

INSTITUTIONALIZED CHILD CARE IN URBAN SOUTH AFRICA: EXPLORING
THE COMPLEXITIES OF A JOHANNESBURG CARE CENTER FOR
ORPHANS AND VULNERABLE YOUTH

by

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THESIS ABSTRACT

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Title: Institutionalized Child Care in Urban South Africa: Exploring the Complexities of a Johannesburg Care Center for Orphans and Vulnerable Youth

In the developing world, child care institutions involve more complexity than is typically reflected by the word “orphanage.” Oftentimes, institutions play a partial role in a child’s development by contributing towards childcare in collaboration with a relative, an ill parent, or nearby kin.

Through a primarily ethnographic study, I sought to understand and relay the nuances of a child care center during the stages of intake and early childhood, middle childhood, and late adolescence and outward transition, I explored how children overcome traumatic pasts with the help of the center, how the center struggles with the material burdens of providing to children with a wide array of needs, and how the process of transitioning into adulthood is handled by the children and their caretakers. In conclusion, I explore the non-negotiable elements of the center’s child care and make recommendations for institutions in a similar context as well as future research.

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CHAPTER I

INTRODUCTION

Historically and currently, the orphanage has been the archetype recipient of charitable sentiment. From its representation in Western literature and film to the multitudes of international volunteers who return home from abroad with stories about caring for children in orphanages, the idea of a home for destitute children has managed to capture Western imaginations in a compelling way. The fixation of western audiences upon orphans and orphanages has been robust, reflected strongly in religious movements, social justice rhetoric and in charitable giving activity.

While there has been a long history of Western attention directed towards institutionalized childcare, the contemporary perception of such settings remains a disorganized mix of myths and realities. There are in fact over 150 million vulnerable children living in adverse situations such as refugee camps, institutions, and localized kinship networks. (USAIDS, UNICEF, USAID, 2004). A disproportionate amount of the interest and research that has been done on this population was focused on developmental disruptions connected to institutionalization. In many instances, children do not fit the traditionally accepted definition of an orphan as one with deceased parents. Oftentimes, institutions play a partial role in a child's development by contributing towards childcare alongside a relative, an ill parent, or a nearby kin. These sorts of involvements often go unreported. The binary perception of family-settings versus institutionalization proves to be less than accurate in many developing countries where the two work in tandem to cope

with low resources. The popular perception of such institutions often fails to account for these realities. (Richter & Norman, 2010; Williamson & Greenberg, 2010)

In South Africa, the need for child care institutions is further amplified by the region's longstanding HIV/AIDS epidemic. Due to the widespread casualties across Sub-Saharan Africa as a result of the disease, the region has had an unprecedented boom in the number of orphaned children. Many of these children are themselves afflicted by the disease. Poverty and other social concerns continue to threaten children across the region, rendering institutionalization as a means of survival. These are some of the challenges that frame the following study on an institution, set in an urban neighborhood in Johannesburg marked by a high crime rate. The findings that result examine that ways in which a childcare institution does or does not match popular perception, and what actually happens within its facilities.

Purpose of the Study

The aim of my study is to investigate and relay the way a child care center in urban Johannesburg adapts to the diversity of the children it serves, including their histories and developmental challenges as orphans and vulnerable children. This study incorporates participant observation, ethnographic interviewing, open-ended questions, and visual methods. My research aims to highlight the complexity of the discourse surrounding the population broadly conceptualized as "orphans" and will lead towards recommendations for international supporters of child care centers, nonprofits that seek to raise awareness and funds, the care centers' own approaches to representing themselves, and the general perception of such institutions.

My study was conducted after a review of the extant literature concerning orphans and institutionalized child care. A review of the literature revealed a gap between the Western perception of what it means to be an orphan or to live in an institution, and the lived experiences of orphans and vulnerable children. Complexity surrounding terminology such as “orphans” or “orphans and vulnerable children” has also been an indicator of a disjointed popular perception of institutionalized child care.

This perception has long been perpetuated in Western art and literature, and is often used to instill sympathy among potential donors and financial supporters of such orphanages. Throughout the developing world, orphanages frequently exchange structure for an ability to adapt to the diverse needs of their children. For example, a number of times, these children will have surviving parents or close family members. Many children are sent to orphanages by their parents for a variety of reasons which may include the pursuit of a better education, an escape from abject poverty, or a false promise offered by a child trafficker.

The disparity between the general Western perception of such institutions and their realities create a greater likelihood of miscommunication. This can increase the vulnerability of children towards conscription by unsafe institutions and limit the ability of effective institutions to adequately meet unique needs that they encounter.

Johannesburg offers an ideal setting for such an ethnographic study.. As a city in South Africa, it represents a society challenged by many of the tensions commonplace across the developing world, including a history of ethnic and racial tensions, rapid urbanization, and unprecedented patterns in economic growth. An African city is an ideal city to study given the long history of the continent’s relationship with the Western

hemisphere in terms of aid and charity, and a sub-Saharan African city also holds relevance due to their centrality throughout the HIV/AIDS crisis.

The neighborhood of Hillbrow in particular is an ideal setting because of its high population density, its reputation as an area of high criminal activity, and the urban decay of most of its infrastructure. These conditions resemble common home environments of orphans and vulnerable children as the world's population grows most rapidly in impoverished urban areas. About a seventh of the earth's population resides in a slum, marked by inadequate housing, a lack of services, overcrowding, and crime. (Amnesty International, 2010) As these conditions also correlate with lower life expectancies, poverty, and higher disease rates, there is a strong link between such an environment and overall orphanhood or vulnerability.

The Research Question

The research questions that define and direct this project revolve around the center as an organization and as a community— Who are the children that it cares for? What sorts of backgrounds do they come from and how does this impact the work of the center? What challenges do they face while living at the center? How does the center cope? Also, what sort of future awaits the children who grow up in this setting, and of what concern is it to the center? The reviewed literature reveals the inadequacy of simply asking if institutions are good or bad and instead highlights the importance of developing a stronger understanding of the realities, challenges, and dynamics of places like the center. I aim to construct a portrait of an institution and highlight certain themes to increase a general understanding of institutionalized child care. It is my hope that this

study will fit into a larger conceptual shift that guides further research, shapes public knowledge, and readjusts the paradigms under which the charitable giving sector has been portraying such settings for a long time.

Organization of the Thesis

This thesis is organized into a set of nine chapters, comprising this introduction, a literature review, an explanation of my own research methodology, five chapters of my findings and observations from conducting field research corresponding to stages of development, and finally, a conclusion chapter that describes the center's most central commitments and further recommendations. Throughout thesis, I will supplement prose with visuals produced by the children at the center.

This introductory chapter was written with the intent of highlighting the significance of a study on the institutional living conditions of orphans and vulnerable children. It provided a bit of background context regarding the issue as well as the guiding questions that will be addressed through the study.

Chapter II is the literature review. This review is focused on depicting the current gap between popular perceptions and the real circumstances of the children and their caretakers. It examines the complexity that surrounds details such as the terminology used in orphan and vulnerable children discourse. In it, I will first explore the cultural origins of the popular Western orphan narrative and explain how it shapes the way the international charity sector approaches their role as an intermediary between donors and recipients and how humanitarianism and globalization have furthered the divide between perception and reality. I then describe orphanhood in South African ethnic perspectives,

and reports involving South African street children. I then outline challenges and with institutionalization. Finally, I will reveal where gaps remain in the literature.

In Chapter III, I will present my research methodology in detail, including the rationale for my use of qualitative data, and a bit of background to the particular institution that I have chosen to study.

Chapter IV-VII will reveal my findings. Here I will describe my observations from my time at the center, and recurring attitudes, beliefs, and responses found throughout my interviews. This will begin with an overview of the community dynamics within the center and then will be continued in segments based on stages of a child's life and development, exploring themes related to each stage. These will include traumatic pasts, safety and education, and the eventual transition to adulthood.

Finally, in Chapters VIII and IX, I will present my conclusion. I will describe what aspects of the center's work is non-negotiable in spite of all the complexities that exist. In other words, while the choices and decisions that the center must make are often in the middle of debates and controversies, the center must commit itself to central principles that guide its work. These are the principles that I will identify and explore. I will conclude by articulating the lasting implications of my observations, reconnecting my findings to the existing literature and making suggestions for studies to come. I will end with a series of recommendations, to the academic community, to stakeholders in orphan and vulnerable children discourse, and to the charitable sector or NGO sphere about how to improve communications surrounding institutionalized child care.

Researcher Background

In early 2013, I spent close to four months living and volunteering at 5Cees, or Christ Church Christian Care Center. At this care center for orphans and vulnerable children, I found a number of striking differences between my previous understanding of orphanages and what I observed. My role at the center during that visit was an amalgamation of various duties. I assisted with various administrative needs and helped maintain the center's technology and infrastructure. I acted as a mentor to a few of the older teenage boys who have mostly aged out since. I also served as a tutor and supervisor during homework revision hours. Since that stay, I have maintained contact with a few key members of the center's staff, a few of the older children, and volunteers who have been able to return for other visits. This research was conducted in Johannesburg, back on the campus of 5Cees after months of preparatory study and literature review in Eugene, Oregon.

My initial introduction to 5Cees came through Hope Community Church, a nondenominational Christian church that I attended during the years that I lived in Santa Barbara. It is worth noting for this study that I am a practicing Christian and hold beliefs and practices drawn from the life and teachings of Jesus Christ and influenced by histories, writings, communities, and interactions across different denominations of Christianity. My faith played an important role in this study because it allowed me a deeper level of understanding when it came to the center's religious motivations. I was able to hear explanations and thoughts from its founder, a retired minister, with an ability to understand his faith-based priorities and intentions. Much of the center's work draws from the Christian traditions of caring for the vulnerable populations orphans and widows, ideas that are expounded upon in the literature reviews, and I personally hold the

view that demonstrating compassionate care towards the disadvantaged and vulnerable is a core part of the teachings of Christ.

It is also important to point out that I made every effort to be conscious of my own potential biases. The role of Christianity has been controversial when it comes to institutionalized child care and other similar services in the developing world, at times furthering harmful practices under the cover of good intentions. In some instances, Christian organizations have been criticized for making religious conversion a prerequisite to care, or for coercing beliefs on the population it serves. These criticisms are valid, from my perspective, and I believe faith-based rhetoric should not serve as an escape tactic to defend such practices. Throughout my time in South Africa, I also attempted to begin my outlook of the center from a neutral standpoint, and to counter any predispositions towards a positive outlook that come from a shared faith or a past experience.

This study was also inspired by my spouse who is a qualified mental health care professional and a social worker interested in resiliency factors and the mental and behavioral development of children growing up under vulnerable conditions. She joined me in this study in order to help conduct the visual methods of my study in conjunction with art therapy activities. I have previously worked with children myself, as a special needs teacher and as an autism center clinician.

CHAPTER II

LITERATURE REVIEW

I hope that my observations and findings will result in paradigm shift in the perception of institutionalized child care. This makes it important to gain an understanding of the gap in between popular perceptions and the lived realities of orphans and vulnerable children. Much of this disparity stems from confusion surrounding the term “orphan” itself.

At its most basic level, the term orphanage refers to a setting where a group of minors reside and receive care in the absence of biological or adoptive parents. Each individual orphanage and its surrounding society determines what constitutes a minor, or what services it should provide. At times, these institutions may be more minimal, existing primarily to meet the physical needs of a place to sleep and regular meals, while in other instances, an orphanage may refer to a place more resemblant of a boarding school that provides education, mental health services, or extracurricular opportunities. The sheer diversity of orphanages in terms of physical setting, services offered, or populations served has rendered the term so amorphous that scholarly research lacks uniformity in how it understands these institutions. A truly nuanced exploration of a particular setting must supplement standardized definitions with an elaboration of the local cultural significance, emotional understandings, and situational distinctiveness.

A literature review that truly captures the complexity behind academic and social understandings of institutionalized child care should cover both the historical development of childcare institutions and their present state. It is especially important to

understand the complexities surrounding a term such as “orphan,” and how these complexities serve as a testament to the disparity between the role of institutions in developing countries and how they are understood in Western Cultures. The humanitarian approach taken by the West adopts a pseudo-imperialistic mindset by reframing the nature of institutionalized child care in a way that affects how the relevant institutions carry out their services. (Tester, 2010) This may include scenarios where an institution must define “orphan” by Western impressions rather than the situations that actually render a child vulnerable in his or her own culture. The aim of this literature review, therefore, is to provide a thorough understanding of the ambiguities, complexities, and histories surrounding orphan and vulnerable child discourse, to shed light on its present day meanings and challenges, and to examine where there have been gaps in the existing literature.

Because orphans and vulnerable children come from such a wide range of backgrounds and are faced with a wide array of challenges, it is difficult to address all of the many behavior, health, and psychology studies conducted on “orphans.” Researchers of various disciplines have shown interest in finding commonalities between populations of orphans. However, a historically and politically informed perspective of contemporary child care institutions in the developing world would suggest that children living in institutions may be understood by their differences as much as their commonalities.

Complexity and Terminology

The term “orphan” is defined by USAID (2004) as any child under the age of 18 whose mother or father has died. In the contemporary developing world, the terms

“orphan” or “orphanage” are often plagued with rampant subjectivity and limited utility. (Sherr, et. al., 2008) At a cultural level, particularly in Western contexts, the term orphan is one that is widely associated with parental mortality or abandonment. In contemporary, real-world settings however, these two categories often do not overlap. Many children residing at orphanages have parents who are still living. (Csáky, 2009) A study performed by *Save the Children* found that in Eastern Europe, the Balkans, and the former Soviet Union, 98% of the children living in orphanages had living parents. In Indonesia and Sri Lanka, this statistic was a respective 90% and 80%. In Zimbabwe, where the AIDS epidemic claimed many lives of parents, it was still believed that 59% of children living at an orphanage had at least one surviving parent. (Save the Children, 2009)

Common scenarios leading to a child residing at an “orphanage” despite the existence of parents or guardians include instances where the child has been sent away to receive a better education, instances where parents may be too ill or impoverished to provide adequate care for the child, or instances where the child may be looked after by a living grandparent, aunt, or uncle relying on the institution for various needs while continuing to play an active role in the child’s development. (UNICEF, 2004) These diverse circumstances demand that existing conceptualizations and portrayals of orphans and vulnerable children adapt to different contexts. While children with living parents who are labeled as “orphans” may still experience many of the same emotional and developmental challenges as children whose parents are deceased, the inconsistency of the label’s definition robs it of its utility.

For the sake of consistency, the term “Orphan and Vulnerable Child” (OVC) will henceforth be used to describe the children in this study. The term OVC has proliferated as a more nuanced term to describe children who, at least some of the time, rely on an institution, community group, or non-parental carer to provide guidance. The term OVC has been credited with curbing the stigmatism associated with the word “orphan,” while still permitting a discussion centered around need. (Richter, Foster, & Sherr, 2006)

Critics also recognize that the term still has a unique ability to attract potential donors and increase the collection of resources. (Meintjies & Giese, 2006)

Cultural Understandings of Orphanages

OVC institutions exist to meet a real need across the world. However, there is a great disparity between the actual needs of OVC populations and their perceived needs as understood by the primarily Western donors who provide the funding for many of these institutions. The cultural persistence of meeting needs that do not truly exist stems from a charitable impulse developed in Western thought at the Enlightenment. A brief history will shed light on how misleading orphan narratives began to develop.

A Historical Context

Juilane Jacoby’s paper, *Between charity and education: orphans and orphanages in early modern times* explores the development of charity in Western thought in order to compare it to the reality of present day orphanages. In this study, the foundation of orphanages is traced to the evolution of the Christian religion, as the role of the church began to expand beyond sacred worship and into public spheres including education,

healthcare, and social services. (2009) As the 16th Century Church began to position itself as the provider of these services, it prepared the way for universities, hospitals, and orphanages to begin to expand.

The Christian basis for charitable acts and service towards the disadvantaged are found within scripture. The Gospel of Matthew (25:40b) includes the teaching of Christ that states

“Verily I say unto you, Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me.”

The Epistle of James also maintains a similar principle. (1:27)

“Pure religion and undefiled before God and the Father is this, To visit the fatherless and widows in their affliction, and to keep himself unspotted from the world.”

At Christianity’s inception in the Western World, service to the poor and devotion to God were unmistakably linked. Jacoby traces three major shifts in the evolution of that ideal, the first over the course of the 14th Century as the poor became perceived as a threat, and a moral edict was placed against the laziness seen to cause poverty. The second big shift was the 16th century boom in poverty when the church began to assign the responsibility to deal with poverty to laypersons and politicians. The third transition was in the mid 1500’s, when a distinction began to be made between the deserving and undeserving poor. The latter category was primarily made up of widows and orphans. As

Christianity served as a driving factor behind imperialism and global expansion, mission work focused on these “undeserving poor” populations of colonized territories began to proliferate as well.

Present Day Associations

To this day, faith-based organizations maintain the majority of OVC institutions across the developing world. Writes Jacobi (2009)–

“[Religious presentations] shaped ideas about orphans throughout the nineteenth and twentieth centuries and has obscured our view of actual orphans and orphanages. In early modern times, orphanages successfully reared generations of children to be future citizens and useful members of their communities.”

Outside of an exclusively religious sphere, the sympathy-inducing perception of orphans has been perpetuated through popular culture. Popular literary works, perhaps most notably Charles Dickens’ *Oliver Twist*, began to routinely cast orphans in a central, protagonist role. Authors including Eliza Haywood and Tobias Smollett used the orphan’s uncertain status to generate obstacles related to property and identity in order to drive their stories’ plots. (Nixon, 2011) The orphans found in British novels is subject to harsh treatment by their institutions, which were set in impoverished, urban locations.

Since the publication of these novels, the role of the orphan protagonist has further developed as a common narrative device. The orphan hero began to appear across a variety of mediums. Shortly after the Great Depression, the title character of the comic

strip and eventual musical *Annie* became the epitome of a prototypical orphan, abused by an institution, but resiliently cheerful. In contemporary culture, Harry Potter and Batman remain two of the most widely recognized characters whose fictional histories begin with the tragic deaths of their parents. Even the contemporary canon of Disney films shows a disproportionate use of parental death in its stories.

The constant reinforcement of the Dickensian image of an orphan has likely had a marked impact on Western perceptions and misconceptions of real world orphanages, especially an unparalleled ability to induce affection or an impulse to support from Western audiences. (Meintjies & Giese, 2006) A common narrative in Western media links the “humble beginnings” of orphanhood with an eventual heroism. The highly structured settings of many fictional orphanages may also create a false assumption that real world orphanages function with a similar rigidity to their routines, although this is often not the case.

Charities and Orphanages

The charitable sector has found itself caught between two different understandings of contemporary OVC care, one informed by the pragmatic challenges of having to administer care to orphans and vulnerable children in the developing world, and the other shaped by the role of orphans in popular narratives, literature, and culture in the West. Ultimately, it is the charitable sector that best represents the discord between the prevalent challenges in contemporary OVC care and the Western perception.

The heavy involvement of charity organizations in the question of what happens to dependents upon the death of parents becomes apparent in a diverse array of settings.

In Uganda, many non-governmental organizations (NGOs), including UNICEF, Concern Worldwide, and TASO have introduced the practice of training children's rights advocates how to defend a child's right to an inheritance. (Caruso & Cope, 2006) In Ghana, more traditional systems of power have been merged with contemporary NGO regulations in order to assign responsibility for child rearing after parents have died. (Drah, 2014) Many other countries across the region with similar low life expectancies, limited infrastructure, and the prevalence of sexually transmitted diseases have similar policies which assign NGOs with a societal role to care for orphaned children in some capacity, including Kenya, Botswana, Zambia, and Zimbabwe. (UNICEF, 2003).

The assignment of the responsibility for OVC care to NGOs ultimately leaves much of the burden of carrying out such duties on those who fund the organizations. Most NGO policies are determined, or are at least strongly influenced, by the constituency that makes up the bulk of its supporters. (AbouAssi, 2013) Most NGOs are heavily dependent on a support base of individual donors that provides the organization with the financial resources they require in order to execute their mission. One of the areas of frequent criticism towards the NGO sector is that the organizations themselves can easily become devices used to further the agenda of its donor base, as was observed on occasion by religiously affiliated relief organizations that limited their services to those willing to convert. The nature of having to appease a wide audience of donors can often create volatility behind an organization's main source of funding. (Brouwer, 2000; Degnbol-Martinussen & Engberg-Pedersen, 2003)

In spite of the critiques often directed towards a systematic reliance on NGOs, these organizations have often been the more consistent providers of public services than

the state has in many developing nations. The majority of these organizations tend to be Western in terms of leadership and funding, with the United States, the United Kingdom, and Canada being at the forefront of the charitable sector. (Sachs, 2005) The benefit of this link has provided NGOs with the bulk of their funding, and thus their ability to attend to local needs and circumstances. (Edwards, 2004)

In order to appeal to Western audiences, charitable organizations must frame their work in a way that resonates with the culture of their supporters, rather than their clients. (Easterly, 2007) On many organizations' websites, global issues are organized simply, framing each issue under the narrative structure of a) presenting a problem that exists in another part of the world, and b) presenting the organization's solution to the problem. The problem-solving orientation of such organizations is one that generally appeals more to goal-driven mindsets of the West more than it contextualizes how such challenges are perceived by the communities they affect. (Fagan, 2005) Most organizations also base their communications on crises when they surface on global headlines as websites often reserve a prominent location to display a relief campaign for the latest earthquake, flood, or war. While such events create a spike in local needs, the response of donors tends to be fast and generous. Appeals to such events, such as the Haiti earthquake in 2010 have resulted in dramatic spikes in humanitarian aid, however donors are less responsive to chronic, complex, long term problems. (Muggah, 2010)

The focus that charitable organizations have placed on orphan care has generated considerable international interest, particularly in Sub-Saharan African countries, where much orphanhood has been linked to HIV/AIDS. (Drah, 2014) Across Western cultures, there is an especially strong value placed on the sacredness and idealization of youth and

childhood. (Emihovich, 2006) A common message found in the materials produced by large-scale, international charities is an appeal to this ideal. For example, the websites of three of the largest international charities, World Vision, Mercy Corps, and World Relief highlight Child Protection and Youth Development as one of the primary services offered. The majority of these organizations offer child sponsorship opportunities as a further appeal. Other international aid organizations are entirely child-centric, explicit in their names. Save the Children, Feed the Children, and the Children's Hunger Fund are among the most widely recognized organizations in international development circles.

To describe the perception of children as defenseless and the instinct to protect them as a uniquely Western phenomenon would be overly broad and inaccurate. However, it is fair to say that the dynamic of child services in international development contexts is often constructed in a way to appeal to Western understandings, drawing on cultural sympathies and ideals. Thus, many of the complexities and nuances behind orphan care or children's services are omitted from materials produced by organizations when they have the potential to distract from a narrative conducive to greater donations.

Western charities and Christianity are two important lenses through which orphan narratives have been articulated. These lenses have been employed for so long that the effect they have had cannot be ignored.

The International Context

Western Disparity

While the term "orphanage" remains the most widely used term to describe institutionalized child care, only a minority of contemporary institutions resemble to the

orphanages of Annie or Oliver Twist. In the United States, orphanages began to decrease in the 19th Century. A system emerged of housing parentless children only up until the age of nine or ten, before sending them to rural families to learn a trade through an apprenticeship, exchanging their labor for housing and care. (Schene, 1998)

About fifty years later, the system underwent another evolution as Jane Addams began the modern practice of social work. Among her efforts to advocate for youth rights were the establishment of the juvenile courts and the introduction of social work as an occupation. (Hacsi, 1995) These systems eventually led to the rise of foster care as the preferred practice for housing orphaned youth. (Cook, 1995) In most contemporary Western societies, foster care is still seen as the preferred option for children with deceased, unsafe, or unhealthy parents when relatives or next-of-kin are unable or unwilling to provide housing or care, replacing large institutionalized settings. As foster care has offset the practice of childrens' homes as a long term solution, the term "orphanage" has evolved to serve as either a reminder of the present-day system's antiquated ancestor or used in the context of the developing world.

The Rediscovery of Orphanages

For a substantial amount of time, the term "orphan" was considered to be outdated, however two major events have led to its reemergence: the HIV/AIDS outbreak and the popular media's reaction to the discovery of children's homes in Eastern Europe around the collapse of the Soviet Bloc. (Bunkers 2010, Roby and Shaw 2006).

Orphanages began to resurface in popular Western consciousness amid the political and ethnic conflicts in Eastern Europe during the late 1980s and 1990s. Prior to

this time period, the communist nations of the Eastern/Soviet bloc remained closed towards Westerners, the media in particular. One of the key events that signaled the end of this era was the execution of Romania's dictator, Nicolae Ceausescu. Upon his death it was discovered that Romania had hundreds of orphanages throughout the country. The conditions of these orphanages were widely seen as horrific, with many children suffering from severe neglect and malnourishment. The Western media was quick to sensationalize the deplorable conditions of these orphanages, which were often overcrowded and understaffed. Many of the memorable images that surfaced were of rooms crowded with children sleeping on floor mats, almost all of them displaying cognitive and developmental disabilities. (Morrison, 2004)

During the Soviet Era, many Eastern European governments restructured their approaches to child care by abolishing private or religious OVC institutions and establishing state-sponsored institutions, centered around state ideology. As economic conditions worsened and populations grew, these institutions gave rise to "baby houses." These houses, originally intended to care for children without parental care ended up becoming recipients for babies with behavioral and cognitive disorders. Many of the children being raised in these houses were eventually recruited by organized crime leaders, furthering the social segregation of the children in these houses. This ultimately resulted in further neglect. (Callaghan, et. al., 2008)

More of these types of homes were discovered in Russia and the Ukraine, although the most striking images promulgated by Western media stemmed from Ceausescu's Romania, largely attributed to the dictator's heavy-handed repression on family planning. (Haupt, 1987) International charity organizations responded heavily

with aid donations and many citizens of American and Western European countries felt compelled to adopt. (Vitulo, 1991) As many of these adopted children began to display formerly latent signs of mental illness, psychologists and researchers took an interest in the population as an indicator of the psychological effects of neglect and other mistreatments. (Johnson, Edwards, & Puwak, 1993) This landmark moment in the history of OVC study has also presented another lens that has impacted dynamics in the field. The image of the overcrowded, desolate room lingered in Western consciousness and would be reapplied across cultures and political contexts whenever institutionalized children's care was a matter of concern.

The Globalization of Humanitarianism

The discovery of the baby houses and orphanages across Eastern Europe came at a time of unprecedented forms of globalization. The advent of the internet coupled with other political events, including the North American Free Trade Agreement and the liberalization of India, resulted in a growing consciousness about the interconnectedness of the world. This new wave of globalization also resulted in a surge of international humanitarianism. Humanitarianism, defined by Tester, is “how the West understands and acts out a sense of moral responsibility to the impoverished parts of the world and their threatened inhabitants.” (2010)

The discovery of the neglected children of Romania triggered humanitarian impulses in the West, and resulted in a renewed interest in the plight of children around the world. This interest spun into action, which came in the form of international adoption and Western participation in establishing or investing in OVC institutions. In

the later part of the twentieth century, close to a million children were placed with adoptive families via intercountry adoption. (Selman, 2009) In developing countries, NGOs began to assume the responsibility, previously assigned to governments, to ensure the survival, protection, and development of developing countries' youth. (Ferguson, 2010) While humanitarian interest that extended beyond national borders was hardly a new phenomenon, the intensity at which charitable motivations expanded in the 1990s was such that it began to depoliticize development and vulnerable population protection, making it a shared responsibility. (Conran, 2011)

Humanitarian interest became widely linked to the interest of international news media, responding to events that lent themselves to novel and shocking narratives. Media culture became intertwined with what Mostafanezhad described as “the geography of compassion.” (2012) This expanded on earlier critiques that suggested “humanitarianism means paying moral attention to others who are beyond one’s own immediate sphere of existence, and therefore it requires and involves an imagination about the world, about the relationship between the near and the far.” (Tester, 2010) This dynamic was easily evidenced by Western responses to media stories pertaining to children.

Two examples of the attachment of Western compassion to media sensationalism came from China and Sub-Saharan Africa. Adoption from East Asian countries grew particularly popular as Western media began to report on the disproportionate rate of abandoned girls in China. The one-child policy, coupled with a favoritism for sons led to the abandonment of an estimated one out of every twenty-five females in the 1990s. (Chen, et. al., 2015) Between 1989 and 1999, the number of babies adopted by the United States from China tripled. (Population Reference Bureau, 2003)

In Sub-Saharan Africa, the rampant spread of the AIDS epidemic had captured the attention of Western media outlets during the 1990s. A downwards shift in stigmatism towards the disease from the previous decade, coupled with the globalization of social consciousness sparked a nascent interest in the social impact of the disease. Sub-Saharan Africa bore the largest burden of the disease, and in turn received the most international interest. In the last two decades of the century, the average life expectancy in Sub-Saharan Africa decreased from sixty-two years of age to forty-seven. As many adults with the disease died in middle age, children were frequently left orphaned, many of whom carried the disease themselves. (Rodney, et. al., 2010) This proliferation of AIDS orphans quickly became the most high-profile humanitarian crisis throughout the region.

