



TECHNIUM
SOCIAL SCIENCES JOURNAL

Vol. 26, 2021

**A new decade
for social changes**

www.techniumscience.com

ISSN 2668-7798



9 772668 779000

Women's Burden of Caring for Orphans: The bio- psychosocial and economic challenges for caregivers in a rural community in South Africa

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Abstract. The practical activity of orphan-care in Social Work has received unquestionable and resounding globally attention. However, the skewed care of orphans towards women and its associated bio-psycho-social and economic challenges in the rural communities deserves special investigation and analysis. This article discusses women's burden of orphan-care and associated bio-psycho-social and economic challenges experienced by carers in Alice in the Eastern Cape Province in South Africa. Using a qualitative research approach and voluntary purposive sampling to ensure that carers of orphans were engaged in the study, individual face-to-face interviews were conducted to engage twenty caregivers. Data were analysed thematically and backed by existing literature. The findings showed that women caregivers of orphans experienced a plethora of bio-psycho-social and economic issues when caring for orphans in the rural communities. The article makes relevant recommendations for the profession of Social Work and stakeholders of orphan-care.

Keywords. orphan-care, women, challenges, rural areas, social work

1. Introduction

The world has unprecedented number of orphans due to various circumstances and situations surrounding orphan hood. The care and support for the orphans also tends to vary across the globe. The estimated number of orphans in the world stands at 157 million and a daily approximation of 5 700 additional children become orphaned (Gladney Centre for Adoption, 2021). The plight of orphans and orphan-care in South Africa is a fragile thematic area for social work practice as the number of orphans continue to increase exponentially. Orphans account for over two million and eight hundred thousand (2,8 million) children in South Africa. These have either lost one or both parents (Maytham, 2020). Due to orphanhood, there have been significant re-arrangement in the care for orphaned children in South Africa with many of the orphans under the care of designated caregivers (Mejia-Pailles, Berrington, a McGrath & Hosegood, 2020). The definition of an orphan varies from one country to another, but the following aspects are common: age (being under 18 years old) and the death of both parents, regardless of how they died (Mamukeyani, 2021). According to Section 150 (1) of the South African Children's Act 38 of 2005, orphans are considered children in need of care and protection who are also vulnerable. According to Section 28 (1) of the Constitution of the

Republic of South Africa, children are entitled to psychological treatment from the state as well as care from families or volunteers willing to take on parental duties and provide for their fundamental requirements.

Research has established that child care in various rural communities is largely women's burden with minimal resources to meet the needs of the orphaned children (Asuquo, Etowa & Adejumo, 2013; Mujjuzi, Mutegeki, Nabuwufu, Wosukira, Namata, Alayo, Amanyana & Nyeko, 2021; Osafo, Knizek, Mugisha, Kinyanda, 2017). Many of these care arrangements has been confined to the care for orphans whose parents died due to Human Immunodeficiency Virus (HIV) and Acquire Immuno Deficiency Syndrome (AIDS) depicting the complex nature of care and support needed by these orphans in poor communities. Some of the orphans maybe infected with the virus while on juxtaposition, the caregivers may also be infected with the virus and in need of care themselves (Bejane, Van Aswgen & Havenga, 2013).

Despite the great work of caring for orphans in rural areas, caregivers have been confronted with an insurmountable amount of challenges in rural communities in South Africa. Research established that many of the challenges experienced relates to their own personal health which is generally problematic as most of these caregivers are older grandmothers who suffer protracted health ailments related to chronological age (Osafo et al, 2017). Further, financial woes, (Zvinavashe, Mukombwe, Mukona & Haruzivishe, 2015), disciplinary and behavioural problems of the orphans under their care also have been found as additional to the endemic problems encountered by caregivers when caring for the orphans (Mamukeyani, 2021).

