headed households, large families, CHHs and children generally (Stats SA, 2017). In the third quarter of 2017, the official unemployment rate in South Africa was 27.7%, while youth unemployment was 38.6% (Stats SA, 2017).

According to Stats SA (2017), there is an undisputable relationship between poverty and education. It is invariable that the higher a person's qualification, the more likely they are to be employed and absorbed in the formal labour force and become less vulnerable to poverty and hunger (Lekezwa, 2011; Schuster, 2011; Wanka, 2014). In 2015, 79.2% of South African adults with no education were reported to be living in poverty (Stats SA, 2017). For adults with only a matric qualification, 35.6% lived in poverty and 8.4% of adults with a higher education (Stats SA, 2017). Provinces such as Western Cape and Gauteng, with better educated people, have lower levels of poverty as compared with Limpopo, KZN and Eastern Cape, where more people are not well educated (Stats SA, 2017; Wanka, 2014).

From the literature, it is clear that unemployment and poverty in South Africa exacerbate food insecurity. Many families, especially in rural areas, struggle to make ends meet due to high levels of unemployment and poverty. Children are amongst those most affected by poverty in South Africa, with CHHs being the most vulnerable to food insecurity as they lack adults who can work and provide for them.

3.4 CAUSES OF FOOD INSECURITY IN AFRICA

The causes of food insecurity in Africa are diverse, multi-factorial and interlinked. These factors include climate change, pests and livestock diseases, military conflicts, cash crop dependence, rapid population growth and HIV and AIDS (Bwalya, 2013; FAO, 2015). For the purpose of this study, only a selected few factors that exacerbate food insecurity in South Africa are discussed next.

3.4.1 Climate change as a factor that exacerbate food insecurity

Africa is one of the continents that is highly vulnerable to climate change (Bwalya, 2013; Intergovernmental Panel on Climate Change (IPCC, 2007; Thompson, Barrange & Ford, 2010; WBO, 2016). Some parts of the continent have been struck by severe droughts and the El Nino weather pattern, leading to food insecurity (Bwalya, 2013). In sub-Saharan Africa, it is estimated that agricultural productivity will decline from 21% to 9% by 2080 due to lack of rain and drought (IPCC, 2007). Food production in Ethiopia is reported to be facing severe losses as a result of climate change (Gutu, Bezabih & Mengistu, 2012). South Africa is battling with one of the worst droughts ever recorded that started in early 2015 (SA Weather Service, 2018). According to the SA Weather Service, 2015 was the driest year on record in South Africa since 1904. Western Cape Province faced its most severe drought during 2016 - 2018 which destroyed crops and livestock, and lead to an increase in food prices that forced many people to change their consumption patterns (Masipa, 2017; SA Weather Services, 2018).

Climate change impacts negatively on all dimensions of food security. It has affected the production of staple crops in Africa, including South Africa. In 2016, South Africa had to import about five million tons of maize and one million tons of rice because of drought (Masipa, 2017; Stats SA, 2017). Changes in climatic conditions affect the production of some staple crops, leading to scarcity of food at individual, household, community and national levels (Masipa, 2017). The quality and quantity of crops produced in a country depends on the amount of rain received and temperatures experienced (Stats SA, 2017).Moreover, the quality and quantity of crops produced determines the quality and amount of seeds that will be produced for future use and the stability of food. Therefore, food security depends on seed security (FAO, 2016; Kurukalasuriya & Rosenthal, 2013).

The availability of food in a country predominantly depends on the overall performance of the agricultural sector and the country's ability to import, store, process and distribute food (Department of Environmental Affairs (DEA, 2013). Domestic production of food is supplemented by food imports, distribution and food consumption patterns of certain food products (Hendriks, 2014). South Africa has always relied on imports and currently is importing sufficient wheat for its population. However, the demand will grow by almost 90% by 2020 due to the losses of wheat production that have been experienced as a result of drought (BFAP, 2018; Stats SA, 2016).

Drought, floods and high temperatures lead to lower agricultural outputs which negatively affects the stability of food at household and national level (DEA, 2013; FAO, 2016). This can also result in less income for people who rely on farming, as well as shortages of food (Masipa, 2017). In South Africa, climate change can result in price increases of staple foods, making it impossible for the poorest to have the physical, social and economic means to access food. (Masipa, 2017).

Apart from climate changes affecting food accessibility, in South Africa the cost of food has been increasing significantly, causing many families to struggle to buy nutritious food (DEA, 2013). South Africa imports many of its agricultural products such as fertilisers, and the price of these products in turn affects the cost of food (Hendriks, 2014). The Quarterly Food Price Monitoring Report produced by the National Agricultural Marketing Council (2018), strongly indicates that people in rural areas pay more than people in towns for the same amount of food. Food price disparities increase the vulnerability of people in rural areas to food insecurity (Masipa, 2017). In some poor households, adults have to sacrifice themselves by giving food to their children and then skip meals or eat smaller portions as a way of life because they cannot afford to buy enough food (Ngidi & Hendriks, 2014).

Moreover, changing climatic conditions affect the quality, dietary diversity, safety of food and health, thus affecting nutrition (World Food Programme (WFP), 2016). This in turn creates a vicious cycle of hunger and disease as there will be instability in the availability, access and utilisation of food (Hendriks, 214).

Apart from changing climatic conditions adversely affecting the storage and use of food, it is important that people make the best use of available food resources for their nutritional wellbeing. To ensure maximum nutrition, food must be prepared and consumed in a proper way. Dietary diversity, usually richer in micro- and macronutrients, is pivotal to attaining food and nutrition security (Fawole & Ozkan, 2017). However, in Africa, most foods comprise staples that contain mostly macronutrients, and this causes low dietary diversity (Bwalya, 2013). In South Africa, high levels of deficiency in nutrients often causes diseases that arise from lack of vitamin A and zinc, which usually manifest as anaemia (WHO, 2016, Joint United Nations Programme on HIV and AIDS (UNAIDS), 2017).

The nutritional value of food is affected by storage conditions, temperature and exposure to light (WFP, 2016). Nutrients may be lost prior to consumption, depending on how the food was stored and processed. For example, nutrients such as vitamin C are lost when food is bruised. Loss of nutrients from food can also happen during preparation of food. The amount of peelings removed, the size of pieces exposed to air, and the length of time that food is held before it is served are all factors that contribute to nutritional loss when preparing food (FAO, 2014). Overcooking food is most common in poor societies where people are not well educated, and it reduces the amount of nutrients in cooked food (WFP, 2016). In SA, overcooking of food is common in rural areas where there are more uneducated people (Bwalya, 2013).

It appears that the availability and accessibility of food does not necessarily determine food security, but the way food is stored, cooked and diversified is as important in attaining food security. Children in CHHs do not have adults who can guide and teach them on these important measures or skills that help attain food security (Nziyane, 2012; Pillay, 2016).

3.4.2 HIV and AIDS as a dimension of food security

HIV and AIDS affect the production of food in many ways. The virus puts a strain on the agricultural labour force. FAO (2017) estimated that in the 27 most-affected African countries, seven million agricultural workers have died from AIDS since 1985, and 16 million more deaths are likely to happen in the next two decades. Namibia, Botswana, Zimbabwe, Mozambique and South Africa are ranked as the top five countries most likely to experience a labour decrease of 10 - 26% by the year 2020 due to HIV and AIDS (FAO, 2017; UNAIDS, 2014).

According to UNAIDS (2017), South Africa has the fourth-highest adult HIV prevalence rate in the world. The HIV prevalence rate for adults aged 15 - 49 was 27% in Swaziland, 25% in Lesotho, 25% in Botswana and 19% in South Africa in 2016 (UNAIDS, 2017). In 2016, South Africa had 270 000 new HIV infections and 110 000 AIDS-related deaths (Stats SA, 2017). There were 7 100 000 people living with HIV in South Africa in 2016, and 12 000 were HIV newly infected children due to mother-to-child transmission (Stats SA, 2017; UNAIDS, 2017). South Africa is one of the countries with the largest HIV epidemics in the world, with 19% of the global number of people living with HIV, 15% of new infections and 11% of AIDS-related deaths (UNAIDS, 2017).

In South African rural areas, most households practice subsistence farming, and HIV and AIDS affect these households directly and indirectly because, if one member of a household falls ill, the welfare of that households declines quickly (FAO, 2014; Hendriks, 2017;

UNAIDS, 2017). There is increased spending on healthcare, higher demands for care, and decreased productivity. Food production and household income drop radically as more adults become affected. In some cases, families end up borrowing money from relatives and selling their assets so as to survive and also assist the sick family member. A study in Uganda on the impact of HIV/AIDS on families showed that about 65% of AIDS-affected households were forced by circumstances to sell their assets and discontinue children from schooling due to financial constraints (UNAIDS, 2014).

Families often choose to cultivate nearby fields that are easy to work while someone keeps an eye on the sick person at home. This leaves distant fields uncultivated. In most cases, children are the ones that look after their sick parents (UNAIDS, 2016). Due to this overwhelming responsibility, CHHs may experience delays and poor timing of essential farming operations, shortage of resources and poor soil conservation measures resulting in a decline in the harvest as children lack knowledge, skills and also, the responsibility is overwhelming (Bwalya, 2013; Hendriks, 2017; Nyakurimwa, 2011). Livestock production may also decline. Livestock serve several functions, especially in most rural areas, and these include providing food, manure and income (FAO, 2014). Livestock may be sold in order to pay for medical bills, and be slaughtered for funeral rites, increasing children's vulnerability to food insecurity (UNAIDS, 2016). As a result, the availability, accessibility and stability of food in a household is greatly affected by low food production and not enough money to buy food, and households might have to resort to scavenging and relying on emergency food supplies (FAO, 2016; WFP, 2010).

In a study in Ethiopia, it was found that AIDS-afflicted households spent 50 - 66% less time on farming than the non-afflicted (UNAIDS, 2016). In Tanzania, it was found that women with HIV-infected husbands spent 60% less time on agricultural activities, due to giving care

to their husbands and, in such cases, food production decreased (UNAIDS, 2014). In Zimbabwe, subsistence farming output decreased by 50% between 2005 and 2010 largely as a result of HIV and AIDS (UNAIDS, 2014; USAID, 2012).

In addition, the storage and preparation of food is negatively affected. As the family spends more time looking after the sick in the household, less time and effort may be invested in cooking nutritious meals and proper storage of food (Bwalya, 2013, UNAIDS, 2014). Thus nutrients are lost, exposing households including the sick to a variety of health problems such as digestion problems, skin disorders, cancer, hypertension, diabetes mellitus and dementia (FAO, 2016; WFP, 2010).

HIV and AIDS does not only take away people's loved ones, like parents from their children, but also takes away their freedom, power, money and food security.

3.5 CAUSES AND EFFECTS OF CHILD HUNGER

Children are the most vulnerable and visible victims of poverty and hunger worldwide because of their physiology and high calorie needs for growth and development. According to UNICEF (2014), malnutrition is the primary cause of death of more than 2.6 million children each year, a third of children under the age of 5, and a third of total child deaths worldwide. It is a silent killer that is under-reported, under-addressed and consequently under-prioritised in many parts of the world, leaving children susceptible to premature death (UNICEF, WHO & WBO, 2018).

In 2013, about 161 million children globally under the age of 5 were stunted; half of these lived in Asia and a third in Africa (UNICEF, 2014). In the same year, 51 million children under the age of 5 were wasted, meaning they had low weight-for-height, and 17 million

worldwide were severely wasted (very thin) (UNICEF, WHO & WBO, 2018). Two-thirds of these wasted children lived in Asia and a third in Africa.

Although the number of children dying from malnutrition has gone down in most parts of the world, malnutrition remains the Number One killer of children (UNICEF, 2013). About 3.1 million child deaths in 2011 were caused by malnutrition, including fetal growth restriction, stunting, wasting and deficiencies of vitamin A and zinc (Black *et al*., 2013). According to UNICEF (2013), malnutrition exacerbates the effect of every disease in children. Iodine deficiency has been identified as the world's greatest single cause of mental retardation and brain damage in children (WHO, 2013). Deficiency in vitamin A is a leading cause of preventable blindness in children, and it increases the risk of severe infections (WHO, 2013). About half-a-million children in Africa die annually of deficiencies in vitamin A that impair the immune system (UNICEF, 2014).

According to Swart, Sanders and McLachlan (2008), the nutritional status of South Africans is a result of multiple complex factors such as poverty, food insecurity, dietary intake, diseases, environmental quality, caring practices and education. Poverty and hunger negatively affect the health and development of young children (WHO, 2013). It increases hospitalisations, poor health, iron deficiency, developmental risk and behaviour problems, primarily aggression, anxiety, depression and attention deficit disorder (Department of Health, 2016). These health and developmental challenges posed by food insecurity increase children's risk of poor school readiness, poor school performance and subsequent health disparities, thus increasing poverty (Department of Health, 2016; UNICEF, 2014). Research among school-age children has found associations between household food insecurity and low scores on measures of health, behavioural functioning and academic performance (Chidziva, 2013; Marongwe, Sonn & Mashologu, 2017; Mthethwa, 2009; Nxumalo, 2015).

According to Stats SA (2016), 66% of South African children lived in poverty in 2015 and this number increased from 63.7% in 2011. Poverty amongst children between the ages of 0 and 17 years is the highest, dropping as they get older, and starts to increase again from the age of 55 onwards (Stats SA, 2016; UNICEF, 2016). The highest poverty rates are in the Eastern Cape, KZN and Limpopo provinces (Stats SA, 2016). One in 5 children in South Africa is reported to be stunted and many are deficient in vitamins and minerals vital for good health and optimal development (UNICEF, 2016). Malnutrition negatively affects morbidity, mortality, educability and productivity of both children and adults, with children being at higher risk (Swart *et al*., 2008), and is a major underlying cause of death in 64% of South African children under the age of 5 (UNICEF, 2016). It is reported that 75 000 children in South Africa do not survive to see their fifth birthday (UNICEF, 2016).

Children in KZN are among the worst affected by malnutrition in South Africa. In a study carried out by the Health Systems Trust, 5 out of the 10 districts across South Africa with the highest rate of malnutrition in children were in KZN (Massyn, Padarath, Peer & Day, 2018). In 2012, 13.5% of boys and 14.4% of girls <15 years old in KZN had low weight for their age (stunted). About 2.4% of boys of the same age had low weight for their height (wasted). In addition, 3.4% of girls and 1.5% of boys in KZN in 2015 had low weight for their age (underweight) (Shisana, Labadarios, Rehle, Simbayi, Zuma & Dhansay, 2013). Umkhanyakude District in KZN was one of the worst-affected districts, with the highest number of boys (24%) and girls (26%) who were malnourished (Govender, Pillay, Siwela, Modi & Mabhaudhi, 2016). The causes of wasting, stunting and underweight in children in this province was a result of acute significant food shortages and/or disease (Stats SA, 2016; UNICEF, 2016). Many families struggle to support themselves, which has exacerbated the number of cases of malnutrition in children. Many people opt for cheaper food due to the

high cost of living and this often leads to poor nutrition as children may look fed but the food lacks nutritional value (Massyn *et al*., 2018).

The right to have access to sufficient food is entrenched in Sections 27 and 28 of the South African Constitutional Law of 1996. The Bill of Rights enshrined in the Constitution states that 'every citizen has a right to have access to sufficient food, water and social security'. It also says that 'the State must take reasonable legislative and other measures, within its available resources, to achieve the realisation of this right'. Section 28 (1) (c) states that every child has the right to basic nutrition, and is addressed in the National Development Plan (NDP), which calls for citizens, the private sector and government to work together to establish a self-reliant local food system (Hendriks, 2014; SAHRC, 2012, Statistics SA, 2013). This includes making sure that children, especially those in CHHs, have access to food as one of the basic fundamental rights of every human being.

South Africa recognises that, for the country to have sustained economic growth and poverty reduction, there must be food security (BFAP, 2018). The cabinet of South Africa approved the National Policy on Food and Nutrition Security in September 2013. The policy's goal is to ensure availability, accessibility and affordability of safe, nutritious food at both national and household levels. Therefore, the government of South Africa has implemented various programmes to try to eliminate hunger, especially in children. These programmes include food production and preservation, involving social protection programmes such as 'One house, one garden', social grants, school feeding schemes and public works programme (Hendriks, 2014).

Although these programmes are aimed at alleviating poverty in affected families and children in general, children in CHHs depend solely on them. The government, through these programmes, have become 'parents' to these orphans and vulnerable children.

3.6 THE ROLE OF SOUTH AFRICAN GOVERNMENT IN ALLEVIATING FOOD INSECURITY

The government of South Africa provides various social protection programmes aimed at addressing residents' socio-economic needs. These are in accordance with the South African Constitution (RSA, 1996) and the White Paper for Social Welfare (RSA, 1997) and the Framework for Social Welfare (DSD, 2013) to name a few. The National School Nutrition Programme (NSNP) and social grants are examples of social protection programmes in accordance with the Integrated Social Services Delivery Model (ISDM) that are aimed at alleviating hunger in children, including CHHs (Department of Education, 2014). However, the government does not have any specific programmes aimed at helping children in CHHs but disadvantaged children in general.

3.6.1 National School Nutrition Programme (NSNP)

The NSNP is a fully funded government programme that targets schools with learners from disadvantaged communities. The programme initially focused on primary school learners but currently also caters for secondary school learners from poor families. The NSNP provides meals to nearly 9 million learners per day (Monday to Friday) in all 9 provinces of South Africa. One cooked meal that consists of a protein, a starch and a fresh vegetable is served to each learner. The objectives of the NSNP are to contribute to enhanced learning capacity through school feeding, promote food production initiatives and strengthen nutrition education for the school community (Department of Education, 2016; Kelly & GroundUp staff, 2017).

The NSNP aims to improve the learning capacity of learners through the provision of a healthy meal at schools. In schools where it has been implemented, the programme has shown an improvement in the participating learners' punctuality, regular school attendance,

concentration and general wellbeing (Rendall-Mkosi, Wenhold & Sibanda, 2013, Stats SA, 2016).

Apart from learners being provided with nutritious meals, they are also taught how to establish and maintain good eating and lifestyle habits for life. Moreover, schools are encouraged to establish food gardens from which they obtain fresh vegetables and fruit to supplement the menu in line with South African Food Based Dietary Guidelines. Learners, teachers and parents are provided with skills to start their own food gardens contributing towards long-term household food security (Rendall-Mkosi *et al*., 2013). Furthermore, the school gardens are also used as a teaching and learning resource for learners.