Orphans and Vulnerable Children in Sub Saharan Africa

As more attention was given to the AIDS crisis in Southern Africa, involvement and interventions from wealthy nations came at an accelerated rate. The European Union implemented a policy for disease reduction in Sub-Saharan Africa, addressing HIV/AIDS alongside malaria and tuberculosis. The United States and other Group of Eight (G8) nations increased their aid budget. In the charitable organization sector, programs and methodologies were restructured as a response to a burgeoning crisis, resulting in further donations. (Piot & Seck, 2001) Celebrity interest from the likes of Bono, Madonna, and Oprah Winfrey furthered a cultural interest in the disease. (Bell, 2007) Both international policies and individual efforts redirected a surge of interest and funding in order to combat HIV/AIDS.

International attention and policies towards the AIDS epidemic resulted in many favorable outcomes. In urban areas of Zambia, sexual activity decreased and the use of condoms increased due to local awareness initiatives. (UNAIDS, 2000) Private foundations and pharmaceutical corporations helped expand access to antiretroviral (ARV) treatments across the region. (Libreville Ministry of Public Health and Population, 2001) Workplace policies were also revisited to prevent HIV discrimination in hiring, particularly in South Africa where pre-employment HIV screening by government departments was outlawed by the Employment Equity Act. (ILO, 2001) Alongside these indicators of fruitful campaigns, however, came critiques towards the West's engagement with the epidemic.

In a study of American volunteer attitudes and behaviors in South Africa, Mothers reports how the representation of HIV/AIDS patients in South Africa reinforced the notion of Africa as the “iconic place for Americans to do good.” (2010) This expanded on a history of hegemony, with the West as the giver of goods, services, morals, and knowledge, and Africa as the recipient, all drawn from a lingering culture of imperialism. (Tester, 2010) Mass popular efforts, such as Bono's Product RED campaign to raise AIDS funding through an inter-corporate brand of products, were met with critiques of distancing the giving and receiving ends of the transaction and replacing the need for a contextualized understanding of poverty and AIDS. (Jungar & Salo, 2008) Numerous studies further revealed that the lack of context was impeding the efficacy of HIV/AIDS relief and advocacy, failing to explore how the disease not only affected orphans, but other children, caretakers, and South African society as a whole. (Monk, 2002) A more

contextualized understanding would also take into account the transitional challenges of post-apartheid South African society as well as the links between the disease and the pervasive poverty among those it afflicted. (Grainger, et. al., 2001)

Orphanhood in South Africa became characterized by a single narrative of the HIV/AIDS epidemic claiming the lives of two parents before their children had reached adulthood, leaving those children at the mercy of an orphanage where they would receive food and shelter while waiting to be adopted or to age out of this system. Many of these children would suffer a lack of resources, an absence of adults in their social development, and a separation from siblings, family, or their former home environment. While these conditions could accurately describe the situation of many South African OVC, qualitative research by Giese revealed that these descriptors were far from an exhaustive characterization of orphans and vulnerable children in South Africa receiving some form of extra-paternal care in the absence of biological parents. (2003) Once again, the AIDS-crisis created yet another lens that affected the dynamics of OVC care, one which gravitated towards sub-Saharan Africa as a locus of attention. As in previous cases, this is a lens that is nearly impossible to entirely discard. Studies, however, benefit from being cognizant of its presence.

Among the populations overlooked by such a narrow characterization are children of deceased parents who received care from kinship networks based on their townships, children in danger of becoming orphans due to paternal health, children in danger of becoming “twice orphaned” due to the age of their grandparent caretakers, and the non-

parental adult figures active in childrens' lives who would be affected by a systematic approach to child care. (Morgan, 2000) In some forms, aid and development bodies sensed a need to adapt their language. UNICEF and USAID both moved from referring to their target population as “children orphaned by AIDS” to “orphans and (other) vulnerable children.” (UNAIDS, et. al., 2000)

The critique of institutions

Are institutions the best approach?

The discovery of the Romanian baby homes and their deplorable conditions has had a tremendously negative effect on the public's view of institutionalized child care. This is reflected in much of the scholarship surrounding institutionalized child care across international settings that aims to evaluate or critique the practice. The majority of studies have covered populations of institutionalized children in search of malnutrition indicators, psychological distress symptoms, or other signs of developmental challenges. A good portion of these studies suggest inadequacy on the part of institutions through statistical measures. The question of causality also remains in play. Most of the negative factors often attributed to institutionalized child care are also linked with higher rates of orphanhood.

It still remains that a large amount of literature surrounding institutionalized children exists that describes poor psychological health and other undesirable outcomes. Many negative effects have been seen in measures of child development. (MacLean, 2003; Smyke et. al., 2007) Many of the institutions that have been studied for food security have revealed food shortages, a lack of quality nutrition, and malnourished

children. (Rutter, et. al., 1998) The majority of those studies were conducted in Eastern Europe in the 1990s. Numerous studies have linked institutionalization with a stunted physical development of children. (Smyke, et. al., 2007; Wilson, 2003)

Given the conditions under which children are placed into an institution, many studies have sought to evaluate the efficacy of institutionalization relative to other alternatives, such as foster care. Some have found that institutionalization is one of the more effective means of providing for material needs, food, security, and nutrition. In spite of this, institutions still lack the empowering benefits that more personal engagement with caregivers could provide. (Wolff & Fesseha, 1998) Group homes were found to be associated with impaired social functioning and delayed cognitive development. (Drew, Makufa, & Foster, 1998)

There have also been a number of reported advantages linked to institutionalized care. For countries with low food and resource security, children living in group homes or institutions had better nutrition scores compared to children living in family settings. This is perhaps due to the communal nature of such a residence, coupled with a greater ability to conscript donated resources. (Braitstein, et. al., 2013) Some studies have found institutionalization and the social opportunities it creates to be factors that contribute towards a child's resilience. (McCall, et. al., 2013; Nelson, et. al., 2007) Children with AIDS living in an institutionalized setting may have more social support to help combat the effects of stigma compared with a family setting. (Morantz, et. al., 2013) Some research has even concluded in favor of reintroducing institutionalization in more developed countries because of the stability they provide in comparison to foster care. (Allen & Vacca, 2011) The problem with these studies is that in a pragmatic sense, most

societies do not have an option and must adopt institutionalized child care to cope with a large volume of children who need care.

What are the alternative options?

Instead of simply evaluating South Africa's OVC institutions on the basis of good or bad, it is more pragmatic to evaluate them as favorable or unfavorable over other alternative solutions. The factors which contribute to high rates of OVC populations also reduce the amount of able caretakers, thus foster care does not present itself as a feasible alternative. Adoption has been a widely explored approach, however the majority of caregivers reported that they would be 'extremely unhappy' about the prospect of domestic or international adoption. (Freeman & Nkomo, 2006) Given that for most children, the alternative to institutionalization would be street living, likely coupled with participation in illicit activity, institutionalization could actually be seen as a protective defense. (Boyer, 2008)

A recent study by Braitstein argues that the preferential approach to orphan care is contingent upon the child's actual circumstances. (2015) In any scenario, whether in an institution or through extended family traumatic experiences are not uncommon, and another study has found there to be no difference in the prevalence of traumatic events between institutionalized children, and those in family-based care. (Gray, Pence, et. al., 2015) Braitstein's argues that the top priority of researchers should be on how improvements could be made in any OVC-care setting. In order for improvements to be made, more research that describes OVC living scenarios should come to the forefront in lieu of the current saturation of studies seeking to evaluate one system over another.

Lost in Translation

Definitions and Stigmas

“It is rare that one encounters an article or report about the impact of AIDS on children that does not make reference to current estimates and/or projections of orphan numbers. This is not a problem in itself – far from it: statistics can be rhetorically persuasive and important in advocacy work. However, the recurrent lack of attention to providing clear definitions of the ‘orphans’ thus enumerated risks questionable conclusions.”

– Mientjes & Giese, 2006

While the variations in living circumstances across South Africa already made orphanhood a difficult concept around which to develop an adequate terminology, more challenges arise out of South Africa’s linguistic diversity. As Nelson Mandela’s administration reconfigured governmental structures to embrace the pluralism of South Africa’s population, eleven different languages were recognized as official. In the majority of the languages of African origin, there were no words for “orphan” that did not possess a strong connotation which altered its utility.

Among South Africa’s indigenous languages, there are four terms which serve as translations for the English word *orphan*, each slightly altering its connotation. While the Xhosa term, *inkedama*, signifies a child without a parent or caregiver, its linguistic root, *kedama*, implies having been abandoned or outcast. (McLaren, 1969) In the Xhosa

culture, where things, concepts, and persons are given their identity through relationship, this word loses its utility in many instances of institutionalization. If the orphaned child goes on to form a new attachment with an assigned caregiver, the strong connotations of abandonment may no longer be as appropriate. On the other hand, if connotations that come from the word are internalized by the child, this may serve as an impediment to that attachment being formed.

Many other South African languages recognize the societal role of orphans through the relationship between orphanhood and poverty. Thus many speakers of Zulu, widely spoken around the areas of Johannesburg and Pretoria, will refer to orphans and vulnerable children with the term *intandane*, which may be literally translated as orphan, but with strong connotations of poverty. These connotations are significant enough so that many people, including adults, living in impoverished areas may refer to themselves as *intandane*. (Mientjes & Giese, 2006)

The terms *kgutsana* or *kgutsana ya kgudu* have been widely used as a term for orphans and vulnerable children in prior research conducted in the Southern Sotho-speaking areas. (Carstens, 2000) However, these terms carry the root *-sana*, which carries the implication of having nothing or being destitute. The term is heavily stigmatized and in local communities is largely avoided. The weight of its connotations make the label an insult to an individual, and to the implied family that has abandoned the child or failed to provide adequate support and care.

What makes an orphan an orphan?

South Africa is not alone as a country where native languages add or subtract from the meanings and connotations provided by the word, *orphan*. Ennew makes the argument that the term lacks a uniform, global definition. (2005) Across Sub-Saharan Africa and Southeast Asia, its linguistic equivalent is often used liberally, regardless of parental mortality. Across these regions, these terms typically have implications concerning the environment and condition in which a child lives, rather than the reasons why he or she might have ended up at that setting. (Pelton & Forehand, 2005)

Academic research is in alignment with the social utility of the word *orphan*, as much of the existing literature employs a fluid definition of the term. Sherr conducted a systematic review of the term *AIDS orphan* to ascertain how it had been defined across studies from various disciplines, and what effects the definitions have had on the outcomes of those studies. This analysis cross-categorized papers by how children became coded as orphans. A search across Medical and Social Science Indexes, the Bangkok AIDS conference of 2004, and the Toronto AIDS conference of 2006 showed that over 71% of abstracts did not provide a definition of the term *AIDS orphan*. Of those that did, the most common definition given was that of a child who had lost one or both parents. (16.7%) (2008)

A key difference between the common use of the term *orphan* in Sub-Saharan countries and the way it is used in academic discourse is at whether definitional criteria are qualitative or quantitative. In many academic papers, the term is applied based on more quantitative measures: an age range and the death of one or both parents. In Southern African societies, the term becomes relevant under qualitative conditions: poverty, institutionalization, or living on the street. However, both societal and academic

uses of the term are fluid, confirming the challenge of presenting a uniform meaning of the word orphan, void of the effect of stigma.

Two studies from Zimbabwe both accounted for a mixed typology of orphans, including paternal orphans, maternal orphans, and double orphans, the latter defined as children who have been orphaned by the death of their grandparents who served as their caretakers after parental death. (Nyamukapa & Gregson, 2005; Nyamukapa, 2008) Surveys across Sub-Saharan Africa by Monasch limited the range of ages to those under 15, (2005) while a study from Uganda considered those under 18 years of age. (Sarker, 2005) Studies conducted in Malawi, Guinea-Bissau, and Ethiopia considered their respective societies' maternal responsibility for child-rearing and defined orphanhood by the death of a mother, regardless of the father's status. (Crampin, 2003; Masmus, 2004; Bhargava, 2005) Blignaut's pediatric health study defined orphanhood in a more similar way to how it is perceived by South African society by basing its definition on residence in a home for orphaned or abandoned children. (2007) Cluver, also avoided a specific definition of orphanhood, instead defining its control group as those children who had "not experienced a parent dying." (2006) Among the Sub-Saharan countries included in the Sherr, review, the common distinction among described orphans is their inability to live independently and the necessity of institutionalized care or some variation of adoptive or foster parenting.

The other common association that accompanies the label "orphan" is that of social stigma. The social implications of the definition are pronounced enough so that the term is more likely to be reserved for children in destitute situations only. Zambia issued a report on Orphans and Vulnerable Children which stated that 'although all languages in

Zambia have a word for “orphan”, it would not traditionally be used – or even thought of – for a child living with an adult relative.’ (Government of Zambia, 1999) The connotations found within the root words of indigenous languages’ translation of the word all imply some manner of destitution or undesirability. As many of the languages spoken in South Africa’s neighboring countries come from similar linguistic families and origins, the connotations of abandonment or having nothing are also present. All of these variations demonstrate that in order for a study to be fully-informed, its conceptualization of OVC should be as informed by local definitions as it is by global perceptions.

The stigma attached to the term “orphan” has caused psychological distress among many OVC in South Africa. AIDS-orphaned children have been found to have an elevated risk of mental health issues, including post-traumatic stress disorder or debilitating depression or anxiety. The presence of a surrounding community that continues to affirm the child’s sense of belonging, or a care-taker who has shown a willingness to inherit responsibilities for the child’s well-being were found as protective measures against such outcomes. (Cluver, Gardner, & Operario, 2008) These findings reflect the association between orphanhood and abandonment and undesirability. It is not within local customs to identify children as orphans entirely based on the fact of biological parent mortality as the term is seen as synonymous with being unloved and lacking care. (Mientjes and Giese, 2006) With these considerations, it becomes all the more concerning that Western charity organizations incentivize the identity marker of orphanhood in order to provoke sympathy from donors.

From Townships to Institutionalization

“When people start an orphanage, they tend to focus on the needs of the most vulnerable children... What we’ve found through our research was that vulnerability was not taken away as the children grew up. It was actually just delayed until the children left... there are not orphanages because there are orphans, there are orphans because there are orphanages.”

– Chhin, 2015

In Cambodia, fewer than 40% of children under 18 living in orphanages had neither parent alive. (USAID and Holt International, 2005.) It is statistics like these that fully reveal the disparity between the Western definition of orphanhood– the death of one’s parents, and the one at play throughout the developing world. Throughout Sub-Saharan Africa, the term “orphan” is much more associated with homelessness and living on the streets than it is parental mortality.

An assessment of institutionalized housing for OVC in urban South Africa requires an understanding of housing patterns and living situations of the local populations with the highest rates of parental mortality. Housing alone is a complicated topic in South African society, as one of the biggest markers of societal division during the apartheid era. (DuPlessis, 2004) Historically, white South Africa sought to maintain policies which kept the majority African population separated from its business and residential districts. Africans were societally defined at the time period as the black ethnic groups comprising South Africa’s population minus its White English, White Afrikaaner, and South Asian populations, with descendants of interracial couples receiving a third distinction of *colored*. African ownership of land or property was restricted to extremely

rural areas. Informal settlements nearby major cities also sprung up as unrecognized areas that housed black populations. (Porteous, 2005) This segregation contributed towards conflicts of power and control between white and African residents living in close proximity based on class issues, identity, and a sense of place. (Oelofse and Dodson, 1997)

Throughout the apartheid era, townships were recognized as the space assigned to South Africa's black communities. These townships served as epicenters of black consciousness throughout the late 1980s, as both artistic expressions and political revolts sprung up in townships around major cities. (Penfold, 2015; Sapire, 2013) Townships such as Ginsburg, Alexandria, and Soweto gained a higher profile at the same time period as activists such as Stephen Biko and Nelson Mandela rose to prominence. These settlements were defined by a number of features: shanty style housing, crime and violence, and disengagement from South Africa's public services. Today, South Africa's townships are often overcrowded and enclosed, owing to a past strategy to limit the social mobility of African workers. Houses are typically made of brick or cement blocks and tin roofs, and consist of minimal space. (Demissie, 2004) South African public services have historically minimized their engagement with these areas and they have often been prone to vigilante enforcement, gang activity, high crime rates, and continual violence, all of which are cyclically reinforced by continuing impoverishment and high unemployment. (Muyeba & Seekings, 2012; Ramphele, 1992)

The townships are significant in OVC discourse because of the links between ethnicity and poverty with HIV/AIDS and other factors that contribute to a high population of children without caretakers. Numerous links have been found between

features of South African townships and contributing factors to a child's status as an OVC. These include links between poverty and AIDS (Cluver and Orkin, 2009; Makame et al., 2002), ethnicity and life expectancy (Neff, 2005), ethnicity and access to medical services (Neff, 2005), and equality and human development. (Alkire, 2002) Because many of South Africa's black ethnicities continue to reside primarily in townships and many OVC come from black ethnic groups, (UNICEF, 2005), it is important to see how close familial relationships are important for survival and wellbeing in a township setting. Ethnographic research has shown that jealousy and envy over scarce resources has led to tension between neighbors in many township settings. (Ross, 2010; Bray, 2010) The immediate home and family setting and the security and privacy it provides is seen as an important means of survival in urban townships. (Ross, 2005)

Street Children and Southern Africa

Poverty is widely associated with South Africa's townships and urban settlements and its effects are most drastically felt by children. About 10-14 million children in South Africa live in poverty, primarily because large numbers of children are more concentrated among poorer households. (Streak, 2004) The AIDS epidemic amplifies the effects of poverty, and the demand of supporting entire families and neighborhoods is ultimately directed towards informal support networks. (Sogaula, et al. 2002) Many of South Africa's OVC population are compelled towards street life. Street life, in this regard, can be seen as the phenomenon of either homelessness and the necessity of taking shelter in public urban spaces, or the participation in gang activity as a means of livelihood or sustenance. Links between poverty or economic inequality and crime, as well as

homelessness, have been widely reported on. (Pare & Felson, 2014; Hipp & Yates, 2011; Kelly, 2000; Whitworth, 2013) Burnett describes gang activity as a manifestation of poverty, where the lack of resources creates a thrust for survival that mobilizes traditionally non-productive members of a household. Gangs in this scenario form a network that allows the individual, and subsequently his or her family, access to resources that would be unavailable otherwise, including both material goods and intangible benefits such as agency or status. (1999)

The linkage between South Africa's OVC population and its population of homeless 'street children' is so substantial, that many argue that the two should be considered pseudo-synonymous. A claim, such as the one issued in a UNICEF report entitled *Africa's Orphaned Generations*, that most children living on the street in a major Sub-Saharan African city are orphans, implies a relationship between parental death and homelessness. (2003)

The UNICEF report also revealed that 78% of the surveyed homeless children had a surviving parent. The inclusion of homeless children in a report on orphans suggests that street children face similar challenges as those afflicted by the death of one or both parents. In both scenarios, the role of child-headed households is considered a major contributing factor. With the demise of one's immediate family, an OVC from a township must resort to either a next-of-kin within the township in order to guarantee protection or find a way of maintaining the household, including younger siblings. (Ramphela, 2002) A disrupted family structure thrusts a child in the role of provider and caregiver, resulting in complex family dynamics, especially when disruptions occur within a family several times, leaving the child caregiver with the responsibility of caring for a mixture of

relatives and inherited kin. (MacLellan, 2005) Children participating in street activities do so under a diverse array of circumstances. They may or may not return home every night. Typically they maintain contact with their extended families, but may have severed those relationships. In other instances, they may move in and out of the house of a relative. (Baker, 1999; Panter-Brick, 2002)

“A cynical analysis of the development discourse would find that AIDS orphans have become the new category of ‘vulnerable children’ requiring special protection and attention. In this respect, AIDS orphans can be added to a list comprising ‘street children’, ‘trafficked children’, child soldiers and children engaged in hazardous labour, all of whom have had their turn in the spotlight over the last two decades.”

– Bray, 2004

As Bray’s quote suggests, the reasons for children to lose their original family and to be forced into a lifestyle of desperation are widely varied. In addition to parental death or dire poverty and homelessness pushing children into a position of vulnerability, other factors may include a surviving parent’s inability to care for children due to ill health, or a prominence of crime and gang activity in a child’s immediate surroundings, increasing that child’s risk of conscription.

Who Lives at an Orphanage?

The question remains of how to categorize the population of children residing in and receiving care from an institutionalized setting. Children residing at institutions may have both parents, one parent, or neither parent deceased; they may be twice orphaned in the event of a grandparent's death. (Nyamukapa & Gregson, 2005; Nyamukapa, 2006; Monasch, 2005; Crampin, 2003; Masmus, 2004; Bhargava, 2005) Children residing at an institution may still be connected to older siblings or other family members who remain invested in the child's development while relying on the institution for partial support. (Ramphela, 2002)

Not all children residing in an institution are parentless, and not all of South Africa's children who are without parents reside in an institution. (Henderson, 1999; Jones, 1993) Across Sub-Saharan Africa, family structures are traditionally non-nuclear, and a continuum of adults may provide care upon parental death. (Giese, 2003) The strain of resources and societal challenges, coupled with the rapid rate at which the HIV/AIDS epidemic proliferated orphanhood and destitution, families and local communities have more recently encountered a difficulty in responding to the expansive needs of orphaned children that lacks a historical precedent. (Bequele, 2007) Furthermore, the post-apartheid era has seen weakened networks, greater residential instability, and more instances of widowhood, divorce, and abandonment. (Berg & Schärf, 2004; Nina, 2000; Breetzke, 2010) Cape Town area surveys reported that only around 50% of children in the area reside with both biological parents, with absent fathers being the most frequently reported alternative. (Bray, et. al.. 2010) These various challenges have resulted in a heavier dependency on institutionalized care only in more recent decades.

Taking into account the wide variety of contributing factors towards one's residence in an institution, it would appear most judicious to simply characterize the population of South Africa's institutionalized OVC by their residence in an institution. This approach has been effectively applied in previous studies, and reflects a more local perception of the population. (Blignaut, 2007) More recent scholarship has criticized the application of fixed categories of OVC inclusion as being more stereotype-based than contributing towards a complete understanding. These studies have favored more fluid criteria. (Connolly & Ennew, 1996; Panter-Brick & Smith, 2000)

The Challenges Facing South Africa's OVC Population

Limited Resources

For most institutions, the first and most immediate challenge to respond to are at the base of Abraham Maslow's hierarchy of needs. Maslow, in his theory of human motivation, described a series of human needs starting with those essential for physical survival, graduating to those that provide a framework of meaning and direction. At the foundational level of his hierarchy were physical needs which included food, shelter, air, and safety. (1943) These issues are typically the first thing that a center must ensure it is able to provide.

While much literature and public perception seems to indicate an underestimation of the diversity of reasons for the institutionalization of OVC, these children do often share a number of similar challenges that can be considered challenges associated with institutionalization. (Bequele, 2007) One of these common factors is poverty or a lack of adequate survival resources. In 2014, South Africa's population underneath the poverty

line reached 21.5%. (Statistics South Africa, 2014) The ubiquitous poverty in South Africa is widely associated with the frequent occurrence of homelessness, joblessness, or shack residence. (Tshetereke 2009; Cross, 2008) Because of the links between this impoverishment and the lack of suitable childcare, institutionalization is often seen as an alternative to street activity. (Bray, 2004; Streak, 2004; Ramphele, 2002) As a result, the institutions are often in need of resources themselves, most commonly from private charities that serve as a safety net in the absence of politically established social interventions. Although most of the research that has linked institutionalization with poor quality food and malnutrition has come out of Eastern Europe in the 1990s, (Rutter, 1998) similarities in contributing factors around Sub-Saharan Africa may suggest a similar strain on some institutions to provide adequate services. This desire to stimulate resource donation often fuels the perpetuation of myths about contemporary orphanhood.

Greater Risk of Criminal Activity

A widely-reported link exists between the lack of resources felt by South Africa's OVC and a likelihood of participation in criminal activity. This link sees an especially high correlation in urban environments around major metropolitan areas. High levels of crime in neighborhoods of Cape Town, Johannesburg, Pretoria, or Durban are suggested to come out of a culture of criminality that has been psychologically bred by apartheid. (Whyte 2010; Shaw & Gastrow, 2001) South Africa's urban neighborhoods and townships have served as recent epicenters of the growth in violence. Such crime and violence has had a pronounced effect on South Africa's youth. Due to the AIDS epidemic, over a quarter of the nation's population is below 24. This makes youth

criminality one of the most urgent aspects to the challenge of crime in the country. (Leoschut & Bonora, 2007) A sizable percentage of the violent crime committed is by perpetrators between the ages of 12 and 22. (Burton, 2007) A significant portion of homicide victims within South Africa are teenage males who suffered an attack from acquaintances during a display of antisocial behavior. (Seedat, 2009) The orphans living in urban areas in Johannesburg are prone to suffer from an exposure to violence. A 10-year study revealed that the effects of community-level violence were of the same severity as family violence, although it tended to manifest itself in symptoms of PTSD rather than developmental challenges. (Barbarin & Richter, 2001) Children who had been direct victims of violence suffered even more psychological distress. (Shields, 2009)

One of the areas of Johannesburg most associated with crime is the area of Hillbrow, which is also the location of 5Cees. Hillbrow is a neighborhood within what was Johannesburg's Central Business District during apartheid, and today it serves as a prominent case study of urban violence in South Africa. It is densely populated and consists primarily of high rise apartment blocks, hotels, and storefronts built in the 1950s and 1960s. The neighborhood long been a center of racial tensions, from the efforts to remove Black residents in the 1970s to the influx of Black residents post-apartheid. Most of its current residents are migrants from Johannesburg's townships, provincial rural areas, or immigrants from other African nations, primarily Nigeria and Zimbabwe. (Morris, 1999) Many of these migrants have turned to Hillbrow's illicit industries to attain survival resources. The area today is notorious for its high rates of inner city crime, its sex industry, and its economy of drug dealing, all of which take place within Hillbrow's hotels, as well as outdoors on its streets. (Leggett, 2002; Stadler & Delaney,

2006) A significant portion of the criminal activity in Hillbrow is conducted by minors. (Mpete, 2000) Children are also highly susceptible to physical attacks and abuse. Over half of the children living on the streets of Hillbrow have reported being threatened with weapons, physically or verbally attacked, or sexually assaulted in order to commit crimes involving theft or drugs. They have also shown a greater likelihood to develop addictions, or to become manipulated by gang leaders or pimps. (Boyer, 2008)

Mental Health and Developmental Effects

Perhaps the most recent lens through which OVC have been represented in research is that of mental health. There has been no shortage of research conducted to conclude that OVC in South Africa face numerous mental health challenges as a result of their orphanhood or vulnerability. Children of deceased parents must face the direct impact of grief and bereavement. (Rotheram-Borus, 2005) Resultantly, children must then face the further development years without the emotional support and guidance ascribed to the now vacant parental roles. (Cluver, 2011) Other stresses come from the economic and environmental challenges of survival that a child must face, which are further magnified when the wellness and survival of a younger sibling also is at stake. (Cluver, Gardner, & Operario, 2009) For children whose parents have not passed away but are still affected by sickness, there is an added stress stemming from the uncertainty of parental survival.

A series of cross-sectional studies have identified that OVC in South Africa face higher psychological distress than children growing up in traditional family settings. These include higher scores of depression, anxiety, and post-traumatic stress. (Cluver,

2012) In a study on mental health problem prevention, Thupayagale-Tshweneagae and Mokomane reported children's responses to parental death or disability including statements of 'I felt like killing myself'; 'It is very painful'; and 'I am lonely'. (2006) Many orphaned children are likely to need even more emotional support from new caregivers after having to endure the stress of parental illness, followed by the stress of parental death. (Wild, 2006) Children who have been identified as AIDS orphans may face stressors resulting from the associated stigma. (Richter, Foster, & Sherr, 2006) A study by Drew, Makufa, & Foster (1998) found a disproportionately high occurrence of cognitive development delays and social impairments among orphans against a control group of nonorphans. Other studies have revealed extreme distress (Atwine, Cantor-Graae, & Banjurnirwe, 2005), grief (Cluver & Gardner, 2006), and a vulnerability to exploitation (Punaks & Feit, 2014) are also pervasive risks prevalent in the OVC experience.

Gaps in Scholarship

Studying for Differences

The Mientjes & Giese study is one of the few that sought to study OVC terminology, for differences and disparities rather than shared characteristics. (2006) While many researchers have acknowledged the diversity in the make-up of their study populations of OVC, most have studied children for common traits and recurring patterns instead of differences. (Pare & Felson, 2014; Whitworth, 2013) With many studies applying definitions or approaches to orphanhood terminology based on Western constructs or false assumptions of uniformity, contributions to the small body of work

highlighting the diversity of situations that could lead to a child being categorized as OVC or the diversity of challenges that children in a single institution face could help restore some of the discourse's missing nuances.