2. Statement of the problem

Children become increasingly vulnerable once they are orphans. Once orphaned, the care and support children used to get from their parents quickly vanishes and a re-arrangement for their care becomes eminent. South Africa has the highest number of orphans in the world with over two million and eight hundred thousand (2,8 million) orphaned children (Bello & Pillay, 2018; Maytham, 2020). Compromised care for the orphans after the death of their parents reduces drastically their optimal development as children unless alternative care is provided by designated caregivers in accordance with Section 150 (1) of the Children's Act (Act No. 38 of 2005) (South African Government News agency, 2021). The care needed by orphans is even extremely dire in rural and poor communities in South Africa as resources needed to care for the orphans remain scarce for meeting their basic needs resulting in stunted growth (Bridgman, 2021). Research has also found that most of the orphans in rural communities in South Africa are under the care of older women, mostly grandmothers who are themselves vulnerable to multiple bio-psychosocial and economic challenges and struggle to meet adequately the needs of the new generation of orphans (Lee, Choi & Clarkson-Henderix, 2016; Schultz & Shirindi, 2019). This then created an impetus to investigate and understand deeply the bio-psychosocial and economic challenges experienced by women in rural areas in Alice in the eastern Cape Province.

3. Aim and objectives of the study

The study aimed at describing women's bio-psychosocial and economic burden of caring for orphans in rural communities. To achieve this aim, the study's objectives were to examine the bio-psychosocial and economic burden of women who care for orphans in Alice in the Eastern Cape Province in South Africa and discuss how these influenced the care and support for they provided.

4. Theoretical framework

4.1 The Social Constructivist theory

In this study, the social constructivist theory proved crucial in understanding how women experience the burden of caring for orphans in rural areas. The experience of caring for orphans is an individual experience and the realities differ from one caregiver to the other and the context in which care takes place is different (Teater, 2014). Theorists acknowledge that reality and experiences varies from person to person, and that each person's experience of social and cultural values is vital to understanding their perspective on the world. As a result, social constructivists claim that there is no better way to comprehend what others go through except if they can give an account of their experiences in their own person terms (Teater, 2014).

4.2 Radical Feminists Theory

Radical Feminists have been known for voicing their concerns for women's work in the domestic spheres. Central to the feminist theory is the gender schema theory which scrutinises how patriarchal communities encourages women to view care for children as a women's role on account of gendered social norms. For that reason, in domestic and other spheres, women have stepped in to care for children both theirs and those who are in need of care such as orphans, with most of the care work being unpaid, (Lokot & Bhatia, 2020), because this is socially viewed as a female prerogative. Women's unpaid work and emotion work related to caring for children has been viewed as oppression for women and a means by men to continue their oppression and domination over women by radical feminist theorists (Thomson, 2014).

5. Research methodology

In this study, a qualitative approach was adopted to ensure collection of first-hand data from the participants so that they would share their own burden of caring for the orphans in Alice (Hennink, Hutter & Baily, 2011). This enabled gathering of pertinent in-depth information needed in the study. The study also employed a phenomenological research design enabling the participants to recount their individual experiences of burden for caring for the orphans (Creswell & Poth, 2018). Denscombe (2014:95) shares that a phenomenological research design ensures "concentrating its efforts on the kind of human experiences that are pure, basic and raw in the sense that they have not yet been subjected to processes of analysis and theorising" which was core to this study. This is consistent with the social constructivist theory to which this study is committed.

5.1 Population and sampling method

The population of the study comprised of women who cared for orphans in Alice Town in the Eastern Cape Province. From the potential participants, the study used voluntary purposive sampling method in which participants volunteered to participate in the study based on their eligibility to be part of the study (Murairwa, 2015). After some participants indicated the willingness to participate in the study, the research had to screen them to check whether the volunteered participants indeed meet the eligibility criteria (Nel, 2020). The Social Workers in the Department of Social Development assisted with finding suitable and eligible participants among their clients from those who were caregivers of orphans. Those who were eligible to be part of the study were eventually followed up and handed consent forms to sign. Some participants were illiterate and hand to thumb-print on the consent forms to indicate their consent to be part of the study.

From the four townships of Nselamanzi, Lower Gqumashe, Mavuso and Golf Course in Alice Town, twenty (20) women who eligible and cared for orphans, were selected and

participated in the study. This also ensured that there was data saturation point and interviews could not be conducted further.

