions at hand. In fact, only one out of five participants stated that they think NGO's/CBO's are not culturally sensitive to important South African values like, "ubuntu." The participants agreed that while the people of South Africa value keeping children in their community, the spiking numbers of orphans demands for South Africans to become more lenient towards the idea of international adoptions. Central to both of these issues, the participants pointed out that the most effective social policies in regard to improving an HIV/AIDS' orphans' life are cognizant of the child welfare crisis, but

consistently check in with the values and beliefs system of an orphan's biological community when making decisions regarding a foster care placement, global adoption, medical treatment and so forth.

### **Domestic Policy and Programming**

Domestically, the participants addressed the six major factors of intervention for HIV/AIDS orphans to receive shelter, care, and basic necessities; the interconnectness of these interventions is pinnacle in order to effectively improve these orphans' lives.

#### **Foster care programs.**

For South African HIV/AIDS orphans, oftentimes the most structure in their life is determined by the foster care placement they are given. The findings suggest that operational research within South African universities serves as a positive force in improving the lives of these orphans. The ability for South African students to research various parts of the foster care system is a benefit to the orphans in South Africa, and the South African advanced educational infrastructure is a huge factor in helping improve foster care policies through student advocacy and research. Also, South Africa has become a refuge for HIV+ persons from other nearby countries because of South Africa's greater infrastructure (both physical buildings and also economic/political structure). While this shows South Africa's overall strength within the continent, the government cannot meet the need of foster care placements alone. Therefore, the most effective ways for South Africa to help improve orphans' lives through foster care placements are by partnering with private social service agencies and economic benefactors in order to fill that gap. Either way, the involvement of research and private institutions for foster care programming has been pivotal in being able to meet the needs for foster care placements and provide orphans with appropriate housing filled with nurture and guidance.

Also, since the parental death rate is so high, many orphans' parents die without any form of documentation to prove that the children are orphans (e.g. a death certificate); this is important because many orphans are not able to receive social services without this documentation. Participants state how important it is to make it easier for orphans to access services from the foster care system through an easier documentation process. The Department of Social Development is primarily responsible for this, and so they have created countrywide clinics that provide HIV/AIDS counseling, nutritional knowledge and education surrounding what legal documentation is necessary for orphans to access social services. These clinics are age-appropriate and have been efficient thus far; but they need to be more widespread in order to improve the lives of HIV/AIDS orphans on a greater scale.

Thirdly, participants identified how relevant interconnectedness between the foster care system and an orphans' ability to access shelter independently. Housing policies in South Africa vary based on geographic location and economic well being of the region. Since South Africa has been transforming, some aspects of society are extremely traditional, set-up in villages, while others are extremely metropolitan. The participants have pointed out the importance in giving community leaders "voice" in order to truly make headway in improving housing policies on the national scale. For example, a village leader may simply need more tools to build more huts for child-headed orphans to live in versus those an inner city community whose grandparents need cheaper housing to afford a big enough space for the orphans they may have in their homes. The participants agreed that the greatest improvements they have seen in helping improve an orphan's shelter situation is CBO's educating community organizers on ways to advocate and lobby to government providers for benefits to help meet the shelter need for these orphans. From there, policy shifts can occur and funds can be distributed. Ultimately, foster care programs in

South Africa are multifaceted. Public and private funds do not simply determine an orphan's placement, but, also their shelter, cash, and other necessities. Participants agreed that using research institutions' data collection, as well as mentoring community leaders to advocate for their own needs, has helped improve the lives of orphans in the foster care system greatly.