Ethnographic Approaches

Many of the studies of OVC have relied on either a local curation of a population or a sample size stemming from one or more institutions, based on the assumption that the children within an institution would share similar causes and measures of vulnerability. (Delva, 2009; Nyamukapa, 2010) These assumptions have been made with a fair amount of validated accuracy by the studies that followed, which suggests that institutions are an appropriate field for studying OVC, provided that the omission of children living with caregivers established by kinship networks, street children, children living under child-headed households, or in other scenarios is at minimal risk of altering results.

As institutions show potential as a research field with a resident population, sociologically driven studies may be more effective in shaping an understanding of daily life for a child living at an institution than a more quantitative study or binary-based survey. Soliciting direct opinions and responses from children themselves to help craft this portrait is a method that has been occasionally employed, although not to the point where the responses have been seen to guide further research. Methods including participant observation and in-depth interviewing have been used minimally, thus far, and show promise as ethnographic tools. Few ethnographic approaches have been taken towards studying OVC populations, presenting a prominent gap in the literature.

One substantial exception to this trend was Thupayagale-Tshweneagae & Mokomane's study on the needs of South African adolescents orphaned by AIDS as evidenced from the elicitation of photography. (2013) Using Photo-Voice as a qualitative, ethnographic response, the study was able to reveal the significance of the bereavement process for grieving adolescents, to ascertain the importance of hope and having a support system in some form, and to affirm the importance of receiving acceptance from a new caregiver. The photographs gathered by their study provided a means to gain insight into the experiences of the adolescent population in ways that would not have been fully represented by words, much less a more quantitative form of analysis. A proposed advantage of photography or other visual methods in research is the argument in favor of its ability to record non-verbal components of an interaction that do not transfer into writing. (Weidel, 1995) The study revealed insights with much in common with those gathered by quantitative researchers, but provided more depth to understanding the adolescents' own understanding of bereavement. Studies employing photographs and other means of representing and processing a regular life experience of a polymorphous research population serves to encourage an active participation by informants.

Research Questions

All of the gaps in scholarship suggest several questions which I will attempt to answer through my research— Who are the children living at one of these institutions? Where did they come from and how did they end up at this care center? What are their

various needs and challenges? How does such a center approach the challenge of caring for them? Does this institutional approach appear to be working or not?

These questions are responsive to the challenge put forth at the end of Braitstein's article, calling for research to go beyond asking whether institutionalized childcare was good or bad, and to begin asking how these institutions can be improved. (2015) John Bryson argues that one of the most critical components in improving an organization's operations is a clear understanding of the problems and solutions it faces along with a clear sense of its mission. (2004). Braitstein's challenge, then, could be approached by answering my questions surrounding the needs of the children and the care the center provides. I will explore how one center in particular seeks to improve in the lives of children and what it has determined to be the non-negotiable components of the childcare it provides.

In order to answer these questions, I will spend the next few chapters describing the results of immersing myself in a center, directly observing and participating in the lived experiences of its children. I will discuss what I saw through the framework of their stages of life- early childhood where they enter the center, the day-to-day challenges made more obvious after a period of adjustment and continuing into middle childhood, and their preparation for an adult life afterwards. The details will be described in the chapter that follows.

CHAPTER III

METHODS

Design of the Research

Christ Church Child Care Center, also known as 5Cees, is a childcare institution located in Hillbrow, in urban Johannesburg. Its campus consists of three multi-story buildings constructed around a central courtyard. This design allows for some insulation from the outside street area which is densely populated and widely considered unsafe due to crime and violence. Each of the different units acts as a dormitory for children who are separated by gender and age. The teenage boys occupy one wing, and the teenage girls another. The younger children are divided even further, into smaller groups, which allows them to receive more attention from their caregivers. Each unit is also occupied by one or two care mothers.

The center houses anywhere from 40-50 children at a time, ranging from children as young as three, to children on the verge of aging out at twenty years old. Some of these children have surviving parents, or older siblings who live in impoverished settings around Hillbrow or nearby townships. Many of the children have relocated from townships themselves due to parental illness. In many instances, it is common for children to receive visits from siblings or other relatives, or to spend holidays away from the center with their family members. Because the population it serves bears so many trademark characteristics of OVC, 5Cees served as an ideal site for my research.

I designed a study that incorporated participant interviews, observations from living at the center, and the collection of visual images from its resident children in response to various prompts. From these practices, I was able to construct a portrait of

their lives at the center. As previously described in my literature review, a variety of lenses have complicated the popular perception of OVC. The design of this study intends to allow my observations of daily activities to construct a portrait of the institution.

My research will be based on a few assumptions:

(1) Some of the biggest problems in popular perception of OVC have come from overreliance on reductionistic data. Findings that rely heavily on numerical values and categorization tend to obscure important nuances. Past studies have favored quantitative measures, so I sought to compensate for this imbalance by including non-quantifiable insights based upon observations, testimonies, and descriptions.

(2) This study takes for granted the fact that improving OVC care in Urban South Africa is a desirable goal. However, because the meaning of “improvement” is subjective, I invited the center’s children, staff, and director themselves to define the standards of a “good childhood.”

(3) Because OVC discourse has been heavily shaped by Western perspectives and outsider narratives, I made every effort for the participants of the study to have a say in deciding what findings were significant.

Ethics and Human Subjects

In order to ensure an ethical approach to this study, I submitted a request for approval from the Human Subjects Board at the University of Oregon. I worked with the review board in order to ascertain that the design of my research presented no substantial risks or dangers to the population being studied. I submitted a summary of my proposal for this research program, including the questions I planned to use during my interviews. I received approval on November 5, 2016 for my proposal, protocol #09112015.005.

Principles of Ethnography

My study was based upon the principles of ethnography, most notably, the principle of reflexivity. Reflexivity, as an ethnographic term, is an awareness that the researcher is part of the world being studied and that it is impossible to totally position oneself as a detached observer. (Hammersley & Atkinson, 1983) Ethnography allows the researcher to respond to this awareness by learning about a group through immersion and participation in their environment. It proposes that some studies are more effective through this sort of immersion rather than targeting an unrealistic position of total objectivity.

A key advantage to an ethnographic approach is that it allows for a great deal of nuance. It also allows for research subjects to shape how data will be interpreted by pointing out directly which observations are important to focus on. Being able to explore different profiles of children living at an “orphanage” would allow more nuanced understandings of the many dimensions that being an OVC might encapsulate. Many researchers, especially from mental or physical health backgrounds, have been forced by their discipline’s conventions, to apply population boundaries that do not always exist in

the societies they study. A common criticism of ethnography is that it sits on the opposite end of the spectrum, being extremely vulnerable to hyper-subjectivity. Subjectivity is inevitable and even in quantitative studies, subjectivity is present in the form of determining which phenomena will be counted. In my study I sought to counterbalance subjectivity through the amount of time I spent at the center, the broad range of experiences I had while staying there, and the multiplicity of voices I allowed to inform my understanding.

Observations and Interviewing

During the entire three weeks I was in South Africa, I lived on the campus of 5Cees full time. The center has a limited number of apartment flats where it houses volunteers and other visitors if they have traveled internationally. I stayed in a flat equipped with a bedroom and kitchen facility, and I paid a small donation in order to help with operating expenses in exchange for my stay. Living on site allowed me to interact with the staff and children constantly over the course of three weeks. I shared the mealtimes with the kids. During peak times of activity, including when the kids would return from school, I made it a point to be present out in the courtyard. The courtyard served as the central location of most play and social activities, and by being physically present in its space during children's free time, I was able to observe and interact with most kids at a variety of ages.

A predictable flow and rhythm to life at the center allowed me to anticipate the presence of children and to position myself towards effective observations and interactions. Children woke up each day as early as four to make use of limited restroom

facilities before beginning a long bus ride to school. They would reappear at the center around three the afternoon, when they would have a short snack break, homework supervision, and then dinner. I participated in these activities either socially or in a voluntary role such as tutoring. I was free to go into the recreation room of the teenage boys' dormitory during leisure hours which allowed me to spend time around the children at a more unstructured time of day. Living in proximity to some of the younger children afforded me that same level of access but for a younger age. Participating in mealtimes allowed me to notice patterns in conversation, gossip, and joking. Joining the children during supervised homework time gave me the opportunity to notice their habits during times of work and study. Whenever there was an organized group activity at the center involving all the children, I made sure to participate as fully as I could. During parts of the day while the children were in school, I took the opportunity to spend more time with the staff, observing and assisting with administrative chores and errands while talking to workers about various aspects of their lives and roles.

The focus of my research was operations, challenges, approach, and dynamics of 5Cees. I wanted to examine both the perspective of the center as an organization and its staff and children as individuals to construct an understanding of the relationship built between the different parties. I sought an understanding of how the center worked to overcome challenges associated with childhood and how they worked through differences in philosophy and approach. I found that the most helpful way to approach such a complicated issue was to structure my observation around the three stages of life at the center, which generally corresponded with three stages of institutionalization— intake, residence, and aging out. Therefore, I explored the process of intake and what that

suggests about children's backgrounds prior to arriving at the center. I looked at how the center meets recurring struggles and finds the resources to meet children's needs during their upbringing. I also looked ahead to the aging out process to determine what kind of adulthood the children were heading towards.

I constantly took notes and committed to memory details such as physical space or social atmosphere. I sought to expand those observations into an interpretation of the challenges and opportunities that come with living at the center. I paid close attention to the daily schedules that the children adhered to, practices in discipline and how ethics were taught and enforced. Also of interest to me were relational ties, between peers, or between staff members and children. I made an effort to recognize the dynamic between biological siblings, or pseudo-sibling relationships that had developed. One other observation that could not be ignored was how the center's boundaries acted as an insulator between the children and the environmental violence.

While living at the center, I sought out individual interviews at non-disruptive times, so I could gain some deeper insight to go along with my observations. Depending on whom I interviewed, I chose an age-and-role-appropriate set of questions, focused on each individual's experience with the center and their own perception. These questions can be found in the appendix section at the end of this report. I also interviewed adults and staff members during the day, while the children were at school and while they were more free to talk for a longer amount of time. I interviewed children during open periods of free play or recreation or even meal times, usually when they were undistracted and an opportunity for a longer conversation presented itself. I made sure that my interviews included a diverse range of informants from the center, including its director, a long time

teacher, a care mother, a social worker, older children who have resided at the center for a long amount of time, children who are newer to the center, and younger children.

Depending on how old the interviewee was, and on how comfortable they appeared, my interviews lasted anywhere from 10 to 45 minutes long. These interviews were frequently interrupted, however, which made it difficult to measure the overall amount of time committed specifically to the asking and answering of questions. I used shorthand inscriptions to take notes during interviews, but only as much as was necessary to ensure I would remember everything mentioned. I wanted to avoid excessive formality that might have resulted in the interviewees becoming more inhibited with their answers. I later stored my notes on my password-protected computer so I could later incorporate them into my finished research product. In total, I interviewed 40 persons including staff members, children, and other associated individuals. The numerical breakdown of interviews is given in the following table:

Interviewee	Number
Administration	3
Other Staff	6
Children (Age 5-8)	8
Children (Age 9-12)	7
Children (Age 13-20)	7
Former Residents, Now Grown	4
Board of Directors Members	3
Volunteers	2

Visual Methods

My research project also made use of several visual methods. The primary method of visual data collection that was used was thematic drawing in response to prompts regarding the children's lives. (Young and Barrett, 2000) Visual methods are an asset for a number of reasons. They are able to communicate some psychological implications without losing meaning through a verbally articulated analysis. They were also helpful as an engaging tool to help elicit more clear communication from children. Sibley notes that a sort of communication barrier exists between children and adults due to differing perspectives, and that adults may often have trouble becoming oriented with the world of children. (1995) This was additionally challenging because subjects for this study have likely undergone some form of traumatic experience. A number of studies find that communication is often one of the areas most affected by childhood trauma. (Dregorov & Yule, 2006; Cohen, 2004) Many visual methods of data collection are similar in structure to art therapy techniques that have been shown to facilitate positive change, thus introducing a possible benefit, despite the fact that the research is not intended as a mental health intervention. (Waller, 2006)

With the help of the center's staff, I was able to organize small group settings where I could facilitate artistic activities. My wife Deanna Lazaro, a professional child therapist, also helped facilitate this portion of my project, ensuring that the art activities were both therapeutic as well as informative. Many of my prompts were guided by questions that may be asked during an art therapy session to help both participants and

facilitators gain insight into the thoughts and behaviors of subjects. We hosted a few drawing clinics with three different age-and-gender based cohorts: boys from third to sixth grade, girls from third to sixth grade, and mixed gender from second grade and below. I provided a set of art supplies and drawing materials to each of the age-based departments of children, along with a series of prompts which were selected in order to gain insight into invisible parts of children's lived experiences, including their lives prior to institutionalization, their emotional baselines, what they considered home, and their valued memories. The prompts were:

- 1) What mood do you usually feel? [For younger children, the template of a blank face was given]
- 2) Draw me a picture of your home.
- 3) Show me a story from when you were little that stands out to you.

Other Sources

Throughout my time, I was also given a variety of written materials that could be used to further my understanding of the center's work. These included items like the center's budget, brochures intended for public communication, and notes about staff roles and responsibilities. I was also given brief descriptions about some of the psychological challenges present at the center and the plans it had in place to deal with those challenges. Thus my study also incorporates the analysis of written materials.

Limitations/Delimitations

My study was conducted over the course of three weeks in urban Johannesburg, in the neighborhood of Hillbrow. Demographically, this is a predominantly isiZulu-speaking area with other dialects being frequently used, and code switching being commonplace. My interactions with the children and staff were conducted in English as it is also a widely spoken language of commerce and education. My study focused on the care center's environment and interpersonal relationships, and I selected my population on the basis of availability and being able to represent a wide variety of ties an individual may have to the center.

My study was limited by the fact that I could only spend three weeks at the center and by the fact that my population only represents a single institution. However, some of the staff members helped me understand when certain observations were more unique to this particular center and when they were actually common across South African institutions. To compensate for these limitations, I also made a constant effort to ensure that I gathered a robust amount of information from each participant throughout the interview process, that I asked questions that allowed for both ample breadth and depth, and that my observations were relevant to the questions of my research.

Interpreting Findings

Responses to questions that call for anecdotal responses, such as “who is the first person you want to tell when you have good news,” were considered as indicators of relational proximity, or other reasonable inferences. Throughout the course of interviewing, responses generated natural follow-up questions. Images from the visual components of the data were analyzed based on firsthand experience and background

knowledge. Images were observed for recurring patterns or trends. Data was processed into a narrative portrait of the care center.

Ultimately, my background knowledge and literature review also played a role in determining what information is seen as significant. I will later note how some of my observations either confirm or conflict with popular beliefs about OVC, and how this particular institution presents its own complexities. It is my hope that these observations can combine to present a clearer portrait at life at an OVC institution.

CHAPTER IV
THE CARE CENTER:
A COMMUNITY WITHIN A COMMUNITY

My Time at 5Cees

The center's physical design allows for some insulation from the outside street area, which is densely populated and widely considered unsafe due to crime and violence. Each of the different units acts as a dormitory for children who are separated by gender and age. The center provides space for learning, eating, living, and play, as well as its administrative functions. It was on this site that I spent the majority of my time taking in the interpersonal dynamics of all those who considered the site their home or workplace.

Throughout my time at 5Cees, I was allowed plenty of interaction with the children. It was only during school hours when I did not have children from ages five to nineteen around. Because of the already established familiarity between myself and many of the children, I was in an ideal position to begin almost immediately exploring the big questions central to my study: What was life like for these children before they came to the center? What happened in their lives to result in them coming here? I had already known that the needs that they had coming in to the center ranged from food and clothing to medicine and psychological care. How did the center handle the broad and extensive challenges those needs presented? I would also need to take into consideration the cultural setting of the center. The center aimed to provide a good childhood for the children living there, but I wanted to know what was considered a good childhood from a South African perspective. Given the diversity of cultures that comprised the people of

South Africa, I wondered if that was a question with multiple answers, shaped by multiple cultures, all well represented at 5Cees.

For the children who live at 5Cees, the center is the locus of their relationships with caregivers and close friends. It is where they spend the majority of their time, and it is where many significant moments of childhood development take place. For the majority of the center's staff, the physical boundaries of 5Cees are also of significance. Almost all of the center's employees live on site, with housing being one of the perks for care mothers and custodial staff. Even the center's director lives on site for the sake of playing a more active role in the children's lives. With all the interpersonal bonds formed between and among children and staff members, one of the most appropriate ways to see 5Cees is as a community made up of complex and constantly evolving relationships. The roles that children play in this community continually develop throughout the course of childhood.

Physical Space

In the neighborhoods of Hillbrow and Berea, physical spaces that could be considered child-friendly are scarce. A more common sight is the shards of broken bottles that could be found in between crevices in the sidewalk, or the many simple printed flyers advertising abortions, penis enlargements, or fortune-tellers. A few small parks with playground structures could be deceiving in appearance. Marc Ndebele, a bus driver for 5Cees, informed me that they were common exchange points for drug deals, and that many of the adults that sat around the area were engaged in small-scale gambling rings.

These surroundings make 5Cees an exception. Its campus sits in between Hillbrow and Berea, and consists of several units arranged around a central courtyard. The insular design of the site often causes it to appear smaller than it really is. Its building spaces consist of a few classrooms, a front office, a large garage, internal offices, a set of apartment flats for visitors, a few utility rooms, living quarters for staff members, an auditorium-like space, a library, a collection of multi-purpose rooms, and dormitory units for the children based on gender and age. The premises, although fairly well maintained, show the marks of aging. From asking various staff members about the origins of the building, I determined that it was about a hundred years old, and had been previously used as a hotel.

The Mission and Formation of 5Cees

Christ Church Christian Care Center was founded in the year 2000 by Rev. Mike Sunker, known widely as Pastor Mike. Pastor Mike was then the pastor of Christ Church Hillbrow, a predominantly black church within the Reformed Evangelical Anglican denomination, only a short distance away from the center. As the pastor of a church at the epicenter of the AIDS epidemic and rampant poverty in South Africa at the turn of the millennium, he sensed the need to respond to such crises in a direct manner. The church began operating a soup kitchen, but Pastor Mike felt that this effort was not holistic enough. That endeavor evolved into the purchase of the current site which was quickly converted into a home.

Formally, the mission statement of the center is as follows: “Seeking to demonstrate the love and compassion of Jesus Christ in a practical way to the homeless,

needy, and destitute.” In most of the center’s promotional material, on the walls of its offices, and even on the sides of its buildings, this mission statement is often followed by one of Pastor Mike’s favorite quotes: “There are many things in life that can wait. The needs of a child is not one.” Such a mission statement speaks largely to the urgency that drives the organization’s work. While the origin of the center was that of a church ministry, and while it is significantly funded through the support of international churches, 5Cees is open to providing care to all children regardless of religion, race, gender, or sexuality. While the children it has cared for throughout its history have shown diversity in three of these four categories, all of its residents have been black.

While the mission statement is written very broadly, the “practical ways” it refers to are further broken down by the center’s management into the following categories:

- . The “basic” needs such as education, food, and clothing.
- . Therapy and counseling to help children deal with past traumas.
- . Support to children affected by the HIV/AIDS epidemic, and
- . Support to children who have been abandoned, abused, or deprived.

Navigating Tensions

Throughout the course of my time in Johannesburg, I would continually discover more ways in which the center was faced with the challenge of striking a delicate balance between two contrasting options. The balance between discipline and patience with misbehaviors was one such tension that was especially prominent among the younger children. As children grow up, there are increasing tensions between the desire to continue to support and provide for them while still nurturing independence. At almost all

stages of life for many children, this is further complicated by the challenge presented by a split of custody between relatives and the center.

Of course, most of these tensions, like the balance between providing resources and nurturing independence, or the question of an appropriate level of discipline is one that is present in some form across the world's cultures, in all contexts of care, including intact families. However, one thing that further complicates these tensions for 5Cees is South Africa's complex multicultural society. Numerous people at the center provided me with the cursory explanation of racial categories: white, black, colored, and Indian, and a few provided me with a more detailed explanation of how each race could be even further broken down into British descendants and Afrikaners, Xhosa and Zulu and Sotho tribes, and beyond. While most regions of South Africa have a dominant ethnicity, Johannesburg is its melting pot. The center itself is a fairly good example of the "Rainbow Nation," with staff members who are white, Indian, Zulu, Xhosa, and other ethnicities from surrounding Southern African nations. Most of the kids themselves were Zulu or Xhosa. Each of these cultures has distinct practices and expectations surrounding discipline and children's independence, and these cultural differences sometimes influenced the center's approach towards its child care.

These tensions were apparent at all stages of development for children at the center, including the few I was able to talk to who had recently grown up and aged out of the center's care. These tensions are reflected in many of the challenges that I will explore at each stage of development over the course of the next few chapters. After exploring each of these complexities, I will take on the question of "where does this leave the care center?" and explore the concrete, non-negotiable actions that 5Cees is committed to.

This flow of thought most accurately reflects the situation that the center is in. It faces numerous complexities and ambiguities, but cannot remain merely philosophical about how to respond. The needs it faces are urgent and require a commitment to action.

5Cees as an Organization

5Cees is an organization in addition to being a community, however it is unique because a large portion of its employees live on site and there is a less pronounced distinction between professional and personal realms than what is found in many other organizations. The staff of 5Cees can be divided into three types of employees. There were the care mothers, those who provided direct care to the children through interpersonal bonding, cooking, and immediate caregiving. These care mothers lived on site. Another group of employees included live-in workers, such as facilities managers, security guards, bus drivers, and other custodial staff members. Finally, there was the staff's top-level administration consisting of a social worker, a manager, a director of education, and the staff's founder and overall director. The two latter workers lived on site, whereas the others did not.

Many of the children came from backgrounds of economic instability and uncertainty over where basic provisions would come from. Although the center is able to provide them with much more security than their homes of origin, it should be noted that the center itself also faces a challenge in ensuring that resources are sufficiently available and correctly managed. The center faces many of the obstacles common to nonprofit organizations— maintaining donor relations, successfully enacting fundraising campaigns, and often having to weigh one need over another. The center's finances are largely

managed by Pastor Mike and his daughter with guidance and oversight provided by a board of trustees. I was able to speak to Pastor Mike about the financial situation of the center, as well as Raymond Amm, who provides oversight through his position on the board of directors. Both gave me insight into the challenges the center faces in ensuring that physical needs are met.

The biggest expense to the center is the cost of employment. The center spends roughly three times as much on employment during a year as it does on utilities, its next largest expense. Currently the center employs nineteen staff members. With about R1,087,642 in total dedicated towards employee wages, that averages out at R57,244.31 per employee or \$3,577.76 a year. Although I never learned how that amount is actually distributed among employees based on different job roles, Amm informed me that some of the care mothers made around R5,000 a month, or a little over \$300.00. “I’m not sure how one manages to live off that,” he informed me. Security guard Marc Ndebele also informed me of his challenge to support himself. “I am 35 and I am single, though I have a girlfriend. I would like to be saving up of a lobolo (a culturally traditional dowry payment.) I do not know how I will earn that.” In Johannesburg, the median salary for workers was R23,000 per month, and the salary for drivers (driving made up a large portion of Marc’s workload) was R9,300. (Salary Explorer, 2016) An average lobolo price in 2009 cost around R20,000 as of 2009 but has likely increased due to recent inflation. (Mgwatyu, 2009)

The center faces the challenge of striking the balance between hiring enough people and offering enough wage, and it became clear that low wages weren’t the result of deliberate mistreatment, but insufficient resources altogether. Because of the demand for

a large staff to meet the variety of needs present at the center, the staff looks for other ways to economize and to care for its employees. Almost all of the center's employees live on site, saving them the burden of recurring housing expenses. Furthermore, R6300 of the budget was set aside as 'Employee Welfare' or a contingency fund to financially support employees in the event of an emergency. "We provide all of the care mothers with their own counseling," mentioned Pastor Mike as one of the benefits that the center offered. "Some of them were once our own children."

This is not only the case with care mothers, but other employees. He referred me to the case of Amelia, a custodian at 5Cees who grew up at the center herself. "She lived here with her brother. Her brother did fine on his own and is able to make a living. Amelia never quite had the aptitude for school or to do well on the job market herself. But we invested so many years into her life that we couldn't leave her with no help." Pastor Mike hired her to handle many custodial needs around the center and I had gotten accustomed to seeing her mop up during the day time. A large portion of the center's employees would likely have difficulty finding opportunities elsewhere if not for the center.

I was interested about what other parties might have to say about the employee wages. In a conversation with Amm, he and I were able to exchange ideas on what areas of the center's budget were perhaps the most worthy of prioritization and I discovered the connections among seemingly separate needs. "Definitely building maintenance," he mentioned. "If donors see images of a poorly maintained facility, them not wanting to donate might end up being the least of your concerns. And with a place like this being so old, I've definitely seen it improve a lot." He continued to tell me that although he hoped

the building could be further renovated, it had made significant progress since he had joined the board. He then returned my question and asked which aspect I would prioritize in the budget. I suggested that employee wages would be worthy of prioritizing. I recalled the plight of Marc, and suggested that he not only fulfilled his contractual obligations as an employee but also provided the intangible benefit of a role model for some of the children.

This conversation helped to reinforce the idea that the center was simultaneously a community and an organization, and that balancing the welfare of its employees while maintaining its financial viability was not an easy task. The need to provide food and nutrition was a recurring challenge the center faced. This was made tangible to me one day as I was speaking to the center's manager and Pastor Mike's daughter-in-law, Sarah Sunker when a large arrival of donated food products was being brought in. As dozens of bags of maize meal and rice were carried in, I asked her how long she thought it would last. "Maybe a month or a month and a half," she mentioned. It seemed like such a short amount of time for the amount of food being hauled in, but that was the demand for food for fifty children plus staff.

"Thankfully," she mentioned, "all this stuff is donated. All the maize meal and rice and juice mix. It's really just the perishables that we need to keep replenishing." That began to make sense of why groceries occupied a modest R336,878 of the center's budget, slightly less than it paid for utilities. In spite of that, Sarah still needed to make a trip to a nearby grocery store twice a week to replenish perishables like meat or fresh vegetables. "Many of the children here are on specialized diets developed by a nutritionist. Especially when they're on ARV's, their body has very specific needs for

certain nutrients.”

The children at the center ate well. Most meals would be built around pap, South Africa’s indigenous staple dish. The bland mash, made up of maize meal is similar in texture to polenta. Despite its neutral flavor, pap is fortified with a high nutritional value. The meal is a rich source of carbohydrates, calories, and protein, making it an ideal meal to combat malnourishment. Pap was eaten by the children at least once a day, with most meals being prepared within each department. Typically, the meal would be dressed up with a simple onion-and-tomato relish, and accompanied with beans, sardines, or ground meat. Once a week, children would enjoy pap and wors, South Africa’s national dish that paired the meal with grilled sausages of mixed meat.

In addition to the donations made for food, financial donations were the center’s primary source of revenue. About half of its annual income came from donors while the other half came in through endowments and interest. Overall, the center relied particularly heavily on international donations, which comprised about two-thirds of the donated money. Locally, its two largest donors, and the only two donations that totaled over R100,000.00 were from a South African marketing firm and the chief executive of a mining advisory business. While the center received several donations, including donated materials from businesses, the bulk of its financial support came from churches and religious organizations. Four churches in California and one in Canada contributed the majority of its international donations, along with one individual and a rotary club from Louisiana.

The center relies so heavily on donations due to its lack of government support. For many other children’s homes, the South African government may provide subsidies if

the institution is willing to comply with its requirements. “For me to receive support from the South African government would require me to compromise on so many things, like our status as partial guardians, or the fact that we are lenient with children over the age of eighteen,” explained Pastor Mike. “Plus, we are a religiously based organization, which tends to make government monitors very suspicious. They might find something like us offering bus rides to church on Sunday to be a way of forcing religion on our kids. I always leave it up to them.” Pastor Mike reflected on various ways he has learned to make money for the center over the years, along with ways not to.

“Years ago, I rented out some space in our center to tenants who started to refuse to pay me rent. The more we tried to collect it, the more stubborn they got. Then one day, we were on the front page of the newspaper that was doing an exposé on faulty orphanages. One of our churches that sponsor us called me right away and was angry. I soon found out what happened. One of the tenants tried to report a false story to the newspaper. I explained this to the church and they told me that they didn't believe a word of that article. Eventually things settled and I was able to get rid of the tenants, even though I lost a year's worth of rent money. That taught me never again to earn money from renters.”

Pastor Mike does, however, allow parts of the center to be rented by a school during weekdays and churches on the weekend. Those partnerships have lasted for years and have yet to cause an issue. The center has found other creative endeavors to provide a steady income. This includes running a thrift shop out of the front of the center. Much of the center's staff also shops there, able to buy clothing for cheaper while supporting the center. The staff also carefully manages an invested endowment and brings in a good

portion of its revenue from investment interest.

