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# CHAPTER ONE

# INTRODUCING THE STUDY

## 1.1  INTRODUCTION

The study focuses on my academic journey with Unaccompanied Refugee Minors (URMs) and their caregivers' concern with regard to the welfare of URMs from Zimbabwe residing in the Methodist Church's Community Centre in Soweto, South Africa, to where they were moved after migrating to and settling in the Central Methodist Church (CMC) in Johannesburg. Prior to, during and after migration, they experienced different emotional and physical pains. Lack of adult guidance and care has exposed them to HIV due to rape or high risk sexual behaviours. These children are in crisis because of lack of parental guidance and parental or adult care. The CMC is well known for receiving and caring for URMs who arrive at the church unaccompanied or accompanied. As a result, this study investigates the understanding of URMs and their caregivers of a contextual pastoral care model appropriate for children in crisis[1] in a context of HIV.

The study is situated within the discipline of practical theology in a sub-discipline of pastoral care, therefore issues regarding children[2] or adolescents, particularly those adolescents in crisis, will be carefully analysed both in practical theology and pastoral care literature. The aim of the study is to investigate the understanding of a contextual pastoral care model in a context of HIV by URMs and their caregivers in the Methodist church community centre and the CMC building in Johannesburg. In order for this to be achieved this study followed a grounded theory research design to explore the research questions, using liberation theology as the underlying framework guiding the study. In-depth interviews, narrative (storytelling) research as well as a comprehensive literature review were undertaken to collect data.

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[1]An operational definition of children in crisis is adolescents who lack parental or adult guidance due to migration or were abandoned by parents.

[2] According to the United Nations Convention on the Rights of the Child a child any human being at the age of 0-18 years. This study refers to children at the age of 13-18 years of age, therefore children will be used parallel with Adolescents.

## 1.2    BACKGROUND AND MOTIVATION

This research project was conceived from the broader research preparation for my master's degree in Theology and Development, in which I discovered that, despite being involved in child labour, children lack pastoral support from most of their traumas. In addition, they lack parental guidance and care through their adolescence development, making them vulnerable to HIV and unwanted pregnancies (Ngwenya 2009:74). The findings of my postgraduate research were that the socio-economic and political instability in Zimbabwe was rather increasing the vulnerability of children and adolescents to HIV by pushing them to look for work at a very young age, or to give sex to men (and women) who promised them money (Ngwenya 2009:77).

The majority of children were pushed out of their country in search of food, education and health, among other children's needs, and went to South Africa (Fritsch, Johnson, & Juska 2010:624; cf. Skelton 2010; cf. SABC Special Assignment 3 November 2009). The media and some researchers argue that due to the socio-economic and political situation in Zimbabwe children no longer look for work in Zimbabwe but prefer to migrate to South Africa in search of work (Fritsch *et al.* 2010:624; cf. Bourdillon 2009:295; Skelton 2010; cf. SABC Special Assignment 3 November 2009). In 2008-2010 URMs from Zimbabwe in South Africa made newspaper headlines such as "Safe Haven for Children Escaping from Zimbabwe to South Africa"; "Zimbabwe Child Exodus"; "Zimbabwean Unaccompanied Refugee Minors flocking to Musina"; "The Central Methodist Church in Johannesburg not safe for child migrants"[3]; and "Child Minors Flock to World Cup host".[4]

The migration of URMs was caused not only by the declining socio-economic system and the political instability in Zimbabwe, but also HIV and AIDS, which has orphaned many children in that country and forced them to drop out of school.[5] According to the Save the Children organisation, most children who cross the border to South Africa have lost their

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[3]*The Independent*. Friday 11 June 2010; cf. *The Guardian* 25 June 2010; Aljazeera – http//www.aljezeera.com/programmes/africainvestigates2011/11/201111682030843189.html.accessed on 17 October 2012

[4]Heald**.** 22 June 2010 BBC News Africa, http://www.bbc.co.uk/news/10368102 accessed on the 17 October 2012

[5]www.usaid.org, see also www.unicef.org Zimbabwe has the highest number of children orphaned by HIV/AIDS, accessed 18 April 2010

parents to HIV and AIDS.[6] These children want to experience life in "egoli"[7] and to provide for their families back in Zimbabwe (Mahati 2011:76; cf. Munhande & Dzimba 2010:9). Some want to buy themselves clothes and material things that their brothers and sisters who reside in South Africa have (Mahati 2011:76; cf. Magqibelo 2010:73; Munhande & Dzimba 2010:9). According to Bourdillon (2009:295), children cross from Zimbabwe to South Africa to work and earn, thereby risking their lives to abuse and gross exploitation.

The majority of the URMs are orphans,[8] hence both the United Nations Children's Fund, 2010 (UNICEF) and SAVE the Children (SAVE) UK, 2010 agree that orphans are more likely to migrate within the countries and cross borders than children who live with their parents.[9] Jackson (2002:263) posits HIV and AIDS as reasons some children begin productive work, and undertake extensive subsistence and household chores because their parents can no longer cope. Girls especially may enter into sex work to survive and support their family (cf. Chitando 2007:26). Though HIV-AIDS is the primary factor for the suffering of children in Zimbabwe, poverty, economic and political instability have contributed to the crisis.

When URMs became visible in South Africa, the media raised some critical concerns about their wellbeing in pre-migration, migration and post-migration (Aljazeera 2011).[10] One of the concerns was that URMs were vulnerable to HIV due to lack of guidance and protection by society and government (Kwenda 2011).[11] Lack of guaranteed security in South Africa contributed to URMs gathering in the church in Musina[12] and the church in

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[6] (www.savethechildren.org.uk-*Zimbabwe Children* accessed 13 June 2010; cf.www.UNICEF.org - South Africa - *Migrants face humanitarian crisis on South Africa's border with Zimbabwe* accessed 13 June 2010

[7] South Africa, particularly Johannesburg, is usually referred to as *egoli* in Zimbabwe and most people who stay in South Africa are called *ingoli* by those who have remained in Zimbabwe. *Ingoli* portrays South Africa as a land flowing with milk and honey, as if the job market is flourishing and the choice of jobs is wide, hence one child interviewed by UNICEF and SAVE the Children said "I thought I will get a job the moment I depart from the train" (www.savethechildren.org.uk accessed 13 June 2010; cf. www.UNICEF.org accessed 13 June 2010; Mahati , 2011, Fritsch, Johnson and Juska, 2010, Skelton, 2010

[8] www.savethechildren.org.uk accessed 13 June 2010; cf.www.UNICEF.org accessed 13 June 2010;

[9] Ibid.

[10] http://www.aljazeera.com/programmes/africainvestigates/2011/11/2011111682030843189.html Accessed 10 April 2012.

[11] http://www.aljazeera.com/programmes/africainvestigates/2011/11/2011111682030843189.html*Zimbabwe's Child Exodus: What motivates thousands of children to take great risks smuggling themselves across the border to South Africa*? Accessed 10 April 2012.

[12] Musina is on the Zimbabwe-South Africa border, some refugees first  go to Roman Catholic Church in Musina Before going to the Central Methodist Church in Johannesburg

Johannesburg, but they remained vulnerable to HIV because the Central Methodist Church (CMC) in Johannesburg opened its doors to all people who needed shelter and security (*Médecins Sans Frontières* 2009:18-19). There was no vetting or screening of who stayed in church and who does not stay in church. Reading newspapers and watching documentaries about URMs settling in churches in Johannesburg and Musina (e.g., *The Sunday Times* March 14 2010; cf. *SABC Special Assignment*, 3 November 2009), I was motivated to ask why, in a context of HIV. If guided to adulthood and who guides them, given that they are unaccompanied refugee seekers. I asked if the church has a proper pastoral care model for adolescents in a context of HIV and if so how it communicated it, given the church's tradition on issues of sex and culture. I therefore embarked on this research journey with URMs and their caregivers, with a belief that there must be a certain model that the church, particularly the CMC, was using. My intention was not to investigate the formal model that the church uses but the informal concealed models that are used by caregivers as hands-on practitioners.

## 1.3    PROBLEM FORMULATION

The study investigates the welfare of children in crisis (URMs) and the models of pastoral care that are extended to them in a context of HIV. These are children who have been forced to migrate by the socio-economic and political conditions prevalent in Zimbabwe. In addition to the socio-economic and political conditions, these children are vulnerable to HIV and Aids. Many of the children have been received at the CMC, and taken care of by caregivers. Some reside in the Methodist community centre in Soweto, others in the CMC building in Johannesburg city centre. This study was conducted from an African perspective of pastoral care in a context of HIV, examining pastoral care that is organic using the reality of URMs in a context of HIV.

Literature highlights a shortage of pastoral care for children in crisis (Hadley 2007:1; cf. Lester 1985:26-27), and whilst the CMC received URMs as a form of pastoral care it is not clear what models have been used. Nor have they been researched in depth, particularly URMs. This study aims to investigate URMs and their caregivers' understanding of pastoral care, as appropriate for children in crisis in a context of HIV-AIDS.

## 1.4    RESEARCH QUESTIONS AND OBJECTIVES OF THE STUDY

Against the above background, the research questions posed for this study were the following:

1. What are the main forces behind children's migration from Zimbabwe to South Africa?

2. How does migration affect URMs' wellbeing?

3. Why did URMs seek refuge in the Central Methodist church in Johannesburg?

4. What are URMs' and their caregivers' understandings of pastoral care for children in crisis in an HIV context?

Therefore, for this study to answer these questions, the following objectives had to be accomplished:

1. To explore factors behind Zimbabwean children's migration to South Africa

2. To examine the impact of migration on URMs' wellbeing

3. To investigate reasons that made URMs seek for refuge in the Central Methodist church in Johannesburg

4. To examine URMs' and their caregivers' understanding of pastoral care for children in crisis in an HIV context.

## 1.5    DESIRED PRACTICAL OUTCOMES AND SIGNIFICANCE

This study's primary outcome is to inform the church as an organisation and the theological academia of the critical need for a contextual pastoral care model for children in crisis. It is significant in that pastoral care will benefit from the perspectives of URMs and caregivers. Those caring for children can enhance their existing models by conceptualising URMs and their caregivers' perspectives. This study's focus is not on the psychotherapy of the child but on the whole being and the wellbeing of the child, and it aims to prevent a crisis rather than treat or respond to one.

This study not only intends to be an academic exercise but also seeks to engage with the real lives of children and those causing their suffering. It seeks to transform the situation of children from pain to emancipation, through listening as they narrate their stories then identifying themes that can be used to construct a contextual model of pastoral care. This will inform both the church as an organisation and the theological academia on why and how they should re-consider reforming children's pastoral care ministry for the sake of God in "Christ the child" (Pais 1991:23). The study is doing theology from below with those from the grassroots. In this study, URMs' and their caregivers' understandings of pastoral care are considered and referred to as 'organic pastoral care'.

## 1.6 RESEARCH METHOD AND DESIGN

The study followed a qualitative approach, with practical theology and feminist theology considered appropriate to guiding it. Data was collected through in-depth face-to-face interviews and narrative storytelling. Interviews afforded participants the freedom to speak with confidence, whilst narrative storytelling gave them a voice. The participants of the study were URMs ranging between 15 and 17 years of age, residing in the CMC in Johannesburg and the Methodist Community Centre in Soweto, and their caregivers. Purposive sampling allowed me to recruit 20 URMs, of whom eight were girls and 12 boys. 12 URMs were residing in the Methodist Community Centre in Soweto and eight in the CMC building in Johannesburg. In addition, the study also purposely recruited four caregivers, of whom two were female and two male. The study followed a grounded theory data analysis technique, using liberation theology as a theoretical framework and as a means to understand the research topic. The research design will be described in detail in Chapter 2 and the theological framework in Chapter 5.

## 1.7 DEFINITIONS AND OPERATIONAL DEFINITIONS OF KEY TERMS

In order to understand this study some key terms, variables and concepts are clarified here.

**Adolescents** - are human beings who have reached the stage of puberty. It is a biological transition stage that occurs between childhood and adulthood, whereby a human being graduates from childhood and prepares for full adulthood.

**Contextual theology** - refers to a method of doing theology that seeks to relate and explain the Christian message in a setting of a current culture. According to Bevans (2009:9) it takes into account two realities and engages them in critical dialogue, namely experiences of history recorded in scripture and experience of the present context (Bevans 2009:9). For Bosch (1991:439) it is 'theology from below'.

**Children-** are human beings between birth and 18 years of age. The United Nations Convention on the Rights of the Child (UNCRC) defines a child as person younger than 18, unless the law applicable to the child majority is attained earlier (UNCRC 1989). This study regards children as between 13 and 18 years of age.

**Crisis** - refers to a situation that is extremely agonising and has a negative impact on a human being's psychological and physical wellbeing. It is a situation that causes uncertainty in a human being's life and future. For Switzer (1986:30), it is

> … Characterized by anxiety, self-blame, and frequently a sense of personal failure and guilt, which lead to a constricted perspective on accumulating problems. There is the combination of tremendous emotional impact, along with a diminishing ability to see problems clearly and deal with them.

In this study, children in crisis are adolescents who lack parental or adult guidance due to migration or having been abandoned by parents, and who are vulnerable to HIV.

**Unaccompanied refugee minors -** are under the age of 18 and have crossed two borders, that is, of his or her country and the receiving country, either alone or with another child. According to Section 8(5) of the 1996 Refugee Act (as amended), "an unaccompanied refugee minor is a child under the age 18 who has arrived at the frontiers of the State or entered the State and who is not in anyone's custody." According to UNHCR and UNICEF (1997), an unaccompanied refugee minor is a "person who is under the age of 18 or the legal age of majority, is separated from both parents, and is not with and being cared for by a guardian or other adult who, by law or custom, is responsible for him or her."

**Pastoral Care** is a sub-discipline of practical theology that entails concern for personal and social wellbeing of God's community, including children, on issues of physical and psychological health as well as social life. For Clebsch and Jaeckle (1967:4), pastoral care "…consists of helping acts done by representative Christian persons, directed toward the healing, sustaining, guiding and reconciling of troubled persons, whose troubles arise in context of ultimate meanings and concerns." In this study, pastoral care refers to a ministry by Christian believers to society, in order to live life to the fullest (John 10:10), using social theories.

**Vulnerable -** is the state of a human being when subjected to harm, physically or emotionally, due social status. URMs and other children are vulnerable to mental and physical risks due to diseases, HIV and AIDS, migration, parents' death and poverty.

## 1.8   CHAPTER OUTLINE

This study is made up of nine chapters.

**Chapter 2 – Research Methodology and Design:** describes the research methodology and design employed in this study. It is a qualitative study that followed a grounded theory design. Data was collected through in-depth interviews and narrative research. In addition, ethical considerations are outlined in this chapter.

**Chapter 3 - Review of Literature: The Socio-Economic and Political Situation in Zimbabwe:** reviews current literature on children and HIV and AIDS in Zimbabwe. It also examines the factors that push children to migrate from Zimbabwe to South Africa, while analysing the history of migration between the two countries. Literature from sociology and other disciplines on HIV/AIDS and children, the socio-economic and political realities in Zimbabwe will be reviewed.

**Chapter 4 - Review of Literature in Practical Theology and Pastoral Care:** analyses theological reflections on HIV/AIDS and children. Furthermore, HIV/AIDS and children will be traced within practical theology and pastoral care. The chapter reflects on the conceptual and epistemological ideas of pastoral care and practical theology in a context of children and HIV/AIDS.

**Chapter 5 - A Theological Framework of the Study:** describes the theological framework of the study. This study is guided by liberation theology and influenced by contextual and feminist theologies. This theological study builds up from the socio-anthropological studies, centred on theology, therefore, in each theological concept the theological position of the study is dealt with briefly and analysis made of how each concept is connected to the study.

**Chapter 6 - Unfulfilled Promises or Fulfilled Promises: Children's Rights and Pastoral Care:** describes children's legislation by focusing on the international, regional and national South African children's rights and how these are protected in South Africa. In addition, the chapter critically discusses children's rights from a theological perspective using the Gospels and how these rights can inform a contextual model of pastoral care as a discipline of theology in its efforts to protect children from exploitation.

**Chapter 7 - Presenting Findings: URMs' and Caregivers' Voices:** addresses research question 4: What are URMs' and their caregivers' understandings of pastoral care for children in crisis in a context of HIV? A grounded theory data analysis tool was used, and through the coding process categories emerged that led to the development of substantive theory. Categories and themes that emerged from caregivers and URMs' interviews and narratives were described in this chapter, leading to the identification and development of substantive theory that developed from the interviews and narratives.

**Chapter 8 - Theory-Data Interplay: Towards a Contextual Model of Pastoral Care for Children in Crisis in the face of HIV and AIDS:** presents the building blocks of a contextual model of pastoral care for children in crisis as understood by URMs and their caregivers in a story line while comparing data and theory. Similarities and differences between data and literature were parallel in the process of generating a substantive theory that was presented in the form of a story line.

**Chapter 9 - Conclusion and Recommendations:** concludes the study and presents recommendations for further research.

# CHAPTER TWO

# RESEARCH METHODOLOGY AND RESEARCH DESIGN

## 2.1 INTRODUCTION

This chapter will present the research methodology and design. After careful analysis and consultation of literature on research methodology with children it was determined that a qualitative approach was most appropriate for the participants, with a grounded theory design.

## 2.2 RESEARCH METHODOLOGY

Qualitative research has its roots in social science and is more concerned with understanding why people behave as they do, and their knowledge, attitudes, beliefs and fears (Help sheet 9, Peninsula Research and Development Support Unit UK n.d.). The study was holistic in form and focused on the research participants as creators of their reality, namely URMs from Zimbabwe and South Africa, the challenges HIV and AIDS posed to them and the field of pastoral care. It was conducted thoroughly in a real-life naturalistic setting (Greig *et al.* 2007:137), taking into consideration the individual experiences and feelings of the participants, how they lived, felt and are understood in a certain context (Flick 1998:26). Qualitative researchers understand the research problem from:

> …a natural setting attempting to make sense of it, by interpreting the phenomena in terms of the meanings people bring to them. This approach involves the studied use and collection of a variety of empirical materials such as case studies, personal experience, introspective life story, interview, observation …that describe … moments and meanings in individual's lives. Accordingly qualitative research deploys a wide range of interconnected methods (Denzin & Lincoln 1994:2).

Therefore, qualitative research is interested in how people differ in relation to a particular experience as much as it is in what they have in common (King & Horrock 2010:27).

Thus, its aim is not to measure but to understand and scrutinise the experiences of the participants of research with participants as co-researchers.

In addition, a qualitative approach is more philosophical and refers to research that produces descriptive data, consisting of people's own written or spoken and observable behaviour (Taylor & Bogdon 1984). This approach is based on the scientific activity of induction, in which theory and understanding emerges from patterns in the data. The idea that "theory is created or emerges from data is consistent with the view that the child is subjective in nature and that his or her understanding, knowledge and meanings are subjective and emerge in interaction with others in a given context" (Greig *et al*. 2007:54). Therefore, knowledge in qualitative methodology is grounded in data, such as observations, written reports, texts and their interpreters. This approach uses the bottom-up procedure and the basic methodological tool is interpretation. Unlike a *quantitative* approach, for which a basic methodological tool for conducting research is experimentation and the method is deductive or top-down (Greig *et al*. 2007:51; cf. Greig and Taylor 1999:40), with explicitly limited or no engagement between researcher and the researched, in *qualitative* research there is a mutual relationship between the researcher and the participants.

## 2.3    RESEARCH DESIGN

This study used grounded theory design, developed by Glaser and Strauss (1967) for developing theory that is grounded in data systematically gathered and analysed (Strauss & Corbin 1994:57). It allows theory to subsequently develop from data (Trochim 2001:160; cf. Neuman 2000:49), as "…an inductive theory (and a) theory discovery methodology that allows a researcher to develop a theoretical account of general features of a topic while simultaneously grounding the account in empirical observations or data" (Martin & Turner 1986:141). It allowed the researcher to discover theory grounded in the perspectives of URMs and their caregivers.

Glaser and Strauss (quoted in Creswell 1998:56) explain that "the intent of grounded theory is to generate or discover theory, an abstract analytical schema of a phenomenon that related to a particular situation." It is used to investigates the social contexts of symbolic interaction, deriving its assumptions from symbolic interactionism in which

several elements influence human interactions, including identities, culture and context (Grbich 2007:7,12). Grounded theory allows the researcher to explore and elicit more information without defining the boundaries of the research activity (Devos, Strydom & Delport 2002:269; cf. Devos 1998).

Grounded theory studies do not use theory from other literature, but allows theory to develop from data as it avoids preconceived ideas about the phenomenon (Strauss & Corbin 1994:13). This study was concerned not with testing theory or ideas but rather unearthing new theories from the data. Pastoral care for children in crisis from an African perspective had received scant research attention and no specific theoretical analysis, therefore it was considered appropriate to choose grounded theory as a research design.

## 2.4    RESEARCH METHODS AND DATA COLLECTION TECHNIQUES

According to Terre Blanche, Durrheim and Kelly (2006:275) "…using qualitative methods should not disturb the context in which the phenomenon occurs unduly and, in order to do this, the setting should be entered with care and by interacting with participants in any open and empathic way." The study employed the following research methods.

### 2.4.1    Feminist theology research method

The underlying theological framework for this study is liberation theology, from which the feminist theology research method was conceived, allowing theory to develop from the oppressed and marginalised and the identification of their oppressors. Marginalised and treated as objects by sectors of society, feminist research makes children the subjects of research through their participation (McTaggart 1997:29). It advocates justice and gives voice to the hitherto voiceless, notably women and other marginalised groups as they seek for "justice, peace, healing and wholeness for all in partnership" (Ackermann 1991:96). This study allowed the oppressed to control research and identify, name and devise a solution for their oppression. The researcher, meanwhile, became a partner and facilitator of the research, allowing participants to drive and control it.

Rakoczy (2004:18) argues that feminist theology is based "...on the conviction of the full humanity of women and is engaged in reconstructing human society, including religious institutions, to reflect women's equality with men". This study should contribute to the reconstruction of human society and religion to reflect on children's needs, by listening to them and giving them authority to speak against their oppressions and participate in securing the wellbeing of their future. The study handed over power to children and caregivers to participate in knowledge creation (Maguire 1987:39), whilst issues concerned with childhood are also a practice of faith (Mercer 2005:17). Feminist theology as a method of research is against a theology that welcomes children while contributing to the further oppression of women (Mercer 2005:17) and other groups of society. This study does not overlook the oppression of women and other marginalised groups of society, but rather reveals the link between women's suffering and children's suffering through listening to URMs and their caregivers' understanding of pastoral care for children in crisis in a context of HIV. It challenges how theology is perceived, taking as central the concern for liberation of women and other oppressed groups from various forms of injustice (Mercer 2005:16).

In addition, feminist theology research method influenced this study in that it advocates justice and liberation of women and men by identifying the causes of oppression of women and suggesting ways of mass involvement in eliminating it. Moreover, it seeks to expose the harmful effects of patriarchy and male hegemony (Isherwood &McEwan 1993:87; cf. Mercer 2005:18). The forces behind child migration are unjust; hence this study aims at identifying the causes and contributes to their liberation and healing. Ackermann argues that feminist theology should not be afraid to be critical, persuasive, interventionist and at times coercive (2008:115), whilst Reinharz (1992:181) believes that "to achieve an egalitarian relation, the researcher abandons control and adopts an approach of openness, reciprocity, mutual disclosure and shared risk." Feminist theology employs a participatory approach that begins with participants and their location while respecting and recognising their ability to decide and act on what changes are important in their lives. This is influenced by grounded theory in which theories about women's oppression are based on women's experiences, and theories about URMs' suffering and lack of pastoral care on URMs' experiences.

## 2.4.2 Practical Theology research method

Practical theology as a method of research grounds its research on human experience and action. As a method of research it is parallel to critical theory, looking at a situation, reflecting on it and taking action about it. As Van Wyk argues, it must be a critical theory of religiously influenced praxis in society (1995:87). This study has its focus on the Christian church and practical theology as a method of conducting research, concentrating "on the ecclesia in the world and its knowledge practical knowing ...which experiences and critical reflection work in concert (Fowler 1987:154). As a method of research and as a science practical theology entails "analysis of field research that emerges from the context of a specific reality, but it is also a synthesis of that field with the overall context" (Van Wyk 1995:90).

Practical theology is a method of empirical research because of its focus on human experiences and practices (Hermans & Moore 2004:4). According to Pieterse (1994:79), it comprises tools and methods that allow it to describe and explain what goes on in the lives of people. Therefore its empirical methodology is able to make analysis and evaluations of the texts which people use as guides in their religious experiences, and to explore and validate the interpretations of these experiences. The task of practical theology is to apply or actualise the theories in practice (Van Wyk 1995:91), and as Heyns and Pieterse explain, it is a branch of theological science that analyses praxis scientifically (1990:10). Practical theology is a method of research that listens to many different voices (Bevans 1985:3).

As Van Wyk (1995:92) writes, it is a "how science", not a search for rules how to preach but rather a scientific description of certain events, processes and actions. He further argues that it describes the structure and the functioning of certain events in the sphere of interpersonal relations within a religious context (1995:92). Practical theology is also a communicative theological operational science (Pieterse 1994) and for Van Wyk (1995:93):

> …takes an ideal communicative situation as a normative assumption … the normative core of a non-preconceived act, innocent of coercion or deceit, is opposed to any tendency to deceive either oneself or the other, or to turn the other into a mere object.

It is a method of research that respects participants and allows them to dominate the research.

Pieterse (1994) argues that every subject has its own field of study and its methodological access to that field. An exegetical approach in theological studies is taken with the Bible, making use of such sciences as linguistics and literature theory. Church history studies the church by means of historical methods, whilst systematic theology studies the doctrines of the church in terms of hermeneutical and philosophical methodologies (1994:33, cf. Van Wyk 1995:94). A discipline cannot be identified as a theological subject because of the use of traditionally non-theological methods, and given that practical theology is mainly concerned with communicative actions the question may be asked, why should practical theology not use a methodology appropriate for it and still be seen as a theological discipline? (Van Wyk 1995:91, cf. Pieterse 1994:33). Using practical theology methods to conduct research, this study critically reflected on the empirical practice and the existing models of pastoral care for URMs through the lens of lived faith as shaped by scripture and the church tradition. The study referred to children and their caregivers as participants rather than objects; because in practical theology praxis demands that all humans participate towards their transformation. Practical theology is hands-on, merging theory and practice in its reflections.

## 2.5    DATA COLLECTION TECHNIQUES

The following techniques were used to gather data for the study.

### 2.5.1 In-depth interviews

Hadley (2007:138-139) argues that interviews are not appropriate for researching children in crisis because they "…lack the vocabulary to express deep emotions and pain [which] is exaggerated in highly emotional times of crisis." She further argues that researching children's spiritual issues cannot be generalised because they may be from different religious backgrounds, or have no formal involvement in religion. They may therefore lack the appropriate vocabulary when speaking about God and this might obstruct the meaning

and reality of their responses as they try to respond if asked about their faith experiences (Hadley 2007:139). This study did not overlook the above concerns but addressed them by involving URMs' most trusted and closest, such as caregivers, to participate in the research. On the other hand, these concerns vary with age, with some children, depending on their crisis, able to reflect on their spiritual issues more than adults. The feminist theology research method takes seriously concealed perspectives and voices and reflect on the reconstruction of their realities in societies and religious institutions, particularly the convictions of their full humanity (Rakoczy 2004:18).

In order for children to reflect upon and engage in the construction of their realities the study employed in-depth structured interviews to collect data on their understanding of pastoral care for children in crisis in a context of HIV. At the beginning of each interview I explained the purpose of the study to URMs and caregivers and thanked them for participating. All participants were assured about issues of confidentiality and I emphasised that they had a right not to answer or stop at any time, especially if they felt distressed. I also gave them an opportunity to ask questions before the interview. In order to create a safe and comfortable space during the interview I showed each child how the audio recorder worked and tested it so that he or she could listen to his or her voice. The interviews were structured, in that they began with simple questions for ice breaking, such as 'How old are you?' and 'Where in Zimbabwe do you come from?' The study employed a one-on-one interview with each URM and caregiver for reasons of privacy and confidentiality.

In-depth interviews are ideal for investigating personal, sensitive and confidential information which is unsuitable to cover in a group setting (Nagy, Biber & Leavey 2010:177). Each interview lasted between 30 and 45 minutes for URMs, depending on the openness of the child. For caregivers, interviews ranged between 45 minutes and an hour. I gave URMs a choice of interview language, between English and their mother tongue, mostly Shona, but since I was not fluent in Shona I appointed a translator, who signed a confidentiality agreement that prohibited him from revealing any names of participants and data related to the translation. Allowing URMs to choose the language made them feel in control of the interview and increased their freedom of expression. Caregivers' interviews were conducted in both Shona and English, as some were professionals and so were fluent in English. King and Horrocks explain that in qualitative research, interviews are one of

the most frequently used methods of generating data (2010:7). Conducting interviews in the participants' language of choice saved time, because they were not struggling to look for words to say.

Rapley (quoted in Nagy *et al.*2010) argue that interviews are economical in the sense of time and money, but most importantly in gaining access to issues that are not easily available for analysis and encouraging people to think (2010:29). Children provided unedited information and the interviews gave them a chance to speak of their experiences in Zimbabwe, the movement to South Africa and the pastoral care they saw as appropriate. The questions of the research were determined by the context of the URMs and the caregivers. The significance of choosing in-depth one-on-one interview with URMs was that some URMs might not want to share sensitive information with peers for fear of being victimised, bullied or laughed at.

In addition, some of the information that URMs from Zimbabwe shared is more sensitive and risky to disclose in public, therefore I did not allow URMs to choose their pseudonyms for the fear they might share them with friends. At the end of each interview participants were assured of the availability of the researcher and caregivers if they felt the need for emotional support or referral, but the caregivers promised to keep a close eye on URMs who participated in the interviews and so intervene if necessary.

## 2.5.2 Narrative Research (Storytelling)

Most African children grew up in households where storytelling is a mode of education and socialisation. At home in the evenings they listen to grandmothers telling them stories, such as folk tales, and at school storytelling in the Zimbabwean syllabus is part of the curriculum. It teaches children to learn how to narrate an event and norms and values of their culture and therefore is part of childhood's socialisation. In Sunday school children learn the Bible by listening and narrating biblical stories.

Narrative research aims at exploring and appreciating the experiences and giving meaning to how people think, act, relate and live through their stories in their daily contexts (Gergen &Kaye 1992:166 -184). In this case children have both good and painful stories to tell about their experiences. Narrative inquiry was used parallel with interviews to collect

data as some children may not say what they want in front of an adult, but when given a chance to write they may disclose much. The same questions were asked as in the in-depth interviews, which helped with checking issues of reliability and trustworthiness of data. Narrative inquiry sought to understand how URMs symbolised their experiences of life in stories and how they understood pastoral care for children in crisis in a context of HIV, so giving significance to the event. Dinkins (2005:20) explains that stories offer solutions to problems, and the absence of someone to share a problem or story with may cause damage to one's mental health. Sharing a story or narrating a story to someone may guide the person in a crisis to solutions, hence the saying 'a problem shared is a problem half-solved'. Westerhoff (quoted in Lester) writes: "stories preserve the memory of past events and the experiences of the race in a way that allows those events and experiences to help shape lives" (1985:114). Another significant benefit of writing and narrating a story about oneself is that the narrator will not see the researcher's expressions or body language as they write.

The URMs from Zimbabwe came from different communities, mainly marginalised, and narrating their stories was one way of receiving permission to grieve their loss (Dinkins 2005:79). The stories gave them a platform on which defines their lives differently from how they did so before sharing their story.

### 2.5.3 Literature Review

A literature review helped me identify issues that emerged and were linked to the research topic. I used it to evaluate the interviews, thereby filling the gaps left by previous researchers. In this case interviews and narrative inquiry were the primary sources of data collection, and the literature review was secondary. I used literature to critique and support emerging issues, and as an economical way of accumulating information in relation to time and effort. For example, there were no transport costs and it encouraged me to read widely with an open mind. Both published and unpublished material provided me with a better understanding of the phenomenon.

## 2.6    SAMPLING DESIGN

There are several forms of sampling in research. The study employed the following sampling designs:

### 2.6.1 Purposive or judgmental

The study used a purposive or judgmental sampling design by which participants were selected on the basis of available information or knowledge I knew about the population and judged these participants to be representative of the total population (Durreheim &Painter 2006:139; cf. Durreheim 2006:50). Terre Blanche *et al.* argue that this type of sampling is influenced more by the subjective considerations of the researcher than by the scientific criteria. I also used judgmental sampling of the four caregivers because this focused on particular characteristics of interest and best enabled my study to answer the research question (Durreheim &Painter 2006:139; cf. Neuman 2006:206). The sample was selected on the basis of information required; handpicking participants I knew had the knowledge or experiences to answer the research question (Craig et al. 2007:72). I was introduced to a URMs' school and the principal by Bishop Paul Verryn.[13] The principal then introduced me to the URMs during their lunch. This short but valuable time allowed me to explain the aim of the study and I asked those who were interested to write down their names. Most children did not show any interest, and complained of the unfulfilled promises researchers had promised them in return for information, and serious ethical breaches. However, after carefully explaining how this research would be conducted and the confidentially issues relating to research, the boys showed some interest. However, the girls walked out.

I did not wish to put the girls under pressure so I gave the boys an opportunity to ask questions, which they did. As girls did not show any interest I gave them some time to think and when I returned only three girls had turned up. They did not meet the research requirements as they had a guardian in the form of a parent or relative with them, having united with their relatives in arrival in South Africa. As I was not succeeding in recruiting URMs at school I went to the community centre where they were residing. Having been

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[13] Bishop Paul Verryn is the head of the Central Methodist Church in Johannesburg and the Methodist Church Community Centre in Soweto.

officially introduced to the community by the leader, Bishop Verryn, he requested that I work closely with caregivers. This helped because the URMs' trust for their caregivers motivated them to volunteer to participate in the research. Working closely with caregivers from the community centre helped me to recruit six girls and six boys from the community centre and six boys and two girls from the church building.

## 2.6.2   Snowball or chain referral

In the church building I used snowball sampling because of the poor turnout of URMs. This involved asking research participants if they knew other URMs within the church building, particularly girls, from the relevant population and in the same situation, whom might be suitable for inclusion in the sample (Huysamen 1994:44; cf. Neuman 2006:223). The latter may also identify more peers to include in the sample, and URMs in the church building managed to identify other URMs to include in the sample. I met eight who had pretended they were of working age so that they could make money to send home. Two girls and six boys were selected. On being asked to take part in an interview for this study they were initially hesitant because they thought I was a social worker, but I gave them time to think and ask about me if they wished. I gave them my telephone number on which to leave a 'missed call' if they changed their minds. After two weeks one did so and when I rang she said she would participate in the interview if I promised not to inform the authorities that she was only 15. When I went to see her to explain the aim of the research and the ethical issues other URMs, a further two girls and six boys volunteered. I explained the aims of the research and gave them some invitation letters and consent forms to sign. Snowball sampling is also useful when studying sensitive or hidden participants (Neuman 2006:223). From the above samples I identified almost 70 URMs from their school, community centre and the church building. A total of 20 of the URMs who fitted the requirements of the study were selected to make up a sample. The sample comprised 12 boys and eight girls, with four caregivers, of whom three were from Zimbabwe, and the Bishop of the Central Methodist church in Johannesburg.

## 2.7    DATA ANALYSIS

Data analysis in qualitative approach can take different forms, but usually involving the breakdown of data into themes that are then drawn together to answer the research question. This study used a grounded theory analysis technique and the process of coding. Data analysis in grounded theory continues throughout the research and progresses by means of coding and categorising until the project is completed. Charmaz (2000:1167) explains that codes and categories reflect emerging ideas rather than merely describing data and topics. Coding is the key process by which data is broken down into components parts, line-by-line as an initial phase of analysis to help the researcher dispel preconceived assumptions about data (Charmaz 2000:1168; cf. Strauss &Corbin 1998:57). To construct knowledge from interviews and narratives, the study divided participants' responses into codes, explicating implicit actions, meanings and comparing segments of texts for similarities (Babbie & Mouton 2011:499; Charmaz 2006:50). It was ensured during coding that categories were in line with the study's objectives. The advantage of employing grounded theory data analysis technique is that collection, analysis and theory stand in a mutual relationship, thus reducing the likelihood of the researcher superimposing preconceived notions and bias. This gives the researcher an opportunity to notice gaps in data from the early stages of research, and so ensure further refinement and development (Charmaz 2006:50).

The process of grounded theory data analysis has three stages, detailed as follows:

### 2.7.1 Open coding

Open coding is a process that is concerned with identifying, selecting, categorising, naming and describing the phenomenon found in the data. After transcribing data from verbatim into *Ms Word* I read it through to understand the sense, line-by-line then in phrases and paragraphs while categorizing similar themes (Charmaz 2000:1168). Questions relating to the main ideas communicated by participants were asked and I also described the phenomenon (Strauss &Corbin 1990:78).

## 2.7.2 Axial coding

In axial coding, data is put together in new ways, by utilising a 'coding paradigm', i.e., a system of coding that seeks to identify fundamental relationships between categories (Glaser 2002:28). In this process, the study presented the links between categories and their sub-categories, describing contexts under which each category occurred, such as push-and-pull factors, the impact of migration on participants' wellbeing, different experiences of pastoral care and counselling, and how they understood pastoral care for children in crisis. For Strauss and Corbin (1998:23) this is the context in which the phenomenon appears. Though the study uses many variables, data was analysed according to categories that described three variables that of pastoral care, HIV/AIDS and unaccompanied refugee minors or children in crisis. Memo-writing is an essential step of breaking the categories into components and explaining the codes. I used memos to create a dialogue between myself and data, which allowed me to view and analyse data from different perspectives, crucial in guiding me to explain theoretical ideas differently from the literature (Charmaz 2000:1169). Frequent emerging themes were used as categories and those that emerged once or twice were not used because they were not supported by many participants. I categorised perceptions or views that the majority of participants understood to be fundamental for pastoral care with children in crisis in a context of HIV, then linked them to categories of context.

## 2.7.3 Selective coding

Selective coding involves the process of selecting and identifying the core category and systematically relating it to other categories, validating those relationships, filling in categories that need further refinement and development (Strauss &Corbin 1990:116). Jones and Alony (2011:107) explain that "selective coding, is reached when core categories become apparent…relate meaningfully and easily to other categories." In this case a core category was abstracted from various sub categories to develop one core category. The concepts that were equally repeated mentioned, emphasised and related by the participants were gender, culture, language and relationships. Since these received similar emphasis I chose one category that emerged often from all the three categories of social, psychological and theological. Jones and Alony (2011:109) argue that some studies

can produce more than one core category, and if this occurs the researcher should focus on the one that represents the main concern of the participants to develop into a basic social process and subsequent theory. The remaining categories can be kept for future studies. Culture and gender were portrayed as significant concepts in the success of pastoral care of children in crisis, particularly URMs in a context of HIV. Emerging categories included various factors, contexts and conditions, limiting the success of pastoral care for children in crisis. Therefore, I conceptualised the core category of the study as a cultural-gendered theory, because culture and gender were the main themes that continually emerged from the data.

## 2.8    ETHICAL CONSIDERATIONS

Those who volunteered to take part in the study were asked to give consent that their stories could be used in the study. Children are considered as a vulnerable population in research, therefore guardian permission is required for research involving any legal minor (Meade & Slesnick 2002:449). However, children are allowed to give consent only if they do not have a guardian and provided they have sufficient maturity to understand the nature, purpose and likely outcome of the proposed research. In this study, the Bishop of the Central Methodist Church (CMC) was the legal guardian of all URMs and those from the Methodist community centre. Therefore, informed consent was requested from him before I requested participants' individual consent. URMs and caregivers were also requested to sign their individual consent forms to participate in the research. All the participants were informed about the objectives of the study before taking part (Litoselliti 2003:51). Consent is a continuous process so before and during the research, participants were given opportunities to decide whether they wished to continue or withdraw at any stage (Nakkash, Makhoul & Afifi 2009:639). Participating children and caregivers were reminded constantly that they had a right to withdraw at any stage of the study.

Issues of confidentiality were clearly explained and I continued to ensure that all participants understood the procedure. I used pseudonyms to ensure the anonymity of the participants and respected what the participants suggested about their anonymity. Some wished to choose their pseudonyms so that when they read the report they would be able to identify themselves (Litoselliti 2003:52). However, I did not allow them to choose their

pseudonyms because I feared that they might share them with friends and thus lead to stigmatisation and negative labelling.

## 2.9 CONCLUSION

This chapter has described the research design and methodology employed in the study, that is grounded theory that follows a qualitative approach. The process of the research was discussed and described and the challenges that I faced in conducting empirical research. The chapter also described the sampling design of the study and the ethical issues to be considered for working with a vulnerable group.

The next chapter is a critical review of literature from the Zimbabwean context on what researchers have written about migration, HIV and AIDS and children in Zimbabwe.

# CHAPTER THREE

# THE SOCIO-ECONOMIC AND POLITICAL SITUATION IN ZIMBABWE

## 3.1 INTRODUCTION

This chapter will critically review literature from the Zimbabwean context by analysing what researchers have written about migration, HIV and AIDS and children in the country. Conditions and forces that push Zimbabwean children across the borders and the depth of HIV and AIDS in Zimbabwe will be described. The psychological impacts of migration on URMs will also be discussed, with debates on the changing face of migration between Zimbabwe and South Africa since the 19th century critically analysed.

## 3.2 CHILDREN, HIV AND AIDS IN A ZIMBABWEAN CONTEXT

The first reported case of HIV and AIDS in Zimbabwe occurred in 1985 (UNAIDS 2005) and by the end of the 1980s around 10% of the adult population were thought to be infected with HIV (UNAIDS 2005). The figure rose dramatically in the first half of the 1990s, peaking at 26.5% in 1997 (UNGASS, 2010; Zimbabwe UNGASS Country Progress Report). However, since then the HIV prevalence is estimated to have halved from its peak in the late 1990s (Muchini, Benedikt, Gregson, Gomo, Mate, Mugurungi *et al.* 2011:496; cf. UNAIDS 2005). This makes Zimbabwe one of the first sub-Saharan African nations to witness such a trend. According to government figures, the adult prevalence was 23.7% in 2001, falling to 14.3% in 2010 (UNGASS 2010; cf. UNAIDS 2008; Muchini *et al.* 2011:496).The decrease of HIV prevalence within adults is also good news for children, because the number of orphans of AIDS will also decrease, as will infection of unborn babies by mothers, especially those who do not have access to prevention of mother-to-child transmission (PMTCT) services. Reasons for the HIV and AIDS decline in Zimbabwe, according to research, include reductions in casual (including commercial) sexual relationships during the late 1990s and early 2000s, following earlier increases in condom use within these types of partnerships; the reduction in multiple sexual partnerships; rising awareness of the dangers of HIV infection, due to very high AIDS mortality; and also a response to some HIV education and prevention programmes which

were intensified around the late 1990s (UNGASS 2012; cf. Muchini *et al.* 2011:496). According to the UNAIDS (2013) report, voluntary medical male circumcision is another reason for HIV and AIDS reductions in sub-Saharan Africa. Although Zimbabwe is affected by the shortage of human resources in the health sector, the country recorded a 50% decline in the number of adults (15-49 years old) acquiring HIV infection between 2001 and 2011 (UNAIDS 2013).

Zimbabwe was once amongst the top sub-Saharan Africa countries to have been worst affected by the HIV and AIDS epidemic (Jackson 2002:14-15). The projected population in 2009 was 12 million people (Central Statistical Office Populations Projections 2009), and according to the online Central Intelligence Agency 2010 (CIA) the Zimbabwean population has decreased to 11,392,629 (World Fact Book 2010), from 13.3 million in 2007-2008 (Central Statistical Office Populations Projections 2008). This decrease indicates the seriousness of the mortality rate. According to the CIA, it is due to the effects of excess mortality due to AIDS, lower life expectancy, higher infant mortality, higher death rates, lower population growth and changes in the distribution of the population by age and sex (CIA Fact Book 2010). It may also be due to the migration of people to other countries in search of better opportunities (Madzivadondo 2012:198). According to the Ministry of Health and Child Welfare, Zimbabwe National HIV (2009), the HIV prevalence is declining as a result of prevention programmes, in particular behaviour change and PMTCT (UNGASS 2012; cf. Muchini *et al.* 2011:496). Between 2009 and 2011, Zimbabwe witnessed a 45% decline in the number of new paediatric HIV infections, from 17,700 to 9,700 (UNAIDS 2013). However, this could be because some of the HIV and AIDS cases in rural areas went unreported.

Although the Zimbabwean government claims that the HIV prevalence is declining, it admits that the number of children orphaned and made vulnerable by the impact of HIV and AIDS in Zimbabwe remains high (Ministry of Health and Child Welfare 2009). The approximate number of HIV and AIDS orphans in Zimbabwe in 2007 was I,043,715, whilst estimates for 2008 and 2009 were 1,025,472 and 989,009 respectively (Ministry of Health and Child Welfare 2009). The PEPFAR Operational Plan Report (2013) estimation of the number of orphans and vulnerable children was 941,021, a marked decrease which gives cause for optimism. However, with the current economic world climate this may be

unfounded, particularly if HIV and AIDS is directly linked to the socio-economic and political climate of the country.

According to the 2010 research by United States Agency for International Development (USAID) and UNICEF, Zimbabwe has the highest number of children orphaned by HIV and AIDS per capita in the World (UNICEF Report 2010). Of over 1.3 million, many have dropped out of school and hundreds of families are child-headed (UNICEF Report 2010). The impact of HIV and AIDS on children and families in Zimbabwe and other poor countries is compounded by many families having to live in communities which are already disadvantaged by poverty, poor infrastructure and limited access to basic services (Foster and William 2000:S277, cf. PEPFAR Operational Plan Report 2013).

### 3.2.1 Linking migration to HIV, socio-economic and political crisis in Zimbabwe

Zimbabwe was once rated among the top countries affected by HIV and AIDS in Southern Africa, but current analysis points to some positive changes in Zimbabwe's new HIV prevalence. Some argue that it is due to the introduction of a so-called AIDS levy by the Zimbabwean government and the tireless work done by nongovernmental organisations (NGOs) (Africa 360, E News Channel, 9 August 2010, cf. Zimbabwe Country Report 2010-2011; UNGASS 2012). Despite some efforts by the NGOs to alleviate new HIV prevalence in the country, lack of political will by the Southern African Development Community (SADC) leadership to condemn the causes of HIV and AIDS, such as migration between Zimbabwe and South Africa, will still fuel the epidemic. Migration increased due to the socio-economic and political instability in Zimbabwe caused by the land reform programme, amongst other factors (Lubbe, 2009:2). Migration forces spouses to live apart, thereby leading to multiple sexual partnering and increases in HIV prevalence among this population (Madzivadondo 2012:198; Brummer 2002; Deane, Parkhurst & Johnstone 2010:1460). The lack of political will by SADC leadership was evident in the quiet diplomacy policy implemented by Thabo Mbeki in his mediation efforts on behalf of South Africa. South Africa was requested by the SADC leadership to lead mediation efforts between President Robert Mugabe's Zimbabwe African National Union-Patriotic

Front (Zanu-PF) and the opposition Movement for Democratic Change (MDC)[14] (Graham 2010:114-115; cf. Sachikonye 2005:581). SADC does not have an institutional mechanism for intervening in the domestic affairs of member states (Sachikonye 2005:572-573) so the leadership is in denial about its regional crisis, particularly democratic leadership. There is a lack of political will to condemn members, for fear of being seen as siding with the West.