5.2. Instrumentation and data collection

The data collection instrument was an interview schedule with interview questions constructed on thematic areas (Kothari, 2014). To ensure probing further on the themes and questions of interest, prompts were utilised during the data collection process (Dube, 2016). One-on-one interviews were used to collect data from the women who provided care for the orphans. One-on-one interviews, according to Stinger (2014), allow participants to engage in a "reflective process" and "examine his or her experience in detail and reveal the numerous elements of that experience...", which is what this study aimed to do. This is in line with the feminist thought that guided this research. Interviews were audio-recorded to ensure that the researcher did not miss any crucial information during the interview processes.

5.3 Data Analysis

In this study, categories were constructed based on the themes and emergent topics to build order and meaning out of the processed data, in the same way as Kothari (2014) claims that data analysis occurs after data collection. Gaining familiarity with the data, developing initial codes, searching for themes, reviewing the themes, defining and labelling the themes, and finally preparing the study report were the six categories that the data analysis followed (Braun & Clarke, 2006 as cited by Maguire & Delahunt, 2017; Clarke & Braun, 2013). The researcher transcribed the audio-recorded interviews verbatim after listening to each of the twenty (20) audio-recorded interviews.

5.4 Ethical Considerations

The researcher adhered to pertinent ethics when collecting data. To minimize labelling and victimization, the researcher had to ensure that the participants remained anonymous (Hennink et al., 2011). In order to do this, the participants' identifying information could not be elicited. Labels such as P1 and P2, indicating participant number one and participant number 2, were also used instead of the individuals' true names in the study (Denscombe, 2014). The researchers also made sure that participation was completely voluntary, and that the participants were informed that they might withdraw from the study at any time. Sensitive questions were avoided during the interviews. Arrangement for counselling was done with Social Workers from the Department of Social Development in the event that any participant needed counselling services.

6. Findings

6.1 Demographic information of the participants

The sections that follow provide information that has been analysed from the information provided by twenty (20) women who became part of the study. To create a full "biographical image" about the participants of the study, table 1 in the succeeding sections has been used to tabulate their information.

Table 1: Demographic information of the participants

Participant	Township of residence	Age	Marital status	Number of orphans under care	Relationship to the orphan	Means of sustenance
P1	Nselamanzi	72	Widowed	3	Grandmother	Foster Care Grant, Old Age Grant, Self-employment.
P2	Nselamanzi	30	Single	1	Sister	Foster Care Grant, Self-employment
P3	Nselamanzi	58	Divorced	2	Grandmother	Foster Care grant
P4	Nselamanzi	67	Widowed	1	Grandmother	Foster Care Grant, Allowance from children
P5	Nselamanzi	60	Married	1	Grandmother	Foster Care Grant, allowance from children.
P6	Lower Gqumashe	77	Married	1	Grandmother	Foster Care Grant, Old Age Grant
P7	Lower Gqumashe	33	Single	1	Aunt	Working as a till operator.
P8	Lower Gqumashe	50	Married	1	Grandmother	Deceased husband's pension, Allowance from children
P9	Lower Gqumashe	75	Widowed	5	Grandmother	Deceased husband's pension, Allowance from children.
P10	Lower Gqumashe	86	Widowed	6	Grandmother	Foster Care Grant, Old Age Grant,
P11	Golf Course	66	Married	2	Grandmother	Foster Care Gant, Old Age Grant.
P12	Golf Course	40	Widowed	1	Aunt	Self-employment.
P13	Golf Course	35	Single	1	Aunt	Foster Care Grant, Disability Grant,
P14	Golf Course	69	Married	2	Grandmother	Old Age Grant, Allowance from children
P15	Mavuso	68	Widowed	4	Grandmother	Old Age Grant, Self-employment, deceased husband's pension
P16	Mavuso	46	Widowed	2	Aunt	Self-employment
P17	Mavuso	70	Married	2	Grandmother	Allowance from Children, Self-employment,
P18	Mavuso	51	Married	1	Grandmother	Foster Care Grant
P19	Mavuso	60	Married	1	Grandmother	Foster Care Grant, Self-employment.
P20	Mavuso	67	Widowed	2	Grandmother	Foster Care Grant, Self-employment, deceased husband's pension.