Financial challenges are likely to continue to play a big role in the center's future. The overall financial volatility in recent years of South Africa have taken a toll nationwide. The rand-to-dollar exchange rate has dropped from R11 to R18 in as little as three years. "This makes us even more reliant on international donors," explained Sarah. This financial erosion continues to leave a feeling of uncertainty over South Africa's markets and recently led to the firing of its financial minister. Furthermore, health related challenges faced by Pastor Mike and his wife have limited their ability to fundraise. In past years, they would take yearly visits to the United States to speak at churches and raise funds. Due to health challenges, they have not been able to return for three years, although a visit was planned for the upcoming summer. It is likely that in the future they will need to find a new means of cultivating a relationship with North America-based churches and other donors.

5Cees as a Community

In South Africa, 5Cees holds legal status as a registered non-profit organization and it is operated and managed by a fairly large staff and board of directors. In spite of this, the business functions of 5Cees often come secondary to a more prominent feature of the center— the fact that it serves as a community. Staff members who have worked there for many years have developed sophisticated relationships with each other. Among care-mothers, security guards, and maintenance men, there exists a certain level of friendship, not uncommon for people who have worked together for a long time.

Among the children, it was also a sophisticated social environment. Friendships

formed and family ties would evolve in a setting that was home, but not in every sense of the word. Bonds would form that resembled sibling dynamics, but also stood apart in other ways. Older children would occasionally feel stronger attachments to certain younger children, and for those who had been there together for a long while, there was a unity formed through the experience. The lives and activities of the center were highly intertwined and it was rare for me to ask where one of the children was without most of the other children knowing the answer right away.

After spending close to a month at 5Cees, it was evident that terms such as “orphanage,” “children’s home,” or “institution” were neither accurate nor fully descriptive. Although the terms “orphanage” and “care center” were often used interchangeably by the staff of 5Cees, their technical definitions struggled to keep up with the realities of institutionalized childcare. In general, I found that debates surrounding proper terminology often made it more difficult to understand the lived experiences of institutionalized OVC. Exploring the daily routines, the attitudes of the children and caretakers, and the challenges that the center faced proved to be a more effective way in understanding its role within the children’s lives and greater South African society.

In the chapters that follow, I present some of the challenges associated with each of the three stages of childhood, early, middle, and late, and explore them through actual case studies that I encountered. I will also examine how the center framed these challenges, and what course of action it took to address these needs. While some challenges, such as psychological adjustment and education, are life-long challenges, there are certain moments in childhood where these issues become especially relevant

and critical to address. Organizing these according to the three stages of childhood then becomes an intriguing way to present the insights that are gathered.

CHAPTER V
EARLY CHILDHOOD (AGES 4-8)
TRAUMATIC PASTS AND FAMILY TIES

While many observers refer to an upbringing in the center, or other similar venues, as growing up “in the system,” it would be more accurate to say that such a childhood takes place “between the systems,” with the center filling in the gaps. It is away from the traditional setting of a family home, however it is also not a rigid and bureaucratic environment, as government sponsored children’s homes in developing countries sometimes are. This center, like an increasing number of organizations in South Africa, exists somewhere in between. 5Cees operates with fluidity and flexibility, two important characteristics that circumstances demand. One of the earliest cases where this fluidity and flexibility is seen is in how custody of the children is resolved in a way that gives the center a legal ability to provide its full services while still valuing the involvement of the child’s extended family. To understand the significance of this, some background regarding the children’s impoverished backgrounds is necessary.

Reasons for Placement

One of my research questions was the one about the origin of the children. Who are they and where do they come from? Three of the center’s four outlined objectives– to provide therapy and counseling, to provide medical attention, and to provide treatment for past traumas and abuses, respond directly to events that have occurred before their placement in the center and some insight regarding what is entailed by past traumas

would help to paint a picture of the challenges that the center faces.

This was one of the earliest questions I brought up with Pastor Mike. He immediately was able to answer my question anecdotally, with the cases of a few of the children currently at the center.

“A pair of sisters lived in an informal squatter camp in a shack with their single mother. When the shack was destroyed in a fire, their mother was faced with the challenge of rebuilding in spite of unemployment. Virtually homeless, the girls were referred to the center because it was clear their mother would be unable to provide the medication and stability they needed.”

“Another set of siblings came from a nearby township. Their single mother was extremely sick and their father had disappeared. The family faced homelessness and further threats after her mother-in-law accused her of killing her husband. The youngest boy faced challenges due to malnutrition.”

“From that same township came another trio of siblings with an ill mother. They were looked after by their grandmother who was challenged with a series of mental illnesses, and the center’s social worker [Nancy Mudau] suspected they were being abused by their mother’s boyfriend.”

It became clear that Pastor Mike had a tragically large volume of cases like these in his memory.

“We prefer to take in the children who are younger,” mentioned Pastor Mike. “At that age, we have more of a chance to intervene with the traumas that they face. It becomes a bigger challenge to do that once they’re older, and then that may invite the risk of a child who is a danger to the others. We aren’t a center that is particularly equipped to handle that. Of course, this is simply a preference and not a policy. Each case is different, and I wouldn’t want to do things like divide siblings if I have the choice.” This is one outlook of Pastor Mike’s that differs from many conventions common in Western approaches to institutionalized care. His offering of institutionalized care affords an opportunity to work with kids prior to the manifestation of oppositional behavior, instead of as a last resort after such behaviors have been established, as is the case in U.S.-based residential care..

The preference was consistent with Pastor Mike’s concern, particularly with the amount of children under the care of the center. A setting that houses fifty children does not serve as an especially ideal place to handle more intensive traumas of children later in life.

Within the context of this center, early childhood acts as a useful lens in understanding the implications of a traumatic past, a trait shared to some extent by virtually all of the children at the center. I employed a variety of tactics to learn more—interviews with the care center’s staff, in particular, Pastor Mike and the center’s social worker Nancy Mudau who tend to be the most involved with the initial intake of new children. I also asked some of the older youth, including ones who had aged out of the center, for their perspectives on their early early years.

Some of my most valuable insights ultimately came from the youngest children

themselves. It was through them that I was able to understand how such events are actively processed shortly after they occur. Getting the youngest children, aged from five to seven, to open up was challenging for a number of reasons, including limited attention spans, narrow vocabularies, and general restlessness are all challenges that are common with that age. In the experiences of the children at 5Cees, there was an extra degree of sensitivity regarding their traumas. In addition, these children had also developed an extremely playful relationship with me, which made it difficult for a focused, serious conversation to take place. It was in these situations that my visual methods proved to be the most useful, allowing me to channel my questions into an interactive, physical activity.

Life Before the Center

One individual I gained a lot of insight from was Xolani, a security guard at the center, although his role was much more fluid than his job title would indicate. Xolani was within a year or two of my own age, which made for very natural conversations about his current work and upbringing. Xolani had received care from 5Cees for a portion of his childhood, giving him the perspective of both a staff member and resident.

In the course of our conversation, Xolani cited the death of his mother as the inciting event that led to him moving around very frequently. Although he remained in contact with his father up to the present, caretaking responsibilities following his mother's death were passed among a variety of relatives, as well as 5Cees. When I asked him where he had lived, he listed a number of places including Hillbrow, Berea, Fine Town, Thembisa, and the Eastern Cape region of South Africa.

Most children at the center did not move around as much as Xolani, but the list of places where he has lived reflected the diversity of the places where the children come from. When I asked many of the children where they were born, I received a wide variety of answers. Many were originally from townships around the Greater Johannesburg Area. Others said they were from completely different regions of South Africa, commonly mentioning the provinces of the Eastern Cape and KwaZulu-Natal.

During a more playful interaction with the teenagers, in which I traded Spanish vocabulary for Zulu words, I discovered the extent of the children's linguistic capabilities. Most of them were able to speak two or three languages, and could understand far more than they let on. I also learned that the language I typically heard used for interpersonal communication was not simply Zulu with the insertion of various English words, but a more varied style of code-switching. Marc, himself a Xhosa, explained to me how this did not impede communication. "Xhosa and Zulu are almost the same," he told me. "We can understand each other with little effort. You can tell that these tribes used to be one at some point." He went on to explain the categorization of South Africa's official languages into groups based on similarity. Pastor Mike later informed me that the center cared for a set of four Sotho siblings, not just from a separate tribe but from a different country altogether.

The children at 5Cees came from all over South Africa, and Marc mentioned that this was reflective of Johannesburg and the Gauteng Province as a whole. Unlike other regions of South Africa that are mostly populated by one tribal ethnicity, Zulu in KwaZulu Natal for example, or Xhosa in the Eastern Cape, Johannesburg was an area where a wide mix of ethnicities from all over Southern Africa were present, with no obvious

majority. Marc claimed that Johannesburg, with its history as a gold mining town, had always been a city that attracted migrants from all around the region.

Townships and Early Experiences

Although the geography of the children's places of origin reflected great diversity, the settings in which they were born and initially raised had much in common. While a few of the children may have lived for some time in urban settings like Hillbrow, the majority of them happened to come from townships. At the time a child is introduced to 5Cees, he or she might not have known any other way of life except for what was experienced and observed on a daily basis inside these areas. It is therefore important to review the social dynamics of the townships also discussed in Chapter 2, to see how initial experiences at 5Cees serve as an abrupt transition to a child's life.

Townships, as they are most commonly known, are also sometimes referred to as squatter camps or informal settlements. During the apartheid era, these were the districts that were formally designated for occupation by the country's black population. After the end of apartheid, townships remain predominantly black and continue to reflect the country's racial divisions in economic standing and social dynamics. These areas are often densely populated and severely underdeveloped. In many cases, these districts often lack sufficient infrastructure including sewage, water, and electricity, despite being adjacent to shopping malls, suburbs, and other developed areas.

Because of the historic and systematic underdevelopment of these areas, they breed many of the conditions associated with high OVC rates. All of Pastor Mike's recollections of how children were placed at 5Cees seemed to be set in nearby townships.

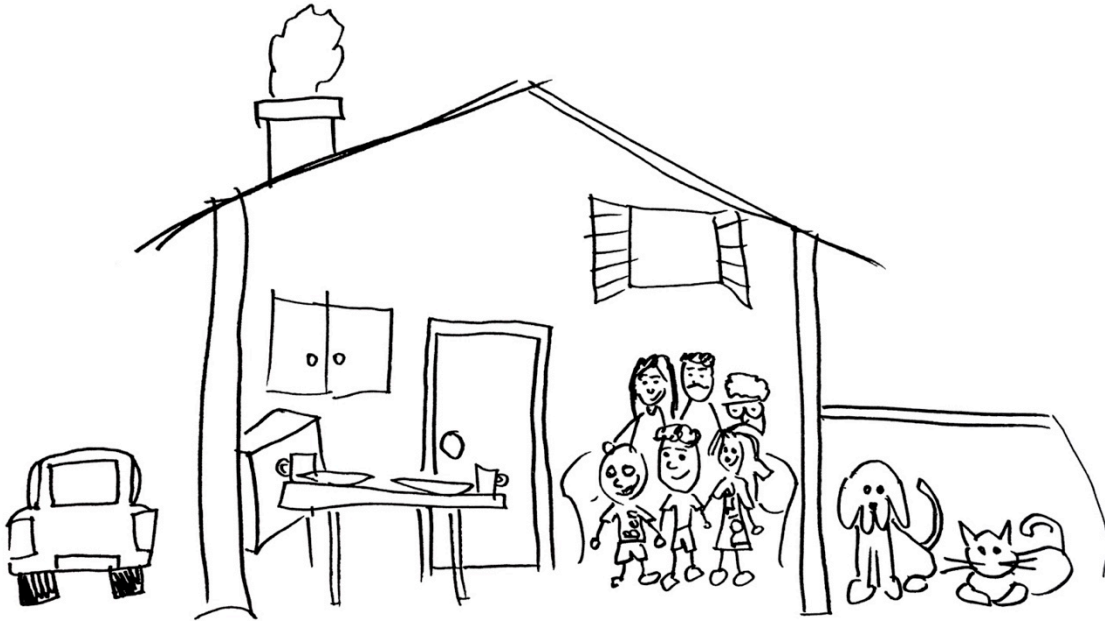
The girls from the shack that had caught fire, the homeless family whose father had mysteriously disappeared, and the children being raised by a mentally ill grandmother all originated from townships around Johannesburg.

I spent time talking to Lindikhaya, an eighteen year old who had just aged out of the center and had returned to the nearby township of Fine Town to live with his brother. When I asked him about life in a township, he offered a simple description: “It’s a place where you can find anything happening. Things are always crazy.” It struck me that he did not mention the high crime rates associated with townships, or the lack of infrastructure, but simply that life was unpredictable. This was in spite of an incident about a year prior in which Lindikhaya was stabbed during an attempted robbery.

Unpredictability is an appropriate word to associate with the townships. These areas are where South Africa’s high poverty and unemployment rates are most drastically felt, which leads to an impressive amount of original entrepreneurial activity. While infrastructure is underdeveloped, it isn’t uncommon to see people attempt to make limited water and electricity go further by opening small home-businesses in one room shacks. These can often include taverns crammed with an alcohol selection, makeshift tables, and a large screen television.

I was especially interested in how these settings were perceived by children who had experienced living there, as well as in a different setting. I asked a twelve year old at the center, Nkokheli, to draw me a picture of where he grew up, he drew a scene that resembled a typical house with a family inside, although several large possessions were crammed into a small single room. From my interpretation, the drawing resembled a Western suburban house more than anything I would expect to see in a township. I

inferred that Nkokheli's artistic interpretation may have been loosely based on actual experiences that were blended with Western conventions for how things should be drawn.

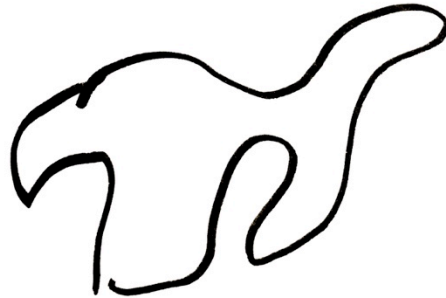


Marc suggested that I pay a visit to a township where he had lived, Alexandra. It is one of the largest townships in Johannesburg, and one of its most famous as a former residence of Nelson Mandela. Marc and Xolani both enthusiastically recommended that I take a visit. Pastor Mike agreed that it would be an enlightening experience, however he asked a security guard at the center, Evan, to drive me through it without stopping. It should be noted that Pastor Mike and Evan were both South Africans of Indian heritage, who held different perceptions regarding the relative safety of the township compared to Marc and Xolani. As I drove through, I noted the chaotic and crowded environment. Narrow streets were bordered by shanty-style homes, often made from tin scraps or cinder block. I also noticed small areas of commerce, including a barber shop that consisted of a single chair. These areas were particularly congested with pedestrian traffic, including the goat that

continually weaved in and out of our lane.

With so many kids coming from such townships, the trip allowed me to see their living conditions prior to institutionalization. Pastor Mike in particular had long focused much of his ministry on the townships, and when Christ Church Hillbrow's soup kitchen evolved into the care center, these were the areas of outreach. He had developed relationships with community leaders in the townships of Thembisa and Fine Town, from which a large portion of the center's children originated. Regularly, Pastor Mike brings children from 5Cees into Thembisa and Fine Town to serve food and deliver a sermon to the community, which maintains and furthers his relationship with these townships. A few of the children at the center had come to live there after Pastor Mike had met with their families on outreaches and learned of various desperate circumstances.

Many of the children who came to 5Cees from other regions of South Africa still came from similar settings. I asked Sicelo, age 13, if he could describe and draw a picture of where he came from, and the setting he drew and described appeared similar to what I saw in Alexandra. Sicelo came from the Eastern Cape, an area more rural and less populated than Johannesburg. The one outstanding difference between his depiction and that of Nkhokeli's was that his reflected more rural townships. The housing materials were predominantly made from raw thatching, and there was more open space in between each unit. Stray animals, most notably goats, roamed in between the different units.



Crisis-Affected Families

Health and poverty were almost always mentioned as the catalysts for a childhood of orphanhood or vulnerability. In many cases, children would be orphaned following the death of a parent due to HIV/AIDS. In the instances where a parent was not deceased, they were often unable to provide for their children due to extreme poverty. The circumstances were often left vague, however most children described their placement at 5Cees by saying “my mother or grandmother could not afford to take care of me.” In addition, when children themselves tested positive for HIV/AIDS, their treatment and nutritional needs would place a further burden on the family.

With the prevalence of HIV/AIDS among black communities in South Africa, the

disease plays a role in the institutionalization of children. Despite the fact that anti-retrovirals and other supplements are funded by the South African government, awareness and inefficient distribution serve as barriers for many of the families in need of such treatments. Many families take note of the option of a children's home or orphanage as a more efficient means to ensure that proper medications were received. The short life expectancy resulting from the disease claims a significant number of lives of parents of young children. Also prevalent in the country's black communities is an extremely high rate of single motherhood, meaning when mothers fall extremely ill, a child is further deprived of immediate paternal care-taking.

The cases that I learned about at 5Cees, whether from Pastor Mike, Nancy Mudau, or the children themselves, featured many commonalities. The conditions for institutionalization would typically begin at birth, with the conditions of poverty, a mother's infection and often the abandonment by the child's father. A child's mother might manage to raise him or her through the toddler stage, but health often worsened shortly afterwards. At this point, caretaking responsibilities might be passed along to a sibling or grandmother, many of whom also live in impoverished conditions. The option for institutionalization typically surfaces once it becomes clear that the new caretaker is unable to provide for an adequate childhood. Many grandparents who are put into the role of caretaker pass away before the end of childhood, in which case children are considered "twice orphaned."

Nancy Mudau noted that it was often through her or Pastor Mike that children were admitted to the center. Pastor Mike, on his visits to townships for ministry purposes, would often encounter an ailing mother and receive a direct request to take in her

children. In the case of Zukela, a seven year-old girl who moved into the center at eighteen months of age, it was a hospital visit that led to her eventual placement. Social workers at the hospital noted malnutrition and her family's inability to care for her, and ultimately put the family in touch with the center. Contact with families after placement into the center is often maintained. My visit between January and February meant that the children had recently returned from their scheduled hiatus from school around Christmastime. During these breaks, children would often be released from the center to spend time with their extended families, or even their parents. This can however be a challenging time emotionally for children who do not have families able to receive them during this break or who learn of a death in the family.

“The twins were an especially heartbreaking scenario,” recalls Pastor Mike of two twin boys, now at seven years of age. “When we had to tell them of their mother's death, they cried and cried. They were happier again when they realized an aunt was on her way to collect them for the holiday.” This suggested that at their development level at the time, the death was mourned not only as a loss of a specific family member, but as a feeling of being without family.

The children at the center, and their backgrounds, reflected the diversity that was also indicated in the Chapter II literature review. Only a minority could be considered “true” orphans with both parents deceased, however declining health and paternal abandonment rendered most of them in a practically orphaned state. Only around a dozen children out of the fifty at 5Cees tested positive for HIV/AIDS, however nearly all had been affected by the disease in some way, most frequently through deaths or debilitating illnesses in their family. Poverty intersected with the health-related challenges to breed

the conditions that led to their placement. As the literature also suggests kinship networks were important in regards to further placement, however extended family care was often given in collaboration with the institutionalized care from 5Cees. One way in which the center reflected even more diversity than the literature review was in the ethnic diversity found among its children.

Psychological challenges

Unsurprisingly, the transition to the center is a very difficult one for the children emotionally and psychologically. Pastor Mike mentioned that many children, for their first several months make little eye contact and refuse to speak to others. In some situations children display volatile anger and lash out by hitting other people. The uncertainty and unfamiliarity of a new environment, following a traumatic event, may result in children behaving reactively using flight-or-flight instincts rather than participating in active decision making. This challenging stage can last several months to a year, as children continually struggle to feel a sense of safety and normalcy in their new environment. During my visit, all children at the center had lived there for over one year and none exhibited anything close to what Pastor Mike described.

I decided to better understand the ways in which children's psychosocial challenges did manifest themselves by engaging them in play, simple conversations, and drawing activities. Assisting me was my wife, a professional child therapist who was able to provide deeper insight into the children's psychological tendencies. Reflecting what was suggested by the literature review, the psychological challenges dealt with by the children are manifested in a wide variety of ways. Low self-esteem, attention deficits, and

depression were commonly reported.

During play, the children were typically active and energized. We would enter the common room that connected two dormitory areas with bunk beds, where they conducted most of their play and ate most of their meals. Many of these children would attend school at either Berea Independent School, located a short walk from the center, or at Hillbrow Independent School, which was located on-site. They would return in the afternoon. Typically, the twelve children who made up this department would play with each other as their care mother prepared a meal. It was at this time when we would make our visits.

It wasn't uncommon for many of the children to attempt climbing my arms or extending theirs in the hopes of being lifted up as I was visiting. Njongo, a mostly deaf six year old in particular, would play on the rougher side, pressing his head against my lower legs. It was clear that being picked up, held, and cuddled by visitors was common, and that this was an expectation they held when we entered the room. It took several visits to get them so accustomed to me that this behavior reduced. It would not be completely accurate to characterize the children as typically restless or unruly, however. Usually, sharp-sounding instructions in Zulu coming from the care mother resulted in a sudden jolt of compliance. As she cooked, however, she didn't seem to mind the rougher, more unruly play.

As I interacted more frequently with these children, the familiarity encouraged them to initiate more communication. A combination of typical shyness and linguistic barriers somewhat impeded conversation. Whenever I appeared, I would be asked, "You are going?" in a sentence that was said like a statement, but appeared to be a question. I

was never entirely certain whether they were asking me if I was returning to the United States or simply if I was going back to the guest flat where I stayed. This, however, seemed to reveal that the coming-and-going of different volunteers and international visitors was fairly common, and that the kids had developed their own expectations for these interactions. While I didn't observe anything more oppositional or unruly, I considered that this was likely a matter of timing. Even the newest children at the center had lived there for over a year, and the center had recently done away with its creche, raising the lowest age at the center to five years. At most, some of the children demonstrated developmental delays in communication and a greater tendency towards mood swings.

It was in this age group that children typically received the most therapeutic interventions. A clinic called the Emthonjeni Centre provided the center's children with play therapy, psycho-educational assessments, and speech and language assessments. Children under six years old received a comprehensive Early Childhood Intervention that focused on physical skill development along with psychological coping. Hearing and language development were often coached by a Speech and Language Therapist from Wits University, as this was an area that was commonly underdeveloped. Again, it was difficult from my vantage point to observe this, anticipating communication to already be more difficult due to the language barrier.

5Cees acts assertively in finding the clinical treatment that each of the children need, particularly early on. On-site, Nancy Mudau is the one primarily tasked with the monitoring and treatment of children's psychosocial wellbeing. This is one task, however, she must balance with many of her other requirements, including navigating the

paperwork and bureaucracy that comes with a partial guardianship of fifty children. For more extensive psychotherapy, 5Cees relies fairly heavily on external support and referrals. Assessments and interventions are largely handled by therapists at Wits University. For the most part, children are then further referred to more specific clinics to deal with specific challenges.

Many of the psychological treatments and interventions are prescribed alongside medical evaluations. Therapy and counseling needs are often discovered during a psycho-educational evaluation, meaning that the goal behind many treatments is to eliminate an impediment to the goal of education. Treatments that are commonly suggested are chemistry-corrective, such as Ritalin or Cipramil prescriptions or pediatric neurology treatments. Individualized play therapy or occupational therapy regimens are often developed for children who demonstrate a particularly difficult time coping. It is common in South Africa for mental health treatments to be attached to educational or physical interventions. The Child, Adolescent, and Family Unit of the Department of Psychiatry provides step-parenting workshops that are attended by most of the center's staff.

Nancy mentioned that many of their psycho-social programs were on hiatus, with the children having recently returned from holiday. She did invite me to look at the previous year's program for the children's psychological development, authored in collaboration with the Emthonjeni Centre from the School of Human and Community Development at Wits University. Most of these interventions were focused on children in the second grade or below, and the three major areas of focus were boundaries, teamwork, and education. I looked over the course agenda which included sessions like Age Restrictions, Fine and Gross Motor Skills, Communication and Effective Listening,

Hygiene, Natural and Logical Consequences, Conflict Resolution, Sexual Abuse, and Good and Bad Games and Touches. The latter two courses stood out to me as evident of the sexual abuse rate. Nancy confirmed that sexual education was important for even the toddlers, as many of them have had negative exposure.

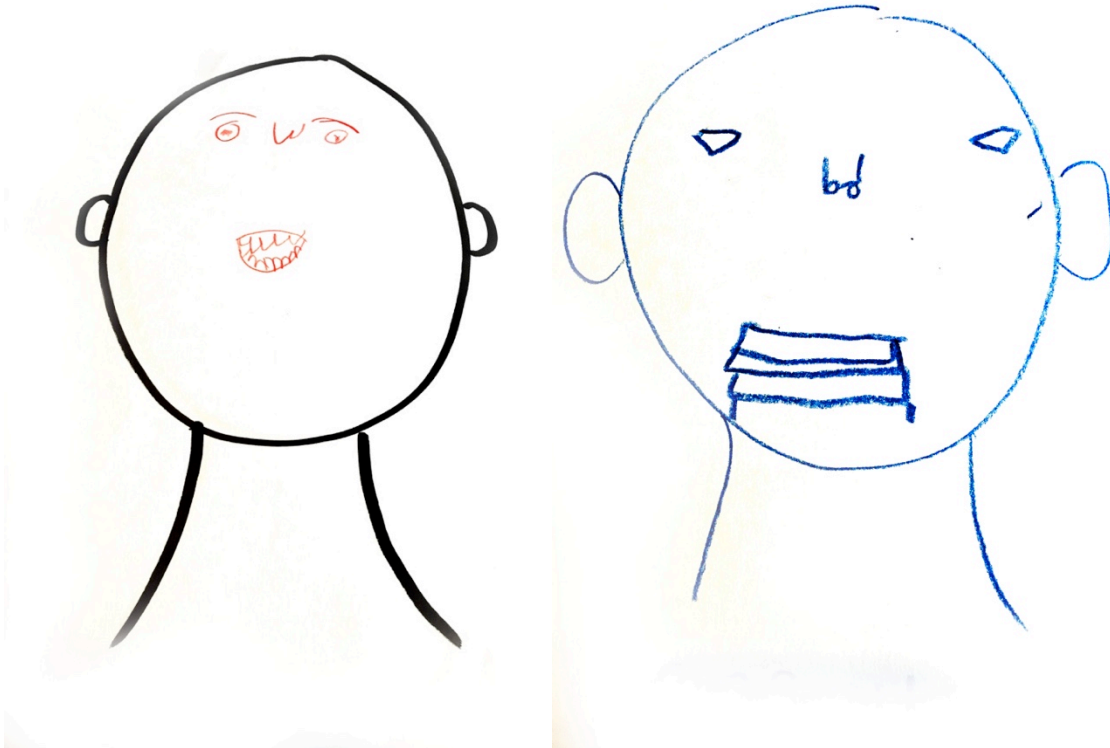
I was unable to attend any of these clinics, or any of the group counseling sessions, during my time in South Africa, but I gathered that these were largely corrective therapies, designed to intervene with very particular challenges such as language delays or defiant outbursts. I was able to ask Sarah Sunker, the center's manager and Pastor Mike's daughter in law about what she considered to be the children's biggest psychological need. She answered that it was learning how to cope with a traumatic past. Many kids had come from extremely traumatic backgrounds. Nancy's explanation of the sexual education program for the center included conversations with some of the youngest kids, as many of them had been sexually abused in the past. One of the few interventions offered was the Teddy Bear Clinic, attended by the center's youngest children as post-abuse counseling.

In spite of the range of supportive interventions, many of the children did not seem very encouraged to wholly process their past. "Many of them are told [by family members and peers] 'why are you thinking about those negative things? It's in the past,'" Sarah Sunker explained. "A lot of them end up avoiding having to process the difficult things that happened to them." This explanation made sense of the affect of the children I interacted with, which was often happy and contented, but not always wholly engaged. I suspected that the repression of negative thoughts was a cultural norm, and when I asked Marc, he confirmed. "That's right, that's right," he reflected. "They say that if it makes

you upset, just don't think about it. But I think you have to. You need to process that thing that happened to you.”

