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Toward a Grounded Theory on the Management of Orphanages in South Africa and Zimbabwe

Anna Siyavora
Walden University

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COLLEGE OF MANAGEMENT AND TECHNOLOGY

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Review Committee

Dr. Larry Flegle, Committee Chairperson,
Applied Management and Decision Sciences Faculty

Dr. Godwin Igein, Committee Member,
Applied Management and Decision Sciences Faculty

Dr. Aqueil Ahmad, University Reviewer
Applied Management and Decision Sciences Faculty

Chief Academic Officer

David Clinefelter, Ph.D.

Walden University
2010

ABSTRACT

Toward a Grounded Theory on the Management of Orphanages in
South Africa and Zimbabwe

by

Anna Siyavora

M.B.A., City University, 2003
B.A., Cambridge State University, 1999

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Applied Management and Decision Sciences

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Abstract

The number of orphaned children in many parts of Africa is increasing as their parents die from human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS). The research problem addressed in this qualitative study was lack of understanding by others about how the managers of orphanages in 2 African countries - South Africa and Zimbabwe - were responding to the emotional and social needs of these orphans. The purpose of this study was to develop an orphanage management theory or model that could replicate the African kinship environment in the orphanages under study. Nurturing leadership theory provided the conceptual backdrop for this study. The research design was informed by Glaser's grounded theory (GT) approach. Data collection involved a qualitative survey of 20 administrators in 2 orphanages in South Africa and Zimbabwe. Open coding, memoing, and selective coding of this data yielded a nurturing model for orphanage management in the cultural context of the African kinship system. From the viewpoint of social change, this research suggests development of a family-oriented orphanage management system to help the orphans live healthy and productive lives without the stigma of HIV and AIDS.

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DEDICATION

I dedicate this dissertation and degree to my loving mother, Anna Sekesai Madzima, and to my children Tavonga, Sungano, and my twin boys David and Daniel. I also dedicate this dissertation to my late father, Vavarirai Nelson Machache, who would have been proud to see me reaching this final milestone. To my mother, thank you for a lifetime of love and encouragement, I would have not accomplished this degree without your guidance and support. To my elder children Tavonga and Sungano, thank you for all your support and encouragement. You and I can write a book since I have started this journey with your involvement but now the journey has come to an end. I know you will be good role models to David and Daniel. I want you to know that you can truly do anything you set your mind on. I also promise to provide the best to your children and those shall be my grandchildren. With God all things are possible.

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CHAPTER 1: INTRODUCTION TO THE STUDY

Introduction

In sub-Saharan Africa, a region that covers an area of 24.3 million square kilometers and that is afflicted with civil war, poverty, and disease, more than two thirds (68%) of all people are HIV-positive and more than three quarters (76%) of all deaths that occurred in 2007 were from HIV/AIDS. An estimated 1.7 million people were newly infected with HIV in 2007, bringing the total number of people living with the virus to 22.5 million. Unlike the HIV population in other regions, the majority of people living with HIV in sub-Saharan Africa (61%) are women (UNAIDS, 2007).

A number of historical, social, cultural, and geographical reasons contribute to the dramatic spread of HIV/AIDS in South Africa (Bhargava & Bigombe, 2003; Connolly & Monasch, 2004; Kartell & Chabilall, 2005; Pettifor & Measham, 2004). HIV/AIDS has the most profound impact on young children. The proportion of orphans—defined as children who have lost one or both parents—is greatest in sub-Saharan Africa, with 12.3 million orphans (UNAIDS, 2007). By 2015, the epidemic is expected to peak, and

orphans will make up 9% to 12% of the total population in the sub-Saharan Africa, or approximately 3.6 to 4.8 million children (UNAIDS, 2007). These conditions have significant implications for the management of orphanages in South Africa and Zimbabwe for children orphaned because of HIV/AIDS. This will be the focus of this study.

Background of the Study

Orphanhood is a generic categorization used to describe the socioeconomic status of children who have lost one or both of their parents from various causes (Abehe, 2005). Orphaned children are generally classified as AIDS orphans or non-AIDS orphans. Ennew (2005) argued that within these general classifications are subcategories of orphaned children. Among these subcategories is the category of AIDS orphans in Africa (Abehe, 2005). These orphans tend to be younger than other orphans; UNAIDS (2007) estimated that one in three AIDS orphans is younger than age 5 years. Furthermore, their caregivers are generally grandparents because the aunts or uncles who would normally take on the role of guardian have themselves often died of AIDS (Sachs & Sachs, 2004).

If HIV/AIDS did not exist, the global percentage of orphans would be declining instead of increasing (Salaam, 2005). In sub-Saharan Africa, 43 million children were orphaned, or 12% of all African children. AIDS alone was responsible for orphaning 12.3 million children, or 32% of all African orphans, by the end of 2003. By comparison, Asia, which had a lower number of children orphaned by AIDS in 2001 (1.8 million, or 2.8% of all orphans), had a much larger overall orphan population of 65 million orphans, which is higher than sub-Saharan Africa (UNAIDS, 2007)

Nonetheless, sub-Saharan Africa remains the continent most affected by AIDS, with 1.9 million of the 2.2 million infected children (UNAIDS, 2007). A joint study conducted by the U.S. Agency for International Development (USAID), the United Nations Children's Fund (UNICEF), and the Joint United Nations Program on HIV/AIDS (UNAIDS) found that, at the end of 2003, 15 million children younger than age 18 years lost one or both parents to AIDS, 12.3 million of which were in sub-Saharan Africa (UNAIDS, UNICEF, & USAID, 2004). Between 1990 and 2003, sub-Saharan Africa's population of children orphaned by AIDS increased from less than 1 million to more than 12 million (UNAIDS, UNICEF, &

USAID, 2004). The time lag between HIV infection and death is 10 years. As a result, experts predict that a lack of anti-retroviral medications will contribute to the growth of orphan populations for at least 20 years after a country reaches its peak HIV infection rate. Preventing mother-to-child HIV transmission (PMTCT) is a critical part to reducing the growing number of orphans in developing countries, particularly for countries with high seroprevalence rates (i.e., high numbers of persons testing positive for HIV/AIDS based on blood serum specimens) among pregnant women, including Zimbabwe [18%] (UNAIDS, 2007). While most children orphaned as a result of the AIDS epidemic are in sub-Saharan African countries with high seroprevalence, there are wide disparities in terms of the numbers of children orphaned a result of HIV/AIDS in the countries in which they are concentrated (Abehe, 2005).

Problem Statement

The number of orphaned children in South Africa and Zimbabwe is increasing as their parents die from HIV or AIDS. Orphans in South Africa and Zimbabwe have greater likelihood of suffering isolation, prejudice, abuse, neglect, child labor, exploitation, and HIV infection as a

result of becoming orphaned by HIV/AIDS (Connolly & Monasch, 2004; Gregson et al., 2005; Salaam, 2005). Cultural influences relative to addressing HIV or AIDS, such as influences on sexuality and sexual power and an emphasis on care of orphans by extended family and community, are important. There is ample literature on the subject of the impact of HIV and AIDS on orphanhood, particularly in South Africa and Zimbabwe. However, few studies have addressed the management of orphanages in these countries that provide a sense of community for children orphaned as a result of HIV or AIDS in these countries.

Purpose of the Study

The purpose of this research was to develop a theory related to the management of orphanages in the sub-Saharan region of Zimbabwe and other areas of South Africa relative to creating an extended family and community for children orphaned because of HIV/AIDS. The kin system that existed in traditional African culture meant that children without parents were cared for within extended families (Foster, 2002). Although much AIDS policy in Southern Africa stresses the role of communities, the burden of care falls

upon extended family households. However, the death of so many adults from HIV/AIDS means that few can afford to support extra children (Bhargava & Bigombe, 2003). Those who care for children orphaned because of the death of parents from HIV/AIDS are impoverished and have difficulty meeting basic needs (Bicego, Rutstein, & Johnson, 2003). The theory that was generated in this study should offer insight about the management of orphanages in South Africa and Zimbabwe in terms of creating an extended family and community for children orphaned because of HIV/AIDS.

Research Questions

Among some of the questions underlying theory development as the research progressed were:

1. What special programs can be adopted by orphanages that decrease the stigma and discrimination associated with HIV/AIDS, protect the property rights of orphans, and ensure proper schooling for orphans?
2. How can orphanages extend the concept of family by providing a nurturing environment within an institutional care setting?
3. What qualities of leadership and managerial competence are required for an effective nurturing

administration in orphanages that care for HIV/AIDS orphans?

4. What role, if any, should local governments or international agencies play in establishing these orphanages?

Nature of the Study

This research was a qualitative inquiry and used grounded theory as the methodology. *Grounded theory* (GT) (Glaser & Strauss, 1967) is a method of generating theory from inductive data. There are two key principles of GT: (a) the research does not begin with a theory to prove, disprove, or extend (Glaser, 1978; Glaser & Strauss, 1967); and (b) GT is constructed through constant observation of uniformities and diversities of a category and by comparing incidents and properties of a category (Fernández, 2004). GT consists of four activities done simultaneously: data collection, note taking, coding, and memoing (Charmaz, 2006). Giske and Artinian (2007) noted that these activities overlap and the GT researcher will move back and forth among the activities.

Data were collected from a survey questionnaire of orphanage administrators that consisted of both closed-

ended and open-ended questions. The researcher performed a content analysis on data from the open-ended questions to identify themes and patterns of similarity. As themes emerged, the researcher coded the themes and developed them into concepts, identifying a core variable to guide the coding. Memos were written as the data were analyzed. Theory was developed from written ideas and theoretically coded relationships that came from data collection and analysis. A GT was described. The literature was reviewed to validate the theory and put it in a scholarly context, as outlined by Glaser (2006).