Table 1 shows that the women who cared for the orphans were between the ages of thirty (30) years and eighty-six (86) years in Alice. Many of the caregivers, however were between the ages of 60 to 69 years. The ages of the caregivers indicate that caring for the orphans is not age bound in that even women who are young and those that are older and should be resting and be taken care of themselves are keen of taking care of the orphans. Similarly, Schultz, & Shirindi (2019) found that most grandmothers in care of their grandchildren were between 60 and 70 years old. Osafao et al (2017) made a similar finding of women in the care roles being above the age of 40 years. This implies that women above the age of 40 have always been burdened with multiple roles in homes including the most challenging roles of caring for orphans.

Further, the study found that the majority of the caregivers to the orphans were either married or widowed. Of the twenty (20) participants in the study, eight (8) were married and the other eight (8) were also widowed. Three (3) were single and only one (1) participant had divorced. Those that were either married or widowed were either aunts and grandmothers to the orphans under their care. From the study, those caregivers who were widowed were found to be taking care of many orphans depicting the double stress of fending for the orphans and dealing with adaptation to the bio-psychosocial issues associated with widowhood (Dube, 2016). This is one of the vocal points for feminists who see women being given burdensome responsibilities without recognition and compensation and advocated that this needs to be challenged in society to prevent abuse of women from society's patriarchal attitudes towards women (Lokot & Bhatia, 2020; Thomson, 2014).

In terms of means for sustenance, the recurrent response from the participants was the social grants such as Foster Care Grant, Child Support Grant, Old Age Pensions, and the Disability Grants. Additionally, participants also indicated that they were self-employed to supplement social grants to meet the needs of the demanding care for the orphans. Some participants also were helped by their children who were working with some allowance to meet their daily needs. Research also established that the social grants were seen as a means in which people in South Africa meet their economic needs (Khosa & Kaseke, 2017).

6.2 *Challenges experienced by caregivers*

The study sought to find out the challenges experienced by caregivers of orphans in the study area. The participants indicated that they experienced physical, economic, social and emotional challenges- in their care responsibilities. These are discussed in the paragraphs below.

Physical challenges: Physical challenges for the caregivers of the orphans in Alice related to whether the caregivers had any kind of disability or chronic illness. The study found that six (6) of the twenty (20) participants had a disability of some sort. One of the body parts were not fully functional. Even though some participants had some form of disability, it appeared that it was not a major hindrance to caring for the orphans. This is what some participants revealed in the interviews:

"As you can see that I cannot walk properly (meaning crippled while pointing at her right leg), I take long to get to where I want", (P6).

I can't lift anything with this hand", (P12).

Most of the caregivers, (12 of 20), had chronic illness such as diabetes, hypertension and heart problems. These however, made caregivers focus more on their health issues and interfered with caring for the orphans. These were the revelations from some of the participants who were chronically ill:

"I have been having sugar (meaning diabetes) for quite a long time now", (P8).

"I take medicine for BP....and again these kind make it worse with their behaviour", (P15).

"The doctor said I have a problem with my heart and I need to see him often since 2001", (P19).

Physical challenges are common among caregivers of orphans and many of them are old in terms of chronological age indicating the probability of having physical ailments as people get older. This had implications to larger extent and impinged with their care responsibilities for the orphans. Some research findings have also confirmed that older caregiver of orphaned children have higher chances of have health ailments which distracts them from providing quality of care as the attention and resources are diverted to their own health problems (Kalomo & Besthorn, 2018; Van Deventer & Wrigjht, 2017).

Economic challenges: To a large extent in rural communities, caregivers of orphans experience economic challenges associated with caregiving roles. Many of the caregivers in the study were grandmothers and aunts to the orphans with much of the sources of income being social grants. Social grants are not generally a sufficient source of sustenance for people in South Africa, but rather a mitigation strategy towards extreme poverty among the recipients (Kidman, & Thurman, 2014). In the study, all the twenty (20) participants revealed that they failed to pay debts, buy electricity, school fees and adequate food. In the study, some participants share this:

"We cannot afford electricity to take us throughout the month", (P7).