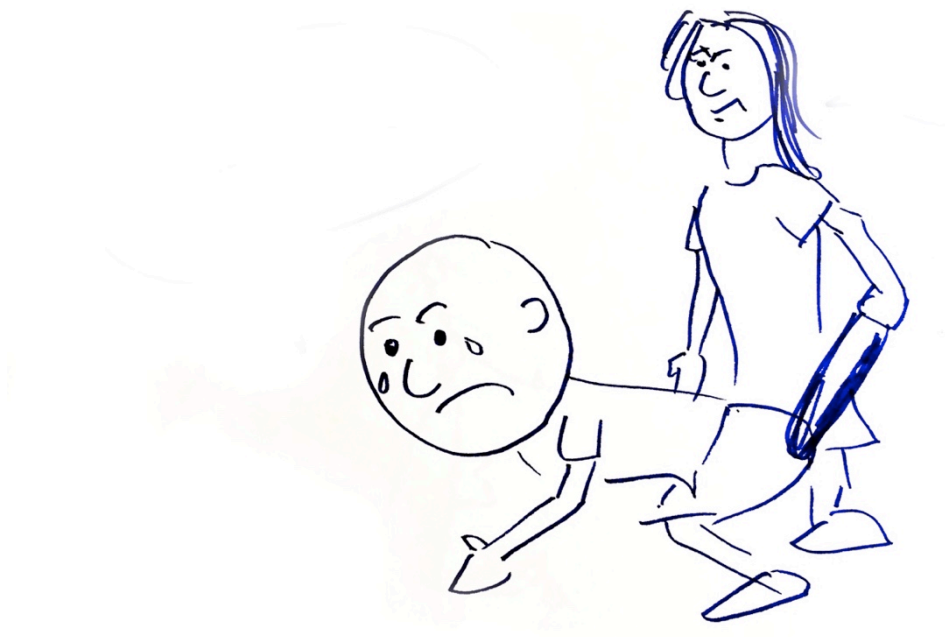
This cultural mindset would make sense of why many of the children across all departments described themselves as typically happy. I asked the three youngest departments to draw pictures of how their most common emotion, and over half drew faces meant to depict happiness. (For the youngest children, I gave them a template of a predrawn blank face for them to complete.)





When children did draw negative emotions, I asked them what sorts of things usually make them unhappy. I already understood quite well that many of the children had experienced past traumas, but I was also unsure if they would be able to connect those to more consistent emotional states. I asked Thembani, a seven year-old boy who drew a frightened face, what it was that made him scared he smiled and replied “getting beaten!” Upon following up with more questions, it seemed that he mostly meant to refer to corporal punishment rather than intense physical abuse. More than anything, this simply reflected the cultural norms surrounding child discipline, and the broad cross-cultural phenomenon of children being afraid of punishment. Other boys seemed to echo this common fear, but with a sense of humor, and when I offered to tell them a bedtime story if they drew along, they requested a story about a boy who gets spanked with a belt by his mother after failing to buy all the proper things at the market. The center itself did

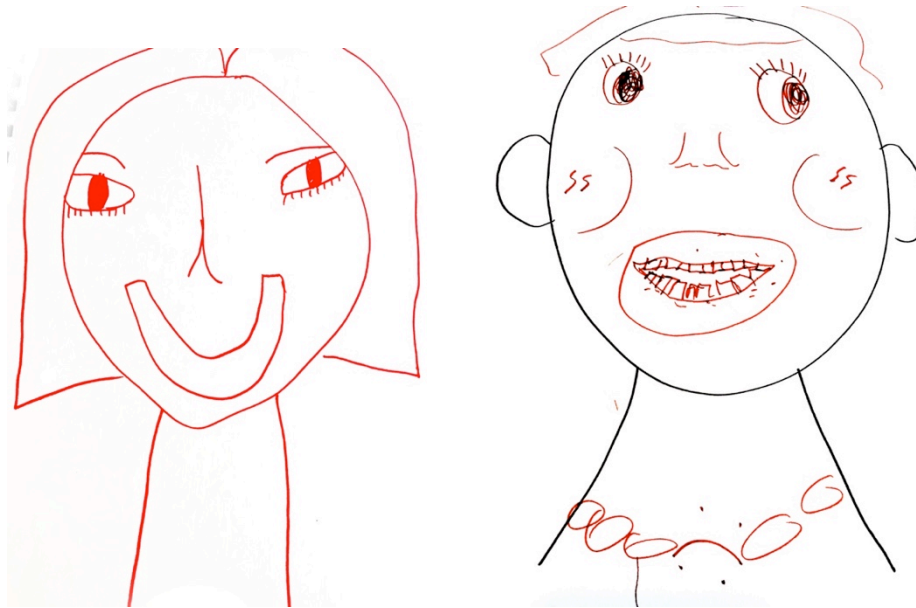
not explicitly prohibit corporal punishment, leaving it to the discretion of the care mothers. I did not witness or hear of any instances of corporal punishment throughout my time there, suggesting that it was either rare, or dealt with in a very private manner.



I told the children the story as a group and invited them to draw scenes. In order to check for their problem-solving patterns, I asked what could be done next time to avoid the same problem. Most of them agreed that on the next shopping trip, the boy's sister should be sent instead. This is consistent with two other things I had observed about the children at the center. Culturally, family interdependence was valued much more highly, and it was perfectly natural for a sibling or family member to assume a responsibility if one was unable to adequately perform it. This was also consistent with the expectations for children who had experienced childhood trauma to display some degree of learned helplessness.

After sharing that bedtime story with the boys' department, we went to the girls' wing to see if we would notice similar tendencies. We began by talking to them and

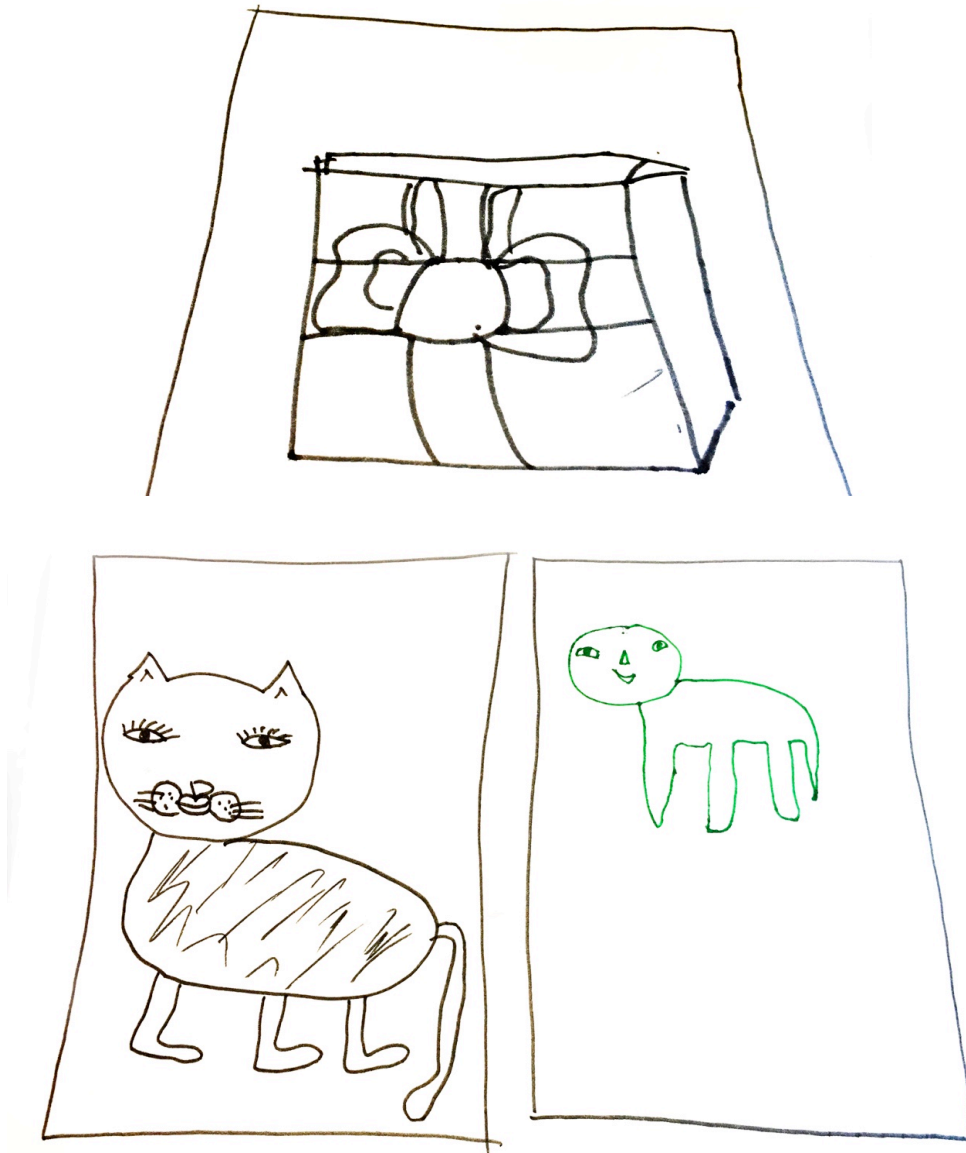
going through similar art activities. The girls noted a similar range of emotions as the boys, with the majority of them saying that they were typically happy.



We asked them to draw pictures of things that made them happy, or things that they remembered from the past. Special things were difficult for them to think of, and initially, we found that they recollected very specific things from the past and drew their early childhoods very literally, most often trying to draw self-portraits. Again, this suggested a matter-of-fact attitude about past incidents, and a difficulty to recollect outstanding events, even positive ones.

After a bit of prompting, suggesting that they may perhaps remember a pet, suddenly they began to remember past Christmases. This seemed to flip a switch regarding their memory, and they began to talk about Christmas. Most of them recalled Christmases that were celebrated while living at the center, but they had a particularly strong memory for Christmas presents. The girls began to tell us what they had gotten for Christmas last year, and the year before. In little time, each one began listing presents by

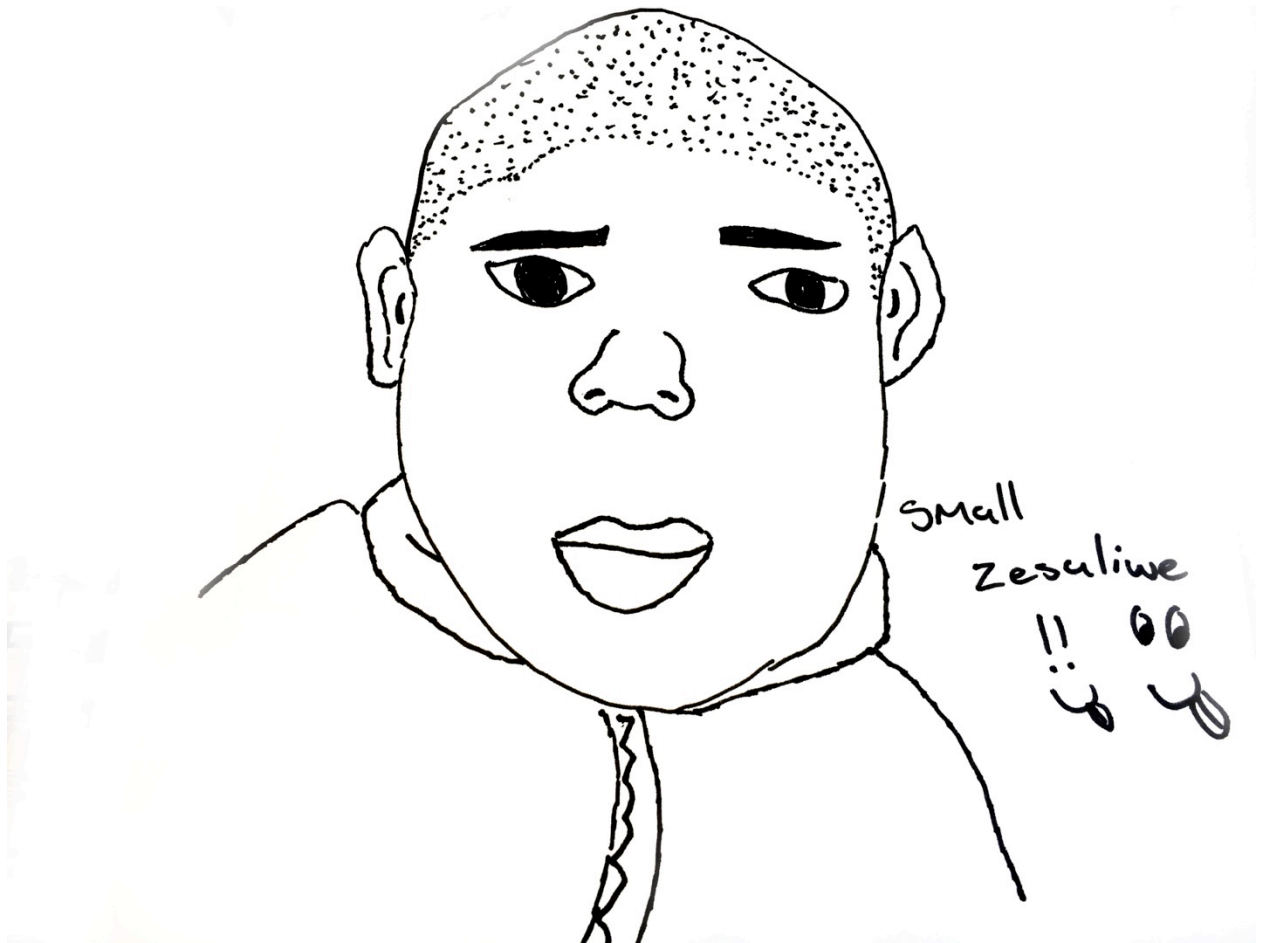
the year, going as far back as 2010 in some instances. Presents were usually toys, barbies, stuffed animals, or dress up sets. Christmas was clearly an important yearly event for the children, as they looked forward to outings at the lake, presents coming from sponsors, and some time off from their usual routine of schoolwork.



The one other positive memory we had one girl describe was her love of Kentucky Fried Chicken. She continued to list off favorite items from the fast food chain as she drew us a picture of herself at a KFC location. This, however, was not a specific event,

but a recurring enjoyment of the restaurant, which indicated something very consistent among the children: an extreme orientation towards the present. There was little interest in reflection or thinking deeply to process the past, and less of an interest in imagining the future. While this is fairly common for most children at this stage across cultures, this observation stood out because it seemed to be a very close reproduction of what I would later observe from the older children and teenagers.





After spending a large amount of time with the children and asking them about their memories, I found it easy to agree with Sarah Sunker. It appeared that they were discouraged from thinking about the past, negative thoughts and experiences in particular. While the children received a large offering of therapy services, there was less of a holistic focus on the entire picture of childhood compared to specific interventions. The children also exhibited a limited vocabulary concerning emotions. While many of the children described themselves as happy or content, many of them exhibited signs of low self-esteem, high anxiety, and emotional detachment.

A Fluid Definition of Family

I asked Sarah about the legal guardianship status of the children. “We are considered partial guardians,” she informed me. South Africa’s Guardianship Act of 1993 allowed for the state court to provide surviving relatives with partial guardianship in the event of parental death or incapability, while an agency or institution took on a foster care role. “This guardianship is usually between us and a surviving father or grandparent,” Sarah explained. “In fact, we aren’t technically considered a children’s home. Legally speaking, being a children’s home would require us to become full guardians of the children. Even more difficult, that would require the child’s family to surrender their guardianship, and people don’t want to do that.” For 5Cees, it was very important to make the children’s families feel valued and included in their future. This approach introduces even more versatility to what is already a very fluid definition of family.

From listening to the stories the children had to tell about their families and memories from outside the center, it became clear that their relationship with their family networks was not completely severed. Relatives would often be informed and involved as big decisions were required concerning the children’s wellbeing. Many continued to speak of grandparents and off-site siblings with a degree of familiarity similar to non-institutionalized children. Many of the center's psychosocial goals included helping children develop positive relationships with their remaining family throughout life. This can become a further challenge as children get older and become more aware of the circumstances that led to their placement at the center.

“My dad is still alive,” Xolani informed me during our conversation. “He lives over in Alexandra and I see him more often now. To be honest with you, I used to have a lot more resentment towards him. It’s still hard for me to have a good relationship with him, but I’m working on that now.” I mentioned that this was something I could sympathize with as a part of getting older, and he nodded in agreement. “Yes, you realize they won’t be around forever.” For kids to hold some degree of resentment for absent or non-providing fathers was fairly common, but for one to be as aware, proactive, and verbally open about it as Xolani was particularly rare.

Xolani’s experience reflected a common phenomenon in various parts of South African society, that of paternal abandonment. The rate at which fathers assumed no responsibility for their biological children or abandoned the child and its mother shortly after birth was particularly high. “In South Africa, it’s extremely common,” confirmed Pastor Mike. “People become sexually active early and many do not take very many precautions. This results in teen pregnancies and unexpected pregnancies becoming quite common,” he added before continuing to explain how the center would have to work with other organizations in the event of teen pregnancies. “You have a lot of these children having no idea who their father even is, or where he’s gone.”

This was again evident when right after my conversation with Pastor Mike, I spoke to Phumeza and Nando, two siblings who were originally a set of four before their two oldest brothers moved out of the center. Their situation reflected a common scenario where they were placed in the center after their mom had passed away. Another child who was within earshot tried to aid their recollection. “Your dad couldn’t afford to take care of you?” “Ah,” responded Nando, “I have no idea where my father is.”

The high rate of unplanned pregnancies was only a portion of the contributing factors towards paternal abandonment. This combines with the patriarchal elements found in many of South Africa's indigenous cultural traditions. Prior to the inception of Christian morality and Western influences, polygamy was far more common among South African tribes and is still practiced in some form throughout the region, although with more ambiguous degrees of social acceptability. These family structures, centered around a single patriarch and numerous wives placed the burden of immediate child raising upon the mother.

Grandparents were also heavily involved in children's upbringing, grandmothers in particular. A large portion of the children in desperate situations that Pastor Mike would discover while visiting the townships were living with grandparents, many of whom had extremely limited income opportunities and ailing health. The elevated role of grandparents was a combination of the traditional level of importance of extended kinship networks and the more recent urgency brought about by the HIV/AIDS crisis. Unsurprisingly, when asking the group of boys to draw their story involving a family, a grandmother was included without much hesitation. Notably, a father character was also included, however the nature of the exercise gave plenty of room for new characters to be added, meaning that there was likely more to infer from someone's inclusion than exclusion.

The instability that threatened most immediate families rendered sibling attachments particularly critical. For many children a sibling would represent the one consistent companion that they've had throughout difficult transitions. Pastor Mike recognizes the importance of this attachment and mentions it is his goal to not separate

siblings. This became particularly evident when I conferred with him before interviewing a trio of siblings, ages 8, 10, and 16. “I just want you to be aware that while the oldest two are aware of their mother’s death, the youngest is not. I don’t think this is the way we would want him to find out.” I asked him about why the ten year old knew but the eight year old did not, despite the slim age difference between the two. He then clarified, “it’s possible that he knows, but he may be in denial from what I can tell. Actually I’m pretty sure he would have heard from his siblings at some point.” It was the staff’s preference for children to learn of such events in an organic way, whenever possible through other family members or siblings. “It shouldn’t happen in such a formal or clinical way,” added Pastor Mike. This reasserted the importance of sibling relationships as one of the most significant attachments for the center’s children.

One child’s depiction of her family prior to moving into the center featured her grandmother and sister. Her brother, who also lived with the family had passed away during her early childhood. “My brother died,” she explained her drawing. “At first, the three of us were sad. I didn’t know what to do but I wrote a poem. I still felt very sad but it helped my sister and grandma feel happier.”



Although the role of family in traditional South African societies was important, family boundaries were often loose and expansive. In comparison to many western cultures, less distinction was made between immediate families and extended families. This continuity actually serves as practical in instances of a death, role transference, or other disruptions to a family. Cousins would often exhibit a degree of familiarity that seemed closer to a sibling relationship.

As Lindikhaya described his life after leaving 5Cees, his situation began to portray how loose the distinction between different relations were held. “I am living with my brother,” he mentioned. As he continued to tell his stories of living in Fine Town, it also seemed as if his cousin, perhaps multiple cousins, were living with him. When I asked him to clarify, he noted that it was just his cousin, whom he called his brother most of the time. “We don’t even use that word, cousin,” he explained to me, somewhat dramatically. “You’re my brother, or if you’re old enough you’re my uncle or aunt.” The loose usage

of terminology reflected the porous boundaries around immediate families.

Families in traditional South African societies are important as a means of identity and security. As health and poverty become more pressing concerns in contemporary South Africa, this furthers the levels of interdependency found among family networks. Lindikhaya's acceptance into his cousin's household after his move from the center came without much hesitation. Furthermore, when Buzwe, the oldest boy at the center had a chance to earn about 100 rand (the equivalent of 75 USD) from a weekend job, he gave most of his earnings to an uncle. Matters of survival and provision were typically contemplated at the family level versus the individual level.

This agrees with many characterizations of most African tribal cultures being of a collectivistic mindset. The Xhosa term *ubuntu* has gained popularity among Western audiences for its encapsulation of the idea that no individual can be truly considered happy if his or her group lingers in discontentment. This value was exemplified in Buzwe's decision to give his earnings to an older relative, or the tendency of extended family members to accept the center's children who age out. Prior to my conversations with Lindikhaya, Buzwe, and some of the older children, Pastor Mike warned me to be careful for those who might ask me for money for school. "The next thing you know, they'll want you to provide for brothers, cousins, and all sorts of distant relatives." This warning furthered my impression of this interdependency.

I figured this mentality surrounding extended family networks would make the possibility of adoption for orphaned children improbable. Sarah Sunker had already explained to me why a foster care system like the one in the United States would be difficult to incorporate in South Africa. Government stipends to families in foster care

roles would be treated so collectivistically that it would be impossible to maintain some sort of accountability to ensure those funds actually went towards the wellbeing of children. Because of the ubiquitous poverty and desperation among the population of South Africa, there was also an extreme risk of the system being manipulated as an income generating activity. With limited working social workers and government resources, the South African state would have a difficult time monitoring the system. I asked Pastor Mike about total adoption, and he mentioned that while it was rare, it was something he would prefer to foster care. “We’ve had one family we got in contact with through a wealthier church in the area take in five siblings. I was glad they were all still able to stay together, and they seem to have adjusted well to their new life.”

One further way in which family lines were rendered more flexible for children at the center was the way in which a pseudo-family developed. Care mothers would often develop nurturing relationships with the younger children and would be relied on for immediate support. Children who had lived at the center for an extended amount of time would develop sibling-like bonds with some of the other children, and this was observable every time a former resident at the center would return for a visit. Even many of the staff members developed close attachments with the children, adding an extra element of complexity to family ties.

Before continuing to the next chapter, which covers the challenges seen at the center throughout middle childhood for many of its residents, it will be helpful to once again recall the different challenges that children often bring with them into the center. Most of these challenges are psychological, often the result of an early childhood in townships with frequently changing family structures and resource insecurity. Many of

the children seem to have difficulty identifying their emotions, particularly negative emotions, and an inhibition towards remembering the past or imagining the future. In more extreme cases, some children exhibit reclusion or aggression. These psychological challenges often continue to evolve later in life as children begin their education and gain exposure to a generally unsafe environment in urban Johannesburg. These challenges and their presence over the following years of a child's life will be explored in the next chapter.

CHAPTER VI

MIDDLE CHILDHOOD (AGES 10-14)

THE CHALLENGES OF SAFETY, INFLUENCES, AND, EDUCATION

As the last chapter explored, the challenges that young children face at the center are mostly psychological, as they adjust from a township life with family to an institutionalized life where family is still heavily involved. In the majority of instances, the effects of early traumas evolve in complexity and manifest as children get older. When children become more conscious of the new worlds of school and the surrounding neighborhood these psychological challenges are often tied to learning difficulties and safety concerns. This chapter will look into these two primary concerns for children growing up at the center: safety and education, and how the center struggles with limited resources and other challenges to help children cope.

While children who move into 5Cees do not typically sever all of their existing attachments to siblings, surviving parents, or other relatives after moving in, the transition still represents a major shift to a new way of life. Although it can sometimes take a long time for the new reality to set in, many children had, by the time I conducted my fieldwork, spent enough years for that to have happened. Buzwe was a fitting example of this. Now the oldest boy and close to being emancipated, he first moved into the center at around eight years of age. He has grown up in the center, and graduated through different departments. The center has been in existence for fifteen years, meaning that for all but a few individuals, it would be impossible to imagine life without Buzwe.

Among the current first or second graders, it appeared that there were a number of

them who could be on a similar trajectory. While the center also saw some children who would move in later in life, and then move out only a year or two later, the children who spent the majority of their upbringings there experienced more normalization of their new setting. Buzwe had gone through different stages of development and experienced major life events. These included an ear operation, placement into a special education school, and the treatment of his anxiety and depression. He also experienced recent physical growth, with many of the long-time staff members still adjusting to his recently acquired bulky upper body. Rugby was his newfound interest and he spent much of his spare time staying in shape for the sport. My observations of Buzwe raised a new question: after the process of transitioning into the center has taken place and a child has gotten settled, what next? What are the upcoming challenges that children must deal with while growing up within an institution?

Further psychological processing

“Many times we have to process through the same event several different times in different ways while growing up,” commented Xolani. “You might not have thought about your mother’s death for four, five years, then all of a sudden, you remember it, but you’re a teenager now, and have to deal with the reality of becoming an adult yourself without somebody to help you get there.” For many of the children, psychological challenges persisted throughout childhood and the teenage years. Although the majority of the interventions coordinated by Nancy were targeted towards younger children, she made sure that each of the kids were individually screened and evaluated. About half of the teenagers manifested some form of reported anxiety, depression, or low self esteem.

One challenge to a child's psychological wellbeing that may occur after placement at 5Cees are further losses and family tragedies. I recalled Pastor Mike's stories of having to tell some of the younger children that their parents have passed away and the effect it had on the children. In other instances, this sort of news would have to be broken to kids who were a little bit older, even some teenagers. Nancy informed me about the situation of Mbabalo, a girl who lost her mother about a year prior. The timing lined up with sudden drops in her marks at school and a pronounced difficulty to interact with others and feelings of abandonment. Mbabalo was about ten at the time of this happening, and Nancy made recommendations for academic remediation, play therapy, and occupational therapy to assess her motor skills.

Nancy also informed me about the situation of Lindela, a sixteen-year old boy, who represented a different scenario altogether. His mother worked as a prostitute, which resulted in frequently dangerous conditions for him at home. Although he moved into 5Cees at a young age, it was only in the past few years that his behavior began to intensify. Unlike Mbabalo, his shift in behavior was not due to a recent trauma, but simply a delayed change in his response to a previous incident. Nancy noted that he needed somebody to help him with his schoolwork on a daily basis, that he needed to see a counselor because of his temper problems, and that a psychiatrist should follow up further. I also heard reports of his lack of respect towards women likely stemming from how he had witnessed his mother being treated.

These stories indicated that the process of psychological trauma and coping did not fit a strict and uniform schedule. Although the most intensive interventions were aimed towards early childhood, children who grew older still have serious psychological needs

to be addressed. Unlike with psychological interventions for younger children, older children would have to be given coping mechanisms that could fit in further with their busier schedules and more complex social lives. Also, two months of intervention may already represent a large percentage of the memory of a five-year old. This is not the case with an eleven or twelve year old who will need more consistent therapy that is able to address traumatic incidents that have been repressed for a long amount of time.

I spent a little bit of time with Lindela, and while his temperament did not stand out to me, I noticed that he often spent less time with the other children. He would seldom participate in group activities like study time or a group walk to church on Sunday. He did later appear at church, but he did not walk over with the rest of the teenage boys. He had a slight tendency to scowl, although I gave cautious interpretations to facial expressions because of their heightened subjectivity. He put much of his creative energy into drawing, primarily cars, graffiti letterings, and political cartoons.

This sort of scenario was perhaps the motivation for one of the newer courses that appeared in Nancy's plans. To be incorporated with the other psychological wellbeing sessions was one simply titled "Why Am I At Christ Church?" When I asked many of the children a similar question, I would only get a portion of the story, like "a social worker picked me up," or a response that skirted the question, "I came here when I was five." In general, many of the kids were skilled at avoiding direct answers to questions, which made the prospect of such a course in development all the more interesting.

Also in Nancy's plans were courses regarding discipline. It appeared that this was a more recent area of emphasis within the center's activities. "More fair, firm, and consistent structure needs to be placed in the ways in which the children behave. Those

boundaries help them regulate their own behavior, which at times gets out of hand.” She was interested in incorporating these practices particularly among a new group of teenage girls who had just moved into the center a year prior, and wanted to ensure a smooth integration. From my own point of observation, it was difficult to determine at what point behavior would be deemed out-of-hand. Among the teenage boys especially, there was a fair amount of jokingly initiated rough play, which would result in the victim of a surprise attack looking at me with slightly annoyed eyes asking, “do you see this guy?” A lot of the rough physical play seemed to be within the lines of culturally and developmentally appropriate friendship, but it was difficult to determine when it was not.

Discipline was managed in a variety of ways at the center, largely determined by the severity of the offense. On my first extended interaction with Pastor Mike during the trip, he greeted me at his office by saying “Welcome to the headmaster’s office. Usually this means you’re in big trouble.” Having Pastor Mike address the issue one-on-one in his office was typically reserved for the most severe offenses, however, where repeat incidents would risk expulsion. A month prior to my arrival, one boy who had been at the center had been expelled and had to live with his brother. “We gave him multiple warnings,” Pastor Mike told me, “but he kept being more and more aggressive at school.” He paused. “This is one area where what I do here differs from how I would raise my own children in an at-home setting. But when I have almost fifty other kids, they might be in danger if I don’t do something like that. Or they’ll think that this behavior is okay or that our threats are empty, and if you have numerous children acting this way, then it gets really out of hand. But we made sure he had somewhere to go that was reasonably safe.”

