

# Psychosocial Support for Orphaned and Vulnerable Children with HIV/AIDS in Eastern Cape, South Africa

**Ruth M. Mufalali**

<https://orcid.org/0000-0002-0723-7225>  
University of South Africa  
34328459@mylife.unisa.ac.za

**Memme G. Makua**

<https://orcid.org/0000-0003-4379-3613>  
University of South Africa  
makuamg@unisa.ac.za

**Kholofelo L. Matlhaba**

<https://orcid.org/0000-0002-3564-7344>  
University of South Africa  
matlhakl@unisa.ac.za

## Abstract

South Africa has an estimated 2.5 million children aged from birth to 14 years who have lost one or both of their parents due to the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS). There is a scarcity in the psychosocial support aspect of improving orphaned and vulnerable children's (OVC) adherence and retention of HIV/AIDS treatment. This study explores and describes the achievements of the SARCS community intervention that the South Africa Red Cross Society (SARCS) undertook in providing psychosocial support to OVC infected with HIV/AIDS in Maluti sub-village in the Matatiele Local Municipality, in Alfred Nzo District, Eastern Cape, South Africa. A descriptive qualitative design of appreciative inquiry was conducted to assess OVC's perceptions regarding the effectiveness of the SARCS community intervention. Data collection was done using the World Café method, which makes use of an informal café setting where participants can explore an issue by discussing it while seated in small groups around tables. Thirty OVC between the ages of 13 and 17 years were purposively sampled and moved between tables at fixed time intervals, and in small groups discussed the questions that were channelled through an interview guide. The study established that OVC can thrive when their psychosocial basic needs are met. The SARCS Maluti project was instrumental in forming synergies in the

UNISA   
UNIVERSITY OF SOUTH AFRICA  
PRESS

Africa Journal of Nursing and Midwifery  
<https://unisapressjournals.co.za/index.php/AJNM>  
Volume 24 | Number 2 | 2022 | #11904 | 17 pages

<https://doi.org/10.25159/2520-5293/11904>

ISSN 2520-5293 (Online)

© Unisa Press 2022



Published by Unisa Press. This is an Open Access article distributed under the terms of the Creative Commons Attribution-ShareAlike 4.0 International License (<https://creativecommons.org/licenses/by-sa/4.0/>)

cultivation of support systems between the OVC and the communities in which they reside when addressing psychological and socio-economic issues and HIV/AIDS. The study made recommendations that emphasised the importance of applying a holistic approach and the positive aspects of the inclusion of activities in addressing the OVC's needs and their psychological adaptation.

**Keywords:** orphaned; vulnerable; children; psychosocial support; HIV/AIDS; South Africa

## Introduction

Parental death due to the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) can have a lifelong impact on the psychosocial well-being of children. Children orphaned by the disease are more susceptible to a high level of psychological difficulties as they experience more emotional and behavioural problems. These children may face additional challenges, including stigma and discrimination, disruptions in their subsequent care, and financial hardships (Barenbaum and Smith 2016).

Orphaned and vulnerable children (OVC) infected with HIV/AIDS are more prone to psychological stress compared to OVC who are not infected with HIV/AIDS (Sharer et al. 2016). These children cannot operate in isolation and require psychosocial support from their community to thrive. Yakubovich et al. (2016, 58) explain that for a community to be proficient in supporting individuals infected with HIV/AIDS, community-based organisations (CBOs) would have to ensure that their activities not only included the most vulnerable, but also the community's needs and their psychological adaptation. However, there is inadequate evidence in South Africa of CBOs that have improved the psychosocial well-being of OVC infected with HIV/AIDS. Community-based interventions have been recognised for providing psychological support. However, gaps identified indicated that these interventions were scant in the inclusion of the social aspect such as the provision of food and hygiene incentives and educational support (Masquillier et al. 2016). Surrounded by an absence of social support services and poverty, in the Maluti sub-village of the Matatiele Local Municipality, in Alfred Nzo District, Eastern Cape, the OVC's psychosocial well-being is further affected by homelessness, limited resources, stigma, and discrimination (Vranda and Mothi 2013). Vranda and Mothi (2013) also imply that OVC infected with HIV/AIDS have limited attention disbursed to their developmental and psychosocial needs.