"It is hard to pay for their school fees. Some of the schools need money and I cannot manage to pay", (P15).

"I cannot manage to pay for fees, electricity and even food...look I care for 6 orphaned", (P10).

"You know these little monies we get cannot sustain us to the end of the month. We are suffering a lot", (P11).

Drawing from the findings of the study, economic challenges pose as a major and burdensome challenge for caregivers of orphans. Pertinent to the economic distresses of the caregivers is their inability to meet their basic needs and the needs of the orphans (Mamukeyani, 2021). This means that many facets of the lives of the orphans who are usually younger are in jeopardy including their educational needs much to the detriment of their future goals. Some studies have also found the relationship between caregiving in rural communities and economic difficulties for those providing care to the orphans and those in need of care (Dereje & Jibat, 2015). Economic hardships experienced by caregivers can be a precursor of school truancy and dropouts and problematic behaviours from the orphans as a result of deprivation and participation in illicit activities (Frood, Van Rooyen & Ricks, 2018).

Social challenges: The study sought to find out on the social challenges experienced by the caregivers in Alice. The majority of the caregivers indicated that they had various social challenges during their caregiver roles. One of the challenges they mentioned was that they did not have supportive networks to share their problems with other caregivers for the orphans. They wished if they had support groups for caregivers their networking abilities would have been better. Networks from the views of caregivers would assist them with sharing of ideas orphan-care. There was also an analysis of whether friends and neighbours assisted in caring for the orphans in times of need. The majority of the participants (15 of 20) never got assistance from friends and neighbours. This implied that caring for the orphans was mainly the

responsibility of the caregivers, (Kidman, & Thurman, 2014), who participated in the study and help on caring for the orphans was not always common and mostly a lonesome experience for people who took care of the orphans. Only the minority (5 of 20) caregivers could be assisted by neighbours and friends where necessary. Responding to the interview questions, some participants enlightened that:

“I think if we had time to come together as caregivers it would be better to know how others deal with some things about taking care of these kids. I need some help here and there to but no one is assisting me”, (P1).

“It’s a painful journey of your own. No one wants to get involved here”, (P4).

“Who do you think wants to be part of these children’s problems? It is us the grandmothers on our own”, (P9).

In the event that support was available for some caregivers, it was mainly in the form of support groups formed by social workers from the Department of Social Development. This shows that the Department of Social Development helped with facilitating networks and mutual help among caregivers. This was seen as critical to the participants of the study from Mavuso and they alluded to this in the study:

“We have a support group where we share some information” (P15).

“We meet share are own experiences as caregivers. Social Workers assist us”, (P20).

Sharing of experiences as caregivers of orphans is very critical in rural communities as many of these orphans’ parents died from HIV/AIDS related symptoms making them even more prone to discrimination and stigmatisation from other children and community members and even family disputes (Atanuriba, Apiribu, Mensah, Dzomeku, Afaya, Gazari, Kuunibe & Amooba, 2021; Kidman, & Thurman, 2014).

Though to a smaller proportion, some orphans were reportedly having problematic behaviour which also impacted on care-giving abilities of the caregivers. Of the twenty (20) participants, six (6), reported experiencing problematic behaviour from the orphans under their care. Among the most reported problems, some orphans were truant towards schooling, engaged in stealing and even were even fought with their peers. This was problematic as many of the caregivers were old, without strength and without social support to help handle the problematic behaviour of the orphans. While these were the findings in the study, some studies confirmed similar findings with the problematic behaviour of the orphans under care (Hlatywayo, Zimondi & Nyatsanza, 2015).

Psychological challenges: Caring for orphans is accompanied with serious psychological challenges for the caregivers. Mainly, orphans serve as reminders of the loss of the parents and loved ones to the caregivers. This is an emotion that caregivers have to struggle with on a daily basis until such a point that they adapt to the experience, deal with the loss and accept the status quo and experience. This is also worsened by the fact that there is usually minimal support for caregivers coupled with economic struggles, health ailments and the challenging experience of caring for a growing child with little energy due to chronological age of the caregivers. This makes them more vulnerable. In terms of the psychological challenges, some participants revealed this during the interviews:

“I always find it hard to forget my daughter who died long ago from these kids. But also they give me joy...”, (P10).