Conceptual Framework

The conceptual framework supporting this study was Bowen's (1966) family systems theory. Family systems theory grew from psychoanalytic theory and is one of the most comprehensive views of human behavior and problems relative to families (Titelman, 2008). Family systems theory views the family as a system, a functioning unit that completes tasks, solves problems, and achieves collective goals. The overarching concept is that the family is an emotional system where family members are emotionally interdependent and function in reciprocal relationships with one another

(Bowen, 1966). This theory focuses on family history as a way of understanding the biological, sociological, psychological, and genetic patterns that are present in a person's life (Titelman, 2008).

Bowen (1978) believed that through this process of self-discovery, individuals and families will be able to further understand behaviors that exist in the present. Bowen's (1966) family systems theory is based on eight basic concepts: the nuclear family emotional system, differentiation of self, relationship triangles, family projection process, the multigenerational transmission process, sibling position, emotional cutoff, and societal emotional process (Titelman, 2008). Bowen's (1966) theory assumed a more traditional definition of family; that is, a mother, father, and their children living together (Corbett, 2004). However, in the past few decades, the definition and shape of family has been changing globally as a result of such social conditions as divorce, remarriage, poverty, war, displacement, and disease. A family of two parents living with their children is now just one among several possibilities. In this study of children orphaned by HIV/AIDS and how to provide a

nurturing environment within an institutionalized care setting, a *family* will be defined as a network for providing for individuals' emotional and material needs (Corbett, 2004). Bowen's concepts of triangles, sibling position, and societal emotional process are most applicable to this study.

Triangles are the basic building blocks of an emotional system and are more flexible and stable than a two-person relationship system (Titelman, 2008). When there is anxiety or tension in a relationship, the person who is more uncomfortable will involve a third person into the situation to reduce the anxiety. This mechanism allows anxiety to be shifted around the system and lessens the possibility that one relationship will become emotionally overwhelmed. The other partner in the original dyad now becomes the outsider to this new togetherness. If this occurs during a period of high tension, the outside position is preferred (Titelman, 2008).

According to the concept of sibling position, the order of one's birth in a family determine the functions that an individual will carry out and will eventually become part of an individual's personality characteristics.

For example, an oldest child may tend to be responsible and develop leadership skills, where the youngest child may tend to be more playful and more dependent upon others. These functional expectations transcend socioeconomic status, culture, and ethnicity, and have a predictable impact on personality (Gilbert, 2006).

Underlying the concept of societal emotional process is the notion that the counterbalancing forces of individuality and togetherness that occur within families also occur in societies. Societal anxiety increases as the pressure and activity of togetherness increases (Gilbert, 2006). As the GT was developed related to the management of orphanages in the sub-Saharan region of Zimbabwe and other areas of South Africa relative to creating an extended family and community for children orphaned because of HIV/AIDS, Bowen's (1978) concepts of triangles, sibling position, and societal emotional process were considered.

Definition of Terms

The operational definitions of the terms used in this study follow:

AIDS orphan: A child younger than age 15 years who has lost one parent or both parents to HIV/AIDS (Abehe, 2005).

Concept: An overall element that includes categories that are conceptual elements in themselves and properties of categories, which are conceptual aspects of categories (Glaser & Strauss, 1967).

Core variable: The highest-level concept of the theory that explains how participants work to solve their main concern (Glaser, 2001).

Family: A network for providing for individuals' emotional and material needs (Corbett, 2004).

Grounded theory (GT): An "inductive theory discovery methodology that allows the researcher to develop a theoretical account of the general features of the topic while simultaneously grounding the account in empirical observations of data" (Martin & Turner, 1986, p. 141). GT is also a deductive method (Glaser, 2001).

Main concern: The element that drives the action in the area studied (Glaser, 2001). A GT conceptualizes how research participants resolve their main concern (Glaser, 2001R).

Sub-Saharan Africa: The area of Africa that lies south of the Sahara and African countries that are fully or partially located south of the Sahara desert (Abehe, 2005).

Assumptions

The researcher assumed that cultural values may play a significant role in caring for the orphans of HIV/AIDS parents. Further, extension of the concept of family by providing a nurturing environment without the stigma that is often associated with institutional care may be a better mode of caring for HIV/AIDS orphans. The following other assumptions were relevant to the study: (a) appropriate authorities for the facilities selected for the study will grant permission to collect data, (b) the patterns and themes that will emerge from the data during analysis are consistent with the focus of the research questions, (c) individuals meeting the criteria for participation are willing to participate in the study, and (d) the participants' working relationship with the researcher will not influence their ability to respond honestly and completely to the survey questions.

Limitations

A limitation to the study was the use of the GT methodology. Researchers (e.g., Eaves, 2001; Elliott & Lazenblatt, 2004) expressed concern about the growing body of GT literature that drew criticism for deviating from the

method as developed by Glaser and Strauss (1967). Elliott and Lazenblatt (2004) asserted that researchers should view GT as a package of research methods that includes the use of concurrent data collection and constant comparative analysis, theoretical sampling, and memoing. By taking this view, researchers can develop awareness and an appreciation of the scientific nature of GT research and promote quality standards in research practices using GT methodology. This view was the objective of this researcher in this study to minimize this limitation.

Another limitation to this study was the possibility that participants would drop out of the study. The researcher recognized that some participants may no longer be interested in participating in the study or may no longer be available to participate in the study. A final limitation that may have affected this study is the researcher's experience in the area of study and the potential influence of the researcher on the participants studied. According to Hammersley and Atkinson (1995), eliminating researcher bias and preconceived notions is impossible; the goal is to understand the influence and use it wisely. Babbie (2003) commented on researcher and

participant bias. Such bias is present in almost every type of similar study, regardless of the topic, and does not generally pose a problem but can limit the validity of the study findings.

Accordingly, this researcher conducted the study according to Glaser's (1998) assertion that in GT one must enter the field for research without knowing the problem and suspend one's knowledge and experience. In addition, the researcher proceeded according to Glaser's (2006) suggestion that researchers who have considerable knowledge in the studied area should survey themselves and treat the survey like any other data and generate concepts.

Significance and Social Change Implications

This study is significant because it obtained qualitative data to develop GT on the management of orphanages in South Africa and Zimbabwe. Little scholarly research is available that focuses on orphanages in these areas of the world. GT permitted a more thorough analysis of the situational factors surrounding the plight of millions of children in a cross-cultural setting left without parents because of HIV/AIDS.

The most important consideration in institutional care is providing a nurturing and stable environment that avoids the stigma of an institutional upbringing that can occur. To be consistent with the sociocultural background of African societies, orphanages can create a family-like environment for orphans by adapting orphanages into a children's village inside a community. Creating a community for these children can increase the quality of their individual lives by saving them from a tragic cycle of poverty, ignorance, risky behavior, infection, and death, which, in turn, reduces the short and long-term economic and social costs to society at large.

Recommendations for strategies for policy and practice for children orphaned because of HIV/AIDS can come from this study. Such policies and practices can effect social change by decreasing the stigma of HIV or AIDS and increasing opportunities for HIV/ AIDS orphans to lead healthy, productive lives.

Summary

In chapter 1 the research study was introduced, including a discussion of the background of the study and the study's problem and purpose. The conceptual framework,

significance of the study, research questions, and limitations were also discussed. Terms and designations unique to the study were operationally defined.

In chapter 2 the literature relevant to the impact of HIV/AIDS on orphanhood, issues surrounding orphanhood, and proposed solutions to the problem of orphanhood is reviewed. In chapter 3 the methodology of the study is detailed. Included is an explanation of the research, role of the researcher, settings and subjects, ethical considerations, and method of data collection and data analysis. Analysis of the data collected and answers to the study's research questions are presented in chapter 4.

In chapter 5 a summary of the research findings, followed by conclusions and implications, are provided. Recommendations are also made based on the study's findings and conclusions and focus on future research.

CHAPTER 2: LITERATURE REVIEW

Introduction

In this chapter the literature related to HIV/AIDS and orphanhood is presented. Source materials included journal articles, books, and Internet information. The researcher searched the databases Academic Search Premier, ProQuest, SocINDEX, and other Internet search engines such as Google Scholar for reference to the topic of HIV/AIDS and orphanhood. The keywords and search terms *orphans*, *orphans - Southern Africa*, *orphanages*, *orphanhood*, *HIV/AIDS and orphans*, and *orphanage management* were used. Article sources included (but were not limited to) professional journals such as *AIDS*, *AIDS Care*, *Clinical Infectious Diseases*, *Demography*, *International Journal of Adolescence and Youth*, *Journal of Acquired Immune Deficiency Syndromes*, and *South African Journal of Psychology*. Articles were read for content and applicability to the present analysis. Of these, those found to be most relevant to the subject matter were included in the review. The date range was a 10-year period from 1998 to 2008.

This section begins with a discussion of the impact of HIV/AIDS on orphanhood. Issues surrounding orphanhood and

proposed solutions to the problem of orphanhood are also discussed.

Impact of HIV/AIDS on Orphanhood

The most commonly used definition of an AIDS orphan is a child younger than age 15 years who has lost one or both parents to HIV/AIDS (Abehe, 2005). However, Ennew (2005) pointed out that orphans do not stop having needs when they reach age 15 nor are they socially and economically independent of their caregivers. Further, this definition assumes a matrilineal social structure. Ennew argued that orphans are parentless (i.e., both mother and father) children who are socially and materially dependent on the society in which they live for their safe passage into adulthood. Different societies have different conceptions about orphans, and understanding orphanhood as a social process in the life of children is culture specific. For these children, then, the experience of orphanhood relates to wider social, economic, and cultural dependence (Ennew, 2005).