### **Adoption programs.**

One of the most commonplace alternatives to a foster-care arrangement in South Africa is adoption or being placed in an orphanage. For HIV/AIDS orphans in South Africa, either option could create an extremely different living environment, and while South African culture places great focus on the importance of orphans staying within their extended family, communities have become more open to global adoptions. The participants state that adoption is not necessarily as "formalized" in South Africa, but community organizations often act as witnesses, advocates, or helpers when an aunt decides to adopt two young children that her own brother may have left behind because of the disease (simply one example). There are two imperative aspects to improving the adoption system in South Africa. First off, community organizations (e.g. Bobbi Bear) and other advocacy organizations must monitor the Hague Convention's policies and create programs to prevent sexual/labor exploitation of HIV/AIDS orphans during the adoption process. Secondly, when particular communities are completely overwhelmed due to the crisis, the international community must continue to make friendlier paperwork for the relatively more informal South African system in order to make international adoption a more streamlined alternative. Integrating child safety organizations into the adoption process and creating greater opportunities for international adoptions have been very effective at helping orphans with safe and nurturing transitions into adoptive homes. However, this process can constantly be improved, because the general well-being and safety of these orphans can never be overlooked.

**Work/life skills programs.**

Work/life skills programs are extremely beneficial interventions to help orphans develop survival and job skills, as well as become empowered and inspired in their life.

Nutrition is one of the most important life skills an orphan must develop in order to stay nourished and maintain enough energy to participate in everyday life. The participants emphasize the need to promote knowledge on the difference between sustainable versus crisis nutrition, educating orphans on what they should eat if faced with a food crisis and the best ways to maintain good health. Self-help nutrition/therapeutic groups are primarily to educate orphans on nutrition facts, but also can provide age-appropriate facts about HIV/AIDS while also providing emotional support about orphanhood in general. A life skills program focused on nutrition is perhaps the most common therapeutic life skills program offered to HIV/AIDS orphans and it is effective in decreasing the numbers of orphans who end up malnourished.

Secondly, many of the participants stated that in substitute for work skills programs, many community organizations or orphanages are implementing successful recreational programs for HIV/AIDS orphans to participate in. One example is the Teen Dream Program, which offers drama, sports, and tutoring for orphans to participate in. These types of programs provide alternative therapeutic resources and discourage orphans from getting involved in crime by being kept busy after school. As one participant put it perfectly, these orphans are surrounded by loss, without parents to guide them; consequently, the circle of crime is easy to fall into. Thereby, these recreational aspects of the work/life skills program are essential to keep orphans interested and entertained. Despite the fact that all of the participants have vast experiences working with HIV/AIDS orphans in South Africa, only three out of five participants had heard of

the implementation of these programs; wide-ranging work/life skills programs, partnered with recreation options, can be extremely successful in keeping orphans busy, inspired, and educated.

**Anti-stigma education programs.**

The participants agree that anti-stigma education among HIV/AIDS orphans is most effective in informal settings and is a very positive, domineering force in decreasing bullying and increasing the mental health status of these orphans.

To be more specific, the South African culture focuses a lot on elders and their ability to pass down knowledge, as well as the inseparable bond among community members. Oftentimes HIV/AIDS orphans face bullying for having a parent who was infected and/or also having the disease themselves. So, many orphanages, community organizations, and drop-in centers have developed informal child and teen programs that openly discuss the truth around HIV/AIDS, sexual health, and its risks. This is an 'informal' educational system provides openness to these children in order to help dispel myths and to encourage transparency/respect among peers. Also, generalized sexual education is pertinent in South Africa considering the fact that HIV is most commonly transferred sexually; this can also be preventative as well. Another major factor in implementing a lot of informal education regarding HIV/AIDS and sexual health is the caretakers' involvement in this process. Therefore, a lot of schools are now encouraging caretakers to be honest about the risks of sexual activity, dangers in the community (e.g. high amount of rape), and HIV/AIDS in age-appropriate ways in order for orphans to be aware of their surroundings. More informal sexual education are being implemented into drop-in centers as well as family conversations has helped decrease the stigma in communities as a whole, lessening the risk of bullying and bettering the mental health of these orphans.