The episode of expulsion clearly represented a more extreme circumstance. Day-to-day disciplinary actions were the concerns of care mothers or those supervising immediate activities, such as homework supervision time. When a five year old boy nearly missed a bus ride to church by lingering too long in the toilet, he was sharply reprimanded by his care mother in Zulu. His facial expression revealed that the negative reinforcement sunk in.

Programs and Mentorships

As children get older, fewer and fewer of their behavioral interventions are managed in a clinical setting. It is more common for the center to attempt to introduce integrative ways to teach and reinforce positive life skills. Camps and extracurricular activities are a few ways in which life skills are fostered. One community organization, led by a woman named Patience Adesanya offered a special outdoors camp for many of the children who did not have a home to return to over Christmas holidays from school. The December visit to the camp coincided with the visit of a supporting church from California to 5Ceas. The church was so impressed by the camp's activities to build personal empowerment and encourage peer-to-peer learning that it agreed to sponsor future attendance.

Mentorships play a big role in the psychosocial development of the children as they get older. Many of these are held through a partnership the center has held for many years with Bryanston Bible Church, a predominantly white mega-church in an upscale suburb of Johannesburg. The church assembles groups of working professionals to take the children out of the center for a short time of social interaction and personal

encouragement. This program had gone through several iterations.

“You had a lot of mentors who did their jobs well. They would come here, sign out with their mentee, and take them to lunch at Wimpy’s.” (Wimpy’s is a fast-food chain in South Africa, the equivalent to a Burger King.) But Pastor Mike then mentioned, “there were a lot of kids who didn’t have mentors as diligent who would wonder why they were being neglected, or why they weren’t deserving of Wimpy’s. It set off a lot of self esteem issues, so I had to tell Ray. He thanked me when I told him, because he wasn’t aware of how big an issue that had become.”

Raymond Amm managed the relationship between Bryanston Bible Church and 5Cees and I had the opportunity to talk to him during a visit a team from the church made to the center. The church brings a team over on Wednesday nights to put on social programs for the teenagers, and on this occasion I was able to get a short open window of time to talk to Raymond. “It’s true,” he told me of Pastor Mike’s recount. “I’ve been trying to get that program to work well for five years, and half the time it did. We heard those success stories of real bonds being formed and so on. But it was the rest of the time that was concerning. So, I’ve just scrapped it. We do group outings now, which I still think provides the opportunity for those positive relationships to form, but gives us a little safety net from that whole abandonment issue.”

After my conversation with Ray I went to rejoin the group activity being hosted by the church. It was a mock version of *Dragon’s Den*, the South African equivalent of the television show *Shark Tank*. The teenagers were tasked with inventing a product and then pitching it to a panel of judges, composed of volunteers from the church. Among the products invented by the children were luxury chocolates (sculpted from play-doh), a

candy house, a pair of women's shoes crafted from cardboard, and the most elaborate item, a boombox made by the teenage boys. The latter item worked and played music from an mp3-capable smartphone via an auxiliary cord or bluetooth signal, and even featured an LED light. Although the product was impressively developed, the investment pitch proposed spending R1000 on developing each item, and a R900 selling price.

Safety is Always an Issue

Another significant concern for the children living at the center is safety, and this is a major concern from the beginning to the end of a child's time at 5Cees. Johannesburg is a city with a reputation for high crime, and most people living in Johannesburg I encountered had anecdotes to support that impression. Furthermore, 5Cees' location close to the Central Business District put it within two of the biggest hotspots for criminal activity, Berea and Hillbrow. Crime rates were also particularly high in areas surrounding townships, meaning that for many of the children coming from such an environment, criminal activity was already very familiar.

Safety is always an issue in Hillbrow, for every age group. Sadly, stories I heard of violent crimes in the area often included victims as young as five or six. Sexual violence was also disturbingly common. For the youngest children, safety was mostly a matter of care mothers keeping a close eye on a group while they were offsite, making sure everybody stayed together. For older teenagers, fifteen and up, managing their own safety came almost instinctively and they were my best consultants on whether or not it would be safe to go to a certain place during certain times of the day. It was in between these two stages of childhood where most of the adaptive learning takes place. Children who

are beginning to come of age will often be introduced to the stark reality of the high crime found in the neighborhood and the consequences of not using caution.

While the children were at school, Marc took me on a walk of the surrounding neighborhood, some of which went by areas I had been told were fairly dangerous. People and cars flooded both the streets and sidewalks, which were restless with noise. Many people surrounded a couple of grocery stores, which were packed with people barely moving through each aisle. On the side of the grocery store were many homeless individuals sleeping on mattresses. Bulletin notices were posted, and many came to scan the posts on the walls for jobs or items for sale.

Geographically and structurally, 5Cees benefits from some insulation from most of the city's crime. While its campus is fairly large, there are only two commonly used entry points which routinely remain locked at night, and monitored by a security guard around the clock. One side is bordered by a busy street, and the three layers of entry points to the center are rarely used and all remain locked and gated. Furthermore, the center is in a quieter part of Hillbrow, next to the fire station. While a walk a few blocks past could take you into the densely populated center of the neighborhood full of people on the streets, the center had a few city blocks separating it from the epicenter of most criminal activity.

The walk was a reminder of the reality of the neighborhood close outside the center's walls. On the inside, it was easy to become comfortable, and to forget that safety was a major concern for many people right outside. However, reminders would surface often enough of the way children's lives are affected in Johannesburg as a result of its high crime rate. While I was talking with Lindikhaya, asking him to fill me in on other

recent life updates, he rolled up his sleeve to reveal a deep scar on both sides of his shoulder. “Oh yeah,” he recalled, “I was stabbed.”

I asked him to tell me the story of the incident. He was still living at 5Cees at the time, but he went out to visit his brother, living in the township of Alexandra. While visiting his brother, he needed to switch taxis. While waiting for his next ride, a group of three guys came to him and asked him for his money and phone. When he resisted, they threatened him with a knife. “You might take my things,” he told them, “but you won’t kill me.”

The relationship I formed with Lindikhaya had always been a rather playful one, and I knew he had a tendency towards hyperbole and embellishing his stories. While his recollection of dialogue during that incident was both dramatic and unverifiable, the scar on his shoulder confirmed the intensity of the attack. The knife wound went all the way through his shoulder, emerging on the other side. His recovery process took months.

The most stark reminder of dangers of the neighborhood came at a time that was unexpected. While we were in the girl’s department doing drawing activities and listening to their stories, our time was interrupted by a visitor to the center who came to talk to their care mother. He entered and began to tell his story, saying he was in search of a girl named Gululeko. He continued to tell his story in Zulu, with many of the girls translating for us to fill us in on the details.

“This girl had not been seen for a few days. He says that she did not want to go to school. She said that she kept getting raped when she would try to go to school. Her parents insisted, saying she must go to school. She went to school a few days ago and that was the last anybody saw of her. The principal says she never showed up at school.”

The story itself was one half of the reminder of this reality. The other half came from the fact that the girls were relaying this story to us so nonchalantly, unsurprised by the danger that befell a girl close to their age. “This is a very dangerous area,” they told us. “But in here, we are safe.” The visitor, most likely the girl’s father, continued to solicit help when Evan, a security guard at 5Cees came in to tell them he had not seen the girl. “Have you talked to the principal?” he asked. “I have, but he is not helpful,” responded the man. “You must make flyers. Hang up signs around town.”

Evan was part of a security team at the center and at all times, this was a significant concern. In addition to its facilities being protected by locking doors, the center also employed gates, barbed wire, and an electric fence. The center had somebody monitoring security 24 hours a day. Evan worked the night shift five days a week, from 6 pm to 6 am, to be replaced by Xolani on Mondays and Tuesdays. During the day, another staff member, Patrick, also managed security.

Boundary protection is an especially important business in South Africa. Evan showed me the panic button. If any incident were to occur, the alarm could be pressed which would send for armed security guards to arrive from ADT, a private security company, in minutes. He mentioned that it cost R500, or around \$40, each time the button was pressed. I asked him if he’s ever had to press it, and he mentioned that the guest flats were broken into while they were still under construction. “They took a bunch of chairs,” Evan told me. “A thousand dollars worth of chairs.”

Unique needs for education

The timing of my visit coincided with the beginning of a new school year for the

children at the center. Many of them spent their afternoons occupied with putting plastic protectors over newly purchased notebooks, and it was apparent that they were all only in the beginning pages of each of their textbooks. This allowed me to see the many complexities that resulted from trying to meet the educational needs of fifty children, many of whom faced further challenges from learning and physical disabilities. The students occupied a wide range in grade levels from Grade ‘R’ (the national equivalent to kindergarten) to Grade 11. These recurring challenges placed a heavy demand on the care center’s staff, who had to deal with the transition of a new member into the role of director of education.

While education is a concern for children at all ages at the center, it is perhaps most in focus between 8 and 14. Very young children and older teenagers may be so preoccupied with their transitions into or out of the center that education is not as prominent. Also, it is in middle childhood that the greatest opportunities are developed for study habits and self-esteem towards education. The older children were mostly resigned to their level of aptitude, and this was reflected in the amount of work they put into their academics. Those earlier in childhood, however, were more willing to make adjustments and often saw the results of the changes they made to their study habits.

This was the center’s first time in many years to begin a school year without the help of Magret Khumalo, its former Director of Education. Her role encompassed everything from assisting in the administrative arrangements for children’s schooling, teaching daytime classes at the creche, and supervising an afternoon study time. Just as everybody called Pastor Mike by his job title, almost everybody referred to Khumalo as “Teacher Magret.” Recently, the center had stopped housing and educating creche-aged

children and Teacher Magret's position was dissolved. It became clear that Teacher Magret contributed far more than her formal responsibilities dictated, as the start of the school year brought about many unexpected challenges to the staff. Assuming some of her old role, namely the educational development of the children and the supervision of afternoon study time was Warrick Gibbons, a new hire who also supervised the spiritual development of the children.

5Cees addressed the variety of educational demands very thoroughly, placing a high emphasis on the importance of education. The center ensured that all of the individualized recommendations for each child were taken seriously. This often put a strain on the center's financial resources and put a heavy demand on various staff members, however it was a priority reflected in the center's budget. "It costs \$25 per day for each child's education," Pastor Mike informed me. "That includes basically everything, from school uniforms to books to school supplies. Thankfully this need has been consistently met by sponsors."

Pastor Mike suggested I accompany the children on their way to school, so the next day I came prepared to join Marc on his route to drop off each of the kids. By 6:00 in the morning, the children began to trickle into the kitchen, as the bus was parked right by its back door. They put butter, peanut butter, or other spreads on slices of bread that they cut for themselves. They would typically eat one or two pieces for breakfast and pack another one or two to take to school. Many of the children also poured juice from a large Tupperware container into mugs to drink. The juice was made from a concentrated cordial. The kids came dressed in full uniform, and within fifteen minutes, everyone began to load onto the bus.

Part of the reason for such an early departure time was the sheer length of time it took to drive to each of the schools. Even though the earliest schools started after 7:00, the 6:15 departure meant children needed to be up exceptionally early. “I start my day at 4:00,” Marc told me as I took the seat next to him on the bus. “That gives me some time for prayer and devotions. The kids get up a little bit after me. Imagine all these guys having to make do with just one or two shower spaces. But I hear it’s worst in the girls’ department.”

The bus could seat around 50 children, and felt fairly full by the time all the students were on board. Marc began his drive eastward, through several different neighborhoods. We passed through the slum neighborhoods of Yeoville before driving by Johannesburg’s Chinatown area. The drive was long, and after thirty minutes of driving we had yet to drop off any of the children. This gave Marc and me plenty of time to talk about everything from the U.S. Presidential election to his travels in Ethiopia, to the recent protests against South African president Jacob Zuma. We drove into a more upscale neighborhood that was evidently a much more wealthy area in comparison to Hillbrow. Trees lined the sidewalks in front of houses that were obscured by high security concrete fences.

It was in this neighborhood that we came across Elandspark School. Its surrounding area was affluent, and I noticed the diversity of the students walking into the school. “This generation is the born free generation. White kids and black kids go to school together and think nothing of it. It would have never happened while I was going to school,” commented Marc. There were indeed white, Indian, black, and mixed-heritage children making their way towards the entrance, the four races that are native to the

country, as South African children are taught in primary school.

Three students got off at the school, including the two oldest boys and the oldest girl. Looking at the school, I wondered if it might be a school for the gifted, given its location and appearance. I would later be corrected by Pastor Mike. Elandspark apparently focused on special education for slower learners. The next school we would visit would also have a special education focus, although this time more specialized towards attention deficit issues. It took another 20 minutes of driving before we arrived at Forrest Town School, this time to drop off only one student. In an hour, only four students had left the bus.

It was another 20 minutes before our next school, again for a drop off of only two students. St. Vincent's was a school for the deaf, and one of the hearing children helped a pair of deaf siblings across the street to their school. In about another 20 minutes, we arrived at our next stop, where finally, a significant portion of the students attended. About half the bus got off at McCauley House, a Catholic school that educated boys and girls up until grade eight, then only girls from that point forward. Only 10 minutes from there would be the final stop at New Nation school, where the majority of the children went.

Over two hours later Marc and I were back at the center, where he parked the bus outside. "To tell you the truth, this is not easy," commented Marc. "But it's what I have to do for now." In just a few hours, he would have to leave to make the same journey all over again to pick the children up. "Sometimes I might get told that one of the girls has to stay later at school for some reason, so I may need to make another trip just for one at half past four. This part of my day alone is quite demanding."

I asked Sarah about the large number of schools. I could understand the varying levels of need, especially given the diversity of psychological challenges seen at the center, but I was wondering how these schools were selected. She told me that state psychologists had begun doing the evaluations and placement of the center's children. This resulted in the center relying on many different schools throughout the city.

Notably absent from the bus ride were the center's smallest children, the ones who had just recently graduated from the creche. I would run into them back at the center after the long bus ride, dressed completely in their school uniforms. They went to school on site at Hillbrow Independent School. The recently opened school rented classroom space from the center, and was also attended by many of its children. I was greeted by a group of them being taken for a toilet break when I made my return to the center.

This time period when the children were at school marked the quietest time of the day at the center. It was during this break that I was able to engage most of its staff members in longer conversations. Other times, I would offer to take on various tasks to provide a bit of help. This was also the most ideal time to get personal errands done, including groceries. The children began to reappear around 3:00 pm where they would get a short break before having to begin study time.

Academics

Warrick Gibbons was newly appointed to oversee study time, and he recruited me to help oversee studies in one of the rooms. Study time was held in a long hallway equipped with several classroom spaces, across from a library of books and a laptop area.

Each of the rooms had at least one adult staff member present, which included me, Warrick, and a variety of care mothers. Students divided themselves and worked on homework assignments from a variety of subjects.

I asked Nando how many subjects he had to balance, and he responded with ten. I told him I could probably guess them all, and after some trial and error, I was able to determine what a typical course load looked like for the children at 5Cees. Students take a language class and two other secondary languages. This intensive focus on languages was typical in South Africa, although it seemed most children did not attribute language classes as actually helpful in developing linguistic skills. Children typically learn other dialects in natural settings, and few master a language like Afrikaans where exposure is primarily through school. Courses are rounded out with physical science, history, accounting, mathematics, physical education, civics, and another elective. A couple of times I was asked if I knew Afrikaans so I could help with homework in that subject. I initially said no, but then offered more support when I realized the extent of the help they needed was in learning how to use an English-to-Afrikaans dictionary.

Study Time

Throughout study time, I found the majority of the students to be diligent with their homework, however a few of them took the opportunity to preoccupy themselves with less academic tasks to delay actual study. The beginning of the school year provided the students with a chance to obsess with wrapping their textbooks in a protective material. Many of the students' homework assignments included factoring out exponents or identifying chemical compounds. On more than a few occasions, the materials were too

difficult for me to provide help without having to refer back to their lesson to re-teach myself. Warrick's response to their study time stood in contrast to mine, however.

“During the Dragon's Den activity, most of the students just worked on their inventions. They'll owe me an extra two hours of study time.” He then mentioned to me that Saturday studies would soon begin, occupying a large portion of their weekend.

One of the most apparent things to me throughout my time at the center was the high value placed upon education. This was reflected numerous ways. In terms of the center's financial situation, it was one of the most urgent needs that the center would seek to meet. Educational pursuits also took up the greatest amount of time from the children's regular schedule. Between the extensive bus ride to school, the afternoon hours dedicated to studying, and the weekend study times, it became clear that most of the students' other activities would have to fit in between the margins of academic pursuits. I questioned if this might be too much time spent studying. Pastor Mike indicated that this was a concern of his as well, but he also saw the benefit provided by a structured schedule. In spite of the large amounts of time dedicated to academics, not all students were so motivated.

The opportunity to receive such a customized education, along with supplementary programs, was an advantage offered by this institutionalized setting. In a township setting children would not likely have the opportunity to go to such needs-based schools like Elandspark or St. Vincent's School for the Deaf. They would also not have access to some of the psychological support and programs provided by the center and arranged by Nancy. The center also provides a greater degree of safety through security guards and its protected campus that would not be present in a township setting. These provisions came at a great cost to the center, in terms of needing to finance security

guards and services or placing the burden of an extensive bus route on Marc. There were no shortage of reminders about why these investments were important, however, from Lindikhaya's stabbing to the disappearance of Gululeko. These concerns about safety and education are ones that follow children for over a decade, from early in childhood to later in teenage years. My next chapter will look at what happens next, as children are on the verge of aging out.

CHAPTER VII
THE END OF CHILDHOOD (AGES 15-20)
THE CHALLENGE OF TRANSITION

Aging out remains constantly in the thoughts of the center's staff and administration. The previous chapters have illustrated how the center has spent an entire childhood investing in children by providing them with safety, care, and education, at a great cost. The center will have put an emphasis on psychological interventions at an early age, customized education plans throughout schooling, and security all throughout the growing up process. A lot of the same threats that endanger children, however, are still relevant for young adults. This makes the moment of aging out of high concern. What happens next reveals whether the center's investment paid off for a particular child, enabling him or her to thrive in adulthood.

I asked Buzwe what his plans were for his upcoming transition out of the center. As the oldest child, his emancipation was on the horizon within months. From what I heard from most people, he was likely to move back to the township of Thembisa, to live with his brother. I also heard rumors that he and his brother were not particularly close and that he might be living with somebody he barely knew. I wanted to make sure my information was accurate, however, as I had only heard these statements from volunteers in passing.

"I need to know where to find you the next time I'm able to visit South Africa," I told him. "Don't worry," he replied. "You will find me on Facebook." I had gotten used to his joking pattern of answering questions. Similar to Lindikhaya, he would answer

jokingly and evasively at first, then, if he felt comfortable enough, would follow up with a more serious answer. He then looked at me more seriously and said, “I have somewhere to live in Thembisa. I’ll be fine.”

The collective interest in Buzwe’s transition opened my eyes to the challenges that face many of the center’s children who become adults. Buzwe had been at the center for over nine years, and hardly anyone could remember a time when he wasn’t there. His transition, to live with his brother as he made the transition into adulthood was the common pattern for children at the center. Low self-esteem, a lack of preparation, and limited opportunities could potentially derail a child’s chance at a healthy and secure adulthood. As one volunteer described the transition process to me, “it would be a real shame to have invested into a child’s life for eighteen years only to have them turn to drugs or gangs or prostitution at the the end of it.”

The end of the road is difficult to determine

When is it that children transition out of the center? This turned out to be a question with no straightforward answer. The time for children to be emancipated from the center was determined by a variety of factors. This included the child’s actual age, their level of academic attainment, and what living situation most likely awaited them. In addition, the legal process of emancipating a child also comes with its own obstacles and may also alter timelines. Ultimately, the most ideal time for a child’s emancipation comes about through a series of difficult judgement calls.

Buzwe’s status as the oldest child at the center was a relatively new phenomenon. A year prior, there were four boys older than him still living at the center. Two moved

away in the earlier part of the year, having reached adulthood and feeling the need to assert their own independence. A month prior to my visit, Lindikhaya was also told he would be moving out. This coincided with the only other boy older than Buzwe being expelled for behavioral reasons, rendering Buzwe with his seniority. Much of the recent turnover seemed to demystify the process for him, which would partially account for his nonchalant attitude towards his transition.

A South African is legally considered an adult at the age of eighteen, however, this number seems to serve as an arbitrary marker more than anything substantive. For many children who had grown up at the center, their eighteenth birthdays came at a time while they were still in the process of completing an education or continuing personal adjustments and they were allowed to stay on afterwards. Eighteenth birthdays did have a heavy impact on what was required of the center's administration from the legal standpoint. "The South African government would refuse to provide me with any money or support for children over eighteen," Pastor Mike explained. "They want children who are grown up to be out and on their own. The reality is that most of the children I've known still have a ways to go before they can be independent. Take Buzwe, for example. I've had to really make my case for him staying at the center even while he's been a little bit older." I found out that this disagreement over how long to continue to provide support was yet another reason Pastor Mike thought it was better for 5Cees to forgo financial support from the government. I already knew he did not pursue the opportunity in order to keep a partial guardianship of the children with their families and so the center could remain a religiously-based operation.

This conversation was how I learned Buzwe's true age—nineteen, quite old for him

to be in the tenth grade. Due to the challenges many of the children had faced early in life, from personal traumas to health-related difficulties, it was somewhat common for many of the children to fall behind one to three years in school. Many children also faced learning difficulties which would make catching up or further educational attainment less likely. One of the biggest concerns surrounding Buzwe was the fact that he was supposed to transition out after the school year ended, but that he would still have two more years left to complete. Thembisa would be nearly an hour away from his current school, and he had no clear way of transport. Furthermore, Buzwe was one of the students attending Elandspark School for special education needs, and it appeared that many of the advantages gained by having him attend that particular school could be lost if he would have to transfer. This dimension of Buzwe's transition remains unresolved.

The polarized tension between ideas of when a child should gain independence oscillated between the age of eighteen or the completion of a basic education. This caused me to wonder if other markers could be considered as well. If a psychological assessment was routine for the intake of children, it seemed feasible that an outgoing assessment could also be incorporated. Perhaps allowing evaluators to use a standard like "developmental age" may be more practical in determining when children should transition out. I asked Pastor Mike about his outlook and he reminded me of the low expectations he had for systematic improvements towards the process, noting that the South African government usually had insufficient resources to implement otherwise promising approaches.

What Sort of Adulthood Awaits?

My multiple-hours-long interaction with Lindikhaya revealed to me what sort of opportunities and difficulties awaits children once they leave the center. He left only a month before my visit so his transition into adulthood was a fairly new one, and one that was not completely settled. In between his recollections of going to school and stories of being stabbed, he also told me about his next pursuit. After taking some time to get by working at a tavern owned by family in Thembisa, he had been accepted into a nearby learnership program. The program was the reason he had to return to the center to collect paperwork. "I'm looking forward to it," he told me, "but it's going to be a really long commute every day. I have to take one taxi for twenty minutes, take another for forty, and then do one last switch. Or I can walk the last leg." Either way, his commute from Fine Town would be one hour, each way.

Lindikhaya acquiring a learnership could be considered a successful outcome, especially given how quickly he gained acceptance, and the relative shortage of opportunities in professional job markets across South Africa. Learnerships are programs designed for students who seem to have a more promising future by mastering a trade or technical skill than with a four-year formal education. These provide young adults with work experience and personal exposure to a field that could ideally become the basis for a stable future career. From Lindikhaya's description, his program seemed most like an apprenticeship.

A four-year, formal education also remained a possibility, although in its many years of operation, 5Cees has seen few of its alumni pursue this route. One of the largest barriers is the sheer difficulty of admittance, particularly for a population that has a high proportion of reported learning difficulties. In South Africa, a distinction is made

between colleges and universities. Universities in South Africa are mostly state operated and offer the highest level of education. The University of Witswatersand was the only institution of this sort in Johannesburg and the main obstacle for children of a disadvantaged background was financial, although their lack of academic discipline also made it improbable for many. Although the center made academics a priority, Pastor Mike admitted that few students likely possessed the aptitude to merit placement in one of these four year institutions.

Private colleges in South Africa are generally considered less academically rigorous. From a financial vantage point, however, they are more costly to attend. Many specialize in certain types of careers such as internet technology or tourism and hospitality. The latter industry was one numerous children at 5Cees showed interest in. None of the children who had grown up at 5Cees had gained acceptance into university. A select few did have success at private colleges, however, and this was enough to provide them stable enough careers to live independently.

Bongi Portia was an excellent example of someone who had grown up in 5Cees and had made the transition to adulthood successfully enough to live independently. She lived at 5Cees until she turned 23, an uncommonly older age for someone to stay at the center, but it was allowed as long as she was in college. Before she finished, however, she had moved in with a family from Bryanston Bible Church. The same church offered her a scholarship which enabled her to finish schooling. I asked her how much it cost, to which she answered R30,000 per year. With her education in hospitality and tourism she was able to find a job at a travel agency that allowed her to live independently. The relationship Bongi maintained with the center and its children continued to be an

encouragement to the younger ones. When she was seen on the center's campus, she was instantly flocked to by all the girls, from the youngest ones to the oldest.

Bongi's relative success with the transition has given her an interest in seeing other children reach adulthood to find opportunities to be independent. "We have been meeting with a lot of people to come up with a project of the kids like Buzwe who are getting close," she told me. "Maybe a transition house or a scholarship fund." Pastor Mike mentioned Bongi's situation as an ideal goal for children when they reach adulthood. "She was able to complete school, and now she is working and able to provide for herself. I hope more children are able to accomplish that."

The tension of nurturing independence and providing support

How much living support is appropriate for a teenager on the verge of adulthood? In what ways does "tough love" need to be demonstrated in order for children to develop their own independence and survival skills? These are questions that seem to be cross-culturally ubiquitous, however culture is one of the biggest determining factors in how it is answered. In the case of 5Cees, cultural differences between supporters, the staff, and the children themselves often cast a lot of ambiguity surrounding the center's role as children begin to age out. A decision as simple as providing housing for someone in Buzwe's position may help relieve him of stress as he finishes education, or it may remove the urgency that might be needed for him to make important decisions on his own. For the center's staff, these questions do not have easy answers but they remain frequently discussed and deliberated.

"We would like to get the children more job training," Pastor Mike informed me. He mentioned the difficulty that this would create in wanting to avoid the appearance of

child labor. “Because Buzwe and Melissa are over eighteen, we were able to get them started on a few really basic tasks. We told them that since we are continuing to house them over the age of eighteen we would appreciate it if they helped out at the center a little bit. Of course we paid them for it, which gave them an opportunity to learn how to manage money. On Saturdays, Melissa will spend some time answering the phone in the office when nobody else is around, taking messages. It’s a really simple task. For Buzwe, during the Christmas break, we asked if he would work a few shifts of security for us.”

Pastor Mike continued to explain how skills that are less emphasized in black South African cultures could be a valuable asset to the children. “Driving is a good example. In many of the poor communities here, people simply don’t think it’s important to drive, but drivers can earn money. If you’re living in Johannesburg, driving could give you the opportunity to work in a much better environment. That’s something I would love to see happen at the center if the funding becomes available. It would be nice if we could purchase a car to begin training some of our older kids. Marc can teach, and so can Evan. Evan is a very good teacher.”

Financial management is another skill that Pastor Mike would hope to see introduced more to the teenagers at the center. “For his time working at the center, we gave Buzwe R1,000. We told him he could use it any way he wanted. I checked in with him a little while afterward. He spent half that amount on new shoes. Of course, that’s not a big surprise, and you’d expect a teenager to do something like that. I asked him about the rest of the money which he gave to his brother. I think he should have kept it and saved it. We won’t know what will become of the money now, but it’s good to get in the practice of saving.” This comment again highlighted to me a major cultural difference

in financial habits. Collectivism extends itself into the area of managing a family's resources.

It is in these sorts of circumstances that an older mentor figure would be particularly helpful. For years, this was the objective of Raymond Amm and the mentorship program through Bryanston Bible Church. The program in its earlier form also emphasized matching children with mentors based on their areas of professional interest. One thing that this program lacked, however, was providing the children with first-hand knowledge of someone from a similar cultural background who had attained their own independence, away from street life, such as Bongzi. One individual who filled this role in several ways throughout the years was Maanda Mufansa.

Maanda was a twenty-something professional working for a steel industry company, with a small physical appearance that made him look even younger. While he used to serve in a more formal role as a mentor at 5Cees, he no longer holds any technical position. Instead he maintains his relationship with some of the older boys on a strictly voluntary basis. Often, he will check in with them to see how they are doing in school and in life. He will also sporadically text Bible verses or messages of encouragement throughout the week.

Maanda grew up, not at 5Cees, but in a similar setting. This common bond, plus frequent contact, allowed him to communicate with the teenage boys in a more uninhibited way than any other staff member or volunteer are able to. Maanda also models how one could transition into adulthood and into a stable career successfully. One of his most recent accomplishments was traveling to Sweden for the first time on a business trip. Despite his lack of a formal role, he exemplified an ideal individual to help

provide guidance for some of the teenagers as they learned various life skills.