In Africa, orphanhood represents a "childhood within childhood" among many societies, particularly within the context of HIV/AIDS. The gradual erosion of family

organization and the restructuring of childhood manifests a gradual social transition where the condition of children changes from that of being in a secure home and enjoying a "proper childhood" into a situation where they become solely responsible for themselves and others (Robson, 2004; Robson & Ansell, 2000).

Issues Surrounding HIV/AIDS Orphans

Numerous physical, psychological, and economic issues surround children in Africa orphaned because of any cause. They face isolation, prejudice, crime, abuse, neglect, child labor, prostitution, exploitation, and HIV infection (Connolly & Monasch, 2004). Psychological effects include depression, guilt, fear, and possible long-term mental health problems (Foster, 2002). Those orphaned by AIDS are especially vulnerable to malnourishment, illiteracy, lack of education, medical neglect, lack of proper immunizations against certain diseases, and rejection from society. In effect, AIDS orphans are orphans even before their parents die because the long illness of the parents impoverishes the household. The social stigma of AIDS often means that the orphan does not receive adequate family and community support (Connolly & Monasch, 2004).

Salaam (2005) suggested that HIV/AIDS orphans are orphaned in stages. The first stage often begins with the children's realization that their parent or parents has AIDS and is likely to die. They begin to fear for their future and wonder who will care for them. The need to care for ailing parents also creates worry about whether and how they will be able to stay in school. The household income becomes more meager as it is now spent on the sick family members. They no longer can afford school fees, notebooks, and pencils as they struggle to care for the sick and replace lost adult labor and income. Consequently, the children do not learn important lessons on life skills and self-sufficiency because the parent(s) is too ill to transfer the knowledge. After one parent dies, most children continue to live with the surviving parent or a relative, and their poverty increases. Grandparents, siblings, or other relatives often head many families who take in orphans. In some cases, grandmothers care for multiple orphans (Connolly & Monasch, 2004).

According to a study conducted by Ahiadeka (2003), caregivers of orphans in Ghana were mostly female (80%), and approximately 66% were age 45 years or older. Also, 45%

had no education, and only 7.4% had a senior secondary school education. Not surprisingly, they were almost all low-income earners, if they earned any income at all.

A study by Case, Paxson, and Ableidinger (2004) examined the impact of orphanhood on children's school enrollment in 10 Sub-Saharan African countries. These researchers found that poverty is not the sole reason orphans in Africa are less likely to attend school. Another reason is a greater tendency for orphans to live with distant relatives or unrelated caregivers who do not exhibit the degree of caring or expectation of permanence of the child in the home that closer relatives may exhibit. Thus, poverty, coupled with a lack of caring, further explains why orphans do not attend school.

The next stage begins when the orphans find themselves the heads of households. A young adolescent may be responsible for many siblings, some of whom may be infants. These children must support the family with little to no education and/or employable skills. In many cases much of the family's possessions may have been sold to care for the sick, leaving them with few resources. They drop out of school and find menial work found doing work such as

shining shoes, bartending, selling food, and, for girls, becoming domestic workers. They may also beg money in the streets, where they are exposed to rape, drug abuse, child prostitution, and other forms of exploitation, making them more vulnerable to contracting HIV/AIDS (Salaam, 2005).

Gregson et al. (2005) examined whether orphans and other vulnerable children (OVC) have heightened risks of adverse reproductive health outcomes, including HIV infection. Data were collected from OVCs and non-OVCs over a 2-year period from 1523 teenaged children in eastern Zimbabwe on HIV infection, sexually transmitted infection (STI) symptoms, and pregnancy, and common risk factors. Gregson et al. found that a higher prevalence of HIV, a more common experience of STI symptoms, and a higher pregnancy rate among OVC women age 15 to 18 years than the same age group of non-OVCs. Overall, maternal orphans and young women with an HIV/AIDS-infected parent were more likely to have received no secondary school education and to have started sex and married, which, in turn, were associated with poor reproductive health. Among OVC men aged 17 to 18 years, no association was found between HIV infection or STI symptoms. Gregson et al. (2005) concluded

that HIV infection, sexually transmitted infection (STI) symptoms, pregnancy, and common risk factors could be averted through further female secondary school education. However, in view of predicted increases in rates of orphanhood, efforts to decrease HIV infections in successive generations may be slowed, and the cycle of poverty and disease for young adults may continue.

Many believe that the desperation of young orphaned children makes them more vulnerable to abuse and exploitation, ultimately making them more susceptible to contracting HIV. Some are particularly concerned that orphans and other children affected by HIV/AIDS in sub-Saharan African countries can become easy conscripts for warring factions as they search for food, shelter, nurturing, and safety. This condition is ideal for terrorists (Gibson, 2002). A rebel fighter in Congo reportedly claimed that his militia pays the school fees for the children in his group, most of whom are orphans (Wax, 2003). A study conducted by the International Labor Organization (ILO) (2003, cited by Salaam, 2005) found that in Zambia most street children and children involved in sex work were orphans. A U.S. State Department study found that

most child domestic workers in Ethiopia were orphans and that in Uganda girls were especially vulnerable to sexual abuse while engaged in domestic work (U.S. Diplomatic Mission to Italy, 2002). Thus, researchers confirmed the challenges faced by children in Africa orphaned as a result of HIV/AIDS that put them at risk for physical and psychological harm, including the risk of contracting HIV/AIDS.

Proposed Solutions

The kin system that existed in traditional African culture ensured that there were no orphans because children without parents were cared for within extended families (Foster, 2002). In 2007, UNICEF reported that extended families are caring for more than 90% of orphaned children in sub-Saharan Africa. However, with the death of so many adults, few can afford to support extra children (Bhargava & Bigombe, 2003), and those who take in orphans face worse poverty and difficulties in meeting even basic needs (Bicego et al., 2003). In addition, the extended family is diminishing due to migration, Westernization, demographic changes, and AIDS (UNICEF, 2007).

Mutikani's (2002) study of extended families of orphans in Zimbabwe illustrated the plight of extended families caring for orphaned relatives. In that country's tradition, specifically the Karanga in Masvingo Province, extended families take in orphans, and often the extended family is grandparents who have no source of income or social security. Mutikani (2002) collected and analyzed data and described the lived experiences of 14 caregivers. Caregivers indicated that they lacked adequate food, shelter, clothing and fees for the orphans, contributing to a harsh life for both the caregivers and the orphans.

Several solutions are proposed for African orphans (Bhargava & Bigombe, 2003; Foster, 2002; Nyambedha, Wandibba, & Aagaard-Hansen, 2003). The most obvious solution is to prevent children from orphanhood by helping their parents live longer. UNICEF (2007) is part of an international effort to give people living with HIV/AIDS expanded access to treatment with anti-retroviral drugs, which can slow or halt the immune suppression caused by HIV. If parents can maintain their health, they are better able to care for their children.

An important distinction between HIV/AIDS orphans and other orphans is that they have lost their parents to a preventable and treatable disease. Therefore, an important policy measure to help HIV/AIDS orphans is a plan to reduce transmission of the disease and to provide antiretroviral treatment to parents already infected (Sachs & Sachs, 2004). Sachs and Sachs (2004) noted that mother-to-child transmission-Plus (MTCT-Plus) programs prevent MTCT while infected parents are put on long-term antiretroviral treatment (Plus) and are especially significant.

Although strengthening the primary and secondary family remains the primary goal, community efforts have come together to provide support for orphans and families. Thousands of local organizations and informal groups help through small business efforts, rotating credit and loan groups, grain loan programs, and self-help groups (Foster, 2002; UNAIDS et al., 2004). They also help by paying school fees, giving psychological support, food, and clothing (Foster, 2002); distributing donations; and raising community crops to pay for school fees (UNICEF, 2007).

The overwhelming number of orphans prompted governments and aid organizations to de-emphasize

orphanages and emphasize reintegrating children into communities, a system called "community-based care." Instead of simply giving a child a place to live, aid groups try to support them in their own villages by paying for school fees, for example, or helping adoptive families with food aid. According to UNICEF (2007), this approach is healthier and more culturally appropriate than institutionalizing children. However, community-based care has its own drawbacks, such as children who cannot find relatives, neighbors too poor to care for others, or villages too impoverished to give the necessary attention or support to traumatized youths (UNICEF, 2007).

Faith-based or women's groups that have little funding often carry out community-based care (Foster, 2002). As a result, their assistance consists of visiting and comforting families, cleaning their huts and surrounding areas, washing the family's clothes, and caring for the children. In Mozambique, where the HIV/AIDS infection rate is growing, hundreds of local aid groups try to offer support to different neighborhoods, aiming to improve living conditions will make distant relatives and acquaintances more willing to take in orphaned children.

The government has also increased monetary support to families caring for orphans. Few organizations build orphanages (Hanes, 2007).

At national levels, some countries established national plans for orphan care. Malawi was the first to form a multisectoral policy on orphans, the National Task Force on Orphans (Smart, 2003). In Uganda, the Hope Never Runs Dry program provides guidance, resource allocation, and a framework for implementing programs at all levels of society (UNAIDS et al., 2004). On the whole, however, sub-Saharan countries have been slow to develop policies because of factors such as financial strains, the stigma of HIV/AIDS, and lack of orphan visibility. At the end of 2007, six—only 15% of sub-Saharan African countries—developed a national orphan care policy, and eight nations were actively formulating such plans (UNICEF, 2007).