“Yes, it is hard to let it go but there is nothing much to do. I have to accept it”, (P17).

“It more difficult before than now. It is better as we meet with others and social workers help us”, (P20).

These findings are very significant for this study as psychological challenges are difficult to observe and can mainly be detected through professional help which are significantly minimal for orphans’ caregivers. Further psychological problems are mostly subtle subjective individual experiences (Teater, 2014). This explains why the social constructivist theory has been central to this study to enable subjective individual experiences of the caregivers to emerge for enriching the data for the study.

In lieu of the findings, some studies also confirmed psychological and mental health issues associated with caregiving for orphans. Some of the issues emanate from lack of needed resources to mitigate the emergence of such psychological challenges especially in rural and under-resourced communities (Kalomo & Besthorn, 2018; Schultz & Shirindi, 2019; Van Deventer & Wrijght, 2017; Zvinavashe et al, 2015).

7. Discussion of findings

The growing numbers of orphans in South Africa and beyond with various dynamics and implications on orphan-care necessitated this study. Many of the orphans and the caregivers are mainly located in rural, under-resourced communities in South Africa and hence this study underscores the importance of these findings as significant towards orphan-care and its dynamics in South African rural communities and communities alike in Southern Africa. Drawing from the findings of the study, the discussion below draws attention to the dynamics of orphan-care in these rural communities.

7.1 Demographic information of caregivers

The study has shown very interesting findings on the demographic information of caregivers of orphans in the rural communities of Alice. In Alice caregiving responsibility for orphans cuts across ages from as young as thirty (30) years onwards. The positive aspect of this arrangement is that young caregivers can respond positively to the needs of the new generation as compared to the older caregivers (Kalomo & Besthorn, 2018). Whilst that can be a positive aspect, there are also some challenges associated with bestowing the responsibility of care to the young caregiver, some of which relates to the fact that these are mobile and facing life transition challenges such as marriage, studying and job seeking. This has the potential to change care responsibilities and trajectory either as a potential stressor to the orphan, caregiver or both and these traditionally are known to bring future uncertainties including relocation and additional burdensome responsibilities (Mujjuzi, et al, 2021). Whilst that can be case with younger caregivers, the study also found that many of the caregivers were older. This has implications in terms of their health as many of the caregivers struggle with health ailments as they get older. This implies that caregiving responsibilities can be impacted negatively as much of the attention can be diverted to self-care as health issues become prominent on the aging caregivers (Schultz & Shirindi, 2019).

From the findings of the study, many of the caregivers were either widowed or married when this study was conducted. This means that caregivers of orphans always had to deal with double emotions; either of widowhood or maintaining a health marriage at the same time ensuring proper care for the orphaned children. An additional factor is that some of the caregivers had more than one orphan under their care. Due to inadequate resources and general lack of supportive mechanisms, the caregivers are prone to experiencing emotional strain and drain in these circumstances of dual responsibilities (Kalomo & Besthorn, 2018). Also many of

the caregivers of orphans were found to be grandmothers. Other relatives such as aunts and sisters also took part in the care of the orphans even though they were not as many as grandmothers did.

In African contexts, grandmothers have generally accepted the responsibility of caring for their children even where cases do not involve orphanhood of their grandchildren. This has created skipped generations and exerted pressure on both the orphaned grandchildren and the grandmothers as they both struggle to close the generation gap. To create some relief from critical poverty situations, the caregivers' income to support the orphaned children is mainly from social grants which in many South African communities is celebrated (Patel, Hotchfeld & Chiba, 2018). However, social grants are also criticised for creating dependence on the government and entrenching poverty on the part of the caregivers. This source of income has proved also to be inadequate to meet the exorbitant needs of caring for orphans, hence other caregivers mitigate this by supplementing the grants through extra sources of income (Patel et al, 2018).

7.2 The challenges experienced by caregivers

In lieu of the findings of the study, caregivers experience an arsenal of challenges in executing their caregiving responsibilities to the orphans. They experience physical, economic, social and psychological challenges.