The lack of political will by the SADC leadership to condemn ZANU PF and Mugabe on the human rights abuses has contributed to the economic decline, thus affecting the social structures of the country. Families have been forced to separate due to migration, making spouses vulnerable to HIV and AIDS (Madzivadondo 2012:198; cf. Deane, Parkhurst, Johnston 2010:1461). Howard, Philips, Matihnure, Goodman, McCurdy, and Johnson (2006:1) explain that the Zimbabwe AIDS epidemic is fed by an economic meltdown, marked currently by almost 90% unemployment according to current statistics, and primarily caused by the political instability[15], triple digit inflation, a shattered agricultural sector, drastic cuts in social spending, political uncertainty and paralysis. Howard et al. argue that the economy declined because Zimbabwe was isolated by Western donors critical of its government's human rights records (2006:1; Africa 360, E News Channel, 9 August 2010). The shattered socio-economic and political structures affected children more than any other human being.

The nuclear family structure is destroyed by the dispersal and death of family members due to AIDS or political violence (Madzivadondo 2012:196; cf. Price-Smith 2007:5). Khumalo (2010:67) explains that political violence increased when combined elections held on 29 March 2008, already preceded by violence, failed to produce a majority winner. With a runoff to be held in June 2008, many Zimbabweans fled the country in search of protection and opportunities in neighbouring countries, particularly South Africa and Botswana (Khumalo 2010:67). This movement affected most children's lives, forcing them to live without one or both parents. Migration forced the majority of Zimbabwean

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[14] ZANU (PF) has been in power since Zimbabwe won its independence from Britain in 1980. Robert Mugabe has been the president of the party and Zimbabwe since independence. The party managed to stay in power by practicing violence, killing and victimising the opposition party supporters and rights activists. In the Government of National Unity (GNU) with MDC-T and MDC-M ZANU (PF) controls all the security forces and the judiciary, which the party uses for its own benefit. (See the Zimbabwean 28 January 2010 p. 4).

[15] transparency.globalvoicesonlone.org accessed on 10 February 2010; cf. Zimbabwenews.www.zimbabwesituation.com/aug4.html; globalgeopolitics.net/wordpress/2010; www.france24.com/en/20100307burdenofaidshitzimwomenhardest

children to be "orphans of the Diaspora" or "Diaspora orphans",[16] living amongst other orphans (Maddalena 2011).

Most of the Zimbabwean policies, such as the Zimbabwe's National Policy on the Care and Protection of Orphans, favour fostering of orphans within the extended family (Ansell &Young 2004:4). The "orphans of the Diaspora" are not considered as orphans in Zimbabwe, and so do not receive benefits intended for orphans, such as school fees and qualifying to stay in institutions that cater for them. The extended family is mainly a source of caring for orphans and many parents send money and food, but if not the children may have to endure emotional hardships (Madzivadondo 2012:198; White 2009).

The form of economic assistance that Zimbabwe offers to destitute children is in the form of school fees channelled through the Basic Education Assistance Module (BEAM), a national programme launched in January 2001 as one component of the Enhanced Social Protection Project (ESPP) (Rispel, Palha de Sousa and Molomo 2009:497). Implemented by the Ministry of Public Service, Labour and Social Welfare in conjunction with the Ministry of Education for sports and culture, in all the districts of Zimbabwe, it is operational in both urban and rural areas. The goal is to provide educational assistance to orphans and other vulnerable children between 6-19 years of age (Ibid.), targeting children enrolled at schools but having difficulties in raising the fees, children who had dropped out of school and those who have not been to school (Ibid.; cf. Mararike 2006).[17] The primary focus is on assisting with payment of tuition fees, exam fees, a building fund and school levies (Mararike 2006).[18] However, with current economic and political instability in Zimbabwe, BEAM came to be used as a campaign tool by the ruling political party Zanu-PF. First priority was given to the children of loyal party supporters (*The Zimbabwean* 22 April 2010). This abuse of BEAM has forced some donors to resist channelling their money into this project, resulting in many orphaned children being turned onto the streets to find work and some having to opt for migration to South Africa. UNICEF (2004)

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[16] "Orphans of the Diaspora" or diaspora orphans are children whose parents have migrated to other countries for security reasons and economic reasons leaving them under the care of relatives or the extended family.

[17] Mararike N. Johannesburg: Wahenga; 2006. Zimbabwe: the basic education assistance module. http://www.wahenga.net/index.php/views/country_update_view/zimbabwe_the_basic_education_assistance_module_beam/, accessed on 10 July 2007.

[18] Ibid.

reports that BEAM is threatened by the economic condition of Zimbabwe and donors who are more reluctant to fund President Mugabe's regime.

The increasing death of parents due to AIDS has impacted the Zimbabwean children where most vulnerable, and as Bourdillon (2006:1) explains: "…in the face of growing poverty and the deaths of many adults from HIV/AIDS, children cannot always depend on the adult world for support." According to Save the Children UK (2010), most children who cross the border to South Africa have lost their parents to HIV and AIDS,[19] and as UNICEF (2010) agrees, orphans are more likely to migrate within countries and cross borders than children who live with their parents.[20] According to the findings of the curator's report on the unaccompanied refugee minors in South Africa from Zimbabwe, Skelton argues that children who cross the border illegally would have left their country because of death of their parents due to political violence and HIV and AIDS (Skelton 2010:5). On the other hand, some children will be trying to escape desperate poverty, hoping to find work and make money (Skelton 2010:5; cf. Bourdillon 2009:294).

The 2010 report by Save the Children UK also reported that the economic crisis, hunger and the impact of HIV and AIDS was forcing Zimbabwean children as young as seven to risk their lives through exploitation by walking in small groups of four or five with older children of 10 to 11 years of age.[21]These were mostly orphaned children entering South Africa in the hope of finding work, food and schooling[22](Skelton 2010:5; Magqibelo 2010:4; Munhande & Dzimba 2010:10), however, they were often exploited by unscrupulous guides and lived in squatter camps or on rubbish dumps (SAVE the Children UK Report 2010; cf. Skelton 2010).

## 3.3. HISTORY OF MIGRATION BETWEEN ZIMBABWE AND SOUTH AFRICA

In the 19th century, there was an influx of groups from the South fleeing the Mfecane/ Difaqane in South Africa, led by Mzilikazi, and Tshaka's wrath (Mlambo 2010:53; cf.

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[19]www.savethechildren.org.uk- Zimbabwe Children accessed 6 January 2010.
[20]Ibid. and www.UNICEF.org - South Africa - Migrants face humanitarian crisis on South Africa's border with Zimbabwe.htm accessed 10 January 2010.
[21]Ibid.
[22]Ibid.

Hlobo 2010:77). As a receiving country of migrants, Zimbabwe (formerly Rhodesia) has received colonisers from Europe, establishing farms, plantations and mines. Their manpower was usually black migrants from neighbouring countries, such as Malawi and Mozambique (Mlambo 2010:53). Meanwhile, migrant workers also left some parts of Zimbabwe to work in South Africa. A war of liberation in the 1970s forced many blacks into exile, though before the 1990s the balance remained more in favour of immigration than emigration (Mlambo 2010:53).

Migrant labour in Southern Africa dates back to the 1850s in the development of sugar plantations in Natal. Thereafter, it intensified with the discovery of diamonds at Kimberley, in 1870 and gold on the Witwatersrand in 1886 (Mlambo 2010:63). Migrant labour to South Africa became more visible in 1911 when the gold mines became the major regional employer of migrant labour. Labour recruitment was mainly handled by the Witwatersrand Native Labour Association (WNLA) in Namibia, Zimbabwe, Zambia, Malawi, Mozambique and the Native Recruiting Corporation (NRC) in Botswana, Lesotho and Swaziland (Prothero 1974:383; cf. Tevera & Zinyama 2002:8). Zimbabwe contributed to the South African mines labour although its numbers were not as large as those of other countries in which WNLA and NRC operated (Mlambo 2010:68).

Though, Zimbabwe was still socially, economically and politically stable, some people were interested in migration to South Africa (Mlambo 2010:69) which during the early 1980s to the early 1990s was dominated by people from the south western part of the country, Matabeleland. These included young Ndebele boys and middle-aged men who had an increased interest in working at *egoli* (Johannesburg). The Ndebele people have close ties with South African Nguni speakers, because of common ancestry, as did Zulu, Xhosa, Ndebele and Swati people from South Africa and Swaziland. The Nguni languages have similarities, so the Ndebele people from Zimbabwe have easily managed to assimilate into South African communities (Mlambo 2010:69; cf. Ndlovu 2010:122). However, Zimbabwean workers were still a small minority of contract labourers on the mines in the early years of migration, between 1920 and 1990 (Mlambo 2010:69).

The 1980s witnessed two waves of out migration, mostly to South Africa (Mlambo 2010:71). The first began when whites refused to be ruled by a black government and fled to South Africa, still under white minority rule and apartheid (Mlambo 2010:71). Although this kind of migration was politically motivated, it was more voluntary than forced. The

second wave was also politically motivated, as the Zimbabwean government in the early 1980s, after independence, slaughtered thousands of Ndebele people from south western Zimbabwe under the rule of Mugabe. These massacres are widely known as *Gukurahundi* (Mlambo 2010:71; Ndlovu 2010:122, 2012:104). Mugabe's government recruited the north Korean-trained Fifth Brigade to destroy and kill the people of Matabeleland in an effort to put down anti-government rebels labelled by the government as 'dissidents' (Mlambo 2010:71; cf. Tevera & Zinyama 2002:20; Vambe 2012:282). Due to this terror, some people from Matabeleland fled to South Africa and Botswana (Mlambo 2010:71). Most were adult males who left their families in Zimbabwe.

The late 1990s to early 2000s changed migration between Zimbabwe and South Africa from a twin economic and political crisis, to a triple socio-economic and political crisis (Khumalo 2010:68; Ngwenya 2009:1). Factors of poverty and HIV and AIDS added to it, shifting from tribal to national as these scourges do not choose their victims. Most Zimbabwean groups, including Shonas, and other minority groups joined the Ndebeles in migrating to South Africa in search of opportunities, hence Kiwanuka (quoted in Khumalo 2010:69) writes that Zimbabwean migration is multi-faceted. For Landau and Segatti (quoted in Khumalo 2010:68), Zimbabwean migration can be summarised as three 'Ps', *Profit*, in seeking for work, *Protection*, from political and domestic persecution, and *Passage*, to their final destinations. All these factors have seen the face of migration completely changing.

## 3.4    CHANGES IN MIGRATION

Migration has historically been driven by economic and political factors, but Mlambo (2010:72) argues that these have changed as the numbers increase, particularly from Zimbabwe to South Africa, and now owing to different socio-economic and political problems (cf. Khumalo 2010:68). There has been a shift from solely people in the mining and agriculture to highly professional people, such as medical doctors, engineers, academics, nurses, pharmacists and teachers (cf. Ndlovu 2012:113).   Migration was dominantly male but currently an increase of women has been seen, particularly cross-border traders criss-crossing the regional boundaries with South Africa and Botswana (Mlambo 2010:72). In addition, women who seek domestic work in South Africa from

Zimbabwe are increasing, while the youth, both male and female, enter the food and beverage industry.[23]Another difference, not identified by Mlambo, has been that of the growing numbers of unaccompanied refugee minors who cross the border to South Africa in search of work, education, food and health (Skelton 2010), visible at Musina and Johannesburg (Mahati 2011:68, cf., Magqibelo 2010:2; Munhande &Dzimba 2010:7; Save the Children UK, 2010). They are as much affected by the socio-economic and political situation as adults, but may not be seen as making a difference in migration because "until recently women and children were typically imagined as merely tagging along behind the 'primary' male migrant" (Hashim & Thorsen 2011:13). Much is being done for women, for example with the introduction of a dispensation project for Zimbabwean adult refugees seeking to study and work in South Africa. However, this has not included children.

The change of migration brought some critical changes in the relationship between locals and foreigners, and competition for jobs gave rise to xenophobia. Hlobo (2010:79) argues that South African nationals, including institutions, perceive refugees and other foreign nationals to be intruders. The problem has been compounded by the South African Police Services (SAPS) having reportedly ignored attacks on black foreign nationals (Hlobo 2010:79; cf. Khumalo2010:71). SAPS and corrupt Department of Home Affairs officials have allegedly disregarded and destroyed asylum seeker permits, and asked for bribes to release those arrested for not having proper documentation or to issue it (Khumalo 2010:71; cf. Hlobo 2010:820. According to Stimmett (2008:46-47), xenophobia in South Africa is based on racial and linguistic differences that are deeply rooted in the apartheid racial divides that still have an impact upon society. Xenophobia was also experienced by URMs when government departments discriminated against foreign nationals by making their services, such as health and shelter, inaccessible to refugees (Hlobo 2010:80).

The gender changes in migration from predominantly male to include females, including young girls, persuaded corrupt Home Affairs officials and SAPS to ask for sexual favours in return for help with proper documentation or free passage to South Africa[24] (Hlobo 2010:82; cf. Munhande & Dzimba 2010:1). Young unaccompanied refugee girls are prey to corrupt civil servants, who instead of offering them protection victimise them through

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[23]www.newzimbabwe.com accessed 14 January 2008.
[24]From a conversation with a relative offered an asylum temporary permit after she agreed to have sex with a Home Affairs official from Gauteng 22 April 2009 in Gauteng. cf. *The Guardian*, "*Reid to be questioned on sex-for-asylum case*", Monday 22 May 2006, p.5.

sexual abuse, thus also increasing their vulnerability to HIV and AIDS. As a breeding ground for crime and violence, Khumalo (2010:71) describes Johannesburg as "a city built by blood, and tears of immigrants both local and international [that] allows one to experience the survival of the fittest on a daily basis." Johannesburg is a dangerous city for the most vulnerable groups, particularly disabled, women and children. It largely ignores their pleas for protection or security.

## 3.5    UNACCOMPANIED CHILD MIGRATION INTERNATIONALLY

The European Union (EU) defines URMs as:

> …third country nationals below the age of 18, who arrive on the territory of member state unaccompanied by an adult responsible for them whether by law or custom, and for as long as they are not effectively taken into care of such a person, or minors who are left unaccompanied after they have entered the territory of a member state (E.U legal texts, Council Directive 2004/8/EC).

Minors are attracted to the EU territory for different reasons. The 'push' factors that force minors from other countries and regions to migrate into Europe range from insecurity to poverty (M'jid 2005:39; Johnston 2005:114-116; Save the children UK 2007). Europe is known for its relative economic and political stability and many countries with high rates of unemployment and poverty lose their professionals and skilled labour force to the EU. Migration to Europe also includes URMs looking for a better life (M'jid 2005:39), with only a limited number being political refugees from persecution and violence. The majority in particular migrating to Spain, France, Italy and Belgium "aim to obtain papers and work" (Rodriguez 2005:74; cf. Johnston 2005:114; Orgocka 2012, M'Jid 2005:41).

Rodriguez (2005:74) report that Spain and France attract minors for economic reasons, while Switzerland, Denmark and Belgium attract those fleeing political factors. Poverty, unemployment and economic instabilities in their countries of origin force their parents to give them their consent to migrate to other countries in search of work (M'jid 2005:41). URMs who migrate for economic reasons do so because they see a need to contribute to the family's livelihood.

In the USA, child migration dates back to the Second World War II, historically in the context of official resettlement programmes (Bhabha &Schmidt 2008:132). A documentary directed by Rebecca Cammisa, (2009) reported on URMs crossing on foot into the USA from Mexico and falling prey to gangs who robbed, raped and kidnapped them. Law enforcement agents were corrupt and some women and young girls prostituted themselves to cross the border. URMs jumped onto freight trains and some fell under train wheels. Cammisa (2009) described the push and pull factors as, respectively, poverty and a wish to send money back home. Other factors were natural disasters, wars and the hope of reuniting with long-lost parents (Orgocka 2012:2).

Most of the URMs migrating to the USA were from Guatemala, El Salvador, Honduras and Mexico. According to the President and CEO of the United States Committee for Refugees and Immigrants (USCRI), Lavinia Limon, in the First Ladies Address Conference on Unaccompanied Migrant Children attended by three first ladies of Mexico, Honduras and Guatemala on 24 April 2012, the trend of URMs flocking to the USA was fuelled by a need to reunite with a parent or parents living for many years in the USA, a desire to work and help families be independent rather than a burden on hardworking family, and to run away from abusive relatives. Limon believed that URMs held on to a hope for a better future.[25] The Women's Refugee Commission (WRC) Report (2012:7) explains that "URMs from Central America crossing the US Mexico are pushed by desperate conditions of extreme violence and poverty in their homes." In addition, the report identified the increase of dangerous crime and gang violence in URMs' home countries as some of the push factors (Women's Refugee Commission Report 2012:8). URMS from Guatemala stated in the WRC Report that they had been pushed by "poverty, poor harvest, lack of employment opportunities, girls explain that they are pushed out by the fear of rape and gang based violence" (2012:14). Gangs in Central America recruit and use girls to smuggle and sell drugs in their home countries, using gang rape as a means of forcing them into compliance (2012:14).

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[25]http://www.refugees.org/our-work/child-migrants/first_ladies_address.html accessed 7 January 2013.

## 3.6 UNACCOMPANIED CHILD MIGRANTS IN AFRICA

Most African countries are facing political and economic instability, as well as natural disasters such as drought. Children are caught in this web and are paying the price of being citizens of those countries. Child migration in Africa is caused by a variety of factors, from ethnic, religious and political wars, to poverty, HIV and AIDS (Johnston 2005:114). Ghana is known as a source and destination for women and children who are trafficked for domestic and commercial labour, as well as sexual exploitation (Quartey 2009:65, cf. Mitchell 2011:2). URMs from war zones have witnessed their parents tortured and killed, young girls have been raped and used as wives by solders, while young boys have been recruited to the army as child soldiers to shoot and kill the enemy (Mbabaali 2012:15-17). M'jid (2005:39) explains that URMs migration is caused by the need to improve socio-cultural conditions, with some from the African continent seeking a better life or wanting to earn a living. Where there is no war, the main motive is to earn a living and support siblings (Bourdillon 2009:295, cf. Mundeta 2009:36, Mahati 2011:76, Ingrid 2007). Some URMs are forced to migrate because they have lost all parents or are living with abusive relatives (Save the Children UK 2007; cf. Munhande & Dzimba 2010:10; Fritsch *et al.* 2010:627). Children affected by wars in Africa migrate overseas through humanitarian agents and some illegally, alone and by sea (Save the children 2007). Those who cannot go overseas migrate to neighbouring African countries for security. In Southern Africa, South Africa is the main receiving country for URMs.

## 3.7 UNACCOMPANIED REFUGEE MINORS FROM ZIMBABWE TO SOUTH AFRICA

One may define URMs from Zimbabwe to South Africa as 'economic migrants', while some may argue that they are 'education seekers'. For Fritsch *et al.* "some children were encouraged by relatives to travel to South Africa to earn money to help support their siblings back at home", however some were the victims of political violence and HIV and AIDS, which might have robbed them of their parents (2010:623-624; cf. Ingrid 2007). In agreement, Mundeta argues that whilst the majority of URMs in South Africa from Zimbabwe are economic migrants, they have also fled political persecution (2009:36). As a result, URMs interviewed by Mahati (2011:76) argued that sending them back to school

was a waste of money and resources. For example, a 15-year-old boy quoted in Mahati (2011:76) declared that "I did not come to South Africa to attend school or to be idle at the shelter like a chicken on a feeding scheme, I am here to work" (cf. Magqibelo 2010:21-22).

URMs in South Africa face numerous challenges, including physical safety, life without a parent, legal and social discrimination and repeated struggles to find food, shelter, education, healthcare and employment (Save the Children UK 2007:8, cf. Skelton 2010 cf. Fritsch *et al.* 2010:624; Staunton, McIvor & Bjornestad 2008:xi). Fritsch *et al.* (2010:624) write that although URMs who cross the border to South Africa have rights under international and domestic laws, political and other factors deny them the protection and support to which they are legally entitled. South Africa has been reluctant to move aggressively towards protecting Zimbabwean refugees because this might threaten the country's self-assumed role as international mediator in the Zimbabwean conflict (Fritsch *et al.* 2010:624-625).

Mayer, van Garden, and de la Hunt (2008:188) argue that the practical problem faced by URMs in South Africa is lack of information on their rights and that the Department of Home Affairs has no specific statistics or system in place that proactively seeks to identify URMs and so ensure that they are receiving appropriate assistance. Nethane (quoted in Fritsch *et al.* 2010:625) argues that "to the extent that South Africa has responded to the refugee crisis, its response has been on the needs of Zimbabwean adults." URMs have been treated as invisible refugee seekers. Whilst the media has made critical reports on the state of URMs in South Africa little response has been made by secular or faith based communities as leading stakeholders.

According to Skelton (2010:38), some URMs are in need of counselling since they have been diagnosed with serious illnesses, such as HIV, tuberculosis, pneumonia and bilharzia. Many would have heard of a church in which to seek welfare before they reached South Africa, and most had clear intentions of reaching it so that they might be assisted with education (Skelton 2010:38). There were contentious statements about the safety of children in the church and URMs were not supposed to have been allowed to gather at the Church in large numbers because bonding with each other and adults would make it difficult for professionals to work with them (Skelton 2010:39). There were concerns that

they would be sexually abused and raped by refugee adults in the church (SABC 3, *Special Assignment*. 3 November 2009).

Ironically, although URMs leave their country because of the impact of the HIV epidemic, poverty and lack of education, in South Africa they face the same if not worse (Mundeta 2009:36; cf. Muhnande & Dzimba 2010:10; Fritsch *et al.* 2010:628-629; Ingrid 2007). Mundeta (2009:36) writes that legitimate employment is not easy to come by because it is illegal to employ a child under the age of 16 or any undocumented person. URMs therefore live on the streets, searching for survival, perhaps selling commodities or, according to Mahati (2011:71), engaging in criminal activities, such as stealing.

Refugees and asylum seekers, including URMs, have a right to basic health and primary education (Refugee Act No. 30 of 1998, Admission of learners to Public Schools of 2001). The South African government is obliged to provide education to refugee seekers and asylum seekers, including URMs as a signatory to the International Convention on the Rights of the Child (CRC) of 1989, which states in Article 28 (1) that "State parties shall make primary education compulsory and free for all." It is also bound by the 1951 Geneva Convention and the 1967 Protocol relating to the status of Refugees Article 22 (1), according to which: "Contracting States shall accord refugee treatment as accorded to nationals with respect to elementary education." However, some schools ignore these conventions and refuse to enrol URMs as they insist on a birth certificate or fees before a child is enrolled. According to the South African National Education Policy Act Section 21 of 1996, "a child of a person that does not have legal status may still be admitted to a public school as long as the caregiver or parent can provide proof that an application has been made to stay legally in South Africa" (South African National Education Policy Act of 1996). In addition, Section 5 of the Admission of Learners to Public Schools (General Notice 4138 of 2001) states that "where the needed documentation is not available, the principal must help the parent (or caregiver) to obtain necessary documentation." This will need a strong partnership and working relationship between schools or the Departments of Education and Home Affairs.

As some children did not migrate to South Africa for education but work (Mahati 2011:76; cf. Magqibelo 2010:21-22), when schools deny them admission they have an excuse not to attend and seek formal education. Evidence is seen by the number of URMs visible on the streets of Johannesburg and Musina who have become prostitutes and criminals as they do

not have a legal source of income. URMs have missed the childhood stage overnight and are already practicing adult behaviour, such as being providers of their families back in their countries and engaging in dangerous sexual activities (Munhande & Dzimba 2010:13; Mahati 2011:79). Those with any wish to protect these children are discouraged by the government authorities and faith based communities' lack of action (Frank & Pearson 1998:4).

Munhande and Dzimba (2010:10) found that some of the children had witnessed the death of their parents due to AIDS and the extended family system could not absorb them into their families because of poverty and economic hardships. The Zimbabwe National AIDS Council (ZNAC) (2010) explains that there are families in which both parents have succumbed to the epidemic and some with one parent who might also be ill and in need of care. According to the ZNAC (2010), in the Zimbabwe National HIV and AIDS Strategic Plan (ZNSP, 2011-2015) orphans must be absorbed into the extended family. In 1999, Zimbabwe adopted a National Orphan Care Policy (ZNOCP) that acknowledged the extended family as a significant caring system for orphans. The policy identified traditional leaders as key to the protection of the vulnerable members of their communities, particularly orphans and vulnerable children (OVC) (Zimbabwe National AIDS Policy 1999). Ansell and Young's (2004:5) findings on orphans absorbed into the extended family were that children in the extended family face numerous challenges, including experiences of being treated differently from the family's biological children.

With the above listed policies developed by the government of Zimbabwe, children and orphans in Zimbabwe still succumb to the pains of HIV and AIDS. Staunton, McIvor and Bjornestad (2008) argue that the issue of child suffering, exploitation and vulnerability caused by HIV and AIDS and other factors is an issue that has slipped through the cracks of public concern in Southern Africa and around the world. Due to this ignorance, children have taken over the roles of adulthood overnight in order to survive. Thus, Ngwenya (2009:24) says that HIV and AIDS have shifted the role of family provider to children, because grandmothers, even if they are still alive, are no longer strong enough to work and provide for their grandchildren. Girls are more vulnerable to HIV and AIDS than boys who can run away to urban streets if a breadwinner dies of AIDS (UNICEF, 2004). According to the World Health Organisation (WHO), quoted in James (2008:4), "in many parts of the world, girl-children receive less food, less education, and less health care than boy-

children." This makes girls more vulnerable to HIV and AIDS than boys, whilst inequality in terms of access to education between girls and boys enforces the oppression of women who will remain under the authority of men. Most researchers have politicised the Zimbabwean situation and not seen migration of children as deeper than just politics.

The political instability in Zimbabwe is a major problem that has pushed children out of their homelands to seek refuge in South Africa (Skelton 2010; cf. Fritsch *et al.* 2010:626-627), however, it is not the only cause. It is necessary to analyse the reasons for lack of interest in social behaviour change when it comes to issues of HIV and AIDS. Some community members, particularly youth and adults, are ignorant about the realities of HIV and AIDS, therefore children are the ones who suffer the most when a parent or breadwinner dies. On the other hand, the crumbling extended family system is due not only to economic hardships in Africa, particularly Zimbabwe, but also the ignorance of cultural norms and values that promote communal life, *Ubuntu*, and the web of life, sometimes known as the 'living human web' or 'living human document' (Phashwana 2008:46; Miller-McLemore 1996:9-26).


## 3.8   IMPACT OF MIGRATION ON WELLBEING

As much as it is important to conduct research about refugees from one discipline, such as a judicial or political context, URMs may also suffer from psychological, social and religious problems that are caused by migration. Engebrigtstein (2003:192) writes that the problem that intensifies URMs stress is that:

> …immigration officers handling applications for asylums and family reunion are generally lawyers, experts in interpretation of legal texts…Decisions concerning children's wellbeing and psychological adaptation do on the other hand require knowledge and skills within psychology or child care.

Such expertise is mostly lacking in home affairs offices worldwide, as seen by their handling of asylum cases.

Research has found that refugees experience multi-forms of stress and anxiety before, during and after migration (Lee 2010:160-161; Bhabha & Schmidt 2008:128; Ansell

&Young 2004:5; Broad &Robbins 2005:271-72; Bronstein &Montgomery 2011). Chiumento; Nelki, Dutton, Hughes (2011:165) categorise refugees' traumatic experiences into the following three broad stages:

1. **Pre-flight**: exposure to violence often for prolonged periods of time and accompanied by loss of family.

2. **Flight to safety**: encompassing an uncertain journey, often experiencing more violence and separation from family.

3. **Resettlement**: when a place of safety has been found, uncertainty persists in undecided asylum claims and often difficult acculturation (cf. Rothe 2008:627).

Psychology research shows that health problems of refugees in Western countries are due to pre-migration, migration and post-migration experiences that increase internalising, externalizing and Post-Traumatic Stress Disorder (PTSD) scores (Bronstein &Montgomery 2011:50; cf. Chiumento et al. 2011:165; Pumariega, Rothe & Pumariega 2005:583 ). Studies that compared accompanied refugee minors (ARMs) with unaccompanied refugee minors' (URMs) findings show that the latter display greater levels of distress (Derluyn & Broekart 2008:321; cf. Bronstein &Montgomery 2011:50; Bean, Eurelings-Bonteloe & Spinhoven 2007). Similarly, in a study of Bosnian Refugee children, displaced Croatian children had higher anxiety levels and fewer effective coping strategies to manage stressful situations than non-displaced children (Fazel, Reed, Painter-Brick & Stein 2012:267).

Post-migration stress has a direct relationship with higher scores of PTSD and depression (Bronstein &Montgomery 2011:50), and like depression is commonly caused by uncertainties regarding asylum status or failed claims; process of immigration and discrimination increased PTSD scores; lack of personal and structural support, including restrictions on living arrangements that have increased higher internalising and depression (Hodes 2010:622; cf. Bronstein &Montgomery 2011:50). McCarthy and Marks (2010:591) found that factors that hinder wellbeing for URMs include living with uncertainty over immigration, as URMs are unable to exercise rights and freedoms that are enjoyed by local young children due to their immigration status. Owing to lack of rights and freedoms, URMs face continuous stress and concern about their future. Rothe (2008:627) explains that the first two phases of migration involve catastrophic uprooting, as many children and

adolescents witness and become victims of, or even participate in acts of violence. In these phases the child's normal routine of life is disrupted in different ways and these affect and interrupt the child's social life and schooling.

The disruption of URMs' psychological health begins with the decision to migrate. Bean et al. (2007:53) found that most URMs they studied reported symptoms of somatic complaints, anxiety, depression and PTSD. Bean et al. (2007:53) further argue that URMs are at increased risks of developing psychopathology due to separation from a primary caregiver, exposure to sequential stressful events, limited educational opportunities and conditions in the asylum centre during their vulnerable developmental period (cf. Rothe 2008:630-631; Hodes 2010:622). URMs migrating to South African from Zimbabwe and other neighbouring countries face increased risks of sexual violence, military recruitment, gross deprivation, rape, exploitation and xenophobia (Munhande & Dzimba 2010:11; Fritsch *et al.* 2010:628; Skelton 2010; Mahati 2011:78-79; Save the children 2007), which increase PTSD and depression. Cammisa's (2009) documentary revealed different types of trauma experienced by URMs along the way to their new country of resettlement. They witnessed the death of their peers under moving trains, or from hunger and thirst, and experienced many forms of corruption from security agents (cf. Skelton 2010; Munhande &Dzimba 2010:10; Rhothe 2008:628).

Trauma for URMs intensifies with family separation and forced uprooting. Family separation has been identified as one of the main causes of poor mental health for refugees particularly children (Derluyn & Broekaert 2008:622). Family separation forces them to face identity problems, such as the need to belong, and it leaves a major emptiness in their life (Ibid.:323). According to Lee (2010:165), migration brings outer change first, but in the long run inner change. Outer changes of the environment without inner adjustment result in conflicts, pain and grief because so much of human identity as individuals is related to external roles and social context. Derluyn and Broekaert (2008:321) argue that the relocation and disruption of the social and cultural milieu for URMs may result in loss of self-identification, social isolation, and loss of the sense of security and well-being (cf. Pumariega, Rothe & Pumariega 2005:585), leading to the disruption of their physical and mental health, which may cause severe sadness and regret. Issues of identity for URMs are connected to the loss of culture, language and customs. Circumstances connected to

migration force them to adopt the cultural patterns of another group-acculturation (Chiumento et al. 2011:165).

Acculturation forces URMs to be torn between the cultures of their homeland and the country of resettlement (Chiumento et al. 2011:166). Young's (1995) theory that "…two opposing cultures produces 'hybridity' in terms of culture and identity" is seen by Mucherera (2001:9) as two different cultures existing in a person's worldview, the traditional and foreign, which without destroying each other may produce a hybrid culture. Young developed the theory from biology that is used to describe cross-breeding of animals (Mucherera 2001:9), and the 'half-breed' means that the culture is either confused or incomplete. URMs who experience 'hybridity' in terms of culture and identity experience confusion and uncertainty, linked to 'enculturation' as two different concepts with similar rationale.

Literature regards acculturation as increasing trauma during transition, and influenced by the history of the host country, the views of refugees and the extent of discrimination against them (Pumariega, Rothe & Pumariega2005:585-586; cf. Chiumento et al. 2011:166). According to psychology research, the process of acculturation is subjected to a range of factors, such as pre-migration stressors, circumstances surrounding the relocation, individual characteristics (e.g., gender or ethnicity), post-migration stressors related to racism, poverty or healthcare, personal resources (e.g., language skills), social support and family stability, and the particular culture and acceptance of diversity in the host society (Chiumento et al. 2011:166). Acculturation leads to acculturative stress, particularly for URMs who face the dilemma of trying to fit in with their own culture and that of their new resettlement country (Mbabaali 2012:27).

Sam and Berry, quoted in Mbabaali (2012:27-28) explain that refugees have a crisis of maintaining their culture and contact with the new culture they find in the country of resettlement. They cannot relinquish their culture simply because they have arrived in a different country, and grieve the loss of their culture, termed by Eisenbruch (1990) quoted in Derluyn and Broekaert (2008:321) as 'cultural bereavement'. On the other hand, McCarthy and Marks (2010:592) explain that stress and anxiety are increased by 'culture shock', mainly during their first few months in the resettlement country as some struggle to understand the settlement country's main language. Lee (2010:162) outlined the losses that are grieved by refugees and migrants as follows:

1. Loss of status for adults, whereby some immigrants or refugees are well educated in their countries and fall within the middle or top class, but when they migrate they must start again in a new education system.

2. Loss of job or income, whereby some refugees or immigrants had secure well-paying jobs in their country but because of their status in the new country are forced to take jobs with less income and status.

3. Loss of family ties, loss of extended family attachments and connections, whereby distance between the country of origin and country of resettlement cuts off physical attachment and connections with family. Globalisation and advanced technology are somehow connecting people but there is not the physical attachment experienced when families used to gather for different celebrations and rituals.

4. Loss of environment, as different continents have different environments, climate and atmosphere. Many refugees or migrants miss their home countries' feelings and experiences of the atmosphere, environment and climate.

5. Loss of language, ethnic customs and food, as some refugees and immigrants miss listening to news, music and general communication in their mother tongue. They also miss cultural celebrations and food cooked in traditional way, on the fire using a traditional pot.

6. Loss of religion, as some refugees and immigrants miss their religious convictions, listening to sermons preached in their mother tongue and religious songs in their mother tongue.

7. Loss of friends, which particularly affects children as they have to make new friends in a new country.

8. Loss of doctors and medical aid, as some refugees and immigrants had private family doctors in their countries who knew their medical history, and had good medical aid schemes. Because of their status in a new country they cannot afford medical insurance or a private doctor.

McCarthy and Marks (2010:592) developed a framework for improving URMs' wellbeing in a country of resettlement, and identified reconnecting URMs with their families and

home as a significant factor in their happiness and wellbeing. Their participants identified issues such as improving access to sport, training of social services staff and fostering carers on emotional and adjustment issues faced by URMs, especially during their first months in a country of resettlement. Another way to improve URMs' wellbeing in a country of resettlement is to lobby the Home Office to develop and issue 'right to work cards' for asylum seekers awaiting immigration decisions. In addition, URMs should receive appropriate legal advice and support, identifying strategies of coping with traumas, loss and uncertainty about staying in a foreign country, whether building social networks and accessing quiet environments for relaxation and stress management, or gaining access to educational opportunities. They should also receive the same benefits as local children. Most importantly, URMs should receive assistance with contacting families in their home country. Health and social services staff should identify mental health issues for those URMs who are not coping and provide avenues or referrals for further support. This framework was constructed in the UK and some of its factors may not be significant to African traditional children.

## 3.9     CONCLUSION

This chapter has critically described and explained the conditions and forces that push Zimbabwean children across the country's borders. It examined how HIV and AIDS as socio-economic and political factors have affected children and made them vulnerable to numerous types of oppression. It arose from a review of the literature that Zimbabwe is amongst the countries worst affected by HIV and AIDS in the Southern African region. Thus, the suffering of children in Zimbabwe is intensified by HIV and AIDS, amongst other social issues. Discussing and explaining the intensity of child migration, the chapter began by analysing the history of migration between South Africa and Zimbabwe, dating back to the 19<sup>th</sup>century. Arguing that migration has explicitly changed, the motives are similar, albeit no longer dominated by men. Political instability fuelled the economic and social breakdowns, with children most affected because the collapse of the economy increased HIV prevalence in Zimbabwe. Children could not afford to continue with their education without an adult provider, hence they were forced to be providers of the family. However, it is clear that push factors of URMs from Zimbabwe to South Africa include the

death of their parents, due to political violence and AIDS. Meanwhile, children are pulled into South Africa due to economic reasons, a wish for education, jobs and healthcare.

Common trends in the literature are a breakdown of the socio-economic and political system in Zimbabwe, which fuelled migration to South Africa. There was an increase in the proportion of women and children, and they are vulnerable to sexual abuse by security agents. Whilst the literature does not explicitly state whether URMs have been infected with HIV it states that their suffering is intensified by HIV and AIDS, be it in Zimbabwe or South Africa. Common themes of vulnerability to HIV and AIDS arose as researchers argue that URMs' vulnerability increases as children walk alone from Zimbabwe to South Africa and as they stay alone in South Africa without protection from the government.

URMs experience xenophobia at the hands of security agents and local children, hence children opt to stay in church rather than shelters. They are also affected by the crumbling extended family system, which cannot afford to add to its family members owing to economic hardships.

This chapter also reviewed psychology research on how migration impacts on the wellbeing of URMs. Findings are that URMs experience trauma in pre-flight, during flight and post-flight. Different psychological health threats range from PTSD to depression. The post- migration stress for URMs has a direct relationship with higher scores of PTSD and depression. Research findings also state that URMs experience greater levels of distress than Accompanied Refugee Minors (ARMs). They are at greater risk of experiencing psychological health problems, which may slow their cognitive development more than ARMs. The absence of a primary caregiver threatens their psychological development.

In the next chapter the study will review practical theology and pastoral care literature on children, pastoral care and HIV and AIDS.

# CHAPTER FOUR

# PRACTICAL THEOLOGY AND PASTORAL CARE

## 4.1    INTRODUCTION

This chapter will analyse theological reflections on HIV/AIDS and children, traced within practical theology and pastoral care. It reflects on the conceptual and epistemological ideas and critically discusses existing models of pastoral care commonly used by psychologists and pastors to provide care and counselling for children in trauma and crisis.

## 4.2    PRACTICAL THEOLOGY

Practical theology, as a discipline of theology, was first established as a theological discipline in 1774 in Austria, Vienna (Van der Ven 1994:30; cf., Heyns 1995:56; Buffel 2007:27). Theology and its disciplines, including practical theology, have neglected children in their research and practice. The church has been aloof in its social teachings to children, campaigning against the suffering of humanity by constructing social teachings that condemn human exploitations or sufferings. As Bunge argues, "there is no well-developed teaching on the nature of children…although the church has highly developed teachings on other issues…theologians have not offered sustained reflection on the nature of children" (2001:4-5).

Among theology disciplines, practical theology is informed by practically knowing the day-to-day activities of society. As the name implies, it is a discipline and method of practicing theology in a way that makes it useful and applicable to people's everyday lives (Müller 2009:74). It helps transform knowledge of theology into effective and efficient ministry by integrating scientific theory formation and reflection on the communicative religious action in the church and society (Heyns, in Heyns & Pieterse 1990:6). As a discipline, practical theology generally includes the sub-disciplines of pastoral theology, homiletics, Christian education, and liturgics, amongst others. In a broader sense, Müller (2009:74) argues that practical theology "happens whenever and wherever there is a reflection on practice, from the perspective of the experience of the presence of God." In agreement, Pieterse (2001:9) sees practical theology as a study of Christian actions,

meaning that its aim is the Christian transformative practices or actions. Tracy, quoted in Browning (2007:12) defines practical theology as "…the mutually critical correlation of the interpreted theory and praxis of Christian faith with the interpreted theory and praxis of the contemporary situation" (cf. Ballard 1995:114, Heyns, in Heyns &Pieterse 1990:23-320). Tracy's definition posits more than just a theological study but rather it also addresses socio-economic and political problems faced by humans meaning as praxis practical theology is done beyond the church walls. Browning argues that practical theology as praxis is concerned with the church activity in the world as well as its ministries within its walls (2007:16). He therefore describes practical theology of care not just as a pastoral care but also as a church strategy that creates and influences the structures of care in society, most of which are secular (Browning 2007:16).

Mercer (2005:12) explains that "practical theology …seeks to offer accounts of human experience and of the character and activity of God that are true in sense of being "seriously imaginable" credible accounts of both." It is the reflection of the word to praxis. Müller (2009:80) argues that for practical theology to reflect the word in a meaningful way on human experiences of the character and activity of God it needs to be locally contextual, socially constructed, directed by tradition, exploring interdisciplinary meaning and pointing beyond the local. These guidelines or requirements are not only crucial on the epistemic questions of practical theology but they are also important for the methodology. Theology, particularly practical theology, should be contextual and socially constructed so that it will reflect on human experiences through God's teachings. Practical theology is faith with works or living faith with active works. Contextual and socially constructed theology is owned by local people as it reflects on their lives in a constructive, concrete and focused way. As a result, Mercer (2005:13) argues that "practical theology takes seriously the local contexts and practices and the everyday lives of people in those contexts as they seek to walk in the way of Jesus."

On the other hand, Browning (1985:16) argues that for practical theology to be contextual and practical it should attempt to describe and interpret both contemporary situations and classic Christian resources. Interpreting practical theology in contemporary situations means understanding it in a context of the different experiences of humanity, such as oppressed and oppressor, giver and the receiver, poor and rich. Brandt (2012:368) argues that the actions informed by practical theology should be the subject of continuing critical

reflection. In agreement, Patton (1993:238) explains that theology cannot afford to ignore reality; hence it is a two-way reflection between theory and practice. According to de Gruchy (1987:50), practical theology is the interface between the tradition and concrete engagement in the face between the tradition and concrete engagement in the life of the world (praxis), in which critical theory and praxis are in a mutually critical relationship. Brandt (2012:368) describes practical theology as an "ongoing cycle of practice, reflection on practice, and practice again- reshaped by insights gained through the moments of critical reflection." In this context, Mercer (2005:12) expounds that practical theologians then ask about "the meaning of God's parent like care for children in contexts in which particular children experience pain and suffering."

## 4.2.1 Western literature: children in practical theology

Practical theology has been leading in research on children and theology. Browning, Miller-McLemore, Couture, Swart and Yates are amongst those striving to develop different theories of praxis for children from all sub-disciplines of practical theology. Miller-McLemore (2007) argues that the prominent Western assumptions about spirituality and faith have left out children and those who care for them. Therefore, filling this gap she explores how parents can sustain a life of faith in the midst of the chaotic, often overwhelming familial ways of living. According to Miller-McLemore, adults need to find God in activities with children, such as reading or playing games and making decisions as a family. She campaigns for a child-inclusive familial life in which God is witnessed in children (Miller-McLemore 2007). In agreement, May, Posterski, Stonehouse and Cannell (2005) discuss children's spirituality and how the faith community can effectively nurture them as younger members. The authors begin with the foundational issues, supplementing their theological and developmental material with attention to the history of children's ministries and an extensive discussion on children in the Bible. They investigate how the issues of familial, cultural and congregational contexts are effective in children's faith formation.

Miller-McLemore (2003) argues that contemporary theology has been adult-centred, ignoring children in the construction of doctrine. In filling this gap, she explores how raising children with integrity and faithfulness as Christians can be a struggle in complex

modern society. Raising and investigating questions such as the definition of children and parenting in the Christian history, and how the current Christian community should define children and parenting in modern society, she challenges Christians and communities to devise clearer and defined ways of nurturing every child as manifestations of God's presence in the world. She further argues that the care of children is both a religious and communal practice (Miller-McLemore 2003). At the centre of a child's faith formation, the community and parents need to work together closely. Browning (2007) argues that churches should be cautious of programmes that overlook children as part of the family because this would undermine family ethics of solidarity and parental responsibility. He believes that the church should refuse to be used as a tool or agent of government programmes that have no interest in the unique values or mission of the church. In addition, Browning (2007:56) explains that churches, particularly Protestant ones need to resist easy talk about new family pluralism, without becoming moralistic. Rather, the church needs to recognise that family forms are different and their task of raising children are different.

On the other hand, Couture (2000) argues that children have not been given care and attention they rightly deserve by the church and society. She critically discusses the impact of different types of poverty and ills on children in the modern world, arguing that "poverty is a social, economic and political problem of enormous proportions and complexity and children are the most vulnerable victims" (2000:11). She critiques the idea of looking at children as the "church of tomorrow", instead arguing that the church should see children as the present church. The issue of looking at children as the church of tomorrow gives an idea that they may become important in the future. This undermines children's dignity as human beings made in the image of God. As a result, HIV and AIDS is a social ill that undermines the future of children as well as that of the church. Couture's (2000:12) argument calls for the church to practice its faith by taking action on the situation of children because they are the current church. The church should read the Bible through a lens of the time, so that she will be able as to read the "signs of the times" and avoid a mistake of what Miller-McLemore (2010) calls the hyperbole of biblical scholarship.

Critiquing the Biblical and Christian scholars, laity and church for misinterpreting and exaggerating biblical scriptures about Jesus and children in Bible, Miller-McLemore

argues that they are more complicated than commonly assumed in Christian contexts (2010:25). She critiques how some people exaggerate and claim the Gospels can contribute to Christian triumphalism (Miller-McLemore, 2010:25). According to Miller-McLemore, the use of Jesus as an advocate of children should be followed responsibly and with self-awareness about the complexity of scripture (2010:25). Her argument is that even though Jesus is revealed by all the three Synoptic Gospels rebuking disciples for putting off children, Jesus may still not have loved children as much as many may imagine (2010:25). Maybe the problem lies in the Gospels portraying children as "basically silent, passive creatures, seemingly doing and saying little…" (Admirand 2012:187), thus rendering Miller-McLemore's assumption erroneous. The question arises as to why the children were silenced in the Synoptic Gospels? The problem with Miller-McLemore's assumption is that it overlooks Jesus's continuous actions on behalf of children.