According to the WFP (2016), the NSNP contributes to the well-being and education of children from poor families. Stats SA's General Household Report for 2015 has shown that South Africans are less hungry than they were 13 years ago. The population vulnerable to hunger dropped from 29.3% in 2002 to 13.1% in 2015 (Stats SA, 2017). School-going children experiencing hunger are becoming fewer. In 2013, the hunger rate of school-goers was only about 13% as a result of the NSNP (Stats SA, 2017).

In 2014/5, the NSNP fed an estimated 9.2 million learners in 19 800 schools across the country (Department of Education, 2016; Stats SA, 2016,). In 2010, 67.8% of learners attending government schools benefitted from the NSNP, and in 2015 this number increased to about 76.2% of learners. During the same year, schools in Limpopo Province benefited the most, with the programme assisting 94.1% of learners. Stats SA (2016) reported that in 2015, the rate of hunger in Limpopo dropped as a result of the school feeding programme.

In KZN, at least 5 250 schools benefit from the NSNP. In 2016, 2.2 million children received meals at school on a weekly basis (KZN Department of Education, 2017). This number

includes children from CHHs. School-going children from CHHs who participated in the NSNP as the only meal of the day were considerably sustained by the programme. About 69 schools in Jozini Municipality are part of the NSNP which includes schools in Ingwavuma.

However, the NSNP in some parts of the country has been negatively affected by corruption amongst the service providers. In 2017, KZN schools were deeply affected, and the Department of Education had to go to court to change its feeding scheme service providers in the province. In 2017, about 2.2 million school learners in KZN were adversely affected as the KZN Department of Education was forced to cancel its contract with the NSNP service providers in their schools. This was due to corruption and the programme no longer benefiting learners as expected (KZN Department of Education, 2017). During that time, the 2.2 million children were vulnerable to hunger as they did not access the one nutritious meal provided by the NSNP to each school daily. The department eventually contracted new NSNP service providers.

Non-profit organizations (NPOs) around the country have also joined hands with the government in an effort to combat hunger, especially among children. Joint Aid Management South Africa (JAM SA) is one of the NPOs assisting pre-schools in all 9 provinces of South Africa with nutritious meals. It currently feeds over 90 000 pre-school children in more than 2 000 centres in all provinces. JAM SA provides a highly nutritious porridge to children who attend JAM-supported Early Childhood Development (ECD) and care centres. Children enjoy a bowl of JAM porridge, which is enriched with several vitamins and minerals (JAM SA, 2017). The porridge is known as the corn soya sugar blend (CSS+) and consists of 65% corn, 25% soya and 10% sugar and is fortified with micronutrients. In 2015, JAM SA fed about 24 200 pre-school children every day in 384 centres across KZN. Children participating in this programme have an improved diet and they attend school regularly (JAM SA, 2017).

From the literature, it is evident that the NSNP has yielded positive results in alleviating hunger amongst school children. Children who attend school regularly are guaranteed a nutritious meal every school-day (KZN Department of Education, 2017; Stats SA, 2017). Moreover, children's skills in organic gardening and healthy lifestyles are improved by the training they receive at school which motivates them to start food gardens at home. Moreover, it supplements their food at home and reduces food insecurity (Rendall-Mkosi *et al*., 2013).

3.6.2 Social grants

Sections 24 - 29 of the Bill of Rights in the South African Constitution recognise the socio-economic rights of citizens, including the right to social security. South Africa is the only country in Southern Africa that pays social grants to its eligible citizens. According to Stats SA (2017), about 17 million social grants are paid monthly of which about 12.5 million are grants for children.

South Africa has a well-established social welfare system that is geared at improving standards of living and redistributing wealth to create a more equitable society. The Social Assistance Act of 2004 and regulations to the act provide the legal framework for seven social grants for people who are vulnerable to poverty and food insecurity and in need of state support. These comprise children, older people, and people living with disabilities (Kelly & GroupUp Staff, 2017; Stats SA, 2017). In addition, the Social Relief of Distress grant offers immediate temporary assistance to people in urgent need of food or financial support and is given to people in the form of vouchers, food parcels or money for a 3-month period (SASSA, 2016).

Grants available to support children in South Africa are the Child Support Grant (CSG), the Foster Care Grant (FCG) and the Care Dependency Grant (CDG). These grants can play a

major role in supporting CHHs financially, but the requirements to access these grants are strict. The CSG is primarily meant for children living in poverty in South Africa (Blaauw, Viljoen & Schenck, 2011; Kelly & GroundUp staff, 2017; SASSA, 2016). A CSG of R410 (as per October 2018) is paid monthly to the primary caregiver of a child who is below 18 years old (SASSA, 2018). The caregiver can be a biological parent, relative, sibling or any person in the community looking after that child. According to UNICEF (2017), most CHHs comply with these requirements. In August 2017, about 12.1 million children received CSGs in South Africa, with 2.8 million children in KZN (SASSA, 2018).

The FCG is another social benefit for children who have been formally placed in the care of foster parents by the Children's Court. The court grants any adult who is appropriate and whose name is not in the Child Protection Register, permission to care for children in CHHs. A report from a social worker has to accompany such applications. The eldest sibling in a household can receive the FCG for their siblings if they are 16 years old and above, with an identity document, and this can be motivated by the social worker (Kelly & GroundUp staff, 2017). In August 2017, about 470 000 children received FCGs nationwide; of this number, nearly 100 000 were in KZN (SASSA, 2018). The FCG helps to alleviate poverty and hunger among orphans in CHHs. The FCG was R960/child/month in April 2018 (SASSA, 2018).

In addition, the CDG is another grant given to children below 18 years of age who suffer from severe physical and mental disabilities and therefore require permanent home-based care (SASSA, 2017). According to UNICEF (2017), children in the terminal stages of AIDS are also eligible for this grant; and only doctors can motivate the eligibility of such cases. In August 2017, 146 000 children in South Africa were in receipt of the CDG, with 40 000 in KZN (SASSA, 2018). In October 2018, the CDG was R1 700/child/month (SASSA, 2018).

However, Blaauw *et al*., (2011) state that less than one-third of eligible CHHs are supported by social grants in South Africa; one reason for which could be that children are not recognised by law as heads of households or primary caregivers. Additionally, children in CHHs struggle to get appropriate documentation, such as birth and death certificates and identification documents that are required when applying for social assistance (Ndaleni, 2012). That restricts access to social grants which are the primary source of income for CHHs (Mthethwa, 2009). Moreover, the processing of welfare applications is lengthy and that increases the children's vulnerability to food insecurity (Blaauw *et al*., 2011).

In studies on CHHs, children who received grants reported that the grants helped them to buy food and other basic needs (Blaauw *et al*., 2011; Mthethwa, 2009; Mturi, Sekudu & Kweka, 2012). However, in a study on CHHs was done in Gauteng, one child indicated that the grant had been misused, whilst the rest reported having much benefited from social grants (Gauteng DSD, 2011). Therefore, there is no doubt that social grants are an important source of income for CHHs and play an important role in alleviating poverty in these households. According to the report by the Gauteng DSD (2011), social grants for children were also collected by aunts, uncles, teachers and neighbours, and some of them did not use the grant to benefit the children. In such cases, children were left vulnerable to increased poverty and food insecurity.

The literature indicates that social grants are a support system that has helped many households including CHHs to alleviate poverty and hunger in South Africa. Children getting social grants are guaranteed a monthly income that they can use to buy food. Despite the money not being enough in some instances, it reduces food insecurity.

3.7 COPING STRATEGIES OF HOUSEHOLDS FACING FOOD INSECURITY

In an effort to mitigate hunger and starvation, households often pursue a wide range of precautionary coping strategies (Barrett, 2010; Mjonono, Ngidi & Hendriks, 2009; Ngidi & Hendriks, 2014). The first measure that households usually employ is dietary adjustments. Families begin to eat less-preferred and/or cheaper foods. Thus, they are able to buy more food but it will lack diversity and hence can be boring to eat. Moreover, households can also reduce the portion sizes of their meals. This means eating less food which could result in insufficient consumption of important nutrients for the body (Barrett, 2010). The survey conducted by Mjonono (2008) revealed that about 64% of sampled households in Umbumbulu (Durban peri-urban district), 24% in Jozini, KZN (Ngidi & Hendriks, 2014) and 96% in Botswana employed this strategy when they faced food shortages (Tembwe, 2010). According to Bikombo (2014), this coping strategy shows poor access to food by households.

Households can also try to increase their food supplies using short-term strategies that are not sustainable such as borrowing money to buy food, buying food on credit, begging, consuming wild fruits, vegetables, immature crops and even seed stocks. In some cases, households attempt to reduce the number of people they have to feed by sending some of them to other people's homes (such as neighbours) when they are eating so that they might get food from them. According to a study by Ngidi & Hendriks (2014), very few people (about 14%) resorted to eating wild fruits and immature crops in Jozini. Forty percent of the study population borrowed money to buy food from loan agencies, neighbours and friends, which generally had to be paid back with interest, increasing the households' vulnerability to hunger (Ngidi & Hendriks, 2014).

In addition, households often ask for help from relatives and neighbours. Eighty percent (80%) in Jozini were reported to be using this strategy to alleviate hunger in their households (Ngidi & Hendriks, 2014). In Sierra Tarahumara, Mexico, 66% of households borrowed food

from relatives (Cordero, Santellano & Garrido, 2018). This strategy has become unfeasible for many families in South Africa today as a result of the high cost of living (UNAIDS, 2016). Most families are struggling to provide for their own families, which makes it difficult for relatives and neighbours to help each other (Hendriks, 2014; UNAIDS, 2016).

Furthermore, households can attempt to manage the shortfall by rationing the food available by cutting out certain household members, or spending the whole day without eating (Mjonono *et al*, 2009). Spending an entire day without eating food might have a negative effect on the health of households, particularly if that household member is on medication. Households practicing that as a coping strategy are more likely to default on their medication and the holistic development of young children is negatively affected which can lead to stunted growth and malnutrition (UNICEF, 2016; Tembwe, 2010). In Jozini, 34% of participants (adults) reported skipped meals and 67% limited their food intake for children's sake (Ngidi & Hendriks, 2014).

For school-going children in South Africa, attending school regularly is one strategy to cope with food insecurity. School learners who attend school daily have access to one nutritious meal at school that is provided daily through the NSNP (KZN Department of Education, 2017; Rendall-Mkosi *et al*., 2013). During schooldays, children are guaranteed a nutritious meal every day.

The coping strategies employed by households differ from one place to another. In extreme cases, households migrate to other areas and engage in erosive livelihood strategies when faced with food shortages. In Ophansi village of ward three in Jozini, some people migrated to other areas with better soil and opportunities as a strategy to mitigate food insecurity (Nyakurimwa, 2011).

From the literature, it is clear that when an individual is faced with a shortage of food, precautionary measures are put in place to cope with the situation. These strategies range from rationing food to consuming wild fruits and vegetables. In a CHH, the eldest child might have to go without so that smaller ones can eat. Apart from the pain of not having parents, CHHs are prone to the trauma of having to scavenge for food.

3.8 CONCLUSION

From the literature above, it is evident that CHHs are also negatively affected by poverty, hunger, malnutrition, HIV and AIDS and other natural changes like climate. Lacking adults who can provide, guide and care for them, increases their vulnerability to food insecurity. Although the South African government has implemented different poverty alleviation programmes for disadvantaged families and children, none is directly meant to address food insecurity in CHHs. As a result, the plight of these children has remained unresolved, increasing their vulnerability to food insecurity.

CHAPTER 4

RESEARCH METHODOLOGY

4. 1 INTRODUCTION

The present chapter describes the research approach and methodology that was used to explore experiences and challenges of food insecurity in child-headed households (CHHs) in Ingwavuma.

4.1.1 RESEARCH SETTING

The study was conducted in Ingwavuma. Ingwavuma is a rural town in the Umkhanyakude District Municipality of KwaZulu-Natal Province, South Africa. One theory suggests that the name Ingwavuma came from the Ngwavuma River whilst the other proposes that it was named after a leader called Vuma. The town is three kilometers from the country's border with Swaziland and overlooks the plains of Maputaland to the East. It is divided into three tribal authorities, namely Mngomezulu, Nyawo and Mathenjwa. Ingwavuma falls within the Mngomezulu Tribal Authority. It is a mountainous area with several caves in its vicinity. Some children walk long distances to get to their schools because of the landscape as some of the houses are built in areas where transport cannot reach. It is also bordered by Swaziland and Mozambique which makes it easy for people from either countries to unlawfully migrate to Ingwavuma and vice versa, as they easily walk up and down the mountains.

Ingwavuma falls under the Ingonyama Trust which is a corporate body established to administer land for the “benefit, material welfare and social well-being of the members of the tribes and communities” living on the land (Centre for Law and Society (CLS), 2015). The Zulu king, Goodwill Zwelithini, is the sole trustee to the land. Through this entity, CHHs in Ingwavuma are protected from losing land left to them by their biological parents. This is facilitated by the chiefs that work closely with King Zwelithini in making sure that land doesn’t exchange hands, but rather benefits their own Zulu people and communities. In that

way, CHHs are able to continue with subsistence farming in the land owned by their late or absent parents. The Zulu King, through his chiefs and headmen assists CHHs by referring them to relevant government departments and community based organisations for social assistance.

The area is greatly affected with poor service provision, high poverty and lack of development. Ingwavuma had a total population of about 1 303 people in 2011 (Stats SA, 2013). Majority of the population (90%) earn less than R1 600/month/household, and about 49% of the population have no stable income (Integrated Development Plan (IDP), 2013). As a result, there is a vicious cycle of poverty and CHHs are at greater risk. Most families, including CHHs depend on social grants from the government as their main source of income (Stats SA, 2013).

Nevertheless, Ingwavuma comprises of social, medical and legal facilities where children from CHHs get services. At the centre of the town is Mosvold Hospital which was initially established by the Evangelical Alliance Mission as a mission hospital but later on taken over by the KwaZulu-Natal Department of Health. A number of schools surrounds the town and this includes Ingwavuma High School, Nansindlela Combined School, Isicelosethu High School, Magugu Primary, Our Lady Primary, Lundini Primary and Khethani Christian School.

In addition to this, are the local government offices and departments such as the Department of Social Development (DSD), Agriculture, Home Affairs, South African Social Security Agency (SASSA), a police station and magistrate's court and prison. Several non-governmental organisations (NGOs) also provide services to CHHs and this includes Isibani Sethemba and Zisize Educational Trust, which provide psychosocial support to orphans and vulnerable children. Other NGOs in Ingwavuma are Ingwavuma Women's Centre and

Embathisa, who both provide income generation activities for local women. Moreover, there are a number of churches in the area that helps CHHs with clothes and food, apart from spiritual care. The churches are Roman Catholic, Anglican Church, Apostolic Faith Mission, Zoe Ministries, Ingwavuma Christian Centre, Evangelical Church and Nazareth Baptist Church, just to mention a few.

4.2 RESEARCH APPROACH

Research approaches are strategies and processes for research that explain detailed methods of data collection, analysis and interpretation (Creswell, 2013). In this study, a qualitative methodological approach was employed.

Qualitative research is conducted in the natural settings of participants. The focus in qualitative research is on perspectives and lived experiences of participants, aimed at obtaining thick and rich descriptions and understanding of participants' experiences (Babbie & Mouton, 2007). Thus, qualitative researchers seeks to understand rather than explain a social phenomenon from an insider perspective (Creswell, 2009). Creswell (2007:37) defines qualitative research as follows:

Qualitative research begins with assumptions, a world view, the possible use of a theoretical lens, and the study of research problems inquiring into the meaning that individuals or groups ascribe to a social or human problem. To study this problem, qualitative researchers use an emerging qualitative approach to inquiry, the collection of data in a qualitative natural setting sensitive to the people and places under study, and data analysis that is inductive and establishes patterns or themes. The final written report includes the voices of participants, the reflexivity of the researcher, and a complex description and interpretation of the problem, and it extends the literature or signals a call for action.

A qualitative approach is therefore data-driven and inductive in nature because the research findings and conclusions are derived from the data collected and substantiated by the literature reviewed (Babbie & Mouton, 2007). It also allows the researcher to use more than one data collection method (Polit & Beck, 2010). For example, the researcher can use in-depth interviews, observations and focus group discussions to examine individuals' experiences from their own context (Hennink, *et al.,* 2010). Newby (2014) describes the qualitative approach as an inquiry that helps the researcher to understand how each person sees the world around them.

Therefore, the qualitative approach was used in this study to explore the experiences, challenges and coping strategies of CHHs with food insecurity in Ingwavuma. This approach was best suited for this study as the researcher managed to spend time in the field interviewing CHHs in Ingwavuma. Thus, the children were able to share their own lived experiences, challenges and coping strategies with food insecurity. It allowed for thick and rich descriptions of the experiences of children in CHHs which was necessary to understand the challenges they experiences regarding food insecurity.

Additionally, the flexibility in this approach allowed the researcher to spend some time in the field of inquiry conducting interviews and could probe the participants so as to get more specific information on food insecurity in CHHs (Polit & Beck, 2010). Utilising this approach allowed the researcher to explore and understand the meaning that the participants ascribed to food insecurity and associated challenges. In so doing, the study aim could be addressed, which was to understand the experiences and challenges of CHHs with regards to food insecurity.

4.3 RESEARCH DESIGN

An exploratory descriptive research design was followed in this study to gain new insights, ideas, increase knowledge and provide a clear picture of real-life experiences of food insecurity in CHHs in Ingwavuma.

4.3.1 Exploratory research

The explorative research design speaks to an investigation of phenomena to get new insights and information, as well as increase the knowledge on a given area of interest (Babbie & Mouton, 2014; De Vos *et al*., 2011). It was used in this study because it gives an account of individual lived experiences of food insecurity in CHHs in Ingwavuma. It therefore, explores a relatively unexplored area within qualitative research, thereby adding to the body of knowledge on the topic (De Vos *et al*., 2011).

4.3.2 Descriptive research

A descriptive research approach is a method of research that enables collecting accurate data, providing a clear picture of the phenomenon under study and describing variables (Babbie & Mouton, 2014). It is observational in nature and promotes the understanding of the group, therefore providing a comprehensive understanding of the circumstances of the given population and its dynamics (Maxwell, 2013). Descriptive research mainly refers to research which focuses on portraying the characteristics and attributes of individuals, situations or groups (Babbie & Mouton, 2014). It seeks to explore and explain while providing additional information and describing features of the study population (Maxwell, 2013). Moreover, it focuses on How and Why questions, thus presenting a picture of the specific details of a situation, relationship or social setting (Maxwell, 2013).