The physical changes present themselves mainly in the form of health ailments on the part of the caregivers with many reporting having chronic illnesses. It should also be understood that ages of the caregivers fall in line with the age at which there is an onset of chronic illness such as diabetes, hypertension and heart problems for many older people. From that perspective, the likelihood of the caregivers having physical problems is expected (Kalomo & Besthorn, 2018). Some caregivers were found to be have a disability of some kind. This depicts an extraordinary love for caring for the orphans yet they need care themselves. It fulfils the assertion that "disability does not mean inability" (Action Against Hunger, 2021).

Pertaining to the economic challenges, the study found that all the caregivers struggled to meet the souring financial needs of caring for the orphans. This was exacerbated by the fact that they mainly relied on social grants. Social grants alone may not serve to mitigate the economic needs of rural caregivers of orphans. As such supplementary income mechanisms maybe necessary (Patel et al, 2018). However, the is chocked by the fact many caregivers are older grandmothers with physical ailments making it desperately difficult to navigate and mobilise resources needed to supplement income. Rather attention maybe easily diverted and spent focusing on meeting their own health needs (Kidman & Thurman, 2013).

Caregivers also experience social challenges during execution of their duties in caring for orphans. In addition to the burden of caring for orphans, caregivers bear the burden of social exclusion and discrimination. Discrimination is understood to be fuelled by the fact that many of the orphans under their care are HIV and AIDS orphans which is frowned upon in many rural communities, not only in South Africa but in many other Southern African communities as well (Osafo et al, 2017). In many instances, support groups for people caring for orphans haven reportedly helpful in mitigating social isolation and discrimination whilst offering momentous social support and inclusion. Despite the helpful nature of the support groups for people caring for the orphans, rural and under-resourced communities have been associated with rarity of these professional supportive initiatives for the caregivers (Thurmana, Jarabic & Rice, 2012). Whilst in isolated incidences, community members have been helpful in supporting caregivers, in many cases, as has been the case in this study, caregiving responsibilities rests squarely on the caregivers themselves, making caregiving responsibilities a lonesome experience.

The experience of psychological and emotional challenges has also been reported among orphans' caregivers. The ever enduring memories of loss of the parents of the orphans are reportedly common. By merely taking care of the children left behind by their parents, it seems to take an emotional and psychological strain on the caregivers. Other associated psychological issues are emotional exhaustion, stress, burnout and depressions. Psychological challenges are sometimes interconnected and attributed to lack of professional support and interventions to help alleviate the linked psychological problems (Mujjuzi, et al, 2021).

8. Recommendations

From the findings of the study, some recommendations have been made for social work and related stakeholders of orphan care. It can be recommended that social workers consider placing orphans under the care of well-screened caregivers to ensure that the caregivers do not experience double burden by taking care of the orphans. Some caregivers are ill while others are too old to provide optimal care for the orphans. This has in some instances resulted in unintended latent dysfunctions such as truancy among orphans, disobedience of the orphan towards the caregiver and school dropouts.

It can be recommended that social workers provide needed support system to the caregivers in rural areas such as support groups for caregivers to facilitate social interactions for the exchange of knowledge and information on orphan care among caregivers. This would also ease social isolation and provide an organised platform for learning and training for the needs of the caregivers.

The importance of the children's homes needs to be emphasised. In some instances, an alternative care system such as placing orphans in children's homes can be deemed most suitable. This can be so in instances where capable and suitable caregivers for the orphans cannot be identified. This can be a viable option for social workers handling issues of children in need of care and support. Properly equipped and funded Children's homes may have better facilities for caring for some of the orphans which can be considered by social workers in practice as an option.

A multi-sectoral approach is recommended. This can mean lobbying in the non-governmental sector and the corporate world led by qualified social workers to provide services of orphan-care. In some parts of the communities where government resources cannot be enough or accessed, this multi-sectoral approach can be utilised.

Further research needs to be done in better resourced urban geographical setups to provide a holistic compression of the situation of orphan-care in South Africa. This study was done in a rural geographical setting. Further, research can be done among men as this study provided an understanding of women as caregivers of the orphans. That kind of research can bring interesting dynamics and understand on orphan-care.

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