Providing a linkage between psychosocial support and public health, the South African Red Cross Society (SARCS) implemented a community intervention to provide psychosocial support to the OVC who are infected with HIV/AIDS and their guardians in the Maluti sub-village. The number of OVC infected with HIV/AIDS is increasing due to the dire socio-economic conditions faced in the Maluti sub-village which include

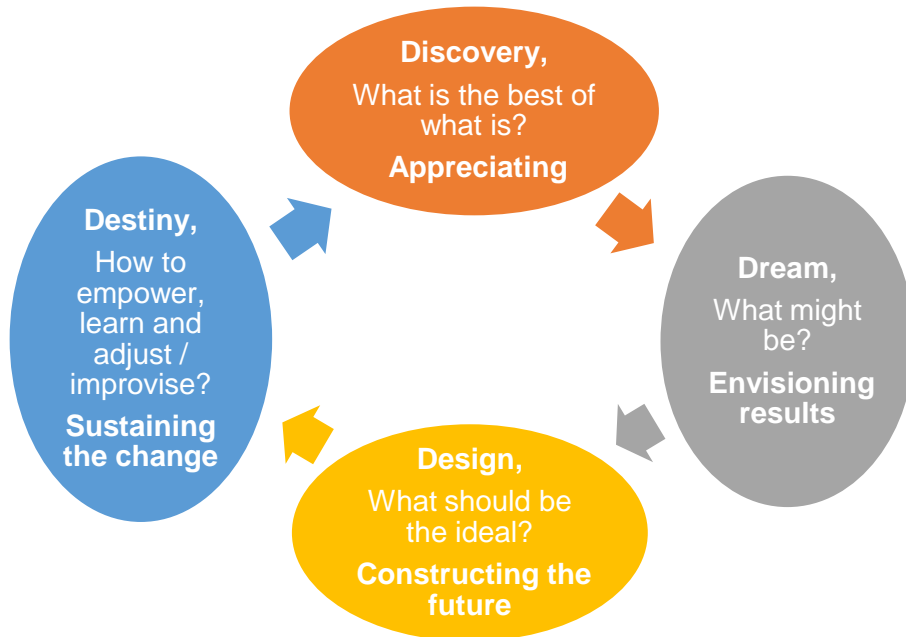
substance abuse and high unemployment. It is from this background that the SARCS designed a programme to provide activities that are centred on the OVC.

From the extant literature, there is limited research that speaks to the interaction between quality support and psychosocial well-being as well as the types of social support that children with HIV/AIDS need. Children need to feel supported and cared for with emotional support that is exhibited with trust and showing empathy, whilst instrumental support is exhibited by the provision of incentives – this was identified as a gap in the types of social support children need (Sharer et al. 2016).

The current study aimed to explore and describe the achievements of the SARCS community intervention that was undertaken to provide psychosocial support to OVC infected with HIV/AIDS and to assess the OVC's perceptions regarding the effectiveness of the SARCS intervention.

### Research Methodology

The research design and methodology used was a descriptive qualitative appreciative inquiry (AI). This is an approach to organisational change which focuses on strengths rather than on weaknesses. As the aim of the current study was to explore and describe the achievements of the SARCS community intervention, AI theory ensured that the SARCS community intervention's strengths were highlighted and provided constructive feedback on the positive aspects of the project. AI acts on insights using the 4-D model in Figure 1 as a personal development method to enact change (Bushe 2011).



**Figure 1:** AI 4-D model

*Source:* Adapted from Watkins, Mohr and Kelly (2011)

For the current study, the AI went through the four stages as indicated in the 4-D model:

1. **Discovery** which entails appreciating and valuing the best of what is. Information will be gathered from the OVC about the SARCS Maluti project that works well.
2. **Dream** which entails envisioning what might be and the findings of the research will be used to better support OVC infected with HIV/AIDS.
3. **Design** which entails determining what should be. The findings to be shared with the Department of Health in the hope that the SARCS community intervention will be replicated in programmes that support the OVC.
4. **Destiny** which entails innovating what will be. Encourage the Department of Health to put into practice ways of providing psychosocial support to OVC infected with HIV/AIDS in the Alfred Nzo District (Laher, Fynn and Kramer 2019).

### **Setting and Population**

The study setting was the Maluti sub-village of the Matatiele Municipality, which is the largest municipality in the Alfred Nzo District in Eastern Cape. Statistics indicated by the Eastern Cape Social Economic Consultative Council (2017) found that in 2016, out of a total population of 217 000 in Matatiele, 21 800 people were infected with

HIV/AIDS with the largest share of the population being children aged from birth to 14 years.