The participants also agree that school is often a safe haven for these orphans from the bullying and harassment that they may be facing in the community. But, kids often become discouraged in adolescence due to the lack of funds that they have in order to continue onto higher education (de-stabilizing their safe haven). Increasing HIV/AIDS' orphans access to secondary education is an essential step to maintaining the positive school atmosphere orphans may develop. Research findings provided to the government continue to advocate for more funding (and much more is needed) so that more orphans can continue to be educated past primary school. The schools' motivation coupled with their emotional well-being enables these children to go onto higher education. Participants also agreed that one of the most effective ways to eliminate the stigma that widely impacts these orphans' lives is by simply educating their caretakers. In skipped-generation households in particular many of these caretakers are uneducated and illiterate; community organizations are beginning to provide literacy training to grandparents and other caretakers as well as social services providing funds to help these caretakers access their own jobs and be afford to afford higher education for kids in their care. Participants continually pointed out that if bullies are educated on HIV/AIDS and punished appropriately, schools will continue to become places of understanding and safety for HIV/AIDS orphans. Thus, the greater increase in funds for orphans to continue their education and for their caretakers to become educated as well, helps improve the mental and emotional health of HIV/AIDS orphans overall.

It is clear that there is a stigma present in South Africa surrounding HIV/AIDS, but participants state the most effective ways in decreasing the bullying many orphans face is by increasing their opportunities in school, openly communicating about HIV/sexual activity in school curriculums, and making educational opportunities more accessible for care-takers too.

**Care-takers' resource accessibility programs.**

Since the majority of the orphans live in over-crowded kin-ship placements, the ability for governmental and non-governmental organizations to provide resources to these care-takers that lessen their burden has an overflow impact on the orphans themselves. For instance, the government and private organizations are working together to provide free and reduced daycare to these caregivers so that they can still work; this enables caregivers to maintain an income, while reducing the stress that many face, caring for up to ten orphans at a time. After all, an HIV/AIDS orphan cannot receive an adequate amount of nurture without his/her caretaker having his or her own self-care as well. These educational/alternative outlets are key. One example is a ministry in South Africa that provides a grandparents support group for skip-generation members, individual therapy, documentation assistance, and transportation/babysitting assistance for these care-takers. Essentially, this ministry is an example of a faith-based organization successfully taking into account many of the gaps in services caretakers experience and the ways in which addressing the needs of the caretakers reduces their stress, and increases their abilities to take care of the orphans adequately as well.

**Specialized medical programs for HIV+ orphans.**

One of the realities for an HIV/AIDS orphan is the possibility that him/herself may have contracted HIV him/herself at birth and/or could contract it in his/her lifetime (e.g. from sex, rape, unsanitary medical supplies, etc). Participants agree that this is an unfortunately common occurrence in South Africa. Thus, providing HIV/AIDS orphans with the appropriate health resources is extremely important in improving their lives overall, with particular focus on orphans' medical follow-up care. According to the participants, many orphans do come to HIV treatments because they lack education on the importance of follow-up treatment; also, they lack

of transportation as well as several other barriers. This shows how important it is to combine physical and behavioral health resources in South Africa; orphans are more likely to come back for treatments when provided with education by both the doctors and therapeutic supports on the importance of treatment to their life. The ability to increase follow-up treatments among HIV+ orphans through alternative incentives and education on treatment is pertinent to their physical well-being.

### **Discussion**

HIV/AIDS is clearly an epidemic, and it is easily South Africa's greatest public health struggle. The literature—based and empirical methods of this study widely intersect on deciding what the most effective interventions are to help improve the lives HIV/AIDS orphans holistically; interdependent linkages between macro/mezzo/micro social work is essential, with particular focus on providing education to orphans/care-takers and making legal documentation more accessible so that orphans can access social services easier.

While these focuses may seem specific, they are underlying themes found in all aspects of foster care, adoption, work/life skills, anti-stigma education, health, and caretaker resource accessibility programs. Internationally, both the literature-based and empirical studies make it quite clear that the key to success is to connect non-governmental organizations to local, community organizations more often. But, not only should they be connected for financial reasons. The workers in these NGO's need to be willing to teach the CBO's the important aspects of administration processes, lobbying, and advocacy so that local organizations can advocate for fellow South Africans. This type of micro managing is very important when dealing with a crisis. One of the gaps that the literature addresses is the fact that many NGO's act as "band-aids" when communities are overwhelmed with their numbers of orphans. The more local

organizations that are willing to work with the international community and the more international communities willing to work with local organizations, the greater amount of adoption opportunities and behavioral/mental health resources that orphans can obtain. On a wider scale, both the participants and literature would interconnect on the danger surrounding exploitation of vulnerable children in the adoption process. Strict followings of the Hague Convention among the international community are essential in order to protect orphan's safety. Eliminating "band-aid" organizations and implementing long-term international relations with local organizations have proven to be the most effective way to protect these orphans thus far.