Descriptive research was suited for this study to produce descriptive data in the participants' spoken words (Maxwell, 2013) as they described their experiences and challenges with food insecurity in Ingwavuma.

4.3.3 Contextual research

Contextual research focuses on specific real-life events or situations in a or 'naturalistic settings' (Polit & Beck, 2010). It entails visiting people in their everyday environment, like their home, to observe and find out how they survive and cope with certain situations (Maxwell, 2013). The present study specifically focused on food insecurity in CHHs in Ingwavuma.

4.4 STUDY POPULATION AND SAMPLING

A research population is defined as individuals or objects within a certain geographical setting with a common, characteristic or trait required for the purpose of investigating a particular phenomenon (Babbie & Mouton, 2014; Maxwell, 2013). Maxwell (2013) further explains it as the larger group of interest from which a sample is drawn. The target population in this study was children from CHHs in the Ingwavuma area of Jozini Municipality, KZN. A sample, on the other hand, is a subset of respondents drawn from a population of interest and is a specified portion of individuals taken from a larger population group that a researcher earmarks for a focused study (Maxwell, 2013). There are various sampling methods that the researcher could have used.

For this study, the sample was acquired through purposive sampling. Purposive sampling is selecting participants who could give rich data on the topic of discussion from a larger population openly and thoughtfully (Hennink *et al*., 2010). Using information letters, the researcher requested social workers working with children in CHHs at Isibani Sethemba to ask them if they were willing to participate in the study.

Twenty children who met the following inclusion criteria were recruited by the researcher:

- they are children from CHHs in the Ingwavuma area of Jozini Municipality in KZN
- they are between 13 and 18 years old
- they are part of a household with no adult family members present
- they are reported by social workers at Isibani Sethemba to be experiencing or have experienced food insecurity
- they must be willing to give consent to participate in the study (consent and assent forms – Appendix 2 and 3)
- they have permission of the social worker assigned to the CHH to participate in the study (Appendix 4).

4.5 DATA GATHERING

A research instrument is a tool such as an interview schedule and questionnaire that is used to collect data that the researcher will analyse (Hofstee, 2013). Data collection is the process of gathering and measuring information on variables of interest, in an organised way that enables one to answer the stated research questions, test hypotheses, and evaluate outcomes (Babbie & Mouton, 2014; De Vos *et al.,* 2011;). The data collection instrument should be appropriate for the study, valid and reliable (Annum, 2015).

The researcher got permission to conduct the study from the director of Isibani Sethemba (see Appendix 7), an NGO working with orphans and vulnerable children in Ingwavuma. The study aims and objectives were explained verbally and also in the information letter (Appendix 1). Children below 18 years old who were interested in participating in the study signed the assent forms. Social workers from Isibani Sethemba, working with and supervising the CHHs, signed consent on behalf of the children willing to participate, which is in accordance with sub-section 46(1) (b) of the Children's Act of 2005. Upon receiving consent

from the social workers and participants (see Appendices 2, 3 & 4), semi-structured individual (one-on-one) interviews were scheduled with participants at a date and time convenient for them. The researcher went to each participant's home for interviews, which worked very well because participants felt safe and comfortable in their own homes.

An interview is a two-way conversation in which the interviewer asks the participant questions to obtain information or data and also to learn about the ideas, beliefs, views, opinions and behaviours of participants (Leedy & Ormrod, 2014; Nieuwenhuis, 2013). Interviews produce rich descriptive data that help the interviewer to understand the participant's experiences, knowledge and social reality, (Nieuwenhuis, 2013). In the present study, individual semi-structured interviews were conducted with children from CHHs in Ingwavuma, and they could freely give information without being pressured or intimidated by others, which could potentially happen in a focus-group scenario. The researcher used an interview schedule that consisted of open-ended questions to collect data from participants (Appendix 4).

Semi-structured interviews are predetermined open and flexible questions that allow a researcher to probe more, thus allowing the participant to give more information (Nieuwenhuis, 2013). In a semi-structured interview, participants are required to answer a set of predetermined questions and can also freely explore issues that they feel are important (Nieuwenhuis, 2013). The questions were flexible and they allowed the researcher to probe more and therefore receive more information from participants. However closed questions were asked in some instances to get specific information but it was followed with an open-ended question to probe further. Questions in the interview schedule focused on daily meals, social support structures, monthly income and expenditure, availability and access to food and the coping resources they draw on. Probing was used to clarify vague responses and to ask for expansion of incomplete answers. Using open-ended questions allowed participants to

ask for clarity when they did not understand the question posed to them and be flexible in their responses. The researcher chose to use semi-structured interviews in this study so as to get detailed information about food insecurity in CHHs by freely exploring the topic with the participants. Interviews with each participant took 20 - 45 minutes.

De Vos *et al*., (2011) state that semi-structured interviews allow the researcher to use audio recorders, take written notes and observe non-verbal cues from participants, which are used to compile field notes. Field notes are written accounts of the information the researcher hears, sees and experiences during interviews (De Vos *et al*., 2011). In this study, 15 interviews were audio-recorded after obtaining consent to do so from participants and their social workers for those below 18 years to capture all data during the interviews (Flick, 2014). The first three interviews were not audio-taped because the recorder did not function properly, and two participants were not comfortable with being audio-recorded and that was respected by not recording their voices. This did not have any negative effect on the study results as audio-recording was optional and notes were taken during all the interviews.

The researcher herself conducted all the interviews and that allowed her to get rich and detailed descriptions on food insecurity in CHHs. All interviews were done in the Zulu language, which is the first language of the targeted population. The researcher was able to do all interviews on her own in the Zulu language because she writes and speaks fluent Zulu. This allowed participants to fully understand and answer questions, providing thick and rich descriptions of their challenges and experiences regarding food insecurity.

4.6 DATA ANALYSIS

De Vos *et al*., (2011) define data analysis as changing collected data into findings. It involves arranging, categorising and combining data according to related topics, thus producing themes (Creswell, 2009). The themes are presented in the form of discussions supported by

quotes from participants (Braun & Clarke, 2008; Creswell, 2009). For this study, thematic data analysis was used. Creswell's five steps of analysing data were as follows:

(1) Managing data by creating and organising data files. Relying on assertions by Creswell (2009; 2013) and Clark & Creswell (2015, the researcher methodically transcribed verbatim all audio-recorded data, including field notes made soon after the interviews. Transcribed data were checked against audio recordings by listening to the recordings. Further, large data were simplified into short sentences or words so as to check accuracy.

(2) Forming initial codes by reading through the text and assemble related data. This step entailed the researcher familiarising herself with the data by reading and re-reading the recorded notes and listening to the recorded voices to comprehend it, while making notes to create preliminary codes. Coding refers to the creation of categories. A code is a short expression of the main characteristics of the qualitative data (Babbie, 2014). The researcher assembled all related data together and formed initial codes. Codes were produced from transcribed interview data that had specific meaning. This involved a vigorous activity in which the researcher went through all 20 interview transcripts to deduce codes, being guided by the objectives of the study. Many different codes were identified which were then used to develop main themes, sub-themes and categories. All identified codes were listed in a note book.

(3) Putting assembled related data together into groups forming themes. Initial codes were used to put related data together into groups, thereby forming themes. Information was interpreted to give meaning to the participants' experiences, challenges and coping strategies, continuously refining themes in order to get clear meanings and names for each theme, sub-theme and categories. At this stage, seven themes emerged.

(4) Reviewing and naming themes. Defining and refining themes refers to identifying the main aspect of what each theme was about and what aspect of data it captured (Braun & Clarke, 2008). Identified themes were re-examined. It was at this level that the researcher realised that themes identified in step 3 above did not form a coherent pattern. The themes were reworked. All 7 themes identified in step 3 were discarded and some were reduced to categories. Four new themes, 10 sub-themes and 5 categories emerged. Reworking of the themes continued until the researcher was satisfied that the new themes that emerged formed a coherent pattern. After the researcher ensured that the themes formed a coherent pattern, the validity of the themes was assessed in relation to the data and the researcher ensured that the themes and categories accurately reflected all the data and were aligned with the theoretical framework and literature review (Braun & Clarke, 2008).The 4 themes and categories that emerged, formed a coherent pattern and were representative of all the data. The 4 themes, 10 sub-themes and 5 categories are presented in Chapter 5.

(5) Producing the report. This is the final stage where the researcher produced a report in the form of a full thesis. The main themes, sub-themes and categories that emerged during data analysis were used to draw conclusions supported by previous research, theoretical frameworks and literature relating to CHHs and food insecurity. Recommendations were further provided by the researcher so that more could be done to assist CHHs and to improve their food security status, amongst other things.

4.7 TRUSTWORTHINESS

Trustworthiness is very important in qualitative research as its purpose is to evaluate the study's worth, integrity and competence (Babbie & Mouton, 2014). To safeguard trustworthiness of findings, qualitative research utilises different techniques such as credibility, confirmability, dependability and transferability. In this study, the following were used:

- **Credibility.** According to Thomas and Magilvy (2011), credibility is attained by checking the representativeness of the data as a whole. It involves reviewing transcripts for each participant and looking for similarities (Babbie & Mouton, 2014). In this study, credibility was ensured through prolonged engagement until the required sample was met and research questions fully answered by participants. Moreover, the researcher observed the verbal and non-verbal language of the participants and used these to produce the report. Also, the researcher only interviewed participants who met the inclusion criterion. Credibility was further strengthened by using transcripts and participants' words to write the final report. In addition, **reflexivity** was employed by the researcher by reflecting on each interview soon after conducting it to ensure that no research process and data were influenced by her personal thoughts, feelings and views.
- **Dependability.** This involves consistency of findings and seeks to explore if another researcher can find the same results from the same participants in their natural setting (Babbie & Mouton, 2014). Dependability was ensured in the present study by collecting data from only those participants who met the inclusion criteria. Participants' responses from the semi-structured interviews were then used to interpret the data and write the final report.
- **Confirmability.** This refers to the point at which findings of the study can be authenticated by others. In line with assertions by Whitley *et al*., (2013), the researcher maintained an unbiased position by respecting participants' opinions, not labelling them or influencing their views, and therefore ensuring that findings can be confirmed. The researcher used participants' responses to produce findings, draw conclusions and give recommendations. Field notes and tape recordings were kept for confirmation.
- **Transferability.** This seeks to confirm whether the results of the study can be transferred to other contexts or settings (Rubin & Babbie, 2011). For this study, transferability was

ensured by utilising purposive sampling which drew participants that represented the study population to collect rich data which were sufficient to give a detailed report of the findings. The detailed findings could then be used for transferability of the study. Additionally, qualitative exploratory and descriptive designs were used and therefore other studies using the same designs and in a similar context may find the study applicable.

4.8 ETHICAL CONSIDERATIONS

Ethics can be defined as conforming to the code of conduct of a given profession (Babbie & Mouton, 2014). According to Babbie and Mouton (2014), this usually goes hand in hand with morality as both define what is wrong and right. Therefore, the researcher abided by the following ethical considerations:

- **Voluntary participation**

Zikmund *et al*., (2013) state that participants in a research project takes part voluntary and are not forced into participating. Participants were informed that they were under no obligation to participate in the study and therefore could decide not to take part at any given point, and could withdraw from the study anytime during the process without any consequences. Participants were informed about the nature and purpose of the study. Children from CHHs assented to taking part in the study verbally and also signed the assent forms. The social workers at Isibani Sethemba completed and signed the consent forms because the children did not have adult guardians. Social workers are their supervisors in accordance with sub-section 46(1) (b) of the Children's Act No. 38 of 2005. This was done to safeguard the children's rights as prescribed in the Act.

- **Confidentiality**

In line with assertions by Whitley *et al.*, (2013), research participants decide on when, where, to whom and to what extent their attitudes, beliefs and behaviour should be revealed. The researcher informed the participants that all data collected will be confidential, used for purpose of the study only and without disclosing the participants' identities. It was continuously articulated to the participants that all transcribed interviews and tape recordings will be kept in a locked safe in the researcher's cupboard for a period of five years as stipulated in the Protection of Personal Information (POPI) Act of 2013. This is also in line with University of Western Cape's Research Ethics Policy.

- **Avoidance of harm**

The participants in this study already were a vulnerable population in their society as they were minors, with deceased parent(s) and no adult caregiver or guardian. Therefore, it was of paramount importance for the researcher to try to avoid any possible harm, as mentioned by Zikmund *et al*., (2013). Therefore, all participants were briefed about the nature of the study so that they could be prepared for potential harm that the study might do, especially to their emotions. The researcher ensured that all interviews were done in a safe, neutral and confidential venue. All interviews were conducted at the participants' homes where it was private and comfortable. When negative effects or trauma occurred, they were referred to the social worker at Isibani Sethemba for counselling or therapy. In this study, only one participant became emotional and cried during the interview; she was immediately referred to a social worker at Isibani Sethemba who counselled her. The researcher followed up with the social worker before she finished the interviews, and it was confirmed that the child was fine and still wanted to participate in the study. Therefore, the interview was concluded and she spoke without being emotional throughout the interview.

- **Competence of the researcher**

As a qualified social worker, it was easy for the researcher to adhere to the principles set out by the South African Council for Social Services Professionals (SACSSP) and the stipulations of the University of the Western Cape. The researcher agrees with the view of Creswell (2007) that researchers in the caring professions should refrain from judging the views and actions of participants, irrespective of them being in direct conflict with the researcher's own values. The researcher has engaged in previous research projects in her undergraduate studies and in practice as a social worker and was therefore skilled and had experience in the process of conducting research.

4.9 LIMITATIONS OF THE STUDY

This study was conducted in Ingwavuma, a small rural town in the deep rural areas of KZN. The participants in the study were children with deceased parent(s), and the study is therefore specific to them. The research context and setting cannot be generalised because of the area where it was conducted.

Moreover, the study design did not incorporate interviews with other people within the participants' microsystem such as peers, neighbours, relatives, the church and school to confirm the experiences of children in CHHs. In addition, the study was only conducted with black African Zulu-speaking participants and did not include other races. As a result, the findings are contextualised within the area where the research was done.

Furthermore, the study did not focus in detail on the nutritional content of food consumed in CHHs but rather focused more on the challenges experienced with shortage of food, coping strategies employed and ways in which CHHs can be assisted to eliminate food insecurity.

4.10 SUMMARY

This chapter described the method that was used to collect, analyse and verify data on food insecurity in CHHs. In addition, it explained the rationale for the research approach utilised in this study. The ethical considerations employed in conducting this research and the problems that were encountered were also discussed.

Chapter 5 presents the findings on the experiences, challenges and coping strategies of CHHs with food insecurity in Ingwavuma.

CHAPTER 5

PRESENTATIONAND DISCUSSION OF THE RESEARCH FINDINGS

5.1. INTRODUCTION

This chapter describes the study's findings from the individual interviews which were conducted with children from CHHs in Ingwavuma. The findings emanated from thematic data analysis of transcribed semi-structured interviews and the researcher's observations and personal notes taken throughout the study. Moreover, the basis for the data analysis and interpretation of the findings was formed by the theoretical framework and the literature reviewed (Chapters 2 and 3).

In the present section, the researcher presents demographic details of participants, four main themes that emerged from the interviews, sub-themes, narratives of the participants, and comparisons between the research findings and the theoretical views hypothesised in literature. It concludes with a summary.

5.2 RESEARCH RESULTS

The research results are presented next in the form of a discussion describing the sample.

5.2.1 SAMPLE DESCRIPTION

Table 5.1 presents demographic details of participants according to their gender, age, school level and number of siblings each participant looks after. The real names of participants are not used in order to protect their anonymity. Instead, alphabetical codes are used. For example, participant A refers to the first participant who was interviewed.

Table 5.1. Demographic details of participants

Participant's code	Age (years)	Gender	Level of study (grade)	Number of siblings
Participant A	16	Male	10	4
Participant B	16	Female	9	5
Participant C	17	Female	11	4
Participant D	16	Male	8	4
Participant E	16	Male	8	4
Participant F	17	Female	11	4
Participant G	17	Male	10	3
Participant H	17	Female	11	3
Participant I	15	Male	8	3
Participant J	16	Female	9	2
Participant K	17	Male	10	5
Participant L	17	Male	9	4
Participant M	18	Female	12	3
Participant N	17	Female	11	4
Participant O	17	Male	8	3
Participant P	16	Female	9	2
Participant Q	13	Female	8	3
Participant R	15	Female	9	5
Participant S	14	Female	9	3
Participant T	14	Female	9	3

Table 5.1 indicates that 5 of the participants were between 13 and 15 years old, and 15 participants were 16 - 18 years old. Twelve were female and 8 were male. All participants were attending high school (Grade 8 - 12 learners); however, one participant (Participant N) had just had a baby and was temporarily at home f. All participants had siblings whom they were living with or looking after. This finding is representative of CHHs in South Africa

where according to an analysis by Hall & Sambu (2018), about 57% of children in CHHs are above the age of 10.

Below are the themes, sub-themes and categories that emanated from the data analysis which was done by the researcher.

5.3 THEMES THAT EMANATED FROM THE DATA ANALYSIS

The following table presents the main themes and subthemes that emerged from the data analysis.

Table 5.2. Themes, sub-themes and categories that emanated from the data analysis

THEMES	SUB-THEMES	CATEGORIES
1. Challenges and experiences regarding accessing food	1.1 Daily meals 1.2 Monthly access to food 1.3 Social support structure	(a) Relatives support (b)Neighbours support (c) Church supports (d) School supports
2. Income and expenditure of CHHs	2.1 Social grants as a main source of income 2.2 Monthly income 2.3 Income and expenditure 2.4 Income supplements	(a) Food gardens
3. Coping strategies of children heading households	3.1 Effects of food insecurity on children 3.2 Coping strategies	
4. Improving access of food for CHHs	4.1 Role of government in securing food aid for CHHs 4.2.Role of NGOs and religious groups	

5.3.1 THEME 1: CHALLENGES AND EXPERIENCES IN ACCESSING FOOD

Food accessibility at household level is identified in three dimensions: physical, economic and social accessibility (Andeyhun, 2014; FAO, 2015). Physical accessibility refers to direct access to food from domestic production (family farm/garden), or food distribution (food parcels to most vulnerable individuals or households). Economic accessibility is the individual's or household's ability to access markets or purchase food items. Social accessibility refers to the existence and efficiency of social welfare nets and responses to food emergencies (FAO, 2015). This theme highlights the number of meals that participants eat per day, food they eat more often, and who provides the food. In addition, it includes participants' access to food per the month and the support they receive within their microsystems.