Subbarao and Coury (2004) believed that the best way to serve orphans is to integrate policies with health, education, and development programs that not only protect children but also offer essential services. Publications and conferences conducted through the United Nations on orphans and AIDS issues raise awareness and encourage

nations to act. Multinational organizations, international agencies, and non-government organizations (NGOs) have also been involved in raising awareness and providing support. Continued and increased international support is critical, in the forms of financial and material resources, commitment, and awareness (Subbarao & Coury, 2004). In the financial sphere the Global Fund to fight AIDS, Tuberculosis, and Malaria has the potential to play a key part (Sachs & Sachs, 2004). There also must be inter- and intracooperation among African countries, as well as collaboration with other nations, NGOs, and private community and donor groups, to develop and deliver services for orphans (Smart, 2003; UNAIDS et al., 2004).

Sachs and Sachs (2004) advocated special programs to increase the chances of HIV/AIDS orphans leading healthy, productive lives. Underpinning these programs should be efforts on the part of national governments to decrease stigma and discrimination based on HIV status, protect property rights of orphans and widows, financially support fostering of orphans, especially fostering by close kin, and increase the affordability of schooling and health care for AIDS orphans (Sachs & Sachs, 2004).

Alternative Research Methods

Several other research methods were considered for this study. Creswell (2007) defined several methods of data analysis and qualitative research traditions. Among these are biographical, phenomenological, and ethnographic research. The biographical study is "a form of narrative study in which the researcher writes and records the experiences of another person's life" (p. 55). According to Creswell (2007), the characteristics of the biography method are (a) focus on one person; (b) collection of stories about a significant issue in this person's life; (c) development of a chronology that connects different aspects of the person's story; (d) retelling the person's story in the study in a literary way; and (e) reporting themes that emerge from the study (pp. 214-215).

In a phenomenological study, the primary goal is to identify and understand all of the phenomena within the lives of the participants. Participants in a study have an opportunity to tell their story and, with the aid of the researcher, to fully explore the meaning of this story (Creswell, 2007). The phenomenological approach is best for

research that seeks to understand individuals' common or shared experiences of a phenomenon (Creswell, 2007).

Ethnographic research focuses on an entire cultural group. Such studies involve a sample population of 20 or more and the researcher examines and interprets the shared values, behaviors, language, and beliefs of a particular culture group (Creswell, 2007).

GT moves beyond descriptions of individuals or cultural groups to generate or discover a theory (Strauss & Corbin, 1998). In GT research participants in a study would have experience a particular process and provide a framework for further research. Thus, theory development is "grounded" in data from participants (Strauss & Corbin, 1998).

The biography, phenomenological, and ethnographic study methods were deemed by the researcher as unsuitable for this study. The best choice for this study, GT, was used to develop theory from collected data. GT requires that the participants actually be representative of the issue that is being investigated, which was the case in the present study. Therefore, this qualitative research study used GT to obtain data to develop a theory related to the

management of orphanages in the sub-Saharan region of Zimbabwe and other areas of South Africa relative to creating an extended family and community for children orphaned because of HIV/AIDS.

Giske and Artinian's (2007) study applied GT and described how they generated a substantive GT named preparative waiting for patients who underwent the diagnostic phase at a gastric ward. Jones (2005) applied GT to the Australian film industry, yielding a model depicting the basic social process (BSP), which consisted of project germination, project creation, and project facilitation. These two studies provided some "best practices" for using GT in dissertation studies, including, but not limited to, suspending all previous knowledge, experience, presuppositions, and assumptions upon entering the research.

Chapter Summary

This chapter presented a review of the literature related to HIV/AIDS and orphanhood, particularly in South Africa. *Orphan children*, most commonly defined as children younger than age 15 years who has lost one or both parents to HIV/AIDS (Abehe, 2005), feel the impact of the AIDS

epidemic the most and are highly vulnerable from a social and health standpoint.

In Africa, orphanhood represents a condition whereby HIV/AIDS erodes family organization and the condition of children changes from that of being in a secure home and enjoying a "proper childhood" into a situation where they become solely responsible for themselves and others (Robson, 2004; Robson & Ansell, 2000). While numerous physical, psychological, and economic issues surround children in Africa orphaned as a result of any cause, those orphaned by AIDS are especially vulnerable to malnourishment, illiteracy, lack of education, medical neglect, lack of proper immunizations against certain diseases, and being ostracized from society. Salaam (2005) suggested that HIV/AIDS orphans are orphaned in stages. In the first stage, children realize that their parent or parents has AIDS and is likely to die. They begin to be concerned about who will care for them, how they will care for ailing parents, and how they will be able to stay in school in the face of dwindling household income. The next stage begins when the orphans find themselves the heads of

households and may be responsible for many siblings, some of whom may be infants.

The traditional kin system that existed in African culture meant that there were no orphans; children without parents were cared for within extended families (Foster, 2002). However, with the death of so many adults, these extended families can no longer afford to support extra children. Further, the extended family is disappearing due to migration, Westernization, demographic changes, and AIDS (UNICEF, 2007).

The solutions proposed for African orphans include preventing children from orphanhood by reducing transmission of the disease and providing antiretroviral treatment to parents already infected (Sachs & Sachs, 2004) and community-based care that de-emphasizes orphanages and emphasizes reintegrating children into communities. Special programs are recommended to increase the chances of HIV/AIDS orphans leading healthy, productive lives free of stigma and discrimination based on HIV status; protect property rights of orphans and widows; financially support fostering of orphans; and increase the affordability of

schooling and health care for AIDS orphans (Sachs & Sachs, 2004).

In chapter 3, the methodology of the study will be presented. This discussion includes a description of the research design, the sample population, data collection and analysis procedures, and ethical considerations.

CHAPTER 3: RESEARCH METHOD

Introduction

This chapter describes the methodology of the study. This includes an explanation of the research design, a description of the sample population, a discussion of data collection and analysis procedures and the ethical protection of participants.

Research Design

In this study a qualitative design and a GT approach were used. The two key principles of GT are (a) the research does not begin with a theory to prove, disprove or extend (Glaser & Strauss, 1967; Glaser, 1978); and (b) GT is constructed through constant observation of uniformities and diversities of a category and by comparing incidents and properties of a category (Fernández, 2004). According to Glaser (2001), all information that a researcher encounters when studying a certain area is data that helps the researcher generate concepts for the emerging theory. The basic idea of the GT approach is to read and reread a textual database to uncover categories, concepts and properties and their interrelationships (Glaser, 2005). The

ability to perceive variables and relationships is termed *theoretical sensitivity* (Glaser, 1978).

The process of GT involves four activities: data collection, note-taking, coding, and memoing, which are done simultaneously (Charmaz, 2006). In GT data often take the form of field notes. Field notes can come from informal interviews, lectures, seminars, surveys, expert group meetings, newspaper articles, Internet mail lists, and so on (Glaser, 2003). Glaser (2006) suggested that researchers who have considerable knowledge in the studied area should interview themselves and treat the interview like any other data and generate concepts.

Coding is the process of naming or labeling things, categories, and properties. In GT coding is normally done informally. Coding is the initial part of the analysis that conceptualizes the first level of abstraction by identifying, naming, categorizing and describing phenomena found in the text. The researcher reads data line-by-line to obtain answers to the questions, "What is this about? What is being referenced here?" (Glaser, 2005). The coding is often done in the margin of the field notes.

Conceptualizing all incidents in the data yields many

concepts, which are compared as the researcher codes more data, merges the data into new concepts, and eventually renames and modifies the concepts (Glaser, 2005). Selective coding is the process of relating categories and properties to each other, using a combination of inductive and deductive thinking. To simplify this process, rather than look for any and all kind of relations, grounded theorists emphasize causal relationships, and fit things into a basic frame of generic relationships. In other words, a core variable guides the coding and concepts that bear no relationship to the core, the researcher ignores its subcore and selectively samples new data based on the core. Theoretical coding develops the theory by pulling the concepts together into hypotheses that explain the main concern of the participants (Glaser, 2005).

Memos are short notes that researchers write to themselves as they analyze data (Charmaz, 2006). In theoretical memoing, the researcher develops theory from the write-up of ideas and their theoretically coded relationships as they emerge during coding, collecting, and analyzing data (Glaser, 1998). Memoing helps the researcher accumulate written ideas into a larger collection of ideas

about concepts and their relationship to each other. Memoing allows complete creative freedom and does not impose rules of writing, grammar, or style (Glaser, 1998). Memoing facilitates deeper theory and original concepts (Glaser, 2006).

The key to developing the theory that explains the main action in the studied area to present to others is the process of sorting. In this step, the researcher sorts memos and integrates data. During this process a number of new ideas emerge that the researcher records in new memos. The final process in GT is writing up the sorted memos to show the relationship between different categories and the core variable. Concepts are described in words, tables, or figures to optimize readability and to allow the reader to form a picture. Later rewriting includes reviewing relevant literature to put the theory in a scholarly context (Glaser, 2006).

In an attempt to determine key steps to take to ensure successful use of the GT approach, this researcher reviewed several studies that applied GT. For example, Giske and Artinian (2007) described how they generated a substantive GT named preparative waiting for patients who underwent the

diagnostic phase at a gastric ward. They enrolled in a 1-week GT research course prior to undertaking the study. Considering Glaser's (1998) assertion that in GT one must come into the field for research without knowing the problem and suspend one's knowledge and experience, Giske and Artinian (2007) learned more about how patients existentially experienced uncertainty and life-threatening situations. They entered the study with the attitude of not knowing the main concern of the participants and acknowledging that patients do not always share professionals' views of problems. As they planned their study they phrased possible questions to ensure that they did not impose their own ideas, interests, or theoretical understandings on the participants.