The differences in cultural perspectives surrounding emancipation and independence were visible as my conversations went back and forth from Pastor Mike to the teenagers. In addition to cultural differences there were also generation gaps, perhaps more exaggerated for this generation than ones past due to the dramatic systemic changes in South Africa over the past twenty years. Unsurprisingly, this often led to disagreements between staff and children over what should be expected for one's final years at the center. Lindikhaya told me that some of the boys who had recently left the center did so after failing to reach an agreement with staff members. "This is a difficult scenario for me," admitted Pastor Mike. "One of the few times things are a bit different from how I would be able to handle things if this were my own child. When I take children in, I commit to decades of caring for them, but of course if they do not want to receive the care that I have to offer and what comes with it, then I am not in a position to stop them from pursuing their own path."

Times that this happened were apparently rare. Expulsions were also a rarity, in spite of the one that had happened just a month before my arrival. Some supporters disagreed with how the center handled cases of teen pregnancy in the past, but this was also a rarity despite South Africa having an above average rate of teen pregnancies. Girls who became pregnant would be sent away from the center, however Pastor Mike clarified what happens in those instances. "We do not have the resources to care for later stage pregnancies here," he explained. "We also cannot care for a newborn. We do have other facilities and centers we are partnered with, and that is where girls go if they get pregnant."

Upward mobility

Cases like Lindela, Bonggi, and Maanda reveal one more aspect of the center's work. Ultimately, it offers the children it takes in an opportunity at upward mobility. With the disadvantaged family backgrounds that most of the children were born into in the townships, it is unlikely that many of them would have been on track for a healthy, independent career during adulthood without some intervention. In that regard, 5Cees not only represents a solution to the immediate threats facing the children due to orphanhood, poverty, trauma, or illness, but a chance at a better future than conditions at birth would have likely led to.

This raises a few questions regarding how much of an emphasis the center should place on making sure children have learnership or academic opportunities lined up after they age out. If the mission of the center is indeed to provide immediate care following a traumatic childhood incident, parental incapacitation, or orphanhood, then investing resources towards upward mobility may be considered a form of mission drift. While there is nothing inherently harmful about this expanded endeavor, some could argue that this stretches the limited resources of the center too thin, and that perhaps this would be better if taken on through a partnership with another organization.

In some ways, this is already happening. Bonggi's scholarship came through Bryanston Bible Church, and this church plays a more active role in the children's future development through mentoring and other programs as the kids get older. Another strong argument in favor of the center continuing to maintain the approach they are currently taking is that there is no obvious organization ready to focus exclusively on the transition process and creating opportunities for young adults. The argument that Pastor Mike

ultimately takes on is that he would not be satisfied to have invested eighteen years into a child's development only to have that child turn to a destructive life in early adulthood due to a lack of opportunities. While he might not describe "upward mobility" as one of the center's overall goals, the center's goals could not be completely realized without safe and self-sustaining options for the children who age out.

The other question that would be raised, then, is if this potential for upward mobility unintentionally incentivizes parents to become dependent on institutions as a means of providing their children with a better adulthood. This would be nearly impossible to prove or disprove. In many cases it would likely be true to some extent. However, when the conditions of the families that Pastor Mike usually offers the center's help are taken into consideration, it seems unlikely that this would happen too frequently. He habitually takes on families shortly removed from a crisis or traumatic event, as taking families in simply on the basis of a disadvantaged social position would overextend the center's capabilities.

Seeking realistic opportunities for the future

"I know what we don't want to happen," elaborates Pastor Mike. "We don't want our children, someone like Nando or Phumeza, after having invested in them for decades, to find themselves turning to drugs or street life or prostitution. I especially worry a lot about our teenage girls sometimes. This is a very dangerous place to be a young woman, and there is a lot of sex trafficking that goes on just outside the center. But this means that they need the vision and the motivation to do something else." Whether or not the center should be the main actor in overseeing a child's early adulthood was ambiguous,

however it inevitably played a crucial role in the transition.

“Speaking of Nando and Phumeza,” added Pastor Mike, “their situation is tough.” I thought back to my conversation with Nando who said they were brought to the center when their grandmother could no longer care for them and got in contact with a social worker. Their mother had died and no one in their family had seen their father for many years. “Those kids were actually brought here from Lesotho,” explained Pastor Mike. “And until now, they don’t have any papers or anything. Legally, they may find work in Lesotho, but they do not know anybody there anymore. We face the challenge of getting their paperwork released so when they reach adulthood they can pursue school and work here in South Africa. This is likely going to be very complicated. I may have to send Nancy to Lesotho, but she’s already doing so much here and she has her own family to take care of.”

I was curious as to what sorts of opportunities awaited students who aged out of the center. Maanda, though not from 5Cees itself, was able to find a job in sales. Bongzi worked for a travel agency after studying hospitality and tourism. In fact, when I asked most of the older teenagers what they were thinking of doing for a career, a large portion of the girls were interested in hospitality and tourism. “This is such a popular field now,” admitted Sarah Sunker. “But it makes sense. Many places in South Africa are big tourist destinations, and with the exchange rate so low, it might not be a bad industry to pursue.” The thing that stood out the most, however, was that of the dozens of children I asked, I only heard a few answers repeated. Many of the boys wanted to be chefs or pilots, including those on the verge of adulthood. Although many had strong ambitions, few demonstrated a strong likelihood to accomplish this goal. “Several years ago, there was a

professional pilot who would volunteer at the center,” explained Bongi. “Ever since meeting him, all the boys, they want to be pilots. The same thing happened a few years later when a professional chef came to visit.”

Other answers I heard repeated were loftier goals, those of being a soccer player, a lawyer, or a doctor. None of these ambitions were exactly outside the realm of possibility, but they were rather improbable. Pastor Mike noted that many of the children did not have realistic expectations for things that they could do when they grew up. This comment was initially surprising, but I then reconsidered how much of an emphasis was placed on empowering children in Western societies. For children growing up in an institutionalized environment, the idea of “becoming anything you set your mind to” is absent. “Many of our children do not simply have the aptitude for it,” admitted Pastor Mike. “I know why that would be a very difficult thing to accept. One of our boys who recently left has his heart set on being a pilot, but his math skills are too low. It’s hard for him to accept that. I would love for him to prove everybody wrong and accomplish his dream, but it doesn’t help the children to provide them with unattainable expectations.”

Early in high school, the children take a psychosomatic evaluation. This test examines their skills and interests to determine what career paths might be the most ideal. Many of the children were dissatisfied with the results and continued to hope for their desired livelihoods. There was an apparent disconnect between what children insisted their future could look like, and more probable outcomes.

The aging out process is riddled with questions. As young men like Buzwe and Lindikhaya move from their teenage years into adulthood, the center must determine how to best situate them for their years beyond the center. One of the biggest questions is

where this transition even begins. Cases like Buzwe reveal that educational progress and age do not always dictate a clean end-of-childhood marker. There is also the ongoing debate of how to nurture independence while still providing care and support as children get older, and how to train children to work and manage money without engaging in child labor. There have been success stories, however, such as in the cases of Bongi and Maanda, and these allow the center to remain committed to ensuring a successful transition. Overall, the center often finds itself having to answer difficult questions with no clear answers regarding the philosophy of institutionalized child care. In spite of these challenging questions, the center must remain committed to a few key principles in order to move its work forward. My next chapter will explore what these principles are.

CHAPTER VIII

THE NON-NEGOTIABLE COMMITMENTS OF A CHILD CARE INSTITUTION

The past few chapters of this study this have explored the challenges and complexities that are a part of caring for children at the care center. There are questions of how to navigate the tension of adhering to legal protocol and dealing with practical challenges, like whether or not to be classified as a children's home. There are questions of how to balance children's education and structure while still allowing them unstructured time for play and creativity. There are questions about when the aging out process should begin and how to balance support and guidance with the nurturing of independence. Almost all these questions surround sensitive and delicate issues, including psychological wellbeing, safety, and education.

There are a variety of approaches that could be taken towards the intake of children, the provision of childcare throughout their childhood, and their eventual emancipation into adulthood. Despite controversy surrounding responses to many of these issues, the need among children in South Africa is too severe to wait for philosophies to be debated into resolution. Instead, 5Cees and its leadership is faced with an urgency to commit to principles when it comes to caring for the children who live there that it can adhere to in spite of complexities or debates. These "non-negotiables" reflected the elements of the center's work that were the most internally valued, and as the center sought to improve its functioning, it focused on this core. In contrast to the previous chapters which explored tensions and questions with no obvious answers, this chapter will focus on the practical:

what is the center committed to do for its children, no matter what. This includes basic needs like food and shelter, education, safety, and remaining true to their religious motivations.

At the beginning of my research, I recognized the fact that many of the questions frequently asked of child care institutions do not ultimately play a practical role given the real world needs of OVC in countries like South Africa. Asking a broad question such as “are institutions beneficial or harmful for children” serves little pragmatic benefit in settings where there are no other alternatives. I echoed Braitstein’s advocacy to instead ask the question of how institutions can be improved. From my conversations with the staff, administration, advisors, volunteers, alumni, and children of 5Cees, it was evident that this was a question the center asked itself on a regular basis. It also became clear that this introspective question led the center to commit to several core principles, and although I never found these commitments formally listed, they were areas in which the center refused to compromise.

Tending to the base of the hierarchy of needs

Most of the people I talked to considered a good childhood to be one where basic needs such as food and shelter are securely met, one where children are able to form healthy interpersonal relationships with others, and one where children are gradually introduced to more and more opportunities for independence, ultimately culminating in their own emancipation.

The first thing on this list is basic physiological needs. These include things like food, water, sleep, homeostasis, followed by physical shelter and security. It may seem

extremely obvious that these are the most critical needs that a center must focus on, but these are needs that many of the children have been critically deprived of during the early years of his or her life. Food and shelter are often the first types of provisions that are expected from institutionalized child care, and in the case of 5Cees, those needs are given top priority. Around the perimeter of the center's campus, its outside walls were adorned with handprinted quotes such as "there is no sense in promising a better future for a child if that child is going hungry today."

Three of the five largest expenses listed on the center's budget were directly related to either food or shelter. In addition to the center's planned budget, a large portion of the goods that were donated in-kind consisted of either food or clothing. On one occasion, when the children had been dropped off at school and there was a daytime lull of activity, Sarah Sunker asked if I would go on an errand with Marc to pick up a donation of food at a nearby church. The church turned out to be visibly wealthy with a large congregation. They contributed dozens of bags of maize meal and rice, between 40-50 jars of peanut butter, a similar amount of bottles of juice mix and cooking oil, along with numerous stacks of canned food. Marc and I spent close to an hour loading all of the donated goods on to the pickup truck, leaving its cargo bed nearly full. While the financial documents of the center reveal that it placed a high priority on food, even more food was acquired through donations that weren't represented in those statements.

Education is also a top priority of the center, and although it is higher up on the Maslow hierarchy, it is widely seen as the pathway through which children can eventually become able to provide for their own basic needs as adults. If the biggest expectation that the center instilled among the children was that of adequate food and

shelter, a top expectation of the center from the children was a dedication towards their own learning. This was especially pronounced in the schedules and daily rhythms at the center. Children would be engaged in some sort of academic activity six days a week, sometimes as much as fifteen hours each day. The center also dedicated as many of its resources as possible, including employee hours, towards giving each child a chance to receive an education at the most suitable school for him or her, and to receive any extra tutoring or learning interventions that might be necessary. I witnessed all of this through Nancy's constant consultation with outside psychological counselors, Warrick's disciplinary approach to supervised study time, Marc's two hour circuit to drop each child off and pick them back up at school, and the simple fact that most of the time I would ask a child what everyone was doing, I would be answered with the word, "studying." The center's steadfast commitment to education was its method of ensuring that its support would not simply be a short-term solution, but a long-term vehicle of empowerment.

The amount of time that studying occupied out of a child's schedule meant that the remaining hours needed to be carefully budgeted among rest, play, eating, hygiene, and other various needs. As a result, children's schedules were always highly structured. The routines seemed to serve a purpose of also keeping the children motivated and too engaged in different activities to have the time or energy for more potentially destructive behaviors. From a psychological standpoint, this also provided them with a stability that may have eluded them prior to moving into the center. Listed among Maslow's basic physiological needs is homeostasis, the idea that humans need a certain level of predictability in order to function healthily. Providing this for a child who may have not

had certainty over his or her next meal, or the health of his or her parents would often be the biggest difference between life before and after entering 5Cees.

Along with the security provided by homeostasis is the security provided by the center's physical space. Although its building structures are old, and usually under constant need of repair, they are kept relatively clean and offer a variety of multipurpose spaces. They also offer protection from outside elements, but even more importantly, a protection from the violent crime that pervades much of the surrounding area.

The upkeep of the building was also something made a high priority by the staff. Not only was this important for safety concerns, but a presentable facility was also attractive to donors. Pastor Mike was notably proud of the center's physical appearance. "On several occasions I have been encouraged by comments made by first timers' visiting the center," he told me. "Wow this place is so beautiful, it does not look like an orphanage, the children are all so well dressed, and so on." Based on comments from staff, it appeared building renovation was always happening in some parts of the center. "I think it goes in a circle," assumed Evan, who had been working at the center for two and a half years. "They just did the guest flats, next it will be the office buildings. Maybe my flat will be next."

The children and staff at all levels took part in the center's upkeep. During many spare moments I would notice children helping with the collection of rainwater or yard maintenance. Evan also lent a hand to the extensive on-site gardens that occupied much of the area in front of the entrance, and around Pastor Mike's apartment. He led me outside on a tour of each of the different items of produce that could be found, from chili peppers to curry leaves, eggplants, mint, tomatoes, and bean sprouts. Evan took pride in

his contribution as a gardener, although many of the flowers and vegetables were often tended to by Pastor Mike with the help of one or two younger boys. I would frequently see him directing a couple kids at a time, excited to water flowers and to monitor their progress.

Of all the basic needs on which Pastor Mike was unwilling to compromise, security seemed to be the most urgent. Given the nature of the neighborhood of Hillbrow, this came as little surprise. “If anything were to happen to one of the kids while they were outside, if somebody like Phumeza were to be kidnapped and trafficked, that would be my responsibility. Even internally, I have to be very careful with the people I hire. Ultimately, everything that contributes towards or jeopardizes the children’s security comes back to me.” To protect against any external dangers, the staff enacted measures like limiting children’s abilities to go off-site, requiring care mothers to be informed and children to be signed out within the office. In the center’s long history, only a few events stand out as times the children’s safety had been threatened internally. “There are a couple of care mothers we’ve had to let go of before. When it came to discipline, a few of them were just too harsh and refused to adjust. Sad to say we’ve had an incident before where I had to fire a staff member because of inappropriately touching a child. But I have a system in place that leads to me hearing about these things when they occur.” “Who do the children tell? Is it a care mother or whoever they happen to feel safest around?” I asked. Pastor Mike responded that it was usually Nancy. “I’m becoming more and more careful. Even with international volunteers now. I either need to have a relationship with them directly or they need to come through a church. I need them to have some form of accountability.”

All of these needs, from food to shelter, education, structure, and safety are the basics of what the center considers “care.” The center is committed to ensuring that each of the children receive the necessary provisions for each of these items. “When I take in children,” explains Pastor Mike, “that is what I agree to provide for them for up to two decades. I tell them that these will be things they no longer need to worry about as long as they are at the center.” It is this commitment he makes, to the children, and often to their family members, that he envisions as the primary need he must fulfill. As these needs were supremely prioritized, there was no evidence that any child lacked any of these basic needs.

Another non-negotiable for 5Cees was the religious motivation behind its work. This is a different non-negotiable than the others listed thus far. It is not a resource that the center secures for its children, instead it is the driving force behind their work, and a beneficial one in a number of ways, as I will now explore.

A religious motivation: exposure but not coercion

In all of my conversations with Pastor Mike, it became clear that it was impossible to separate his work with the center from his prior vocation as a minister. After all, the 5Cees grew out of a soup kitchen that was initially a community outreach of Christ Church Hillbrow, a church attended by many of the children, and one that lends a portion of its name to the center. The connection was far more than a nominal or historical one. Pastor Mike and many of the center’s staff spoke in a way that revealed that their commitment to the center was one intertwined with the practice of their religious convictions. Hanging in staff offices and painted on the sides of the building were short

passages of scripture relevant to childcare, such as “Jesus said let the children come to me.”

One could no more envision the center without its religious background than one could imagine Pastor Mike without his level of commitment to the center. While in South Africa, it is common for many Christian ministers to be widely addressed by the title of Pastor or Father, it remained a bit of a surprise when Pastor Mike’s wife would also refer to him as Pastor. His level of commitment to the center had also become deeply personalized. In recent years a major concern had been that he had not made his health more of a priority as he continued to look for ways to enrich 5Cees, enduring the effects of advanced diabetes. The center was not subtle about its Christian background. A running joke among many was that three of the five cees were religious in nature.

Because 5Cees is extremely transparent about its religious nature, this aspect of its operations do not catch anybody by surprise. Because most of the children’s families are introduced to Pastor Mike as a minister, the ones who agree to allow their children to live at 5Cees must have a certain level of comfort with this reality. Although Pastor Mike and his staff are firm in their Christianity, they have expressed willingness to work with a variety of partners. In his experience, any hesitancy surrounding a relationship between a donor and the center comes more from the potential donor’s reservations about working with a Christian center, rather than the center’s reluctance to work outside its religious circle. Pastor Mike further reiterates that he is “not trying to shove religion down the children’s throats.” Ultimately, decisions surrounding the children’s spiritual beliefs remain up to them.

Because one criticism of orphanages is frequently that they take advantage of children's vulnerability to promote a religious agenda, it is important to situate 5Cees' Christian commitment with the broader outline of Christianity in South Africa. Christianity has long been present in South Africa, and it has crossed cultural lines long ago as well. Many of my more interesting conversations were with Marc in the evenings when he and I would discuss various theological principles. Although he had never received a formal education past high school, Marc turned out to be one of the most well-read individuals I had met during my time. He expressed that if the money and opportunity came up, he would be interested in going to seminary some day. He explained to me some of the more prominent denominations around South Africa, and the mixed reception Christianity receives among the black tribes of the nation. "So many Africans have taken to Christianity for such a long time," he told me. "You can't call it a white religion here because I think there are more of us that practice it than the white people," he laughed. "But I have some friends who are also turned off by its past use to justify apartheid and all that. Many will say that they did not remain free until Mandela came along. Mandela is their savior, they say."

Children at 5Cees have a freedom to choose when it comes to their own religious beliefs and practices. Some of them may still hold on to a belief in traditional spiritual customs, including ancestor worship and practices surrounding death. The majority of them are Christian, however, and all will at least receive a thorough exposure to Christianity while living at the center. From the provided transport to up to three different churches on Sundays, to the presence of volunteers from nearby churches to provide tutoring and mentoring, religious life is ubiquitous around the center. I found this to be

somewhat parallel to the experience of growing up in a religiously practicing household in a traditional setting, as the majority of children do globally. In many cases, children receive a heavy exposure to the religion practiced by their caregivers, although no conditions or obligations are placed upon the child to accept the religion as his or her own.

The center's religious affiliation is one of the main reasons preventing it from receiving government support. The children do reap benefit as a result of the church's strong religious presence, as a result of the extended help that the center receives from ministry-related networks. The center is securely funded, however, with the majority of its funding coming from the United States. A Presbyterian congregation in Irvine is the center's largest donor, contributing close to a million rand each year. Prior to a recent downturn in health, Pastor Mike would visit California each year on a speaking tour, visiting four churches in particular that served as recurring donors. The international churches often provided further support in the form of volunteer hours, or in funding for special projects such as the winter camp or the renovation of guest apartments. While a secularly operated center might receive more government support, it would not compare to the levels of financial and personal support that Pastor Mike receives from an international network of churches.

The center also benefits from being connected to several local churches. Although they do not often have the same financial resources as the North American churches, congregations from around Johannesburg appear regularly on the list of monthly donors. The experience of picking up a large donation of food products from a nearby church with Marc was just one of the ways churches provided support beyond finances.

Bryanston Bible Church offers relatively limited financial support, but instead offers a lot in terms of volunteer presence and including children in various activities and events.

Pastor Mike's son, Ajith, is also a minister by profession, and on one Sunday, I was invited to attend his church in a nearby suburb. One of the most surprising observations was the small size of the congregation. The majority of its pews were empty and there were no more than twenty people in attendance. Xolani worked as a musician for the church, a side job in addition to working security at 5Cees. I also saw Marc operating the church's sound system and I learned that this is how he became connected with 5Cees in the first place. A disagreement with the relatives he had stayed with in Johannesburg led to him no longer having a place to live. He worked for Ajith's church and talked to him about options. Ajith mentioned living at the center as a possibility, but that would also require working there for pay. Xolani, although already familiar to the center, became an employee in a similar way. Even a church as small in size as Ajith's becomes a beneficial connection, when it allowed the center to hire security guards and drivers with whom familiarity had already been established.

To date, one of the center's biggest assets remains the connections held by Pastor Mike, through his years as a minister. This provides him with a strong relationship with townships and communities from which many of the children come. This also gives him an opportunity to seek out funding from churches and other religious affiliations. Many of his professional connections also benefit the center by providing it with workers that are already familiar to its administration. Having a director with numerous connections in different fields allows the center an even further degree of flexibility. Concerns have risen lately regarding Pastor Mike's health, however. Although he and his wife held plans

to visit the United States on a fundraising effort in the summer, his condition may not allow for him to make the journey many more times in the future. At the time, he continues to search for a potential ambassador to further his connections with the United States. He also has begun forming a plan of succession, for Sarah Sunker to eventually fill his role as the center's director. "Not only does she have the experience," he joked, "but who wants to be in the shadow of her father-in-law forever?"

Respect for the children's families

A frequently heard axiom among many of the center's workers and its volunteers, and a sentiment broadly shared around charitable circles is that a nonprofit's biggest asset is its reputation. Although concern over an organization's reputation is often tied to its donor base, 5Cees' reputation among the communities it serves takes highest priority. Families in townships struggling to find a means to support orphans or vulnerable children may find a number of resources for them available in South Africa, ranging from government-operated homes to other private organizations. However, not all these options are received equally by the extended families of South Africa's OVC, and some of the failures from various housing groups have led to a generalized distrust of the system of institutionalization. For 5Cees, rebuilding and strengthening trust has always been an essential part of their operation.

One of the best examples of this practice was the information revealed to me by Sarah Sunker, who explained how the center avoids certain legal terms like "children's home" that would be a barrier of trust for their families. In many instances, the center was willing to forgo advantages and assets that could be provided by the government if they

came at the expense of the families' trust. The retainment of partial guardianship by an OVC's extended family was often the most helpful piece of reassurance that encouraged families to feel more at ease with the option of 5Cees. A partial guardianship provides both parties with a sufficient amount of legal protections to feel secure in their ability to personally advocate for the child's future. As much as possible, the administration made its commitment to the children and their families to provide up to two decades worth of childcare.

The connection between siblings was also prioritized by the center, and one of the center's top concerns was to ensure that siblings would not be split apart. 5Cees typically manages the number of children it can care for at one particular time carefully, not wanting to overcrowd the center. They do reserve a degree of flexibility with the exact numbers, however, so that the intake of siblings does not become a hinderance. The importance of keeping siblings together even takes precedence over the center's age preference towards younger children. I recalled Pastor Mike's story of the set of five siblings that had been adopted by a more affluent family in the Johannesburg suburbs. A non-negotiable component of their adoption was that all siblings would be taken in together. One of the biggest reasons adoption is not a more common course of action at 5Cees is that the partial guardianship makes it difficult for the adoption process to fully materialize. This is seen as a worthwhile trade-off for the trust of a child's extended family. This is a connection that becomes further amplified in many cultural settings across South Africa.

The frequency of visits made by the children to their extended families of origin also enhanced the trust and comfort they felt towards the center. At the time of their

intake, families are typically assured that they will still have plenty of opportunities to maintain contact and a relationship with the child, and the biggest change will primarily be related to how the children receive care for their immediate physical needs. Children are given plenty of opportunities to visit their extended families. During holiday breaks from school, many children return to their biological parents, siblings, grandparents, or aunts and uncles for weeks at a time. I asked Lindikhaya, who was living with a cousin he referred to as an older brother, if it was common for biological children in a blended family to receive preferential treatment. His answer was indirect, but over time I gathered that it was often determined on a case-by-case basis, and that one of the biggest contributing factors was the degree of familiarity and proximity maintained during the course of a child's institutionalization. Most children were able to maintain frequent contact with their families. This did not necessarily apply as fully to children whose known relatives were largely deceased, or to those from more distant locations, such as the Sotho siblings.

One thing that helps to maintain and further these relationships are the connections that the center maintains with the townships. In many ways, the relationship between 5Cees and the townships precedes its existence as a child care institution, through Pastor Mike's prior vocation as a minister. These were the sites where he operated his soup kitchen for many years, building a strong working relationship with township schools and community leaders. The two townships of Fine Town and Thembisa were the predominant recipients of his township focused outreaches, and they were the original homes of many of the center's children. On a monthly basis, he would bring several of the center's children with him to the townships, distributing food while speaking to a

gathering of local school kids. It is during these visits where he frequently learns of new children who may be candidates to live at the center.

While 5Cees commits firmly to its non-negotiables, flexibility is a crucial component to 5Cees approach to care. In many ways this in itself is a non-negotiable.

Recognizing that one size does not fit all

Perhaps one of the most indispensable qualities of a successful child care institution is a sincere understanding of the diversity of needs present among the children.

Furthermore, it is very important to recognize the dangers of a “one size fits all” approach. 5Cees exemplified an understanding of this concept in many ways, from the two hour commute to five different schools to the individualized dietary plans developed for children with HIV or other health needs. The change in educational approach, centered around individualized plans for special education has paid dividends, as numerous care mothers informed me that the degree of seriousness to which the children took their supervised study time did not exist until recently. Each year, numerous employees and departments at the center are required to file reports. This includes a manager’s report to give an overview of staffing and financial concerns, and education report, a health report, and a social report, all filed by Nancy Mudau. These reports itemize individual needs, progress, and challenges in elaborate detail. Despite the challenge such a high level of specificity poses to a staff limited on time and resources, the report represents their non-negotiable commitment to individual-specific approaches.

The South African government recognizes the concerns presented by the vast number of OVC living in the country and has taken measures to provide support for

organizations that take aim at the crisis. However, the government is less apt to recognize the need for flexibility and individually adaptable approaches to child care. The challenge of terminology and familial trust, effectively handled by the center by offering a partial guardianship is one example of the government's slowness to recognize pragmatic concerns that result from cultural differences and outdated perceptions about OVC challenges. The government has shown a slowness to change, and in recent years has faced a barrage of crises, financial instability, and student-led resistance, all of which slow its ability to efficiently adapt itself to changing or previously unrecognized realities. "I think the government is starting to realize that a lot of their rules or definitions don't work in the real world when it comes to children," Sarah Sunker admitted to me. "They are learning, but slowly." In the meantime, 5Cees, and other similar organizations must work around the constraints placed by government regulations that may have been designed to help, but in reality, create more obstacles.

In operating a care center like 5Cees, flexibility is a virtue. Throughout fifteen years of existence, its longtime staff members had no shortage of stories to tell of major disruptions to their otherwise highly structured schedules. A young teenager had fallen off a roof a year ago. They've had incidents in the past of teenage pregnancies. It has been rare, but the center has taken in children in poor and failing health and so, having to experience the death of a child. The way these surprises affect children emotionally and socially will vary greatly at an individual level, and there are few indicators that can make a child's response anywhere near predictable. The center understands its need to be adaptable. Many staff members hold incredibly fluid positions, allowing their role to

evolve as it best fits their abilities rather than clinging on rigidly to job titles. The center must also adapt to caring for a generation of South Africans, for whom social change and political upheavals are commonplace and regular.

Much of the literature suggests an advantage being held among childcare institutions that more closely resemble family structures. This typically means a small number of children being housed, in contrast to the fifty living at 5Cees. This preference has been recognized by many donors and supporters, but for care centers themselves, making that switch is not an easy task. Amm recognizes this trend. “Nowadays, businesses shy away from contributing to centers like this one. They’d rather see a place that houses ten or twenty. Not fifty. But what can you do? South Africa has millions of OVC, and in comparison, only a handful of care centers to take care of them.” Marc told me of other housing scenarios in the area for OVC. One was a house that had a particularly strong reputation for working among girls. It was operated by a single woman who was disturbed by the dangers of sex trafficking. She began rescuing and housing girls from the street. Since then, she has gained a high profile and many accolades for the care she’s given the girls. Despite this, she can only manage to run a three bedroom flat in Hillbrow, which houses sixty girls. There is a mismatch between ideals and real-world demands that often is overlooked by donors. 5Cees works to duplicate some of the benefit of a smaller size, by instead focusing on equipping care mothers with stronger skills, and ensuring that a healthy adult-to-child ratio is present at the center.