As for the foster care and adoption systems in South Africa, there is a universal truth that kin-ship placements are the most common and desired no matter where an orphan is in South Africa. All efforts should be made by the community and government to keep a child near his/her natural setting; it is the most beneficial to an orphan's mental health. Nonetheless, while both the literature review and empirical study recognize the informal economic system in place in South Africa, there is a need for documentation to be more formalized (e.g. death certificates, affidavits for refugees from other countries, etc.). The lack of this formalization in South Africa is preventing some of the foster/adoption care programs from being as effective as they can be and it also prevents many orphans from receiving the social services that they need. Caretakers need to be more educated on the importance of orphan documentation to obtain certain benefits (e.g their parents death certificates), and the ways to obtain them. Many orphans in the adoption/foster care systems are taking on too much responsibility at a young age, leading them to emotional/mental distress. More educational opportunities for care-takers on the documentation surrounding foster care and adoption processes is a simple, but imperative, resolution to enabling more orphans to stay within their kin-ship/community supports.

The combination of work/life skills programs and anti-stigma education programs is another important factor of improving an orphan's emotional/mental livelihood interdependently. While the literature focuses primarily on the therapeutic and logistical benefit of work/life skills programs in creating a self-sustaining generation, the participants weighed in on the fact that work/life skills programs are much more effective when intertwined with schooling. These work/life skills programs, such as building up a sustainable nutrition in a certain community, are incredibly beneficial. But, these programs are not realistic on a wide-scale. Implementing sporting teams, drama options, and "open talks" about being an HIV/AIDS orphan (e.g. nutritional needs, fears) are a lot more realistic. While this may seem like normality in the western world, it is not as common in developing countries. South Africa is very economically diverse, where some parts are extremely rich and most parts of incredibly poor. The opportunity for organized sports play or a therapeutic facilitator for an HIV talk for kids is a benefit to the partnership of major NGO's with CBO's. Providing orphans with a healthy balance of therapeutic alternatives, mixed in with survivorships skills, is a realistic way that work/life skills and anti-stigma educational programs are being implemented today; they have made a great impact on these orphans social and mental well-being and are continuing to be improved country-wide.

Unfortunately, the spike in the amount of orphans has enlarged foster care homes and orphanages; while there is a focus on providing care-takers with many more resources (e.g. cash benefits, free daycare), this may not be enough to provide the mental/physical support care-takers need to adequately take care of these orphans. These smaller communities need to work together and advocate to South Africa's Department of Social Welfare in order to create policies that automatically provide these care-takers with sustainable amounts of benefits relative to the

number of orphans living in a home. The ability to advocate for these types of services is capable of reaching international spheres; international organizations are imperative financially in helping make-up the difference that the government cannot afford to provide in circumstances such as extremely over-crowded foster homes and a lack of monetary funds to provide for it. The need for more resources, appropriate policies, and protective measures regarding a care-taker's role and ability to care for orphans is one of many examples of how interdependence among mezzo/macro interventions can affect the overall well-being of an orphan; after all, when care-takers have better control over their own physical/emotional needs that they can better care for their orphan and provide them the support that they need.