The study population consisted of OVC who were registered with the SARCS Maluti project. Purposive sampling was utilised to select OVC to participate in the study who provided consent and signed assent forms before participation. The SARCS Maluti project has 90 OVC registered with the project who are between the ages of one and 17 years. Due to COVID-19 regulations, there was a need to minimise the OVC's risk of COVID-19 exposure. This entailed reducing the number of research participants to 30. The selection of the 30 was based on their age with preference given to those aged 13 and above as they could openly communicate and express themselves clearly. The 30 OVC chosen were readily accessible and volunteered to participate in the study.

### **Data Collection and Measures**

The World Café method, which makes use of an informal café setting where participants can explore an issue by discussing it while seated in small groups around tables, was used to collect the data and was guided by an interview guide. The essence of the World Café method was to gather the OVC into five different age groups (13 to 17 years) comprising a maximum of six per group. Of the 30 OVC, eight were 13 years old, seven were 14 years old, seven were 15 years old, four were 16 years old, and four were 17 years old. The tables were grouped in a manner that at least one age group would be present around the table. The groups were named the Rabbits, Lions, Cheetahs, Revolutions and Sharks. Each group received guidance from the SARCS staff with whom the OVC were already familiar (Biondo et al. 2019). The World Café activity took place in the Maluti Guest House meeting room.

There were five tables in total that held flip chart paper and coloured crayons which enabled the OVC to make notes and drawings on the paper as a way of recording their insights as well as stimulating creative thinking (Segeren 2019). A total of four questions were asked with one question each under Discovery, Dream, Design and Destiny. The SARCS staff acted as co-facilitators per table and assisted the OVC table host to keep the evolving groups on the topic whilst encouraging participation from all the OVC. At regular time intervals of 20 minutes per session, the OVC revolved between tables and groups, linking and building on the subsequent voiced ideas in evolving rounds of discussions (Biondo et al. 2019). The OVC were able to share what seemed important to them, without being prompted to answer the research questions. The researchers in some instances further explained the questions to clarify what the OVC were expressing, ensuring that they did not influence the focus or the direction of what was reported. Each harvesting round was recorded by an audio recorder and provided the data for inductive analysis (Segeren 2019).

The use of the written responses and the audio recordings ensured that rich data was collected and used as a reference when the researchers sought clarity. The use of the audio recordings was included in the assent forms that the OVC and their guardians

signed. Further, on the data collection date, the researchers explained their use and that all the recordings would be destroyed upon finalisation of the study.

### **Data Analysis**

Qualitative thematic content guided the data analysis. A total of 24 data pages were generated through the World Café method from five groups of OVC between the ages of 13 to 17 years. The saved audio recordings were transcribed verbatim into text using Otter.ia software. Phrases that represented answers/ideas/suggestions were used as a unit of analysis with regard to the overall theme, that is, the SARCS community intervention in providing psychosocial support to OVC. The generated data was independently analysed by the researchers.

The 24 pages of data were unevenly sorted to get an overall picture and sense. The researchers looked at the pages for a second time, and they identified categories based on the main phrases appearing on the pages. Similar phrases were grouped whilst conducting constant comparisons, and sub-themes were identified. Then the researchers looked at the pages individually. Following the identification of sub-themes, the sub-themes were then compared with the main themes and with each other and grouped to arrive at themes. When a draft outline of the themes and sub-themes was recognised, the pages were further studied to refine, enrich and confirm the themes and sub-themes.

The draft outline of the themes and sub-themes was then compared with the categories. The researchers then read through the transcribed audio files, comparing the findings with the raw data to guarantee that they were an accurate replication of the raw data. Data saturation was reached within each page. The analysis looked at inputs from all five groups. The data gathered from the groups showed huge similarities and thus was analysed as one data set. Data saturation was thus reached in this data set. To enrich the findings, the researchers looked at the frequency of phrases and the use of colours and writing styles as indicators for emphasis in each phrase by the OVC.

### **Trustworthiness**

The researchers used the four criteria of credibility, transferability, dependability and confirmability to ensure trustworthiness. They interviewed the OVC and audio recorded the World Cafés activities to retain the participants' voices. To gauge the pertinence of the data to other contexts, the researchers ensured that the research contained sufficient descriptive data. The audio recordings were saved onto a personal hard drive as a password-protected document to prevent unauthorised access to the recordings. The audio recordings were translated verbatim to ensure that the participants' voices were not lost, and the transcripts were saved as password-protected documents for safety. Lastly, the data collected in the research represented the information provided by the OVC, and the researchers established how the deductions and data clarifications were achieved (Nowell et al. 2017).