On the other hand, Miller-McLemore argues that those who are dedicated to promoting children's welfare should do so without exaggerating Jesus's contribution, so Christians have much to learn from other religious communities that honour children as well (2010:25). In agreement, Admirand (2012:193) argues that Jesus's actions and campaigns for children are "…one piece of a much deeper core that demands profound awareness of one's own and other faiths and paths, a mature conscience, a heightened sense of responsibility, and a constant striving for growth and reconciliation." Children are not only found in the Hebrew Bible, but are core themes in the Qur'an (Holness 2008:2), hence ignoring other faiths when supporting children has negative consequences for the Christian religious sector, in today's context in which different religious sectors have common ground and are striving for the common good. That common ground should be a concern for the spiritual wellbeing of humanity as well as worshipping a supreme being, whereas opposing and competing with each other as faith communities contradicts the goal of practical theology to practice locally contextual and socially constructed theology, directed by tradition, exploring interdisciplinary meaning and pointing beyond the local (Müller 2009:80).

Jensen (2005:28) critically discusses and examines the vulnerability of children, arguing that they are vulnerable to romanticisation, demonisation, marginalisation and violence. In addition, Jensen describes God's vulnerability in incarnation as the child arguing that God suffers in all the children because God came into this world as a child in incarnation (cf.

Holness 2008:2). He also discusses the desirable ecclesial practices that can both symbolise and address children's vulnerability, questioning ways in which religious discourses cast children as both innocent vessels of God's grace and demonic creatures in need of corporal punishment and redemption. This study on the vulnerability of children in an HIV and AIDS era with reference to Zimbabwean URMs is helped by Jensen's thoughts because the motivation to care for children is God's vulnerability in every human being, including the children.

Mercer (2005:21) uses a feminist perspective to reflect theologically on the lives of children using the Gospel of Mark in a critical way, because of Mark's much recognised way of narrating Jesus' Journey with children. She discusses how global capitalism casts children into problematic roles as economic producers in sweatshops run by multinational companies in developing countries. Like Jensen (2005), she examines religious discourses that interpret children as innocent vessels of God's grace and demonic creatures in need of corporal punishment and redemption. She recommends that churches fully include children in congregational worship to model a more just society. Whilst the church does welcome children in its worship the question remains as to whether this considers the child's inner being and psycho-social wellbeing. There are general assumptions that children will be alright, based on stereotypes that communities and the church construct about them (Hadley 2007; cf. Lester 1985).

### 4.2.2    African literature: children in practical theology

African literature on practical theology is not as common as Western literature, which shows that African practical theology regarding issues of children is still in its conception phase in Africa. Malherbe (2011:8) describes the increasing consciousness and concern on matters that directly affect children in Africa. On the other hand, he explains that the awareness and involvement by African theologians on issues that affect children in the global agenda is not enough and this is a serious disappointment. Malherbe further explains that outsiders usually take the lead in initiatives aimed at assisting Africa's children whilst locals are silenced and follow behind. He raises concerns about the negative way in which Africa and African Children are often portrayed by the international media (Malherbe 2011:3-4). He rightfully explains that Africa has internalised these

negative perceptions of its beliefs, culture, religion, science, philosophy and history (Malherbe 2011:4). Western culture is seen as a norm and is portrayed as the true way of life associated with freedom, justice, equality and liberation. Africa is portrayed by the international media as a continent behind, and still needing to be liberated. African children are depicted as the most suffering, poor and primitive human beings. Any culture that is African is constantly scrutinised and critiqued before being accepted by the world.

Swart and Yates (2006) raised consciousness on the negligence of children by practical theology in South Africa, addressing the rights of children as a new agenda for practical theology by adopting a specifically contextual approach. Using the United Nations Convention on the Rights of the Child (CRC), they addressed the issue of a Christian theology balancing role in the children's agenda, which however is problematic in the light of theology's one-sided and limited involvement thus far on the issue of children (Swart &Yates 2006:322). It is argued that a practical theological paradigm in which praxis of liberation change and transformation is of prime importance should reflect on active involvement in the children's rights. From a rights-based context, LenkaBula (2002) describes the situation of child sexual abuse as contravening Christian ethics. She describes how Christian notions, such as ethical duties and obligations, the sanctity and value of life, the kingdom of God, justice and love can be evoked and incorporated in the formulation of alternatives in countering child abuse. Christian ethical duties of responsibility in adult-child relationships can be grounded either in perfect universal duties and rights or imperfect universal duties. According to LenkaBula (2002:63):

> Perfect universal duties are duties owed to all. Every person can claim the performance of duty as a right. They are basic human rights, expected and required of all human beings. The protection of children…falls within the area of perfect universal duties. Perfect universal duties include the injunction, not to kill. The implication is that every human being has the responsibility not to violate, hurt or harm others.

Christian ethics and children's rights are parallel. Though LenkaBula is writing from a systematic theology perspective her argument of the perfect universal duties is contextual to practical theology and obliges people to take a stand against the oppression of children, as in the saying "it takes the whole village to raise a child." Lenkabula addresses the gap that exists in theology and children by contextualizing the *Ubuntu* concept, the value and

sanctity of life, the Kingdom of God, corrective justice and love as the Christian ethics that should guide humanity in protecting children against abuse. She suggests that the womb should be metaphorical and inclusively used to express African Christian sexual ethics (LenkaBula 2002:66). The womb metaphor connects women to the nurturing and protecting of children from harm, not only feminising the role of nurturing but also revealing that if a womb is metaphorically used in the protection of children then men have a crucial role to play in the nurturing and protecting children from harm. This is because the womb is a place in which all men and women were conceived and nurtured, where men plant their seed and women participate in its nurturing. Therefore, a womb is a place that should be respected by both women and men for it brings life to all. It should be a place of peace, safety, security, love and freedom from harm. In a womb there is holistic protection and anything that will harm the baby will do so through the mother.

One risk to children, unborn and born, is posed by HIV. Okaalet (2007) outlines the statistics of the HIV epidemic on children and describes how they reveal lack of interest by church and other stakeholders on the impact on children. He argues that "children are still the invisible face of a very visible disease and are still missing out" (Okaalet 2007:95), describing two programmes that make a difference in children's lives, namely the UNICEF Global Campaign for Orphans and vulnerable Children (OVC) and the Giving Hope programme in East Africa. The former has created a network of stakeholders who developed interest in child advocacy, such as faith-based organisations. Its objectives are to provide a child-focused framework for nationally owned programmes around 'the four Ps', which are Prevent Mother to Child Transmission of HIV; Provide Paediatric AIDS treatment; Prevent Infection among Adolescents and Young people; and Protect and Support Children affected by HIV and AIDS (Okaalet 2007:98-99). He calls for an HIV ministry that is child-friendly, as are the two projects he described above.

Although there are programmes by faith-based organisations aimed at the protection of the wellbeing of children from HIV and AIDS infection, this may not be enough because children may still need access to secular counselling. However, this is not rooted in the Bible; therefore the faith aspect of the child may be compromised. Switzer (1989:15) argues that pastoral counselling is different from secular counselling because of the access and level of contact that a pastor has with human beings experiencing grief. A pastor's distinctiveness from other psychotherapists contribute to effectiveness in situations of

crisis, These distinctions include "a symbol power; pastoral initiative; prior personal relationship with many of the persons into whose lives they now enter in this unique relationship; the availability and value of the community of faith; and a theological perspective"(1989:15). In agreement, Lartey (2003) finds distinction in pastoral counselling being done by ordained and trained clergy, within a religious frame of reference and from "an inclusive sense which reflects not only Jews and Christians but also those who belong to no church but consider matters of faith and ultimate concern as of relevance to them and their clients" (Lartey 2003:104). Offered within and by a community of faith it is rooted in the Bible and Christian doctrines. According to Schlach (quoted in Lartey 2003) pastoral counselling is concerned with the whole person as an individual, as well as part of the family and social unit as a whole person, body, mind and spirit, but with particular reference to the psychological, ethical and theological frames of reference.

Children are spiritual beings; therefore Hadley (2007:25) argues that assumptions by the church about the spiritual nature of the child are due to a lack of a contextual model of pastoral care for children, particularly those in crisis. The church can borrow some theories from secular counsellors, such as child therapists and psychologists, in its effort to develop a model of pastoral care. The responsibility of the church should begin with theological academics, such as practical theologians who need to work hand-in-glove with the church in creating and developing models that will be used when the flock or communities of God are in need. These models may also be used by NGOs, particularly faith-based organisations, in their recommended work of concern and supporting those in need.

James, on the other hand, describes the factors that contribute to the vulnerability of children to HIV and AIDS as violence and abuse, poverty and religious abuse. She reviews theological literature to identify themes that address children, amongst which children are identified in a covenantal family and "faced with a mysterious multifaceted relation with parents". Their relationships with their parents have a spiritual dimension (James 2011:306). Some of the African practical theologians, such as Kanyoro (2002), put HIV and AIDS at the centre of their arguments and challenge the church for an HIV and AIDS ministry that is child friendly. She explores how HIV and AIDS affect children in their societies by critically explaining the conditions that make children vulnerable to the epidemic. Kanyoro refers to issues such as the social and economic issues at homes,

schools and in communities, as some of the factors that increase the vulnerability of children to HIV and AIDS. Like Okaalet she describes the important role played by the World Young Women's Christian Association (YWCA) in the era of HIV and AIDS. Drawing from her experience as a general secretary of YWCA, she suggests that action be taken in schools with a standard approach to school-based sexuality education regarding curricula and content. She also suggests that non-formal education with HIV and AIDS prevention messages be introduced, arguing that though some children are still at school, others are out of school and still others drop out of school for economic reasons (2002:74). As a result she advocates that non-formal education with HIV and AIDS prevention messages as a powerful method of reaching vulnerable young people. It can be shared through all social institutions, such as religious groups, youth groups, businesses and community centres (2002:74). According to Morisky, Shu-Yu & Arada (2010:336), around the world non-formal educators have tackled sexually transmitted infections (STIs), especially in settings with limited resources.

Kanyoro (2002:74) found campaigning for peer youth education that targets both children and youth in and out of school on HIV and AIDS awareness to be effective (cf. Morisky *et al.* 2010:336). The YWCA of Botswana, in collaboration with the WHO, confirmed the power of peer education after a three-year pilot study on the impact of peer education on behavioural changes in young people. It also helped peer educators to develop marketable skills, therefore creating economic opportunities for young people through peer educator programmes which can serve the dual purpose of disseminating awareness and education, while giving economic hope to young people (Kanyoro 2002:746). In addition, Morisky *et al.* (2010:336) explain that "peer education, anti-AIDS clubs, drama, art, youth dialogues, music, and comic books are some examples of non-formal education" can be used to educate people on behaviour change, particularly high risk populations such as the youth and sex workers and their clients. According to Morisky *et al.* (2010:336), non-formal educational activities worked and changed the depth of HIV prevalence in Uganda, as introduced by the Ministry of Education and Sports at national-level prevention campaigns in 1996.

On the other hand, community involvement is crucial in the fight against HIV and AIDS, because community leaders such as civic leaders, village leaders, religious leaders and traditional chiefs have a critical role to play in removing the stigma attached to HIV and

AIDS. As a result of this, the Uganda approach[26] to AIDS awareness relied on community-based and face-to-face communication that was inclusive of all community stakeholders, including traditional healers, teachers, traders, women and youth associations' leadership, religious leaders, and all key grassroots communities (Green, Halperin, Nantulya & Hogle 2006:342). For this reason, the community must be mobilised and educated for further action, such as interpersonal interventions. Foster, quoted in James, explains that every child is a responsibility of a holistic community, hence the saying "it takes a village to raise child". A child belongs to the mother once in the womb, but once born she or he becomes everyone's child and responsibility (James 2011:307). The community takes charge in shaping the child into a responsible child, adolescent and adult by guiding and teaching him or her contextual life skills. Life skills education is crucial for children and youth in creating awareness about HIV and AIDS, and as Kanyoro (2002:75) writes, a life skills education approach that imparts knowledge, shapes attitudes and develops coping interpersonal and leadership skills is effective in helping young people assume responsibility for making healthy choices and resisting negative pressures.

Dube (2002) explores the situation of children in an HIV and AIDS context and from a biblical studies point of view. In her critical analysis of the statistical projections of HIV and AIDS in sub-Saharan Africa, Botswana in particular, she examines the implications of these statistics for children and their caregivers, in particular children's material and psychological needs, arguing that the gender of a child complicates them , with girls facing more challenges than do boys. In agreement, James (2008:7) argues that in a context of HIV and AIDS a girl-child is disadvantaged more than a boy-child because she is more readily removed from school when someone in the household is ill with AIDS. After the death of parents girl-children are denied their inheritance rights because most cultures discriminate against girls in the belief that they will marry and join their husband's family. In agreement, Chirongoma (2002:52) argues that the inconsistencies in the distribution of resources and the oppressive nature of most customary laws for women and girl children

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[26] Uganda is one of the countries in Africa that was successful in HIV and AIDS prevention by decreasing HIV prevalence by a wide margin. "In 1986…Uganda's new head of state President Yoweri Museveni responded to evidence of a serious emerging disease epidemic with a proactive commitment to prevention. In face-to-face interactions with Ugandans at all levels, he emphasized that fighting AIDS was a "patriotic duty" requiring openness, communication and strong leadership from the village level to the State House. Spreading the word involved not just "information and education" but rather a fundamental behavior change-based approach to communicating and motivating" (Green et al. 2006).

impact on their health. As a result of this, Dube (2002:40-41) describes how the NGOs and faith-based organisations (FBOs), together with the government, provide intervention programmes. Though there is much being done by the government, NGOs and FBOs, Dube provides evidence that the implementation of children's rights and seeing to their needs leaves requires more work: "it seems that we need to revalue what Jesus said in our search for an action-oriented theology of children's rights (2002:41).

In agreement, Chirongoma (2002:63) argues that various small scale interventions initiated by the faith communities and NGOs to address women's and children's vulnerability will not make much difference unless the fundamental problem of gender injustice has been adequately addressed. She argues that these interventions "are as good as a few drops in this deep and vast ocean of poverty, gender inequality and social injustice" (2002:63). James (2008:15) argues that all stakeholders, including governments, must treat this as a matter of urgency and enforce the international conventions that have been signed and ratified to protect women and girl-children. For Chirongoma, the theological issue at stake is that the church must be challenged to provide more than care and compassion for the affected and infected (2002:64). Generally, the church lacks the critical element of addressing the serious issues affecting children. Some churches say "we welcome children" but whilst giving children food, offering Sunday school lessons from the bible and giving shelter, they ignore the child's internal crisis that requires in-depth and holistic caring (Mercer 2005:17).

From a Practical Theology point of view, Swart and Yates (2012:2) acknowledge and discuss the emerging and recognisable movement towards 'hermeneutics of listening' to children in the international fields of theology and religious studies. They argue that though this development is still in its early stages, African scholars are steadily participating in the new inter-disciplinary engagement, "by the new interaction between theological and religious scholarship, on the one hand, and childhood studies, on the other" (2012:2). The 'hermeneutics of listening' is a tool that will improve the lives of children both in society and church. Children are ignored by academia, church and secular society because their actions and silent voices are not seriously considered. In addressing practical theology in its interpretative and contextual nature through reflections on the wellbeing of children in church and society, Swart and Yates (2012:2) argue, for the recognition of children as grounded within different cultures, histories, communities, families,

relationships and systems. Ignoring this will hinder efforts to effectively address privations that some children experience in their daily lives.

The authors also call for attention to be paid to the interconnections of various forms of ministry, with and through children, addressing such questions as "how the position of children in liturgy and teaching in congregations is connected to the spirituality of adults, which in turn impacts on the way children are treated in adult-child spaces" (Swart &Yates 2012:2). Citing Osmer (2008:17), Swart and Yates (2012:2) argue that since congregations are entrenched in a web of natural and social systems beyond the church, the plights of abused, neglected and discriminated children should compel "the academy and the church to co-construct ministries of advocacy, care, teaching, preaching and service to be acting in the best interests of those children and their right to social justice." For this partnership to be successful the voices of children should be listened to.

### 4.2.3. Evaluation of literature review in practical theology and children

The wealth of literature available on children in practical theology is authored by Western theologians and most focuses on Christian formation or spirituality issues, however, it is silent on the social impact on children of HIV and AIDS. The dearth of research in an African context could be because practical theology was established in the West by Western academics, therefore "some African theologians, being a product of the west, struggle to re-do theology from their own continent, homelands, cultures, contexts and churches" (Phaswana 2008:33). Children in practical theology from an African context are still rarely seen as primary subjects of research. Researchers who are currently developing an interest in research with children still relegate then below women's issues, use them as a case study only. Moreover, articles on children in this discipline are more socio-anthropological combined with slight theological reflections, lacking the theological thread which should dominate in the weaving process.

Africans cannot afford to depend on the Western practical theologians to develop theologies for their problems lest they mislead or misunderstand the context. As a result, Fiedler, Gundani and Mijoga (1997) use a culinary metaphor to argue that a contextual African theology should be one that is "cooked in an African pot" by African chefs who understand the African ingredients. This theology might leave a bad taste for those who are

foreign to it, but those who feel they cannot eat it are free to choose an alternative theology from the menu.

This study seeks to listen to and conceptualise URMs and their caregivers' understanding of pastoral care with children in crisis in a context of HIV. It does not disregard the available literature because it is Western-dominated, but rather available literature will be used to complement it. Western literature reviewed in this study reveal a thread that intertwines issues related to children, youth, spirituality, and Christian formation. The issues of concern that authors share are more theological and spiritual in nature, and so require a communal element in the faith formation and protection of children. Unlike the African practical theologians who address the psycho-sociological and anthropological element of the child, dedicating a few theological statements to support their argument, Western literature weaves theology as a dominant thread throughout. A crucial concept is the issue of communal care or involvement of family in a child's life, which explicitly comes out from the reviewed literature, particularly Western literature. Having a family is a basic need for every child, and the reviewed Western literature argues that faith is best nurtured in the spiritual lives of children and youth if it is practiced as a family. It advocates transformation through a ministry that brings children into communities to practice faith.

However, though the above literature has emphasised the communal and familial concepts in faith, nurturing of children and youth from a Western perspective. The two concepts do not explicitly stress the importance of the extended family when it comes to children. Nor does it recognise the need for guidance of children. African concepts of culture, guidance, *Ubuntu*, web of life and the extended family arose in the socio-anthropological literature reviewed in Chapter Two but were lacking in practical theology literature reviewed in this chapter.

## 4.3    PASTORAL CARE: THE PRESUMED MEANING

The presumed purpose of the Christian ministry of pastoral care is to respond to the needs of all members of God's community, including children, to live full and abundant lives. In the case of URMs, this ministry must be equipped to address the effect and causes of their suffering. Pastoral care involves caring that is motivated by the love of God (*Deuteronomy*
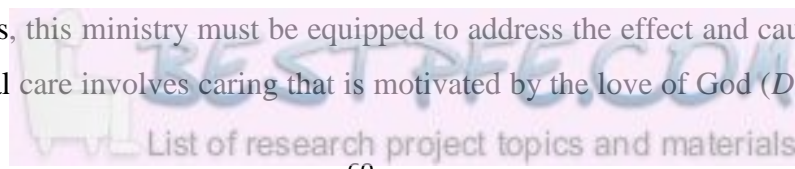
6:5)[27]; love of our neighbour (*Leviticus* 19:18, cf. *Matthew* 19:19, 22:37–39) and caring for the stranger, hence God's words: "When an alien resides with you in your land, you shall not oppress the alien. The alien who resides with you shall be to you as the citizen among you; you shall love the alien as yourself, for you were aliens in the land of Egypt."(*Leviticus* 19:33-34). This text reveals that pastoral care is a ministry that is provided not only by ordained pastors but by the whole Christian community (Waruta & Kinoti 1994:6; cf. Mwaura 1994:63; Wimberly 1979:18), therefore it involves concern for personal and social wellbeing of God's community, including children on issues of physical and psychological health as well as social life. Clebsch and Jaeckle (1964:4) define pastoral care as "…helping acts done by representative Christian persons, directed toward the healing, sustaining, guiding and reconciling of troubled persons, whose troubles arise in context of ultimate meanings and concerns." It is about being a shepherd (*Psalms* 78:52, 23) or guide rather than a dictator, and involves protection, encouraging, mentoring, feeding the hungry, clothing the naked, comforting, visiting prisoners and restoring broken souls (*Matthew* 25:36).

### 4.3.1 Understanding pastoral care from an African cultural context

In Africa, pastoral care involves the connection or relationships of the whole community of humankind, living and dead, including the environment and life in it. This is understood as the web of life or the unbroken circle (Rakockzy 2004:313; cf. Clifford 2001:225-226) some may understand it as *Ubuntu*.[28] African people believe that care for each other is being a person, expressed by the concept of *Ubuntu*, developed over centuries without being written down, Africans lived it in poems and stories recited by adults and children on their communal celebrations, and it was, and still is, a way of life and custom for Africans (Schutte 2001:1). The *ntu* suffix denotes a human being, found in most African languages, as in the widespread "ba*ntu*" clans. Msomi argues that pastoral care by African theologians should be understood from an African perspective as "…concern has to do with a quest for liberation of the person…as well as passionate zeal that others be liberated in Christ in their own context, instead of being enslaved in a Christianity that is not their

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[27] Unless otherwise noted, all scripture references are taken from the Revised Standard Version.
[28] Meaning 'humanness towards others'.

own" (1992:12). In agreement, Mucherera (2000:17-18) argues in line with developing world theologians who advocate a theological method that is contextual and developed by Africans from an African context, arguing that theology should be able to speak and respond to the daily sufferings of people.

Pastoral care in an African context focuses on guidance of what it means to be human, which in an African context involves caring for other people's wellbeing as well as care for oneself, hence children and adults are guided on this. There are seven pastoral care functions, namely healing, sustaining, guiding reconciling, nurturing, liberating and empowering (Lartey 2003:62), the first four of which were identified by Clebsch and Jaeckle (1964:4), the fifth added by Clinebell (1984) and the last two by Lartey (2003:62). This study has identified guiding as significant in the pastoral care of children in crisis, particularly URMs. Guiding a child in Africa is core to its wellbeing and future, and entails taking a parental role in directing him or her on the right path, noting vulnerabilities and providing protection. Guiding liberates those who are guided, because it is not imposing but facilitating the finding of a solution. There is in African Ndebele culture a saying, *indlela ibuzwa kwabaphambili*, meaning 'you ask the way from those who know it to guide you', and since all adults are believed to have gone through childhood stages they are expected to know and understand the process better than the child. Lartey (2003:65) explains the principle of guiding as "…enabling people through faith and love, to draw out that which lies within them. This is not to deny the sharing of information and offering of ideas and views…" URMs not accompanied by adults or a parent lack guidance, for example on how to respond in certain situations, to take care of themselves and survive in a diverse context.

In the African context, pastoral care must and should understand the cultural perspective and the worldview of Africans. Lartey (2002:321), in his proposal of an intercultural approach of pastoral care and counselling, firstly examined the different forms in multi-cultural contexts, arguing they were inseparable from their cultural assumptions and biases. As a result, for counselling practice to be effective it should involve reflection on the meaning of both the counsellor and the client's cultural beliefs. On the other hand, Fukuyama and Sevig (2004:28) tackled the questions of cultural and religious diversity in chaplaincy care in a context of increasing diverse societies, arguing that it is not feasible for a pastor or counsellor to be an expert of all religions and all cultures. However they

believed it was crucial for pastors to have basic knowledge about cultural and religious diversity, because they serve people from different cultural and religious contexts. Clinebell (1984:27) argued that:

> Pastoral care must liberate itself from its dominant middle class, white, male orientation and become more inclusive in its understanding, concerns and methods. It must become transcultural in its perspective, open to learning new ways of caring from and for the poor and powerless, ethnic minorities, women and those in non-Western cultures. On a shrinking planet, our circle of consciousness, conscience, and caring must become global.

Although people from Western and non-Western countries may share similar crises, their different cultural and religious contexts demand that they find solutions in a context that they understand and with which they are familiar. Regarding culture, none is inferior or superior. Mucherera (2000:9) argues that a direct shift of pastoral care that is dominantly Western to a non-Western person without considering that person's cultural or religious context is erroneous and harmful. Therefore, Ma Mpolo (1990:12) suggests that contextual pastoral care to the Africans should focus on

> [Firstly] the importance of understanding the parishioner's or client's worldview; [secondly] the importance of incorporating cultural concepts of illness and health into the therapeutic process; [and thirdly] the necessity of inserting insight-orientated approaches into the pastoral care and therapeutic process in order to promote emotional release or catharsis, personality growth, and an awareness of one's identity in relation to that of the group.

Though Ma Mpolo is not writing from a child's perspective, his suggestions are applicable to children's situations. The caregiver should understand the child's worldview and integrate the cultural concepts of illness and health according to the child's culture, in the process promoting personal growth and conscientising the child to his or her identity in relation to the group (Ma Mpolo 1990:12). However, most children struggle or are confused by enculturation and the 'half-breed' notion of two opposing cultures in a person's life (Mucherera, 2000:9). Augsburger (1986:14), from a Western perspective, uses the term 'interpathy' to describe the process of a pastoral caregiver entering the "second culture" as a respectful culture and treating it with equal respect as his or her

culture (1986:14). In "half-breed" culture the person does not know which culture to prioritise, therefore the caregiver should be able to bracket his or her own cultural beliefs before entering into that cultural confusion, and so to negotiate a bridge to resolve it (Mucherera 2000:12). Enculturation is understood by psychological anthropology as a process through which culture gets inside an individual (Harkness 1992, quoted in Halley 2012:49).

Generally, in most African contexts, and particularly in African traditional contexts, a crisis does not just happen without a suspicion of witchcraft or anger from the ancestors (Louw 1994:24). This is what pushes most African societies to adopt 'half breed' cultures, in which both Western and African traditional religious beliefs co-exist. They are Christians during the day and African traditionalist at night. Some people therefore choose the African Independent Churches (AICs) to merge the African culture with Christian religious practices, for example, physical and spiritual healing practiced by prophets (Gundani 2001:136-137). Some prophets both from the Pentecostal churches and AICs claimed to have powers of healing HIV and AIDS and other spiritual forces that cause instability in families. This has attracted many people to these churches, further fuelled by a crisis in an African context that associates "one's relationship with God, ancestors, relatives, nature, cosmic spirits and the environment" (Manala 2006:150). Children are connected to their parents' relationships, and God or ancestors may choose to send a message to a child's parents through the sickness or death of child. On the other hand, jealous or angry relatives may choose to punish the parents by causing some sickness or death, particularly on the breadwinners of the family. In current years, HIV and AIDS has left children without parents.

In an African context, gender plays a role in how caring and counselling are performed. African traditional women have ambivalent feelings about this practice, with limited literature on gender and counselling from an African perspective. Most literature is from gender studies that address issues other than pastoral care. From a Western perspective, different scholars contributed articles in a book titled *Through the eyes of Women: Insights of Pastoral Care*, edited by Moessner (1996). Bohler's (1996:27-49) article, *Female-Friendly Pastoral Care* addresses the gap in pastoral care in female contexts, suggesting what female-friendly pastoral care should be like, and providing twelve recommendations of how to perform counselling in a female-friendly environment. Miller- McLemore

(1996:9-26) describes issues of cultural, gender, class and racial diversity in pastoral care in her article titled *The Living Human Web: Theology at the turn of the Century*. She uses the metaphor the "living human web" as a symbol of interrelatedness and interconnectedness of everything that affects human life, such as culture, family systems, public policy, establishments and beliefs.

African female theologians, such as the Circle of Concerned African Women Theologians, have addressed the issues of gender extensively and published on the experiences of African women in religion and culture, and disparities in culture and church. In particular, they questioned the role of culture in women's vulnerability to HIV and AIDS, but not that of children. The publications have intensively researched harmful cultural practices in a context of HIV. Phiri (1997) in her book *Women, Presbyterianism and Patriarchy: Religious Experiences of Chewa Women in Malawi* critically describes the cultural experiences of the Chewa women and their struggles for recognition in their religious faith with God. Though these authors do not address the issue of pastoral care and gender their arguments are applicable to religio-cultural gendered pastoral care.

### 4.3.2    Locating research related to children in pastoral care- western literature

Literature written about practical theology and children is limited, so pastoral care as a discipline under practical theology is not different from practical theology. Lester (1985:15) argues that pastoral care is silent on children, particularly those in crisis, and also in the curriculum for training pastors. This affects the way pastors care for children in crisis, with some confused on how to care for a child in crisis (cf. Hadley 2007:1). In agreement, Grossoehme (1999:1) argues that most people are afraid to work with children in hospitals (crisis) because they find it intimidating, and although all people were once children they seem to forget what that experience was like. Lester (1985:25-35) discusses the reasons pastors neglect children, arguing that it relates to stereotypes of children and their being idealised. Some of the stereotypes are influenced by cultural myths that children are a responsibility of their parents and feel that any initiative may be taken as interfering in the parents' task or intruding in the family affairs.

Lester (1985:27) believe pastors see childhood as only a time of happiness and innocence, and some assume that children are unaware of the crisis around them because they express

feelings through play and have a short attention span. Similarly, Hadley (2007:2) sees a reason for lack of pastoral care for children in crisis being that pastors may view children as not yet at an age when they are able to grasp concepts of God or experience in the presence of God. Whilst pastoral care originated as a system of care for adults, care for children has not yet been considered (2007:2).

In addition to the stereotypes, Lester (1985:31) identifies other causes for pastoral neglect as pastors being afraid that the media might misinterpret their concern for the child and raise suspicions of child sexual molestation. Roman Catholic priests in Europe and Brazil have been accused of sexually abusing children in their care (Keenan 2012). Sexual abuse has for many years gone unreported or ignored because of the status that communities construct for pastors.

Hadley (2007:1) concurs with Lester (1985) and Grossoehme (1999) in arguing that although the church spends large amounts of money on buying the curriculum used to teach children about their faith and denominations, and the time volunteers spend caring for them, teaching and welcoming them in the body of Christ, if a child is in a crisis the church seems fruitless, and a child finds her or himself in despair and hopeless, shattered by a crisis. Hadley believes the church does not know how to care for a child in crisis, except to make a referral to a secular agency or counsellor, and in most cases there is no offer of pastoral care made to the child. The church seems lost and blank on what to say to the child about God's role in the midst of their pain.

Couture (2000:11) argues that the central work of pastoral or congregational care is to care for the most vulnerable persons in society, such as poor children, whilst for Grossoehme (1999:25) quality pastoral care of children and youth requires constructing relationships with them, not because this is a requirement but because children are equal members of the church with intrinsic worth as God's children. Grossoehme (1999:4-5) adds that children's value in their own right means staying with their agenda, and since this is mostly hidden it is the role of pastoral care to explicitly bring it to light. Grossoehme suggests a framework rooted in being able to express thanksgiving for children (1999:1). The basis for the care of children is rooted in the act of thanksgiving for the gift of a child. God gave humanity a gift of a child in Christ the child (Pais 1991:23) and Christians believe that Christ the child came to break and open the cycles of life and time, therefore, when we care for the vulnerable children we give thanks for every child seeking to serve Christ. Grossoehme

(1999) weaves together theory and practice by addressing a wide variety of topics, including caring for children with psychiatric illnesses. He argues that understanding key issues of pastoral care is crucial in being able to provide care that is effective and not merely friendly. Hence, it is important to acknowledge that the pastoral care of children is different from that of adults and that as pastoral caregivers we cannot expect pastoral care of children to be mediated through their parents (Grossoehme 1999:5). Grossoehme (1999) goes on to discuss pastoral care using the tools of faith in sensitive situations by using examples such as fear, guilt feelings and anger.

In addition to the framework of pastoral care, Westerhoff (2000) [29]identifies four stages of children's faith development as *experienced faith* that occurs in pre-school and early childhood stages; *affiliative faith*, that occurs in childhood and early adolescent years, *searching faith that* occurs in late adolescence; and *owned faith*, which occurs in early adulthood. He analyses the ministry of Jesus as a model for faithful effective ministry and illustrates how a pastor's relationship with troubled children can have a significant impact on their spiritual and psychological development. He locates the adolescents' faith in the searching faith stage when they are questioning everything, including the Bible, the pastor and the existence of God, among other faith issues. Similarly, Lester (1987) edited a book that addressed different issues that affect children from kindergarten to puberty. He acknowledged that each of the authors had experiences with children caught in a particular crisis. The book was divided into three parts: part one introduced the reader to the young children from Kindergarten to puberty, which Lester (1987:10) argued is between five and 12 years of age. In this part authors discuss the understanding of the school-age child from physical, emotional and cognitive development. Authors also explain the needs of children of this age, including what they need from adults in terms of physical, spiritual and specific needs, and make recommendations on how to care for children in crisis. Part two analyses particular crises children face on a day-to-day basis, ranging from divorce, sickness, death, abuse, disability, stress and anxiety. Part three recommends resources pastoral caregivers can use with children in crisis. Authors discuss how faith can be used as a resource to minister to children. Authors in Lester's book include the following.

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[29]Westerhoff, J.H III 2000. Will our Children Have Faith? New York: Morehouse, accessed in http://www.immanuelprinceton.org/youthfamily/stages.htm accessed on 14 May 2011.

Handzo (1997:173) argues that issues of faith, acceptance and theological issues are crucial when dealing with children in crisis, and writes that it is crucial to overcome the myths and prejudices that children have about issues of faith. Children need to be accepted as equal partners with adults in the journey of faith, and terms such as 'mature faith' and 'little faith' may frighten children or lead them to think that the former is the only kind that matters. However as much as children have individual faith systems they still rely on the adults or the pastor to guide them towards understanding faith. In agreement, Jensen (2005:32) writes that: "each child is unique and each child comes into the world utterly dependent on others for biological survival and consequent development." For Handzo (1997:175), the faith needs in times of crisis are much the same for children as for adults. The difference is not in the question but in the language used to answer them. Children and adults' feelings towards and about God are of paramount importance. They both need and want to be in a loving and caring relationship with a benevolent and forgiving God, and both need to understand that, despite their crisis, God offers forgiveness and continued presence. They both need to understand that God does not allow suffering and both need to be allowed to communicate and to listen to God intimately (Handzo 1997:175).

Koch, Andrews-Collette and Hammond (1987:203) argue that ministering to children in crisis does not require someone who has undergone special psychological training, but rather a caring, sensitive and alert pastor, whose presence and willingness to listen without judging can foster an adult friendship of understanding and compassion (cf. Grossoehme 1999:4; Lester 1985).

In *Celebrating Children: Equipping People Working with Children and Young People Living in Difficult Circumstances Around the World* (edited by Miles & Wright, 2003),Wright, in an article titled *Listening to Children and enabling their involvement*, examines the significance of listening to children, its benefit for children and how it impacts on their development and healing. She outlines key issues of effective listening, such as age, at which children's needs are different from those of adults. Velazco (2003, in Miles and Wright) in an article titled *Involving children in the process of Assessment and therapy*, describes the significance of listening to children's verbal and non-verbal expression, arguing that there are times when children struggle to verbalise their emotions or thoughts, therefore the caregiver should be able to be "observant and involved in trying to understand what the child is trying to communicate through such cues and what the cues

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mean for the child" (Velazco 2003:76). The author argues that children should be allowed to use their freedom to communicate what they wish to say. The child's language is crucial and the listener should show that she or he is comfortable with its language and culture.

Of great importance to children is the pastors' representation of faith, hope and love, as this guides them through the maze of a crisis (Koch *et al.* 1987:203). However, though caring for children in crisis does not require special training, Koch *et al.* (1987:203-204) argue that in reality some children may not journey through the trauma caused by crisis until they are referred for professional help. They argue that ministering to children in crisis calls for one to know when and how to refer the child and the family in times of crisis. As a result, Koch *et al.* (1987:203) urge pastors to know referral sources within their geographical area and to know the right time to refer a child in crisis. Hadley (2007) and Lester (1985) differ with this idea as they argue that the church, its pastors and lay pastors have the opportunity and capability to help hurting children and teens in times of crisis. They believe that referral to secular counsellors disregards Christ's healing power.

Lester (1985:52;59), provides some basic principles of pastoral care with children in crisis as he explains that one has to begin from being with, talking to, leading worship with and teaching them, as well as including them as listeners. This can be done by telling stories, making calls and taking pastoral notes. In agreement, Pais (1991:16) writes that in order to care for children the religious community should listen to the child within themselves. This crying child will force them to respond to issues that affect children as much as they respond to issues that affect adults. On the other hand, Carter (2007:122) explains that pastoral care for children should respond to their needs, and suggests that pastoral care may follow or be informed by the Maslow's hierarchy of needs framework. Lester (1985:68) suggests that a pastor can include children in his or her pastoral care duties by making a telephone call on their birthday, asking after their health, or including children in pastoral visits. These authors do not provide a pastoral care model with children in crisis but do describe the pastoral care practice suitable for children in crisis, such as play therapy, pastoral care through storytelling, pastoral care through art, and pastoral care through writing. From these methods one can develop a model of pastoral care suitable for children in crisis.

However, Hadley (2007) extensively addresses the gap in literature on children and pastoral care. Contributing to the academia and the church's pastoral care ministry she

designs a pastoral care model with children in trauma. She had used a model informally at the *First Steps Spiritual Center* to bridge the gap in pastoral ministry and children, termed the *Principles of Blessing Based Spiritual Nature model*. She argue that it had not been studied academically but was successful in providing pastoral care for children in trauma, allowing children with the companionship of a spiritual support provider to name their pain, spend time with God, move from despair to hope, and find peace through discovering spiritual integration (Hadley 2007:10).

Carter (2007) in *All God's Children: An introduction to Pastoral Work with Children*, examines the significance of family for children's socialisation into adulthood. She argues that in the Jewish community family was key in shaping, nourishing, and sustaining the identity of children. It was also central in religious and spiritual nurturing of children. At home, children were surrounded by daily reminders of their faith that distinguished religious beliefs, acquaintances or companionships, whom to mix, play or share with. They particularly mixed with those who shared the same food customs, religious interpretations or observations and important religious days in their culture (2007:80-81). A child in the Jewish faith was practically socialised or nurtured by family customs. Carter (2007) describes the significance of family in guiding children through their developmental stages using psychology child development theories. She explains the developmental stages of children and their needs at each stage.

### 4.3.3   Pastoral care and adolescent sexual education from a Western perspective

Adolescence is a stage that begins with puberty, when a child has graduated from childhood and is introduced into a new stage of life that is between childhood and adulthood. Guided by Mead's (1928) cultural theory on adolescence development, this section will review theological literature and literature from related fields and how it understands and conceptualises pastoral care with adolescents in a context of HIV. Dykstra (2013), on issues of sex and sexuality in his article *Ministry with Adolescents: Tending Boundaries, Telling Truths*, examines different challenges and risks faced by pastors and adolescents in today's world, such as concerns, mysteries, questions and even traumas related to sex and sexuality. He explains that due to the different contexts that children grow up in, and those of pastors, it becomes difficult to talk about sex and sexuality,

church tradition and culture. However, adolescents are vulnerable and sometimes become victims of sex and sexuality through rape (Dykstra 2013:4), therefore he challenges pastors who work with adolescents and children to move out of their cocoons and engage in dialogue with adolescents on "sexual questions and interests often deemed unsafe and unspeakable by church and culture…"(Dykstra 2013:4).

On the other hand, this may be viewed with scepticism by those who may think negatively about friendship (Lester 1985:31). For example, Dykstra (2013:4) argues that this is a minefield navigated by most ministers who work with youth and children. Pastors must not ignore or avoid work with adolescents and children, because they are at a stage when they are vulnerable to different crises, undergoing sexual maturation and experiencing traumas related to sex and sexuality (Dykstra 2013:4). Citing Taffel (2005), Dykstra (2013:5) argues that cross gender counselling is no longer a problem for adolescents because they grow up in a context that allows them to have close friends of both genders and talk openly with them about sex. Meanwhile, this is still a problem with counsellors and caregivers as a male may find it difficult to obtain specific information about sex from a teenage girl, and a female therapist may find it difficult to obtain specific information about sex from a male teenager (2013:5). This may depend upon the context; because some children and adolescents have been socialised differently. Some may be free to open up in a cross-gender counselling session, while others may see it difficult, particularly those children or adolescents who were brought up from an African Traditional context. For instance, in Ndebele traditional culture, girls feel safer talking about sexual issues with women rather than men.

Pastors may also shy away from cross-gender counselling for fear of being misinterpreted (Lester 1985:31). For Davis (1996:93), caregivers should respond to issues of adolescents and sexuality as the messages they give out are extremely important and easily confused. She recommends that caregivers give adolescents positive messages about sexuality such as the body is good and sexuality is good. She criticises Christian theology for splitting the spirit from the body and making the body a prison for the spirit, arguing that adolescents should not be denied the truth of knowing that "sexuality is part of what makes us who we are and our sexuality helps us to express our love to others and our excitement for life" (Davis 1996:93). She recommends that caregivers tell adolescents what they believe about sexuality and its appropriate expression, arguing that this will not be forcing the

caregiver's beliefs but is a chance for adolescents to see how adults think and why, giving them an opportunity to think back. She outlines nine issues that caregivers should discuss with adolescents in helping them to make their own decisions about sexuality, namely spirituality, power and consent, mutuality, fidelity, emotional maturity, responsibility, sexual orientation, risks, and alternatives (Davis 1996:94-95).

In *Counselling adolescent girls*, Davis (1996) uses developmental theory, family systems and feminist method to describe adolescent girls' journey through the transition from childhood to adulthood. She uses psychology theories to describe and explain the stresses and storms that girls go through during their biological evolution. Explaining adolescent Erik Erikson's identity crisis theory, Davis (1996:30) writes that biological evolution in an adolescent's body changes and develops as they become adult in both appearance and function. This then is a crisis for adolescents as the adult identity brings its own demands. She also explores the relationship changes of adolescent girls in their family context, noting that this is where girls first learn and understand their faith and what it means to be a religious person (Davis 1996:51). According to her findings, girls have a special attachment with their mothers and maintain a stronger and more powerful relationship with them than any other member of the family. They adopt the adult identity through their journey with their mothers, and as Davis (1996:52) writes: "…for a girl to come to an adult identity she and her mother must go through an often painful series of negotiations. Both mothers and daughters must come to see each other in new ways." For many girls their mothers become their models of what it means to be selves who are also in relationship with others. In explaining the relationship with their fathers Davis (1996:55) argues that a girl's relationship with her father is not exploring feelings but more about adventure and being playful. She says the girl's identity is less personally threatening to a father, therefore she argues that "fathers are more likely than mothers to encourage girls to be ambitious and to achieve in the public arena…" (Davis 1996: 55). The focus is on when to refer an adolescent girl to a counsellor in the case of a mother-daughter clash or father-daughter isolation. She recommends that a pastor should refer them to family counsellor, acknowledging that pastors are not capable to counsel families.

**4.3.4 Locating research related to children in pastoral care- African literature**

The results of literature on practical theology and children by African scholars are disappointing, and the discipline of pastoral care has done little to change this. While much effort has been made in researching pastoral care needs for adults, little literature is available to describe a formalised pastoral care model for or with children in an African context. However, some literature on adults "will be applied on children to create a solid foundation for the development and understanding of necessary components of an effective pastoral care model for children" (Hadley 2007:28).

In an African context, Getui (1994) critically discusses the plight of street children in Kenya and the contributing factors that push and pull them onto the streets. She argues that the pastoral response should be first to look for the root of the problem. Secondly, children who are already victims should be put into rehabilitation (1994:141). She challenges the church to include street children who have been missed by the Gospel and who are also missing out on a devoted solution through pastoral ministry. The Christian pastoral approach is one way that can be used to assist street children because they are in need of prayer, care, counsel, comfort, and concern. These aids are generally romanticised by the church as it is confused by children in crises.

For Mugambi (1994:149), students and the youth are an important sector of the flock which the African church has ignored. His concern is that as much as North America and Europe have responded to their needs the African response is disappointingly low. Therefore, the situation has resulted in the division of many young people from their parents and local pastors. He draws up guidelines to help students and local communities, while challenging the African church to take an initiative through evangelism and pastoral ministry for students and the youth. There is a need for pastoral care through comprehensive chaplaincy plans and all churches should play a role in identifying what needs to be done (Mugambi 1994:162).

Shumbamhini (2008) describes the pastoral care and therapy model practiced in a residential child care institution in Zimbabwe, finding that some children who enter it are in crisis, some having no name and painful experiences of physical and sexual abuse (2008:160). Others have experienced the trauma of seeing parent/s die due to HIV and AIDS, or have been dumped by parents or relatives. Shumbamhini argues that pastoral

care and therapy for children should not be within the therapy room but rather it should be visible in everything the pastoral caregiver does, such as providing material needs for children, assisting with homework, listening to the children's experiences of the day, holding the hand of a sick child, visiting the schools and networking all stakeholders involved in the caring of children (2008:161). According to Shumbamhini, pastoral care "should be concerned with building a community of hope, love and healing" (2008:164).

In agreement, Mwenisongole (2010:77) recommends that pastoral care and therapy for children make sure that their physical, spiritual and psychological needs are taken care of. Both Shumbamhini (2008) and Mwenisongole (2010) were investigating the effectiveness of narrative and participatory approaches of pastoral care with children in crisis. Mwenisongole's model is cyclical, as he argues that in an African context, particularly in Mbeya, Tanzania, life is understood as comprising a circle (2010:238), which includes the soul (psyche), events, memories/fantasy, imagination, play/stories, experiences, meanings, hopes, healing and wholeness/salvation (2010:238). Though this seems holistic, it may work in one context but not work in another, (Shumbamhini 2008:207).

Shumbamhini's metaphor of participatory approach to pastoral care and therapy involves two grinding stones of peanut butter (2008:133-134). Both the child and caregiver participate in pastoral care and therapy of a child, making pastoral care and therapy a mutual process in which the caregiver contributes something as well as the child or client. As much as one cannot grind with one stone so pastoral care and therapy require a child or client to participate. Therefore, pastoral care and therapy should not focus on the child's psychological wellbeing alone but include his or her holistic being. As a result, a child should be prepared for the future as it will not spend the rest of its life in a residential care area. Accordingly, a child's developmental stages must be prioritised in pastoral care and therapy, as he or she prepares for the exit (Shumbamhini 2008:87).

### 4.3.5 Pastoral care and adolescent sexual education from a traditional African perspective

Whilst adolescent initiation in African culture is different from that in Western culture, it is also different with tribes. Kamau (2011:263) explains that initiation practices of young people to adulthood were practiced in the pre-colonial era and the main aim of these rites

was to "prepare young people for sex in marriage, parenthood, and other leadership responsibilities." African religious literature has identified different adolescent religio-cultural practices that are meant to guide adolescents to adulthood, also encouraged recently by some for HIV prevention and discouraged by some for increasing women and girls' vulnerability to HIV. Gundani (2004) examines the changes that took place in the Zimbabwean cultural institutions and practices of healing, inheritance and gender equity due to HIV. He describes the cultural interventions that increase particularly women's vulnerability to HIV, such as the *chigadza mapfiwa* custom, for restoring "…family cohesion in the wake of death and bereavement" (Gundani 2004:90). This custom takes place when a man loses his wife due to death, so to protect family ties and relationships the man will be given the sister or niece of the deceased wife to marry. Another custom Gundani regards as a threat or risk in the context of HIV is *kugara nhaka*, a custom by which a brother will inherit his dead brother's wife to care for the bereaved family. Amongst these cultural practices is virginity testing, described as a cultural practice that the traditional leaders had to reintroduce as a solution to the scourge of HIV among girls. This cultural practice is traced in Makoni in Manicaland, Zimbabwe, where girls who passed virginity testing were awarded certificates at the end of the ceremony (Gundani 2004:99).