Giske and Artinian (2007) took care to collect data through taped interviews when it was convenient for the hospital ward and for the patients. During the interviews, they endeavored to establish a rapport and trust. They began the interviews with a brief personal introduction, asked participants to sign the study consent form, and talked about facts to facilitate the filling in of biographies and background variables. Participants were

then asked to share how they experienced being in the hospital and going through diagnostic workups.

Giske and Artinian (2007) endeavored to demonstrate theoretical sensitivity by constantly comparing data from interviews. While the transcribed interviews contained data that they believed to be irrelevant at the time of the interview, they found that important data emerged later in the analyses. They discovered that early and rich interviews provided theoretical sampling in the selective coding process.

The coding (using the software NVivo 2.0), memoing, and fitting of concepts in data analysis process were not clear-cut, and the phases overlapped. Giske and Artinian described their process, which led to the construction of several models and ultimately their model of preparative waiting. When they believed that their model was grounded and developed enough, they reviewed the literature to compare and contrast their findings to the existing knowledge base of the field.

Jones (2005) applied GT to the Australian film industry and studied management outcomes from the perspective of a film producer managing a film production.

After reading how-to books on GT, Jones (2005) interviewed two film producers and obtained three hours of transcribed data. Jones employed the processes of open coding, selective coding, and theoretical coding. Like Giske and Artinian (2007), Jones (2005) used the software NVivo 2.0.

Jones (2005) did not explain how GT was applied in the study but indicated that the final result yielded a model depicting the basic social process (BSP), which is

the discovery of a human process that transcends the typical research boundary of 'social unit' by examining the social process occurring within that unit; subsequently, studies revealing BSPs are not grounded by their research context, but gain a degree of universality. (p. 149)

The BSP in Jones' model consisted of project germination, project creation, and project facilitation.

These two studies provided some best practices for using GT in dissertation studies, which this researcher employed in the present study. A summary follows:

1. Obtain an understanding of the principles of GT prior to undertaking the study.
2. When entering the area of research, suspend all previous knowledge, experience, presuppositions, and assumptions.

3. Plan the study so that researcher ideas, interests, or theoretical understandings are not imposed on the participants.

4. Maintain theoretical sensitivity through continuous comparison of data to conceptualize and formulate a theory.

5. Aim for quality in the data collection process by constantly comparing data and allowing for the emergence of new data.

6. Summarize what has been said during interviews, focus groups, or surveys to ensure that participants have been correctly understood.

7. Consider the use of a software program for open coding.

8. Aim for quality in coding and analysis by organizing memos according to one idea, hypothesis, or question for each memo, and giving every memo a heading and date.

9. Develop a tolerance for ambiguity and chaos when attempting to identify participants' main concern so that the resolution of the concern comes from the data and is not forced.

10. Persist with theoretical coding until a model grounded in theory emerges.

Population and Sample

The population consisted of orphanage administrators in the sub-Saharan region Zimbabwe and other areas of South Africa. The researcher contacted orphanages through her professional contacts to obtain the sample. From these contacts the researcher selected a total of seven orphanages from South Africa and Zimbabwe from which to draw the sample.

Data Collection and Analysis

In this study data were collected through a survey questionnaire of orphanage administrators that consisted of both closed-ended and open-ended questions (Appendix A). A demographic profile was constructed. Before administering the survey the researcher explained to participants that all responses collected in the study would be held in the strictest confidence and that no names would be divulged. As data were gathered field notes were taken and coded informally. Also, as suggested by Glaser (2003), this researcher surveyed herself to generate concepts, as she has considerable knowledge in the subject that was studied.

The researcher performed a content analysis on data from the survey questions. An important step in analyzing content is to determine the unit of analysis (Babbie, 2003). This study's units of analysis were the individual subjects. The researcher searched for themes and patterns of similarity and separated responses into appropriate categories based on the type of response. Babbie (2003) noted that content analysis answers the questions "Who says what, to whom, why, how, and with what effect?" (p. 309). The data in this study were read line-by-line to derive answers to these questions.

As themes emerged, they were coded and developed into concepts. A core variable was identified that guided the coding. Concepts that related to the core variable were selectively sampled; concepts that did not relate were ignored. Memos were written as the data were analyzed. Theory was developed from written ideas and theoretically coded relationships that came from data collection and analysis. Finally, after the relationship between different categories and the core variable was established, the concepts that emerged and a GT were described. The researcher reviewed the literature to validate the theory

and put it in a scholarly context, as outlined by Glaser (2006).

To ensure validity of data collected, the researcher used the member checking technique. In member checking data are verified by the persons from whom the data were obtained (Flick, 2006). Member checking can be done at the conclusion of the data collection (Creswell, 2007). In this study the researcher restated or summarized information gathered from the survey and then questioned the participant to determine accuracy and to minimize researcher bias.

Ethical Procedures

This study conformed to all requirements of Walden University's Institutional Review Board regarding the ethical treatment of human subjects. Participants signed a consent form that disclosed information about the research, its purpose, and procedures; the identity and role of the researcher; and risks, if any, related to participation.

The researcher explained to potential participants that they did not need to participate in the study if they did not wish and that their participation was voluntary. The participants were free to cease participation at any

time even after the study began.

Participants were assured that all information collected in the study would be held in the strictest confidence, and that summary information and quotations (that were not attributed to any one participant by name) would be used for analysis. The names and the responses of the participants were not disclosed.

Chapter Summary

In Chapter 3 the methodology of the study was described. This study used a qualitative design and a GT approach. The population consisted of orphanage administrators in the sub-Saharan region of Zimbabwe and other areas of South Africa. Data were collected through a survey questionnaire of orphanage administrators that consisted of both closed-ended and open-ended questions. This study followed all requirements of Walden University's institutional review board regarding informed consent, voluntary participation, and confidentiality of participants.

CHAPTER 4: DATA ANALYSIS

Introduction

In this chapter, the data that were collected will be presented and analyzed. The purpose of this GT research was to develop a theory related to the management of orphanages in the sub-Saharan region of Zimbabwe and other areas of South Africa relative to creating an extended family and community for children orphaned because of HIV/AIDS. The research questions that guided theory development were:

1. What special programs can be adopted by orphanages that decrease the stigma and discrimination associated with HIV/AIDS, protect the property rights of orphans, and ensure proper schooling for orphans?

2. How can orphanages extend the concept of family by providing a nurturing environment within an institutional care setting?

3. What qualities of leadership and managerial competence are required for an effective nurturing administration in orphanages that care for HIV/AIDS orphans?

4. What role, if any, should local governments or international agencies play in establishing these

orphanages?

Results

In this study, data were collected through a survey questionnaire of orphanage administrators that consisted of closed-ended and open-ended questions (Appendix A).

A total of 20 participants completed the questionnaire.

Questions 1-4

Responses to Question 1, provide an overview of your background (e.g., educational level, previous employment, prior experience working with orphanages, qualifications, etc.), and Question 2, describe your job (grade, job title, reporting relationship, key responsibilities), yielded a demographic profile. Educational backgrounds of participants are shown in Table 1.

Table 1

Educational Backgrounds of Study Participants

Diploma	Associate's degree	Bachelor's degree	Master's degree	Other
2	4	7 (1-econ 2-soc sci 1-accting 1-counsel 1-crim justice 1-busn)	1 (social work and counseling)	6 (2- banking 4-misc)

Questions 1-4

In response to Question 1 concerning previous employment and prior experience working with orphanages, participants indicated a variety of backgrounds; only one respondent had previous experience working in orphanages. Responses included "held various jobs in government," "worked with the volunteer programs for over 5 years," "worked in a bank for 11 years," "worked in the school system as a teaching assistant with children with special

needs," "worked as a counselor within an HIV Aids nongovernmental organization," "volunteer with an international agency in South Africa for 3 years," "4 years hotel administration experience," "4 years experience in counseling and worked in an orphanage," "worked in a bank for 4 years," "worked in the school system for 6 years," "taught secondary school for 12 years and spent 2 years in the Family and Child Welfare Section of the Department of Social Services," "budgets clerk and bookkeeper," "pre-school teacher for 5 years," worked with the court system in South Africa for over 5 years," and "worked at the Department of Social Welfare as an intern and worked with orphans placed in various institutions."

Responses to Question 2, "Describe your job," were also varied. Job titles included projects manager or supervisor; program director, supervisor, or coordinator; office administrator; administrative assistant; social worker; therapist or counselor; bookkeeper or accountant; house parent, carer for orphans; outreach worker; and volunteer.

The responses to Question 3, "What is the staff-to-child ratio for the children orphaned by HIV or AIDS that

you work with?", are shown in Table 2. Of the 16 relevant responses, 7 (44%) respondents indicated a staff-to-child ratio of 2:1.

Table 2

Staff-to-Child Ratio

2:1	5:1	6:1	Not applicable	No response
7	4	5	2	1

In response to Question 4, "Briefly describe what age group of children orphaned by HIV or AIDS you work with and what services are offered to these children by the orphanage", respondents indicated a variety of age ranges, with the predominant age range 10 to 17 years. Services included visitation with parents or guardians; medication refills; planning and implementing the use of educational games, song and dance, arts and crafts, developing gross and fine motor co-ordination and storytelling; attending regular schools), music, craft, art, community visits,

sports and home visits; and spiritual, rehabilitative, and psychosocial support.

Questions 5-12

Survey Questions 5 through 12 were the basis of arriving at a GT for management of orphanages in South Africa and Zimbabwe. A five-step process was used to analyze the data. Because of the nature of the data in some instances the steps overlapped or were not as sequential as the data analysis description implies.