## Ethical Considerations

The research proposal was submitted to the College of Human Sciences Research Ethics Committee (CREC), UNISA, and ethical clearance to conduct the study was obtained. Participation in the study was voluntary. As the OVC were below the age of 17, a consent form was signed by their guardians, giving consent on their behalf.

## Results

### Participants' Characteristics

Most of the 30 (68%) OVC who volunteered to participate in the study were males ( $n = 19$ ). All the OVC lived with an adult family member in the household. The OVC's home languages were a combination of Zulu (spoken in KwaZulu-Natal); Xhosa (spoken in the Eastern Cape; and SeSotho (spoken in Lesotho). However, for the World Café sessions, the language of instruction was English. In instances where the OVC could not understand, the SARCS caregivers and peer educators assisted with translation.

**Table 1:** Summary of the OVC's demographic profiles

Age	Sex		Home language
	Male	Female	
13	5	2	The home language the OVC spoke was a combination of Zulu, Xhosa and SeSotho.
14	5	3	
15	4	3	
16	2	2	
17	3	1	
<b>Total</b>	<b>19</b>	<b>11</b>	

### Themes and Sub-themes

The themes and sub-themes identified through the World Café sessions with the OVC are presented in Table 2. It is imperative to note that some of the themes overlapped and will be presented as such. The numbers in brackets indicate the frequency of the themes and sub-themes. Table 2 reflects the categories, themes and sub-themes that resulted from the data analysis.

**Table 1:** Categories, themes and sub-themes derived from the data analysis

Category	SARCS psychosocial support community interventions	Benefits/impact of the SARCS psychosocial support community
----------	--	---

			<b>interventions</b>	
<b>Theme</b>	What psychosocial support means to me (6 pages)	How my psychosocial well-being was catered for (6 pages)	How being part of the SARCS Maluti project makes me feel (5 pages)	What about the SARCS Maluti project makes it special/different (7 pages)
<b>Notes</b>	These were answers to the questions on when the OVC felt most alive and what about the SARCS Maluti project was meaningful. The OVC reflected more on the psychosocial interventions that were meaningful to them and this was done in colourful writing, with diagrams.		These were answers to what the OVC valued about the SARCS Maluti project and their description of how the SARCS works. This overlapped with how meaningful the psychosocial interventions were. Monochrome colours were used mostly.	
<b>Sub-themes</b>	<p>The following were described as psychosocial support:</p> <p>Provision of incentives (food parcels/hygiene kits/school uniforms/sanitary towels) (21)</p> <p>Attending indoor and outdoor activities i.e. camps / outdoor excursions / attending support groups / playing sports (18)</p> <p>Health education (substance abuse / sexual reproductive health) (8)</p> <p>Skills development in agriculture / gardening (6)</p>	<p>The following were attributed as contributions to the OVC's psychosocial well-being:</p> <p>Helped develop positive coping strategies (4)</p> <p>Increased school attendance attitude and performance (6)</p> <p>Facilitated openness and socialisation amongst others/family (4)</p>	<p>The following were feelings generated from being part of the SARCS Maluti project:</p> <p>The project makes me feel valued and appreciated (6)</p>	<p>The following were depicted as what makes the SARCS Maluti project special:</p> <p>Caters for all our needs (8)</p> <p>Does not discriminate and includes all OVC irrespective of background (4)</p>

As indicated in Table 2, the four themes describe the SARCS community intervention in providing psychosocial support to the OVC, namely:



1. What does psychosocial support mean to me?
2. How was my psychosocial well-being catered for?
3. How does being part of the SARCS Maluti project make me feel?
4. What about the SARCS Maluti project makes it special/different?

### **Theme 1: What does psychosocial support mean to me?**

Theme 1 was a response to the posed question: “Share a story of when you felt most alive and included as part of the SARCS Maluti project.”

The participants responded that they felt most alive and valued through the psychosocial support interventions provided to them through the SARCS Maluti project. All the groups gave similar examples of psychosocial support activities highlighted in the four sub-themes: provision of incentives; attending indoor and outdoor activities; education; and skills development.

#### *Sub-theme 1.1: Provision of incentives*

The Rabbits Group wrote:

It is hard losing your parent as at times it is hard to ask for things that you need. The Red Cross provides us with food parcels and hygiene kits once every three months. They would teach us about maturing and provide us with sanitary towels. Once a year we would also receive a new school uniform.

#### *Sub-theme 1.2: Attending indoor and outdoor activities*

The Lions Group reported:

We love attending the weekly support groups as we get to see other OVC that we can relate with. This also provides us time to play and just be ourselves without having to worry about chores.