Virginity is valued and respected by most African traditional societies, and was a profound source of pride to the girl's family at the time of marriage (Gundani 2004:100). Though, Gundani acknowledges the significance of virginity in a context of HIV, he criticises the virginity testing custom for lack of consideration for the girl-child's rights. He also questions its impact on women's empowerment, arguing that it does not encourage respect for autonomy in the determination of sexual choices for both female and male members of society, focussing as it does only on the girl-child and not the sexual behaviour of a boy child (Gundani 2004:102). Therefore, Moyo (2004:73) argues that "cultural valuing of virginity socialises women and men to believe that men are born knowledgeable about sex whereas women must be taught how to have it. Correspondingly, men feel obliged to indulge in risky sex to prove their manhood". James (2008:4) argues that such practices force girls to submit to abusive relationships because they believe that men have a right to dictate, when, where and how sexual intercourse can take place, at the same time preventing them from negotiating safe sex, even during consensual intercourse. Some communities still believe that having sex with a virgin cures HIV, since this practice is

conducted with everyone in the community watching and the certification process of those who pass virginity mean that they are at increased risks of rape by men who want a cure for their HIV (Gundani 2004:103; cf. Hanzi 2006:38). Another problem with virginity testing is that not all young girls who 'fail' it have had consensual sex, some may have been raped, and some may have lost their virginity through accidents or visits to the Doctors (Phiri 2003B:67). Therefore, in Phiri's (2003B:66)'s findings Nomagugu a Sangoma interviewed by Isabel Phiri explained that her call to do virginity testing was directed towards protecting the Zulu girls from HIV/AIDS, rape and teenage pregnancy through monthly virginity testing. Virginity testing was considered as a prevention strategy for both HIV and teenage pregnancies by those who practise it.

The rite of passage or cultural initiation practice of elongation of the *labia minora* is believed to serve three purposes, namely, enhancing the erotic experience of both male and the female during foreplay or mutual masturbation; serving as a self-identifier of women; and forming a stamp of legitimacy for a true woman from a certain tribe (Tamale cited in Kamau, 2011:263). The significance of these practices in HIV prevention is not clear to Kamau (2011:264), and "whether such practices need to be preserved and whether they would help to empower women in their negotiation for safer sex in the context of HIV and AIDS requires further research."

On Pastoral care and counselling for youth, Gastonguay (1993) examines the Malawian tradition and significant cultural factors that directly influence counselling. Here, traditional advisors (*Alangizi*) are tasked with socialising the child into family and village life. This was done by teaching girls patterns of behaviour and introducing them to new skills such as preparation for motherhood, adult responsibility roles and marriage by an expert. However, Gastonguay (1993) struggled to implement her Western counselling theories in Malawi because of the different cultural context. She believed with the crisis of HIV African people would see counselling as having the potential for healing and improving life (1993:68). Similarly, Keane (1993) reported on her journey of counselling Zambian people with HIV: "theories, practices and approaches to counselling already recognized in the West are excellent stepping stones and [they can] fashion them into bricks with which to build their hut…" (Keane 1993:81). Because Western theories have proved not to be working in Africa, the African scholars are campaigning for contextual

ways of caring and counselling (Fiedler, Gundani & Mijoga 1997; cf. Phaswana 2008; Buffel 2006).

## 4.3.6 Evaluation of literature review in pastoral care and children

Literature on pastoral care and children reveals that as much as the discipline is an important arm of the church it has done little for children. Lack of literature on children, particularly by African scholars, reveals a failure in this discipline. The church in Africa can no longer continue using theories and models from the West when it has its own theologians. Despite being an important arm of the church and theology, pastoral care is still silent on children, regardless of visible signs of oppression. The articles reviewed are outdated, though new research is striving to fill the gap, notably that of Shumbamhini (2008) and Mwenisongole (2010).

Western literature on pastoral care and children is not as poor as African literature because Western pastoral theologians have written articles and published research, particularly Hadley's 2007 model of pastoral care with children in crisis. Their interest in children in crisis and pastoral care shows that they are in the process of including children in their pastoral ministry, which African pastoral scholars have neglected. However, if pastoral theologians in an African context apply Western theories in an effort to develop a contextual pastoral care model for children, they will not be doing justice to the children. Western literature is written from a Western perspective and the tradition is different, whether socially, economically, culturally or politically. African leaders increasingly call for African problems to be solved by Africans through African solutions.[30] This is a challenge to African scholars to develop an African pastoral care model in an effort to alleviate African children's suffering and protect their human dignity in an environment of oppression.

It is evident from the literature reviewed above that children are being overlooked by the church and theological academia. This ignorance of children is worrying for both the current and future church, as well as broader society. Frank and Pearson (1998:4) write:

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[30] African leaders such as those from the sub-Saharan Africa.

"the subject of 'children' in or out of the church does not produce immediate interest and concern. Only when the news item is tragic or shocking does the average head turn and consider the situation." In agreement, Bunge (2003:11) argues,

> [w]hile we express…concerns, our actions not only in our society, but even in our churches reveal a lack of commitment to children. Many countries fail to meet even the basic needs of children, and children around the world suffer hunger, poverty, abuse and neglect, and depression.

However, childhood studies and research are increasing in the theological arena. Most scholars, such as Browning, Bunge, Couture, Swart and Yates, Lester and Miller-McLemore have responded to the call to respond to the plight of children by reflecting theologically on issues that affect children. While there is literature about pastoral care and children, there is none that specifically addresses the pastoral care of URMs from an African perspective. URMs in an African context are subjects of Western theories of counselling that do not understand their culture or religion. In order to respond to the plights of African children there should be literature that understands their roots before addressing their crisis, hence this study

## 4.4    MIGRATION AND PASTORAL CARE

Biblically, migration is not new. Lee (2010:159) argues that migration has existed since the dawn of time, as humanity has been on the move. Cross-national migration has increased in recent years because of a more globalised world, with commerce and communication in all directions. Migration existed in the Old and New Testaments, with Israelites moving from Egypt to Canaan, and Abraham and his family, Joseph, Maria and baby Jesus also migrating. Therefore, migration is not new in pastoral ministry, though that of URMs is foreign in the Biblical context. Researchers from different disciplines, theology not included, have explored the experiences of URMs migrating from Zimbabwe to South Africa and how this makes them vulnerable to harm. Various factors have been identified as causes, the most obvious being socio-economic and political instability in Zimbabwe (Skelton 2010; cf. Fritsch *et al.* 2010:628).

According to Lee 2010, churches should be encouraged to establish caring ministry for immigrants, citing the Bible: "you shall not oppress a foreigner, for you know the heart of a foreigner, because you were foreigners in the land of Egypt" (Exodus 23:9; Lee 2010:167). Lee does not write from a URM's perspective, but his concern for a pastoral care ministry for migrants is crucial. He found that most immigrants who leave their cultures do not speak the native language of their destination. If they do not even understand the lingua franca of English this may make them feel worthless, helpless, hopeless and isolated. He argues that pastoral care ministry, as an important arm of the church, should develop cross-cultural language skills by thinking of a few words and expressions locals and foreigners would most want to know when learning another language (2010:167). He argues that if we are to prolong life we should not allow cultural, religious and racial backgrounds to interrupt and barricade communication and cooperation between people. This can be done in the pastoral ministry if pastoral caregivers engage in social and cultural analysis of different people in the midst of the changing times, and understand the second culture both cognitively (thinking with) and affectively (feeling with) (2010:168; cf. Lartey 2003:41). The issue of culture is a predicament particularly for children who may have been raised in a certain culture, different from that of the host country or the caregiver.

Another problem which pastoral care can address is the issue of language and labels used by policies and local people to label immigrants (Groody 2009:3). Terms such as refugee, migrants, forced migrant, undocumented, internally displaced people, foreigners; *makwerekwere* are used by different sectors, policies and societies. Such names create boundaries between local people and those from other countries. For Groody (2009:3), "although labelling may be an inescapable part of policy-making and its language, the difficulty arises when migrants, immigrants, refugees and asylum seekers are identified principally and primarily in terms of their political status rather than their human identity." Human identity is central to every human being, however some who migrate experience loss of their identity, and therefore grieve this loss (Lee 2010:162). It becomes a problem when that is intensified by labelling, as it generates uneven relationships leaving people from other countries vulnerable to control, manipulation and exploitation (Groody 2009:3). In addition, Groody (2009:3) believes that identifying people in terms of their social and political descriptors can unintentionally create new forms of psychological colonisation, forcing them to lose their status.

Hasson and Whitaker (2010:5) call on the Christian community to support refugees during the time of exile. They argue that in order for it to do so it must develop empathy, which "involves understanding another person's reality and experiencing on an emotional level what another is experiencing." In agreement, Lartey (2003:92) describes empathy as entering into another person's emotional world and understanding that person's inner feelings and perceptions. Therefore, pastoral care as an important arm of the church and an important discipline of theology should show empathy to URMs who are seeking refuge from the churches and the country at large by condemning labels and introducing better names that do not segregate people.

## 4.5    MIGRATION IN THE BIBLE: THE ALIEN AND THE STRANGER

Migration is not a new concept in the Bible, with, for example, the Old Testament narrating numerous stories of migration, both forced and voluntary. It implicitly began with Cain after he murdered his brother Abel (Gen 4:8). God cursed him and commanded that he would be a "…fugitive and a wanderer of the earth" (Gen 4:11-12). The story of Cain marks the first forced migration story and the first murder story in the Bible; however, though Cain has wronged him, God does not say migration is a punishment. Rather, God curses Cain when he tells him that the ground will no longer yield any crops for him. As a wanderer and fugitive God says he will protect him from any harm.

A second story of forced migration in the Bible sees Joseph being sold as a slave by his brothers to the Egyptians. Though a foreigner and a slave, Joseph's wisdom and intelligence became his passport to a better life and he managed to save both Egypt and his family from famine (Gen 37:27; 41; 45:16 ff). A third story of forced migration is that of Moses, who fled persecution after murdering an Egyptian who was beating a Hebrew, Moses' fellow brother. When Pharaoh heard about it he sought to kill him (Ex 2:11-15) but Moses had already fled.

Forced migration, as painful and frightening as it may be, can become a phase of success, triumph and liberation, bringing excitement and hope of a new life (Lee 2010:160). For example, Joseph rose from slavery, being a stranger and alien to a hero and saviour of the Egyptians and his family including his brothers who sold him (Gen 41:37ff; 42:1ff; 45:1ff.). Moses went from being a foreigner, stranger and a prisoner on the run to a hero

and an advocate of liberation when God used him to lead the people of Israel out of oppression (Ex 12:1-51). For Hasson and Whitaker, foreigners have gifts and talents, as well as hopes and fears (2010:9), and can be agents of change as well as liberators. They can fulfil their ambitions if society allows them to use the gift and talents.

According to Lee (2010), many migrants look forward and are excited about the possibilities of a better life. At the same time, "the act of migration forces the immigrant to experience a dimension of looking backwards. Immigration may involve pain and loss, as people struggle with a severing of family ties, secure jobs, friendship and even pets" (Lee 2010:160). The issue of migration threatens the ontological security[31] of migrants and may force them to accept control, manipulation exploitation and psychological exploitation (Groody 2009:3). Lee (2010) writes that migration brings outer change first, but in the long run inner change, and believes that outer change of the environment without inner adjustment will result in conflicts, pain and grief, because so much of human identity as individuals is related to external roles and social context (Lee 2010:165). For instance, URMs' migration is not different from that of adults because both are migrants who lose something and gain something out of their migration. Therefore, migration of URMs becomes bad when no one is available to protect or guide them. URMs' migration is more than just voluntary, it carries both the characteristics of voluntary migration and those of forced migration, making the terms problematic. People may choose to disconnect from their genealogical connections because someone or something has pushed them to do so, and/or because they wish to.

Voluntary migration in the Bible happened on many occasions. Abraham was called by God to move from his land to a new land. He volunteered and listened to God, so one cannot say he was forced to leave because God said to him "leave your country, your people and your father's household and go to the land I will show you" (Genesis 12:1). There was no language of force in what God said, but rather it was a matter of obedience and Abraham's faith in God. The Bible does not disclose whether he resisted or not, but he would have missed his family and there was a genealogical discontinuity in his life.

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[31] According to Giddens 1991 Ontological security "stems from a sense of order and continuity to life which in turn gives life meaning. Meaning is derived through stability and predictability in our experiences."

Ruth's migration parallels that of Abraham, because she voluntarily migrated to her mother-in-law's native land, determined to join her wherever she went (Ruth 1:14-22). The parallel of Ruth's story with that of Abraham is that both choose to leave their genealogical connections, homes and friends through obedience, love and loyalty. Neither explicitly mourned this discontinuity, but as human beings they could have grieved internally. The difference between Ruth and Abraham's migration was that Ruth was not invited or commanded, but willing. Maybe she felt obliged to follow her mother-in-law because when she was with her she felt closer to her late husband, or since she was married she felt her mother-in-law's home is her home (Ruth 1:16-17).

Voluntary migration, like forced migration, presents challenges to the migrant. It also involves many changes, outer and inner, and the ontological security of the migrant is threatened by the loss of relationships, status, religion, language and customs. Thus, Lee posits that "one way of understanding the immigration experience is as a psychosocial transition involving a variety of losses" (2010:162). Migration in the Bible involved adults, but not unaccompanied children. Children, though not specifically mentioned in the Biblical narratives, migrated with their families and probably the extended family, but they are not mentioned. Therefore, as pastoral care caregivers, guided by the Bible to love our neighbour and care for the stranger (Mat 22:39), we should condemn unaccompanied children's migration as something that is not normal, but meanwhile provide pastoral care and counselling to children who have already migrated unaccompanied by adults.

The key theme that is found in the Hebrew Scriptures is that of the requirement of Israelites to love and care for the stranger, travellers, foreigners and fugitives, a theme that also acts as a metaphor for understanding the relationship Israelites had with God, as God's chosen race, sojourners and as migrants. On the other hand, this theme also helps in understanding Israelites in their history and their relationship with foreigners and strangers (Woodward 2009). Some in the Bible migrated as children, for example Joseph when he was sold by his brothers to the Egyptians by his brothers (Gen 41:37ff; 42:1ff; 45:1ff.). Cain and Moses were in their youth or adolescent years, so according to the current legislation of children's rights they were minors. Though these adolescents were in crisis, as research has indicated, they did not receive any form of counselling beyond God's intervention on their behalf.

## 4.6 PASTORAL CARE METHODS AND STRATEGIES FOR CHILDREN IN CRISIS IN A CONTEXT OF HIV AND AIDS

A model of pastoral care for children in crisis cannot develop in a vacuum, but some scholars who have already taken the initiative in developing pastoral care models alone, notably Leanne Ciampa Hadley (2007), who examined the spiritual support pastoral care model used at the *First Steps Spiritual Center* in her PhD studies.

### 4.6.1 Hadley's pastoral care model for children in crisis

Hadley's model of pastoral care with children in trauma bridges the gap that exists in the pastoral ministry of children. Titled the "*Principles of Blessing Based Spiritual Nature*" this model allows children with the company of a spiritual support provider to name their pain, spend time with God, and move from despair to hope, finding peace through discovering spiritual integration (Hadley 2007:10). In agreement, Pretorious, Morgan, Mhaka-Mutepfa, Ngoma and Mayekiso *et al.* (2011:186) argue that children in crisis, particularly "Orphans and Vulnerable Children (OVC) require both psychosocial and emotional support to address their wellbeing." Hadley's (2007:10) model has four steps:

1. Holy Listening, during which a child shares his or her pain, crisis, and hurt freely, without correction or judgment.

2. A sacred space, which allows a child to focus on God and God's healing.

3. Time of prayer, which may be in the form of drawing, playing with clay, sitting in silence, lighting a candle, ringing a chime, or any method that helps them connect with God.

4. Blessing, when a child is blessed and God is invited to work within his or her life to bring wholeness, peace, comfort, and healing.

The findings of the model illustrate that, it has three stages rather than four, similar to the intervention model developed by Pynoos and Eth (1986), commonly known as the three-stage approach. The opening an open or exploration stage, which Hadley initially called the 'Holy listening stage' but which became the 'Opening phase'. The second stage

includes trauma or support, and the third includes closure. These stages differ from Hadley's model in that the opening phase includes "expressive representation such as art and drawings... [in which] the counsellor encourages the child to draw whatever (they) like but something (they) can tell (Pretorius *et al.* 2011:185; cf. Pynoos &Eth 1986). Hadley's opening phase contains two elements, the "arrival element" and the "initial conversation element", the former being the most critical since this is when a child will know that she or he will be happy, and is "greeted warmly, offered the homemade cookies and … engaged in light conversation… The importance of this phase seemed to be that the atmosphere of care, unconditional positive regard, warmth and relationship was established" (2007:179; cf. Clinebell 1984). Before speaking to a child the environment is important, creating an atmosphere of relaxation, warmth and comfort (Hadley 2007:179).In agreement, Clinebell (1984:184) argues that "the general ministry of pastoral caring is a ministry of presence, listening, warmth, and practical support."

Therefore, Hadley's model begins with an environment that includes "the Holy Listening Stones in the middle of the table, the sandbox, and objects placed strategically on shelves and the pictures hanging on the wall" (Hadley 2007:180). All these objects tell children that this is a "place where they could explore and wonder, and do so in ways appropriate and comfortable for them" (Hadley 2007:180; cf. Lester 1985:85). The second is the initial conversation element, in which conversation is initiated by the spiritual support provider, welcoming the child (Hadley 2007:180). A conversation is a two-way form of communication, regarded by Dinkin as helping to develop a relationship that promotes dialogue (2005:32). In the element of the initial conversation, the spiritual support provider explains to the child who made the biscuits, describes the First Steps Spirituality Center and makes an effort to put him or her at ease by describing what kind of children attend (Hadley 2007:180). This element is one way of developing a rapport between a child and a spiritual support provider; the conversation encourages the child to ask questions, parallel to the art or drawings of the opening phase of the three stage approach, and the counsellor also develops rapport and conversation by asking the child to draw. In agreement, Lester (1985:66) writes that when working children it is essential for the caregiver to come up with ways of getting to know them and allowing them the opportunity to know who the caregiver is. Shumbamhini (2008:165) concurs with Lester and Hadley in stating that knowing a child as an individual is crucial in pastoral care and therapy because children come from different backgrounds.

The second phase is the discovery phase, which according to Hadley gives children an opportunity to acknowledge, articulate and name their pain without any judgement. The role of the spiritual support provider is to help the child in crisis discover means by which to express their feelings. The spiritual supporter, through a process of Holy Listening, allows the child to move at his or her pace, and when unconditional total regard and care was given by the spiritual support provider, as was described in great detail as important characteristics children are able to identify and name their pain (Hadley 2007:187). This process allows the child to find his or her reality but requires deep listening as the child describes his or her pain. Lartey (2003:63) regards the first step of deep listening as "allowing oneself to be with another person and to be completely silent with them." This stage is parallel to second phase of the three-stage approach that includes trauma support, in which a counsellor makes an effort to offer security for the child as she or he is provided with an chance to work through the traumatic experiences (Pretorius *et al.* 2011:186).

The primary result of the discovery phase was that it enabled the children to explore their pain in a safe, accepting, warm environment while in relationship with a caring, trusted adult and to identify their pain in a core statement, thereby releasing the pain (Hadley 2007:187). This process uses a symbolic language and symbolic tools, with younger children often drawing diagrams and older children being introduced to "the pop can analogy or the Holy Listening Stones" (Hadley 2007:191). Through drawings, children express themselves with pictures that represent their lifestyles. On the other hand, older children use Holy Listening Stones to express themselves. The Holy Listening Stones were created several years ago by Hadley to help children to symbolically put their feelings into words (Hadley 2007:191). In addition, the pop can analogy is frequently used during the first session to encourage children, using it as a symbol to relate to the expression of their feelings (Hadley 2007:195). This is used particularly with the children who most noticeably feel they did not need to be there and did not see the need to talk (Hadley 2007:195).

The pop can analogy is to a can with bubbles, which if shaken sees the bubbles multiply and explode, and children are asked to imagine themselves as the can and define themselves as bubbles and name them (Hadley 2007:203). The spiritual support provider may also pose a question such as "what would happen if the can is shaken and the lid is

kept tight on with bubbles by no means let out?" or "what happens if the bubbles are never let out and the can does not explode but just kept holding those bubbles in? Do you know what would happen?" Most children will respond that all the bubbles will pop and the soda goes flat (Hadley 2007:203). A flat soda does not taste nice so if children relate to this they may discover how flat and tasteless their life is. The discovery phase is longer than the opening phase.

The third phase according to Hadley's model is the affirmation phase, which contains two components, prayer and blessing (Hadley 2007:212). Here children's focus is redirected to prayer rather than their pain as they are invited to spend time with God in prayer or reflection, and finally they are blessed and prayed for by the spiritual support provider (Hadley 2007:212). Children are not forced to pray or receive a blessing according to Hadley's model. The third and closing stage of the three-stage approach is slightly different from Hadley because it only provides a child with an opportunity to reflect on the counselling prayer (Pretorius *et al.* 2011:186; cf. Pynoos & Eth 1986). Hadley's closing phase is more detailed than the three-stage approach because it contains the prayer and blessing components, though it also allows the child to reflect on the process.

Some of the techniques of pastoral care and counselling for children in crisis in a context of HIV and AIDS include the memory box, which gives an opportunity to people to record their life stories for their children, thereby leaving behind important information on the family history, culture and beliefs (Pretorius *et al.* 2011:186). It involves a variety of materials and memorabilia, including stories, books, letters, photos, drawings, words and pictures (Pretorius *et al.* 2011; cf. Ntsimane 2006:20). The memory box is "meant for enhancing resilience among children...it was not designed specifically for disclosure of HIV status or for the direct benefit of HIV+ parents" (Ntsimane 2006:20), however, it attempts to assist those bereaving through the process of bereavement, and may prevent the experience of complicated grieving experiences in children after the loss of parents (Pretorious *et al.* 2011:186; Ntsimane 2006). This approach empowers both the children and the parents as they are able to share and benefit from their memories.

**4.6.2 Commonly used methods of pastoral care of children in crisis**

Different methods of pastoral care, such as play therapy, art therapy and narrative therapy are some of the strategies commonly and informally used by teachers, pastors, chaplains and Sunday school teachers that do not make up a formal pastoral care model (Hadley 2007:2).. When children are in crisis, pastoral caregivers who are sometimes not well equipped with strategies of caring for children in trauma or crisis may be confused and unsure how to help them (Hadley 2007:1; Lester 1985). The study discusses the following methods and strategies to acknowledge that pastoral care did not exclusively ignore children and their needs.

*4.6.2.1 Children's pastoral care through play*

Children are by nature playful beings, and psychologists have seen play as one way of therapy (Freud 1928; cf. Klein1975/1932). Anna Freud (1928) developed a system for children in children's play therapy that is parallel to the use of dreams in adult psychology by searching for the unconscious motivation behind imaginative play, drawings and painting (Cattanach 1992:37). In addition, Klein (1975/1932) observed that child's play therapy is parallel to the adult's free association and is a direct means of making interpretations of the unconscious mind. Her focus on child's play therapy was on what she assumed to be children's experiences of abandonment, envy, and anger (Cattanach 1992:37).

Children play at any time, unencumbered by notions of time or stress, except when sick or very ill (Lester 1985:85). Winnicot (1971:38) believes a healthy child is able to play while a sick one is not, arguing that "playing in itself is therapy" (1971:50). Play is a learning skill for children and some children are socialised into the adult world through play. Due to this, play is used as a therapeutic method to use with children. Cattanach (1992:38) explains that "the content of their games, the way in which they play, the means they use, the motives behind a change of game are seen to have a method in them and will yield up their meanings if we interpret them as we do." As a result, the Association for Play Therapy explains that play therapy permits trained play therapists to assess and understand

children's play and can be used to help the child cope with difficult emotions and find solutions to their problems.[32] Erikson (1963:222) argues that "…to play it out is the most natural self-healing measure childhood affords." Play for children is an activity that for adults is talk and work (Lester 1985:85). Similarly, Miller-McLemore (2009:513) explains that whereas children "play it out", adults "talk it out."

This form of play therapy is structured in a way that allows children to project their inner perceptions onto objects in the playroom and express suppressed emotions in what they actually perceive as a safe context (Lester 1985:85; cf. Freud 1928). In such activity they have space to manipulate and reconstruct the world on a smaller scale, as they are unaware that they are revealing and playing out their emotions (Hadley 2007:187). For Erikson (1977:53) this is a form of self-expression.

There are two types of play therapy, detailed as follows:

### i) Directive vs. non-directive play therapy

These techniques have some similarities in that they equally allow the child to begin and direct the type of play and what he or she wants to use in the play. Both allow the therapist[33] or the pastor to direct conversations where she or he will continue asking the child open-ended questions in an attempt to gain understanding of how that child interprets the actions of a character or to find the level of catharsis he or she has achieved (Rasmussen & Cunningham 1995:6).

| Directive play therapy | Non-directive play therapy |
|---|---|
| The pastor or therapist participates in the play with the child and introduces new topics to keep the play in motion. | The pastor or therapist is more of an observer than a participant, sometimes called humanistic approach or client-centred. |

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[32] The Association for Play Therapy: http://www.iapt.org/ accessed 6 August 2012.

[33] Therapist in this study refers to both the pastor and the secular therapist.

| | |
|---|---|
| This method includes structure and guidance by the pastor or therapist as children work through emotional and behavioural difficulties through play. In this method the pastor or therapist directs the play and chooses the game or activities to be played. Above all, the pastor or the therapist analyses and interprets the activities and makes hypotheses about the meanings. | The role of play therapist or pastor is to trust the child's capability to direct his or her own process rather than imposing ideas of what a child must do. This method allows the child to tell his or her story without editing it, and play own games without intrusion, make up characters to play with and choose the type of art (painting, colouring) and what to draw. |
| This method has a behavioural component and the process of the method includes more timing by the therapist, hence this method is classified as a type of cognitive behavioural therapy | This method is non-intrusive whereby children are encouraged to work toward their own solutions and answers to their problems, hence this method is classified as a psychodynamic therapy |

(Association for Play The Therapy: http://www.iapt.org;Cf.Landreth 1993; Legault 2004).

Play therapy is analogous to entering into a child's world with one's own eyes and the child interpreting her or his situation. For this reason that therapist will be able to make an accurate diagnostic analysis (Legault 2004).[34] Play therapy is "an all in one" method of child therapy, with storytelling, art techniques, drama and games (Legault 2004). The methods of play, whether directive or nondirective, respect the child and the diagnosis is solely made out of the raw information acted out by the child, making it more genuinely than the directive, in which the therapist's control of the play may tint what the child is trying to say.

Some children may act out what they believe a therapist wants to see and hear, as children are human beings and can exploit a situation to their advantage (Landreth 1993:17). Issues of class, race and gender may affect the way the child acts out his or her situation. Also, children as beings are socialised in a certain way that may be positive in their culture, so there is a danger that the therapist may interpret this in a wrong way. What one culture considers abuse may be a form of socialisation in another. Therapists are beings and they

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[34]Legault, T. 2004. Play Therapy http://www.cyc-net.org/cyc-online/cycol-0604-legault.html accessed on 13 November 2012.

are allowed to err, hence a problem with the directive method is that the therapist may lack objectivity. However, a weakness with the non-directive approach is that a child may be stuck on how to act out his or her experiences without direction.

Some pastoral caregivers are not trained to use this method in making a diagnosis of the child's situation. The commonly used method is the directive one, with which pastors may use animals and other objects to make diagnoses. In an African context, children play what is called *abadlwane*, which in Ndebele are games that children play in socialising themselves into an adult world. Boys play the masculine roles and girls play the feminine roles, within a family setting with children and domestic animals. The way animals are portrayed in white or 'upper' class communities may differ from the way animals are portrayed in black 'lower' class rural communities. Therefore, when using animals the therapist must be aware that a child from a rich or white community may like to play with a pet while a child from a poor rural black community may want a doll or a car. Children are socialised and try to imitate things that they see portrayed by their family, in this case their primary role models (Kalucki & Lamish 2011).[35] A contrary argument is made by Lester (1985:87), that "children love puppets. They humanize them and invest them with character and personhood. Younger children will relate to puppets as if they were alive." As argued, this depends with context. Lester (1985:91) describes in the play therapy chapter a product of the *Ungame* Company, of Anahheim, California, which may be relevant in a lower class African context. It is a board game similar to snakes and ladders, with which most African children and adults are familiar. However, *Ungame* does not have a finish. According to Lester, the aim of this game is not competition but rather facilitation of communication among the group playing. According to Lester (1985:91), children enjoy it, as it provides three types of "space" in which any player can land (Lester 1985:91-92). One type of space is called "hang-up", which has statements such as "if you are worried this week, relax on 'worry wharf'" and "if you felt lonely this week, take a vacation at 'cheerful chalet.'" If the player moves the piece in response to a "hang up" she or he tells the group the reasons she or he worried or, perhaps, lonely (Lester 1985:91-92). The second space is called "tell it like it is" and is connected to the three stacks of cards, one called 'light-hearted' with questions such as "what would you do if you found $1,000 in a

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[35]www.sparc.org.za- It's all about children and young people: implementing a child/young person-centred philosophy in sport and recreation (2007), accessed on 9 September 2012.

vacant lot?" "If you could become invisible, where would you like to go?" "What makes you feel frustrated?"; the other relevant for most marriages with questions such as "what do you think makes a marriage happy?" "Share a time when your feelings were hurt." What is something that makes you angry?"(Lester 1985:92). This is also relevant for children as they are given a chance to define what they think make a happy marriage. The third stack of cards is more theological and faith-centred, with questions such as "if you were asked to preach a sermon, what would be the theme?" "What are three things that you believe about God?" "If you met Jesus face-to-face, what questions would you like to ask him?" The player who lands on the "tell it like it is" will have to choose a card from the described stacks and answer the question (Lester 1985:92). The third and last type of space on the board is called "do your own thing", which gives player permission either to make a comment or, as more frequently happens, ask another player a question. This space could be used by a pastoral caregiver to direct the game in ways that lead into pastoral conversations that the giver thinks may be productive of children's healing (Lester 1985:92).

The above game as described by Lester is very relevant and I think if pastors may have it as one of their resources it may help save a child from crisis. This game may require a non-directive method more than directive. A pastor may try to use some characteristics of directive methods, where he or she can ask open-ended questions. *Ungame* may also be played like the common snakes and ladder game, in any context in which a pastor may change questions to push a child to say more about his or her situation and help arrive at a rightful diagnosis. In addition, directive play therapy will assist pastors to participate with the child in their play (Lester 1985:87), helping him or her feel confident when sharing their situation.

### 4.6.2.2 Children's pastoral care through art or drawings

As children play they like to engage in art, which is created when human beings explore their inner emotions and attempt to find meaning of their situation. Art is an ancient method of communication; our ancestors drew on rocks to communicate their kind of lifestyle. The first thing kindergarten and some school-going children do when they pick up a pen and paper is to draw (Lester 1985:98). Whether with paint or colouring-in

pictures, modelling clay or building blocks, children are creative through their art and art seems to be a hobby for most children (Lester 1985:98). Researchers have used mainly art or drawings to understand or to read the children's emotions. As a result, Leitch believes, "children's drawings have been collected as data and used extensively for many years in the clinical and diagnostic research tradition of psychology and psychotherapy" (Leitch 2008:37). Lester (1985:98) argues that children's drawings are an excellent means for their self-expression and for learning, hence this method is often used in schools and Christian education programmes. In agreement, Einarsdottir, Dockett and Perry (2009:217) argue that "children's drawings are used to access young children's views and experiences by listening to children as they draw and paying attention to their narratives and interpretations." In a process of doing what they like and knowing better, it is possible for children to enjoy participating without fear of being judged, thus revealing their inner feelings, fears and hopes (Einarsdottir *et al*. 2009:217). Similarly, Leitch (2008:39) writes that drawings encourage children to be holistically, creatively and practically engaged in a process that connects with their imagination.

Amongst the advantages of using drawings with children outlined by Einarsdottir *et al.* (2009:220) are firstly that their provision of a context in which children enjoy control over their engagement in the process of data generation. Secondly, they establish a non-confrontational environment for participating children as there is limited or no eye contact with the researcher or caregiver. Thirdly, drawings encourage children to take their time to respond to questions or engage in a discussion while drawing, which allows them to recognise that co-construction of meaning takes time and is a transformative process (2009:220). Similarly Lester (1985:98) explains that the advantage of using drawings in pastoral care is that children can engage and express themselves freely because they are not aware that their feelings and thoughts can be understood through drawings. In addition, Lester explains that drawings allow children to reveal more of what they think than what they might reveal when talking. As a result, they tend to express more feelings and emotions than they might feel comfortable expressing verbally (Lester 1985:98-99). A drawing by a child is what a child perceives or has observed as reality.

### 4.6.2.3 Children's pastoral care through storytelling

Storytelling has worked well in history and still works today. The Bible is a collection of faith stories preserved to nurture the faith of generations. Storytelling is a powerful tool of socialising children into adulthood in Ndebele Matetsi culture in Zimbabwe. Children are taught by adults to tell stories, which are one way of monitoring their development, and there is an assumption that children tell stories that relate to their experiences. Petersen and Fontana (2007) regard storytelling as a powerful tool for teaching and raising children.

In agreement, Lester sees storytelling as a major way human beings express their consciousness (1985:113), making it critical for people going through a crisis, because generally they tend to look for someone who they trust to share the problem. As a result, Lester regards a story shared by a person about his or her crisis as a history of that person's self-perceptions, regardless of the objective reality of the story (1985:114). Similarly, Dinkins writes that a person with a personal problem will usually tell a story about the problem (2005:20). For this reason, each story is a fragment of a life narrative (Anderson &Foley 1998:5). Comarmond, a pastoral caregiver in Mercy Health Hospital in United States of America explains that pastoral care requires someone to listen in a way that draws the story out of the storyteller.[36] This listening will help the storyteller to weave his or her story of events leading to his or her crisis, making it a life narrative. On the other hand, Sterk quoted in Bridger and Atkinson (1998:177) argue that as counsellors begin the process of counselling with people in crisis they take their story not because they want to learn more about them but because they need to understand "how the person telling their story reveals the thread of meaning and purpose they see binding their life together" (Bridger &Atkinson 1998:177). In addition, Bridger and Atkinson argue that "narrative form knits events together, connecting them from beginning to middle and end, creating a seamless sense of purpose and coherence" (1998:177).

Stories are told in many forms, and are not only shared verbally. One can share a story through the way she or he dresses, hence, Dinkins writes: "each person is a collection of stories" (2005:11). In some African settings, particularly the researcher's Ndebele culture in Zimbabwe, widows wears black clothes or they wear their dresses with the inside out,

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[36]http://www.mercy.com.au/About_Us/Media_Room/News/Healing_through_story_%E2%80%93_the_art_of_pastoral_care/ accessed on 1 September 2012

which tells that woman's story. Children tell a story by their physical appearance, as, for example, a suffering child and a healthy child can be distinguished by their physical appearance, making them "a collection of stories" (Dinkins 2005:11). As a result, storytelling may take many forms, verbal and non-verbal. As Lester (1995:29) argues, human beings do not just tell stories or explain their lives through storytelling but construct their sense of identity out of both conscious stories and those that they suppress. URMs tell a story about their situation in their native countries and in their country of resettlement.

## 4.7    CONCLUSION

Although HIV and AIDS challenge the church to take critical action, it has not done so, particularly in the caring and counselling of AIDS victims. The church is confused on how to provide pastoral care and counselling to children who are vulnerable to HIV and AIDS, largely because the academia of practical theology and pastoral care has been silent on issues regarding children's suffering and vulnerability.

Nor does a wealth of literature on children's issues address aspects such as the theological reflection on children's suffering in terms of the impact of HIV and AIDS and other kinds of oppression. It provides no established pastoral care model and children cannot be adequately protected if there is no theological concern about their oppression and suffering by the church and intellectuals. Children's suffering is partly a result of the church and Christian scholars having overlooked their position in the contemporary world.

This chapter has reviewed Western and African literature on issues that affect children both in practical theology and pastoral care. It revealed that though practical theologians have researched issues that affect children very little has been written on children, particularly from African perspectives, whether on practical theology and pastoral care. The dominating literature on practical theology and pastoral care is from Western researchers and this has been used to inform pastoral care for children from an African context. Buffel (2006) is not alone in calling for a paradigm shift.

Despite the lack of literature in practical theology and pastoral care on children in crisis by African researchers, reflection and the review on literature from other disciplines has convinced me that there is enough data to support a contextual model of pastoral care for URMs in Africa. The next chapter is a critical description of the study's theological framework, detailing how the theological framework informs the study.

# CHAPTER FIVE

# THEOLOGICAL FRAMEWORK: A THEOLOGICAL POSITION AND PRAXIS OF STUDY

## 5.1 INTRODUCTION

The previous chapter has reviewed Western and African literature on issues that affect children both in practical theology and pastoral care. This chapter describes the theological framework of the study and explains the theological position and praxis. This is a practical theology study that is influenced by liberation theology and its theologies, such as contextual and feminist theology. The chapter describes how these theological concepts influence and inform this study. The study's focus is marginalised children, building on the concept described by liberation theology as *preferential option of the poor* (Gutierrez 1977).

## 5.2 PRACTICAL THEOLOGY

Practical Theology involves reflection on practice, viewed by Ballard (1995:117) as having "the whole of human life in view. It asks what the Christian gospel has to say to the world and what the Christian church has to learn from the world." It is embodied in a gospel that is contextual to the changing world and it is a theology that reads the signs of the times. Muller (2005:2) explains that practical theology occurs when and where there is a reflection on practice, from the perspective of the experience of the presence of God. He further argues that there are different levels of practical theology and these may be very spontaneous, informal and local, while at another level very formal, systematic and organised. According to Muller, practical theology can be practiced at different stages, such that it can be "part of ministerial activities on the congregational level or it can be highly academic on university level, and above all it is always guided by the moment of praxis (always local, embodied and situated)" (Muller 2005:297). I argue that it can also be practiced at communal and social level, outside the church premises by the religious people reflecting on their faith through their worldview. Historically, practical theology

was known as a discipline that was largely concerned with preparing the clergy for ministry (Heyns & Pieterse 1990:7), it was a requisite course for ministry because its curriculum was church-based. Modern practical theology is not just concerned with the status quo of humanity but it "seeks to offer accounts of human experience and of the character and activity of God that are true in the sense of being 'seriously imaginable' credible accounts of both" (Mercer 2005:12). In agreement, Muller (2004:297) believes practical theology should be distinguished from other theology subjects due to its truthfulness not just to context but to a very specific context. As a result, practical theologians label it 'praxis', which is an engagement of theory and practice (theory + practice = praxis; or theory + practice = practical theology). This means that practical theology is both a methodology and a discipline of theology, that is "praxis-centred" and intends to be implemented in humanity's everyday live, experiences and situations (Mercer 2005:12).

Practical theologians have developed different definitions of practical theology that complement each other, however I wish to create a dialogue of what practical theology is and what it should entail from a practical theologian's perspective. Mercer describes practical theology as a discipline which "creatively and constructively develops alternative visions and practices for human activity that work towards justice and the reign of God in particular situations of struggle" (Mercer 2005:12). Similarly, Don Browning campaigns for a practical theology that is not just methodological but illuminates Christian praxis in religion to life's concrete problems and issues (Browning 1985:15). Nevertheless, practical theology is not just a mere application or reflection of biblical texts but it is a method that integrates Christian epistemology and hermeneutics. It engages in dialogue with human experiences by reflecting on their faith. Therefore, Pieterse (2001:9) believes practical theology should be a study of Christian actions. However, it is not just a study of Christian actions but rather it seeks to define Christian actions at the same time recommending appropriate Christian actions by taking a podium, and taking seriously people's contexts by walking in Jesus's footsteps and doing what Jesus would have done.

Burger (1988) quoted in Louw (2011:2-3) describes practical theology in simpler terms as he divides it into three approaches. The first approach is the *confessional approach*, in which Burger argues that the Bible is the object of studying practical theology that "should use a deductive method to reveal the truth of God's word" (Jonker, 1983, quoted in Louw,

2011:2-3). In this approach the Bible is not informed by contexts but it is the only source of practical theological knowledge. Van Wyk (1995:91) argues that in this approach practical theology focuses on the truth about God as revealed in the word of God.

Secondly, there is the *correlative approach*, in which the actions are the object of study. Louw (2011:3) refers to this approach as interactive and one that focuses on interdisciplinary methodology that tries to connect theological insights with empirical insights arising from an empirical epistemology from secular human sciences shifting focus to an inductive method of research. Matte (1978) quoted in Louw (2011:3) explains that the correlative approach views practical theology as a communication and action oriented theory. Corresponding with Matte's argument, Pieterse's (1985:2) definition of practical theology is that it is "… the theological theory of Christian communicative faith through speech, symbols and behaviour" and conveys the word of God not the Bible as a book. The most important is the message that is in the book rather than the book itself.

Thirdly, there is the *contextual approach* in which community is the object of study. Louw (2011:3) writes that this approach seeks a transformation or liberation through situational analysis. According to this approach, practical theology begins from human experience and interactions in relation to the Christian narrative. The contextual approach informs this study in that theology is interpreted and grounded in the context of URMs. Park's (2010:3) comprehensive definition of practical theology is that it "… engages in reflective, critical, communicative, interpretive, hermeneutical and correlational dialogue in order to achieve its purpose of bringing new meanings and horizons to specific contexts." A more comprehensive definition is that of Poling (1991:186):

> Practical theology is a critical and constructive reflection within a living community about human experience and interaction, involving a correlation of the Christian story and other perspectives, leading to an interpretation of meaning and value, and resulting in everyday guidelines and skills for the formation of persons and communities.

The above definitions have two critical points in common, namely critical reflection within a human community, in which human wellbeing is the centre of praxis. The praxis should be guided by human situation or context and informed by Christian story. This shows that practical theology is concerned about God and humanity, doing God's work for the sake of

human wellbeing. However, practical theology is concerned not only with the wellbeing of humanity, but also that of all God's creation and God in all God's creation, because the primary aim of this concept is protecting the image of God in all humanity, and reflecting on Christian faith by allowing it to be a living faith, where preaching and faith are put into practice outside church buildings.

Tracy (1983:76) argues that practical theology shares the same line of thought concerning interaction between theory and practice and their critical correlation: "practical theology is the mutually critical correlation of the interpreted theory and praxis of the Christian faith and the interpreted theory and praxis of the contemporary situation." In agreement, Patton (1993:238) regards it as a "two-way movement between theory and practice." This reveals that practical theology only becomes practical theology when Christian faith is transformed to works, as theory without practice is incomplete and vice versa. Heitink (1999:7) argues that practical theology is God at work through the ministry of human beings, making it an engagement of theological theory to action which makes it praxis. For this reason, practical theology is a mother to many different theologies, which mostly use it as their foundation in the construction of a certain theology.

Practical theology influences this study in that it seeks to incorporate theory and practice into the situation of URMs and allow their reflection on it, by defining how they should be cared for in a context of HIV (Mercer 2005:12). It helps in understanding and critically reflecting on people situations as they develop a contextual model. It demands practitioners to be "skilful cultural exegetes" (Mercer 2005:13) who understands theories that engage with certain contexts, people and their situations.

## 5.3. LIBERATION THEOLOGY

Liberation theology has its roots in Latin America but has spread, particularly to the developing world and any social situation of oppression. Having surfaced due to the systematic disciplines reflecting on Christian faith and its proposition, it is a multifaceted phenomenon, manifesting itself in various theologies (Bosch 1991:432). It acknowledges that the world is diverse and people can be oppressed differently in different contexts. According to Nolan and Broderick (1987:11), "different theologies can arise out of different contexts [because] if theologians have to answer quite different faith questions

arising out of different historical and social contexts, they will inevitably develop different theologies." For this reason, Motlhabi (1987) argues that referring to liberation theology in the singular is perhaps misleading, and that a more suitable term would be 'liberation theologies' (1987:1).

For Cardinal Ratzinger (1985), it is a collective phenomenon in three ways: firstly, it does not intend to change or add a new theological thesis but rather sees itself as a new hermeneutics of the Christian faith as a whole and implementing it. Secondly, it is found around the world because of different oppressions that people experience, and, thirdly, it "goes beyond denominational borders: from its own starting point it frequently tries to create a new universality for which the classical church divisions are supposed to have become irrelevant" (Cardinal Ratzinger 1985:175-176).

While all theology is contextual, so liberation theology has developed under many different contexts, and is mother to different movements, for example *feminist* liberation theology, which emerged from the experiences of religious women; *Latin American* liberation theology, which emerged from sufferings of the poor; *African women* liberation theology, and *black* liberation theology. This theology does not intend to replace the existing hermeneutics but rather to complement them, as for Rowland (1999:3), "liberation theology is not the accumulation of, or learning about a distinctive body of distinctive information… [rather it is] above all a new way of doing theology [other] than being itself a new theology".

Liberation theology did not arise from good experiences of people but rather from suffering, pain and oppression, "… out of situation(s) in which people were grappling with harsh realities of life" (Buffel 2007:47). It was not an up-down but rather a bottom-up theology, with Biblical interpretation and liturgical practice designed by lay practitioners themselves, rather than orthodox church hierarchy (Nolan & Broderick 1987:20). In this context, sacred text interpretation is understood as praxis (Rieger 1999:3), which was developed from the grassroots. Liberation begins with issues of faith, the image of God, human dignity, poverty, and above all liberation from oppression (Nolan & Broderick 1987:17).

Definitions correspond, for example that by the father of liberation theology defines liberation, as "…a theoretical reflection born of the shared efforts to abolish the current

unjust situation and to build a different society, freer and more human" (Gutierrez 1988: XIII; cf. West 1999:14). Like any other theology, it is about God, therefore, God and God's love for creation are ultimately its only theme (Gutierrez 1999:19), and God is the centre of reflection, posing the question 'if Jesus was here or God was here what was he going to say about our experience?' Understanding liberation theology as a true reflection of God's response revealed in scripture from the context of particular historical people and interpreted in the context of present people and their future, Rowland (1999:4) writes, "the commitment to and solidarity with the poor and vulnerable are the necessary environment for stimulating the intellectual activity which enables liberation theology to begin." As a result, liberation theology is not a lecture room theology, but it requires above all praxis. Boff (1988:14) regards liberation theology as "a critical reflection on human praxis in the light of the practice of Jesus and the exigencies of faith." It is clear that human experience is the starting point; therefore reflection on this should be not in a lecture room but beyond its walls, in a church, then into society. Liberation theology is connected and related to practical theology and pastoral because its focus is on human experience.