5.3.1.1: Sub-theme: Daily meals

This sub-theme covers who provides food in CHHs, number of meals consumed by the children daily, and the most common food they eat. The participants' responses to these 3 aspects about daily meals will be described separately below.

All participants reported being primarily responsible for providing food to their siblings. Four (4) female participants stated that although they had a big brother, also below 18 years old, they still were the main providers of meals due to the brothers being irresponsible. It was noted that of the 20 participants, 16 had the responsibility of going to the person receiving the social grant on their behalf to fetch the social grant money and then see what needed to be bought for the house. This is because a relative not living with the children was receiving the grant on their behalf as none from the CHHs could register as the main recipient due to their ages being below 18, the required age (Kelly & GroundUp Staff, 2017). The children were not recognised by law as adults. Only one participant indicated that she receives her siblings'

grant. The other 3 participants stated that it was their responsibility to beg from relatives for money and provide basic needs such as food for their siblings.

Although the majority of participants had some form of support from their relatives (microsystem), it still remained the participant's responsibility to provide food to their siblings. Some of the participants' responses were as follows:

> *It is my responsibility to provide my three siblings with food. I have to see to it that in house there is food and other basic needs. I must go to my sister in Bhambanana and fetch the CSG that she receives for my siblings and then see to it that there is food in the house.* (Participant H)

> *It is my duty to provide my siblings with food, but my brother who works in Johannesburg mines sends me money every month and I use that money to buy food.* (Participant B)

> *I'm the sole provider for my siblings, for everything you can think of. I buy food, clothes and school uniforms for my brothers and sisters.* (Participant F)

> *I buy food for my siblings, including my brother who is 17 years old, older than me but is irresponsible.* (Participant Q).

This finding concurs with a study by the Gauteng DSD (2008); Mogotlane, Chauke, Rensburg, Human & Kganakga (2010); and by Ndaleni (2012), who found that children heading households do various care-giving responsibilities in their households which, besides supervising their younger ones, includes fending for their siblings and ensuring that they have food and clothing. Nkwe (2008), also found that in Top Village in Mafikeng, North West Province, CHHs were headed by mostly girls between the age of 12 and 15 who had to provide their siblings with food and other basic needs.

It is clear that children in CHHs primarily provide food for themselves and that has an effect on the number of meals and type of food they eat, which is discussed below.

Only three participants reported eating three times (breakfast, lunch and supper) per day. The rest stated that they ate two meals per day – breakfast and supper. The third time they ate was at school and this was only during school days. On weekends and holidays, participants ate only twice. According to participants, they only ate twice per day because they did not have enough food to last for a month. Having three meals would be considered as a luxury or wasting. One participant said:

> *I eat last night's left-overs in the morning, then eat at school and only cook supper. During the weekends and holidays, I eat only twice per day because there is not enough food to last us the whole month if we cook more meals.* (Participant P)

> *I eat only twice a day, at school and dinner at home. If I don't go to school, I eat from my neighbours and then in the evening at home. We only cook once.* (Participant J)

This finding was confirmed in other studies (Blaauw, *et al.*, 2011); Gauteng DSD, 2008; Mogotlane *et al*., 2010; Thwala, 2018), who found that most children in CHHs ate only once or twice per day. According to UNICEF (2014), these children often go to bed on empty stomach because of lack of food in the house. The participants in the present study did not eat enough meals per day due to food shortages in their households.

Food such as rice, canned fish, stiff *pap* and beans were the most commonly consumed food by the 16 participants. Only one participant mentioned bread as her usual food and three mentioned vegetables (cabbage and spinach). All participants indicated that this was not their food of choice but it was cheaper, lasted longer and made them full. The following excerpts from participants reflect this:

I usually eat rice with tinned fish and stiff pap with beans. If I change, it will be rice and beans and stiff pap with tinned fish. (Participant K)

I eat bread most of the time, bread with sour milk, bread with vegetables and sometimes just bread with peanut butter. (Participant J)

I usually eat stiff pap and vegetables such as cabbage and spinach and *also rice and tinned pilchards.* (Participant T)

Similar findings were reported by Oxfam (2014), as well as Ngidi and Hendriks (2014) who found that households that experienced hunger relied on less preferred (beans than meat) and inexpensive food every day. Although beans provided the participants with good proteins, it was the participants' less preferred and boring food to eat more often. Mthethwa (2009) found that children in CHHs consume less preferred food due to poverty. It can therefore be concluded that children heading households do not necessarily take into consideration the food quality and diversity in terms of different food groups when purchasing food due to their financial constraints. They buy what they can afford and what will last them longer and the food is unfortunately not appetising for most children.

5.3.1.2 Sub-theme: Monthly access to food

Eighteen participants reported that they had never had food which lasted them the whole month. Their food was usually finished within a week and some days before month end. Only two participants mentioned that they had food for the whole month but little towards the end of the month. The 18 who ran out of food before month end stated that they begged for food from neighbours and relatives during that time of lack. They further stated that they first asked for food or money from their relatives, who usually helped them, before they asked from neighbours. The following were some of the responses from participants:

We run out of food towards the end of the month, usually a week before month end. I then will call my aunt and ask for money or food. (Participant A)

Food always gets finished a week and some few days before we get the social grant again and we just have to wait or ask for help from the neighbours. (Participant P)

We only have food the first two weeks of the month and then after that I have to buy more food on credit from our local tuck shop and still it doesn't last the whole month but I can only buy a little on credit otherwise we won't be able to pay back the money. (Participant L)

These findings are congruent with the findings of the Gauteng DSD (2008); Gorongo & Moyo (2013); Mthethwa (2009); Ndaleni (2012); and UNICEF (2014), who found that most children in CHHs never had enough food to last them the whole month due to their minimal monthly incomes. Ngidi and Hendriks (2014) found that, in Jozini, people resorted to buying food on credit when they were faced with hunger and that increased short-term household food availability. Blaauw et al., (2011) also found that in Gauteng, the few CHHs that had food until end of the month had little food left that they would ration the last few days, just to take them through. Therefore, it is clear that children in CHHs experience hunger on a monthly basis as the food they can afford to buy is not enough to take them through the whole month. This shows that CHHs are vulnerable to food insecurity.

5.3.1.3 Sub-theme: Social support structure

This sub-theme highlights the assistance that children heading households receive from their microsystem (relatives, neighbours, church and school). In this study, the children's microsystem was crucial in giving support to CHHs. The participants' microsystem formed the four categories of support structure that are discussed in detail below.

5.3.1.3.a Category: Relatives' support

Half of the participants expressed gratitude for the support they received from their relatives who lived elsewhere. They expressed gratitude to relatives who helped them to go to bed with at least something in their stomachs. The other half stated that they did not get any help from their relatives. The 10 participants who received help said that this was sometimes in the form of money but in most cases they received food items such as cooking oil, sugar, salt and mealie meal. The other 10 reported that they had never asked for help as their relatives were also struggling to make ends meet. One participant mentioned that she had relatives but never asked for help from them as she preferred them to help when they choose to without being asked to do so. Some participants' responses were as follows:

> *My only relative who helps us is my grandmother who lives in Ntabayengwe. She is receiving the FCG for my three siblings and whenever we need help I ask her. She is the only one who helps us.* (Participant G)

> *I don't ask for any help from my relatives because they are also poor and struggling more than us.* (Participant O)

Multiple studies (Farzana, Rahman, Sultana, Raihan, Haque, Waid, Choudhury & Ahmed, 2017; Nziyane & Alpaslan, 2011; Thwala, 2018) also found that extended families are most often a source of orphan care support. Thwala (2018) found that orphaned children in Swaziland who had the support of their extended families, had better access to basic needs such as food compared to those who had no support from relatives. In the past, when parents were no longer present, extended relatives would normally foster the orphaned children and become their guardians which helped to ensure that the children had adult caregivers who would provide them with basic needs such as food, clothes and shelter. However, the HIV and AIDS epidemic has eroded the traditional system of fostering orphans due to socio-

economic factors (UNICEF, 2014). As a result, relatives are finding it hard to help children in CHHs as they are also struggling to meet the basic needs of their own families (UNICEF, 2014). CHHs remain vulnerable to food insecurity as extended families are not able to integrate them into their own families due to economic hardships, among other reasons.

5.3.1.3.b Category: Neighbours' support

Twelve participants indicated that they depended on the kindness of their neighbours for food. They mentioned having received food and clothes from their neighbours. They also mentioned that their neighbours were generous to them as they even gave them cooked meals. One participant said:

> *Yes, we get help from our neighbours. They give us whatever we ask. Sometimes they just call us to give us cooked food and other things if they have surplus. Our neighbours are so kind to us.* (Participant B)

In contrast, 8 participants mentioned that they did not receive help from their neighbours. The reasons included that their families did not have good relationships with their neighbours and hence they feared being poisoned. It was clear that the children's families did not have good relationships with the neighbours (mesosystem) even when the children's parents were still alive. Therefore, it can be concluded that the relationships of CHHs with their microsystem and mesosystem such as child's or family's relationships with neighbours, have an impact on children's access to food and support in general. In this study, the bad relationships between 8 participants' families exacerbated the children's vulnerability to hunger as neighbours would not help them with food or anything else. Their experiences are encapsulated in the following statements:

I don't get help from my neighbours. They are not good to us since my parents were still alive. We never asked for anything from them. I even fear that they can poison us. So we would rather die of hunger. (Participant C)

No, I don't get help from my neighbours. They are the ones who come and ask for food from us. They are struggling more than us. (Participant H)

Participants' sentiments coincide with the literature in that neighbours can be a great source of support to CHHs; however, due to strained relationships between families and also economic hardships, most neighbours are unable to help (UNICEF, 2014), which has left many CHHs vulnerable to hunger as they lack support from their neighbours and the community. Ndaleni (2012) found in Port Shepstone that not all children from CHHs had the support of their neighbours. Some of the participants in her study reported conflictual relationships and complained about jealousy and gossip by their neighbours. They stated that they were ill-treated by their neighbours while other participants mentioned that their neighbours were equally struggling. It is clear that due to economic hardships, neighbours of CHHs are also greatly affected and not always able to help. However, the relationship between children in CHHs and their neighbours is crucial as it determines the support that neighbours will give to CHHs. Bad relationships exacerbate food insecurity in CHHs as either neighbours cannot help with food or the children will not ask neighbours for food when they have a need.

5.3.1.3.c Category: Church support

Only 6 participants reported receiving help from the church, and these were churches that they are affiliated to. The rest said that they did not get any help from the church. Of the 14 who did not receive any help from the church, 8 did not belong to any church and 6 stated that they never asked for food from their churches. Some responses from participants follow:

I don't get any help from the churches around here and I also don't go to any church. They want offerings but they don't give to the poor. I stopped going to church. (Participant K)

I don't get any help from my church, maybe because I also don't ask for help. (Participant N)

Yes, I get help from my church each time they have big services. I get a food parcel and my pastor's wife always ask me how we are coping. She helps us with cooked meals and clothes also. The other congregants also help us. (Participant Q)

Studies (Ntangeni, 2005; Maqoko & Dreyer, 2007) affirm that churches have a big role in looking after orphans and therefore should create a supportive environment where children in CHHs feel accepted and supported. In their study in Bophelong (southerly region of Gauteng Province), Maqoko and Dreyer (2007) found that HIV and AIDS orphans in CHHs experienced hunger and psychological trauma, and some of them became victims of physical, emotional and sexual abuse. Pastors and churches in that area did not play any role in providing care, support and protection to orphans. Children lived on their own, fending for themselves, although several churches were in the area. Pastors' care and counselling was therefore found to be crucial to alleviate hunger and care and protect children in CHHs. Maqoko and Dreyer (2007) state that pastors' care involves pastors functioning as caregivers to all those in need of care and support, especially children in CHHs. This was also confirmed by most participants in the present study who mentioned not getting any support from the church.

However, the support that was received by 6 participants in this study played a significant role in their lives as they could get food amongst other material things, which alleviated food insecurity in their households. This was confirmed by Ndaleni (2012), who found that in Port

Shepstone children in youth-headed households got spiritual, financial and material support from their local churches. The children appreciated the help they received from the churches as it helped them meet some of their basic needs such as food and clothes.

Nevertheless, there is a gap in literature on the churches and their support to CHHs. Studies (Maqoko, 2007; Nkwe, 2008; UNICEF, 2014) state that religious groups such as churches should be seen playing a role in caring for orphans and vulnerable children.

The church has played a limited role in caring and supporting CHHs, as shown by the large number of CHHs who received no help from the church. Therefore, the church as a microsystem of the children in CHHs needs to embark on building a supportive environment that will alleviate hunger in CHHs by providing care and support to all orphans.

5.3.1.3.d. Category: School support

The majority of participants (18) said that they were beneficiaries of the National Schools Nutrition Programme (NSNP). They stated that they ate a full, healthy meal and a fruit at school every day except on weekends and holidays. They further mentioned that sometimes they were assisted by their teachers with school uniforms and were given left overs to carry home. The following excerpt indicates participants' experiences with the support they get at school:

> *We eat a nutritious meal at school every day except on weekends and holidays. I no longer buy school uniform, we now get uniforms at the beginning of each and every year now from our school. Teachers give children from CHHs leftovers including fruits and at the end of each term, if there is food left, they make food parcels for us. Even vegetables from our school garden, they give us. My class teacher even gives me money to buy bread sometimes.* (Participant H)

My siblings and I eat at school every school day and if there are leftovers my teacher gives me and we eat that for supper, so we don't have to cook. (Participant Q)

This finding concurs with reports that a large proportion of children attending school in South Africa receive a nutritious meal each school day (Department of Education, 2016; Kelly & GroundUp Staff, 2016; NSNP, 2017). Stats SA (2016) and the) state that in 2014/15, the NSNP fed an estimated 9.2 million learners in 19 800 schools across the country. In 2016, at least 2.2 million children received meals at school on a weekly basis in KZN (KZN Department of Education, 2017). This number is inclusive of children from CHHs. The programme has helped in improving access to food in children especially from CHHs.

However, 2 participants reported not receiving any support from school. For 1 participant, it was by choice because he didn't want to eat from the NSNP. The other one stated that she received no help from school as she was currently at home on maternity leave. She said:

I'm not getting any help from my school because I'm currently not attending school. I just gave birth and will only go back to school next year. But my siblings eat at school. (Participant N)

I choose not to eat at school because I don't like the food they cook at my school. The aunties cook rice and fish, cabbage and beans with mealie pap. That is the food I always eat here at home and it's too much for me to eat it over and over. (Participant A)

The first response above is congruent with the rule on school nutrition programme which states that meals are only provided to disadvantaged children attending that specific school, either primary or secondary school (Department of Education, 2016; NSNP, 2017).

Blaauw *et al*., (2014) concurs with the above second sentiment in their study on CHHs in Gauteng where they found that children's meals lacked diversity since it did not include some

of the food groups. It was further found out in KZN by the KZN Department of Education (2017) that learners were not being given proper food in some KZN schools due to corruption by some service providers. As a result, learners' meals were compromised and that led to children eating the same food.

It is clear that the school as the child's microsystem, and the relationships children from CHHs have with their teachers (mesosystem), play an important role in eradicating hunger in CHHs. Children are guaranteed a nutritious meal each school-day which improves the food security of children in CHHs.

5.3.2 THEME 2: INCOME AND EXPENDITURE OF CHILD-HEADED HOUSEHOLDS

This theme concerns monthly income and how it is spent in CHHs. Under this theme, participants spoke about their sources of income, how much they get per month, and shared the breakdown of their expenses and how they supplement their monthly income. This formed sub-themes and food gardening as a category on income supplements which is discussed further below.

5.3.2.1 Social grants as a main source of income

Social grants were the main source of income for 16 participants. These were South African citizens who were eligible to receive social security assistance from the government. As indicated earlier, most social grants were reported as being received by relatives who lived elsewhere, who either only sent the money to them, or participants had to go and collect the money themselves. This was as a result of participants being minors, below the age of 18. Only 1 participant reported receiving the FCG of her siblings because her social worker motivated that she was sufficiently mature to receive the grant. Of the 16 participants, 8 received the FCG, and the other 8 the CSG. Below are some responses from participants:

My grandmother who lives at Ntabayengwe area is the one who is getting the FCG for me and my siblings. I go to her every month to fetch the money and that is our only source of income. (Participant K)

I'm receiving the FCG for my four siblings and that is our only source of income. The social worker had to motivate that I get the grant for my siblings because there was no one who could foster us or get the grant for us. (Participant F)

These findings correlates with research conducted by Gauteng DSD (2008) and Kelly & GroundUp staff (2017) that FCG for orphans in CHHs was received by a relative such as an aunt, grandmother or cousin or a family friend who did not live with the children. The reason for this was that children were not recognised as head of households by the law (SASSA, 2016). Although this was against the requirements by SASSA which state that the recipient should live with the children, many families would still lie to social workers so as to get the grant (Gauteng DSD, 2008). However, in cases where the older child in the CHHs was 16 years old and above, with an identity document, social workers could motivate for that child to receive the FCG for his/her siblings (SASSA, 2016).

The 8 participants getting the CSG was because of a lack of all documentation required to apply for the FCG. One participated receiving the CSG stated:

My sister at Bhambanana is receiving the CSG for my 3 siblings. We could not register for FCG because we do not have death certificates of our parents. The certificates were never done. So we just depend on the CSG for survival. (Participant H)

We can't register for the grant because we do not have birth certificates, our mother died still waiting for her identity document (ID) from Home Affairs. My brother has

an ID because he was assisted by his friend's family to apply for an ID using their surname. (Participant B)

The above responses show that obtaining the necessary documents in support of the application for a FCG is one of the challenges faced by CHHs in Ingwavuma. Maqoko (2007) states that South African citizens are obliged to register for citizenship under the provisions of the Registration Act, in order to gain access to available state resources. Kelly & GroundUp staff (2017) affirms that a child's right to registration is a constitutional mandate to ensure that the child's identity is recognized and is able to access available state resources such as social grants. However, in this study, the participants mentioned that it was hard to obtain birth certificates from the Department of Home Affairs as they did not have their parents' documents such as death certificates and identity documents. This finding reveals infringement of the participants' constitutional right to an identity document and consequently, social security and food.