#### *Sub-theme 1.3: Health education*

The Cheetahs Group responded:

We would have activities at school where the peer educators would teach us about substance abuse and our bodies. They are so friendly, and it is easy to talk to them about any challenges we may be experiencing.

#### *Sub-theme 1.4: Skills development*

The Revolutions Group commented:

It feels good learning something new. The Red Cross teaches us how to garden. It feels very nice when I can eat the vegetables I made. My Gogo sells some of the vegetables to our neighbours and the money she uses to buy more things in the house.

## **Theme 2: How was my psychosocial well-being catered for?**

Theme 2 was the response to the posed question: “Describe one time that you feel the SARCS Maluti project made a meaningful impact on your life and the lives of others.”

The participants’ responses were interlinked to the responses in Theme 1. Their responses were based on how they felt through the provision of psychosocial support by the SARCS Maluti project. All groups gave similar examples of how the provision of psychosocial support made them feel. These will be highlighted in the three sub-themes: helped to develop positive coping strategies; increased school attendance attitude and improved performance; and facilitated openness and socialisation amongst others/family.

### *Sub-theme 2.1: Helped to develop positive coping strategies*

The Rabbits Group remarked:

When we have our peer education sessions at school, the peer educators would encourage us to do what we love or be around people we love when feeling sad or angry. I like to draw and I also like spending time with the other OVC at the support groups. When I do this, those sad or angry feelings go away.

### *Sub-theme 2.2: Increased school attendance attitude and improved performance*

The Sharks Group responded:

Because of Red Cross, I can go to school and look the same as the other children. I have a clean uniform; I have bathed and I have food in my stomach.

### *Sub-theme 2.3: Facilitated openness and socialisation amongst others/family*

The Lions Group observed as follows:

When I started living with my aunt, I found it hard to talk to anyone. Though when I joined the Red Cross and when we attend the activities, the peer educators always encourage everyone to be involved. They also listen and encourage us to speak. I have made friends with other OVC who are experiencing the same things as me and it encourages me that I am not alone.

## **Theme 3: How does being part of the SARCS Maluti project make me feel?**

Theme 3 was the response to the posed question: “What do you value the most about how the Red Cross works?”

As a continuum of the provision of psychosocial support, to how the OVC perceived that the psychosocial support impacted their lives, this theme speaks to how the OVC felt being registered in the SARCS Maluti project. This was highlighted in the sub-theme: the project makes me feel valued and appreciated.

*Sub-theme 3.1: The project makes me feel valued and appreciated*

The Sharks Group had the following to say:

The caregivers collect our HIV treatment and sometimes go with us to the clinic for our check-ups. It is a nice feeling knowing that someone considers me and checks up on me. It makes me feel valued.

**Theme 4: What about the SARCS Maluti project makes it special/different?**

Theme 4 was the response to the posed question: “What is it about the way the Red Cross works that makes them able to achieve things we couldn’t do as individuals?”

The participants expressed that they were not aware of any other organisation in Maluti that provided similar support to OVC so based their responses on being a part of the project. This was highlighted in the two sub-themes: (1) caters to all our needs; and (2) does not discriminate and includes all OVC irrespective of background.

*Sub-theme 4.1: Caters to all our needs*

The Revolutions Group commented:

The Red Cross has peer educators that help us at school and caregivers that help us at home. They teach us life lessons and expose us to many things that encourage us to want a better life for ourselves. To make this happen, they give us incentives, listen to us and make us feel loved.

*Sub-theme 4.2: Does not discriminate and includes all OVC irrespective of background*

The Sharks Group shared:

Since being with the Red Cross, I have never felt that I was different from other children. I receive love from my caregiver, I get to bathe, eat and play with other children. I am happy.

**Discussion**

The collected data was analysed and the following discussion speaks to the four identified categories of psychosocial support that was provided to OVC infected with HIV/AIDS by the SARCS Maluti project.

**Factors That Contributed to the OVC’s Psychological Well-being**

The OVC’s view of the psychosocial support provided was based on the support that they received from the SARCS Maluti project. Through the provision of incentives; health education; attendance of indoor and outdoor activities; and gardening skills development, the OVC were able to develop positive coping mechanisms, and were able to form a close bond with not only the Red Cross staff but also with other children and

their families. The OVC were able to use positive thinking and view challenges as opportunities to change, and bad times as opportunities to learn how to bounce back and come back stronger than they were before. They were able to recharge by having a healthy lifestyle. The literature stipulates that investing in child development is equal to investing in the economic future of the country (Pillay 2018) when their psycho-educational and social problems are addressed. The SARCS community interventions were in line with Pillay's (2018) study which found that when children have equivalent prospects earlier in their lives, they tend to be more positive and lead better lives as adults.