### 5.3.1 Linking liberation theology to the study

Oppressed groups generally seek a way to speak about their oppression; hence some create their own liberation theology that speaks to their own context. However, children, particularly URMs, "do not have the education or resources necessary to speak for themselves or, having spoken, to effect any change. In fact, their plight is worse than a lack of education or resources" (Pais 1991:16), therefore, since children lack resources to effect change in their lives, liberation theology in this case can be *liberative* theology (Ngwenya 2009:58). Those with resources can speak and facilitate the liberation of those with no resources to effect change, echoing Proverbs 31:8, in which those who can speak should speak up for those who cannot speak for themselves. As liberation theology begins with people's experiences, liberative theology begins with understanding the voiceless' people's experiences (Ngwenya 2009:59). It is not done for voiceless people, but is done with voiceless people. A baby can only cry to make known of her or his presence and seek attention if something is not right, on the other hand, children who can speak can sometimes show their oppression through actions. According to Pais (1991:17), "the only 'actions' available to children in reaction to their abuse, such as conforming to adult

wishes, running away, dropping out, suicide, substance abuse, behaviour problems, and mental illness tend not to liberate children, but rather to make their oppression worse."

In the context of URMs, a liberative theology is vital, and it will help children and those who provide care for children to reflect critically on the current situation experienced by URMs. Since liberation theology begins with experience of the oppressed and the responses they make against their suffering (Gutierrez 1972), I argue that, in the context of this study, URMs have taken the first step by making themselves visible in Johannesburg and Musina amongst other cities around South Africa. Although they are the weak, powerless and poor in the South African refugee community, they have stood up, organised themselves for their collective liberation (Boff & Pixley 1989:5).

Those like myself can construct a liberative theology reflecting on the suffering of URMs. They have already taken a step towards their liberation, though their voice is mute, and their visible sufferings and their visible actions make up their voice. Pastoral care should have its foundation in liberation theology for it to be a healing, sustaining, guiding, reconciling, nurturing, liberating and empowering ministry. The visible signs of URMs' oppression and suffering should persuade liberation theologians to speak on behalf of children. Jensen (2005:32) rightly argues that children are unique and they come into the world dependent on adults for biological survival and consequent development. Similarly, as Ngwenya points out, children, as vulnerable and the weakest human beings, depend on adults to speak for them and to campaign for their liberation (2009:59). Women and children are subject to parallel forms of oppression, calling the one with power and resources to campaign for the liberation of the weak and voiceless. The connection of women and children is both biological and emotional. It begins when a child is conceived and strengthens as it shares a heartbeat with its mother. Children begin to depend on their mothers the moment they are conceived. Liberation theology empowers the oppressed and allows them to speak against their oppression. For pastoral care to be functional in a context of children in crisis, it has to borrow the liberation theology methodology (Buffel 2006:9).

I do not blame liberation theology for ignoring the plights of children because it emerged during a context when children were still considered as their mothers or grandmothers' responsibility. Hence, as a mother of all liberation theologies, liberation theology should inform pastoral care for children in crisis. This is because children's oppression is that of

being considered as voiceless beings constructed by the religious society and society. Children are treated as insignificant in religious dialogues and invisible members of society, leaving them implicitly oppressed both at church and social level.

## 5.4    FEMINIST THEOLOGY

Feminist theology is a method of liberation theology which has its roots in the 16th to the 19th century, when "women as *women,* started to take part actively in the religious sphere" (Ackermann 1988:1). In practical theology, the voices of marginalised and oppressed people were silenced, with women oppressed in both their religions and academic settings. Feminist liberation theology struggles against the systematic injustices of patriarchy in different religious traditions, women's exclusion from both theology and positions of power in religious institutions, and the often explicitly religious legitimisation of the subordination of women. Russell (1974:20) sees feminist theology as being concerned with the liberation of all people to become full participants in human society.

Though feminist theologies have overlooked children, current researchers have taken up the call to include children. Previous feminist theologians' research does not ignore children per se, but children's issues are integrated with issues that affect women. Firestone (1972:101-102) argues feminists should:

> …include the oppression of children in any programme for feminist revolution or we will be subject to the same failing of which we have so often accused men; of not having gone deep enough in our analysis, of having missed an important substratum of oppression merely because it didn't directly concern *us.* . . . [W]e have developed in our long period of related sufferings, a certain compassion and understanding for them that there is no reason to lose now . . . But we will go further: our final step must be the elimination of the very conditions of femininity and childhood themselves that are now conducive to this alliance of the oppressed, clearing the way for a fully human condition.

The oppression of women and of children is not different, except that the latter cannot speak for themselves. As Miller-McLemore (2011:28) argues, "[r]esearch strategies

developed to understand women and other poorly understood groups can be used with children. Nonetheless, children stand in an odd position in relationship to their own advocacy. They have less power to act on their own behalf to develop political or research agendas." Less power to develop political or research agendas does not mean that URMs or children in general are not capable of thinking and talking. One problem is that children are denied a platform in theology to speak against their oppression, simply being seen and understood as statistics, prevents them from being heard. Feminist theology gives a voice to those considered voiceless and if implemented as it is for women it will liberate children.

Children speak in various forms, but a generally unacknowledged and important form of communication used by children is through research by both academics and non-academics. In my research with URMs they spoke, and as a researcher I was expected to do justice to their voices by relating what they actually said rather than what I though they said, or 'putting words into their mouths.' Since children do not have the education and resources necessary to speak against their oppression to effect any change (Pais 1991:16), they rely on the researcher, through interviews or other methods of research, to project their voice 'loud and clear'. A child is as voiceless as a woman sitting on the margins of society, and so relies on those who have access to resources and power to effect change.

Feminist theology finds its roots in liberation theology, in which meaning is found amongst the marginalised, poor, disadvantaged, women and children, with liberation the key concept. URMs' oppression through HIV and AIDS destroys their ontological security. Lack of knowledge by URMs on their rights in South Africa and their countries is a form of oppression that calls for liberation. Above all, the lack of proper pastoral care for URMs in a context of HIV is an oppression that calls for liberation. Besides HIV and AIDS, URMs' wellbeing is destroyed by several kinds of oppression and this dehumanises them. Feminist theologies give a platform on which the voiceless can speak, and according to Mercer (1995:16) it "takes as a central concern the liberation of women, together with others from various forms of injustice."

As feminist theology includes all who are oppressed, this study will be informed by feminist theological methods. Categories and contexts range from African feminist theologians, third world feminist theologians, Christian feminist theologians, Asian

feminist theologians, Islam feminist theologians, and Catholic feminist theologians. Feminist theologians are defined by their research interests or their contexts in society.

The term 'feminist' is not well accepted in some contexts, particularly Africa, where it is problematic (Kasomo & Maseno 2011:155), referring to women who do not like men or who have failed in their marriages. According to Oduyoye (1994:167) "in parts of Africa, feminism is often associated negatively with women who have 'difficulty' relating to men- that is difficulty in keeping their marriages intact, through thick and thin." This denial of feminism by Africans is that feminism is concerned with sexism and for some Africans this is not an issue as men and women 'know their place' in society and play their role peacefully. Rather than using feminism, a search for an appropriate term that would provide dialogue without queries from African theology led to 'women's theology' being preferred to feminist theology (Kasomo and Maseno 2011:155).

Feminist theology and women's theology complement each other, both having originated from liberation theology and arguing that Christian theology not only excluded women's voices and experiences but also created practices that were sexist, patriarchal, and androcentric. Since Africa is a diverse continent, Phiri (2004:152) advocates a shift from African women theology to African women theologies as she argues that, on the African continent, African women call for a reflection of their context and the Christian faith. She acknowledges that Africa is diverse and women's experiences differ due to their race, culture, politics, economy and religion. Thus, the term 'African women theologies' is inclusive of everyone who wishes to campaign for the justice of African women and other oppressed groups, such as children.

African women theologians focus on certain themes that affect them as well as other vulnerable groups, particularly children. Phiri (2003A:4) explains the importance of African women's theology:

> African women did not have their own theology that addressed issues that affect African women in the context of Africa. This concern by African women theologians did not occur because they blamed feminist theology, but they acknowledged the importance of feminist theology in making them realize the need for their own theology that speaks to their context.

Amongst the African women theology themes is community, understood by African women theologians as their "responsibility for extended families and the respect accorded to ancestors" (Kasomo & Masemo 2011:158). In African communities it is a woman's responsibility to ensure peace and wellbeing in the community. African women theologians understand community as a group of people rather than the place it inhabits. They base their beliefs on theologian John Mbiti's statement, "I am because we are and since we are therefore I am" (Kasomo & Masemo 2011:158, John Mbiti, quoted in Kasomo & Masemo 2011:159). Therefore, when a woman marries, particularly in my Ndebele culture in Matetsi, Zimbabwe, she is informed by adults that every person in her marriage's community is her responsibility. In most cases, daughters-in-law are expected to take responsibility for all children and the elderly's wellbeing, including those of the extended family. Accordingly, the traditional obligation of marriage places women in nurturing, guiding and homebound roles. In highlighting the significance of community, African women theologians search for the positive aspects of culture and promote them (Kasomo & Masemo 2011:159-161).

Due to the diversity of women's context, feminist theology has different streams, as detailed in the next section.

## 5.4.1 Different Streams of Feminist Theology

The three different streams of feminist theology are as follows.

### i) Revolutionary feminist theology

This stream "is a post-Christian response to the patriarchy in the Christian tradition" (Rakoczy 2004:16), holding a belief that the mainstream church (its symbols, language and paradigms) is predominantly male, therefore hopelessly patriarchal and oppressive to women. Of several varieties of revolutionary feminist theology the most significant for this study is the "Goddess religion" of which Naomi Goldenburg, Carol Christ and Mary Daly are supporters. This stream advocates the worship of a Goddess and women-centred culture.

## ii) Reformist feminist theology

This stream is a middle path, and one that "believes that the root-metaphor of Christianity is human liberation, not patriarchy, and that liberation for women can occur within the Christian paradigm" (Ackermann 1988:16). In this stream, feminist theology locates itself within the modern and postmodern theologies of liberation to have emerged from the developing world. It campaigns for greater inclusion of women in church structures and decision-making, whilst remaining content with their theological traditions (Rakoczy 2004:17). Additionally, adherents acknowledge that the Bible is an authentic source of theology, and one that contains "within it the need for human liberation which will be manifested in a new human-divine relationship in a new just order" (Ackermann 1988:20) as they oppose gender bias and unequal power.

## iii) Reconstructionist Feminist Theology

This stream campaigns for "a liberating theological core for women in the Christian tradition, while also envisioning a deeper transformation, a true reconstruction, not only of their church structures but also of civil society" (Clifford, quoted in Rakockzy 2004:17). It posits that change goes beyond simply sharing power between men and women in the Christian tradition, with a belief that God is not patriarchal but a liberating God of life (Rakoczy 2004:17). The Reconstructionist feminist theology is the dominant stream in this study because it campaigns for transformation and reconstruction of both church and civil society. URMs' migration and suffering is a result of the church and civil society still positioning them at the bottom of the family, particularly as a woman's responsibility.

The study seeks to understand pastoral care within the Christian tradition that is informed by children's suffering. Reconstructionist feminist theology is centred on Jesus's vision ministry in an all-inclusive community in which gender, class and age do not segregate humanity. It involves a liberation action that is informed by transformative praxis whereby the voiceless are allowed to interpret their situation in church and society while responding in a way that they feel is best for them. The Reconstructionist feminist theologians see the Bible as a liberating tool for both women and men (Clifford 2003:234; cf. Nunes &van Deventer 2009:740). This study adds to their argument that the Bible is a liberating tool for everyone in society, including children, men and women, as clearly portrayed in the synoptic gospels. Using the new commandment of love that Jesus gave to his disciples,

Reconstructionist feminist theologians believe that this commandment was Jesus's way of alerting humanity to the urgency of an inclusive, caring and loving community (Clifford 2003:324). Reconstructionist feminist theology's theory is the fundamental in this study, as it advocates the liberation of an inclusive community rooted in love. The oppression of URMs is due to the absence of love for one another in communities.

### 5.4.2. Linking feminist theology to the study

This study is informed by Reconstructionist feminist theology and African women's theologies. It breaks through power barriers or hierarchies and campaigns for a liberating theology that not only transforms the patriarchal Christian tradition of their church structures but also advocates a deeper transformation, and a true reconstruction of civil society that also contributes to the oppression of women (Clifford 2003:324) and children. In as much as URMs are caught in the injustices of society in which the church is an accomplice because of its silence, feminist theology will guide this study in exposing the harmful effects of society and church towards children. This is because feminist theology gives a voice to the voiceless, introduces new values while uncovering patterns of discrimination (Isherwood & McEwan 1993).

Reconstructionist feminist theologians seek to deconstruct the unfair practices of society and church and reconstruct societal and church practices that value and respect all human beings so that justice, peace, healing, and wholeness will be achieved for all in partnership (Ackermann 1998:96). Society has constructed children as unreasoning human beings, who should be submissive to every adult and accept any form of abuse because of their littleness. Reconstructionist feminist theology will therefore, with voices of children, deconstruct this belief and reconstruct children as beings who understand what is happening around them. It will further deconstruct the understanding that children forget and forgive easily, so anyone who hurts a child can easily get away with it. This study's aim is to investigate how unaccompanied refugee minors (URMs) and their caregivers' understanding of pastoral care that is suitable for children in crisis in a context of HIV.

In addition, African women theologies inform this study in that they believe in the communal concept of *ubuntu.* Children do not exist in a vacuum but belong in a community. The church that is supposed to care for URMs is a community of believers.

Pastoral care in an African context should be the one that acknowledges the importance of community. Nurturing a child begins in a moment of conception in the mother's womb and continues throughout guidance to adulthood. The whole community takes part in the raising and nurturing of the child, hence in an African context the saying *ngowakho esesiswini*, understandable in English as "the child is yours when he or she is still in your womb but after birth that child becomes a child of all community members", and "it takes the whole village to raise a child." The wellbeing of a community is generally defined by the physical appearances of children. In their advocating liberation, African women theologians campaign for *ubuntu*, by which a person becomes a person because of other people, "I am because we are and since we are therefore I am"" (Kasomo & Masemo 2011:158, John Mbiti quoted in Kasomo & Masemo 2011:159). This belief explains that the wellbeing of a community is everyone's responsibility as much as children are everyone's responsibility. Women must not be selfish in keeping children as their responsibility only, because men also have a role to play in children's nurturing. Men and women are equal in the community and have a role to play in each child's life. Pastoral care for children in crisis in the era of HIV should be informed by the perspectives of children as they are the ones who will benefit from it.

## 5.5    CONTEXTUAL THEOLOGY

Bevans (2009:9) regards contextual theology as:

> … a way of doing theology that takes into account, or we could say puts in a mutually critical dialogue, two realities. The first of these is the experience of the past, recorded in Scripture and persevered and defended in the church's tradition. The second is the experience of the present or a particular context, which consists of one or more of at least four elements: personal or communal experience, "secular" or "religious" culture, social location and social change.[37]

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[37]http://www.cmsuk.org/DesktopModules/Bring2mind/DMX/Download.aspx?DMXModule=410&Command=Core_Download&language=en-US&EntryId=2390&PortalId=2&TabId=81 accessed on 11 November 2011.

Contextual means linking or connecting, therefore contextual theology means connecting or linking theology, linking or connecting the word of God to the current situations for it to be relevant. Theology does not make sense to present humankind if not contextualised. For Flemming (2005:14):

> Every church in every particular place and time must learn to do theology in a way that makes sense to its audience while challenging it at the deepest level. In fact, some of the most promising conversation about contextualization today [is]coming from churches in the West that are discovering new ways of embodying the gospel for an emerging postmodern culture.

However, it is not possible for the Western churches to read the Bible in an African context without compromising or oppressing the people of the continent. Western churches do not understand the African context in the same way that Africans do, with contextualization of the scripture determined by the recipients of the message. As Matheny (2011: x) argues, contextual theology can remind people how we ignore God and how that is a consequence of our lives in a new situation. Contextual theology prioritises the context of the recipients of the Gospel above interpreting it, therefore the critical point of contextual theology is that theologians and pastors should take seriously the lives of people as "good theology keeps the church in touch with reality" (Matheny (2011:xv).

There is no one prescribed way of interpreting Scripture as different contexts call for different interpretations. Matheny (2011:x) adds that we cannot simply repeat the old or traditional answers to old questions but rather we need to respond to questions in a new transformed way as what it means to be a Christian in a new scenario. For Keane (1998:127), contextual theology examines the "contemporary world and tries to interpret what God is saying in the circumstances of people's lives." God speaks to current circumstances through contextual theology and in contextual theology God lives, speaks and takes sides, particularly those of the poor as a preferential option. Bevans (2002) uses six models of contextual theology to explain this, as follows.

## 5.5.1 The Translation model

In the translation model, Beavans argues against word-for word description of doctrinal language of one culture in the doctrinal language of another, but rather for interpreting or

translating doctrines into another cultural context. However, this translation might make those doctrines look and sound quite different from their original formulation as the task of theology is to make a translation of meanings in Christian learning systems (Bevans 2002:39; cf. Bergmann 2003:88). According to Bevans, this model departs from the assumption that the message of the Gospel is unchangeable and that culture and social patterns of change constitute "vehicles for this essential unchanging deposit of truth." Bevans (2002) uses Pope John Paul II as an example of this model, regarding the essential message of Christianity as supra-cultural, taking the Gospel as "pure Gospel" (Bergmann 2003:88).

## 5.5.2 The anthropological model

Bevans' second model, the anthropological, posits that God's presence may be found in the ordinary social structures of society and the social network of human relationships. He explains that God's revelation is found within human culture, not as a separate 'supracultural' but in the very density of culture, in the warp and woof of human relationships which are constitutive of cultural existence (Bevans 2002:56). In this model human experience is placed at the centre, the role of the theologian being to make use of social, cultural and anthropological methods (Bergmann 2003:88). Human kind is viewed as a place of the revolution and a source of theology, with revelation occurring in culture (Bevans 2002:56; cf. Bergmann 2003). The primary concern of this model is the establishment or preservation of cultural identity by a person of Christian faith (Bevans 2002:57), and values and celebrates humanity because it suggests that humanity itself is the context of God's revelation (Bevans 2002:57). The primary aim of this model is the preservation of Christian identity while attempting to take culture, social change and history seriously (Bevans 2002:54).

## 5.5.3 The praxis model

The third model, praxis, combines thought and action, drawing on Marx's claim that "the philosophers have only interpreted the world in various ways; the point is to change it" (Marx, cited in Bevans 2002:72). Its primary concern is social change (Bevans 2002:70),

and campaigns for the gospel and Christian faith to be taken beyond the church walls. It is about Christian faith alive through its works, with the preached Gospel lived and practiced in real life. The praxis model is rooted in practical theology or liberation theology wherein theory and practice is merged. Pears (2010:26) explain that the praxis model "is not only concerned with the expression of Christian faith within a particular context but also with the role of Christianity in bringing about social change," whilst for Bevans (2002:70) it is intended to express God's presence in culture, among people, history and action. Calling for one to reflect on a situation and act and then reflect as a cycle or a spiral, scholars of contextual theology argue that "by first acting and the reflecting on that action, practitioners of the praxis model believe that one can develop a theology that is truly relevant to a particular context" (Bevans 2002:70; cf. Pears 2010:26).

### 5.5.4 The synthetic model

Fourth is the synthetic model, which includes features of Bevans' others, as "…a middle-of-the-road model" (2002:88). It seeks to balance the religious message and tradition on the one hand and culture and social change on the other (Pears 2010:27), hence Bevans (2002:89) writes this "tries to preserve the importance of the gospel message and the heritage of traditional doctrinal formulations while at the same time acknowledging the vital role that context has played…even to the setting of the theological agenda." It has traits of what Bevans considers "the more traditional approaches of contextual theology but at the same time it values and acknowledges the significance of culture within which the Christian message is delivered or translated" (Bevans 2002:71; cf. Pears 2010:28). It is used in relation to the concept of synthesis, a synthesis of other models of contextual theology that Bevans presents (Pears 2010:28), and attempts to balance the commitment to tradition, scripture and doctrine to the temporary local context (Pears 2010:28).

### 5.5.5. The transcendental model

The fifth model is the transcendental, this model proposes that the task of constructing a contextualized theology is not about producing a particular body of any kind of texts, but rather attending to the affective and cognitive operations in the self-transcending subject

(Bevans 2002). It campaigns for practicing theology in a new way, with emphasis on activity and process rather than particular content. Not about finding out right answers that exist in some transcultural realm, it is used a passionate search for authenticity of expression of one's religious and cultural identity (Bevans 2002). The significant part of this model is not that a particular theology is developed or produced per se, but that the theologian producing that theology operates an authentic, converted subject (Pears 2010:28; cf. Bevans 2002). The starting point of this model is human experience, such as the theologian rather than focusing on the essence of the Gospel message (Pears 2010:29).

### 5.5.6 The countercultural model

Through the sixth model, countercultural, the Gospel represents the all-encompassing radically alternate worldview that differs profoundly from human experiences of the world and the culture that humans create (2002:118). It takes culture seriously and significantly, purporting that the Gospel be as engaging of culture and relevant to context whilst remaining faithful to it (Pears 2010:30). According to Bevans, this model has some similarities though also differences with the praxis model, in that both primarily focus on the lived practice of the Christian faith (Bevans 2002). In taking seriously the traditional content of the Christian message it realises the importance of communicating it effectively and being faithful to it (Pears 2010:31). Moreover, it has a positive attitude to the context, even though it recognises that in some ways it needs to be perfected by the saving grace of the Gospel message (Bevans 2002).

### 5.6. LINKING CONTEXTUAL THEOLOGY TO THE STUDY

This study chooses the praxis model, as it is not considered a wrong or right model of contextual theology. All are accurate and all of the above may apply to this study in different ways, because they take God, culture and context seriously. However, the study's choice is based on the current state in which URMs live and it is used to examine the plight in children in a theological setting. The study's argument is that the suffering or oppression of URMs is due to lack of justice and guidance, and there is a need for development of a theology that is truly relevant to a particular context. It believes that the

role of Christianity is to bring about social change in the world (Bevans 2002:70; cf. Pears 2010:26).

The focus of the praxis model on the Christian gospel, faith, culture and human experience identifies a way for theology to include children in its theological reflections and engagements. URMs are cultural beings and the Bible is a cultural document, which speaks about children only in a general sense, with no focus on URMs. Therefore, in this case such scriptures will need to be contextualised to speak to their current situation.

Matheny argues that "the process of interpreting the impact on living of those quotidian realities that threaten and engender life entails a full theological engagement with reality and the human condition" (2011:29). As URMs have gone through different types of crisis and are still experiencing it, for instance HIV, scripture that speaks to their situation will be doing them justice. A praxis model of contextual theology connects humanity to the past, present and future as it reflects on God's purpose in the context of time (Matheny 2011:29). A contextual model becomes a means of achieving children's wellbeing, dignity and ontological security. The primary purpose of a praxis model in contextual theology is that it "has an edge of justice, liberation and a preferential option for the poor" (Shumbamhini 2008:122). In addition, "Its main source (apart from Scripture and tradition) is the social science, and its main interlocutor the poor or the culturally marginalized" (Bosch quoted in Shumbamhini 2008:122). URMs are marginalised by the tools of social justice and live under harsh circumstances, liberation theologies having overlooked this in its response to other human sufferings. Therefore, in the praxis model of contextual theology URMs' voices about God and their faith will be listened to as they narrate their understanding of pastoral care of children in crisis. The significance of the praxis model in this study is that it campaigns for a theological reflection that reads the signs of the times as well as acting on them. This call for the Christian faith to be with works, for as James 2:14-26 stated, "faith without works is dead."

## 5.7   MEAD'S CULTURAL ADOLESCENT DEVELOPMENT THEORY

In addition to theological theory this study is also informed and guided by the anthropological theory of cultural adolescent development by Mead (1928), a student of Franz Boas in Columbia University who developed cultural theory in adolescent

development, and conflicted with the psychology guru Stanely Hall (1844-1924), who had argued that adolescence is a period of *Sturm and Drang* (Storm and Stress), "when all young people go through some degree of emotional and behavioural upheaval before establishing a more stable equilibrium in adulthood" (Arnett 2006:186). Mead argued that adolescence is not a period of stress and storm but rather the stress in adolescents is a cultural artefact (Mead 1928: 235, cf. Muuss 1975:1110). In a study of Samoan adolescent girls were found to take a well-balanced and carefree approach to sexual life, due to a cultural stability of society that is free of conflicting values, expectations and shameful taboos (Mead 1928:234-235). This contrasts with American adolescents, who were forced to choose among a variety of values and norms (Newman 1996:235). The implication of culture in shaping adolescent behaviour shows the significance of social institutions and cultural factors, using Mead's mentor Boas' concept of "cultural relativism", in which all cultures are inherently equal in expressing the full humanness of people and worthiness for study (Fettner 2002:196-203).

URM adolescents, like other adolescents living in discontinuous cultures, are vulnerable to confusion, stress and disease because of lack of appropriate cultural knowledge and guidance. Their vulnerability to HIV is due to lack of continuous cultural lives, as Mead argues. Migration disrupts the continuity of culture in URMs as they are forced to adopt other new cultures that they do not understand and, without adult guidance, they are vulnerable to many forms of stress and confusion.

## 5.8.    CONCLUSION

This chapter has described the lenses and evaluation tools that is used for this study, namely liberation theology and cultural adolescent development theory. The former is not a pastoral care theory but it offers this study what pastoral care theories are not able to offer, understanding the context of oppression and allowing the oppressed to speak for themselves. This chapter has argued that children are not like other human beings who can effect change towards their situation by speaking through words rather than speaking through words children speak in actions and physical appearance. This requires people or adults who are willing to read those signs to speak on their behalf. In this case they are given a platform to voice their concerns and articulate how they understand pastoral care

in a context of HIV. In discussing some of the liberation theologies that inform this study, such as contextual and feminist theology and liberation theology, this chapter have revealed how these concepts are important in determining the way URMs and their caregivers understand pastoral care in a context of HIV. The cultural adolescent development theory by Mead is not a theological theory but its worldview on adolescents' applies to this study, because URMs' crises are enforced by the confusion of trying to fit in a variety cultures.

The next chapter will discuss the legal frameworks aimed at children, such as the international and regional children's rights. It will discuss the historical backgrounds of treaties and processes towards their development, and how they have been implemented by African countries, particularly South Africa and Zimbabwe. It examines the relationship of these international and regional treaties for children's rights with pastoral care and how they impact on the pastoral care of children.

# CHAPTER SIX

# UNFULFILLED PROMISES OR FULFILLED PROMISES: CHILDREN'S RIGHTS AND PASTORAL CARE

## 6.1    INTRODUCTION

Chapter 5 described the theological framework of the study and explained how the liberation theology and Mead's cultural adolescent development theory informs this study of URMs and their caregivers' understanding of pastoral care for children in crisis in a context of HIV and AIDS. The pandemic infringes children's rights in many ways, in particular the right to a decent life, to a family, to basic education, to health, to development as well as to freedom from all forms of exploitation. The challenges, particularly to URMs, call for the emergence of a pastoral care model that is informed by Children rights' instruments. The main purpose of pastoral care ministry is to protect the sacredness of all life, whilst the ministry's objective is to guide, provide and protect the vulnerable creation. This chapter will therefore critically discuss the link of children's rights instruments to pastoral care and discuss how a pastoral care model for children can be informed by the children's rights instruments. In addition it will analyse children's rights from a perspective of the Gospels, and determine how this can inform pastoral care as a discipline of theology in its efforts to protect children from exploitation and trauma. The URMs have experienced much exploitation and different traumas during the process of their migration to South Africa. The link between the gospels and children's rights will be thus be discussed in terms of how it can be used as a guide in the pastoral care of children in crisis.

## 6.2    THE HISTORY BEHIND CHILDREN'S RIGHTS

There is a long history behind children's oppression and dehumanisation, as noticed between 1500 and 1700, however the era of the Industrial Revolution also witnessed a

surge in the oppression of children (Bourdillon 2000:5; cf. Horrel &Humphries 1995:486-487; Annabel 2010).[38]

### 6.2.1 The Industrial Revolution 1600-1700

The beginning of the Industrial Revolution in Europe prompted families to move to crowded cities in search for work. Working in factories for children was not friendly, with long hours using large, heavy and dangerous equipment. Like women, they experienced harsh treatment, few rewards, illness and injury in their workplace (Fyfe 1989:15). During the industrial revolution children of six years old worked in large factories for up to 19 hours a day, with a 1 hour break per day (Humphries 2010:2). The Factory Act of 1833 did not change or improve the conditions (Nardinelli 1980:741), but rather the Industrial Revolution led to a population increase. Childhood mortality rates, although *infant* mortality rates were reduced markedly (Annabel 2010).[39]

Under harsh work conditions children experienced cruel treatment, such as beatings, verbal abuse and other forms of pain infliction (Annabel 2010). Harsh work conditions included children being killed when they dozed off or fell into the path of carts. Others died from gas explosions, while many developed lung cancer and other diseases and died before the age of 25 (Horrel & Humphries 1995:486; cf. Annabel2010). Children lost hands or limbs and were crushed under the machines, or decapitated (Annabel 2010). Young girls worked at match factories, where phosphorus fumes would cause many to develop phossy jaw, while children employed at the glassworks were regularly burned or blinded. Those working in potteries were vulnerable to poisonous clay dust (Annabel 2010).

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[38]Annabel, Venning, (17 September 2010). "Britain's child slaves: They started at 4am, lived off acorns and had nails put through their ears for shoddy work. Yet, says a new book, their misery helped forge Britain". http://www.dailymail.co.uk/news/article-1312764/Britains-child-slaves-New-book-says-misery-helped-forge-Britain.html. Accessed 19 September 2010.
[39]Ibid.

## 6.2.2 African Slavery

Child exploitation was not only a practice in Western countries, as African children also experienced it in many forms. Independence of African countries in the twentieth century were accompanied by a scramble for power, with disputes on who should lead the state (Shumbamnini 2008:93). Children were caught in this scramble, as countries such as Mozambique (contested by FRELIMO and RENAMO); Zimbabwe (contested by ZANU P.F and ZAPU P.F), Zaire, now Democratic Republic of Congo (DRC); Rwanda; Ethiopia and Eritrea. Children have been involved in conflicts and wars, and as child soldiers many have witnessed the slaughter of their parents, come across corpses and themselves been beaten (Shumbamnini 2008:93). Many children have been orphaned and remain destitute.

## 6.2.3 Child labour

Child labour is a problem that began during the early phase of industrialisation and capitalism, becoming more visible during the Industrial Revolution of the 18th century in Europe (Grier 2009:297). Concern grew as children as young as 10 years old and below were recruited to work in mills, factories and mines, for long hours under dangerous conditions and for little pay (Horrel &Humphries 1995:486-487; cf. Bourdillon 2000:5). Advocates of child labour began to condemn this practice due to its harmful effect on physical and psychological health (Annabel, 2010). The Industrial Revolution machines took over the functions formally performed by hand and concentrated them in large factories (Annabel 2010). Children as young as five were employed in large numbers to operate machines, particularly in the textile industry, hauling heavy loads of textiles (Annabel 2010) or climbing amongst fast-moving looms. Factories were often damp, dark, and dirty. Other children worked underground in coal mines, in dark, damp, dusty conditions, carrying heavy loads of coal on their backs without protective clothing (Annabel 2010).

Those who condemned child labour included Karl Marx and Charles Dickens, themselves victims of child labour. Charles Dickens's *Oliver Twist*, published in 1839, is a story about the eponymous orphan who led a miserable life in a workhouse. He escapes to London where he joins a gang of juvenile pickpockets, at first naively unaware of their unlawful activities (Dickens 1839). Dickens exposure of the cruel treatment of many a waif in

London helped increase international concern for what is sometimes known as "The Great London Waif Crisis". The book's subtitle, *The Parish Boy's Progress*, alludes to Bunyan's *The Pilgrim's Progress* and also to popular 18th-century caricatures by William Hogarth, *A Rake's Progress* and *A Harlot's Progress*.[40] The church lagged behind and was divided during this era. Some churches, such as the Roman Catholic and Anglican were non-committal, not seeing the problems of industrialisation early enough (Vidmar 2005:303), while some responded and took a stand, particularly Methodism under the leadership of John Wesley and John Whitefeld, who contributed to the formation of trade unions by teaching the labouring classes forms of protest and leadership skills (Dreyer 1999).

Whilst Dickens helped alert the international community to the cruelties of child labour, Britain was the first to pass laws regulating child labour, as between 1802 and 1878 a series of laws gradually shortened working hours, improved conditions, and raised the age at which children could work (Nardinelli 1980:751). Other European countries adopted similar laws,[41] though the USA took many years to outlaw and criminalise child labour. In 1918 and 1922 the U.S. Congress passed laws, but the Supreme Court declared them unconstitutional (Mishra 2010).[42] In 1924 the Congress proposed a constitutional amendment prohibiting child labour, but the states did not ratify it, then, in 1938, Congress passed the Fair Labour Standards Act, which fixed minimum ages of 16 for work during school hours, 14 for certain jobs after school, and 18 for dangerous work. By 1899 a total of 28 states had passed laws regulating child labour (Douglas & Hackman 1939).[43]

In Africa, the issue of child labour is currently still being debated, with the majority of African countries predominantly rural and still subsisting on household production (Andvig, Canagarajah & Kielland 2001:1). Moreover, Africa has many cultural factors and norms that make the issue of child labour debatable. Most labour or children's work occurs in their homes, which some scholars argue is part of a child's socialisation rather than harmful work. For instance, Bourdillon (2000:9) argues that children's work in family environments is a form of playful imitation that facilitates and empowers children to grow in competence and confidence. Work which occurs outside children's homes may have

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[40]http://en.wikipedia.org/wiki/Oliver_Twist accessed on 13 August 2012,
[41]http://www.scholastic.com/teachers/article/history-child-labor accessed on 13 August 2012
[42]Ibid.
[43]Ibid.

characteristics of child labour, however it is beneficial as "it is a means of survival, and often of education" (Bourdillon 2009:296).

Though the purpose of child labour is debatable in Africa, its signs became visible during the colonial era, when "the initial years of colonial rule...increased demand for labour in peasant-dominated Africa [which] was...met by expanding the use of unfree labour, largely children and adolescents" (Grier 2009:298). Children were easy targets as when colonialists came to Africa they found children engaged in labour services, such as farming, herding, trading, hunting, mining, manufacturing and even fighting in military organisations. As a result, colonial economies moved forward on this pre-colonial foundation by incorporating children's labour into the production of goods for a rapidly industrialising Europe (Grier 2009:298). The end of the 19th century to the beginning of at least two decades into the 20th century saw colonial masters raiding homes and capturing children and adults for human trafficking to work on their farms. Children were targeted as they were easier than adults to capture, transport, control, and absorb or adapt to new lives as obedient labourers (Grier 2009:298). Children were also easy to disguise as adopted or wards, with some girls being taken as child brides for traffickers and farmers because of "their double reproductive value: they were not only farm laborers but were also porters potential wives and reproducers of the labour force" (Grier 2009:298).

African children, as with European children, therefore needed protection from evil practices that contributed to the formation of international, regional and domestic laws on children's rights.

## 6.3 THE INTRODUCTION OF CHILDREN'S RIGHTS

Children suffered and experienced many types of trauma and abuse up to the late 19th to the 20th century, as discussed above (Grier 2009:298; cf. Horrel &Humphries 1995:486-487; Annabel 2010). As a result, the 20th century saw human rights groups pick up the issue that had been growing in concern since the 17th century.

Milestone of children's rights included:

- 1924 - Geneva Declaration of the Rights of the Child adopted by the League of Nations

- 1948 - Universal Declaration of Human Rights adopted by the UN

- 1959 - Declaration of the Rights of the Child adopted by the UN

- 1970-Children in Difficult Circumstances (CDC) by UN

- 1979 - International Year of the Child

- 1989 - Convention on the Rights of the Child adopted by the UN

- 1990 - World Summit for Children held at the UN

- 1990- Organisation of African Unity (OAU) now African Union (AU) ratified UNCRC in July and developed its own African Charter on the Rights and Welfare of Children (ACRWC).

- 1991 - UK ratified the UNCRC

- 2000 - Optional protocols to the CRC are adopted by the UN, specifically On the Involvement of Children in Armed Conflicts, and On the Sale of Children, Child Prostitution and Child Pornography.

- 2002 - A World Fit for Children is agreed to as a consensus document at the United Nations General Assembly Special Session for Children.

<div align="right">(Adapted from Achilihu (2010:20).</div>

The beginning of action against children's suffering and exploitation was visible and intense in the mid-1900s (Achilihu 2010:20; cf. Annabel 2010).[44]The devastation to human beings caused by the 20th century's two world wars caused some concern for humanity, particularly vulnerable children orphaned or killed, amongst other forms of vulnerability. This led Eglantyne Jebb, a teacher from England, to take her first steps towards the campaign for children's protection. Motivated by the state of defenceless children who were victims of the First World War (Achilihu 2010:20), her first step was to establish *Save the Children International Union,* followed by her drafting the Children's Charter in 1923, which is a foundation of the United Nations CRC (Mower 1997:11). Immediately after the war she became president of Save the Children Fund and The International Red Cross Committee, and set up Save the Children International Union in 1919, to relieve children from famine (Achilihu 2010:20).

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[44]Annabel, Venning, (17 September 2010). "Britain's child slaves:They started at 4am, lived off acorns and had nails put through their ears for shoddy work. Yet, says a new book, their misery helped forge Britain". http://www.dailymail.co.uk/news/article-1312764/Britains-child-slaves-New-book-says-misery-helped-forge-Britain.html. Accessed 19 September 2010.

**6.3.1 The Declaration of Geneva-1924**

Efforts to take action against the suffering of children through human rights instruments dates back to 1924, when the 5th assembly League of Nations in September 1924 adopted the Rights of the Child[45] (Achilihu 2010:21; Kaime 2009:11). The Declaration of Geneva, also known as the 1924 Declaration, "was never intended to create binding obligations on states and corresponding legal rights for children" (Kaime 2009:12). However, a few states integrated it into their domestic laws (Achilihu 2010:21).

This declaration recognised five principles aimed at fulfilling the rights of children "beyond and above all considerations of race, nationality, or creed" (Declaration of Geneva):

1. The child must be given the means requisite for its normal development both materially and spiritually.

2. The child that is hungry must be fed; the child that is sick must be nursed; the child that is backward must be helped; the delinquent child must be reclaimed; and the orphan and the waif must be sheltered and succoured.

3. The child must be first to receive relief in times of distress. This principle is commonly known as "the children first principle."

4. The child must be put in a position to earn a livelihood, and must be protected against every form of exploitation.

5. The child must be brought up in the consciousness that its talents must be devoted to the service of its fellow-men (The Declaration of Geneva 1924).[46]

Although this declaration may have been the first formally implemented human rights instrument by the League of Nations, it also had some shortcomings and strengths. The strengths are that the most basic material needs of children were recognised and that it recognised that the development of a child is not only physical but also involves spiritual

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[45]Declaration of the Rights of the Child 1923https://www.crin.org/en/library/un-regional-documentation/declaration-rights-child-1923accessed 24 April 2010 . The initial version of the Convention of the Rights of the Child was drafted by the Save the Children's founder, Eglantyne Jebb, in 1923 and it was adopted by the League of Nations in 1924.
[46]http://www.un-documents.net/gdrc1924.htm accessed on 14 February 2014.

and psychological balance. The "children first principle" recognised the affirmative right of children to survival, protecting them from rejection, abandonment and all forms of neglect. The recognition that children have a right to earn a livelihood whilst being protected from all forms of exploitation is a starting point in allowing them to earn a living, but under monitored and protected conditions, as a result recognising their right to survival. This declaration also provides the "groundwork for the proposition that the welfare of children could best be protected by the protection of their rights" (Kaime 2009:12). Most importantly, it reminded humanity that there are oppressed and suffering human beings who are overlooked by society, and gave birth to many international declarations campaigning for the rights of children. It became "a cornerstone of all future international legislative initiatives regarding children's rights" (Achilihu 2010:22).

A shortcoming of this declaration is that it is silent on issues of political and civil rights, putting children at risk of lack of freedom, love and justice. Though the declaration campaigns or provides that "...a child must be put in a position to earn a livelihood..." it is quiet on the socio-cultural, economic and political accountabilities towards children. Though this is a human rights instrument, it omitted the term 'right' in favour of 'acts which must be done to or for the child' (Achilihu 2010:22). The child is receiving and not participating or the convention treats a child as an idle object. This declaration "failed to provide an implementation mechanism because it was a document of a "moral and political nature" and was not considered legally binding" (Achilihu 2010:22).

### 6.3.2 Declaration of the Rights of the Child-1959

Not yet adopted, in 1959, after the Second World War, attempts were made to have the Geneva Declaration adopted and thereby reconfirm it with the United Nations (Achilihu 2010:22). The International Union for Child Welfare was therefore asked by the UN to help in drafting a newly revised Declaration of the Rights of the Child. The 1959 declaration is a longer document than the original one, consisting of a Preamble and ten principles. The Preamble makes a reference to the UN Charter and the Universal Declaration of Human Rights of 1948 adopted by UN (Universal Declaration). This declaration calls upon governments to implement its provisions through legislative and other measures progressively taken, whilst the Preamble reaffirms the 1924 Declaration

(Kaime 2009:13). The 1959 Declaration was inspired by the Geneva 1924 Declaration and expanded on the principles contained in that Declaration.

The 1959 Declaration's 10 principles are as follows:

1. Principle 1: Every child shall enjoy all the rights set forth in the Declaration without any form of discrimination

2. Principle 2: The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity….

3. Principle 3: The child shall be entitled from his birth to a name and a nationality.

4. Principle 4: The child shall enjoy the benefits of social security. He shall be entitled to grow and develop in health; to this end, special care and protection shall be provided both to him and to his mother, including adequate pre-natal and post-natal care. The child shall have the right to adequate nutrition, housing, recreation and medical services.

5. Principle 5: The child who is physically, mentally or socially handicapped shall be given the special treatment, education and care required by his particular condition.

6. Principle 6: The child, for the full and harmonious development of his personality, needs love and understanding. He shall, wherever possible, grow up in the care and under the responsibility of his parents, and, in any case, in an atmosphere of affection and of moral and material security; a child of tender years shall not, save in exceptional circumstances, be separated from his mother. Society and the public authorities shall have the duty to extend particular care to children without a family and to those without adequate means of support...

7. Principle 7: The child is entitled to receive education, which shall be free and compulsory, at least in the elementary stages. He shall be given an education which will promote his general culture and enable him, on a basis of equal opportunity, to develop his abilities, his individual judgement, and his sense of moral and social responsibility, and to become a useful member of society.

The best interests of the child shall be the guiding principle of those responsible for his education and guidance; that responsibility lies in the first place with his parents….

8. Principle 8: The child shall in all circumstances be among the first to receive protection and relief.

9. Principle 9: The child shall be protected against all forms of neglect, cruelty and exploitation. He shall not be the subject of traffic, in any form. The child shall not be admitted to employment before an appropriate minimum age; he shall in no case be caused or permitted to engage in any occupation or employment which would prejudice his health or education, or interfere with his physical, mental or moral development.

10. Principle 10: The child shall be protected from practices which may foster racial, religious and any other form of discrimination. He shall be brought up in a spirit of understanding, tolerance, friendship among peoples, peace and universal brotherhood, and in full consciousness that his energy and talents should be devoted to the service of his fellow men.

(Summarised by Veerman 1999:66)

Compared to the Geneva Declaration, the 1959 Declaration shows genuineness of the protection of children, as "the first serious attempt to describe it in a reasonably detailed manner" (Fortin 2003:35). It puts a child at the centre of concern more than did the Geneva Declaration. Unlike the Geneva Declaration, these principles specify the child's rights, for example principles 1 and 4, above. The declaration tries to cover most of the forms of exploitation or abuse that may occur to children.

Critical to this declaration is that it acknowledges that the wellbeing of the pre- and post-natal child lies in the happiness of the mother, hence principle 4 in which it is stated that "…the child shall enjoy the benefits of social security, including adequate pre-and post-natal care both for him (or her) and for his (or her) mother" Addressing the problems faced by refugee and abandoned children the 1959 declaration states that "…a child shall be entitled from birth to a name and nationality." Acknowledging that children may be discriminated because of race, religion, class and many other forms of discrimination, principle 10 states that "The child shall be, protected from racial religious...[and shall] be

brought up in a spirit of understanding, tolerance and friendship among peoples, peace and universal brotherhood. It protects all vulnerable children including the physically, mentally and socially handicapped in principle 5. Additionally, this declaration acknowledges the importance of parents, extended family and community in the wellbeing of children. Guidance is the key to a child's development, as indicated in principle 7. Children cannot be liberated from neglect, cruelty and exploitation without parental guidance or adult guidance.

Apart from its sexist language ('his' rather than 'his or her'), the 1959 declaration uses a language that is different from the Geneva declaration, for example shifting from the language of rule, such as "must be given" to one of rights, such as "the rights set forth therein" The word 'right' appears twice in principles 1 and principle 2, changing the way the international law classifies children. The 1959 Declaration reflects change from classifying children as objects to classifying them as subjects and participants in their own rights (Achilihu 2010:25). The two declarations transpired when most African Countries were still under colonisation by Western countries. Though they sound universal it was impossible for African children under colonial rule to enjoy these principles, as racial discrimination was during colonialism (Achilihu 2010:25), and often afterwards.

### 6.3.3. Toward the United Nations Convention on the Rights of the Child- the process

The 1959 Declaration's principles found their way into the next international statement on the rights and welfare of the child in the 1989 Convention on the Rights of the Child (CRC), the drafting of which began as a result of the 1959 Declaration which stressed that all "humanity owes to the child the best it has to give." The process was open ended because participation was open to states and non-state actors such as inter-governmental organisations (IGOs) and nongovernmental organisations (NGOs) (Working Group of the Commission on Human Rights in 1979). In the meeting of the first Working Group meeting, lasting five days during the Commission on Human Rights 1979 Session (Cohen & Kilbourne 1998:636-637), new paragraphs for the preamble were considered with revisions of wording and content of several articles brought forward (Achilihu 2010:26). Poland submitted a draft of the CRC to the Commission on Human Rights in 1979, though the draft was in many ways similar to the 1959 Declaration, the Commission's 'open

ended' working group used it as a framework for its considerations and reflections from 1979 to 1988 (Achilihu 2010:26; Cohen & Kilbourne, 1998:637-638). It took almost a decade for the working group to adopt its final report on 21 June 1989 (Achilihu 2010:26; Cohen & Kilbourne 1998:638). The report was forwarded to the Commission on Human Rights for consideration and transmission to the General Assembly. Finally, the Convention was unanimously adopted by the General Assembly on 20 November 1989 and went into immediate effect on 2 September 1990 (CRC 1989; cf. Achilihu 2010:26; Kaime 2009:15).