However, 4 participants indicated that they begged for money from their relatives and did piece jobs to get income due to various reasons as indicated in some of their responses below:

My brother who works in Johannesburg mines sends us money every month and I also sell firewood. That is the only money we survive on. We can't register for the grant because we do not have birth certificates, our mother died still waiting for her identity document (ID) from Home Affairs. My brother has an ID because he was assisted by his friend's family to apply for an ID using their surname. (Participant B)

My grandmother gives us some little money from her old age pension grant (OAG). We don't have our parents' death certificates .... We cannot apply for our birth certificates. That's why we are not receiving any grant. We rely on begging from our grandmother (Participant Q)

The first finding is confirmed by Hall (2013); Kelly and the GroundUp Staff, (2017); Mturi, *et al.,* (2012) and Ndaleni (2012), who state that social grants are the main source of income for most children in CHHs. However, children in CHHs struggle to get appropriate documentation, such as birth and death certificates and identification documents that are required when applying for social assistance, and that restricts access to social security grants. Such children end up having to work at an early age and beg for money from relatives (Kelly & GroundUp Staff (2017).

The second finding is congruent with findings by Mohale (2013) that grannies caring for orphans often end up stretching their old age grant to support the orphans because of several reasons. In some instances, the orphans are not receiving any social grants from the government due to lack of required documentation and sometimes the social grants money is not enough to cover all basic needs of the children (Ndaleni , 2012). As a result, the grandparents of the orphans use their pension grant to support the children and that leaves them financially stressed and not coping with the huge responsibility (Hall, 2013).

In terms of the Births and Deaths Registration Act (1992) the birth of a child is supposed to be registered within 30 days after birth. It can be registered by a parent, guardian or any other person legally responsible for the child at Department of Home Affairs. Registration of birth after 30 days is considered a late registration and additional requirements apply, which in most cases children in CHHs cannot get. Children with deceased parents are required to produce the parents' death certificates amongst other things, and in many cases, the documents will be absent (Department of Home Affairs, 2018). Children from CHHs lack adult relatives who can assist with such applications and therefore, the macrosystem of a child, in this case laws on births and death registrations, impact negatively on the child's right to an identity document. Moreover, children cannot access social grants, increasing children's vulnerability to hunger.

5.3.2.2 Sub-theme: Monthly income

Fifteen participants in receipt of social grants had monthly income above R1 000/month. This was evident in the response below:

> *I'm receiving the FCG of my 4 siblings of R3 840 every month.* (Participant F)

Again, those receiving the CSG were getting less money than those receiving the FCG. Below is a response from a participant receiving the CSG:

> *My aunt receives the CSG for my 4 siblings. She gets R1 600 every month but she only gives me R1 000.* (Participant A)

In addition, relatives receiving social grants on behalf of children in CHHs were all reported not giving the children the exact amount received. Money was deducted for various reasons such as monthly savings as per social workers' requirements, emergencies etc., and for others no reasons were offered. This finding correlates with research conducted by Gauteng DSD (2008) that relatives and family friends who received the social grants of children in CHHs did not give them all the money. The grant was abused in most cases and children lacked basic needs like food.

Makhubu and Ndenze (2013) confirm that although some caregivers tend to misuse the grant, others use it to benefit other family members and guard against emergency situations. Below are some responses from participants:

> *My grandmother receives the FCG of my 5 siblings and she gives me R3 000 only every month. She saves the rest of the money for my siblings as social workers want to see monthly savings in each bank book. The savings are for my siblings' future use, like when they go to university.* (Participant K)

I get only R2 000 every month from my sister who is receiving the FCG of my 4 siblings. I know that that is not all the money she gets but I don't know why she takes the other money. (Participant E)

Granny gives me R1 800 every month for my 5 siblings' FCG and she says that the rest is kept for emergencies like sickness because my eldest sister who was married in Durban is very sick and granny uses that money to take her to traditional healers and hospital. (Participant R)

Participants who did receive any social grant indicated having monthly income less than R1 000. The majority relied on begging money from relatives and doing piece jobs to earn income. Participants said:

We get R300 every month from selling firewood and my cousin gives me R500. (Participant 0)

My sister who is married in Jozini gives us R800 every month. (Participant P)

Granny gives us R700 every month from her old age pension grant. (Participant Q)

This is corroborated by a study by Gauteng DSD, (2008) and Blaauw *et al*., (2014) who state that children in CHHs often generate their own income by working for neighbours and street vending. They further say that these children generated greater monthly income than those who were receiving grants. However, in this present study, the children had less income than their counterparts.

It is therefore evident that social grants are the backbone for most CHHs, and those that are not receiving any social security grants are at the disadvantage of not having regular monthly income. The monthly income of each CHH determined the expenditure of money in that household and is described in detail below.

5.3.2.3 Sub-theme: Income and expenditure

Various studies (Blaauw *et al.*, 2014; Hall, 2013; Kanyane, 2015; Mnisi & Botha, 2016; and Khosa & Kaseke, 2017) in South Africa have shown substantial evidence that income in CHHs, whether from social grants, including the CSG, or from relatives and piece jobs, is spent on food, education and basic goods and services. This evidence shows that social grants improve children's access to food, amongst other things. All participants in the present study stated that most expenditure from their monthly income went towards buying food:

> *I get R1400 from the FCG and I use R1000 to buy food and R400 is for monthly savings as required by the social workers.* (Participant C)

> *From the R960 I get every month, R900 buys food and R60 is for emergencies and other needs.* (Participant J)

> *The total money I get from CSG, plaiting people's hair and selling firewood is R1 200 and from that money I buy food for R1000 and use the R200 to buy clothes.* (Participant T)

It became evident during interviews that the greater portion of the monthly income of CHHs goes towards buying food. Various literature and studies (Blaauw *et al*., 2011; Gauteng DSD, 2008; Magoko, 20007; UNICEF, 2014) confirm that food is the immediate and most crucial need of CHHs. It's the first basic need that families including CHHs first address before they can buy other things and more money is spend on it. In Gauteng, children in CHHs indicated not having nice clothes to wear when going to church or when going out as their monthly income was only able to buy food, which also did not last the whole month (Gauteng DSD, 2008).

5.3.2.4 Sub-theme: Income supplements

Several studies have shown that the total monthly income in CHHs is not enough to cater for all their basic needs (Mogotlane *et al.*, 2010; Thwala, 2018; UNICEF, 2014). The Gauteng Department of Social Development (2008) and Ndaleni (2012) state that it is crucial for CHHs to engage in other activities such as farming and gardening so as to supplement their household income. Farming was explored during this study, and the results follow below.

5.3.2.4.a. Category: Farming

Thirteen participants mentioned that they were involved in subsistence farming. They reported having food gardens in which they grew vegetables and maize which were all used for household consumption. Participants estimated that about a quarter of their consumption was from their gardens and also that this was seasonal, as in some months they did not garden due to lack of water. They mentioned the following:

> *I can say maybe a third of what we eat is from our garden. We grow maize and vegetables such as spinach, lettuce, onion, tomatoes and cabbage.* (Participant M)

> *I don't usually buy mealie meal and vegetables because we grow these at home and use it to add to what we buy from the shops.* (Participant R)

> *I buy most of the food we eat but if we have maize and vegetables from our garden, then I use that for food and only buy when it's finished.* (Participant F)

This is confirmed by Govender, Pillay, Siwela, Modi & Mabhaudhi (2014) who state that food gardens help to supplement grants in South Africa and also increase dietary diversity. Home food gardening contributes to household food security by providing direct access to food that can be harvested, prepared and consumed by family members, often on a daily basis. It provides a diversity of fresh foods that improve the quantity and quality of nutrients available to the family. In South Africa, positive stories were noted in rural areas of KZN,

where home-based food production programme significantly increased Vitamin A intake in children (Faber, Venter & Benade, 2002). In 2010, Agricultural Research Council conducted an investigation on a food-based approach dealing with Vitamin A deficiency in Lusikisiki, Eastern Cape and the results showed increased morbidity, nutritional knowledge and dietary intake in all children that consumed Vitamin A vegetables such as carrots, sweet potatoes, spinach and kale (Agriculture Research Council, 2010).

Therefore, home gardening is a production system that the poor and CHHs can easily enter. It can be practised on small patches of homestead land, vacant lots, roadsides or edges of a field, or in containers (Khubheka, 2015). Moreover, gardening may be done with almost no economic resources, using locally available planting materials, green manures and indigenous methods of pest control (Jowell, 2011).

Seven participants said that they did not engage in any type of farming including food gardens. They reported relying totally on buying food from the shops. They said:

> *No, we don't do any gardening. Our parents used to do it themselves and never taught us, so we don't know how to do it. I buy food from the shops all the time.* (Participant N)

> *I buy all the food we eat. We never grew any vegetables or anything even when my parents were still alive.* (Participant G)

Participants' accounts are confirmed in the literature (Bronfenbrenner, 2005) in that children often continue with what they were taught by their parents when they were alive (microsystem). In this case, children were never taught about farming with their parents and also lacked motivation to do it.

Furthermore, a study by Laurie, Faber, Malebana & van den Heever (2012) indicates that children who were taught by their teachers about food gardens had better knowledge and skills on food gardening. They were also motivated to implement food gardens at their homes more than those who were not taught at school and home. It is with no doubt that the child's microsystem can play an important role in reducing food insecurity by imparting gardening skills and knowledge in a child.

Families who do not practice any subsistence farming rely on buying all food from the shops. Studies (Chakona & Shackleton, 2019; Chikoto, 2016; Mkhawani, Motadi, Mabapa, Mbhenyane & Blaauw, 2016) confirm that families without food gardens depend on buying food from the shops and the poor use their social grants to do so. As food prices continue to increase gradually in South Africa, households that rely on buying food, without any supplemental measures like food gardens, are at greater risk of experiencing hunger. Social grants alone cannot eradicate food insecurity as the money is not enough to cater for all household needs whilst organic food gardens can potentially alleviate household food insecurity and increase dietary diversity (Laurie *et al*., 2012). Therefore, such households are vulnerable to food insecurity and hence need to employ coping strategies so as to deal with food shortages. Below are the coping strategies that were utilised by CHHs in addressing food insecurity.

5.3.3 THEME 3: COPING STRATEGIES OF CHILD-HEADED HOUSEHOLDS

This theme explored the effects of food insecurity on children in CHHs and how they coped with the situation. The effects of food insecurity on children included emotional distress, poor academic performance and poor health. The participants in this study employed various strategies to cope with food insecurity such as buying cheap and less preferred food, food

rationing, buying food on credit and skipping meals. These aspects formed the sub-themes which are further described below.

5.3.3.1 Sub-theme: Effects of food insecurity on children

In this study, all participants reported being negatively affected by food shortages in their households. Participants indicated that the shortage of food caused them much stress because their younger siblings often cried for food. Again, it negatively affected their schoolwork; all reported not being able to concentrate in class and unable to do homework, class tasks, projects and even study for exams. All participants pointed out that their school grades had dropped because of hunger. In addition, participants stated that they easily got sick because of lack of proper nutrition. The following excerpts reflect the effects of food insecurity on participants:

> *The shortage of food at home gives me so much stress. My siblings look up to me for everything and when I can't provide them with food, I feel like a failure. I become so stressed because my other two little sisters cry for food. It makes me miss my parents and wish they were alive. Aaah, it's very painful. At school, I used to be the top learner in my class, but since the death of my parents, all my grades have gone down. I can't concentrate in class, I can't do my school projects and studying is so difficult when you are hungry.* (Participant G)

> *I and my siblings get sick a lot because we are on ARVs and my brother has TB. He must eat a lot because the TB medication makes him too hungry but then we don't have food in the house all the time. We all easily get sick and I know it's because we lack food sometimes. When my parents were alive, we had food all the time and we were never sick like the way we get sick now.* (Participant E)

I eat what I don't like because there will be no food in the house. I have two children of my own and the fathers just disappeared each time I got pregnant. They used to give me money and I would buy food. I got pregnant because I could not say no to them when they were giving me money although I knew it was wrong. (Participant N)

Previous studies (Gauteng DSD, 2008; Khosa & Kaseke, 2017; Mogotlane *et al*., 2010; Ndaleni, 2012; UNICEF, 2014; Thwala, 2018) confirm that children in CHHs often experience high levels of stress and due to lack of food amongst other things. Furthermore, research among school-age children has found associations between household food insecurity and low scores on measures of health, behavioural functioning and academic performance (Chidziva, 2013; Marongwe, Sonn & Mashologu, 2017; Mthethwa, 2009; Nxumalo, 2015).

5.3.3.2 Sub-theme: Coping strategies

In this study, participants used various strategies to mitigate the effects of food insecurity in their households. Most of the participants reported that they mainly relied on less preferred and inexpensive food every day so as to alleviate hunger. Some responses from participants were:

I only buy the cheapest food in the shops and that is the food we eat every day. It's not the food that we like, but at least it's cheaper and therefore, I can buy more. (Participant N)

I buy food from the Somali and China (spaza) *shops because it's cheaper than all these other shops.* (Participant H)

I buy the cheapest food. My siblings don't like the food and I too don't like it but at least we buy more food that last for many days than if we buy the food that we like. We eat to get full only. (Participant Q)

The above responses correspond with research conducted by Mjonono (2008) which revealed that about 64% of the sampled households in Umbumbulu (Durban peri-urban district), 24% in Jozini, KZN, (Ngidi & Hendriks, 2014) and 96% in Botswana resorted to buying cheaper food when they faced food shortages (Tembwe, 2010). According to Bikombo (2014), this coping strategy of buying less preferred and cheap food may result in low diet diversity and poor access to food by households. Although households that employed this strategy had food for more days, they still remained food insecure as the food never lasted the whole month.

Very few participants (only 2) said that they purchased food on credit from their local shops, where they are known and they paid later when they received social grant money. Therefore, shop owners kept their SASSA cards to ensure payment of the food taken on credit. Participants said:

> *The owner of the Somali shop in our community knows us. So, I go and purchase food on credit. I buy only the cheapest food. He keeps our SASSA card so that he is guaranteed of his payment.* (Participant E)

> *I buy food on credit from our local tuck shops and then we pay later when we get our FCG.* (Participant L)

Buying food on credit is a common coping strategy of food insecurity not only practiced in South Africa but in other countries as well. A study by Cordero-Ahiman, Santellano-Estrada & Garrido (2018), found that in Seirra Tarahumara, Mexico, households that ran out of food, resorted to buying on credit as a coping mechanism. In rural Lembe District (Drysdale, Moshabela & Bob, 2018), Umbumbulu (Mjonono, 2008) and Jozini (Ngidi & Hendriks, 2014) areas of KZN, households bought food on credit from their local Chinese and Somalians spaza shops so as to cope with food shortages. This strategy temporarily improved

food security but kept families in bondage as they had to give away their Ids and SASSA cards to shop owners and only got them after paying back (Ngidi & Hendriks, 2014).

Apart from the above-mentioned coping strategies, participants also stated that they rationed food by reducing the number of meals per day and by also cutting food portions so that food could last longer. They elaborated on this by stating that:

> *Besides eating at school, we cook only once a day and we also cut on the amount of food one eats. We eat little than we would normally do.* (Participant D)

> *We just eat once at school only during school days and then cook one meal per day on weekends or holidays. We each eat a smaller portion and you feel that the tummy is not even close to full but it's better that way.* (Participant I)

Participants' responses were consistent with assertion by KZN Department of Education, (2017) and Rendall-Mkosi *et al*., (2013), that school learners who attend school daily have access to one nutritious meal at school that is provided daily through the NSNP. Throughout all school days, children are guaranteed a meal every day. Therefore, when CHHs run out of food, the NSNP becomes the only meal they depend on until they get money to buy food. However, school drop-outs and siblings not yet attending school are left vulnerable as they do not have access to this nutritious food from the NSNP (Rendall-Mkosi *et al*., 2013).

Moreover, 4 participants reported that they begged for food from their neighbours and relatives. The following are excerpts from their narratives:

> *I ask for food from my aunt and my neighbours. Sometimes they give us, but not always.* (Participant A)

I always beg for food from my relatives and if they can't help then I ask from our neighbours who always give us if they have because they are also struggling. (Participant Q)

The above responses are consistent with the literature (Hendriks, 2014; UNAIDS, 2016) that most families in South Africa are struggling to make ends meet and provide for their own families, which has made it difficult for relatives and neighbours to help orphans and other vulnerable children with absent parents.

One participant mentioned that she skipped a whole day without eating. She said:

I skip a day without eating and eat on the following day. In that way, I can manage. (Participant T)

The above extract corresponds with research conducted by Ngidi and Hendriks (2014) in Jozini where 34% skipped meals and 67% limited their food intake for small children's sake. According to UNICEF (2016), skipping an entire day without eating food might have a negative effect on the health of households, particularly if that household member is on medication. Households practicing this as a coping strategy are more likely to default their medication, and the holistic development of young children is compromised, which can lead to stunted growth and malnutrition (Tembwe, 2010; UNICEF, 2016).

5.3.4 THEME 4: IMPROVING ACCESS OF FOOD FOR CHHs

This theme explored participants' views and ideas on how access to food can be increased so that CHHs can have enough food all the time. The different views and wishes of the participants are discussed below.

5.3.4.1 Sub-theme: The role of government in securing food in aid of CHHs

All participants mentioned that government should give monthly food parcels to all CHHs. Some further indicated that although they once received food parcels from SASSA, the parcels were only for 3 months as a social relief of distress while they were waiting for their FCG to be processed by social workers. Below are participants' sentiments:

> *I think the government should give us monthly food parcels. In that way we will have food all the time because then we can add that food to what we usually buy*. (Participant P)

> *If the government can give all the CHHs monthly food parcels, we will not suffer from hunger. Giving us food is better than giving us money because sometimes, for example myself, I don't get all the grant money from my grandmother. She keeps some of the money to herself. Money is always a problem.* (Participant R)

> *The government should ask for food donations from overseas and give to the children living alone so that they won't go hungry*. (Participant I)

The above sentiments support findings by the UNICEF (2014) that amongst the provision of other basic services, the provision of food parcels by government improves the availability and access of food in CHHs. However, the government of South Africa provides monthly food parcels only as a temporary measure for only 3 months, social relief of distress, while a social grant is being applied for (SASSA, 2018).