Lastly, the physical health of orphans is one of the most pressing needs of the country. Many HIV/AIDS orphans are malnourished due to lack of food or access to food; this leads to a lack of energy and inability to participate in daily life in a safe and suitable way. It makes orphans more susceptible to being perpetrators or victims of crime themselves. South African communities are continuing to build up their agriculture and creating sustainable/crisis nutrition programs for these orphans. All the while, medical organizations are focusing on the pediatric needs among HIV/AIDS orphans; for instance, a young infant who contracted HIV/AIDS at birth may need a different medication versus an adolescent child-headed household orphan who contracted HIV/AIDS recently through sexual intercourse. South African organizations are working together to meet the nutritional and pharmaceutical needs of these orphans; this requires NGO's to train community leaders to be effective spokes people for their children. Multiple-level organizations are focused on providing appropriate hospice and therapeutic resources to these orphans based upon age-appropriate needs; the ability to combine the physical health needs of orphans with behavioral interventions has been effective thus far, but needs a lot more work.

In conclusion, the literature and empirical studies' results line up hand-in-hand in the idea that interdependent macro, mezzo, and micro interventions are needed to help improve the lives of HIV/AIDS orphans holistically; yet, the combination of improved resource accessibility programs for orphans, legal procedures in the adoption/foster care process, and therapeutic alternatives for orphans would make a multitude of difference in these orphans lives.

### **Implications for practice**

While HIV/AIDS orphans in South Africa have endless needs, several interventions are currently being implemented to lessen the pain, loss, and burden that comes with being an HIV/AIDS orphan. The most important thing to keep in mind is the fact that no specific intervention is the answer to improve an orphan's life; one orphan may be struggling with depression and another with malnutrition. It is the ability for the international, domestic, and local communities to work together and provide resources to meet these orphans' needs when called for that is pinnacle to helping as much orphans as possible in an efficient, cost-effective, and realistic way.

First of all, the psychosocial benefit to keeping a child among their natural supports and caretakers is an international and domestic agreement. Keeping a child within his/her own community enables a child to connect with his/her past despite not necessarily having his/her parents present, and it also respects the South African cultural ideal of "ubuntu." In fact, one of the most important implications pointed out by one of the practitioners is the fact that child exploitation, rape, and crime rate have increased dramatically. Children are not always safe outside of their own gates, despite the normalized African value of allowing children to roam around in more freely. Kin-ship systems are less likely to allow or desire international and/or cross-kin adoptions even if they are desperate for help. The United Nations, NGO's, CBO's, and

the South African government needs to continue to work together to make kinship/community adoptions plausible as much as possible. Also, local universities should continue to collect data in their communities on the various impacts kin-ship versus non-kinship placements have on the lives of children, using it as an advocacy tool for more resources to be placed into communities. The ability to keep as many orphans as possible within their natural kin-ship settings is highly dependent upon the ability for macro, mezzo, and micro social workers to work together.

In the same vein, education is truly the indirect answer to some of the greatest needs of these HIV/AIDS orphans. While the literature-review and empirical study focus primarily on educating the orphans and their caretakers, this isn't the only area of need. Many international doctors and social workers come to help out communities. They must be culturally competent on the ways of life of the people, as well as their beliefs and values. More than that, social workers in particular need to be educated around the specialized counseling methods that work when working with multiple HIV/AIDS orphans. Through this, they need to be aware of capacity building, thus being able to understand the implications of HIV/AIDS on an orphans' mental/physical health and being able to openly talk to the orphans about the consequences of this. HIV/AIDS orphans will constantly have questions, and social workers should be able to always give informed, age-appropriate answers as much as possible. The social service workers often on-the-ground with these orphans are usually over-worked and underpaid. While increased educational and therapeutic opportunities for the HIV/AIDS orphans themselves are obvious, educating the wider community of policy makers, social workers, and international workers about culturally competent practices in particular regions, as well as their own personal self-care, is pivotal to being able to adequately reach out to an orphan and help them out mentally and emotionally.