The CRC came to force in 1989 and unlike other declarations it defined a child as being below the age of 18. It specified that the Convention applied to all human beings below the age of 18 unless the age of majority was reached earlier (CRC art 1). All countries, except the USA and Somalia, ratified the CRC, making it the most ratified human rights treaty in the world. The USA and Somalia signed in 1995 and 2002 respectively (Kaime 2009:16).

### 6.3.4    The Convention on the Rights of the Child-1989

The CRC is long, detailed and comprehensive, with 54 articles, 40 of which make provision for substantive rights, ranging from civil and political to economic, social and cultural rights. The CRC is the first binding international treaty to include typical civil and political to economic, social and cultural rights (Achilihu 2010:26; Kaime 2009:14). It acknowledges and recognises that the world is not always merciful to children, therefore there are children living in extremely difficult conditions around the world. It stipulates additional rights for these children, orphans, refugee children, disabled children, and children of the minority and indigenous groups, including those living within territories of armed conflicts (CRC 1989 Achilihu 2010:26-27; Kaime 2009:13).

The CRC has four categories of substantive rights, namely survival, protection, development and participation. Firstly, on the category of the right to survival, the CRC ensures that the child is enjoying life to the fullest (John 10:10) by ensuring it is encompassed by the highest attainable standard of living, which includes issues such as standard health, nutrition, name and nationality (CRC 1989; Achilihu 2010:26-27; Kaime 2009:13-14). To this end, the CRC stresses "the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development"(CRC

Art 27; Achilihu 2010:31; Kaime 2009:14). Secondly, on the category of the right to protection, issues such as the right to freedom from all forms of exploitation, including sexual or economic (CRC Art 32; 34), discrimination, abuse, inhuman treatment or cruelty (CRC Art 37), and neglect or abduction and trafficking (CRC Art 35) are addressed. Thirdly, the right to development include issues such as the right to education (CRC Art 28), and supports early childhood development social security such as "to enjoy his or her own culture, religion and language" (CRC Art 30); and rest, leisure and recreation (CRC Art 31). Fourthly, under the right to participation, it addresses issues such as respect for children's views, freedom of thought and expression such as "a right to be heard in matters affecting their welfare" (CRC Art 13) access to appropriate information, conscience and religion (CRC Art 14), and freedom of association and peaceful assembly (CRC Art 15). Above all, in the right to participation the CRC stresses that when a child is capable of informing opinions, those should be given due weight, especially in "Judicial and administrative proceedings affecting the child" (Achilihu 2010:31; cf. CRC Art 12).

Kaime (2009:15) argues that "the CRC is a very comprehensive treaty that makes provision for almost every aspect of a child's life. It may be described as forming the core of the international law on the rights of the child." Although it covers most aspects of children it does not address their context. Rather, it assumes that all children come from the same context, as some of the articles contradict the socio-cultural aspects of a child. The participatory rights in which children have a right to freedom of expression, association, privacy, and the most controversial freedom of religion (CRC Art 12-17) may be seen as a threat to order and peace in some societies. Religious issues are very sensitive and some may argue that children only understand the importance of their religion once they are mature, therefore "the inclusion of such rights threatened the acceptance of the CRC by certain States"[47] (Achilihu 2010:34).

The CRC also overlooks the importance of family values, as the rights of the child can clash with the adult-child relationship in most cultures. The weakness of the CRC is that all rights towards the child's survival, protection, participation and development are outlined but the Convention does not guide the child on his or her role towards the achievement of a healthier adult-child relationship. The implementation and description of

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[47] Islamic states were opposed to the drafting process of the CRC.

this relationship may be important in the implementation of these important rights. Despite CRC's Preamble 5 and 6 that recognises the family as the fundamental unit of society; the relationship within that family is overlooked or ambiguously explained. The CRC stresses the significance of family towards the development of the child under its provisions which include the provisions against the separation of parents from their children against their will (CRC Art 9); the recognition of the equal role of both parents in the upbringing of the child (CRC Art 18); the establishment of a system of care when the child is separated from the family (CRC Art 20), and its different provisions "that the rights of the child are most appropriately realized within the environment of the family..." (CRC 1989). Though the CRC is detailed, it has some gaps for different states, because it was developed at an international level and did not have a national aspect of different states. As a result, Africa as a continent developed its regional instrument for protecting the rights of children. Different African states also developed their national instruments to protect the rights of children, because both the international and regional instruments were broad-spectrum and lacking in the national element of different countries.

### 6.3.5    The African Charter on the Rights and Welfare of the Child (ACRWC)-1990

The development of the international children's rights instruments increased during the time when most of the African states were still fighting for their independence and the principles in those treaties "were arguably not intended to benefit children who found themselves under colonial rule despite the universalistic tones in which they were concluded" (Kaime 2009:20). However, this did not mean that African children had no right to be protected by the international instruments despite the colonial rule in their countries. This is because they required protection, and since most African countries were at war fighting for their independence children were vulnerable to exploitation and abuse. Most children were recruited as soldiers, for example in 1996 "14 of the 53 member states of the Organisation of African Unity (OAU) were afflicted by armed conflict" (Achilihu 2010:64).[48] Though the CRC is a global and universal document it leaves little room for the inclusion of specific regional interest (Achilihu 2010:65). Therefore, African states saw

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[48]Cf. Report of the UN Secretary –General, A/52/871, 13 April 1998"The Causes of conflict and the promotion of durable peace and sustainable development in Africa"

it proper to develop their own treaty which "couches children's rights and welfare issues in familiar African language. This allowed for the virtues of children's cultural heritage, historical background and the values of African civilization to be given priority" (Lloyd 2008:33).

The document which African states drew up was the African Charter on the Rights and Welfare of the Child (ACRWC), also known as the Children's Charter, adopted on 11 July 1990 by the 26th Ordinary Session of the Assembly of Heads of State and Government in Addis Ababa, Ethiopia (Lloyd 2008:34; Achilihu 2010:68; Kaime 2009:21). The ACRWC took about 10 years to enter into force, unlike the CRC which took only 1 year (Lloyd 2008:35; Achilihu 2010:68). Ratification was slow, taking almost two years for OAU member states to ratify. It had soon received 41 of the 53 countries' ratifications (Lloyd 2008:35), with the inclusion of South Africa and Zimbabwe. The ACRWC was divided into four principal sections, the Preamble and Part 1, 'Rights and Duties; Part 2 'The Establishment and Organisation of the African Committee of Experts; Part 3 'The Mandate and Procedure; Part 4 'Miscellaneous Provisions' (Lloyd 2008:35). It was not the first document drawn up by African States, the process of the development of the protection system for children's rights having been formally recognised by the African region in 1979, when the (the non-binding) Declaration on the Rights and Welfare of the African Child (Declaration) was adopted by the Assembly of Heads of State and Government of the Organisation of African Unity (OAU) at its 16th Ordinary Session in Monrovia (Lloyd 2008:33).

The ACRWC is a comprehensive document that addresses all the cultural and traditional factors that affect the child in the African region. Africa is a culturally diverse continent and different cultures offer different benefits and oppressions to children. Therefore, this document, as an advocate for children's protection, does not blame one culture over another but rather it states in the Preamble that "...the situation of most African children remains critical due to the unique factors of their socio-economic, cultural, traditional and developmental circumstances..." (ACRWC, OAU Doc. CAB/LEG/24.9/49 1990). However, not blaming the cultural heritage, the ACRWC states that it takes into consideration the virtues of children's cultural heritage, historical background and the values of African civilisation which should inspire and characterise children's reflection on the concept of rights and welfare of the child. As cultural beings, children cannot be

separated from their culture but it can be used to protect their rights by deconstructing what dehumanises them and reconstructing what humanizes them.

The ACRWC, like the CRC, is comprehensive and addresses most critical areas in which children may be vulnerable. It compels all member states to take necessary measures to implement its provisions and principles (Lloyd 2008:36). In the preamble, the ACRWC recognises the position of the child in the African society by affirming that proper nurturing and development of a child requires that she or he grows up in a family environment that embraces happiness, love and understanding. In addition, it recognises that every child has physical and mental needs for development that require particular care for its physical, mental, moral and social development, in line with legal protection of its freedom, dignity and security. Article 1.3 of the ACRWC stresses that states should discourage any custom, tradition, culture or religious practice that is inconsistent with the rights, duties and obligations outlined in the charter. Article 4.1 states that the child's best interests should be the primary concern in any effort or actions that are taken by those who care for it, including the authorities with power of protecting the child. This relates to the survival, development and protection of the child, who cannot be used as an object, but rather its inherent dignity is paramount (Art. 5.2). Though the ACRWC gives authority for protecting children to the state, it acknowledges that parents and legal guardians have a duty in the nurturing and development of children, therefore Article 9.2 states that parents and legal guardians have a duty to provide guidance and direction to the child while respecting its rights according to national laws and policies. Article 9.3, still on the roles and duties of parents and legal guardians, the ACRWC states that they are obliged to nurture and give direction. In support of this, Art 11c states the significance of preservation and strengthening the positive African morals, values, traditions and cultures in the nurturing, guidance and protection of the child. This acknowledges the significance of family whereby concerns of identity and belonging are shaped and defined by traditional values and cultural morals through family origins.

On the other hand, Article 23 of the Charter states that refugee children accompanied or unaccompanied should "…receive appropriate protection and humanitarian assistance in the enjoyment of the rights set out in this Charter and other international human rights and humanitarian instruments to which the States are Parties." It states that it will join with international organisations already working with refugees in an effort to obtain information

necessary about the child's parents or close relatives for reunification with the family. In case parents or relatives are not found a child shall be entitled to the same protection as any other child permanently or temporarily orphaned of his family environment for any reason (ACWRC Art 23.1-3). This is because every child shall be entitled to the enjoyment of parental care and protection… (ACWRC Art 19.1).

As does the CRC, the ACRWC puts the child's survival, development and protection at the centre of the charter. Any effort towards the protection, guarding, development, and survival of the child should not contradict the rights outlined in the Charter. However, some of the rights, such as the right to religion, are out of line and challenge parents' roles in contributing towards the development of the child into a responsible adult; therefore these should be contextualised to respect communities' religious values. As noted above, different states developed their own national instruments in line with their national policies to use parallel with the ACRWC, thus avoiding contradicting their communities' religious and cultural values.

## 6.4    SOUTH AFRICAN NATIONAL LAWS ON CHILDREN'S RIGHTS

Though South Africa has signed both the CRC and ACRWC, the country has its domestic laws in place that are set to protect the rights of children. The South African Constitution contains a number of socio-economic rights that only apply to children. In terms of section 28(1) (c) "every child has the right to basic nutrition, shelter, basic health-care services and social services."[49] These rights are parallel to the CRC and ACRWC, nevertheless, the Constitution provides additional rights to children, through section 28 of the Bill of Rights and Houses of Parliament., the committees and structures of which have an important role to play in monitoring the implementation of legislation.[50] For instance, the Children's Act (2005) states that unaccompanied and undocumented minors (URMs) are to be considered children "in need of care and protection" and should be given all the necessary assistance and care (Children's Act 38 of 2005).[51] As a result, the Department of Social Development made public the work that it, together with its provincial counterparts in Limpopo and

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[49] The Constitution of the Republic of South Africa (1996) Act 108 of 1996.
[50]Ibid.
[51]http://www.justice.gov.za/legislation/acts/2005-038%20childrensact.pdf accessed on 14 June 2012

Gauteng, were doing with their Zimbabwean counterparts in a process to ensure that URMs had access to care, protection and justice (Social Development Press Release 2012).[52] The Department, led by then minister of Social Development Bathabile Dlamini, met with a Zimbabwean government delegation led by the minister of Labour and Social Services Paurina Gwanyanya Mpariwa in 2012 to sign a Memorandum of Understanding (MOU) on cooperation in the field of social development, particularly to address the plight of URMs (Social Development 2012).[53]It was felt that URMs required special legislation to protect them because of their vulnerability. South Africa is one of the countries that have protected children's rights in its Constitution (Act 108 of 1996), as the supreme law of the country designed to respect, protect, promote and fulfil the rights of all its citizens.[54] This commitment concurs strongly with international and regional principles of children's rights.

Concern for children's rights in South Africa began between the mid-1970s and early 1990s, when NGOs and FBOs played a significant role in the growth of activism, the focus of which was on children in an apartheid context, with national and international conferences also being held in the 1980s and 1990s (Rama &Bah 2000).

**Table 6.1:** Key moments in the history of South Africa's child-rights' movements

| 1987 | Rädda Barnen sponsored conference, entitled "Children, Repression and the Law in Apartheid South Africa" held in Harare, Zimbabwe. |
|------|------|
| 1989 | UNICEF's publication "Children on the Frontline: The Impact of Apartheid, Destabilization and Warfare on Children in Southern and South Africa" (updated in 1989 to include a section on Namibia) motivates organizations to lobby and campaign more ardently for the protection of children's rights in South Africa. |
| 1990 | National Committee on the Rights of the Child (NCRC) is formed in Botswana, following a number of meetings between members of the Mass Democratic Movement, NGOs from South Africa and UNICEF. |

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[52]http://www.info.gov.za/speech/DynamicAction?pageid=461&sid=22999&tid=48244 accessed 14 June 2012
[53]Ibid.
[54] The Constitution of the Republic of South Africa (1996) Act 108 of 1996.

| 1992 | Children's Summit is organised by Molo Songololo, Children's Charter adopted. International Conference on Child Rights held in Cape Town. Interim Constitution adopted - provisions made for the inclusion of the protection of children's rights in South Africa. |
|------|-----------------------------------------------------------------------------|
| 1993 | National Children's Rights Committee (NCRC) and UNICEF launch the publication "Children and Women in South Africa: A Situation Analysis". F.W. de Klerk and Nelson Mandela jointly sign the 1990 Declaration and Plan of Action of the World Summit for Children and the Convention on the Rights of the Child. |
| 1994 | President Mandela is presented with an outline of the National Programme of Action for Children at Orlando Stadium in Soweto by National Programme of Action Task Team. |
| 1995 | South Africa ratifies the United Nations Convention on the Rights of the Child. |
| 1996 | Cabinet approves the formation of the National Programme of Action for Children. "Children, Poverty and Disparity Reduction: Towards Fulfilling the Rights of South Africa's Children" is published by the National Institute for Economic Policy /Reconstruction and Development Programme. |
| 1997 | South Africa submits its initial country report to the United Nations Committee on the Rights of the Child. |
| 1998 | The co-ordination of the National Programme of Action for Children is moved from the Department of Health to the Office of the Deputy President |
| 1999 | The Children's Desk is relocated from the Department of Health to the Office of the President. |
| 2000 | South Africa presents its initial and supplementary country reports to the United Nations Committee on the Rights of the Child. |
| 2009 | Establishment of the Ministry for Women, Children and People with Disabilities. |

(Adapted from Abrahams and Matthews 2011:11)


## 6.5  ZIMBABWEAN NATIONAL LAWS ON CHILDREN'S RIGHTS

Zimbabwe, like South Africa, has domestic instruments and laws set to protect children's rights, with the child's rights sector made up of different organisations. Unlike the South African Constitution, that of Zimbabwe (1980) is silent on the rights of the children. However, the Zimbabwe National Council for the Welfare of Children (ZNCWC), an

umbrella body, seeks to coordinate the child rights sector (ZNCWC).[55]Formed in 1968 in response to the increasing numbers of children living under difficult and dangerous conditions, its primary purpose was to equip residential care institutions with technical and material expertise to effectively support OVC.[56]After independence it went through some major changes in magnitude and type of clients, due to the increase in numbers of children living in difficult conditions, for example, HIV and AIDS, droughts, accidents, and loss of work through retrenchments following the Economic Structural Adjustment Programmes (ESAP).[57] The organisation then mainstreamed home-based care into the residential care sector, and managed to establish a community integration initiative for children under residential care. It also facilitated the development of minimum residential care standards for institutions working with children.[58] The current primary aim of the ZNCWC is to lobby for capacity building of membership, quality assurance on child oriented initiatives, child participation and research.[59] It seeks to mainstream all institutions working in the child rights sector for effective collaboration and complementarity.[60]

Zimbabwean's legislation includes the Children's Act Chapter 5:06, which campaigns for children's protection, adoption and custody of all children, and the Guardianship of Minors Act, [Chapter 5:08] (of 2003).[61] The former established the Children's Court (formerly known as the Juvenile Court) to deal with issues that concern children. Most importantly, it set up instruments such as the National Programme of Action for Children (NPAC) to facilitate and coordinate the implementation, monitoring and evaluation of the CRC and the ACRWC, to ensure survival, development and protection.[62]

The Zimbabwe Children's Charter (ZCC) was then implemented on 16 June 2011, after a wide range of consultations with children themselves,[63] particularly the junior parliamentarians through the Zimbabwe Youth Council (ZYC). On average, 300 children from around the country participated in this process and a final validation workshop was

[55]http://www.zncwc.co.zw/index.php?option=com_content&view=article&id=97&Itemid=219 accessed 14 June 2012.
[56]Ibid.
[57]Ibid.
[58]Ibid.
[59]Ibid.
[60]Ibid.
[61] African Committee of Experts on the Rights and Welfare of the Child Zimbabwe - http://www.acerwc.org/accessed on 14 June 2012.
[62] Ibid.
[63]http://www.zncwc.co.zw/index.php? Zimbabwe Children's Charter accessed 14 June 2012.

held in Harare in 2011 to consult those from various contexts of vulnerability, the streets; HIV and AIDS; residential care institutions; disabilities; farming communities; and remote rural areas.[64] It is unfortunate that the Charter came after many children had migrated unaccompanied to South African and after most children had dropped out of school. Zimbabwe had already had legislation, as signatory to the CRC (1990) and ACRWC (1995), as well as the ZNCWC laws to protect children, but the ZCC is unique in that children participated in the drafting process, providing a platform for their voices. As the Preamble states: "We the children of Zimbabwe write this Charter to express our aspirations and expectations to the duty bearers, particularly the Government of Zimbabwe" (ZCC, 2011 Preamble). The Articles in the Zimbabwe Children Charter are as follows:

Art 1:   addresses children's right to quality education

Art 2:   right to quality health

Art 3:   right to quality safety, care and protection

Art 4:   right to identity

Art 5:   right to equality and non-discrimination

Art 6:   right to alternative care in after residential care

Art 7:   right to protection against harmful traditional and faith practices

Art 8:   right to access justice

Art 9:   right to friendly environments

Art 10:  right to protection from child labour

Art 11:  right to access information that affects their wellbeing

Art 12:  right to protection from political and governance conflict

Art 13:  right to participation

Art 14:  right to shelter

Art 15:  right to protection against cruel corporal punishment that dehumanizes them

Art 16:  right to be consulted on issues of the State budget

Art 17:  right to be consulted on issues of administration that affect their lives and that issues of administration that affect their lives should be done in one department for easy coordination

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[64]Ibid.

The ZCC is made up of 17 articles, a preamble and a conclusion, making it shorter and more straightforward than the ACRWC and CRC. With the current socio-economic and political instabilities the ZCC is a document that the children of Zimbabwe have long awaited. If their voices in the charter are heard and responded to then the government will be better able to protect its future generation. Though the document is similar to the CRC and ACRWC, its uniqueness comes from its strength that it is children themselves who wrote it, and that all the other children without access to the children's parliament of Zimbabwe were consulted.

## 6.6 FULFILLED OR UNFILLED PROMISES:IMPLEMENTATION OF CRC AND ACRWC

The above treaties guide this study on what and how to reflect on children's issues, considered relevant because they identify the significant areas of care for children. They guide pastoral caregivers as to the best interests of the child, born to be nurtured and respected as a human being. On the other hand, one may argue that with the visibility of children's suffering the CRC and ACRWC has not been properly implemented in Africa, as the number of URMs, street children, orphans and abused children is increasing daily. With the flow of URMs from other countries to South Africa, and with the visible signs of suffering of URMs in South Africa, one would rather argue that the implementation of the international, regional and domestic rights in Africa are still far from being achieved. The CRC stipulates that all states should give all children equal status to local children, regardless of their nationality. However, URMs in South Africa are still discriminated against on the distribution of social benefits by government institutions. This means that some African countries, particularly those with the visibility of child suffering, only signed the international, regional and domestic treaties protecting children for the benefit of being counted as child-caring countries. Fritsch *et al.* (2010:625) argue that while South Africa has been somewhat responsive to the needs of Zimbabwean adults, the country has largely ignored the needs of URMs, such as social support, birth certification, permits and education. Since children, like adults, have migrated in numbers to South Africa for educational and economic reasons and/or to support their siblings back in Zimbabwe, they must, like the adult refugees, receive attention through the implementation of

comprehensive and carefully tailored legislation to protect them from abuse and exploitation.

According to international, regional and domestic treaties, every child has a right to belong, whether to family, community or country, as a well as to a name and birth certificate in order to have both emotional and legal identity (CRC 1989; ACRWC 1990). Most governments are trying to register children but the problem of forced migration has affected them more than any other migrants. Those who have illegal foreign parents may face problems of failing to be registered in any country's system and governments concerned have overlooked the problems that affect the child in favour of those that affect adults. A child who is not registered or who does not have a birth certificate face many problems in life, such as not being able to attend school, acquire an identity document (ID) or secure a job. Most importantly, a child without a birth certificate is like someone who does not exist. This suffering will not affect him or her alone but also his or her children. Zimbabwe does not allow for dual citizenship so most children born of foreign parents fail to secure a birth certificate or an ID in Zimbabwe before denouncing their other birthright from another country.[65]

The issue of not being registered in any country's system affects a child's ontological security, sense of belonging, identity as well as dignity, as they do not know where they belong. In this context, most URMs may have been registered in Zimbabwe but in South Africa they fail to register because they do not have sufficient information, such as who they are and where they are from. On the other hand, URMs from Zimbabwe may not be registered in Zimbabwe due to orphanhood or parents themselves not being registered citizens of Zimbabwe and hence unable to register their children. Some URMs in South Africa may be registered under the asylum seeker section and, being children, the term 'asylum seeker' does not define them properly, with some children lying about their age and origin. The asylum seeker paper which they are given is not a permanent document but has to be renewed every three months, which children may fail to do so, having lost or misplaced it (Khumalo 2010:71; cf. Mahati 2011:68, Magqibelo 2010:2; cf. Munhande & Dzimba 2010:10; Save the Children 2010).

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[65] Citizenship of Zimbabwe Act (Act No. 23 of 1984 as amended by Act No. 7 of 1990) (Chap. 4:01), Constitution of Zimbabwe As amended at the 14 September, 2005 (up to and including Amendment No. 17). The current 2013 Constitution of Zimbabwe accepts dual Citizenship though the implementation of this current constitution is still not clear.

The children's residential care system in South Africa, intended to protect OVC does not work with URMs as children who go there experience forms of xenophobia from social workers and local South African children.[66] Hence, URMs opt for the streets or the church, such as the CMC when in Johannesburg. This was evidenced when most URMs who shifted from the CMC to shelters in Johannesburg ran back to the CMC, which later took them to the Methodist community centre in Soweto.[67] The government's visible move was last seen when it moved URMs from the CMC after being mute about the wellbeing of URMs in South Africa. Following initial South African parliamentary debates the topic has received little attention. One would rather argue that this right is an unfulfilled promise and though there are laws stipulating that URMs or any child should enjoy the same rights as local children, this right is ambiguously implemented not only in South Africa but by other countries that face the problem of URMs.

As the principles of the CRC and ARWC are mostly parallel, one cannot conclude that one instrument is better implemented than the other, because both articulate similar principles and differ on issues of culture and a few principles. The principle of protecting children from all forms of maltreatment is found in both treaties. The mistreatment of children, particularly URMs, is rife in most areas, including the education sector and shelters. Above all, mistreatment of children is visible for those children who stay with their parents and who work on the streets or pavements. Children who accompany their parents in their businesses, such as street vending, are sometimes found sleeping on the corridor and are jumped by shoppers and other vendors. In these corridors, cleanliness is one factor that is neglected, so the child's wellbeing is not a priority. URMs who stay in the streets may face different forms of maltreatment in the hands of strangers, other street children, particularly local children, and girls may be vulnerable to rape. Therefore, the principle that enjoins states to take appropriate measures to protect all children from all forms of maltreatment perpetrated by parents or others responsible for their care is not clearly implemented, and other issues of maltreatment go unnoticed. The ACRWC's principles on refugee children are explicit, and of significance to migrant children are the provisions for refugee children which require the states to adhere to the following:

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[66] Zimbabwe Children- www.savethechildren.org.uk- accessed 6 January 2010; cf. Unaccompanied Refugee Minors in Methodist Church Johannesburg- www.newzimbabwe.com accessed 6 January 2010.
[67] Unaccompanied Refugee Minors in Methodist Church Johannesburg- www.newzimbabwe.com accessed 6 January 2010.

- Take appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee receives appropriate protection and humanitarian assistance;

- Assist such a child to trace parents and family and where possible arrange unification with the family; and

- In cases where no parents or other family members can be found, the child should be accorded the same protection as any other child permanently or temporarily deprived of his or her family environment for any reason (ACRWC 1990)

As strong as this principle may sound, it is ambiguously implemented and children are still seen on the streets and some in shelters. There is no dispute that reunification can take long, however, while waiting for the reunification to take place a child should enjoy benefits that other local children are enjoying. The ARWC (1990), on the other hand, states that:

> States Parties to the present Charter shall take all appropriate measures to ensure that a child who is seeking for a refugee status or who is considered a refugee in accordance with applicable international or domestic laws shall, whether unaccompanied or accompanied by parents, legal guardians or close relatives, receive appropriate protection and humanitarian assistance in the enjoyment of the rights set out in this Charter and other international human rights and humanitarian instruments to which the States are parties (ARWC Art 23). The provisions of this article apply *mutatis mulandis* to internally displaced children whether through natural disaster, internal armed conflicts, civil strife, and breakdown of economic and social order or howsoever caused.

All this should be done first by reading the signs of the times. Tracing parents or legal guardians may be a waste of time as some of the URMs came voluntarily to South Africa to seek work whilst others were encouraged by parents or legal guardians (Fritsch *et al.* 2010:623-624; cf. Ingrid 2007). Therefore, deporting them or tracing their parents is a waste of resources and taxpayers' money. Another reason may be that some children ran away from the abuse of parents or guardians' (UNICEF 2004; cf. Department of Social Development n.d.), so taking them back is enforcing that abuse.

## 6.7 CHILDREN'S RIGHTS AND PASTORAL CARE- PERSPECTIVES FROM JESUS IN THE GOSPELS

Throughout the Gospels, Jesus explicitly and continuously advocated children's rights. His actions and decisions towards the poor and least significant people in society, including children, were driven by unconditional love, sympathy and compassion (Christopher & Christopher 2002:110). Jesus' unambiguous actions towards children were a "preferential option for children" (Gutierrez 1977, cf. Holness 2008) or primacy of children in Jesus (Lindner 2006:25). He was aware that children were side-lined and oppressed, and no one was there to speak for them. They were considered as people without rights, and "...he took a child, and put him in the midst of them; and taking him in his arms, he said to them, whoever receives one such child in my name receives me and whoever receives me, receives not me but him who sent me" (Mk 9:36-37). Putting a child right in the midst of his disciples was a move to show the significance of childhood, as it is a stage no human has missed. The significance of this stage is that God in Jesus passed through it, and as such Jesus commands his disciples to let the children come to him "for to such belongs the Kingdom of God" (Mk 10:14). As a result, Jesus in the Gospels advocated and protected children's rights, such as the survival, protection, development and participation. Governments who neither subscribe to this nor oppose it are compelled to protect and promote the survival, development and wellbeing of all children within their borders.

### 6.7.1 Jesus and children's right to survival

The right to survival means that children have a right to life. When Jesus in John 10:10 said I have come so that ALL may have life and have it abundantly, he included children. The right to life means the right to survival, for a child to survive in this world he or she is entitled to a name, a family to nurture, adoption if s/he has no family or the family cannot be traced, shelter, security and warmth. The survival of children in an African context means that children exist in a community of caring where life is protected and sustained. Jesus in his ministry campaigned for life and survival by healing the sick, feeding the hungry, taking the side of the poor and the weak and restoring to life the dead. A child provided fish and bread to feed the five thousand of Jesus' followers, meaning that a "child...was willing to share his resources in times of need with the needy" (Christopher &

Christopher 2002:110; cf. Mk 6:30ff), so Jesus used a child as a means to demonstrate the right to survival of those who believed in him. This action by Jesus supports the CRC and ARWC treaties in that children are not dependent beings who are insignificant in society, rather Jesus advocates that children can and are able to provide towards the sustenance of life.

The Gospels reveal the significance of the right of children to survival as Jesus healed and restored to life a dead child. Jairus' daughter, who had just died, was restored to life by Jesus (Mk 5:35-42ff), which reveals that children have a right to survival and full life as much as other human beings, and they ought to enjoy a full and healthy life. He healed a boy with an unclean spirit (Mk 9:14-27), and according to the CRC article 27, the right to survival for every child includes his or her physical, mental, spiritual, moral and social development (CRC Art 27). By performing these miracles Jesus was campaigning for children's right to survival, where any threat to a child's life should be addressed and removed. By extension, the right to survival means that children should enjoy compulsory primary school education, which is also addressed by the UN's Millennium Development Goals (MDGs). For them to be able to access compulsory primary school education, children should have a name and nationality that is the core of human existence and survival. As Sturm (1998:60) argues "that immediate setting of a child's life is intimately associated with the child's identity. It is a resource for the child's survival, but more importantly, for the child's language and culture, expectations and aspirations".

## 6.7.2   Jesus and children's right to protection

The former UN Secretary General, Kofi Annan, argued that "there is no trust more sacred than the one the world holds with children. There is no duty more important than ensuring that their rights are respected, that their welfare is protected, that their lives are free from fear and want and that they can grow up in peace."[68] The right to protection principle advocates the security of children from their vulnerability to different threats of life because of littleness. As a result, children need to be protected from hunger, famine, war, slavery, rape, HIV and AIDS, crisis and different forms of threats to children's ontological

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[68]   United Nations General Secretary, Mr Kofi Annan, Children's Rights Quotes, http://www.betterworld.net/quotes/children-quotes-3.htm accessed on 14 of June 2012.

security, dignity and identity. Jensen argues that children's vulnerability represents an aspect of the *imago dei* (image of God) (Jensen 2005:xvi). In light of this, the protection principle is significant in that it is not only the human element of childhood that is protected but also the image of God that is within children. Hence, Jesus was angry at his disciples when they chased children who were brought to him to be touched and blessed by him, saying: "Let the children come to me; do not hinder them, for to such belongs the Kingdom of God, truly I say to you, whoever does not receive the Kingdom of God like a child shall not enter it" (Mk 10:13-15). By this Jesus was protecting children and the image of God from all forms of discrimination. The disciples were discriminating children from having a right to be blessed by Jesus as other human beings.

The CRC, Article 37, states that children have a right to freedom from all forms of exploitation, such as freedom from discrimination, abuse, inhuman treatment or cruelty. In connection with this, Articles 32 and 34 states that children have a right to freedom from all forms of exploitation, such as sexual and economic, and the lack of these freedoms is the lack of love, guidance, justice and peace. Jesus, in his campaign for children's protection, was firm against any form of children's exploitation, warning that "whoever causes one of these little ones who believe in me to sin, it would be better for him if a great millstone were hung around his neck and he [or she] were thrown into the sea" (Mk 9:42). This punishment is parallel to a death sentence of the pre-modern, modern and post-modern times which has caused much controversy in the human rights sector. Some countries still practice capital punishment; however, others have abolished it. Most notable crimes that result in a death penalty range from child rape, murder and drug trafficking. [69]

The right to protection means that children need to be protected against anything that threatens their survival and development, anything that threatens their dignity, identity and ontological security, such as rape, sexual and economic exploitation. When Jesus healed a boy possessed by an unclean spirit (Mk 9:14-27), he was protecting him from discrimination by humanity, and from abduction or kidnapping by the unclean spirit.

Protecting a child is motivated by the greatest commandment of love as given by Jesus (Matt 22:36-40). "Jesus was firm on his counsels about the significance of children"

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[69]http://en.wikipedia.org/wiki/Capital_punishment accessed on 24 September 2012.

(Ngwenya 2009:62) and showed this through actions as he engaged the theory that he taught to the practice that he performed "love your neighbour as you love yourself" (Mat 22:39). By advocating their protection and survival Jesus was acknowledging that children are weak and small, reliant on adults to speak for them to effect change in their miserable lives (Pais1991:8,17), so that their dignity, identity and ontological security shall be protected. By feeding the five thousand Jesus could have thought and considered children within the crowd, hence he protected them by performing this miracle. Similarly, breastfeeding infants rely on their mother's breast milk for survival and toddlers and adolescents rely on their parents for food. Without food and shops, Jesus knew that the protection of children was in his hands.

### 6.7.3   Jesus and children's right to development

The principle of the right to development means that every child is entitled to development, therefore proper nurturing is essential for all children. Children should be allowed to live through their complete stages of childhood rather than jumping the childhood stage to an adulthood stage that has a role of being a provider. Children are entitled to primary school education, religious education, cultural education and training, psychological development, and physical development. The proper development enables their "spirituality to take shape in the concrete activities of the day-to-day and the varied contexts where children and adults live together" (Miller-McLemore 2011:32). The gospel according to Matthew argues that "Jesus said, 'do not put a stumbling block' in the way of the least, which must surely include the children, since Jesus allowed the children to develop as citizens of his Father's Kingdom" (Christopher & Christopher 2002:120), with 'stumbling block' referring to something that prevents children from securing a future, such as barriers to education or social security.

When Jesus put a child in the midst of his disciples he was protecting its right to development, because he knew that it was socially constructed as an insignificant human being. Some adults during Jesus' ministry could have used children as a means to their selfish ends, therefore, by putting a child in the midst of his disciples and arguing that "unless you become as a child you will not enter the Kingdom of Heaven" (Matt 18:1-5) Jesus was campaigning for a social re-construction in a way that protects the child

throughout his or her development. If a child is favoured by the Kingdom of God, exploiting him or her means exploiting the Kingdom of God. The right to development was important for Jesus as he commanded that "see that you do not despise one of these little ones. For I tell you that in heaven their angels always see the face of my Father who is in heaven" (Matt 18:10). Despising may hinder a child's development as people or adults may be ignorant about their needs and future. By this, Jesus was introducing consent of protecting children, and he instructed his disciples to welcome children in his name and value their contribution to worship in the church. Above all, Jesus was campaigning for children to be protected from being hindered by their own culture and religion from development. Rather, culture and religion is supposed to be used to guide children in how to become responsible adults. When he said 'unless you become like children you will not be able to see the Kingdom of God', becoming like children is being prepared to learn, listen and depend on God for development and survival.

Miller-McLemore, on the other hand, has warned researchers, pastors, lay minister and the social community as a whole against using hyperbole about Jesus. She argues that it can lead to Christian triumphalism, therefore Jesus's responses and actions towards children must be done responsibly (Miller-McLemore 2010:35). Her argument is that other religions have something to contribute to the protection of children as much as Christianity does:

> One of the problems with the Jesus monopoly on love of children is that Christians forget that we have much to learn from other religious communities that honour children. A more realistic or honest view of Jesus allows for a more honest view of Christianity, a more respectful view of Jesus' Jewish heritage, and a more generous attitude toward ourselves in our own ambivalence about children and the Christian life. The question of how to use scripture well for theological ends deserves more attention (Miller-McLemore 2010:36).

On the other hand, this argument undermines the significance of Jesus's campaign towards the protection of children. Hyperbole or not, Jesus's actions towards the protection must be contextualised to protect children today. It should not be the subject of religious rivalry, but rather all religions must borrow from each other and work in unity towards the achievement of the protection of children. Not only the gospels advocate the rights of children, with the Old Testament in Proverbs 22:6 citing God commanding human creation

to "train up a child in the way he [or she] should go; even when he [or she] is old will not depart from it". This is guiding a child through achieving their right to development. Acknowledging that in order for children to be guided towards their development discipline is important, God in Proverbs (13:24) argues that "whoever spares the rod hates his [or her] son [or daughter], but he [or she] who loves him [or her] is diligent to discipline him [or her]." All human beings are entitled to discipline one way or the other, so does a child. As children are small and weak, they are vulnerable to negative peer pressure which an adult would have to correct. However, in disciplining a child the person doing so needs to respect its human dignity and identity.

### 6.7.4  Jesus and children's right to participation

The right to participation means that children are entitled to participate in family decisions, and in decisions made about them. The right to participation also gives children entitlement to participate in religious and spiritual exercises that contribute towards their nurturing. They are also entitled to the right to enter the Kingdom of God and Christian fellowship. They are entitled to share responsibilities of their nurturing with parents. When Jesus told the disciples that the Kingdom of God belongs to children (Mat 19:14) he was approving of the significance of children in participating in representation of the Kingdom of God on earth. However, this must not be mistaken for connecting children's responsibilities with adult responsibilities of being providers, production and reproduction workers or breadwinners to the family. Children are too young to take up these roles, therefore Miller-McLemore (2011:33) writes that children should be "...freed of their embeddedness in the family. They are not merely a subset of families or schools but have active roles in and are affected by a variety of other social contexts."

When Jesus advocated children's participation as the representatives of the Kingdom of God he unveiled the significance of children in the world. Jesus pronounced children as participants and representatives of God's message into the world. Article 13 in the CRC describes children's right to participation by stating that states should respect the child's views, freedom of thought and expression such as "a right to be heard in matters affecting their welfare" (CRC, Art 13) and a right of access to appropriate information, conscience and religion (CRC, Art 14). Children may not be aware of this right because it may be

withheld by adults, but as the representative of the Kingdom of God they ought to be reminded of it. They should be listened to as they speak, and their views must be respected, particularly on issues that involve them.

## 6.8   CHILDREN'S RIGHTS AND PASTORAL CARE WITH CHILDREN IN CRISIS

Though the children's laws are ambiguously implemented, at least there are laws set to guide the governments on how to protect them. Most countries have laws in place to protect children, and the CRC to which almost all countries are signatory have detailed laws on how to protect children. Some have properly implemented these rights and are closely monitoring them, though some countries have shelved them.

Pastoral care, on the other hand, is silent on issues that affect children from Monday to Saturday, as most literature on pastoral care is directed to religious education, worship and Sunday School (Lester 1985:15). This confuses pastors on how to care for children when they are in crisis. Pastoral carers, particularly relating to children, can learn one or two things from the process of children's rights instruments. This study does not argue that there are no pastoral care models for children, but it argues that of the ambiguous models of pastoral care that do exist, little or nothing is said about an African child in crisis, such as the URMs. If anything is said at all then that model is not researched or published.

Jesus set guidelines on how to care for children parallel to the legislation. The pastoral care model of children in crisis should have its foundations in Jesus's teachings and from the children's rights instruments discussed above. As children's crises are visible and do not need an expert to analyse, the instruments set to guide countries in their efforts towards the protection of children should inform a pastoral care model of children. This will firstly define the cultural context of children in crisis. Secondly, the children's existing legislation will guide a pastoral care model to identify critical areas that make children suffer, for example, with questions on whether children are suffering because their right to survival, development, participation and protection are neglected. Pastoral care does not occur within closed rooms but, particularly that of children, can be given when, for example, the pastor campaigns for the children's rights legislations to be properly implemented. The crises of children are different, hence the church in its pastoral care ministry may be

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required to negotiate and borrow models of care or counselling from other disciplines, such as psychology and anthropology. This will enable the church to succeed in its efforts to protect children from obstacles that may hinder their development, survival, security and contribution to issues of faith that affect them.

Besides Sunday School, the church can borrow the strategy of a child parliament that is used in Zimbabwe, whereby children in church can contribute and participate towards their own model of pastoral care. Children know what they want from the church and its pastoral ministry. As a result, if the church is a witness of the Kingdom of God it should not deny children the right to participate on issues that concern their faith and the Kingdom of God. Jesus made them the primary models of the Kingdom of God. Some of the existing methods of pastoral care that are used by both the church in its pastoral ministry towards children and secular counselling in their therapeutic sessions with children can be used in juxtaposition with scripture in any effort towards sustaining children's full life.

## 6.9   CONCLUSION

This chapter has discussed the children's laws as explained in the United Nations CRC and the Children's Charter or ACRWC. With the CRC and ACRWC parallel the chapter discussed how each instrument campaigns for the child and how these instruments were implemented. The chapter also discussed the relationship between the children's rights and how Jesus campaigned for children's rights in the gospels. Arguing that the children's rights treaties can inform a pastoral care model of children in crisis, pastoral care should learn from the process of these treaties to the implementation of them. As children are part of the church community the church does has no option but to do something against their suffering.

The next chapter will present the findings or results, with analysis and interpretation of data. The research was carried in the Methodist community centre in Soweto and the Central Methodist Church in Johannesburg, where URMs seek refuge. Data was collected through qualitative methods of in-depth interviews and narrative analysis, therefore a qualitative data analysis method of grounded theory was used. The study seeks to understand URMs and their caregivers' understanding of pastoral care for children in crisis in a context of HIV.

# CHAPTER SEVEN

# PRESENTING FINDINGS: URMS AND THEIR CAREGIVERS' VOICES

## 7.1    INTRODUCTION

The previous chapter described children's legislation by focusing on the international, regional and national rights of children and how they are implemented in South Africa. The chapter also critically discussed children's rights from a Gospels' perspective and how this can inform pastoral care as a discipline of theology in its efforts to protect children from exploitation. The chapter made a link between theology and children's legislation as articulated in the gospels.

This chapter presents research findings, based on the data that was collected. The key research questions of the study will be preliminary answered with URMs' and their caregivers' understanding of pastoral care presented. Emerging key themes discussed and explained. The main purpose of this study is to investigate URMs' and their caregivers' understanding of pastoral care for children in crisis in a context of HIV, using grounded theory through interviews and narratives.

## 7.2    SELECTION OF PARTICIPANTS

In order to understand URMs' and their caregivers' understanding of pastoral care, 20 URMs from Zimbabwe residing in the Methodist community centre in Soweto and in the Central Methodist Church (CMC) building were recruited. Those who stay in the CMC building disguise themselves as adults, because they do not want to be moved to the community centre or school. During the day URMs between the ages of 14-18 who remained in the church building do different jobs, such as hairdressing and selling different merchandise on the streets of Johannesburg in order to be able to support their families back in Zimbabwe. While URMs who stay in a community centre under caregivers attend school and some work at weekends. I used in-depth one-on-one interviews with URMs for confidential purposes. In the Methodist community centre I interviewed 6 girls and 6 boys

ranging from 15-17 years of age. Those who stay in the CMC building were 2 girls and 6 boys ranging between 15- 17. I also recruited 2 female caregivers and 2 male caregivers from the community centre, making the total of participants 24.

The majority of URMs who took part in the interviews were Shona-speaking and residing in the Methodist community centre, while those who speak Ndebele were residing in the CMC building. Not all URMs residing in the community centre were foreigners or Zimbabweans, but there were also some South African children. However, this study recruited only Zimbabwean URMs. For ethical reasons I did not allow URMs to choose their pseudonyms as they might share them with peers. Most wanted to choose their pseudonyms and some wanted me to use their real names in the study, hence I explained the reasons for choosing pseudonyms.


## 7.3    INVITATION TO PARTICIPANTS

As discussed in chapter 4, the research design of this study is grounded theory. I did not only meet children when I delivered the letters of invitation to those who had volunteered to participate in the research, but rather in their school more than once, when the idea of this research project was conceived. I also attended some of the Sunday evening devotions with them in their community centre, whilst I visited those who did not go to school or community centre in the church building in which they resided. They offered to braid my hair, so I became their regular customer while establishing a relationship with them. I then sent letters of invitation to selected URMs from Zimbabwe and their caregivers. The letter introduced the research topic, objectives and the purpose of the study. It assured participants of issues of confidentiality in the final report. Participants were also informed in the letter that they had the freedom to withdraw from participating at any time without repercussion. The letter assured them of my total compliance with all ethical considerations and obligations.

## 7.4 OUTLINING THE COMPLIANCE OF CONFIDENTIALITY

Observing issues of confidentiality all participants were informed and assured that their identities would not be included in the final presentation of the project, except for Bishop Paul Verryn who accepted that his real name be used in the final project.

**Table 7.1:** Profile of URMs

| Name | Gender | Year of entry | Current Age | Ethnic group | Religion | Residence |
|------|--------|---------------|-------------|--------------|----------|-----------|
| Dombo | M | 2007 | 17 | Shona | Christian (Mainline) | Community Centre |
| Missy | F | 2007 | 16 | Ndebele | Christian (Mainline) | Church Building |
| Musoja | M | 2008 | 15 | Shona | Christian (AIC) | Community Centre |
| Rye | M | 2009 | 16 | Shona | Christian(Mainline) | Community Centre |
| Shasha | M | 2008 | 17 | Ndebele | Christian (Mainline) | Church Building |
| Razor | M | 2008 | 16 | Ndebele | Christian (Watchtower) | Church Building |
| Sunshine | F | 2008 | 16 | Shona | Christian (AIC) | Community Centre |
| Gloss | F | 2008 | 16 | Shona | Christian (AIC) | Community Centre |
| Kinky | F | 2008 | 16 | Ndebele | Christian (Mainline) | Church Building |
| Nhasi | M | 2007 | 17 | Shona | Moslem | Church Building |
| Dimples | F | 2009 | 15 | Shona | Moslem | Community Centre |
| Smile | F | 2008 | 16 | Shona | Christian (AIC) | Community Centre |
| Bull | M | 2008 | 17 | Ndebele | No Religion | Church Building |
| Stix | M | 2008 | 16 | Shona | Moslem | Community Centre |
| Shark | M | 2008 | 16 | Ndebele | Moslem | Church Building |
| Flower | F | 2007 | 17 | Shona | Christian (Mainline) | Community Centre |
| Risk | M | 2008 | 16 | Ndebele | Christian(Mainline) | Church Building |
| Bhobho | M | 2010 | 15 | Shona | Christian (AIC) | Community Centre |
| Blossom | F | 2008 | 16 | Shona | Christian(AIC) | Community Centre |
| Rambo | M | 2008 | 17 | Ndebele | Christian (Mainline) | Community centre |

**Table 7.2:** Profile of Caregivers

| Name | Gender | Year of entry | Current Age | Ethnic group | Religion | Profession |
|------|--------|---------------|-------------|--------------|----------|------------|
| Caregiver 1 | Female | 2007 | 38 | Shona | Christian | Nurse |
| Caregiver 2 | Female | 2007 | 49 | Shona | Christian | none |
| Male Caregiver | Male | 2008 | 40 | Shona | Christian | Teacher/social worker |

The other male caregiver referred to by this study is Bishop Paul Verryn who is the primary caregiver and the head of the church.