Furthermore, most of the participants (14) stated that government should increase the social security grants as the money is not enough to cater for all the basic needs of children, including food in CHHs. In terms of the Bio-EST, this is the macrosystem of the participant which is governed by laws, in this case the Social Assistance Act of 2004 as amended and the yearly budget by the Minister of Finance, which stipulates the amount of each social grant to

be issued monthly by SASSA. Below are some participants' sentiments about the social grants:

> *The FCG that I receive for my siblings is not enough for us to cover all our basic needs and still buy enough food for the month. Food is very expensive now. So, the government should increase the grant money.* (Participant J)

> *I know that the government is trying to help us but I still think that all the children's grants should be increased. We depend on this money. The grant is our parents, now that our parents are dead.* (Participant G)

The participants' suggestions are congruent with findings in other studies which state that although social grants are an important source of income that improves access to food especially for CHHs in South Africa, the grant still remains insufficient to provide children with enough basic needs such as food (Blaauw *et al*., 2011; Kelly & GroupUp Staff, 2017; Sekudu & Kweka, 2012). In the present study, this was shown by the high monthly expenditure on buying food by participants, yet the food did not last the whole month. This is further confirmed by Mogotlane *et al*., (2010) who found that 91.5% of the children from CHHs he interviewed across South Africa relied on social grants. However, about 57% requested for food donations, 54% needed clothes and 30% asked to be helped with shelter because the social grants money was too little to cater for all needs (Mogotlane *et al*., 2010).

In addition, 15 participants indicated that Ingwavuma is a very dry place which usually experiences water shortages. Hence, the government can help CHHs by providing them with water tanks, gardening tools and training on organic farming. Most participants showed interest in establishing sustainable food gardens if they could have access to water. The shortage of water in Ingwavuma and the negative impact on agriculture was confirmed by the Umkhanyakude Integrated Development Plan (IDP) (2013) which states that people in

Umkhanyakude District, especially from drier areas like Ingwavuma, are greatly affected by hunger because of water shortages in the area. Some participants' perspectives in this regard:

> *If the government can give us water tanks, water, seedlings and garden tools, my siblings and I can enlarge our small garden and grow more vegetables that we can even sell to other people.* (Participant G)

> *I think the government should help us with water and garden tools so that we can have our vegetables throughout the year and not only for a short period when we still have water in our wells and rivers.* (Participant O)

> *The government can help CHHs by giving them water tanks, gardening tools and also training children on organic gardening so that we can do gardening with resources we already have like manure from the cow dung.* (Participant P)

Five participants mentioned the importance of training on organic farming. They recommended that the government train CHHs on organic farming as knowledge and skills on gardening were lacking. One respondent said:

> *I think knowledge is power. So, the government can train us on organic farming because at school I have learnt that we can still do gardening with the limited resources we have such as water. I now know how to make use of the grey water which many others might not even know.* (Participant N)

Moreover, most participants (16) suggested that the government should employ enough social workers and community workers and give them enough resources to make regular visits to CHHs to supervise and give them support. All expressed their concern that social workers and community workers do not visit them regularly. They had the following to say about social workers and community workers:

The government should employ more social workers and give them vehicles so that they can visit us regularly. In that way, they can help us when we run out of food. I only see my social worker when it's time to renew the FCG because she always tells me that she does not have transport to come to us more often. (Participant F)

The social workers and community workers rarely visit us. The social workers say that they don't have cars. The community workers tell us that they are busy with the sick people so they don't get time to visit us. We go for days without food, without them knowing. (Participant O)

The government should buy more cars for social workers. My social worker could not bring us the food parcel the other time because she had no transport and I didn't have money to go to her office to fetch the food. (Participant Q)

Drawing from the above, social service professionals are not coping with meeting the needs of CHHs. The participants in this study felt that they needed social workers and community workers to visit them regularly for supervision and support purposes. The findings in this study indicated that there is a lack of human and mobile resources for social service professionals to give quality and consistent services to CHHs. These findings are confirmed by Le Roux-Kemp (2013), Mkhize (2009), Nziyane & Alpaslan (2011), and Pillay (2016) who assert that there is a dire need in South Africa for social workers because current social workers are overloaded with child abuse, neglect and poverty-related cases, and placements, which involve the courts. Moreover, social workers have limited resources to do their work and are low-paid which leads to many not taking to the profession and also high staff turnover (Pillay, 2016).

Two participants further suggested that the government should make provisions for all children in CHHs to have legal documents such as birth certificates and death certificates so that they can apply for the social grants. These were some opinions:

> *The government should make it easy for us in CHHs to apply for birth certificates and death certificates of our parents. My relatives did not apply for my parents' death certificates and we can't apply for FCG.* (Participant S)

> *My sibling and I were all born in South Africa but my mother did not have an ID, so we also can't get birth certificates. Maybe the government can help in such cases so that all children can get birth certificates and also social grants.* (Participant B)

This was confirmed by Ndaleni (2012) where participants indicated struggling to access birth and death certificates necessary for them to access other social services. Therefore, participants pleaded with the government to exempt children from CHHs from producing all required documents at Home Affairs as long as social workers and village chiefs can confirm their circumstances.

5.3.4.2 Sub-theme: Role of NGOs and religious groups

All participants mentioned that NGOs, including religious organisations such as churches, should work closely with government in helping children in CHHs. They further stated that government cannot do this alone – all need to work together. Some indicated that NGOs are already doing much in communities but still believed that most churches were not actively involved in eradicating food insecurity in CHHs. These were some of the participants' experiences:

> *I think the NGOs are doing their level best in helping children in CHHs. The churches only help those that go to their churches. Some just collect offering monies but they don't help us. I go to church, but my church does not help me in any way. So, both*

NGOs and the churches must work together with the government and help reduce hunger in CHHs. (Participant B)

NGOs and churches can give monthly food parcels, water tanks and train children on gardening together with the government. They must just all work together. (Participant M)

I think NGOs are doing better in helping CHHs than others. So, the church, NGOs and government must work together. In that way there will be more resources to help stop the shortage of food in CHHs. (Participant E)

Furthermore, 10 participants suggested that NGOs, including churches, can give children in CHHs clothes, school uniforms, clothes and toiletries so that CHHs can focus on buying food and not all these other basic needs. These were some of their views:

If NGOs and churches can give us clothes, school uniform and shoes, then we can only buy food with the grant we receive. It will make things much better for us. (Participant C)

They can help by giving us school uniforms and clothes. We also lack a lot in that. We don't have nice clothes because we only buy second-hand clothes. (Participant R)

I think they can give us clothes. When we buy clothes, we usually experience more hunger during that month because we have to cut on food in order for us to buy clothes. (Participant S)

These results are congruent with findings by Blaauw *et al*., (2014), Gauteng DSD (2008), Ndaleni (2012), and Thwala (2018) that the monthly income in CHHs is mostly spent on buying food and cannot cater for other basic needs such as clothes. In Gauteng, about 65% of

CHHs indicated that they did not have proper clothes and therefore needed clothes (Gauteng DSD, 2008; Blaauw *et al*., 2014).

In addition, 6 participants proposed that NGOs including churches could have soup kitchens especially during weekends and school holidays where children in CHHs can go and eat. In that way, CHHs will be guaranteed a nutritious meal every day and not solely on schooldays. Participants said the following:

> *I think NGOs and churches can give children cooked meals. More children will benefit from that rather than a few that get food parcels from them.* (Participant L)

> *If churches and NGOs can have soup kitchens especially on holidays, then we will not go hungry because we can go there and eat like we do at school.* (Participant F)

These findings correlate with studies by Kelly and the GroundUp Staff (2017) and WFP (2016) which found that during schooldays, children from CHHs had access to a nutritious meal, but they struggled to access food on non-schooldays. Clearly the NSNP plays a fundamental role in alleviating food insecurity in CHHs. Hence, the collaboration of a child's microsystem (NGOs, churches, extended family, neighbours and school) and government (macrosystem) will make a big difference in fighting hunger in these households.

5.4 CONCLUSION

The present chapter describes findings from the semi-structured individual interviews with 20 children who are heading households in Ingwavuma. The biographical profiles of participants was presented, analysed and interpreted. All children who participated in the study were orphans, with both parents deceased.

From the systematic data analysis emerged four main themes, sub-themes and categories. In Theme 1, participants' access to food was discussed in relation to the sub-themes which were how they obtained food, the number of meals they consumed per day, food they usually ate,

and the availability and access of food the whole month. Participants' support networks that formed the categories were also discussed. The support structure was of great value in fighting food insecurity in CHHs.

In Theme 2, income and expenditure in CHHs was discussed. This included a category on supplementary activities such as food gardens to improve availability and access to food. Theme 3 covered the children's coping strategies with food insecurity. In Theme 4, participants expressed their sentiments and recommendations on how government, NGOs and religious groups can help to alleviate hunger in CHHs. The collaboration of these groups was found to be crucial in improving food security.

The findings in this chapter were based on the bio-ecological systems approach which served as a theoretical framework for the study. Comparisons with relevant literature and research on food insecurity in CHHs were made.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

The goal of the study was was to gain new insights and increase knowledge regarding the experiences and challenges of food insecurity in CHHs in Ingwavuma. The bio-ecological systems theory (Bio-EST) was used as a lens to contextualise this phenomenon. Therefore Chapter 1 provided a contextual overview of the study, while Chapter 2 presented the theoretical framework. Chapter 3 reviewed literature on CHHs and food insecurity. In Chapter 4, the research methodology was discussed while Chapter 5 presented the study findings. In the present chapter, the main conclusions and recommendations for this study are presented. As a result, the research objectives as set out in Chapter 1 were attained and presented in Chapters 2 to 6.

This chapter is presented in two sections: conclusions and main findings, and recommendations of the study. Reflexivity was also included in this chapter as the researcher worked as a social worker in Ingwavuma before and therefore knew some of the participants.

6.2 DISCUSSION OF MAIN FINDINGS AND CONCLUSIONS

6.2.1 Conclusions: Research Methodology Employed

A qualitative research approach was utilised in this study because it allowed the researcher to obtain rich descriptions from children in CHHs on their experiences and challenges with food insecurity. Moreover, the researcher used an explorative, descriptive and contextual research design to gain new insights and increase knowledge on food insecurity in CHHs in Ingwavuma.

Purposive sampling of 20 children from CHHs in Ingwavuma who met the inclusion criteria as described in Chapter 1 and 4, was done by the researcher. Semi-structured interviews were conducted at the participants' homes, a place they were familiar and comfortable with. Interviews were done in the Zulu language and therefore participants could fully understand questions and provide detailed information on their experiences and challenges with food insecurity.

Data was analysed according to Creswell's (2007) five steps as described in Chapters 1 and 4. Huge amounts of collected data could easily be organised into themes, sub-themes and categories. Furthermore, data was verified to ensure trustworthiness as proposed by Babbie & Mouton (2014). Methods used included credibility, transferability, dependability and conformability as fully explained in Chapter 4. The use of these procedures allowed credibility and objectivity and eliminated possible bias that could have influenced the findings. In following these procedures, the researcher is confident that the results are neutral, reliable and valid.

Reflexivity

Reflexivity was very important in this study as the researcher worked and stayed in Ingwavuma before and therefore knew some of the participants. Moreover, the researcher also informed all participants that she was a social worker by profession. These were potential risks for participants feeling a sense of power imbalance because of the researcher's position in relation to them. However, the researcher took cognisance of these issues and also the sensitivity of the topic being explored, by developing semi-structured interviews factually but at the same time protecting the worth and dignity of the participants. The researcher achieved this by asking questions that were not sensitive, degrading or disrespectful. Moreover, the researcher conducted interviews at the respective homes of participants because it was a familiar, warm and friendly space where participants felt safe and

comfortable. In so doing, the researcher was able to circumvent any perceived power imbalance. Furthermore, the researcher kept an open mind by being non-judgemental regarding the views and actions of participants by putting aside her personal thoughts, feelings and views so that she did not influence the research process and validity of the data. For instance, the researcher in some cases felt that participants were just lazy and depended on social grants because they had resources available for them to supplement their meals by practising subsistence farming or organic gardening. However, the researcher had to ignore these feelings and thoughts so as not to influence the results.

The researcher highly valued the sincerity and openness displayed by participants on their experiences with food insecurity as they were the experts in their own lived experiences. The researcher used debriefing with supervisors and knowledgeable colleagues in social work practice to share her own feelings of anxiety and sometimes frustration in regard to the huge amounts of data that needed analysis and interpretation. This helped the researcher to compartmentalise and project her own personal feelings in a constructive manner. Therefore, the findings in this research are authentically neutral without bias.

6.2.2 Conclusions relating to the Theoretical Framework

The Bio-EST was used as the theoretical framework for this study. It was the best-suited framework because it provided a platform for understanding how children heading households interconnect with different persons and institutions within their environment. Each layer of the environment was seen as having an impact on the availability and access to enough food by all children heading households. As a result, it is upon the constructs of this theory and the conclusions of this study that the recommendations were made to improve food security in CHHs.

6.2.3 Conclusions on the findings

The study revealed that children in CHHs faced many challenges regarding accessing enough food. The main findings are presented as follows:

6.2.3.1 Challenges with accessing food

Children in CHHs experienced challenges in providing their siblings with enough food. This was a result of them being minors who are still schooling and needing parental figures to provide them and their siblings with food. In this study, children in CHHs had the responsibility of providing themselves and their siblings with food. This was a very difficult responsibility as they did not have the means to provide their siblings with food. Therefore, nested in this, was the financial challenge.

The availability and access of food throughout the month in CHHs was one of the most important aspects of this study. Most participants confirmed that the food in their houses did not last them the whole month. Of the 20 participants, only 2 reported having food throughout the month. It is clear that most CHHs experienced food insecurity and had to find coping strategies – which are further explained in this chapter.

6.2.3.2 Financial Challenges

The majority of participants (16) relied only on social grants (FCG and CSG) to provide the basic needs for their siblings. However, the FCG, which is currently R960/month/child and the CSG (R410/month/child) was not sufficient to meet the needs of CHHs. Moreover, in some cases, the social grants were received by relatives on behalf of participants and their siblings which was another challenge as these relatives did not live with the children, as required. Moreover, the children did not receive the exact amount issued by SASSA. These factors made it more difficult to purchase food and other basic needs as the money received

was reduced. The child's macrosystem in this case was the government's policies on social grants which impacted on the children's access to social grants and the amount of money they got. Four participants relied on begging from their relatives which was unreliable as monthly income was not guaranteed.

The monthly income of CHHs ranged from R700 - R3 000 depending on the source of income and the number of children in the household. Those who received social grants had better income and were guaranteed of income, although it was not enough, than those who depended on begging from relatives. Therefore, most CHHs supplemented their income by having organic food gardens but others depended sorely on social grants due to various reasons such as lack of knowledge and motivation.

6.2.3.3 Challenge of lack of sustainable food gardens

Most (13) participants had food gardens which helped to supplement their food. However, the food they consumed from their gardens was limited and seasonal due mainly to lack of water. As a result, their food gardens were not sustainable and that increased the children's vulnerability to food insecurity during the seasons they could not do any gardening.

6.2.3.4 Challenge of lack of knowledge and motivation

All the participants lacked enough information and skills on organic farming in one way or the other. The 13 participants who had food gardens at least indicated that they had some information and skills they had learnt from their school teachers and late parents on food gardens but still needed support in that regard. Their food from the gardens was seasonal due to shortages of water in the area. However, lack of knowledge on seasonal crops to grow, use of grey water and other available resources was noted. The participants (7) who had neither food gardens nor any supplementary project, reported lacking knowledge and motivation. This exacerbated the lack of desire to do gardening to supplement their meals. As a result,

they bought all their food, including vegetables, from the shops, which put a huge burden on their monthly income. Hence, they could not consume enough meals per day.

6.2.3.5 Challenge with accessing enough meals

In addition, study participants found it difficult to obtain enough meals per day. As confirmed by other studies in the literature that children in CHHs struggle to have at least 3 meals per day, this study also found that children mostly ate twice or once per day. Sixteen participants said that they ate twice a day (leftovers for breakfast and a freshly cooked supper) and this was only when they still had food. When food became little or was finished, they ate only once, either at school or at neighbours. All these children mentioned that the lack of food resulted in them skipping some meals or adopting these eating habits.

6.2.3.6 Challenge of dietary diversity

Availability and access to nutritious, diverse and balanced diets were identified as key constraints for achieving food and nutrition security as well as for children's health and well-being. Sixteen children stated that they mostly consumed rice and canned fish, and stiff pap with beans. This was not the food of their choice but it was what they found to be cheaper in shops. Children consumed a limited variety of foodstuffs. Although some of the food they consumed was nutritious, like tinned fish and beans (good source of proteins and essential vitamins and minerals), the participants still found it boring to eat more often.

6.2.3.7 Challenges with Social Support System

Another challenge experienced by the study participants was with their social support structure which was their microsystem, which included extended family, neighbours, church and school. All participants indicated that they received help in the form of cash or kind from either one or more of these support networks. Half of the participants received help from relatives and appreciated it because it helped them not to go to bed on empty stomachs on the

days when they did not have food. However, the other half did not receive any help from their relatives, mainly because the relatives were also struggling and experiencing food insecurity. Only 2 indicated that they had never asked them for help from their relatives as they believed that if they wanted to help them, they should do without being asked to help.

Twelve participants received help from neighbours. However, constrained relationships, fear of being poisoned and lack of food in neighbours' houses negatively affected accessing help from neighbours. The school and church played an important role in alleviating hunger, especially in children within those social circles.

Based on the above-mentioned challenges, it is clear that children in CHHs experience food insecurity and therefore had to employ some coping strategies to deal with it. Below are the coping strategies that were utilised by CHHs in Ingwavuma.

6.3 COPING STRATEGIES OF CHHs

Households employed various strategies to mitigate the effects of food insecurity. The most-used strategy was buying less preferred and inexpensive food as well as food rationing. This was followed by begging from relatives and eating only once per day. A few bought food on credit from their local shops and paid only when they got their social grant money, which helped children in CHHs to survive each day.

It is these conclusions that influenced recommendations that will be presented below.

6.4 RECOMMENDATIONS

Recommendations are provided in terms of policy, practice, education and further research. Based on the conclusions above, the following recommendations are made:

6.4.1 Recommendations for policy

- As a result of children in CHHs not having regular monthly income, government, through the DSD and SASSA, should allow all children, 15 years old and above, from CHHs to have direct access to social security grants rather than having to depend on an adult intermediary. In that way, children's vulnerability to exploitation by relatives and family friends will be reduced and they will be guaranteed of a monthly income.
- Due to the difficulties experienced by children in CHHs with accessing documents such as birth certificates and death certificates of their late parents, government through the Department of Home Affairs should make provision for and exempt children in CHHs born in South Africa from producing parental documents required when applying for an identity document, when they are missing. In that way, children will be able to apply for social grants such as FCG.
- The social grant money is not enough to meet all the needs of the children in CHHs. The Constitution of South Africa and policies indicate that the government has a mandate to provide children growing in CHHs with their basic needs such as food. Therefore, the state should develop a food security policy that would ensure that the rights of children living in CHHs are upheld.