Keeping this in mind, adolescents have been continually pointed out by participants as a needed population of focus throughout these interventions. Teens are at the highest risk for crime, rape, unprotected sex, and several other risk factors that could lead them to being HIV+ (if not infected already). Being orphans, they may not have grown up with a structured or loving environment, making it easier in an unhealthy environment and/or not aware of healthier alternatives. According to one participant, the World Health Organization only counts orphans ages fifteen or younger and then adults are considered ages fifteen or older; thus, teens needs in the social service field are oftentimes ignored. More teen support groups, open web forums, and sexual health clinics are being established in order to make it easier for adolescent orphans to discuss their various concerns and stressors (Children and AIDS, Fifth Stocktaking Report, 2010). Even informal sexual education in schools and empowerment/self-defense courses for both genders is essential in order to provide a strong, supportive environment for these teens to become resilient in their orphanhood, rather than fall into a cycle of crime in such a vulnerable state (Children and AIDS, Fifth Stocktaking Report, 2010). Internationally facilitated programs Comprehensive Condom Programming are being regulated in South Africa to provide education on safe sex and make reduced-cost birth control available in schools (Children and AIDS, Fifth Stocktaking Report, 2010). Multi-level organizations are continually trying to normalize sexual education, empower, and provide outlets to orphaned teens that are especially vulnerable to mental and physical ailments in South Africa; in turn, focusing on teens not only helps improve their lives, but also helps prevent future HIV/AIDS infections and a cycle of orphanhood.

Lastly, one of the most innovative interventions being implemented in South Africa today is the idea of a community drop-in center focused solely on HIV/AIDS. Since the child-welfare system in South Africa is in crisis, so many kin-ship placements are over-whelmed, loving

family members are dropping kids at orphanages out of desperation and/or simply because they cannot handle their children if they are ill themselves. Furthermore, child-headed households are oftentimes responsible for the increasing number of crimes in South African society. A drop-in center is a model that would provide a building within communities that meets the needs of that particular community, including tutoring, counseling, HIV/AIDS health care, care-taker support groups, nutrition centers, lessons for child-headed households, and it goes on. These drop-in centers would provide equal amount of physical, emotional, and cognitive need to the orphans themselves and their caretakers.

Not only does this model provide for the basic needs of a child, it takes off a lot of burden among the caretakers. On the same token, this “institutionalized setting” has its benefits by answering the “call” of the communities’ needs on a psychosocial, physical, and emotional level during a crisis. It also disables families from being completely dependent upon the center. Therefore, these drop-in centers act as institutionalized supports and enable orphans to stay in their natural settings by providing for the needs of the care-takers’ family at hand. These drop-in centers can be expanded based upon the need in the certain community and have been very successful thus far, perpetuating the idea that a creating a relationship between NGO’s/CGO’s is not key, but going that one step further and providing both a short term answer and long-term resolution is critical. While the NGO’s would provide knowledge on how to adequately run a drop-in center and help with fundraising, overtime the CBO’s would take over the sustainability of the center and help provide resources for the physical, emotional, social, and mental health of the orphan at hand.

Along these lines, the South African government needs to continue to work on its relationship with the international community in terms of best practices in child welfare, hire

those into their government with experience with child welfare, and emphasize the needs for policies to focus on the populations and areas of needs. Oftentimes, it is the bureaucrats or those in the elite class creating the child welfare policies and laws, with little to no knowledge. While policies have been improved, they can continue to be perfected. The child welfare crisis in South Africa is not isolated; it carries out to impact South African economy, politics, and beyond because these kids are the next generation of South Africa. Without a stable foundation to stand on, these kids can grow up without the appropriate basic needs and nurture and end up in a life of crime, bringing down the country holistically. The South African government needs to continue to address these issues, debate nationalistic agendas, and take the time to research/implement ideas of child welfare from the child welfare workers themselves.

This evidence based practice review explored research from both a literature and empirical standpoint; in doing so, it became clear the necessity to continue culturally competent, interdependent interventions on a macro, mezzo, and micro scale to improve the lives of HIV/AIDS orphans in South Africa. The ability to create facilities like a drop-in center, that is a multi-faceted answer to individual communities, is one innovative way to address the six major factors pinnacle in improving the lives of HIV/AIDS orphans, including: foster care, adoption, work/life skills, caretaker resource accessibility, anti-stigma, and health programs. The combination of these programs not only provides orphans with emotional, physical, mental and social resources to meet their basic needs, but also provides empowerment and sustainability necessary to uplift the next generation of South Africans and the developing world as a whole.

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