The study posed the following research questions:

1. What are the main forces behind children's migration from Zimbabwe to South Africa?

2. Why did URMs' seek for Refugee from the Central Methodist Church in Johannesburg?

3. How does migration affect URMs wellbeing?

4. What are URMs' and their caregivers' understanding of pastoral care for children in a context of HIV?

## 7.5    PUSH AND PULL FACTORS FROM ZIMBABWE

The majority of URMs claimed that they were pushed out of Zimbabwe due to socio-economic issues, but though the political factor arose, most were pushed out by poverty. This is confirmed by their time of entry in South Africa, 2007-2009, when the Zimbabwean economy was at the depth of its collapse. Lack of money for school fees and food was sated by most URMs as a reason, and apart from literature this was observed by the conditions and state of the majority of refugees who illegally migrated to South Africa during that time.

### 7.5.1 URMs' reasons for migrating to South Africa

The URMs stated a number of reasons for migrating in their own voice.

**Table 7.3:** Economic reasons for migration

| Statement | Participants |
|---|---|
| There was no money to pay school fees for me and my siblings, so I had to look for a job to take care of my siblings | All URMs including those in a church building |
| I was looking for work to send money and food to support my family back home | All URMs girls including Shark, Risk, Razor, and Rambo |
| I was looking for education | All children in the Community Centre except for Dombo, Rye, Sunshine, Stix, Blossom and Rambo |
| I wanted to live a better life, like our brothers and sisters who work in South Africa | Dombo, Missy, Shasha, Razor, Nhasi, Shark, Flower, Risk, and Rambo |
| My parents died and there was no one to take care of me and my siblings, I am the only bread winner. | Shark, Risk, Smile, Razor, and Rambo |
| I was following my friends who said life in South Africa is beautiful | Dimples, Bull, Shasha, and Musoja |
| Running away from abusive relatives | Razor, Sunshine, Gloss, Shark, Risk. Smile and Rambo |
| Accompanying a blind relative begging for money | Bhobho, Stix, Sunshine and Blossom |

Of varied reasons for migrating to South Africa, most were economic-centred, showing that the decline of the Zimbabwean economy had more impact on children's lives than on those of adults. The URMs in a church building were less interested in education than in making money. Mahati (2011:76) found in his study of URMs in Musina that some children explained that their coming to South Africa was to work rather than to be sent to school. Though URMs collectively raised the issue of school fees, some had lost interest in education due to the suffering of their families back in Zimbabwe. From their responses it was evident that they had not come to South Africa for fun but were pushed by responsibilities, such as caring for their siblings. The childhood stage of being playful and wasting money was not on their agendas.

There is an observable empirical reality that most URMs in the church building have different kinds of menial jobs. Those in the church's community centre work at weekends to support siblings back at home. Boys expressed interest in living a better life, referring to buying cars and gadgets of their choice, as their brothers who might be driving nice cars. However, for girls it was mainly about sending money home and supporting the family, in line with gender issues of women's traditional roles. It should be acknowledged that boys who are orphans are also family-oriented, and their motive for coming to South Africa was to support their siblings. This came out clearly in chapter 2, where literature confirms that in countries without war URMs' motive for migration is to work and support siblings and families back in their countries (Bourdillon 2009:295; Mundeta 2009:36, Mahati 2011:76, Ingrid 2007).

Some children are orphans who migrated to South Africa because they had no family support or means of wellbeing. Their migration was also economic, because they were looking for work to support their siblings. All children's responses were centred on economic issues though their answers were different. However, some URMs migrated because of peer pressure, others because they were accompanying blind relatives who were begging for money on buses and trains. Literature is silent on this phenomenon, and children who accompany blind refugees are neglected by research.

### 7.5.2. Political Factors

The political instability and violence in Zimbabwe contributed to the migration of URMs as much as it did with adult refugees.

**Table 7.4** Political Reasons for Migration

| Statement | Participant |
|---|---|
| Orphaned by Political violence in Zimbabwe | Rye, Shark, Razor and Rambo |
| My parents ran away from being killed by government, I was looking for them | Sunshine and Gloss |
| Ran away from political violence and from recruited as a green bomber | Stix, Nhasi, Dombo and Musoja |

Those who are orphans explained that it was a result of political violence in Zimbabwe, and as their lives were in danger they decided to flee. Most adult refugees from Zimbabwe fled the political violence, leaving their children with relatives. When children were abused by relatives they fled to South Africa in a bid to search for their parents. Sunshine described how political violence had pushed his parents out of Zimbabwe:

> *It was the war between Zanu-PF and MDC, I don't know what had happened to my father but they were thinking that my father was part of MDC so ZANU PF youth militia came jumping over the razor wire at our house demanding to see my father, and they said if we find your father hiding we will burn him and burn down your house, luckily my father was not there. When my father came back from his hiding on the following day, he decided that he would rather leave the country, he took me, my brother and my mother to our grandmother' (my mother's mother) for safety, after some months my mother decided to follow my father to South Africa and she took us to our aunt who volunteered to take care of us, our aunt abused us, we ran away and went to our grandmother, but our grandmother could not manage to support us so we decided to follow our parents…*

The abuse of orphans by the extended family is similar to the findings of Ansell and Young (2004:5) from their study of the experiences of orphans in new families. This revealed that somehow the extended family contributes to the abuse and ill treatment of orphans. Some extended families cannot be considered as a safe space for orphans, but on the other hand some extended family members are more caring towards orphans.

Some URMs, particularly boys, said they ran away from being recruited into the ZANU PF youth militia, known as 'green bombers'. They explained that those who refused to be recruited were subject to torture and murder. Dombo still showed some signs of anger when he narrated his experience in the hands of a group supporter in his area who wanted him to join the youth militia, which was used to torture, rape, burn down houses and murder those who supported the opposition:

> *I don't think I will ever go back to Zimbabwe because I ran away from joining the green bombers that were used to rape and murder people. I saw them raping young girls and even adult women and burning people's homes, I did not want to join that. We are poor in our family, so the village head suggested to my grandmother that I*

*join the green bombers, when I refused he (village head) sent the green bombers to harass me and my family, they came looking for me accusing me and my family of supporting the opposition (MDC), they raped my sister with intention of hurting me, my grandmother just gave Malayitsha* [cross-border transporter] *a cow and asked him to bring me to South Africa where I will be safe.*

Literature reviewed on the push and pull factors of URMs around the world has explicitly identified fear of political persecution and violence as some of the reasons URMs flee their countries (Rodriguez 2005:74; Johnston 2005:114; Orgocka 2012). Literature reviewed on the push and pull factors of Zimbabwean URMs to South Africa partly refers to political violence, but not as intensively as international literature, hence they are referred to as economic rather than political refugees (Fritsch *et al.* 2010:623-624; Mundeta2009:36).

The political violence that pushed them across their borders has also pushed many adults. Although they experience problems in South Africa they are less onerous than the ones in Zimbabwe, as Nhasi explained: "*Though South Africans don't like us sometimes, but we are safe and we can work and send food and money home, here there is no ZANU PF or MDC, people mind their business, whether you support DA or ANC no one will kill you for that.*"

Political factors impacted more on the child. From the above descriptions it is evident that political instability in that country forced children to lose their emotional balance, similar to children in war zones.

### 7.5.3. Social Factors

The political factor in Zimbabwe trickled to the social life of many children.

**Table 7.5:** Social reasons for migration

| Statement | Participant |
|---|---|
| I was looking for my mother | Sunshine and Gloss |
| My parents died and there was no one to take care of me and my siblings, I am the only bread winner. | Shark, Risk, Smile, Razor, and Rambo |
| I was following my friends who said life in South Africa is beautiful | Bhobho, Dimples, Bull, Shasha, and Musoja |
| Running Away from Abusive relatives | Razor, Sunshine, Gloss, Shark, Risk. |

|  | Smile and Rambo |
|---|---|
| My mother was sick and could not provide for us so she asked me to come and look for work | Missy, Flower, Shark, Razor and Kinky |
| My parents divorced and remained with grandmother | Sunshine, Gloss, Risk, and Smile |
| My father married another woman who hated us | Sunshine, Gloss and Risk |
| Looking for Education | All URMs in the community centre except for those in the church building. |

As political violence in that country pushed many adult Zimbabweans out of the country, children remained suffering at the hands of relatives; hence they migrated seeking their parents. The extended family is no longer welcoming or generous to orphans; hence those who were forced to be "orphans of the diaspora" had no choice but to search for their parents if they wished to live a normal life. As Sunshine explained: "…*after some months my mother decided to follow my father to South Africa and she took us to our aunt who volunteered to take care of us, our aunt abused us, we ran away and went to our grandmother, but our grandmother could not manage to support us so we decided to follow our parents…*"

Gloss said:

> *When my mother went to South Africa my aunt made me her domestic worker, she forced me to do all the house chores, forced me to share my clothes with her daughter, when my mother sends me money and clothes she gave nice ones to her daughter and I will be forced to take those I don't like. Even my food was not equal to that of her daughter, she treated me like both an orphan and at the same time like a domestic worker, so I thought it's better to run away to look for my mother, but the time I arrived in South Africa was during xenophobia and I don't know where I missed my mother, when I reached South Africa I could not find my mother, after sometime I heard that she went back to Zimbabwe, so I came to Church to join other Zimbabweans…*

From the above descriptions we see women abusing girls, meaning that the perpetrator of abuse is not always the opposite sex. From URMs' subjective perspectives the extended

family is rather a ground of abuse than safety. Those children who were left with the extended family reported that it did not show any compassion to them. Both girls and boys had negative perspectives about the extended family that was supposed to look after them. One can understand this in the context of the period 2007-2010, when there was a Zimbabwean socio-economic and political meltdown, and it could have been difficult for the extended family to feed an extra mouth.

The finding concurs with that of Muhnande and Dzimba (2010:10), who argue that caring for orphans presents economic challenges to the extended family who may struggle to feed an extra mouth. Connected to the decline of the extended family, some URMs explained that they migrated to South Africa because their parents had died. They were reluctant to explain the causes of their parents' death but I did not push them to speak about it as this would have brought back painful experiences. However, caregivers confirmed that some URMs had lost their parents due to HIV and AIDS, though they believed they it was because they were bewitched. Since the extended family cannot afford to support extra family members, some URMs said that they were the sole breadwinners in their families and their siblings were looking up to them for survival and education, hence they had to work. Previous studies found URMs to be the solely breadwinners of the family with some encouraged by relatives to work to support the family (Fritsch *et al,* 2010:623-624; cf. Cammisa 2009; Skelton 2010:39).

For URMs who remained in the church building with a primary motive to work and send money home, school was not a priority. Mahati (2011:76) noted the significance of work for URMs over education in his study of URMs in Musina, their motive in coming to South Africa being to work rather than attend school. For those in the community centre, education and work shared the same priority. They wished to go to school as well as send their siblings back home to school. Flower said, "*I am privileged to be given a second chance in life, to attend school, hence on weekends I work in order to earn money to send home so that my siblings who are my responsibility can go to school as well*." Sending money home was a priority for those who are breadwinners. They explained that they made sure that every month they sent money through *malayitsha* or by bus to their families.

Some URMs migrated to South Africa due to peer pressure, explaining that they were following friends who said life was better there. Most were very young when they

migrated, below the age of 10 or 11-13. This is parallel to literature which reports that children as young as 7 walk illegally across the border in groups of four or five with older children, aged 10 to 11 years (Save the Children UK Report 2010; cf. Skelton 2010:5; Munhande & Dzimba 2010:11). Shasha, who arrived in South Africa aged 12, and was now 17, said: "*I used to see Malayitsha delivering a lot of groceries and nice things to some families and in my family there was no one in South Africa, so we decided with my cousin that we need to come to South Africa and send nice things to our families.*"

Dimples said:

> *I was in a garage in Beit-Bridge selling eggs, and I saw some children who told me that they were going to South Africa, I have heard from my friends that in South Africa life is beautiful and jobs are easy to get, food is cheap and nice clothes are cheap so I took the money that I had made for that day and joined them, with hope of sending it back with groceries when I reach South Africa.*

Children are pushed out of Zimbabwe by poverty and they want to live a better life. This is well documented by literature, which identifies poverty as one of the major forces that pushed children out of their native country. According to literature, children leave Zimbabwe because they are trying to escape poverty, but have hope that in South Africa they will find jobs and make money to better their lives (Skelton 2010:5; cf. Bourdillon 2009:294; M'jid 2005:41). Some URMs were encouraged by their parents to migrate to South Africa in search for work, particularly girls, because somehow motherly roles are shifted to the girl child when a mother is sick or dies (Cammisa 2009; Orgocka 2012:2; Fritsch *et al.* 2010:623-624). Some URMs explained that their mother, who used to support them, was ill and could not afford to work; hence they were asked to come to South Africa and work to provide for the family. Two of the URMs, who were encouraged by parents to migrate, learnt about the news of the death of their parents when they were already in South Africa and could not attend the funeral.

### 7.5.4    URMs' reason for seeking refuge in the Central Methodist Church

One of the main motivations behind this research was to examine the reasons and motives behind URMs fleeing to the CMC. Generally, most people thought the main motive for seeking refuge in the church was mainly a need for shelter, though there were others.

**Table 7.6:** Reasons for seeking refuge in the church

| Statement | Participants |
|---|---|
| Heard Church was giving URMs education (education) | All URMs from the Community Centre except for those from the Church Building |
| Looking for parents (family reunification) | Sunshine and Gloss |
| Seeking shelter and peace (shelter and peace) | All URMs |
| Sick and needed to be taken to hospital (health) | Smile and Dimples |
| Meet other Zimbabweans and seek advice (attachment, connection) | All male URMs including Missy, and Kinky |
| Running away from xenophobia (security) | All URMs |
| Seeking security(security) | All URMs |
| Seek counselling (counselling, healing) | All female URMs from the Community Centre |
| Referred by people in Johannesburg (referral) | Dombo, Shark, Bull, Missy, Flower, Kinky and Shasha |
| Love, grace, mercy and care of God (Spiritual refuge) | All URMs from the Community Centre. |

Some URMs came to Johannesburg with the intention of going to the church, having heard about it when they were still in Zimbabwe or Musina. All URMs had heard about the church from someone, those in Musina also having heard that it gave education and healthcare to refugee children. This finding concurs with Skelton (2010:5), who argues that URMs heard about the church before they arrived in Johannesburg. Some were already in Johannesburg and heard that the church offered accommodation and security to refugees. Rambo said:

> *So when I was in Johannesburg I saw some people at the church and asked*
> *where do these people stay and someone told me they are staying by the*

*church which offers them shelter and security. I went there and I saw there are not people for my age then someone told me to go see the Bishop. The Bishop gave me help and took me to Soweto where the school children stayed from that time. I was so happy before that I was so jealous of other children who go to school. I realized that there is difference between Zimbabwe and South Africa because Zimbabwe does not offer any social assistance to orphans and children without fathers like in South Africa.*

Some URMs went to church to look for their parents, having heard that they might be residing there to escape xenophobia and find security. International literature on the push and pull factors of URMs' migrations explicitly found one of the motives of migration to be the need to unite with relatives or families (Orgocka 2012:2; Cammisa 2009; M'jid 2005:39; Johnston 2005:114-116). The general assumption about refugees in church was that they were seeking shelter. Some URMs did not know anyone in South Africa and had no shelter, but when they heard that the church has opened its doors they went there. Following the 2008 xenophobic attacks they saw the church as a source of peace and security. All said it was the house of God where there was peace, grace, love, care and mercy of God. They felt that in the church they would be protected by Bishop Verryn and that God was present. Stix said:

*When I heard the name church, I knew that it is where I will find the love and mercy of God, I had experienced suffering in Zimbabwe and on the way to South Africa, I just needed someone who will look at me with sympathy, when the security guard told me that church is offering security and shelter, in my mind I saw God grace there protecting me, the first day I went to church I saw some refugees going to the alter to pray I did the same, the church is not a building but it is God's presence in what we do…because of God's grace I survived and found a reason to live…now I go to school and I expect to have a degree in Engineering.*

I was surprised by the maturity of this young boy and I would not have thought about the church the way he did. Their experiences of migration had strengthened their faith. Flower said: "*With all the pains I went through I just needed to have peace, love and someone to care for me, and I found that in the church, though in church there were evil people who*

*had their hidden agendas, but we were protected when the Bishop moved us to Soweto where there are caregivers.*"

Some URMs said they came to church for health reasons, and when they were ill the Bishop made sure they received treatment. This is parallel to previous literature which identified health needs as some of the pull factors for URMs from Zimbabwe to South Africa (Fritsch, Johnson, & Juska 2010:624; cf. Skelton 2010; cf. SABC Special Assignment 3 November 2009). All male URMs, including Missy and Kinky, subjectively said they came to church for attachment reasons, to be closer to their brothers and sisters and to seek advice on how one could survive in South Africa, find a job and be closer to those who shared a common cause. All female URMs subjectively said they came to church for counselling, having heard that they were "sisters" who were offering counselling to all URMs. However, some said that they did not receive counselling and were sent to school immediately they reached the church. Some said they could not say anything during counselling because the "sisters" were speaking in English.

### 7.5.5 Impact of migration on URMs' Wellbeing

**Table 7.7:** Experiences of girls on the way to Johannesburg

| Statement | Participant |
|---|---|
| Experienced brutality in the hands of magumaguma and South African security agents | All female URMs |
| Were asked to use sex in exchange for free passage by South African Security Agents | Flower and Missy |
| Slept in the bush with no food or water and blankets | All female URMs |

URMs, particularly girls, subjectively stated that they had experienced suffering at the hands of magumaguma and South African security agents who offered them free passage to South Africa if they gave them sex in return. Blossom explained that when they reached a certain gate in the farm of Musina they met the South African soldiers, one of whom said, "*If there are virgins there know that you have a ticket to South Africa, I need two young virgins for me and my friend, then you can proceed to South Africa after you give us what we want.*" This concurs with literature that found URMs suffer at the hands of magumagumas or unscrupulous gangs and security forces who rape women or ask for

sexual favours in return for free passage (Hlobo 2010:82; cf. Munhande &Dzimba 2010:1; Cammisa 2009; Women's Refugee Commission Report 2012:14). Magumagumas also asked for sex in return for security in the bush where they cross. All girls who experienced this trauma avoided the topic of magumagumas, but their similar response raised some questions as to whether they had been raped by the magumagumas and security forces or not.

A male URM who travelled through the bush to South Africa said: "*Young girls who travelled without adults or males, suffered in hands of magumagumas they did all sort of painful things to them; forced girls to kiss them and touch their private parts and some rape them.*" Earlier, when I asked ice-breaking questions about how they came to South Africa and who travelled with them, all but one girl replied that they had migrated with other children via the Musina bush. Therefore, if magumagumas were targeting those without adult or male company which means most girls had been at risk of rape or sexual abuse along the way. As Flower, Missy and Blossom said: "*Those who travelled with males were protected by those males who will lie and say they are their wives, sisters and daughters.*"

Children as young as seven years walked alone in groups of four or five, with 10-13 year-old children (Skelton 2010; Munhande & Dzimba 2010:11; Save the Children UK Report 2010), which means that most URMs were unprotected. Girls were more vulnerable to sexual abuse and rape if they had no male adults to protect them. URMs' experiences were gendered, with girls sexually abused by male perpetrators, reflecting a power factor as some men or boys want to prove their masculinity by raping and sexually abusing girls or women. The above mentioned report of a security officer looking for virgins was perhaps motivated by the myth of curing HIV through having sex with a virgin. Other traumas included sleeping in the bush with no food, water or blankets, as URMs reported magumaguma were robbing even male adults of their money and possessions. Previous literature has highlighted the danger of unscrupulous gangs, particularly to girls (Cammisa 2009; cf. Hlobo 2010:82; Munhande & Dzimba 2010:1; Women's Refugee Commission Report 2012:14).

**Table 7.8:** Experiences unique to boys en route to Johannesburg

| Statement | Participants |
|---|---|
| Beaten by magumaguma and lost clothes and money to magumaguma | All Male URMs |
| Saw young girls and women raped by magumaguma | All Male URMs |
| Saw people drowning in the Limpopo river | Dombo, Bull, Shasha and Razor |

Although most did not report having been sexually abused, many of the boys' experiences were similar to those of girls. They also had lost their possessions and those who had no money were beaten and punished for not being prepared to pay for their way to South Africa. Meanwhile, passive experiences impacted on all alike, for example as reported by Shark: "*I still see visions of young girls and women raped by magumaguma, those who resisted were beaten and then gang raped, it was as if I am watching a horror movie*" ;and Dombo, narrated about one woman who could not manage to cross on a bridge made by magumagumas, "*…so she fell in water and we saw her drowning and dying, no one wanted to save her because Limpopo river is full of big crocodiles.*" In addition, Shasha said, "*Some people drowned in Limpopo River because the day we crossed it had just rained and water was just too much.*" This confirms literature that found URMs' trauma to be increased by their experiences on the way to their new country of resettlement. They witness the death of their peers who fall under moving trains, drown in rivers, are eaten by crocodiles, or die from hunger and thirst. They see dead people along the way and experience many forms of corruption from security agents (Cammisa 2009; cf. Rothe 2008:628; Munhande & Dzimba 2010:10; Fritsch *et al.* 2010:628; Skelton 2010; Save the Children 2007).

### 7.5.6. URM's experiences in the Church in Johannesburg

URMs' experiences in the church also differ according to gender.

**Table 7.9:** Experiences in the church unique to girls

| Statement | Participant |
|---|---|
| Men touching us at night | Missy, Sunshine, Flower and Gloss |
| Boys and men offered us money in return for sex | Flower, Smile, Gloss, Kinky, Missy and Sunshine |
| Beaten by older women for stealing their boyfriends | Missy and Kinky |
| Encouraged by adult women to sleep with older men in return for food and money | Flower, Smile, Gloss, Kinky, Missy and Sunshine |
| No love | Blossom and Dimples |
| No food | All Female URMs |
| No security | All Female URMs |

Girls' experienced sexual abuse by men who were touching them at night asking them to be their girlfriends, and boys who offered them money in return for sex. Some said they were beaten and threatened by older women for stealing their boyfriends. This is parallel to previous research (SABC Special Assignment, 3 November 2009; cf. Skelton 2010:6) findings of young girls being vulnerable to sexual abuse in the church building because of lack of security. Girls said some people were good and some were evil, and the church building contained some people who had ulterior motives, other than seeking shelter and security. Some young URM girls said adult women encouraged them to accept working men's proposals and sleep with them so that they would have someone to provide for them. As a result, they all explained that in church there was no security as people were stealing from each other, and some were threatening each other and fighting. URMs explained that in the church building there was no love, but rather it was 'each man for himself', the survival of the fittest, and there was no food.

**Table 7.10:** Experiences unique to boys in the church

| Statement | Participants |
|---|---|
| Bullying by adult men and women | All male URMs |
| Adult women asked for sexual favours | Dombo, Shasha, Nhasi, Bull and Rambo |
| Thugs stealing our savings | All male URMs |
| Taught to steal by adult men | Musoja, Rye, Stix, Shark and Bhobho |
| There was no security | All male URMs |

Young boys' experiences were similar to those of girls as they were also bullied by adult women and men. Adult women forced them to buy them food or give them money if they were working: *"There was this woman who asked me to buy her bread, I did once, when I refused the second time she promised to tell Joe that I was sleeping with his girlfriend, and Joe would have killed me that day"* (Musoja).This woman was blackmailing young boys for financial benefit. Some adult women asked for sexual favours from young boys, wanting someone who would satisfy their sexual desires. Dombo said:

> *As we are young some women said young boys do not have HIV so it is safe to have sex with them rather than adult males, some did not care but they came straight to us and propose and say I will take care of all your needs in South Africa and give you money to send to your family, some young boys were tempted, some gave in and dated women who are supposed to be their mothers*

Mahati (2011:79), in his study on livelihoods of URMs in Musina, noted this phenomenon, explaining that young boys indulge in high risk sex with adult women, particularly commercial sex workers at both the Zimbabwean and South African borders. They then have unprotected sex with girls who live with them in return for protection and food. Another problem that URMs faced in the church was thugs stealing their savings and possessions. Some were taught to steal for survival by adult males.

**Table 7.11:** URM's experiences in the community Centre

| Statement | Participants |
|---|---|
| No food | All URMs in the Community Centre |
| There is security and care | All URMs in the Community Centre |
| Enjoying to be treated like children again | All URMs in the Community Centre except for Dombo, Musoja, Flower, Blossom, Bhobho and Rambo |
| There is enough love and care for all children | All URMs |
| We are nurtured and our rights are respected as children | All URMs |
| Caregivers understand our language, culture and needs | All URMs in the Community Centre |
| We feel like a big happy family | All URMs in a community centre |

According to URMs the community centre was very different from the church building. Despite a challenge reported by Bishop Verryn of shortage of food, URMs described it as a home away from home, with security and care for children. They enjoyed being treated like children again, saying the caregivers understood their language, culture and needs, and created a family environment. This is parallel to pastoral care literature in which understanding of the care-seeker's culture is significant (Mucherera 2000:9; cf. Ma Mpolo 1990:12, Lartey 2002:321).

### 7.5.7 URMs' expectations from the Church

**Table 7.12:** URMs' expectations from the church

| Statement | Participant |
|---|---|
| Expect love and care (nurturing) | All URMs from the Community Centre except for those in the church building |
| Expect guidance and nurturing(nurturing) | All URMs in the Community Centre |
| Love, Peace and comfort of God (spiritual attachment) | All Female URMs including Bhobho and Musoja |

| | |
|---|---|
| Grace of God (divine support) | All URMs from the community centre except for Rambo, Blossom, Dombo and Rye |
| Security and secure future (security) | All URMs in a community centre |
| Counselling (healing) | All URMs in the Community Centre except for Dombo, Musoja, Bhobho and Rambo |
| To be treated like a child (recognition, identification) | All URMs in the Community Centre except for Dombo, Musoja, Flower, Blossom, Bhobho and Rambo |
| Shelter(shelter) | All URMs including those residing in the church building |

URMs' expectations from the church are parallel to their reasons for seeking refuge there.

**Table 7.13:** URMs' views about the effects of HIV and AIDS to their wellbeing

| **Statement** | **Participants** |
|---|---|
| Leaves them naked | Risk, Missy, Kinky, and Razor |
| Dims their future | Nhasi, Dombo, Rambo, Rye, Shasha, Smile, Blossom and Gloss |
| Affect their wellbeing | Shark, Rambo, Bull, Bhobho, Dimples, Missy, Musoja and Stix |
| Affects children's health | Sunshine, Flower, Kinky, Smile, Risk, Dombo and Gloss |
| Cultivates fear and hatred | Dombo, Nhasi, Razor, Rye, Shark, Rambo, Risk, Missy |

As they were reluctant to talk about HIV and AIDS I posed a question of how they thought the epidemic affected children's wellbeing, which they answered dynamically, some saying it left children 'naked'. When asked what they meant by 'naked', Missy said it was a lack of protection from abuse and pain, as "*This disease kills our parents and leaves us in the jungle with all sort of dangerous beasts to feast on us*." She did not wish to mention the word AIDS. On the other hand, Risk defined 'naked' as confused about the future, whilst for Razor it meant being miserable in life. All these responses are connected and

URMs understood HIV as a disease that took away parents and left them with no one to care for them.

The epidemic gave rise to fear for all children, that it might infect them or take away their parents as it has done to other children. Hatred was directed to those who spread it, particularly rapists and prostitutes, I did not wish to dwell on this theme as I saw that it was sensitive and did not wish them to breakdown. Although I had support from the caregivers and a child line next door, I made sure that my study did not bring up bad memories, such as loss of loved ones. I did however note that the theme of fear and hatred was gendered, with the majority of male URMs bringing it up but not as many of the girls.

**Table 7.14:** What are URMs angry with and why?

| Statement | Participant |
|---|---|
| ZANU PF for destroying the economy | Dombo, Missy, Rye, Kinky, Bull, Shark, Risk, Rambo, Razor and Shasha, |
| Angry with their fathers for abandoning the family | Sunshine, Gloss, Risk, and Smile |
| Angry at the disease (AIDS) for killing their parents | Rye and Shark |
| Angry at magumaguma for abusing and killing people along the way | All URMs including those in a church building |
| Angry at xenophobia | All URMs including those in a church building |
| Angry at the South African police for abusing and deporting them | Dombo, Rye, Rambo, Flower, Bull, Nhasi, Razor, Shasha, Missy, and Kinky |
| Angry at the South African government for not protecting them | All URMs except for those in a church building |

When I asked them what had made them angry they mentioned different factors, though only two URMs included HIV and AIDS, preferring the term 'disease' to refer to it. In their list they indicated that they hated it for killing their parents, some being angry with the Zimbabwean government, particularly ZANU PF, for destroying the economy. Half of the interviewed URMs stated that the Zimbabwean economy had been destroyed by the party and they mentioned different factors that had led to the destruction of the economy, such as political violence, disrespect for human rights, election rigging, and farm

invasions. Previous literature identifies political violence initiated by ZANU PF as a reason for migration by most Zimbabweans (Khumalo 2010:67, cf. E News Channel, 9 August 2010). They were up-to-date with the political situation in Zimbabwe and knew who did what.

Some URMs were angry with their parents for abandoning them, a response that was also gendered, though on this issue more girls than boys were angry with their fathers for abandoning their families. Perhaps the boys did not express anger towards their parents because in most African societies boys are socialised in a way that discourages them from expressing feelings. Most of the girls who expressed anger against their fathers believed they had promoted it by leaving their mothers suffering with children. Sunshine said, "*I don't think I will ever forgive my father for leaving my mother suffering with us, my mother came to South Africa to look for work in order to support us, but my father was busy with his new wife*." She had apparently taken her mother's anger and made it hers, which might be a problem in her future.

All URMs were angry with *magumaguma* for the abuse of illegal migrants, for having increased the plights of URMs who had internalized the experiences. South African security agents and *magumaguma* were the most hated group listed by URMs, all 20 professing to be angry with them. All URMs also hated xenophobia and the South African government for not protecting them against xenophobia and abuse. This makes South Africa's implementation of children's rights questionable.

### 7.5.8 URMs' experiences of counselling

Their experiences of counselling were different. Some gave details that they received counselling. They also described their concerns about the kind of counselling they received.

**Table 7.15:** URMs' experiences of counselling

| Statement | Participants |
|---|---|
| I did not receive any counselling I was taken to school when I arrived in church (not aware of counselling services) | Dombo, Musoja, Sunshine, Stix, and Flower |

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| | |
|---|---|
| I was sent to Methodist MSF where there are sisters from Congo to counsel me (referred to counselling) | Rye, Dimples, Gloss, Smile and Shasha |
| Given an opportunity to go to school was some sort of counselling because I now know that my life is secure (experienced counselling by given an opportunity to go to school) | Smile , Blossom, Dimples, and Bhobho |
| I did not know anything about counselling when I reached church I joined other Zimbabweans (not aware of counselling services) | All URMs in a church building |
| Counselling was a waste of time because those who counselled us used English, it's difficult to express myself in English (language barrier in counselling) | Rye, Dimples, and Shasha |
| It was difficult to tell a person I don't know about my private life and someone who cannot understand my language and my situation, I did not know what to say to her (lack of rapport and cultural differences) | Rye, Dimples, Gloss, Smile and Shasha |
| I don't like counsellors I think all they do is make you feel pained when you want to forget (counselling brings pain) | Flower, Dimples, Bhobho, Smile, Gloss and Blossom |
| I did not speak to a counsellor because I sensed judgment from her questions (experienced judgment) | Shasha, Rye and Rambo |
| I could not tell a woman my experiences (culture and gender values) | Rye and Shasha |

Some URMs said they did not receive counselling but were taken to school upon their arrival at the church. Some then gave reasons for not seeing a counsellor, saying it was a waste of time because it would be in English and they could not express themselves in that language. Some said they sensed the counsellor was judging them so they did not respond to her or his questions. Some URMs, who knew a little of what counselling involves, they said they did not go because they knew that it would bring back painful memories. Others felt the counsellor would not understand the context of their experience.

### 7.5.9  URMs' views of counselling

URMs had their own subjective perceptions of what counselling should encompass, some saying that for children it should take care of their needs and fulfil them, for example warmth, food, and shelter. This is parallel to Shumbamhini's argument that pastoral care

and counselling should not be done within the therapy room, but rather be visible in all the day-to-day tasks of a caregiver. These include fulfilling the child's material and psychological needs, in a holistic fashion (2008:77,161).

**Table 7.16:** URMs' views of counselling

| Statement | Participant |
|---|---|
| Should take care and fulfil children's needs (physical and emotional) | Dombo, Musoja, Sunshine, Stix, Rambo and Flower |
| Should not be a reminder of painful events (painful history) | Flower, Dimples, Bhobho, Smile, Gloss and Blossom |
| Should be done in a child's language(counselling language) | Rye, Sunshine, Dimples, Rambo, Missy, Razor, Kinky, Bull, Shark, Risk and Shasha |
| Should not be done by unfamiliar persons relationship/rapport) | Musoja, Rye, Shark, Bhobho, Rambo, Sunshine, Gloss, Smile, Stix and Blossom |
| Should be done by someone who shares the same gender with me (gender significance) | Dombo, Shasha, Bull, Musoja, Sunshine and Gloss |

Some URMs said counselling should not be a reminder of painful events but rather it should be a healing tool to help the troubled person forget or cope with the situation. The majority of URMs said Counselling should be held in a child's language so that she or he could express her/himself. The majority also said it must be conducted by familiar people, who understood or shared the culture of the child.

### 7.5.10 URMs' views of the Bishop's Response to their situation

URMs' responses about the Bishop were all theological, in that besides seeing him as a man of God they had theologized their suffering and any response towards it for them was theocentric.

**Table 7.17:** URMs' views of the Bishop's Response to their situation

| Statement | Participants |
|---|---|
| He is like Jesus, caring for the poor and underprivileged | Dombo, Rye, Blossom, Stix, Smile, Gloss, and Rambo |
| He is like a father and a mother to us (parent) | All URMs including those residing in the church |
| He listens to us and protects us | All URMs in a community centre |
| He is loving and caring | All URMs including those residing in the church |
| He is an Angel sent to protect suffering children like us | Smile, Sunshine, Stix and Bhobho |
| He is a man of God | All URMs in a community centre |
| He is the grace and mercy of God | Musoja, Shark, and Bull |

What they saw in the Bishop was a God-sent angel caring for and protecting them. His love and care had given them a reason to live again. Sunshine said "*The Bishop has given me a reason to look forward to the future, his love and care is more than enough to put a smile on a child's face once more.*" Some understood the Bishop's actions as those of Jesus caring for the poor and underprivileged, the reasons being varied and interesting. They included his race, having experienced suffering and ignorance at the hands of other racial leaders, and stereotypes about Jesus being white, like the Bishop. Smile said, "*Jesus in the Bible was always there for the suffering children, he never abandoned them no matter how busy he was, and the Bishop is showing us exactly the love of Jesus, he is busy with a lot of things, but we always come first in his agenda.*"

Stix said, "*People from our races do not care about us, at home (Zimbabwe) pastors and Bishops did not care as much as the Bishop does to all suffering children, Jesus was white and Bishop is white you see the connection.*" At first I ignored this theme of race but it arose several times, with URMs connecting the Bishop and Jesus's race. This shows how different people interpret the Bible and probably what Sunday school taught them about Jesus. All URMs saw the Bishop as a parent to them, representing both the motherly and fatherly role of protecting and nurturing. For some the Bishop was sent by God, hence he had a living grace and mercy, which reconnects with when they parallel the Bishop to

Jesus, who through God's grace and mercy died for all sinners. Now the URMs saw this man who sacrificed everything, just to protect them.

### 7.5.11 URMs' views of Jesus' response to their situation

Though all URMs were no longer small children all fell in the category of adolescents. Their subjective experiences of Jesus were diverse, revealing both mature adult perspectives and childhood ones.

**Table 7.18:** URMs' views of Jesus' response to their situation

| Statement | Participant |
| --- | --- |
| he would have given us ears of the heart that listen carefully | Dombo and Rambo |
| He would give us faith to believe in ourselves for we are the future | Missy, Musoja, Shasha, Kinky, Razor, Nhasi, and Bhobho |
| Jesus would have forgiven my sins | Smile, Dimples, Musoja, Blossom, Bhobho, Gloss, Sunshine, Kinky and Stix |
| Helped me to let go of my past and teach me do right things. | Rye, Rambo and Dombo |
| He would cry (weep) | Dombo, Razor, Shark, Nhasi, and Bull |
| He will punish ZANU PF for making people suffer | Dombo, Missy, Rye, Kinky, Bull, Shark, Risk, Rambo, Razor and Shasha, |
| He will punish everyone who could do crime, rape and abuse children | Missy, Gloss, Sunshine and Flower |
| Provide food, shelter and love for us | All URMs in a community centre |
| He will bring back my parents | Rye and Rambo |
| He will reward the Bishop for his kindness | All URMs including those in a church building |

Dombo and Rambo, had a very mature view of Jesus's response to their situation, both believing Jesus would listen carefully. Dombo said "*Jesus was a friend to all sinners and the righteous, he never judged anyone, but he always had ears of the heart for those who needed him*", and probed further to explain what he meant by 'ears of the heart', he said: "*Ears of the heart is listening that is combined with caring and compassion, it is listening that responds with kindness to the person in need…*" Similarly, when Rambo was pushed

further he said "*Ears of the heart is when someone leaves everything he or she is busy with and listen to those in need and respond properly like the Bishop…*"

URMs believed Jesus would have given them faith to believe in themselves. This theme was in some sense ambiguous as it sounded as though the URMs were saying on one hand they had lost faith in themselves, so if Jesus was present he was going to restore that faith. Bhobho said: "*Jesus would have given us faith to believe in ourselves as children and that there is hope for our future*", whilst Kinky said, "*Jesus was going to strengthen our faith to trust in God…*" For Missy, *"Jesus was going to protect our faith from changing, because of painful experiences."* This shows that URMs have diverse understandings of faith.

Some URMs believed that they suffered because they had sinned and Jesus was going to forgive them. Their suffering was a punishment from God. Some said that if Jesus was present he would have cried, seeing how the world has neglected children. Some, who believed that their suffering was caused by ZANU PF, said that Jesus would punish ZANU PF for making people suffer. When probed they said their anger towards ZANU PF was for God to kill or shame them. Some said Jesus would put another political party in power to punish them. It is evident that besides other angers and worries that towards the government was great.

The response about Jesus was gendered in that Jesus was not going to be lenient to rapists and abusers of children. Only girls said this about Jesus, showing how angry they were with their abusers and rapists. Two male children believed that if Jesus were present he would have brought back their parents from death. It was notable to see the kind of faith URMs had in Jesus, despite their suffering. Jesus was a hero to them, one who would never let them down and who wanted the best for them. Some may believe that their suffering is because God has turned against them, but these URMs believed God and Jesus were the reasons they were receiving shelter, education, care and love from that church. This was their subjective perspective, maybe because the church had shown leniency, love and mercy to them, thus their perspectives about God and Jesus were positive.

All URMs believed Jesus would reward the Bishop for his kindness, and acknowledged that it was their first time other than their mothers to see a caring person of God like the Bishop. In their narratives, some reported that their churches in Zimbabwe and South

Africa had not been as supportive or caring as the Bishop. The orphans said that they last saw their church pastors and members during their parents' burial. As well as failing to support them materially, the church had also failed to support them spiritually and psychologically. As a result, the Bishop's living faith which is linked to his practical action deserved recognition and a reward.

### 7.5.12 URMs' understanding of pastoral care

The study had many variables but its key objectives required it to analyse data that referred to URMs and their caregivers' understanding of pastoral care for children in crisis in a context of HIV crisis. Therefore, the categories and properties that will be identified will be those that focus on a pastoral care in a context of HIV. The URMs' understanding of pastoral care was dominated by cultural and gender variables.

**Table 7.19:** URMs' understanding of pastoral care

| Statement | Participant |
|---|---|
| A caregiver must know and understand a child's language (significance of language) | Rye, Sunshine, Dimples, Rambo, Missy, Razor, Kinky, Bull, Shark, Risk and Shasha |
| A caregiver must be a familiar person (relationship/rapport) | Musoja, Rye, Shark, Bhobho, Rambo, Sunshine, Gloss, Smile, Stix and Blossom |
| Must not be forced, we must be allowed to speak without judgment (must not be imposed) | Dombo and Rambo |
| Trust that my problem will not be shared with anyone (trust issues) | Bhobho, Shark, Dimples, Gloss, Musoja and Kinky |
| Must respect children's culture and religion (respect of culture and religion) | Razor, Nhasi, Bull, Bhobho, Smile, Musoja, Rambo, Rye and Flower |
| Fulfil children's needs and embrace them (children's needs) | Rye, Sunshine, Gloss, Dimples, Smile, Stix, Blossom and Dombo |
| Must campaign for children rights (children's rights) | Dombo, Rambo, Flower and Gloss |
| Give children freedom to speak out (freedom to speak) | Missy, Shasha, and Nhasi |
| Campaign for children's wellbeing (wellbeing) | Blossom, Bhobho, Dimples, |

| | Risk and Stix |
|---|---|
| Should respect children's principles (respect) | Dombo, Rambo, Bull, Nhasi, Kinky, Missy and Razor |
| Must not be judgmental(empathetic) | Rye, Sunshine, Smile, Flower, Blossom, Gloss, Bull and Risk |
| Be familiar with a child's sexual education needs (gender) | Sunshine, Dimples, Blossom, Dimples, |

URMs' understanding of pastoral care included themes such as rapport between caregiver and a child, and the significance of understanding a child's language, through both emotional and verbal expressions. They believed that proper pastoral care for children should be sensitive to their culture and religion. Significant themes, such as children's rights, gender, trust, empathy, respect, and wellbeing, emerged from URM's responses. Their perspectives of pastoral care were influenced by their experiences of the counselling they received when they settled in the CMC.

### 7.5.13 Female Caregivers' understanding of pastoral care

In the Central Methodist Church (CMC) and the Methodist Community Centre in Soweto, Bishop Paul Verryn deconstructed the gender constructions of caregiving by assigning boy children to male caregivers and girl children to female caregivers.

**Table 7.20:** Female Caregivers' understanding of pastoral care

| Statement | Participant |
|---|---|
| Cultural resources and education | 1 and 2 |
| Family environment | 1 and 2 |
| Trust and respect between the child and caregiver | 1 |
| Good knowledge about the child culture and religion | 1 |
| Good relationship built over time | 1 and 2 |
| Needs based caring (education, food, warmth and clothes) | 1 and 2 |
| Empathy | 1 and 2 |
| Understand a child's developmental stages | 1 and 2 |
| Gender-based | 1 and 2 |
| Informed by love and the needs of a child (parent-child | 1 and 2 |

relationship)

Female caregivers' understanding of pastoral care was somehow parallel to URMs, maybe because they were hands-on with URMs and spent most of their time with them after school and on holidays. Female caregivers explicitly agreed on two themes, namely culture and gender. All their themes were described from a cultural and gender perspective, and those such as family environment, need- based caring and understanding a child' s developmental stages were culture- and gender-tainted.

### 7.5.14 Male Caregiver' s understanding of pastoral care

The male caregiver's understanding of pastoral care was slightly different from that of his female counterparts. He explained that because these children had been through great trauma they focussed their care giving on loving and liberating them.

**Table 7.21:** Male caregiver's understanding of pastoral care

| Statement | Participant |
|---|---|
| Respect the culture, language and religious faith of the child, boys choose which cultural resources they want to preserve and which ones they do not want to preserve | Male Caregiver |
| Parental and guiding | Male Caregiver |
| Informed by the developmental stages of the child | Male Caregiver |
| Gender based | Male Caregiver |
| Family environment and trust | Male Caregiver |
| Informed by love (parent-child relationship) | Male Caregiver |
| Accommodating of the child's needs | Male Caregiver |
| Mix both western and African traditional values | Male Caregiver |
| Supportive of a child emotional | Male Caregiver |
| Initiative | Male Caregiver |

Though he also emphasised the significant of culture and gender, for him children were supposed to be given a choice of cultural resources they wished to be sustained between the Western and African values. He explained that their community has diverse cultures and amongst the cultures they had URMs who belonged to the Moslem, Shona and Nguni

cultures, all of which practice male circumcision. Therefore, those who belong to such might wish to preserve the practice. Rather than sending them to their initiation schools they would be sent to clinics for male circumcision. When they had questions about their religion or culture the male caregiver would encourage them to choose and preserve what they thought was useful from their faith and culture. He agreed with female caregivers that it was significant to understand a child's gendered developmental stages in extending proper care to that child. The crucial themes that emerged from the male caregiver's understanding of pastoral care included respect for the child's culture, religion and language, parenting and guiding initiative and accommodating the child's needs.

## 7.6 EMERGING THEMES

As stated in Chapter 1, the study's key aim and objective was:

- To examine how URMs and their caregivers understand pastoral care for children in crisis in a context of HIV.

Themes discussed are those which continued to emerge from URMs and caregivers' understanding of pastoral care for children in crisis in a context of HIV.

### i) Category 1: Social issues

**Theme 1: The Significance of Language in caring for children in Crisis: Language vs. Emotions**

Sub-theme 1: What is in a language and caregiving?

**Theme 2: Language and attachment: Caregiver-child relationship**

**Theme 3: Cultural Diversity**

Sub-theme 1: Child's culture vs. caregiver's culture

Sub-theme 2: what is to preserve in a child's culture?

Sub-theme 3: Attachment through different cultures

### ii) Category 2 - Psychological issues

**Theme 1: Trusts issues**

Sub-theme 1: Trust and the gender question

**Theme 2: Empathy**

**Theme 3: Respond to children physiological needs**

**Theme 4:Self-determination and self-actualization**

**iii) Category 3- Theological issues**

**Theme 1: Faith and gender issues**

Sub-theme 1: Grace and mercy of God

Sub-theme 2: Love, relationships and belonging.

These will be analysed in the following sections and sub-sections.

## 7.6.1. Category 1: Social issues

Social issues are factors that impact on the social being of the participants, both internal and external.