The first step involved open coding. Responses to each survey question were coded alongside each question. Memos were also written that recorded thoughts, questions, relationships between responses, themes that emerged, and references to concepts and themes in the literature. Table 3 shows the themes that emerged.

Table 3

Themes from Survey Questions 5-12

Question	Theme
5. Role of local governments or international agencies	Better funding; avoid misuse or diversion of funds; adequate drugs; outreach and awareness programs; food and nutrition programs
6. Programs offered by local government	Numerous, but funds often diverted; international volunteer programs
7. Challenges faced	Supply shortages
8. Handling conflict between guardian and child	Calmness, neutrality, respect, positivity, quick resolution, problem solving techniques, avoid labeling and stereotyping
9. Handling conflict among children	Compromise, reconciliation, negotiation, group counseling

table continues

10. Special Education, protect property rights of programs to orphans, involve orphans in community, decrease stigma counter myths about HIV/AIDS, increase awareness about HIV/AIDS
11. Providing a Increase number of visits with siblings and nurturing guardians; place orphans in two-parent environment foster families; group children in different age groups, mixing older and younger
12. Leadership Degrees in social work, managerial and managerial leadership; love, caring; ability to lead qualities groups, manage conflict, ensure confidentiality, have honesty relative to children's possessions; knowledgeable about children's issues; ability to work with children in difficult circumstances

Memos were organized so that only one idea was written for each memo. The following is an example of a memo:

Compassion, sensitivity, and concern

Most administrators talk about the need for more adequate funding and avoiding misuse or diversion of funds that are meant to help orphans with HIV/AIDS;

outreach programs to make people aware of the risk of HIV/AIDS; adequate drugs to treat the disease; and other programs that include nutrition, crafts, music, dance, and transitional planning for children to prepare them for leaving the orphanage. Articulation of these needs manifests their compassion for and sensitivity toward orphans and concern that the governmental agencies are not doing enough and, in some cases, may be hindering the treatment of HIV/AIDS in South Africa.

After open coding of the surveys, the second step was to identify the participants' main concern and later the core category. Identifying the main concern was important and the questions posed by Glaser (1978), what is this data a study of? (p. 57) and Glaser (2005), what is this about? were considered. After reviewing the responses, "knowing how to reduce the stigma of HIV/AIDS" emerged. The researcher continued to search the data and "modeling respect toward the children so that they in turn would respect themselves and each other" also emerged. Continued analysis led to the conclusion that the main concern was "providing a family environment in orphanages to children orphaned by HIV/AIDS." Earlier memos that were written were reviewed and revealed movement toward a greater understanding of the main concern and the core category.

As understanding of data developed, the researcher

attempted to fit different concepts to the core category, the third step in the process of arriving at a GT. The researcher believed that the first concept, lobbying the government and international agencies, did not adequately fit. The concept, reducing and resolving conflicts between guardian and child and among children, was then considered, but it was not broad enough to address the focus of the research as outlined by the research questions. The next concept that was considered was reducing stigma, but the researcher believed this concept was also inadequate. The researcher finally arrived at the core concept of nurturing leadership and realized that this concept fit with the data and addressed the research questions.

In the third step, selective coding, which was a process simultaneous with memoing and coding, the variables of interest in this study were extracted. Some of the memos discussed frustration with supply shortages, need to involve HIV/AIDS-infected children in the community alongside children who did not have the disease, and lack of government support for HIV/AIDS children, which were themes in the data. These became concepts that were coded. Table 4 shows an example of how data were coded.

Table 4

Examples of Data Coding

Data	Open coding	Selective coding	Concepts
<p>The local government should encourage community based care and approaches to help children. Specialist services and drugs should also be availed to both the children and their parents (to prolong their lives). There should also be outreach programs to children to make them aware of the dangers and risks of the disease as well as try to eliminate the stigma involved with the disease.</p>	<p>Be able to render proper care</p>	<p>Receive adequate support and supplies</p>	<p>Provide adequate care</p>

table continues

<p>The guardian is aware that those children infected or affected have found themselves in that state through different circumstances that are not of their own making</p>	<p>Heart- rending nature of their work Emphasizes with child Recognizes that HIV/AIDS not child's fault</p>	<p>Compassion Caring</p>	<p>Lessening trauma</p>
<p>Community based programs where orphans can visit the community more during the day, especially on weekends and school holidays. These orphans are being labeled by the society and its best for them to show that they are just like any other child if they mix more with the society and do programs that are more beneficial to them.</p>	<p>Avoid labeling</p>	<p>Integrate children into community</p>	<p>Decreasing stigma</p>

Concepts such as frustration, contact qualities of guardians, positive conflict resolution, and qualities of leaders were developed. While the organization of the concepts was difficult, it was an important part of the process of developing a GT; arriving at the participants' main concern and how it is resolved must come from the data and not be forced (Giske & Artinian, 2007).

Open and selective coding yielded data that were fragmented but provided the researcher with parameters for the concepts. In the fourth step, theoretical coding, the concepts of a theory were related more clearly to each other, and categories that were related to the core concept of nurturing leadership were developed. Theoretical coding continued until the final model (Figure 1), the fifth and final step, emerged. As the model was developed the researcher sought to develop easier-to-understand concepts from higher-level concepts. In the model of nurturing leadership the theoretical code that integrates the GT of nurturing leadership for creating a family is providing a nurturing environment.

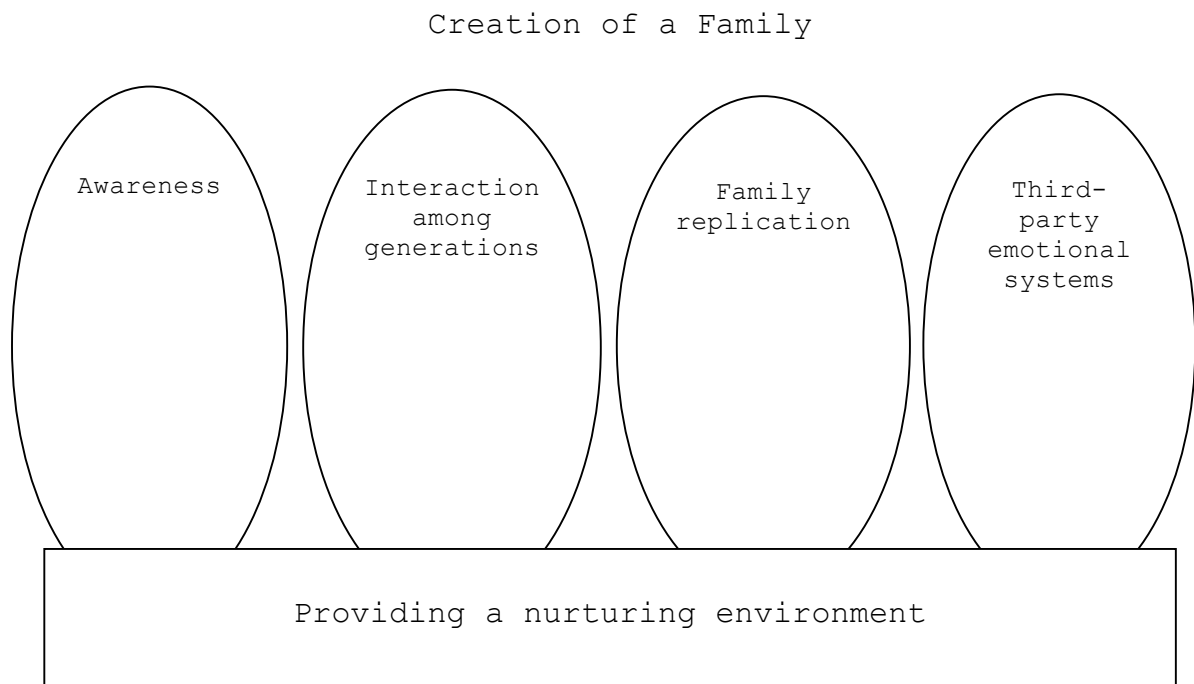


Figure 1. Model of nurturing leadership.

Chapter Summary

In this chapter a description of how the data collected for this study were analyzed was presented. A total of 20 participants completed a survey questionnaire, the responses to which provided data to develop a GT related to the management of orphanages in the sub-Saharan region of Zimbabwe and other areas of South Africa relative to creating an extended family and community for children orphaned because of HIV/AIDS. Arriving at the GT involved

five steps: coding, memoing, selective coding, theoretical coding, and creating the model of the theory of nurturing leadership.

In chapter 5 the findings of the study are discussed and the research questions are answered. Implications for social change are also discussed and recommendations for future research are made.

CHAPTER 5: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

The purpose of the present study was to develop a theory related to the management of orphanages in the sub-Saharan region of Zimbabwe and other areas of South Africa relative to creating an extended family and community for children orphaned because of HIV/AIDS. In this chapter an overview of the findings of the study are presented and the research questions are answered. Implications for social change will also be discussed, followed by recommendations for future research and concluding statements.

Conclusions

A key area in developing GT is relating the theory to other theories and the existing database of literature. According to Glaser (2006), the literature search is conducted at different phases of a study. In the planning stage of a study, researchers review the literature to identify gaps in knowledge, as was the case in the present study. While ample literature on the subject of the impact of HIV and AIDS on orphanhood, particularly in South Africa and Zimbabwe was discovered in the literature, few studies

have addressed the management of orphanages in these countries that provide a sense of community for children orphaned as a result of HIV or AIDS in these countries. Bowen's (1966) family systems theory was the theoretical framework underlying the present study to which the GT that was developed would be related.