### **SARCS Community Interventions That Were Perceived to Address the OVC's Psychosocial Needs**

This category was interlinked with the first category. Being an orphan due to HIV/AIDS brought on various risks and challenges conveyed by impact on their psychological, social and economic environments. The OVC perceived that the provision of incentives; health education; attendance of indoor and outdoor activities; and gardening skills development by the SARCS Maluti project addressed their psychosocial needs. The different interventions spoke to their mental, social and developmental needs that arose from the loss of their parents to AIDS; their HIV diagnosis; and the complexities of being an orphan. Pillay (2018) indicates that depression, sadness and anxiety emanate from the OVC's poor background cutting across psychological, social and economic levels.

As the relationship between socio-economic status and mental health has been widely investigated, Doku et al. (2019) suggest that children from low socio-economic areas have a weakened ability to cope with challenges that influences all aspects of their behaviour, and places them at increased risk of psychological disorders. The current study has provided evidence that when the psychological, social and economic needs of OVC infected with HIV/AIDS are met, they can develop positive coping mechanisms; are able to increase their school attendance and performance; and are able to interact/socialise with others whilst being able to maintain healthy relationships. Additionally, the study findings are in line with Breckenridge et al. (2017) who indicated that as orphaned children age, supplying them with access to support groups assists in alleviating some surface emotional issues and curbing self-destructive behaviours.

The SARCS community interventions that spoke to addressing the OVC's psychosocial needs provided linkages between psychosocial support and public health as the former are significant health determinants, predominantly when compared to social and economic determinants of people's health (Egan et al. 2008).

## **Most Desirable Aspects of the SARCS Maluti Project and how These Aspects Can Be Improved**

The OVC spoke on the benefits of having caring and nurturing peer educators and caregivers. Small group and/or individual treatment was beneficial for the OVC (Breckenridge et al. 2017) as they were able to form secure attachments with their peer educators and caregivers which played a pivotal role in their development. The peer educators would offer support at the school level by conducting peer education/health education sessions, whilst the caregivers would conduct home visits and interact with the OVC's family members. The OVC's household challenges coupled with psychological complications contributed to the educational difficulties they faced in school (Pillay 2018).

It was for this reason that the SARCS Maluti project instilled a two-pronged approach to support the OVC at school and home. This two-pronged approach made the SARCS Maluti project beneficial as home issues that affected the OVC's school performance or attendance were easily picked up and addressed. Similarly, when school issues affected the OVC's interaction with family members. Additionally, the two-pronged approach is in line with Breckenridge et al.'s (2017) research where it is indicated that educating family members to provide a studying environment at home for the children may assist in the children's attendance and keeping up to date with their schoolwork. Research conducted by Masquillier et al. (2016), however, indicates that the presence of a caregiver in the community is seen as an indicator of HIV/AIDS and that in spite of the benefits of bringing HIV care closer to the household and community, support may pose challenges for both the child and the caregiver. Caregivers of the SARCS Maluti project referred to themselves as "home carers" to avoid the label of AIDS and related stigma.

The OVC voiced that the SARCS Maluti project addressed all their immediate needs and also the needs of their ill family members as incentives and agricultural goods that were provided were of benefit the whole family. Some OVC echoed that in as much as they were the ones registered in the SARCS Maluti project, the challenges they face are also experienced by their fellow family members. They added that this was one advantage of the SARCS Maluti project, in that its approach is holistic and caters to all their needs. The OVC further reflected on the "humanity" fundamental principle of the SARCS and verbalised how all the OVC were treated equally. They added that even when mixing with non-OVC, they were all treated the same.

Furthermore, the OVC spoke on the linkages that the SARCS Maluti project had with the other government entities, namely, local clinics, hospitals, the Department of Social Development, the South African Social Security Agency (SASSA), and the South African Police Service (SAPS). They added that it was due to these close relationships that the SARCS staff were always able to act and respond speedily. They further alluded that for other organisations to be effective in supporting the OVC and ensure that their activities are sustainable, they would need to be closely linked with the relevant government structures.

Thus, the study has provided evidence that psychosocial and livelihood interventions have positive effects on HIV/AIDS-related stigma. In research conducted by Thompson and Moret (2019), children who had psychosocial and livelihood interventions experienced reduced stigma and improved self-confidence. Additionally, the children were seen as economic agents who contributed to their households and community.