6.4.2 Recommendations for practice

- Owing to the fact that the government provides social work services to CHHs, DSD should provide social workers and community development workers with enough resources such as vehicles in order for them to regularly visit, closely monitor and support

CHHs. In that way, CHHs will get regular support which can increase food security in their households.

- Due to the important role that the child's microsystem plays in assisting children in CHHs with food, religious organisations such as churches, youth groups and women's groups should play a pivotal and active role and join hands with NGOs and government in improving food security in CHHs. In that way, food insecurity in CHHs will be reduced or eliminated.
- The social support structure of a child is crucial in providing help to children in CHHs. Social workers in the DSD and NGOs should strengthen the support systems of children in CHHs (microsystem). That will reduce hunger in CHHs because everyone will be able to share what they have no matter how small.

6.4.3 Recommendations for education

- Due to lack of knowledge and skills on organic gardening in CHHs, agriculture must be taught as a subject in schools through the Department of Education. This will help children, including those from CHHs to learn basic farming skills.

6.4.4 Recommendations for future research

The study focused only on children in CHHs and therefore did not include interviews with others in the child's microsystem (other siblings, relatives, neighbours, church and school) to confirm the experiences of these children. Therefore, there is a need for further research to be conducted with these significant people in order to obtain a more comprehensive and holistic perspective regarding the challenges experienced by CHHs with food insecurity.

The study did not focus in detail on nutritional content of food consumed by participants. Its focus was more on exploring the challenges experienced by CHHs with food insecurity, the coping strategies they employed and how they can be assisted to eradicate food insecurity in their households. For that reason, further research on nutrition in CHHs is recommended.

6.5 CONCLUSION

The aim of the study was to gain new insights and increase knowledge on the experiences, challenges and coping strategies of CHHS with food insecurity. By using a qualitative approach, 20 participants from CHHs were purposively sampled to participate in the study and in that way the goals and objectives of the study were achieved.

Children from CHHs gave their own inputs on how food security can be improved in their households. Comparisons between the research findings and the literature on CHHs were done and recommendations for policy, education, practice and future research were made. The researcher desires that the findings and recommendations provided in this study be employed by all stakeholders working with CHHs so that food security can be increased in all CHHs.

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APPENDICES

APPENDIX 1: INFORMATION SHEET FOR PARTICIPANTS

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Faculty of Community and Health Sciences

Tel: +27 21-9593674, Fax: 27 21-959 2845

Email: chs-deansoffice@uwc.ac.za

Project Title: Exploring the experiences and challenges of food insecurity in child-headed households in Ingwavuma: A bio-ecological perspective.

This is a research project conducted by Charity Pote, a postgraduate Social Work student from the University of the Western Cape. I invite you to participate in this research project because you are a child from a child-headed household.

The purpose of this research project is to have an in-depth understanding of the experiences and challenges of food insecurity in child-headed households in Ingwavuma.

What will I be asked to do if I agree to participate?

Your participation in this research is completely voluntary. You may choose not to take part at all or withdraw from the research at any time. Therefore, if you decide to participate in this research, you will be asked to take part in one-on-one interviews and answer questions related to your experiences as a minor who was the head of your household. A tape recorder will be used, with your permission, to record the discussion. I will use the recorded interview to write your responses. Code names will be used to ensure confidentiality and privacy. The interviews will take place in April 2018 at Isibani Sethemba in Ingwavuma and the study will be completed by December 2018.

Would my participation in this study be kept confidential?

I will do my best to keep your personal information confidential. To protect your confidentiality, all information will be password protected and each member will assign him/herself a code name during interviews. I will use identification codes only on data forms for the interview. The researcher will be the only person who will be able to link your data form to your identity. All data forms will be kept under lock and key at my place of employment. All forms on computer will be protected through use of password-protected computer files. If I write a report or article about this research project, your identity will be protected to the maximum extent possible.

What are the risks of this research?

All human interactions and talking about self or others carry some risk. The sensitivity of being an orphan or abandoned means that a participant's emotional response is a potential risk. I will minimise such risks and act promptly to assist you if you experience any discomfort or psychological or emotional harm during your participation in the study. Where need arises, participants will be referred to social workers at Isibani Sethemba for counselling and further intervention.

What are the benefits of this research?

This research is not designed to benefit you personally and there is no remuneration for taking part in it. The results may help the researcher to learn more about the experiences and challenges of child-headed households with food insecurity in Ingwavuma.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may withdraw at any time.

Is any assistance available if I am negatively affected by participating in this study?

All affected participants will be referred to social workers at Isibani Sethemba for counselling and further intervention.

What if I have questions?

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you would have experienced related to the study, please contact:

Research supervisor: Prof. E C Swart

University of the Western Cape

Private Bag X17

Bellville, 7535

Tel: Tel: 021 959 2852

E-mail: rswart@uwc.ac.za

Research co-supervisor: Dr S Carelse

University of the Western Cape

Private Bag X17

Bellville, 7535

Tel: 021 959 2849

Email: scarelse@uwc.ac.za

Head of Department: Dr M Londt

University of the Western Cape

Private Bag X17

Bellville, 7535

Tel: 021 959 2011

Email: cschenck@uwc.ac.za

Dean: Prof. A Rhoda

Faculty of Community and Health Sciences

University of the Western Cape

Private Bag X17

Bellville, 7535

Email: arhoda@uwc.ac.za

Tel: 021 959 2631

The Research Ethics Office

University of the Western Cape

Room C28

Top Floor – C Block

Private Bag X17

Bellville, 7535

Tel: 021 959 2948

APPENDIX 1: ISHIDI LOKWAZISWA KWABAHLANGANYELI

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Faculty of Community and Health Sciences

Tel: +27 21-9593674, Fax: 27 21-959 2845

Email: chs-deansoffice@uwc.ac.za

Isihloko seProjekthi: Ukuhlola okuhlangenwe nakho nezinselelo zokungalapheki kokudla emakhaya aphethwe ngabantwana e-Ingwavuma: Umbono wezinto eziphilayo.

Lena yiphrojekthi yokucwaninga eyenziwa nguCharity Pote, umfundi weSocial Work post - graduate e-University of the Western Cape. Ngimema ukuthi ubambe iqhaza kulolu phrojekthi lokucwaninga ngoba uyingane emndenini ophethwe yingane.

Inhloso yale phrojekthi yokucwaninga iwukuqonda ngokujulile okuhlangenwe nakho nezinselelo zokungabi nokudla emakhaya aphethwe ngabantwana e-Ingwavuma.

Ngizocelwa ukuba ngenzeni uma ngivuma ukubamba iqhaza?

Ukubamba iqhaza kwakho kulolu cwaningo ngokuzithandela ngokuphelele. Ungakhetha ukungahlanganyeli nhlobo noma ukuhoxisa ucwaningo nganoma isiphi isikhathi. Ngakho-ke, uma unquma ukuhlanganyela kulolu cwaningo, uzocelwa ukuthi uhlanganyele ekuxoxweni oyedwa kanye noyedwa uphendule imibuzo ephathelene nokuhlangenwe nakho kwakho njengengane encane eyinhloko yendlu yakho. I-tape recorder izosetshenziswa, ngemvume yakho, ukurekhoda ingxoxo. Ngizosebenzisa i-interview ekhonjisiwe ukuze ubhale izimpendulo zakho. Amakhodi wekhodi azosetshenziselwa ukuqinisekisa ukuthi imfihlo kanye nobumfihlo. Lezi zingxoxo zizokwenzeka ngo-Ephreli 2018 e-Isibani Sethemba e-

Ingwavuma kanti lolu cwaningo luzophothulwa ngoDisemba 2018.

Ingabe ukubamba iqhaza kwami kulesi sifundo kuzogcinwa kuyimfihlo?

Ngizokwenza konke okusemandleni ami ukugcina imininingwane yakho eyimfihlo. Ukuze usize ukuvikela imfihlo yakho, lonke ulwazi oluqoqwe luzovikelwa ngephasiwedi futhi ilungu ngalinye lizozibeka igama lekhodi ngesikhathi sokuxoxisana. Ngizosebenzisa amakhodi okuhlonza kuphela kumafomu wedatha wengxoxo. Umcwaningi uzoba yedwa umuntu ozokwazi ukuxhumanisa ifomu lakho lemininingwane kubunikazi bakho. Wonke amafomu egciniwe azogcinwa ngaphansi kokukhiya nokhiye endaweni yami yomsebenzi. Zonke izinhlobo kwikhompyutha zizovikelwa ngokusebenzisa amafayela e-computer avikelwe ngephasiwedi. Uma ngibhala umbiko noma isihloko mayelana nale phrojekthi yocwaningo, ubunikazi bakho buzovikelwa kuze kube ngangokunokwenzeka.

Ziyini izingozi zalolu cwaningo?

Ukusebenzisana komuntu nokukhuluma ngaye noma abanye kubhekana nezingozi eziningi. Ukuzwela kokuba yincandane noma ukushiywa kusho ukuthi impendulo yomzweli yengozi engaba yingozi. Ngizokunciphisa izingozi ezinjalo futhi ngisheshe ngikusize uma uzwa noma yikuphi ukungahambi kahle, ukulimala kwengqondo noma ngokomzwelo ngenkathi ubamba iqhaza kulolu cwaningo. Lapho kunesidingo, abahlanganyeli bayothunyelwa kubasebenzi bezenhlalakahle e-Isibani Sethemba ngenjongo yokweluleka kanye nokungenelela okuqhubekayo.

Ziyini izinzuzo zalolu cwaningo?

Lolu cwaningo aluklanyelwe ukukuzuzisa wena siqu futhi akukho mvuzo wokuthatha ingxenye kuwo. Imiphumela ingasiza umcwaningi ukuba afunde kabanzi mayelana nokuhlangenwe nakho nezinselele zemindeni enezingane ezinokuphepha kokudla e-Ingwavuma.

Ingabe kufanele ngibe kulolu cwaningo futhi ngingayeka ukuhlanganyela nganoma

yisiphi isikhathi?

Ukubamba iqhaza kwakho kulolu cwaningo ngokuzithandela ngokuphelele. Ungakhetha ukungahlanganyeli nhlobo. Uma unquma ukuhlanganyela kulolu cwaningo, ungase uhoxise nganoma yisiphi isikhathi.

Ingabe kukhona usizo olutholakala uma ngithinteka kakhulu ngokuhlanganyela kulolu cwaningo?

Bonke abahlanganyeli abathintekayo bayothunyelwa kubasebenzi bezenhlalakahle e-Isibani Sethemba ngenjongo yokweluleka kanye nokungenelela okuqhubekayo.

Kuthiwani uma nginemibuzo?

Kufanele ube neminye imibuzo mayelana nalolu cwaningo namalungelo akho njengomhlanganyeli ocwaningo noma uma ufisa ukubika noma yiziphi izinkinga ongazizwa ezihlobene nesifundo, sicela uthinte:

Research supervisor: Prof. E C Swart

University of the Western Cape

Private Bag X17

Bellville, 7535

Tel: Tel: 021 959 2852

E-mail: rswart@uwc.ac.za

Research co-supervisor: Dr S Carelse

University of the Western Cape

Private Bag X17

Bellville, 7535

Tel: 021 959 2849

Email: scarelse@uwc.ac.za

Head of Department: Dr M Londt

University of the Western Cape

Private Bag X17

Bellville, 7535

Tel: 021 9592011

Email: cschenck@uwc.ac.za

Dean: Prof. A Rhoda

Faculty of Community and Health Sciences

University of the Western Cape

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Email: arhoda@uwc.ac.za

Tel: 021 959 2631

The Research Ethics Office

University of the Western Cape

Room C28

Top Floor – C Block

Private Bag X17

Bellville, 7535

Tel: 021 959 2948

APPENDIX 2: INFORMED CONSENT FORM

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Faculty of Community and Health Sciences

Tel: +27 21-9593674, Fax: 27 21-959 2845

Email: chs-deansoffice@uwc.ac.za

Title of Research Project: Exploring the experiences and challenges of food insecurity in child-headed households in Ingwavuma: A bio-ecological perspective.

The study has been described to me verbally and also by means of an information sheet, in a language that I understand and I freely agree to participate. My questions about the study have been fully answered. I understand that my identity will not be disclosed and that I may withdraw from taking part in the study at any time and without giving a reason. This will not negatively affect me in any way.

Participant's name……..

Participant's signature……..

Witness's name……..

Witness's signature……..

Date……

APPENDIX 2: IFOMU LESIVUMELWANO

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Faculty of Community and Health Sciences

Tel: +27 21-9593674, Fax: 27 21-959 2845

Email: chs-deansoffice@uwc.ac.za

Isihloko Sohlelo Lokucwaninga: Ukuhlola okuhlangenwe nakho kanye nezinselele zokungalapheki kokudla emakhaya aphethwe ngabantwana e-Ingwavuma: Umbono wezinto eziphilayo.

Ucwaningo luye lwachazwa kimi ngamazwi futhi ngeShidi Lolwazi, ngolimi engiliqonda futhi ngivuma ngokukhululekile ukuthi ngibambe iqhaza. Imibuzo yami mayelana nokucwaninga iphendulwe ngokugcwele. Ngiyaqonda ukuthi ubunikazi bami ngeke buvezwe futhi ngingase ngihoxise ekuhlanganyeleni esifundweni nganoma isiphi isikhathi nangaphandle kokunikeza isizathu. Lokhu ngeke kungithinte kabi nganoma iyiphi indlela.

Igama lomhlanganyeli ....

Isignesha yomhlanganyeli ....

Igama loFakazi ....

Isignesha kaFakazi ....

Usuku .....

APPENDIX 3: ASSENT FOR PARTICIPATION IN THE STUDY

(To be signed by participants below 18 years. This form must be accompanied by signed legal custodian form).

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Faculty of Community and Health Sciences

Tel: +27 21-9593674, Fax: 27 21-959 2845

Email: chs-deansoffice@uwc.ac.za

Title of Research Project: Exploring the experiences and challenges of food insecurity in child-headed households in Ingwavuma: A bio-ecological perspective.

I……...hereby acknowledge that the researcher has discussed with me all aspects of the study and how it will be carried out. I understand the purpose of the study and confirm that I have been given enough time to ask questions where I do not understand.

By signing my name I agree to take part in the study, I know and understand that participation is entirely voluntary and that I may choose to withdraw from the study at any time without punishment.

The decision to participate in this study is solely mine. I have had the study explained to me and I am willing to participate at my own free will.

Participant's name……. Signature ……..…….Date…….

Should you have any questions regarding this study or wish to report any problems the child could have experienced related to the study, please contact the researcher.

Researcher: Charity Pote

Email: charitypote@ymail.com

Cell: 078 3907689

Should you have any question regarding your rights as a research participant, you may also contact;

Research supervisor: Prof. E C Swart

University of the Western Cape

Private Bag X17

Bellville, 7535

Tel: Tel: 021 959 2852

Email: rswart@uwc.ac.za

Co-supervisor: Dr S Carelse

University of the Western Cape

Private Bag X17

Bellville, 7535

Tel: 021 959 2849

Email: scarelse@uwc.ac.za

APPENDIX 3: <u>ISIQINISEKO SOKUBAMBA IQHAZA ESIFUNDWENI</u>

(Ukuze usayinwe ngabahlanganyeli ngezansi kweminyaka eyi-18. Le fomu kumele ihambisane nesifaki esasayinwe ngokomthetho).

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Faculty of Community and Health Sciences

Tel: +27 21-9593674, Fax: 27 21-959 2845

Email: chs-deansoffice@uwc.ac.za

Isihloko Sohlelo Lokucwaninga: Ukuhlola okuhlangenwe nakho kanye nezinselele zokungalapheki kokudla emakhaya aphethwe ngabantwana e-Ingwavuma: Umbono wezinto eziphilayo.

Mina .... ngiyavuma ukuthi umcwaningi uxoxisane nami zonke izici zesifundo nokuthi uzokwenziwa kanjani. Ngiyaqonda injongo yocwaningo futhi ngiyaqinisekisa ukuthi nginikezwe isikhathi esanele sokubuza imibuzo lapho ngingakuqondi khona.

Ngokusayina igama lami Ngiyavuma ukuhlanganyela kulolu cwaningo. Ngiyaqonda futhi ngiyaqonda ukuthi ukubamba iqhaza kuphelele ngokuzithandela nokuthi ngingakhetha ukuhoxisa esifundweni noma nini ngaphandle kokujeziswa.

Isiqunto sokubamba iqhaza kulolu cwaningo sinzima kakhulu emayini. Ngiye ngacacisa ukuthi ngifunde futhi ngizimisele ukuhlanganyela ngami.

Igama lomhlanganyeli ..... .Isiginesha .... .Usuku .....

Uma unemibuzo mayelana nalolu cwaningo noma ufisa ukubika noma yiziphi izinkinga ingane engazizwa ehlobene nesifundo, sicela uxhumane nomcwaningi.

Umcwaningi: Charity Pote

Imeyili: charitypote@ymail.com

Iseli: 078 3907689

Ingabe kufanele ube nombuzo ngokuphathelene namalungelo akho njengomhlanganyeli ocwaningo, ungaxhumana naye;

Research supervisor: Prof. E C Swart

University of the Western Cape

Private Bag X17

Bellville, 7535

Tel: Tel: 021 959 2852

E-mail: rswart@uwc.ac.za

Co-supervisor: Dr S Carelse

University of the Western Cape

Private Bag X17

Bellville, 7535

Tel: 021 959 2849

Email: scarelse@uwc.ac.za

APPENDIX 4: SOCIAL WORKER'S CONSENT FORM

I am requesting permission from you to allow the child you work with and supervise (as legal custodian) to participate in a research that involves participating in an interview.

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Faculty of Community and Health Sciences

Tel: +27 21-9593674, Fax: 27 21-959 2845

Email: chs-deansoffice@uwc.ac.za

Title of Research Project: Exploring the experiences and challenges of food insecurity in child-headed households in Ingwavuma: A bio-ecological perspective.

The study has been explained to me verbally and by means of an information sheet, in a language that I understand. I freely and voluntarily grant…….., the child I work with as a social worker and his/her supervisor (as per Children's Act No: 38 of 2005), to participate in the study. My questions about the study have been answered. I understand that the identity of the child will not be disclosed and that he/she may withdraw from the study at any time without giving a reason and this will not affect him/her negatively in any way.