CHAPTER IX

CONCLUSION

After the Study

My time at the center was both informative and intimate, and the time of my departure was difficult for many of the children to process. Some of the younger kids asked for the date of my next visit, to which I told them that I hoped to come back soon, but that I wouldn't be able to know how soon. They recommended coming back a month later. It became clear that I had established a long-term personal relationship with the center and its children and staff. I had first visited as a volunteer, then as a researcher. For the most part, however, the children saw me as simply a familiar presence, apart from whichever role I happened to be occupying at the moment. It was difficult for me to leave without knowing for sure when I would be able to visit again, and similar to my last departure, I hoped it would happen before the kids had grown up significantly.

Key Lessons and Findings

Many of my observations made at the center allowed me to create a portrait of its daily operations, its operating principles, and its challenges. These were some of my key discoveries:

- An appropriately nuanced understanding of institutions for orphans and vulnerable children must also include an understanding of what it means to be an orphan in that specific culture.

- The challenges of institutionalized childcare evolve at a much quicker rate compared to the terminology used to define it.
- In the majority of contemporary cases, living at an orphanage does not by default mean that a child's parents are deceased.
- An area like Hillbrow offers few spaces that could be considered child-friendly.
- Tensions related to differences in cultural norms are present all throughout the center's operations.
- While 5Cees is able to provide its children with more security than their families of origin, it is still a challenge for the center to ensure they have enough resources for all.
- The center is a community as well as an organization, which presents it with the challenge of balancing its employees welfare with financial health.
- Early childhood is where the center's work typically begins. Pastor Mike cites this as an advantage, able to intervene with their traumas before they solidify over time.
- Understanding the social dynamics of townships helps to construct a portrait of

the background that the children are coming from. Traumatic experiences often require 5Cees to initiate therapeutic interventions. In spite of this, many of the children are culturally and socially encouraged to repress negative emotions and experiences.

- Kinship networks and extended family care continue to be important after a child's placement in 5Cees, and this is often a collaborative effort. 5Cees is not technically classified as a children's home. That would require them to take full custody of the children, rather than the partial custody that puts more extended family members at ease.
- 5Cees places an increased value on role models and mentorships as children get older.
- At middle childhood, the center places a strong emphasis on education, ensuring that each of the children receives an optimized experience and school selection.
- The arrival of adulthood in South Africa isn't uniformly signaled by a numerical age, and the desire for systems to use this as a benchmark often complicates the transition of children at 5Cees.
- Opportunities for a successful adulthood mostly surround finding the finances for a four year education or discovering an internship program connected to a career

path.

- Pastor Mike and his staff strongly face the tension of nurturing independence or providing for support for children as they age out. While this is a controversial topic, it is hardly unique to this culture or setting.
- While the presence of religious influences is strong at 5Cees, it in many ways reflects the experience that many children get in traditional household settings of exposure but not coercion to religious beliefs.

One of my initial curiosities was how much the center would reflect the expectations set by the existing literature regarding institutionalized childcare. Much of the literature suggested that the reasons for children coming to such a setting would extend far beyond parental death. This was definitely the case at 5Cees, and it would be fair to say that many forms of **diversity** was one of the biggest things that stood out about its population. There was diversity to be found in ethnic backgrounds of the children, and all of South Africa's national languages were represented at the center. There was diversity apparent in the different personal histories of the children that I was able to learn about. Some were orphans in the traditional sense of the word, others had one or both parents alive. Another portion of the children were not entirely sure. There was visible diversity in their needs, whether that be a specialized nutrition plan, special education, antiretroviral regimens, or other physical concerns. While just about all the children had experienced a personal trauma at some point, there was a wide degree of

variation as to how the effects of such traumas would manifest themselves. If anything, the diversity suggested by the literature review mostly alluded to the fact that not everybody living at an orphanage is a child of deceased parents. In my observations, however, diversity goes far beyond that.

As a result of this wide variety of different needs, challenges, and personal backgrounds, one of the center's most essential commitments was to **flexibility**. The center embraced the importance of providing each child with individual needs, even at the cost of bigger operational challenges. Marc's four hours of bus driving on each weekend, individualized social worker reports, and efforts to find psychological counseling from a variety of sources reflected this willingness. Most staff members ultimately fulfill a number of different responsibilities at the center that go beyond what their official titles suggest. At the same time, the center must also be willing to adapt to a volatile income flow, dependent entirely on donors. 5Cees must also find ways to work around constraints and technicalities put forward by the South African government that may raise unanticipated hinderances, such as impeding the trust of extended families. For many children, being at 5Cees represents an alternative to street life. (Ramphela, 2002)

A conduit of service

5Cees ultimately serves as a conduit, as its services form a bridge between several distinct populations. From one vantage point, 5Cees connects donors with the desire and financial resources to help disadvantaged children with that population themselves. From another standpoint, 5Cees fills a gap left behind by a deceased family member, or allows an extended family to continue to be involved in a child's life even when resources are

low. The South African state also sees 5Cees as an institution in a position to help resolve the OVC crisis and seeks to regulate its actions. At the same time 5Cees remains its own actor, in the center of these various dynamics present in South African society.

Family dynamics

In a number of unexpected ways, 5Cees also manages to replicate several dynamics found in many traditional family structures, with varying degrees of intention. Sibling-like bonds frequently form between different children at the center. Many attachments that resemble parental care are formed between the younger children and their care mothers. This is consistent with MacLellan's findings that suggest very young children in these situations are often forced into complex paternal or caregiving roles early in life. (2005) The challenging question of how to help children transition into adulthood raises many of the same concerns that a parent of a few siblings might have around the child's eighteenth birthday. Even an aspect of life like religion manages to develop in a way that is similar to many family settings, allowing the children plenty of exposure and transparency concerning the beliefs of their caretakers but ultimately giving them the imperative to choose for themselves. There are differences that are to be expected, resulting from the vast disparity between caring for one-to-three children versus caring for fifty, however, these differences are outnumbered by commonalities. There are several unexpected ways the family setting is unintentionally mimicked at the center. Children's immediate needs were secure, less visible challenges were of greater concern. The severity of needs places constraints on the conversations worth having regarding

institutionalized child care.

Significance of the Research

Many of my findings confirmed expectations set by the literature review. This included many children falling outside the boundaries set by Western definition of orphans (Csáky, 2009), the center assuming the responsibilities that are often assigned to governments (Ferguson, 2010), and the strong presence of psychological challenges like stress or anxiety among children at the center. (Cluver, 2012) Many of the challenges that are specifically magnified in South Africa were constantly present during my own study. Poverty was a thematic recurrence as I learned of many of the children's backgrounds. (Cluver and Orkin, 2009) AIDS also had a tremendous impact on ongoing health concerns (Makame, 2002) and the deterioration of their parents. (Neff, 2005)

Much of the literature (Neff, 2005; Streak, 2004) placed an emphasis on ethnicity and the role this played on the dynamics between donors and staff and children. My observations led me to believe that cultural differences could be better studied and elaborated upon. While this was not the particular focus of my study, my interest was raised with regards to how the Sunkers' Indian-African heritage played a role in their childcare philosophy. Differences in white and black family dynamics were constantly explained to me, however I remain curious how South Africa's other ethnicities were similar or different. From my observations, there weren't many significant tribal differences based on the children's origins, but this also remains an understudied topic.

Many articles from my preliminary research had a negative outlook on the role Western donors played in the operations of a child center. (AbouAssi, 2013; Degenbol-Martinussen & Engberg-Pedersen, 2003) The way this relationship was primarily portrayed was of the institution acting only as a puppet of Western interests while the needs of the population being served were poorly understood. (Sachs, 2005) While my observations do not erase the importance of curbing Western hegemony expressing itself through charity, most of the work between funders and the institution was collaborative. The dynamics between Bryanston Bible Church and 5Cees, for example, offered mutual feedback and the church was able to adapt its mentoring services as needed.

There are many levels at which further OVC scholarship could be applied, particularly scholarship that adds to the nuance behind other studies. Studies evaluating the mental health of orphans and vulnerable children could be bolstered by understanding the differing scenarios in which one could resort to institutionalization. Studies evaluating the efficacy of institutionalization could be further explored by an expanse in the amount of literature portraying various institutions in different regions. More detailed research surrounding the social dynamics and day-to-day life within an institution can serve to help inform public policy about such arrangements, minimizing risks and ascertaining adequate resources and staffing. Similarly, such knowledge could be used to inform public health policy, including the distribution of HIV/AIDS vaccines and anti-retroviral therapies.

One significant gain that is to be made by a more complete understanding of dynamics within institutions is a shift in the language used to discuss OVC. The existing literature has already served to shift language away from the concept of orphanhood and

towards a more inclusive title. The term OVC is still rooted in connotations that are misleading in Western settings and stigmatizing in host locations. Ethnographic studies can help to continue the process of evolution of OVC discourse and bridge the gap in between the common understanding of the plight of vulnerable children and their real world circumstances.

Among the stakeholders that stand to gain from a more accurate, nuanced, and participant-informed perspective of OVC institutionalization are the charity and non-profit sectors, the medical and public health concerned community, and the general realm of intercultural academic disciplines. The international non-profit field has long been torn between pandering to a Western construct of orphans and providing for their more complicated realities. A more informed populace of donors will encourage more transparency and informed giving out of the world's major charities. Health related research, be it mental health or physiological health, can stand to benefit from increased accuracy, as population samples will be less prone to ambiguity or a mismatching of populations given the same title. Academia in general benefits from the evolution of terminology, as such progress brings about new approaches to understanding. The subject of orphanhood and vulnerable children is long overdue for a surge in further development. Ultimately, ethnography and other means of research that contributes to an in-depth portrayal of institutions in developing countries through the lived experiences of the children themselves will help to create greater accuracy and dispel myths across numerous disciplines and sectors interested in the development of OVC.

Recommendations

At the beginning of this study, I noted that I would seek to end with a set of recommendations for institutions, academics, and donors. What follows are a few of the recommendations I am willing to make based on knowledge developed throughout my stay at 5Cees. While these were developed in the context of 5Cees, they are meant to be more broadly applicable. I recognize that many of these recommendations, particularly those that call for some financial expense on behalf of the institution or donor, require resources that are already limited. In that event, these recommendations would still apply as things that should be appropriately prioritized towards the end goal of providing care for OVC.

One virtue that was evidently esteemed by 5Cees was their commitment to meeting individual needs, no matter how specific or different those may be. I saw this as a strength and I would further recommend that **other institutions should assess and meet needs at an individual level.** The range of backgrounds the children came from and their psychological, developmental, and physical challenges was so wide that a template-based approach to child care could not be used. Individualized approaches were applied towards diet, education, psychological counseling, and many other services. In many cultures with high OVC populations, including South Africa, there is a greater value placed on uniformity and collective health. However, individual needs should be given adequate attention, especially in light of the traumatic backgrounds experienced by many OVC, and the fact that their effects may manifest themselves differently throughout development.

Managing a staff is also a recurring concern for child care institutions and

organizations. This project takes for granted the belief that **staff should be adequately compensated and treated fairly** as employees. As most childcare institutions are charitable organizations of some sort, it would be strikingly incongruent for children to receive “care” at a place that mistreats its employees. Resources are generally low for institutions that exist in countries that mostly have low living wages. However, there are numerous ways for an organization to remain fair and generous towards employees. In the case of 5Cees, a contingency fund is maintained to meet the needs of any staff member with an unexpected emergency. The majority of the staff lives on-site, which spares them added housing expenses. In many cases, staff members serve a number of roles. Marc not only serves as a bus driver, but he also assists with various needs that arise at the center, and fulfills the role of mentor and role model for the older boys. The fluid nature of staff members at a child care institution means that the organization is able to reap a tremendous amount of benefit from a single staff member. This also justifies that staff member being well compensated and fairly treated.

Another strength of 5Cees, which I would recommend as essential to other similar organizations, is its **connection to surrounding communities and families**. For families living in townships, many of whom at some point will be faced with the challenge of caring for an OVC, 5Cees is not merely a distant bureaucracy but a familiar presence. While this does not necessarily need to resemble Pastor Mike’s monthly ministerial visits, it is still important to build that rapport and trust. This gives the extended families that continue to play a role in a child’s development the inclusion that they are entitled to, and may even help serve as a protective measure against child trafficking. A common cause behind child trafficking is the lack of awareness of corrupt childcare institutions in

rural parts of the developing world. Creating an observable difference between a reliable versus unreliable organization, however, may help empower families to make more critical decisions.

I would further recommend for institutions to **cultivate donors through educational measures**. Western society is generally unaware of the differences between orphanages in literature and popular culture and those that exist in the real world. It is from this population, however, that many donors emerge. These donors already have a willingness to support, and perhaps a desire to do something with a directly hands-on aspect. While many institutions may accurately see this as a nuisance, it is also an opportunity to educate Western donors on some of the local realities, in hopes that this shift in perception will spread. Institutions and organizations do themselves more of a disservice by simply adapting themselves to the Western perception of orphanhood. Although that may have some immediate rewards due to emotion-led donations, in the long run, it results in a less-educated donor base that is less adaptable to cultural shifts and evolutions.

It may also be beneficial to **develop a practical and consistent set of terminology**. Although linguistic development and changes are not easily manipulated, industry standards can be enforced to a point, and that is what a new set of OVC-related terminology would resemble. Throughout my stay, I would most often hear 5Cees referred to as a care center, which seemed to be an accurate and descriptive word regarding its operations. Occasionally, I would also hear it referred to as an orphanage, which gave me the impression that it may be better to enforce further consistency. Much debate has already been formed regarding OVC related terminology, but I would put

forward another suggestion: looking towards indigenous languages to find meanings. This would mean that orphans in China and orphans in South Africa would be called different things, and given the differences in their backgrounds and conditions, this seems appropriate. The use of a native word would also allow host cultures to determine the narrative of orphanhood, rather than forcing it to conform to Western society.

Lastly, I would recommend to institutions and those that have a say in their operations to **begin preparing for the transition to adulthood early**. It cannot be overstated how challenging of a transition this is for an individual with little economic resources who does not have the access to individual attention that children would likely receive growing up in a more traditional setting. A poor transition into adulthood may result in a life of crime, prostitution, gang activity, or a general undoing of the investment an institution may have made into an individual's childhood. Life skills such as financial management, sexual education, or conflict resolution could be introduced gradually, throughout childhood, but perhaps in a more curriculum oriented setting beginning at age thirteen. As many children displayed an extreme orientation towards the present, encouraging thoughts regarding the future may be a worthwhile challenge.

Room for further scholarship

An institution like 5Cees creates a microcosm of sorts within its walls. Between children, children and staff members, administration and local families, children and volunteers, and so on, there are enough complex social dynamics to form a rather sophisticated network of interpersonal relationships. Internally, children also contain a variety of complexities, from cultural to psychological. The institution itself must play

many roles: that of caretaker, charitable organization, and legal advocate. While much of the research on institutionalized child care has been focused on a select set of questions, evaluating harms and benefits of different approaches, my research experience led me to discover a number of other questions, most of which could branch out and form entirely new research questions for separate projects.

One aspect of the children's lived experiences that continues to interest me is the significance of role models. Much of human behavior and development is shaped by learning through observing models, and little research suggests how this phenomenon is altered as a result of being institutionalized setting. It seems reasonable to assume that the experience would remove children from exposure to most adults who would typically occupy those roles, and would replace them with older institutionalized children or adults from different economic and cultural backgrounds. In speaking with children who had aged out of such a system, into a relatively stable adulthood, I learned that many of them did hope to play a role in the lives of younger children and looked for opportunities to be role models. Xolani, Bonggi, and Maanda all looked for various ways that their childhood experiences could give them a unique mode of access to acceptance by the children. There is enough importance to the potential impact of role models to justify further qualitative studies on this dynamic.

Another topic of further interest that lends itself to future research is the process of aging out. Children on the cusp of adulthood have historically received less attention than those in earlier stages of development, but there are a number of reasons to expect this to shift in years ahead. Populations of OVC have overall decreased steadily since the 1980s, and this means more and more of the population in on the older end of the age spectrum.

As these children, often from disadvantaged backgrounds, enter society, this will have a tremendous socio-economic impact. This will be especially pronounced in neighborhoods like Hillbrow, as the global population of slums is expected to proliferate in the next two decades. 5Cees is not an organization designed specifically to target all the needs of emerging adults, and similarly, these topics went beyond the scope of my study. They are, however, undeniably linked.

Alongside the already mentioned changes in OVC demographics over the past several years, it would be worthwhile to explore for other trends. High OVC populations are generally tied to major global crises, such as famines, health epidemics, or military conflict. Studying something such as the intersection of new HIV/AIDS treatments with overall population growth would contribute greatly to the broader discussion surrounding OVC. Comparing regional differences would also be worthwhile, as recent global changes such as China's one child policy repeal or East Africa's economic rise would have impacts on worldwide OVC dynamics. Understanding these shifts and changes may also lead to the formation of projections for the years ahead.

With regards to 5Cees as the subject of study, it would be interesting to study the organization through different academic lenses. Studying it as an organization through the lens of management and finance would be worth the effort. As Nonprofit Management continues to emerge as an academic and professional field, many probable discussions would apply fittingly to 5Cees. While the organization is financially healthy, overall, it would be interesting to examine its preparedness for an unexpected drop off in donations or for a further drastic devaluation of the South African Rand. These topics again went beyond the confines of my particular study, but are still highly relevant to the

overall discussion about institutionalized child care.

One area of interest that was especially furthered during my time at 5Cees was witnessing the interplay of South Africa's cultural complexities. 5Cees provided an interesting vantage point, as my time there provided me with exposure to many different racial and ethnic backgrounds. The center was operated mostly by an Indian family, housed black children, was funded by internationals, and had a staff made up of all of the above. It was particularly interesting to observe times when cultural differences would pronounce themselves, such as Pastor Mike's general disapproval of Buzwe's decision to give most of his wages to his older brother. I would be further interested in how the center's dynamics further mirrors some of the intercultural complexities present in South Africa. It should be noted that such a study would require a far more in depth background knowledge of the racial and political history of the country as well as intertribal dynamics than I possessed throughout my visit.

My experience in South Africa was rich with learning. This study found itself at the intersection of numerous complexities: cultural, psychological, developmental, and more. It became clear that such an ethnographic study allowed for greater insight into the lives of OVC and made visible several opportunities for further research about various specific facets of the experience. Popular, as well as academic discourse surrounding OVC has been shaped and influenced by many misnomers and false cultural perceptions. It is my hope, however, that this study contributes to a wider expanse in shaping our knowledge surrounding the lived experiences of millions of children around the globe.

APPENDIX

A. List of Subjects Interviewed

- Adult who has grown up at the center (1)
- Older teenager, ages 14-19, male (2)
- Older teenager, ages 14-19, female (2)
- Child, ages 8-13, male (2)
- Child, ages 8-13, female (2)
- Child, ages 3-7, male (1)
- Child, ages 3-7, female (1)
- International liaison between center and volunteers (1)
- Center Director (1)
- Center Manager (1)
- On-site Teacher (1)
- On-site Social worker (1)
- Care Mother (2)

B. Population Sample for PhotoVoice

- Older teenager, ages 14-19, male (2)
- Older teenager, ages 14-19, female (2)
- Child, ages 8-13, male (2)
- Child, ages 8-13, female (2)
- Child, ages 3-11, male (2)
- Child, ages 3-11, female (2)

C. Question set for adult who has grown up at the center

- 1) How long did you live at the center?
- 2) What services did the center offer you while you lived there?
- 3) In what ways did those services help your experience of growing up?
- 4) What words would you use to describe your childhood?
- 5) Where did you live before you moved to the center?
- 6) Why did you move to the center?
- 7) What were your close relationships while you were there?
- 8) When and why did you move out?
- 9) How has the center changed since you lived there?
- 10) What difference did the center make in your childhood?
- 11) Which close family members (if any) were you still able to see after you moved to the center?
- 12) As an adult, what do you think of the center?
- 13) What do you think of care centers and orphanages in general?
- 14) How are you still involved with the center, if at all?
- 15) What is your life like today, as an adult?
- 16) How has your childhood at the center led you towards that life?
- 17) Were the experiences of other children who grew up alongside you similar?
- 18) What were the challenging parts of growing up at the center?
- 19) What were the good parts of growing up at the center?
- 20) How would you define a good childhood?

D. Question set for older teenagers, age 14-19, male and female

- 1) What is your age and what year are you in school?
- 2) What are your plans for when you are done with school?
- 3) Who are your closest friends or family members?
- 4) How often do you get to see them and what do you do when you are together?
- 5) What do you do for fun?
- 6) What is a typical day for you at the center?
- 7) Where do you go to school?
- 8) What is school like for you?
- 9) In what ways does the center help you with school?
- 10) In what ways does the center help you with other parts of your life?
- 11) Do you go outside of the center often?
- 12) What do you do when you are outside?
- 13) When something good happens to you, who is the first person that you tell?
- 14) What do you usually do when you are having a difficult day?
- 15) Where did you live before you moved to the center?
- 16) What did you think when you first moved to the center?
- 17) How has it changed since you've moved here?
- 18) How would you describe your personality and attitude?
- 19) How do you think your experiences have developed your personality and attitude?
- 20) What do you think it looks like to have a good life?

E. Question set for children, age 8-13, male and female

- 1) How old are you and what year are you in school?

- 2) What do you want to do when you grow up?
- 3) Who are your closest friends or family members?
- 4) How often do you get to see them and what do you do when you are together?
- 5) What do you do for fun?
- 6) What is a typical day?
- 7) Where do you go to school?
- 8) What is school like for you?
- 9) In what ways does the center help you with school?
- 10) In what ways does the center help you with other parts of your life?
- 11) Do you go outside of the center often?
- 12) What do you do when you are outside?
- 13) When something good happens to you, who is the first person that you tell?
- 14) What do you usually do when you are having a difficult day?
- 15) Where else have you lived?
- 16) Do you remember first moving to the center? What was it like?
- 17) Do you think the other kids are nice?
- 18) What words would you use to describe yourself?
- 19) What was the most important thing that ever happened to you or that you ever did?
- 20) What do you think it looks like to have a good life?

F. Question set for children, age 3-7, male and female, verbage may have been adjusted based on developmental appropriateness

- 1) How old are you?
- 2) What do you do in the morning?

- 3) What do you do after you eat?
- 4) What do you do in the evening?
- 5) What do you do for fun?
- 6) What do you like about living here?
- 7) Do you like school? Why/why not?
- 8) What do you want to be when you grow up?
- 9) Who takes care of you?
- 10) What things make you the most happy?

G. Question set for international liason between the center and volunteers

- 1) How did you first get involved with the center?
- 2) What things initially attracted you to working closely with the center?
- 3) How long have you worked with the center and how many times have you visited?
- 4) What sorts of projects have you been involved with?
- 5) What changes have you seen at the center?
- 6) How would you describe the challenges that the center faces?
- 7) In what ways does the center address those challenges?
- 8) In what ways have you been able to partner with the center in a way to help meet those needs?
- 9) Who do you work with most closely at the center?
- 10) How do people in the U.S. usually respond to hearing about the center?
- 11) How accurately or inaccurately do the perceptions of people you talk to who haven't been to South Africa seem to match the realities of the center?
- 12) What has your relationship been like with the kids?

- 13) What are the biggest needs of the kids here?
- 14) What role does the center play in addressing those needs?
- 15) How have you seen the center change since you've started working with them?

- 16) What do you think makes up a good childhood?
- 17) How are international volunteers or financial donors best able to help the center?

- 18) What role do churches and religious institutions specifically play in helping the center?
- 19) What do you hope to see in the future regarding the center?
- 20) What is the most important thing that people need to know about the center?

H. Question set for center director

- 1) How long has the center been in operation?
- 2) What is the story behind your decision to start the center?
- 3) How would you describe South Africa's orphan crisis?
- 4) Who are the partners that help the center operate?
- 5) When you first started the center, what were the big challenges?
- 6) What did you discover about how the government system in South Africa helps or hinders children from getting the care they need?
- 7) How does the center respond to being in area known for violent crimes?
- 8) What sorts of stories exemplify the sort of childhood experience common among the center's children?
- 9) Where do most of the children at the center come from?
- 10) How do children arrive at the center from their previous housing?
- 11) What challenges does the center face when children come from difficult backgrounds?

- 12) What sorts of services do the children receive on a daily basis?
- 13) Who primarily administers this care and service?
- 14) How much does international support affect what you are able to do?
- 15) How are international volunteers or financial donors best able to help the center?
- 16) What are your big concerns surrounding the children and the center?
- 17) How have you seen things change in the time that you've been operating the center?
- 18) How do people in the U.S. usually respond to hearing about the center?
- 19) What do you hope to see happen in the center's near future?
- 20) What do you think a good childhood looks like?

I. Question set for center manager

- 1) What are your usual responsibilities and roles at the center?
- 2) When did you start directly working with the center?
- 3) How would you describe South Africa's orphan crisis?
- 4) Who are the partners that you work with to help the center operate?
- 5) How are situations handled when children still have family who play a role in their upbringing?
- 6) How is the center equipped to handle the needs of its children?
- 7) How does the center respond to being in area known for violent crimes?
- 8) What sorts of stories exemplify the sort of childhood experience common among the center's children?
- 9) Where do most of the children at the center come from?
- 10) How do children arrive at the center from their previous housing?
- 11) What challenges does the center face when children come from difficult

backgrounds?

- 12) What sorts of services do the children receive on a daily basis?
- 13) Who primarily administers this care and service?
- 14) How much does international support affect what you are able to do?
- 15) How are international volunteers or financial donors best able to help the center?
- 16) What are your big concerns surrounding the children and the center?
- 17) How are caretaking responsibilities like food, discipline, and education divided among staff members?
- 18) How are staff members chosen, recruited, or selected?
- 19) What do you hope to see happen in the center's near future?
- 20) What do you think a good childhood looks like?

I. Question set for teacher

- 1) What are your usual responsibilities and roles at the center?
- 2) When did you start directly working with the center?
- 3) How would you describe South Africa's orphan crisis?
- 4) What are some of the special needs that children may have when coming to the center?
- 5) How are situations handled when children still have family who play a role in their upbringing?
- 6) How is the center equipped to handle the needs of its children?
- 7) How do children receive their education?
- 8) What sorts of stories exemplify the sort of childhood experience common among the center's children?
- 9) Where do most of the children at the center come from?

- 10) What are the biggest threats to the wellbeing and safety of the children?
- 11) What challenges does the center face when children come from difficult backgrounds?
- 12) What sorts of services do the children receive on a daily basis?
- 13) Who primarily administers this care and service?
- 14) What needs are unique to the very young children of the creche?
- 15) How are international volunteers or financial donors best able to help the center?
- 16) What are your big concerns surrounding the children and the center?
- 17) How are caretaking responsibilities like food, discipline, and education divided among staff members?
- 18) How do the children usually perform at school?
- 19) What do you hope to see happen in the center's near future?
- 20) What do you think a good childhood looks like?

J. Question set for social worker

- 1) What are your usual responsibilities and roles at the center?
- 2) When did you start directly working with the center?
- 3) How would you describe South Africa's orphan crisis?
- 4) What are some of the special needs that children may have when coming to the center?
- 5) How are situations handled when children still have family who play a role in their upbringing?
- 6) How is the center equipped to handle the needs of its children?
- 7) How do children receive their education?
- 8) What sorts of stories exemplify the sort of childhood experience common among the center's children?

- 9) Where do most of the children at the center come from?
- 10) What are the biggest threats to the wellbeing and safety of the children?
- 11) What challenges does the center face when children come from difficult backgrounds?
- 12) What sorts of services do the children receive on a daily basis?
- 13) Who primarily administers this care and service?
- 14) What special healthcare needs may arise for certain children?
- 15) What mental health issues may arise for certain children?
- 16) Is adoption an option for some of these children?
- 17) What are the challenges and advantages of some of the children still being connected to family members?
- 18) What are the challenges of working with South Africa's legal system?
- 19) What roles do social workers play in managing South Africa's orphan crisis?
- 20) What do you think a good childhood looks like?

K. Question set for care mother

- 1) What are your usual responsibilities and roles at the center?
- 2) When did you start directly working with the center?
- 3) What are the usual needs you see among children?
- 4) How do the children bond and relate to you?
- 5) How do the children understand their relationship to you?
- 6) How do children play and how are they encouraged to play?
- 7) How do children receive their education?
- 8) How many children do you work with?
- 9) Do you know their stories and where they come from?

- 10) Do you think the children are generally safe?
- 11) What challenges does the center face when children come from difficult backgrounds?
- 12) What sorts of services do the children receive on a daily basis?
- 13) Who primarily administers this care and service?
- 14) What needs are unique to the very young children?
- 15) How has your role changed throughout time?
- 16) What chores or responsibilities do the children have?
- 17) How do children spend their time when they aren't at school?
- 18) How are babies cared for differently from older children?
- 19) Are you in contact with any kids you helped raise from a very young age?
- 20) What do you think a good childhood looks like?

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