In the present study a GT of nurturing leadership was developed. This theory consists of four concepts: awareness, interactions among generations, family replication, and third-party emotional systems. The concept of awareness means increasing awareness of HIV/AIDS and countering myths surrounding the disease. According to the concept of interactions among generations, older siblings are mixed with younger siblings to live like a family. For the concept of family replication, children are either placed in two-parent foster families or the family is replicated by the creation of family units consisting of nonsibling children of mixed ages. According to the concept of third-party emotional systems, caregivers create a family by knowing how to resolve conflict, ensuring confidentiality, and possessing the qualities of honesty, compassion, and understanding. Illustrations of each of

these concepts from participants' responses appear in Appendix B.

After the theory of nurturing leadership was grounded and developed, the literature was reviewed to compare and contrast findings with the existing knowledge base. According to Charmaz (2006), at this stage GT researchers review the literature with an open mind, reading for ideas rather than absolute truths to compare the concepts and theories of others with the GT that has been developed.

The GT of nurturing leadership developed in the present study fits with the already existing knowledge about family systems theory. Bowen's (1966) family systems theory posited that the family is a system and functioning unit that completes tasks, solves problems, and achieves collective goals. In addition, the family is an emotional system where family members are emotionally interdependent and function in reciprocal relationships with one another. Participants in this study recognized this idea, as well as the eight basic concepts upon which family systems theory is based—the nuclear family emotional system, differentiation of self, relationship triangles, family projection process, the multigenerational transmission

process, sibling position, emotional cutoff, and societal emotional process (Titelman, 2008). Responses illustrating this understanding are in Appendix C.

Bowen's (1966) concepts of triangles, sibling position, and societal emotional process were most applicable to this study. However, the theory of nurturing leadership differs from family systems theory because the concepts of theory of nurturing leadership are based on new ideas of what constitutes a family, whereas Bowen's (1966) theory was based on the more traditional definition of a family as consisting of a mother, father, and their children living together (Corbett, 2004). For children orphaned by HIV/AIDS, being part of a family consisting of two parents is but one option, and a less likely one, for creating a family-like structure in their lives.

The GT of nurturing leadership developed in the present study also fits with the already existing knowledge about leadership and leadership qualities. For example, based on the responses by participants (Appendix D), theories of transformational leadership may apply to the theory of nurturing leadership. Burns' (1978) definition of transformational leadership was based on ethics and moral

purpose. According to Burns (1978), transformational leaders demonstrate an ethic of care for followers and strive for a socially desirable end.

However, while participants may have identified elements of transformational leadership in their organizations that fit with the theory of nurturing leadership, there was also evidence (Appendix D) that in some orphanages more traditional, transactional forms of leadership existed. Burns (1978) described transactional leadership as leadership that appeals to the self-interests of followers. Transactional leaders are task-oriented and often stress the impersonal aspects of performance, such as plans, schedules, and budgets (Yukl, 2009).

The presence of transactional leadership practices suggests that transformational leadership theory only partially explains how to create a nurturing family environment for children orphaned as a result of HIV/AIDS in an institutionalized setting. The major contribution of the theory of nurturing leadership to the existing body of leadership theory as applied to orphanage management is that it helps to explain (a) the family as a network for supporting the children and meeting their emotional and

material needs, (b) how a family is created within an institutional setting, and (c) the leadership practices required to extend the kin system of traditional African culture in orphanages by creating a community for HIV/AIDS orphans.

Answers to Research Questions

Research Question 1

Research Question 1 asked what special programs can be adopted by orphanages that decrease the stigma and discrimination associated with HIV/AIDS, protect the property rights of orphans, and ensure proper schooling for orphans. One participant noted:

Much can be done to ensure the legal and human rights of AIDS orphans. Many communities are now writing wills to protect the inheritance rights of children and to prevent land and property grabbing, where adults attempt to rob orphans of their property once they have no parents to protect their rights.

Another participant suggested:

There is need to increase awareness about the disease and dispel myths and misconceptions about it. In all cases it is impressed upon care-givers to maintain confidentiality about a child's status. HIV positive children can attend community neighbourhood school with non-infected children to lessen chances of stigma and discrimination.

Based on responses by the participants, orphanages and the government can and should work together to provide programs that educate people about HIV/AIDS to dispel misconceptions about the disease and stereotypes of those who have the disease, protect property rights of orphans by ensuring that their records are kept confidential and educating orphans about their property rights, and offering schooling in areas such as music, dance, and arts and craft, including visits to museums and parks.

Research Question 2

Research Question 2 asked how orphanages can extend the concept of family by providing a nurturing environment within an institutional care setting. The two most predominant practices that participants believed would extend the concept of family were increased interaction of orphans with HIV/AIDS with their guardians and other siblings and mixing children of older and younger age groups. According to one participant,

A nurturing environment can be achieved by grouping the children in different age groups and mix the older and the younger ones. I also believe that guardians should be given an overnight stay once or twice a week where they can spend time with their loved ones as that will add the family nurturing environment.

Another participant elaborated, " The orphanages can move away from the dormitory style of residential care to the family unit set up which resembles the real family, complete with houseparents and siblings of mixed ages." Another participant noted, "I think the best nurturing environment is to have increased visits of orphans with their guardians and other members of the family and if possible to have the orphans placed with other family members if there is a possibility."

Research Question 3

Research Question 3 asked what qualities of leadership and managerial competence are required for an effective nurturing administration in orphanages that care for HIV/AIDS orphans. Responses to this question fell into two predominant categories: credentials and personal qualities. For example, one participant stated, "I believe that all staff/administrators should receive proper training in management and leadership. Orphanages should recruit those personnel with the right qualifications to work in the orphanages." Another participant suggested that administrators have a degree in social work or managerial leadership and have experience in accounting and handling

budgets because of the potential for mishandling of funds. Other participants, however, were more focused on personal qualities, such as caring, love, honesty, compassion, patience, warmth, and having the heart to work with children. Illustrative responses included, "All our managers and care givers should have a caring spirit to these orphans," "The social care profession is a calling. It needs a loving and compassionate leader who is a Christian," "The leader should be well-versed in issues affecting children and their care and have a heart to work with children in difficult circumstances."

Research Question 4

Research Question 4 asked what role, if any, should local governments or international agencies play in establishing these orphanages. Participants' responses indicated that more funding and avoiding misappropriation of funds intended to help HIV/AIDS orphans and ensuring that there were adequate supplies (e.g., food, drugs, clothing, medical care) were the predominant role that governments and agencies should play. One participant summarized, "The government should implement programs that should benefit the orphanages and not to misuse the funds.

The government should also assist the guardians or families that are left with children orphaned with HIV/AIDS." Other responses included emphasizing community-based care, train orphanage staff about standards of care, and establish hospice services.

Sachs and Sachs (2004) outlined some proposed solutions for African children orphaned by HIV/AIDS, which included community-based care that de-emphasizes orphanages and emphasizes reintegrating children into communities; special programs to increase the chances of HIV/AIDS orphans leading healthy, productive lives free of stigma and discrimination based on HIV status; protecting property rights of orphans; and increasing schooling and health care for AIDS orphans. Participants in this study concurred and offered additional suggestions of their own to create an extended family and community for children orphaned because of HIV/AIDS. Their responses were the basis for the development of the GT of nurturing leadership.

Implications for Social Change

In the sub-Saharan region of Zimbabwe and other areas of South Africa 12.3 million children have become orphaned as a result of HIV/AIDS (UNAIDS, 2007). When these orphans

are placed into institutional care, it is important that the orphanage provide a nurturing and stable environment free of the stigma often associated with an institutional upbringing. Orphanages can and must create a family-like environment for orphans consistent with the kin system of traditional African culture, which assumed there were no orphans and where children without parents were cared for within extended families (Foster, 2002). Extending the concept of the kin system in orphanages and creating a community for these children can increase the quality of their individual lives by saving them from a tragic cycle of poverty, ignorance, risky behavior, infection, and death, which, in turn, reduces the short and long-term economic and social costs to society at large.

The results of this study can form the foundation for strategies for policy and practice for children orphaned because of HIV/AIDS can come from this study. Such policies and practices can effect social change by decreasing the stigma of HIV or AIDS and increasing opportunities for HIV/AIDS orphans to lead healthy, productive lives.

Recommendations for Further Research

In chapter 1 it was noted that while there is much literature on the subject of the impact of HIV and AIDS on orphanhood, particularly in South Africa and Zimbabwe, few studies focus on the management of orphanages in these countries that provide a sense of community for children orphaned as a result of HIV or AIDS. No studies were identified in the literature that used GT as a methodology. This may be due to the nature of GT, which requires that researchers remain open to the experience of the participants, have a high tolerance for the ambiguity that is present as concepts emerge, and have the ability to develop concepts (Giske & Artinian, 2007). Nonetheless, it is recommended that additional GT studies of orphanage management and creating a nurturing family environment for children orphaned by HIV/AIDS be conducted to explore the experiences of participants in greater depth than is represented in the current literature and to provide further theoretical explanation for effective orphanage management.

Leadership was an element of this study, as the GT of nurturing leadership provides a framework for orphanage

management and fit with existing leadership frameworks such as transformational leadership (Burns, 1978). The time constraints of this study did not permit the degree of exhaustive exploration of leadership theories that have been developed in the last two decades that also may have fit with the GT of nurturing leadership. This suggests an area that warrants further investigation. The researcher recommends that future studies examine the extent to which other contemporary theories of leadership (e.g., servant leadership, charismatic leadership, integrative leadership, etc.) fit with the GT of nurturing leadership and how they are demonstrated in the management of orphanages for children with HIV/AIDS. This would not only further add to the existing body of knowledge about leadership and orphanage management, but would also help administrators to better understand the nature of leadership within the orphanage environment and its impact on orphans.