### **OVC's Perception of Psychosocial Support**

This category was also linked to the first category that spoke to factors that contributed to the OVC's psychosocial well-being. The OVC's perception of psychosocial support was the provision of incentives; health education; attendance of indoor and outdoor activities; as well as gardening skills development. The study findings revealed that the OVC were aware of the type of psychosocial support they received and thus were able to link exactly how the provided support enhanced their psychosocial well-being. Taking into consideration that all the participating OVC were of school-going age, having a balanced psychosocial well-being entailed them being able to go to school; socialising with their friends; and coping with challenges they might experience in the community.

### **Recommendations**

Recommendations were part of the Destiny phase of the AI theoretical framework and can be made centred on the study findings for families, community members, leaders and entities that care for OVC. The study findings imply that OVC infected with HIV/AIDS require the support of family and community members to deal with the impact that HIV/AIDS has on their psychosocial well-being to ensure ideal development. While families may be overwhelmed, the SARCS Maluti project has highlighted the importance of having functional mechanisms in place that ensure that the OVC eventually become fully effective members of the community and society at large.

The study findings highlighted the benefits of educating the OVC on various topics from HIV/AIDS, sexual reproductive health, and substance abuse to peer pressure. These educational sessions should be extended to community members to better equip them in handling the psychological issues that may be faced by OVC. Counselling sessions should also be availed not only to the OVC but also their family members to assist them in caring for the OVC and understanding their difficulties. Incorporating family members in support rendered to OVC will enable them to not only deal with their problems but also better care for the OVC.

The study findings also provided recommendations regarding future research. While considerable investigations have been steered toward the retention of treatment for OVC infected with HIV/AIDS in South Africa, there is a scarcity in the psychosocial support aspect of improving their adherence to and retention of treatment. Psychosocial support interventions or approaches specifically designed to address the needs of children and

adolescents infected with HIV/AIDS must be addressed in future research and programming. The OVC's perspectives should also be taken into consideration when conducting future research.

## Limitations of the Study

While valued contributions were made to the literature on the psychosocial issues brought on by the impacts of HIV/AIDS on the OVC, some limitations were experienced and ought to be considered. Firstly, due to COVID-19 restrictions, the sample size was small. Thus, the study findings were not a total representation of all the OVC who were registered within the SARCS Maluti project.

Secondly, communication barriers were experienced as some of the OVC had difficulties in fully understanding the questions and expressing themselves in English. The researchers in such instances had to rely on peer educators and caregivers for translation. As such, they were limited in their expression.

Lastly, as much as an audio recorder was utilised to obtain an exhaustive record of the World Café sessions, some parts of the verbatim transcriptions did not make sense as some of the OVC expressed themselves in languages other than English.

## Conclusion

The current study investigated the SARCS community intervention in providing psychosocial support to OVC infected with HIV/AIDS. The findings revealed that the study reached its goal of exploring and describing the benefits of the SARCS Maluti project in supporting OVC infected with HIV/AIDS. The study highlighted the OVC's perceptions of the psychosocial support rendered by the SARCS Maluti project and how this made a difference in their lives. The researchers further discovered that given their surrounding complexities, OVC can thrive when their psychosocial basic needs are met. Indicating the fundamental role that psychosocial factors play in the lives of OVC infected with HIV/AIDS and how these factors ought to be addressed if the intent is to give these children the opportunity to develop and thrive.

## References

- Barenbaum, E., and T. Smith. 2016. "Social Support as a Protective Factor for Children Impacted by HIV/AIDS across Varying Living Environments in Southern Africa." *AIDS Care* 28 (2): 92–99. <https://doi.org/10.1080/09540121.2016.1176683>
- Biondo, P. D., S. King, B. Minhas, K. Fassbender, and J. E. Simon. 2019. "How to Increase Public Participation in Advance Care Planning: Findings from a World Café to Elicit Community Group Perspectives." *BMC Public Health* 19: a 679. <https://doi.org/10.1186/s12889-019-7034-4>