Social worker's name:…….

Social worker's signature:……

Date:…….

Should you have any questions regarding this study or wish to report any problems the child could have experienced related to the study, please contact the researcher.

Researcher: Charity Pote

Email: charitypote@ymail.com

Cell: 078 3907689

Should you have any question regarding your rights as a research participant, you may also contact:

Research supervisor: Prof. E C Swart

University of the Western Cape

Private Bag X17

Bellville, 7535

Tel: Tel: 021 959 2852

E-mail: rswart@uwc.ac.za

Co-supervisor: Dr S Carelse

University of the Western Cape

Private Bag X17

Bellville, 7535

Tel: 021 9592011

Email: scarelse@uwc.ac.za

APPENDIX 4: <u>IFOMU LOKUVUMA LIKASOHLALAKAHLE</u>

<u>Ngiyacela imvume kuwe ukuvumela ingane osebenza nayo ukuba iqhaza ocwaningweni olubandakanya ukuhlanganyela ekuxoxweni.</u>

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Email: chs-deansoffice@uwc.ac.za

Isihloko Sohlelo Lokucwaninga: Ukuhlola okuhlangenwe nakho kanye nezinselele zokungalapheki kokudla emakhaya aphethwe ngabantwana e-Ingwavuma: Umbono wezinto eziphilayo.

Ucwaningo luye lwachazwa kimi ngamazwi futhi ngeShidi Lolwazi, ngolimi engiliqondayo. Ngikhulula ngokuzithandela futhi ngizinikele ngokuzithandela ...., ingane engiyisebenzelana nayo njengesisebenzi sezenhlalakahle nomphathi wayo (njengomthetho wezingane noNo: 38 ka 2005), ukuba nisebenze esifundweni. Imibuzo yami mayelana nokucwaninga iphendulwe. Ngiyaqonda ukuthi ingubani ingane ngeke idalulwe futhi angakwazi ukuhoxisa esifundweni noma nini ngaphandle kokunikeza isizathu futhi lokhu ngeke kumthinte kabi nganoma iyiphi indlela.

Igama Lomsebenzi Wezenhlalakahle .....

Isignesha Yomsebenzi Wezenhlalakahle: .....

Usuku: .....

Ingabe kufanele ube nombuzo ngokuphathelene namalungelo akho njengomhlanganyeli ocwaningo, ungaxhumana naye;

Researcher: Charity Pote

Email: charitypote@ymail.com

Cell: 078 3907689

Research supervisor: Prof. E C Swart

University of the Western Cape

Private Bag X17

Bellville, 7535

Tel: Tel: 021 959 2852

Email: rswart@uwc.ac.za

Co-supervisor: Dr S Carelse

University of the Western Cape

Private Bag X17

Bellville, 7535

Tel: 021 9592011

Email: scarelse@uwc.ac.za

APPENDIX 5: INTERVIEW SCHEDULE

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Faculty of Community and Health Sciences

Tel: +27 21-9593674, Fax: 27 21-959 2845

Email: chs-deansoffice@uwc.ac.za

Title of Research Project: Exploring the experiences and challenges of food insecurity in child-headed households in Ingwavuma: A bio-ecological perspective

Code name:……

Place of interview:……..

Date of interview:……

Short Background of participant:

Gender:……..…

Age:……..…

School grade:……..

Number of siblings:……..

QUESTIONS

Below are semi-structured questions that will guide the interviewer and therefore are subject to probing in order to get in-depth information. All questions will be asked in the Zulu language.

1. Who provides food in your family?
2. How many meals do you usually eat per day?
3. What do you usually eat?
4. How does your family get monthly income?
5. How much is your family's monthly income and how is it spent?
6. Does your household practice any type of farming? If yes, what type of farming does it practice?
7. If farming, what proportion of food consumed was from your own production?
8. Please share with me your family's food situation throughout the whole month?
9. What do you do if food gets finished before the end of the month?
10. Please share with me the form of assistance that you receive? (from relatives, neighbours, school, church)
11. How do you cope with little food or when food gets finished?
12. What do you think can be done to improve access to food for child-headed households?
13. How does the shortage of food affect you?
14. How can the government and NGOs help in addressing food insecurity experienced by child-headed households?

APPENDIX 5: <u>ISIKHATHI SOKUXOXA</u>

UNIVERSITY OF THE WESTERN CAPE

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Tel: +27 21-9593674, Fax: 27 21-959 2845

Email: chs-deansoffice@uwc.ac.za

Isihloko Sohlelo Lokucwaninga: Ukuhlola okuhlangenwe nakho kanye nezinselele zokungalapheki kokudla emakhaya aphethwe ngabantwana e-Ingwavuma: Umbono wezinto eziphilayo.

Igama lekhodi: .....

Indawo yokuxoxa: ....

Idethi yokuxoxa: .....

Ingemuva emfushane yomhlanganyeli:

Ubulili: .....

Ubudala: ....

Ibanga lesikole: ....

Inani labantwana bakini: .....

IMIBUZO

Ngezansi imibuzo enemibuzo ehleliwe eyoqondisa oxhumana naye futhi ngakho-ke kufanele ahlolwe ukuze athole ulwazi olujulile. Yonke imibuzo izocelwa ngolimi lwesiZulu.

1. Ubani onika ukudla emndenini wakho?

2. Ziningi kangakanani ukudla odla ngazo ngosuku?

3. Yini ovame ukuyidla?

4. Umndeni wakho uyithola kanjani imali yanyanga zonke?

5. Yimalini imali engenayo yanyangazonke yomndeni wakho futhi isetshenziswa kanjani?

6. Uyakwenza noma yiluphi uhlobo lokulima? Uma u-yebo, yiziphi izinhlobo zokulima ozenzayo?

7. Uma ukulima, yikuphi ukudla okwakudla kuvela ekukhiqizeni kwakho?

8. Ngicela wabelana nami ngesimo sokudla komndeni wakho kuyo yonke inyanga?

9. Wenzani uma ukudla kuphelile ngaphambi kokuphela kwenyanga?

10. Ngicela wabelane nami indlela yosizo oyitholayo? ((kusuka ezihlotsheni, komakhelwane, esikoleni, esontweni).

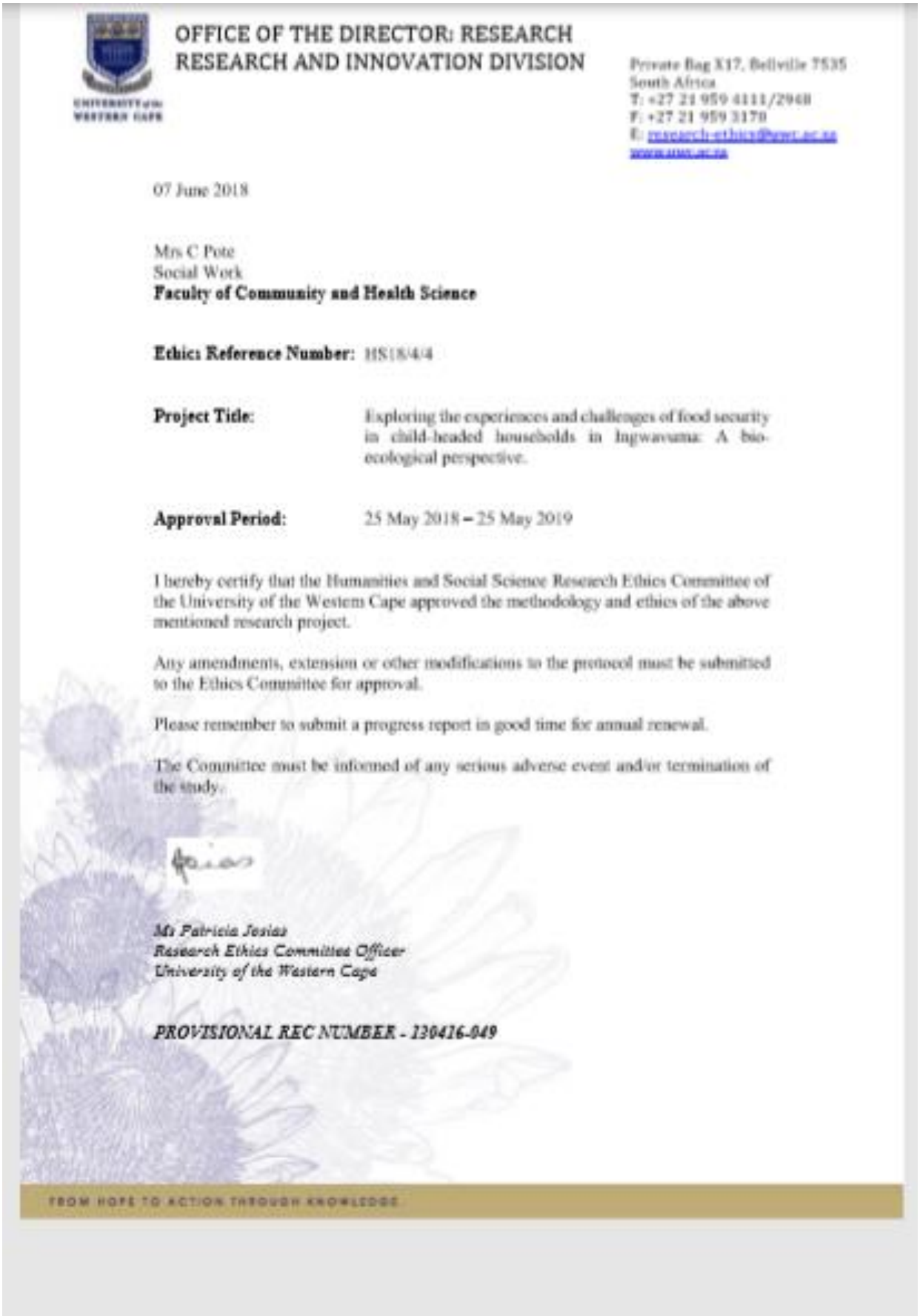
11. Ungabhekana kanjani nokudla okuncane noma lapho ukudla sekuphelile?

12. Ucabanga ukuthi ungenzani ukuthuthukisa ukutholakala kokudla kwemindeni ephethwe ngabantwana?

13. Ukuntuleka kokudla kukuthinta kanjani?

14. Uhulumeni kanye nama-NGO angasiza kanjani ekubhekaneni nokungalapheki kokudla okutholakala emakhaya aphethwe ngabantwana?

APPENDIX 6: <u>ETHICS CLEARANCE LETTER</u>



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www.uwc.ac.za

07 June 2018

Mrs C Pote
Social Work
Faculty of Community and Health Science

Ethics Reference Number: HS18/4/4

Project Title: Exploring the experiences and challenges of food security in child-headed households in Ingwavuma: A bio-ecological perspective.

Approval Period: 25 May 2018 – 25 May 2019

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report in good time for annual renewal.

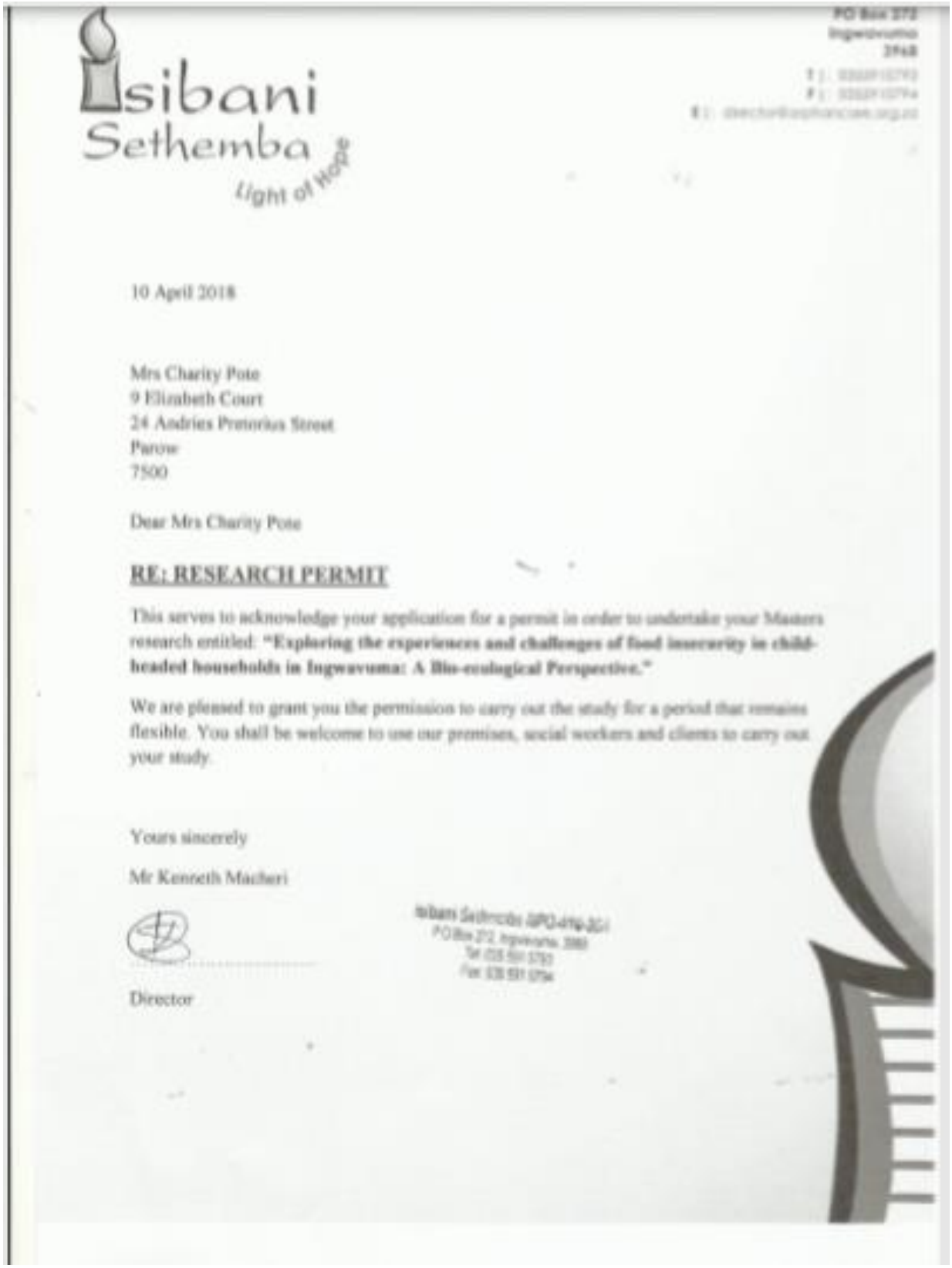
The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

PROVISIONAL REC NUMBER - 130416-049

FROM HOPE TO ACTION THROUGH KNOWLEDGE

APPENDIX 7: <u>RESEARCH PERMIT</u>



Isibani Sethemba
Light of Hope

PO Box 272
Ingwavuma
3968
T [ ]
F [ ]
E [ ]

10 April 2018

Mrs Charity Pote
9 Elizabeth Court
24 Andries Pretorius Street
Parow
7500

Dear Mrs Charity Pote

RE: RESEARCH PERMIT

This serves to acknowledge your application for a permit in order to undertake your Masters research entitled: **"Exploring the experiences and challenges of food insecurity in child-headed households in Ingwavuma: A Bio-ecological Perspective."**

We are pleased to grant you the permission to carry out the study for a period that remains flexible. You shall be welcome to use our premises, social workers and clients to carry out your study.

Yours sincerely

Mr Kenneth Macheri

Isibani Sethembi (NPO 019-301)
PO Box 272, Ingwavuma, 3968
Tel: 035 591 1793
Fax: 035 591 0794

Director

APPENDIX 8: SOCIAL WORKER'S CURRICULUM VITAE

CURRICULUM VITAE FOR CLAUDIA PRETTY DLAMINI

1. Personal Details

Name: Claudia Pretty Dlamini – 740317 0467 08 7 Marital Status: Single
Nationality: South African Languages: Zulu, English & Xhosa
Postal Address: 734, Newcastle, 2940 Email: claudiapreety@gmail.com
Driver's License: Valid Code 8 Dependants : 01

2. Qualifications

Qualification:

Bachelor of Arts Social Work (BA Social Work) at the University Of Zululand from 1999 - 2003

3. Work Experience (Full-Time)

Employer : Department of Social Development (DSD Ingwavuma)
Position Held before : Social Worker: January 2004 – March 2008
Acting Supervisor & NFD Coordinator: April 2008 – May 2015
Focus areas : Statutory work, Counselling, foster care supervision, workshops
Reason for leaving : Growth

Employer : Isibani Sethemba (Light of Hope) Ingwavuma
Position Held Before : Senior Social Work Manager: June 2015 – December 2018
Focus Areas : Child-headed households, grant applications, support groups
Reason for leaving : Shortage of funding

Current Employment : Department of Health – Mosvold Hospital - Ingwavuma
Position : Social Work Supervisor: January 2019 to date
Focus area : Counselling and referrals to relevant departments

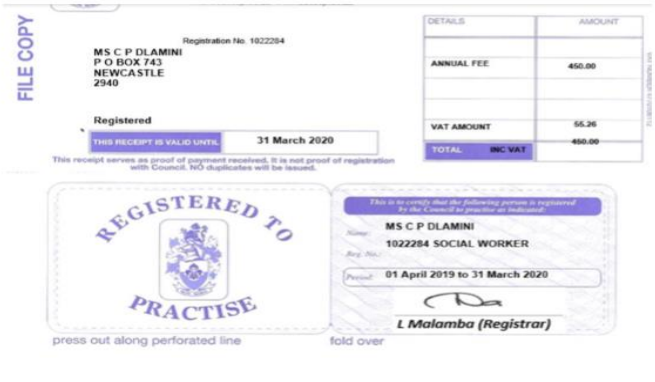
4.References

Mr K. Macheri (Director)
Isibani Sethemba (Light of Hope)
Box 272, Ingwavuma, 3968
Office Telephone: 035-5910793
Email: director@orphancare.org.za

Mrs T. Mbonambi (Manager)
Department of Social Development - Ingwavuma
Lot 392, Magistrate Road, Ingwavuma
Telephone number: 035 591 0160
Email: tmbonambi@gmail.com

Mrs T. Mabika (Chief Social Worker)
Mosvold Hospital - Ingwavuma
Private Bag X2211, Ingwavuma 3968
Telephone No: 035 591 0122

Registration with SACSSP: 10-22284



APPENDIX 9: TURNIT-IN-REPORT

Turnitin Originality Report

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