Chapter Summary

This study used a GT methodology to develop a theory related to the management of orphanages in the sub-Saharan region of Zimbabwe and other areas of South Africa relative to creating an extended family and community for children

orphaned because of HIV/AIDS. The theory that emerged, the theory of nurturing leadership, fits in with family systems theory (Bowen, 1966) and theories of leadership such as transformational leadership (Burns, 1978). In this chapter the research questions of the study relative to solutions for African children orphaned by HIV/AIDS, including community-based care that de-emphasizes orphanages and emphasizes reintegrating children into communities; special programs to increase awareness of and dispel myths about the nature of HIV/AIDS, to avoid stigmatization of HIV/AIDS orphans and increase their chances of leading healthy, productive lives; and protect property rights of HIV/AIDS orphans were also answered. Future research and review of the literature in the areas of management, leadership, and fostering a nurturing and home-like environment in orphanages, especially those located in the sub-Saharan region of Zimbabwe and other areas of South Africa, could promote further development and modification of the theory of nurturing leadership.

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APPENDIX A: INTERVIEW QUESTIONS FOR ADMINISTRATORS

1. Provide an overview of your background (e.g., educational level, previous employment, prior experience working with orphanages, qualifications, etc.).
2. Describe your job:

Grade
Job Title
Reporting relationship
Key responsibilities
3. What is the staff-to-child ratio for the children orphaned by HIV or AIDS that you work with?
4. Briefly describe what age group of children orphaned by HIV or AIDS you work with and what services are offered to these children by the orphanage.
5. What role, if any, do you believe should local governments or international agencies play in establishing orphanages for children orphaned by HIV or AIDS?
6. Does your local government offer any programs for the children orphaned by HIV or AIDS? If so, who monitors the programs to see if they are working?
7. What challenges do you face in working with children orphaned by HIV or AIDS?
8. How do you handle conflict with a guardian or with a child orphaned by HIV or AIDS? Describe the channel of command if conflict is not resolved within your capacity.
9. Based on your work experience, how do you handle conflict among children orphaned by HIV or AIDS?
10. What special programs can be adopted by orphanages that decrease the stigma and discrimination associated with HIV/AIDS, protect the property rights of orphans, and ensure proper schooling for orphans?

11. How do you think orphanages can providing a nurturing environment within an institutional care setting and create a family for children orphaned by HIV/AIDS?
12. What qualities of leadership and managerial competence do you believe are required for an effective nurturing administration in orphanages that care for HIV/AIDS orphans?

APPENDIX B: RESPONSES SUPPORTING THE GROUNDED THEORY OF
NURTURING LEADERSHIP

Support for the concept of awareness:

Orphanages should increase awareness about HIV or AIDS at schools and communities to rehabilitate people's negative attitudes about HIV/AIDS.

Increasing knowledge and awareness about HIV/AIDS and dispelling misconceptions about the disease and help to reduce stigma and its impact at family and community levels. Community support for children and others affected through public dialogue and advocacy campaigns. There is need for public education campaigns that disseminate information and provide a culture of compassion and understanding.

- Increase awareness about HIV/AIDS
- Information and awareness about HIV/AIDS
- Modes of contraction and transmission
- Awareness in schools, community and amongst children themselves.

There is need to increase HIV/AIDS awareness in the community in order to undo some of the myths and misconceptions surrounding the disease in particular, its mode of contraction and relating with HIV/AIDS sufferers.

Support for the concept of interactions among generations:

A nurturing environment can be achieved by grouping the children in different age groups and mix the older and the younger ones.

There are other methods that can be used within the orphanages, e.g., creating a family set up where children can be divided in groups to live like a family using young children and smaller children combined. The smaller children will look at the older ones like their older siblings and the older children

will look at the young ones like their younger siblings.

The orphanages should move away from the dormitory set-up to the family unit set-up residential care system where the real family can be replicated with sibling of different age ranges.

Support for the concept of family replication:

The use of family replication methods such as family units which try to imitate a family set up by having different age groups staying together under the supervision of house parents.

Children to be housed in family units where there is a father figure and a mother figure and there are children of different age groups. There should be a child-friendly environment where children can interact and play in a conducive environment.

By building the family units where we have a mother and father figure with children of different age groups forming a family. These children can have foster families where they can go on placement during family holidays.

Orphanages can provide a nurturing environment within an institutional care setting and create a family for children orphaned by HIV/AIDS- making family units for different age groups of children.

Support for the concept of third-party emotional systems:

Conflict is solved through group sessions or individual sessions to resolve differences. There is call for care givers/housemothers not to stereotype and stigmatize children infected and affected.

Orphanages should protect the property rights of orphans by making sure their records are kept confidential.

Since I work with the guardians also, I feel the confidentially issue should be respected and our

orphans should be educated on their property rights to those who are grown up. They should be involved in decisions making.

The children have already been traumatized. The children need time to recover as they are treated with love and forbearance. The guardian is supposed to be tolerant.

APPENDIX C: RESPONSES ILLUSTRATING CONGRUENCE OF BOWEN'S
FAMILY SYSTEMS THEORY AND THEORY OF NURTURING LEADERSHIP

I recommend having more visits with their siblings and other family members. To those who do not have family then the orphanage can arrange other parents/guardians or staff to stand as family to Those children. Outings to visit family homes can Also bring the nurturing that is essential to replace The missing family of the orphans.

[Creating a family] can happen if more involvement of guardians are invited to the orphanages and increase the number of visits for children orphaned by HIV/AIDS with their siblings and guardians. Also the idea of placing these children with foster parents could increase the nurturing environment and create a family for these children orphaned by HIV/AIDS.

The family environment can be created by having small groups in accommodating orphans and team them up with their siblings within the orphanages or other family members.

APPENDIX D: RESPONSES EVIDENCING TRANSFORMATIONAL AND
TRANSACTIONAL LEADERSHIP

Responses evidencing transformational leadership:

Caregivers and managers within the orphanage should possess a nurturing spirit. Leadership ethics start from there and it grows with experience.

An orphanage needs a leader who is caring, honest, responsible and accountable. The leader should be well-versed in issues affecting children and their care and has a heart to work with children in difficult circumstances.

As long as there is love and caring, those are good leadership qualities to these children in the orphanages. What they miss is love which was deprived when they lost their parents to HIV/AIDS. All personnel within the orphanage should have these two qualities followed by other qualities like knowing how to lead groups, deal with conflicts, keep confidential matters away from the outsiders and media, honesty with children's belongings and not steal from them and better record keeping.

The social care profession is a calling. It needs a loving and compassionate leader who is a Christian. His or her commitment will need to extend beyond the call of duty.

Responses evidencing transactional leadership:

I believe that all staff/administrators should receive proper training in management and leadership. Orphanages should recruit those personnel with the right qualifications to work in the orphanages. Caregivers too should be able to know what is required and should also receive orientations when necessary.

We are all born with some leadership qualities in us but we will not know unless there are put to practice. Orphanage staff should be trained on managerial and leadership skills during the time they are hired for

their positions. Regular orientations should be followed through to make sure every staff is on the same page.

I think anyone who works within the orphanages should possess some kind of a degree in social work and managerial leadership. Having someone who is experienced in handling budgets and accounting matters would be a big help as most funding are being mishandled.

All administrators within the orphanages should receive managerial training including having workshops on how to run the orphanages more efficiently.

There is need for competent managerial skills in administration as well as the relevant skills in social work.

CURRICULUM VITAE**ANNA SIYAVORA**

2301 W Dunlap Avenue

Suite 107

Phoenix AZ 85021

USA

(602) 944 1790 (office)

(602) 943 1055 (office fax)

(602) 334 3252 (mobile)

e-mail: newhopeforliving@aol.com, siyavora@aol.com

website: www.newhopeforliving.org

ACADEMIC QUALIFICATIONS:

2006 -Present: PhD Applied Management & Decisions
Sciences- Walden University, Minneapolis,
Minnesota, expected completion date - Nov 2010

2003 -Masters in Business Administration (M.B.A)
City University, WA, Seattle

1999 -Bachelor of Arts in Business Administration
Cambridge State University, LA, California

RESEARCH PUBLICATION:

Dissertation: Toward a Grounded Theory on the Management
of Orphanages in South Africa and Zimbabwe

WORK EXPERIENCE:

2003 - Present: President/CEO:
New Hope for Living, Inc. Phoenix, Arizona, USA

1996-1999 Supervisor:
British Airways, Phoenix, Sky Harbor
Airport, Arizona, USA

1993-1996 District Cargo Manager:
KLM Royal Dutch Airlines, Harare, Zimbabwe,
Southern Africa

1990-1993 Station Manager:
Air Botswana, Harare, Zimbabwe, Southern Africa

***CERTIFICATIONS, TEACHING AND CORPORATE TRAINING
EXPERIENCE***

- Holder of Arizona Department of Education - Vocational Education Certificate.
- Instructor at Copper Canyon Academy, Peoria, Arizona, 2004
- Adjunct Faculty - Maricopa County Colleges/ taught mainly at Gateway Community College, Phoenix, Arizona, 2006
- Develop a specific teaching/training strategy for the Arizona Department of Developmental Disabilities. Each objective e.g. schedule for implementation, frequency of service, teaching strategies, data collection methods and plan for recruitment that include initial and ongoing training, retention and monitoring of direct service staff.
- Prepare comprehensive documentation (training curriculum and exercises, instructor's manuals, "train the trainer" materials, end user manual which is supported and approved by the Division of Developmental Disabilities to support training programs and coordinate with specific client systems and processes.
- Excellent public speaker with superb communication skills, extremely motivated and a great team player.