- Breckenridge, T. A., C. Black-Hughes, J. Rautenbach, and M. McKinley. 2017. "HIV/AIDS Orphans in South Africa, NGO Interventions Supporting Transitions to Alternative Care." *SAGE Journals* 62: 502–517. <https://doi.org/10.1177/0020872817732377>
- Bushe, G. R. 2011. "Appreciative Inquiry, Theory and Critique." In *The Routledge Companion to Organizational Change*, edited by D. Boje, B. Burnes and J. Hassard, 87–103. Oxford: Routledge.
- Chi, P., S. Zhao, C. Zhang, X. Li, Y. Guo, X. Lin, and H. Du. 2019. "Effects of Psychosocial Interventions on Children Affected by Parental HIV/AIDS: A Meta-analysis on Depression and Anxiety." *BMC Public Health* 19 (1): a1572. <https://doi.org/10.1186/s12889-019-7806-x>
- Doku, P. N., K. M. Akohene, M. K. Ananga, and T. P. Debrah. 2019. "A Systematic Review of the Mental Health of Orphans and Vulnerable Children within the Context of HIV/AIDS in Africa." *International Journal of Psychiatry* 4 (2): 1–20. Accessed June 11, 2021. <https://bettercarenetwork.org/sites/default/files/2019-11/IJP-19-118.pdf>
- Eastern Cape Social Economic Consultative Council. 2017. "Matatiele Local Municipality Socio-economic Review and Outlook." Accessed April 27, 2021. [https://www.ecsecc.org/documentrepository/informationcentre/matatiele-local-municipality\\_76449.pdf](https://www.ecsecc.org/documentrepository/informationcentre/matatiele-local-municipality_76449.pdf)
- Egan, M., C. Tannahill, M. Petticrew, and S. Thomas. 2008. "Psychosocial Risk Factors in Home and Community Settings and Their Associations with Population Health and Health Inequalities: A Systematic Meta-review." *BMC Public Health* 8: a239. <https://doi.org/10.1186/1471-2458-8-239>
- Laher, S., A. Fynn, and S. Kramer, eds. 2019. *Transforming Research Methods in the Social Sciences. Case Studies from South Africa*. Johannesburg: Wits University Press.
- Masquillier, C., E. Wouters, D. Mortelmans, B. van Wyk, H. Hausler, and W. Damme. 2016. "HIV/AIDS Competent Households, Interaction between a Health-enabling Environment and Community-based Treatment Adherence Support for People Living with HIV/AIDS in South Africa." *PLoS ONE* 11: e0151379. <https://doi.org/10.1371/journal.pone.0151379>
- Nowell, L. S., J. M. Norris, D. E. White, and N. J. Moules. 2017. "Thematic Analysis: Striving to Meet the Trustworthiness Criteria." *International Journal of Qualitative Methods* 16: 1–13. <https://doi.org/10.1177/1609406917733847>
- Pillay, J. 2018. "Early Education of Orphans and Vulnerable Children: A Crucial Aspect for Social Justice and African Development." *KOERS – Bulletin for Christian Scholarship* 83 (1). <https://doi.org/10.19108/KOERS.83.1.2335>
- Segeren, T. 2019. "The Empathy World Café: A Qualitative Exploration of the Needs behind the Call for Empathy in Society." Master's diss., University of Twente, Enschede.



- Sharer, M., L. Cluver, J. J. Shields, and F. Ahearn. 2016. "The Power of Siblings and Caregivers, Under-explored Types of Social Support among Children affected by HIV and AIDS." *AIDS Care* 28 (2): 110–117. <https://doi.org/10.1080/09540121.2016.1178942>
- Thompson, G. H., and W. Moret. 2019. "Building a Theory of Change for Community Development and HIV Programming: The Impact of Social Capital, Stigma Reduction and Community Level Changes on HIV-related Health Outcomes for Orphans and Vulnerable Households in Mozambique." *Community Development* 50 (3): 332–351. <https://doi.org/10.1080/15575330.2019.1606839>
- Vranda, M. N., and S. N. Mothi. 2013. "Psychosocial Issues of Children Infected with HIV/AIDS." *Indian Journal of Psychological Medicine* 35 (1): 19–22. <https://doi.org/10.4103/0253-7176.112195>
- Watkins, J. M., B. J. Mohr, and R. Kelly. 2011. *Appreciative Inquiry: Change at the Speed of Imagination*. Hoboken: John Wiley.
- WHO (World Health Organization). 2021. "HIV/AIDS." Accessed December 9, 2021. <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>
- Yakubovich, A. R., L. Sherr, L. D. Cluver, S. Skeen, I. S. Hensels, A. Macedo, and M. Tomlinson. 2016. "Community-based Organizations for Vulnerable Children in South Africa: Reach, Psychosocial Correlates, and Potential Mechanisms." *Children and Youth Services Review* 62: 58–64. <https://doi.org/10.1016/j.childyouth.2016.01.016>