### Theme 1: The Significance of Language in caring for children in Crisis: Language vs. Emotions

Language is a mode of communication and differs across communities. Each community has its indigenous language which is known by all community members. A baby starts by knowing his or her mother tongue before knowing other languages. Some of the participants raised the issue of language as the most important factor of caring for children, whether children in crisis or not. Mostly people express their feelings better when they spoke in their mother tongue. Sunshine explained:

> *A person cannot express what she or he wants to express using another language other than mother language, for example when someone makes me angry I have to speak in Shona to let all my feelings and emotions out then yah I feel have really spoken and the person has understood my point.*

URMs argue that a pastoral caregiver should be a person who knows and understands their language so that he or she will be able to understand them when they express their emotions and feelings. Understanding the language means understanding both the verbal and non-verbal nuances. Male URMs argued that the language they use to speak to a woman is different from the one they use to speak to men because of their culture. Shark said "*When I speak to women even though I feel pained and hurt I try to show a brave face and that I am in control of myself, I do not cry or show emotions in front of women, this is*

*how I was brought up in my culture.*" In Shark's response both gender and cultural issues emerge. There is a saying in Ndebele that *inyembezi zendoda ziwela esifubeni* (a man does not cry), which corresponds with the one Shark and other URMs described. A male caregiver who is a trained counsellor explained that, from a cultural perspective, for a male not to show emotions is crucial as that defines him as a real man. However, he explained that as caregivers they integrate useful Western cultural and African traditional resources in their model of caring. This is parallel to Mucherera's (2000:9) "half breed" pastoral care, in which the two opposing cultures in a person's life are integrated without causing confusion in his or her life. Augsburger (1986:14) calls this "interpathy", by which a pastoral caregiver enters another culture that is not his or hers and treats it with equal respect. For purposes of healing they encourage boys to cry if they feel they need to, from a therapeutic view. He explained that when they cry they "give them their space" and do not judge them. This language of mourning is traditionally known as 'women's language' of revealing or showing pain.

Crying is an emotional language, and in some of the Zimbabwean cultures, particularly Ndebele, people communicate their pains differently according to gender and age. Babies and kindergarten children may throw tantrums to communicate their emotions, a woman may cry to show hurting, while a man may be quiet and feel inner pain, crying within. These are cultural manifestations, and when a man cries another man may tell him: "be a man, stop crying." Children from such cultures are socialised not to cry as men, reflected in Dombo's statement:

> *In our culture we were socialized not to cry as true men don't throw tantrums like spoilt children, throwing tantrums is for babies not adolescents like us, when something is not right some people especially adults will know, I think this is a cultural way of responding to a problem, you will see that definitely our elders know to read children…a person who does not know our culture may find it difficult to understand us and end up interpreting us in a wrong way, but this is the way we were brought up in our Shona culture and I think even Ndebeles do it.*

Here Dombo points out that indifferent cultural settings children show their emotions differently and unless the person understands the context it is not easy to interpret them. Thus, pastoral care must prioritise cultural sensitivity and respect in caregiving, because for healing to take place the care-seeker cannot be divorced from his or her culture. Ma

Mpolo (1990:12) argues that the first thing a pastoral giver should do is to understand a care-seeker's worldview. Mucherera (2000:12) argues that a caregiver should be able to bracket his or her own cultural beliefs before entering into a care-seeker's culture, and he or she should be able to create a bridge between his or her culture and that of the care-seeker.

As Dombo says, sometimes emotions may be misinterpreted if not accompanied by words. There is a Zimbabwean tradition of imitating the dead person when mourning, for example, dancing in the way she or he used to dance, whilst in some African cultures widows who do not have mourning clothes will wear their clothes inside out. In some contexts orphans may be easily identified by their physical appearances, as indicated in the Ndebele saying *intandane enhle ngekhothwa ngunina*, meaning a beautiful orphan is the one who is cared for by the biological mother. That child will understand the realities of being an orphan when the mother is dead. Bodily appearance is a language that needs to be understood, as with charity organisations or NGOs that display malnourished children seeking donations. Those children speak a language that needs to be interpreted correctly.

   a) Sub-theme 1: What is in a language and caregiving?

Language identifies people, their culture and language, and as such it may be used as a tool of oppression and power, or as a tool of empowerment and liberation. URMs are aware that language is used to control a child by an adult or teacher. There is a language of authority and there is reciprocal language, with most African children used to the former as it guides and gives orders. Sometimes language is used as a tool of violence or abuse to oppress and discriminate the powerless (Sarabia, 2003:13; cf. Lippi-Green 1997).

Reciprocal language is not commonly used with children because of the way they are defined, commonly as a sponge or empty vessels who needs to be filled with something (May *et al* 2005). Authoritative language or language that gives orders is constructed to scare children or force them to do something that they may not want to do. This is commonly used by parents and school teachers. According to URMs it is difficult to share private issues with someone who does not understand their language or situation. This was explained by Rye and confirmed by four other URMs. Rye said: "*It was difficult to tell a*

*person I don't know about my private life and someone who cannot understand my language and my situation; I did not know what to say to her.*"

The concept of language strengthens relationships, as confirmed by the caregivers who said that when the children who had already been absorbed into the children's homes and shelters heard that the caregivers at the community centre were from Zimbabwe and spoke Shona, many moved to it. The issue of prioritising language between caregiver and child signifies the issue of respect between each other. A child knows why and how to respond when an order is given in his or her mother language.

**Theme 2: Language and attachment-Caregiver-child attachment relationship**

Children suggested the concept of language in a pastoral care model of children in crisis. For them this concept strengthens their relationship with the caregivers, as language attaches them to their caregivers. The issue of how language strengthens a child and caregiver's relationship does not emerge clearly in reviewed literature. URMs reported that they were pushed to church because they wanted to be closer to those who shared a common cause with them and those from their country with whom they shared a cultural identity. They were attracted to the church for reasons of attachment and identity, and when they heard that caregivers at the community centre spoke their indigenous language they ran away from shelters in order to stay with caregivers who understand them.

The attachment and language factor emerged in my observations of URMs residing in a community centre and those still in the church building. I observed that caregivers at the community centre spoke Shona, as did the majority of children there. Those in the church building were dominantly Ndebele and used Zulu as a language of communication because it was similar to their indigenous language, Ndebele. Although they did not want to be referred to as children, they shared a feeling of attachment and identity with their fellow Ndebele natives residing in Johannesburg city centre. Though the issue of tribal differences did not arise in narratives or interviews, I did however pick some up from the observations and memo-writing. Mlambo ( 2010:69; cf. Ndlovu 2010:122) points out the relatedness of the Nguni from Zimbabwe and those from South Africa as one of the factors that help Ndebeles from Zimbabwe easily blend into the South African community, coupled with an ability to adapt to the language system once they arrive in South Africa.

To confirm their search for attachment and identity URMs explained that they came to church to search for their parents who had left them in Zimbabwe. This is parallel to literature that found URMs migrated to reunite with long-lost parents (Cammisa 2009; cf. Orgocka 2012:2). Blossom explained that "*When we decided to come to Johannesburg from Musina a man told us that if you don't have anywhere to stay go to the church[Central Methodist Church], most of your brothers and sisters are sheltered there, you will be safe.*" This response refers to identity issues, in that the URMs went to the place in which brothers and sisters were sheltered as they felt they belonged there, sharing the culture. Here they would be taken care of, as brothers and sisters are part of a family and so are bonded by similar cultural values and norms. Families attach to each other for different reasons, not least security and conviction.

Musoja said:

> *Firstly I went to stay at Park station with other street children but when life was unbearable I thought why not go to church where God is, where the pastor who protects children is… I have heard about the church but I did not want to go, but then when things were really horrible something led me to the church.*

This explains that children were seeking not only shelter but also attachment and security. Children usually attach to adults who are sensitive and reactive to their situations, particularly in times of crisis or alarm. This is confirmed by their consistent referral to their caregivers as 'father' and 'mother'. All URMs consistently refereed to Bishop Paul Verryn as their parent figure, indicating that they were holistically attached to adults who were sensitive and reactive to their crisis. I also observed that children attach to those who share the same culture and language as them, more than they do to an adult from a different cultural context.

The relationship that a child accepts is the one in which there is a mutual and protective reaction. An attachment or relationship that URMs expected from their caregivers or the church is one that is compassionate to their situation, looks on them with mercy, is not judgmental, embodies reconciliation and embraces hope for future. The church uses caregivers to look after URMs, so these themes are technically what URMs expect from their caregivers as representatives of the church. A male care giver explained the parent-child relationship when he said:

*Each child when she or he comes to me I treat her as my daughter or son and when there are issues that I cannot talk to the daughter about I refer her to the mother [female caregiver], but that does not stop them from coming to us as male caregivers if they need anything, because we are like fathers to them.*

Some of the URMs have been integrated in the local children's shelters and homes and from there they experienced judgemental attitudes, oppression, and segregation. Rambo once stayed in a children's home he said:

*caregivers and social workers in a children's home never liked us foreign children they used to call us 'makwerekwere', whenever we are eating foreign children were the last to be served because they said this was South African children's food only…even the linen, South African children were given new linen compared to foreign children…thus why I thought it's better to come to the community centre where I am cared for by people from home who won't judge and isolate me.*

It gives a child peace of mind to know that he or she is accepted and respected where she or he stays. No matter how poor a caregiver is, if there is love and mutual respect the child receives security and this enforces his or her ontological security. A caregiver substantiated this by explaining that:

*These children were taken to homes where everyone thought they will have a better life, there are beds, clean linen and food in homes, but these children ran away because they felt uncomfortable and judged because of their status and these children tell us that caregivers at homes where they used to stay kept on telling them to go back to their country* (Care Caregiver 1).

This, according to caregivers was because of the relationship and bond that goes deeper than just sharing language and culture, to sharing the same humanness.


### Theme 3: Cultural diversity

Cultural diversity is one aspect of pastoral care that was raised by URMs and their caregivers. Children seeking care do not share one culture. They may share language but

their cultural understandings are different. Additionally, URMs have a different culture from that of caregivers, but the problem arises when there is a need for a bridge to balance these cultures. When should a bridge be built and how? This is termed by Augsburger (1986:14) as 'interpathy'.

Sub-theme 1: Child's culture vs. caregiver's culture- *Isikhumba sigoqwa sisemanzi*

URMs came for caregiving with their cultural principles, which are normal and have been socialised within them since birth. At the same time a caregiver has his or her own cultural principles that she or he believes to be normal, and when these clash the weak one may be overpowered and suppressed. In their understanding of pastoral care for children in crisis in a context of HIV, URMs frequently brought up the theme of culture between them and their caregivers. This theme also emerged in the responses of caregivers. It is not easy to let go of a culture one has grown up practicing in favour of one to which one is exposed when an adolescent. Caregivers described some of the Ndebele cultural sayings that support this theory, such as *isikhumba sigoqwa sisemanzi* (directly translated as 'one can only fold an animal's skin when it is still wet'). This is used in a context of guiding a child through his or her developmental stages, as is crucial when still young.

Another saying is *ithole likhula lamanono alo* (directly translated 'a calf grows up with its habits'), used to encourage adults to guide and socialise their children in a way they would like them to become in adulthood. A third saying is *umthwente uhlaba usamila* (directly translated as 'a thorn tree pricks when it's still geminating'), used to refer an infant's behaviour to be directly linked to his or her adolescent and adult behaviour. The caregivers invoked these sayings in arguing that it was hard for children to adapt to a new culture overnight or in the short time they had been in South Africa. One caregiver said: "*The issue of culture is amongst other reasons that forced children to run away from children's homes because they could not learn the South African culture in a short period of time, South African caregivers were not patient with these kids, they probably thought they are arrogant or ignorant when they failed to learn local culture*" (Caregiver 1). Another caregiver said: "*Children value their culture and they are socialized into this culture from birth, forcing another culture on them means disinheriting them their identity*" (Caregiver 2). This is parallel to literature that explains that the culture of the care-seeker is crucial in pastoral care (Ma Mpolo 1990:12; cf. Mucherera 2000:9; Lartey 2002:321).

URMs said the problem with culture was that in cultural backgrounds they are many ideas that make them who they are and it is not easy for them to change. Smile said:

*there are things that I can forget in my culture but they are some that I cannot simply let go because they make me who I am, they define me, I know I must respect adults and I must not talk back to them, that is bad, I cannot speak badly about my own parents, even if my mother has done wrong to me I cannot blame her, probably she had her reasons of doing so, even the Bible says respect your mother and father so that your days will be multiplied on earth. There are some cultural practices that I need to practice as a girl and those that introduce me to womanhood…in the absence of my mother and aunts someone else must be able to guide me through womanhood. I want to be an accepted woman in my culture and be respected by my husband and his family.*

This argument or description indicates that URMs are connected to their culture, by which their identity is in turn shaped. From Smile's statement it is evident that culture socialises and prepares children for adult roles. In South Africa they were exposed to cultural diversity, some of which was a shock to them, as raised by URMs and supported by caregivers. Examples included the shock of seeing children smoking on school premises without punishment, kissing or drinking beer in public, and even shouting at their parents.

URMs do not have aunts or uncles to guide them through some cultural practices that are crucial in their developmental stages, and as a result they expect to learn some of their cultural practices and initiations from their caregivers. According to them their culture identifies them and they cannot just let it go. One of the young girls Dimples said:

*I pray every day to keep and preserve my culture, it is part of me. Our caregivers are like our parents we call them mother and when they are male we call them father, they teach and guide us to preserve our culture, we are still young and we need someone who knows our culture best so that when we are confused or lost, they will bring us back in the right way. Sometimes we see our peers with boyfriends and we think it is right but our caregivers tell us about HIV and AIDS, and they sit down with us and guide us about sex, boys and womanhood. They usually encourage us to respect our womanhood by teaching us different ways of how we can do it.*

This was confirmed by caregivers who said in order to prevent and minimise URMs' vulnerability to HIV they must enforce their cultural beliefs,

> *...as I have said the girl child in our culture is protected by culture that plays different roles...in the evenings after their study we gather all girls and teach them about our culture. We do virginity testing for those who are between twelve and fifteen. Early in the morning when they are still lazy we remove their pants and check if they have been penetrated yet, you know they do not spend the whole day with us they go to school and they may be involved in sex there without our knowledge. We do this to protect them from different sexual diseases like HIV and unwanted pregnancies this also teaches them to respect their womanhood.*

The other caregiver agreed on this theory, explaining that "*We take them to the tubs like in a river because we cannot go to the river here, thus why we take them to the tubs we improvise space and it's for us.*"

Caregivers also explained that they taught girls that if they had sex with boys they would be infected and fail to go to school, "*We tell them that sleeping with a man before marriage brings bad luck…*" Current pastoral care literature has identified this in a context of HIV, with Dykstra (2013:4) explaining that caregivers and pastors should address "sexual questions and interests often deemed unsafe and unspeakable by church and culture…" Issues related to sex are not generally discussed in church, hence putting children and adolescents at risk of HIV infection because they do not understand sexual matters. Davis (1996:93), in agreement, argues that caregivers should give adolescents positive education about sexuality, such as the body is good and sexuality is good. She further writes that adolescents should be told that "sexuality is part of what makes us who we are and our sexuality helps us to express our love to others and our excitement for life" (Davis 1996:93).

Virginity testing has been critiqued in an African context for dehumanising girl children (Moyo 2004:73; cf. James 2008:4; Gundani 2004:102). Nevertheless, some have acknowledged its significance in HIV prevention for adolescents but continue to critique it for undermining the children's rights and putting children at risk of rape by those who believe in the myth that having sex with a virgin can cure HIV (Gundani 2004:103; cf. Hanzi 2006:38).

The above descriptions raised the significance of gender and culture in pastoral care. Other cultural practices, such as labia elongation, preparation for womanhood and marriage, emerged particularly amongst female caregivers who explained that to belong and identify with others, children need to be aware of cultural practices that promote their dignity and protect them from harm. Male caregivers, however, were in agreement with female caregivers, in regarding cultural practices such as circumcision as Westernised and Christianised. A male caregiver explained that:

*Though we are from different backgrounds, in this community there are different religions and that include Christians, Moslems and African traditional religions, therefore some religions particularly Moslems practice a culture of circumcision where they take their young boys to initiation schools, but because this is a Christian community we take these boys to clinics and hospitals.*

Unlike female caregivers, who conduct the cultural initiation such as virginity testing for girls themselves, male caregivers go the Western way when they send to clinics their boys who need to undergo circumcision as part of their cultural tradition. Female caregivers do not conduct virginity testing the traditional way of inserting their finger, but rather, according to them because of hygiene and fear of infection, they use visual inspection of the vagina.

All caregivers explained that embracing cultural education is in the best interest of the child as culture is a right tool to guide an African child through her or his developmental stage. Culture ensures that a child's needs are satisfied. According to male caregivers, as culture is dynamic it is crucial to merge what works from the African culture and the Western culture in order to satisfy children's developmental needs. This is parallel to Mucherera's (2000:9) "half-breed" theory, as described in chapter 4. According to caregivers, proper guidance of children through culture minimises the chances of increasing children's crisis that may happen because of irresponsible behaviour that may increase risks of HIV infection and unwanted pregnancies in children or adolescents.

Sub-theme 2: what is to preserve from a child's culture?

From the interviews and narratives the concept of culture frequently emerges, crucial in any form of caring, whether pastoral or secular. Culture enhances URMs' social connection and boosts their ontological security in their need for a sense of belonging and

continuity. URMs raised this in their responses of what they were seeking from the church. All boys and some girls were searching for security, identity, or a sense of belonging with their brothers and sisters from Zimbabwe. Risk is still residing in the church building, he said "*One of the reasons besides shelter was to be close to my brothers and sisters from Zimbabwe, because we are all in South Africa with a common goal, hence I feel safe with them.*"

It came out clearly from both URMs and caregivers that cultural practices that protect dignity and health must be promoted. Caregivers explained that they suppressed young girls' sexual feelings by telling them myths that were used by grandmothers when they were growing up. Some of the myths were that "*When a boy touches your breasts and bums your breasts and bums will be loose and all people will see that you are no longer a virgin you have slept with a boy*"; "*When you get married as a virgin your husband will respect you more than his mother, you will be his gold*"; "*When you sleep with a man we will all tell because you will be smelling sex for the rest of the week*"; "*Caregivers explained that these myths work because young girls are afraid to be called names like prostitute or loose*"; "*When you get married no longer a virgin you will go through a shameful process where a hole will be made in a blanket and the community shown that you are no longer a virgin.*" According to caregivers these gendered myths are believed, as girls run away when men or boys try to touch them, however, they also suppress young girls' sexual feelings and create an element of fear about sexual relations for girls. Only taught to girls, not boys, they are negative myths and may increase children's vulnerability to HIV, such as the common one that sleeping with a virgin cures HIV.

Caregivers acknowledged that they were aware of negative myths that might harm children; hence each culture has positive myths that are meant to protect a child. These are the myths that each community preserves for the security of children. According to research findings of this study, myths instil fear and change of behaviour in children because they are frightened of becoming victims. On the other hand, for boys, male caregivers explained that they give them a choice to choose what they want to uphold in culture and reject what they do not.

Cultural practices that promote respect must be protected as, within a normal family, love, care, guidance and security are embraced. When children refer to their caregivers as 'mother' and 'father' it means family values are preserved and there are limited

probabilities of child abuse. Bishop Verryn's model of building a family setting for URMs with caregivers who represent their absent parents seemed appealing to the majority of URMs residing in the community centre. All said that the difference between a community centre and the church building was that at the former they feel like a 'big happy family', in which they learned family values and responsibilities. This was raised by caregivers who explained that in their informal chats with them most URMs said they wished to have a family one day but without the suffering they had encountered, therefore they would provide for and protect them. This then challenges caregivers to provide a loving and respectful family context for children to learn because *isikhumba sigoqwa sisemanzi* (an animal skin is folded only when it is still wet).

In the community centre, URMs from Zimbabwe were mixed with URMs from within South Africa. Bishop Verryn explained that despite different backgrounds, mixing is a form of security from xenophobia: "*…it's not just migrant children in this community, its South African and migrant children…to some degree this mix provides security because it is somewhere an antidote to xenophobia.*" Such a culture of community and family values is significant and must be preserved when striving to make a better environment for children. This is one way of creating love and understanding between South African and foreign children, because they will grow up looking at each other as brother or sister rather than intruder or foreigner.

### 7.8.2 Category 2: Psychological Issues

Psychological issues are factors that affect the emotional being of participants.

#### Theme 1: Trust issues

Trust is a concept that is crucial in counselling and caregiving, without which children be forced to lie about their experiences. This concept arose from children who did not go for recommended counselling or who chose to keep quite during sessions. Rye explained that:"*It was difficult to tell a person I don't know about my private life and someone who does not understand my situation; I did not know what to say to her.*" Before commencing counselling there should be a process of building rapport, particularly with children. URMs are particular about what they say and to whom, which I discovered when I started

my interviews. Caregivers told me to wait for Bishop Verryn to introduce me to them because they did not speak to people they do not know or trust.

After spending a series of weeks with them and attending their birthday parties and devotions they trusted me. Lack of trust affects the reliability of what children say, as they only open up about their intimate issues when speaking to those they trust. The concepts of relationship and gender arose from URMs and their caregivers. Caregiver 1 explained that "*When counselling or caring for children it is significant to respect the relationship they have with you and their gender lest they feel uncomfortable and not open up.*" She further explained that gender and rapport issues are significant for children who have gone through a traumatic experience, because their trust has been violated before. Some adults who were supposed to protect these children abused them in different forms. For example, Sunshine who had been left in Zimbabwe by her parents with aunts, explained how life became unbearable after her mother left her with her aunt:

> *The very same day my mother left me with my aunt life changed for me, she took my clothes and gave them to her daughter, and asked me to clean and cook… Life was difficult my aunt treated me like an orphan and a stranger. She asked me to do adult people's jobs like from school cooking for the whole family, fetching water for the house from the stream. One day she forced me to eat something that I didn't eat and I vomited everything including the food that I was given by friends at school. For that she forced me to sleep on the floor near my cousin brother who attempted to rape me…*

This brought up the issue of gender and abuse, that woman are involved in the abuse of other women, hence the phrase "*women are the oppressors of themselves.*" Some children who had divorced parents and those who had lost both parents explained how they suffered at the hands of one parent or relatives. Shasha said:

> *When my parents broke up I was forced to remain with my father, who pretended to love me, but things changed when my mother left, my father became too harsh and treated me like am a stubborn child and said I am just like my mother, calling me all sort of names and beating me until I ran away and came to South Africa.*

Shasha, like Sunshine, described the concept of gender and abuse, in that as much as women oppress other women so men also oppress other men. The concept of the misuse of

power and trust emerged from URMs, such experiences having disturbed children's confidence and self-belief in adults. Some still thought adults had some hidden agendas when they tried to help them. All orphans interviewed in this study had problems with trust, which came from their experiences at the hands of people in whom they trusted and believed. When URMs narrated their experiences and the reasons they could not share their personal issues with people they did not know I observed pain in their faces, because for most their trust had been broken by close family members.

Caregivers, on the other hand described the issue of trust as the glue keeping them and URMs together. They were not afraid of their caregivers or resisted the caregivers' company. A male caregiver said "*Even when they sit chatting as children I can always go and sit there and talk with them and I have never seen any kind of averting or hostility coming from them*", explaining further that other than being a father to them he had developed friendship with them, when he welcomed them in his "life space" and they welcomed him in theirs. According to caregivers, trust in this community had strengthened because of

> *…the goodwill that we showed towards them the love, the care, and our attitude towards them and our aim is to assist them in whichever cases, even if they are sick we take them to hospital, we are with them throughout their trouble we journey with them and we always try to be there at all times when they need us.*

This confirms Shumbamhini's argument that pastoral care should not be within the closed walls of therapy but it should happen in everything the caregiver does connected to the child (2008:161).

Sub-theme 1: Trust and the gender question

Issues of gender must not be ignored when talking about trust. This theme regularly arose from the caregivers, who explained that trust may be broken when gender issues are overlooked. Bishop Verryn explained that when caring for children in crisis gender must be observed, because rather than caring for a child in crisis a pastor himself or herself will end up in crisis, as people misinterpret the motive to that child. Hence, he proposed that rather a "girl child" must be cared for or counselled by a female caregiver or pastor. If

there is no female pastor, they would rather look for an adult woman or do it in an open space or with a door opened. This contradicts what emerged from URMs when they explained their previous experiences at the hands of those of the same gender. This parallels Lester's (1985:31) view that some pastors or pastoral caregivers are afraid to care for children in crisis because their actions may be misinterpreted.

Though some URM girls have explained mistrust of women because of their previous experiences at the hands of women, they also explained that they felt more comfortable with female caregivers than male caregivers, because in a male caregiver they saw a father figure and in a female caregiver they saw a mother figure. As a girl there are issues that one cannot share with a father because of cultural reasons and how children are socialised. This statement by girls acknowledges that gender diversity should be considered in pastoral care, as confirmed by female caregivers that they understood what a girl child wanted and they knew how to respond when she was in a crisis. At the same time, as mothers, they know what a boy child wants and how to respond to their needs, because as mothers they have raised both girl and boy children single-handed. However, female caregivers said that although they could care for both girls and boys they could not provide for what a boy needs from a father figure or what a girl needed from a father figure, therefore pastoral care should not be male dominated only, but rather it needs both genders to accomplish its purpose.

Bishop Verryn, in his model of care, has acknowledged the issue of gender diversity by appointing male caregivers to boys and female caregivers to girls who provide care to all children, girls and boys as equivalent, unless there are special needs that either gender wants. In an African context, both women and men are caregivers to children, both contributing in the nurturing and guiding of children in different ways. However, there are families where there are single parents, either a mother or a father. When a present parent is a mother she will be able to care for both children girls and boys, but when it is male in most cases they look for another wife or a female relative. This was confirmed by URMs, who said their fathers married other women after the death of their mother or after they divorced (Sunshine, Gloss and Risk).

**Theme 2: Empathy**

URMs raised issues of judgment from those who counselled them, the perception of judgment regularly being raised in their responses. Some experienced a sense of judgment from their counsellors, some from their previous caregivers, and some were still experiencing judgment from different sectors. Some URMs said they did not speak to the counsellors because they sensed judgment or lack of empathy from their questions, feeling it was a waste of time to speak. Children, particularly adolescents, know when a person is genuine and not. The experiences that they went through when coming to South Africa and in the country cultivates sensitivity in what is said to them. Bishop Verryn said "*As you can imagine some of these children have seen more than you and I have ever seen…*"Another reason for them to think that they are judged is not knowing who does the counselling. Is it one of the people who have hurt them or someone they trust, who share the same sentiments with them? Most of the URMs interviewed in this study came to South Africa in 2008, when xenophobia was rife, so it was difficult for them to trust a black South African, even if that person had good intentions. Their experiences of judgementalism reveal that a lack of empathy from those who counselled them upon their arrival.

Rambo said: "*When some locals speak to us you can sense that they are judging us, they don't give us an opportunity or freedom to speak about our ordeals before judging us*". Stix, in agreement, said: "*The only person who listened to us without judging is Bishop; other people are the same they have their answers before speaking to us.*" I sensed that this could have also been instigated by media that seriously speculated about the experiences of URMs' in South Africa and xenophobia played a role in this. All foreigners were judged and painted with the same brush. Rambo and Dombo explained that "*If Jesus was at this point in South Africa, he would have listened with the ears of the heart that listen carefully before responding and judging.*" Some URMs believed Bishop Verryn was doing exactly what Jesus would have done, to observe, listen and take action without Judging.

**Theme 3: Respond to children's physiological needs**

Pastoral care and counselling must be able to respond to children in crisis' physiological needs, as argued by Bishop Verryn, caregivers and URMs. Bishop Verryn explained that:

"*When a child is in a crisis, hungry, naked and without shelter you cannot say, may God bless you and keep you, and allow that person to go without attending his or her physiological needs.*" Pastoral care should respond to both physiological and emotional needs. In addition, Bishop Verryn explained challenges that he faced when caring for these children included food, clothing and warmth. URMs also raised this when they explained that pastoral care for children in crisis should focus on their physiological needs. Physiological needs are crucial; therefore URMs explained that their female caregivers provided for them better than their male caregivers. Bhobho said "*When I am hungry I go to mother [female caregiver] and she will give me food, when I do not have clothes mother is the one who runs around and tell the Bishop and later I will receive the unifor*m." This was confirmed by five other URMs, who explained that the mother was the one who provided for their physiological needs with the help of Senior (female caregiver who cooked for them). Girls staying in a community centre confirmed that their female caregivers assisted especially with sanitation and they taught them hygiene. This is parallel to African women theologians who argue that society has constructed woman's roles around homebound roles of nurturing and guiding children and caring for everyone in a community (Kasomo & Masemo 2011:161).

In their responses to what pushed them out of Zimbabwe to South Africa, issues of physiological needs, such as for money to buy food for siblings in Zimbabwe and for a better life, arose. Shark said "*When my parents died I became the bread winner in the family, so I had to look for work to provide for my siblings.*" The search to satisfy physiological needs meant that pastoral care in their countries failed to satisfy them. As a result, children were forced to look for means to satisfy this need.

Security and shelter for URMs is a physiological need, whilst safety needs are integrated in physiological needs. URMs need to satisfy the physiological need of making money to buy food for them and family and to be able to do this they need security and shelter.

### Theme 4: Self-determination and self-actualisation

Self-determination and self-actualisation was one of the critical needs to be included in their model of a pastoral care. URMs explained that pastoral care should be a guiding factor towards their purpose in life and personal growth. Bishop Verryn had done this by

taking them to school to secure their future and purpose in life. URMs argue that focus towards their self-determination and self-actualisation is a key to their freedom and future. A pastoral care that focuses on their future motivates children to focus on accomplishing what they have started. Some URMs who came to South Africa without an O level certificate were now studying towards completing their degrees with different universities in Gauteng. Pastoral care gave them a second opportunity in life to find a purpose and meaning. Education provided by the church enhanced their wellbeing. Most URMs explained that going to school was a form of pastoral care and counselling for them, as it took away their fears of uncertainty in life. Smile said that: "*Given an opportunity to go to school was some sort of counselling for me because I now know that my life is secure, I am no longer afraid of what will happen to me in future, I am now feeling like a child again.*" Kinky, who stayed in a church building said, "*When I came to South Africa I did not know how to braid, bake or sew but see now I am a star, I braid people on the streets and when I get time I even make bed frills which give me enough money to send home*." This form of pastoral care not only enhanced the ontological security and satisfied the psychological health of a being but it also satisfied the social being, to be someone in society and to contribute something in society.

### 7.8.3. Category 3: Theological issues

These are factors that impact the spiritual and religious being of participants

#### Theme 1: Faith and gender issues

The faith element brought up different theological themes such as God's Grace, God's mercy, God's piety, God's love for children. Despite their suffering and predicaments URMs raised an element of faith in God. Some did not belong to any religious faith group but because they were cared for by someone from the Christian faith they believed they needed to practice the Christian faith of this church. Nhasi residing in a church building, said:

*I know very well that God is for us all, at home we don't belong in any church, I guess I have to go to this church and worship with them, they have given me shelter and security after all. Though I am not a Christian but I believe it is God who kept me alive this far, some of my peers did not make it, some were deported and some died along the way.*

Smile said, "*I experienced enough pain at home and along the way to South Africa and in South Africa but because of God's grace the Bishop took me in like a mother and father gave me shelter, food and education to be someone in future, I need to praise God*". Their suffering and predicaments in Zimbabwe, along the way and in South Africa, had strengthened their faith. They experienced God through the experiences of migration. Having a church to protect their interests also strengthened their faith in God. Some had not been baptized when they resettled in this church but were now, because of what they had experienced from the church. Three of the interviewed URMs, Stix, Flower and Dimples acknowledged that they had not been baptized in any church when they came to this church, but when the Bishop was baptizing children they volunteered to be baptized as well because of the love and Grace that God has shown them. Though they were now baptized under this church they still recognised their faith convictions. For instance, Flower said: *"Though I am now baptized in this church, I still go to my church on Sunday mornings and go to the Methodist church at Sunday evenings for devotions."*

Those who did not fall under any religious group attended church services and devotions with other Christians. This nurtured their faith as they contextualised their experiences with the Biblical scriptures. They were allowed to attend their churches though some decided to join this one. To them their faith was not linked to their religious background, but rather God was bigger than religion. URMs believed that it was by God's grace that they had someone to care for and protect their interests and future. They explained that their faith was nurtured by Bishop and caregivers. On Sundays they went to church with female caregivers rather than male caregivers, which meant that faith nurturing was associated with a mother rather than father.

URMs did not define each other, but rather they saw each other as brothers and sisters, sharing many painful experiences, and this had connected more than separated them. This was confirmed by a male caregiver who said that "*Where we come from we come from a long way together, these children were brought together, they were coming from different*

*places some were even from the streets, some were coming from homes where they felt they did not relate to those homes, specifically in terms of culture, language and population.*" Their common experiences joined them.

The faith factor when caring for children from different religious backgrounds was brought up by the caregivers, who explained that when caring for URMs from different religious backgrounds they needed to respect their spiritual convictions. Those who belonged to other religious backgrounds, such as Moslems, African Traditional Religions (ATRs) and other religions were encouraged to respect their religions and observe all important occasions. Moslems who practice circumcision were supported by their male caregivers and taken to clinics or hospitals for the operation. Although I did not see a Moslem in that community, caregivers confirmed that they were there. Some religions have special kinds of food, which caregivers raised as a challenge due to the limited resources, particularly in terms of food. Both female caregivers and a male caregivers explained that rather than praying a Christian prayer only, they also asked URMs from other religions to say their prayers too.

### Theme 2: Theological constructions about God/Deity

URMs' constructions about God were that God is the God of mercy, God of grace, God of love and God of care.

Sub-theme 1: Grace and Mercy of God

URMs explained that pastoral care of children in crisis should be motivated by the grace and mercy of God. They believed that they were still alive today and were taken care of by the church because of God's grace and God's mercy. Some of them explained that they expected the church to be a means of transportation of the grace and mercy of God. URMs believed their survival was through God's grace and mercy, therefore, a model of pastoral care should campaign for their rights. Some were not sure about what the grace of God and mercy of God meant confusing it with what pastors should do in caring for them. They referred to their primary caregiver bishop Verryn as the grace of God and mercy of God.

Though most of the interviewed URMs came from the Christian religion, they were from different Christian religious sectors and others did not have a religion. However, all of them confessed their faith in God and continued referring to God's grace and God's mercy. They explained that in these concepts they were seeking for spiritual development when they were taught to pray and turn to God when they needed him. Caregivers raised this concept by explaining that in the caring model they focus on issues of spiritual development whereby they guide a child to have faith and trust God in all they do. Caregivers did not say anything about God grace, piety and mercy, and do not see the church in the same way URMs see it. They do not see Bishop Paul Verryn the same way URMs do, as a parental figure, but for them he is an agent that sees the image of God in URMs and fights to protect it.

Though URMs and their caregivers fall under different religious groups, tribes, and regions, they still believe they are who they are because of the love of God which God reveals through Bishop Verryn. For them it is a privilege to be in the church because of the opportunities they received once they settled there. Rambo said "*Because of the grace of God the church shapes and nurtures my faith and guides me to be a responsible man who respects myself and women*". The ones in the church building, who refused to join other URMs in the community centre also believe that living in this church building is a privilege for them, because they benefited from the Bishop's mercy and protection that he preached about in devotions. URMs also explained that the Bishop preached about forgiveness, reconciliation and unity and this had enhanced their relationships amongst each other and changed them emotionally and spiritually.

### Sub-theme 2: Love, relationship and belonging

URMs believe that in pastoral care for children in crisis one should look at issues of love that embraces a sense of belonging and relationships. For URMs to experience healing issues of relationships holistically, love and belonging must be prioritised. This arose from what they were looking for from the church. Most said they were seeking love and a sense of belonging as their sense of belonging was critical for their identity. They were searching for relationships with people who shared the same identity as theirs. According to both URMs and their caregivers they had become one family and their bond had grown stronger

as it had developed into a parent-child relationship and brother-sister relationship. Love and belonging needs to include wellbeing and a sense of ontological security. While URMs have migrated voluntary to South Africa they did not choose to lose their parents or to leave their relatives behind. When they reached South Africa they missed home, relatives and siblings, as confirmed by caregivers who explained that most of the URMs under their care were homesick, missing family love and sense of belonging.

In a search for identity and belonging, URMs receive this from their caregivers or adult Zimbabweans. Caregiver 1 said she had observed this from several URMs who when hugged would hold to her tight and sometimes cry. This suggests that pastoral care for children in crisis should promote connectedness with their roots. When a child feels alone, lost and disconnected it is the caregiver's role to make sure he or she connects that child to those who share the same norms and values. Relationships and a sense of belonging for URMs is connected to security issues in which they believe that having relationships with those who share a common culture, language, and circumstance with them is similar to having a relationship with close family members. As a result, the need to belong is one of the reasons that pushed URMs to the church to be closer to people who share the same problem. However, most URMs expressed hope of returning home to visit their families, as they missed that connectedness with close relatives.

## 7.9 PRESENTING THE BUILDING BLOCKS/CATEGORIES OF A CONTEXTUAL MODEL OF PASTORAL CARE FOR CHILDREN IN CRISIS
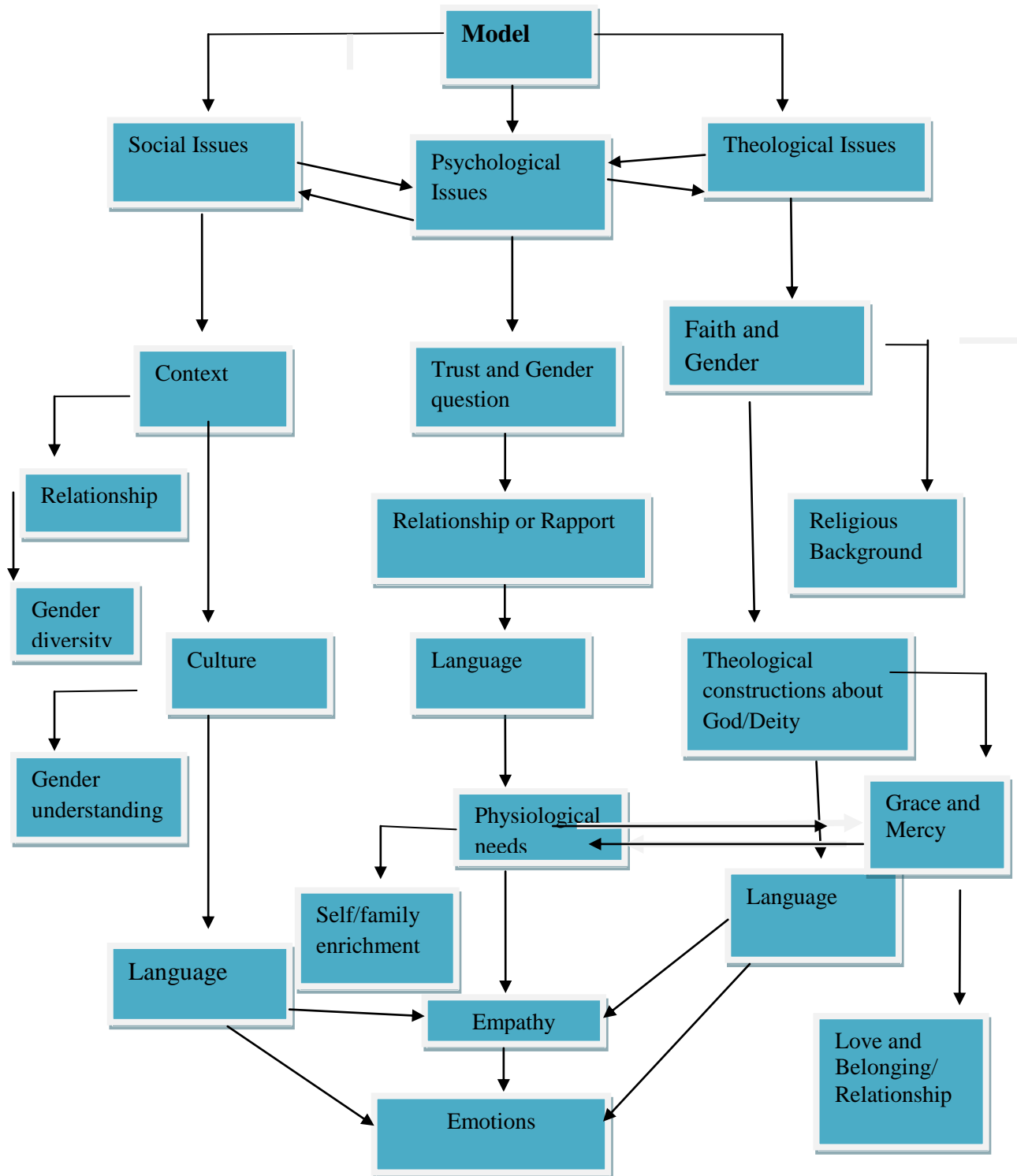


**Figure 7.1:The Building Blocks of a pastoral care model for children in crisis**

## 7.10    CONCLUSION

This chapter has analysed data using the grounded theory through the coding process. Categories emerged leading to the development of substantive theory as this is the condition of grounded theory. Social, psychological and theological themes that were of concern to caregivers and URMs and their experiences in pre-migration, the migration process and post-migration were discussed and broken down into themes that would inform the theory. Categories and themes emerged from caregivers and URMs' interviews and narratives and the core category that developed and became central was the "cultural-gendered" concept. This central category was central in most cases and it appeared frequently in data (Strauss &Corbin 1998:147), as participants described their subjective understanding of pastoral care for children in crisis in a context of HIV.

This chapter presented the findings of data in an effort to answer the research questions. The research questions were as follows:

> What are the main forces behind children's migration from Zimbabwe to South Africa?
>
> Why did URMs' seek for Refugee from the Central Methodist Church?
>
> How does migration affect URMs wellbeing?
>
> What are URMs' and their caregivers' understanding of pastoral for children in crisis in a context of HIV?

Research Finding 1: URMs' push factors to South Africa were socio-economic and politically motivated:

- Loss of breadwinners due to HIV and AIDS

- Collapse of the extended family

- Peer Pressure

- Unaffordable education

- Political violence

- Had to provide for families.

Research findings for question 2:

Finding 1: The question about URMs' motive for seeking for refugee from the CMC has not been explored by literature, literature generalises that the main motive for seeking for refugee from the church by URMs is to seek for shelter and security.

Finding 2: URMs explained that their motive for seeking for refugee from the CMC is for:

- Seeking for education
- Reunion with family (mother)
- Wanted peace, love, grace, mercy and care of God
- Needed Counselling
- Attachment reasons to people who share common need
- Seek for advice on how to get jobs

Research findings for question 3:

Finding 1: experiences of migration are gendered

- Girls suffered sexual abuse along the way and in the church building
- Boys suffered physical abuse along the way and in the church building
- They both witnessed traumatic events of young girls and women raped and abused
- Boys experienced bullying in the church building
- Girls experienced pressure from adult women to sleep with adult men for survival
- Boys were taught to steal in order to survive.

Research findings for question 4: URMs describe the following themes or factors as their understanding of pastoral care for children in crisis in a context of HIV:

- Significance of the child' s language
- Relationship between the caregiver and the child
- Trust between caregiver and child
- Significance of the child's culture and religion in caring
- The significance of gender in caring
- Respect the child's principles
- Empathy
- Campaign for children's wellbeing and children's rights

- Give a child freedom to speak and explore his or her situation.

Research finding for question 4: Caregivers related the following themes or factors as their understanding of pastoral care for children in crisis in a context of HIV:

- Respect the child's cultural resources and education
- Must prioritise family
- There must be trust and respect between the child and caregiver
- Good knowledge about the child culture and religion
- Good rapport that builds over time
- Focus and accommodate a child's needs(education, food, warmth and clothes)
- Should be empathetic
- It should understand the child's developmental stages
- Gender sensitive
- Should be informed by parental love and caring parent-child relationship
- Be guiding and Informing
- Mix both useful Western and African values
- Should be supportive of a child emotional
- Should show initiative

The following chapter will integrate the core category to literature to clarify the variation and the main point made by the data (Strauss &Corbin, 1998:147). It will identify the similarities and differences between data and literature, in the process generating a substantial model that will be presented in form of a storyline.

# CHAPTER 8

# THEORY-DATA INTERPLAY: TOWARDS A CONTEXTUAL MODEL OF PASTORAL CARE WITH CHILDREN IN CRISIS AND THEIR CAREGIVERS IN THE FACE OF HIV AND AIDS

## 8.1 INTRODUCTION

The previous chapter presented data using grounded theory. The chosen core category is the cultural-gendered concept that emerged across all categories and included the sociological, psychological and theological groupings. This chapter will integrate literature with the core category that was identified while relating it to other categories in order to develop theory. The grounded theory requires that the core category or theory be presented in a storyline, defined by Birks, Mills, Francis, Chapman (2009:407) as "… the explanation of the theory which in turn provides an explanation of the phenomenon under study." In writing it one cannot account for every piece of data, however, balancing is required on the part of the researcher to ensure that theory or core category is translated into one. This chapter will critically present and discuss the building blocks of a contextual model of pastoral care for children in crisis in a storyline, while comparing data and theory. Strauss and Corbin (quoted in Birks et al., 2009:406) describes a story as "a descriptive narrative about the central phenomenon of the study and the storyline as the conceptualization of the story [by critically describing the] core category." The study's principal aim is: *To examine URMs and their caregivers' understanding of pastoral care for children in crisis in a context of HIV and AIDS.*

## 8.2 CULTURAL-GENDERED: THE CREATION OF CONCEPTUAL MEANING

The pastoral care ministry is dominated by male pastors who at times overlook the significance of gender in their pastoral ministry duties. The concept of gender in this study is understood as culturally and socially constructed differences between men and women. Moyo's (2011:72) conceptualisation of gender is that "it constitutes personality traits, attitudes, feelings, values, behaviours, and activities that society ascribes to the two sexes." The study looks at gender from URMs and their caregivers' worldviews, with the latter

group perceiving gender and culture as the cause of success or lack of it in the pastoral care ministry with children in crisis. Gender is understood by caregivers and URMs as women and men playing different roles in caring for children. The predominant pattern was the one of stereotyping women as providers for the family. The concepts of reproduction and such traditional notions as that of women arose particularly with male URMs who reported that when they were hungry they would tell the female caregivers. Referring to female caregivers as 'mother' shows that children develop their gender concept according to parental stereotypes. The dominance of male pastors in churches is somehow hindering children in crisis from seeking both emotional and physiological support. The descriptions of children in data raised the notion of caregiving as a motherly role more than a fatherly one, as when URM boys go to female caregivers over physiological and sometimes emotional issues.

On the other hand, the concept of culture is defined by the *Cambridge Advanced Leaner's Dictionary* (2005) as "… a way of life, especially the general customs and beliefs, of a particular group at a particular time", whilst Giddens and Griffiths (2006:532) define it as life that "consists of the shared beliefs, values, norms and ideas that create a common identity among a group of people." In this study, culture is understood as a way of life, with the two concepts of culture and gender emerging across three categories that were developed. Participants connected them in their responses so this study conceptualised them into one core category of the "cultural-gendered" concept, defined as a particular society's constructions of women and men's role, behaviour, responsibilities, worldviews, principles, norms, values and beliefs.

A cultural-gendered pastoral care model acknowledges the significance of culture as well as of gender in caring for care-seekers. The dominating concept in caring for children in crisis without adult guidance is culture and gender. These two concepts shape children's behaviour. The study identifies the cultural practices and the gender issues that arise with culture in the healing or guiding of a care-seeker, particularly children who do not have adult guidance. Figure 8.1 (below) depicts the relationships between URMs' and their caregivers' understandings of pastoral care. This "cultural-gendered" model is connected or linked to the success of pastoral care with children in crisis in a context of HIV and AIDS.
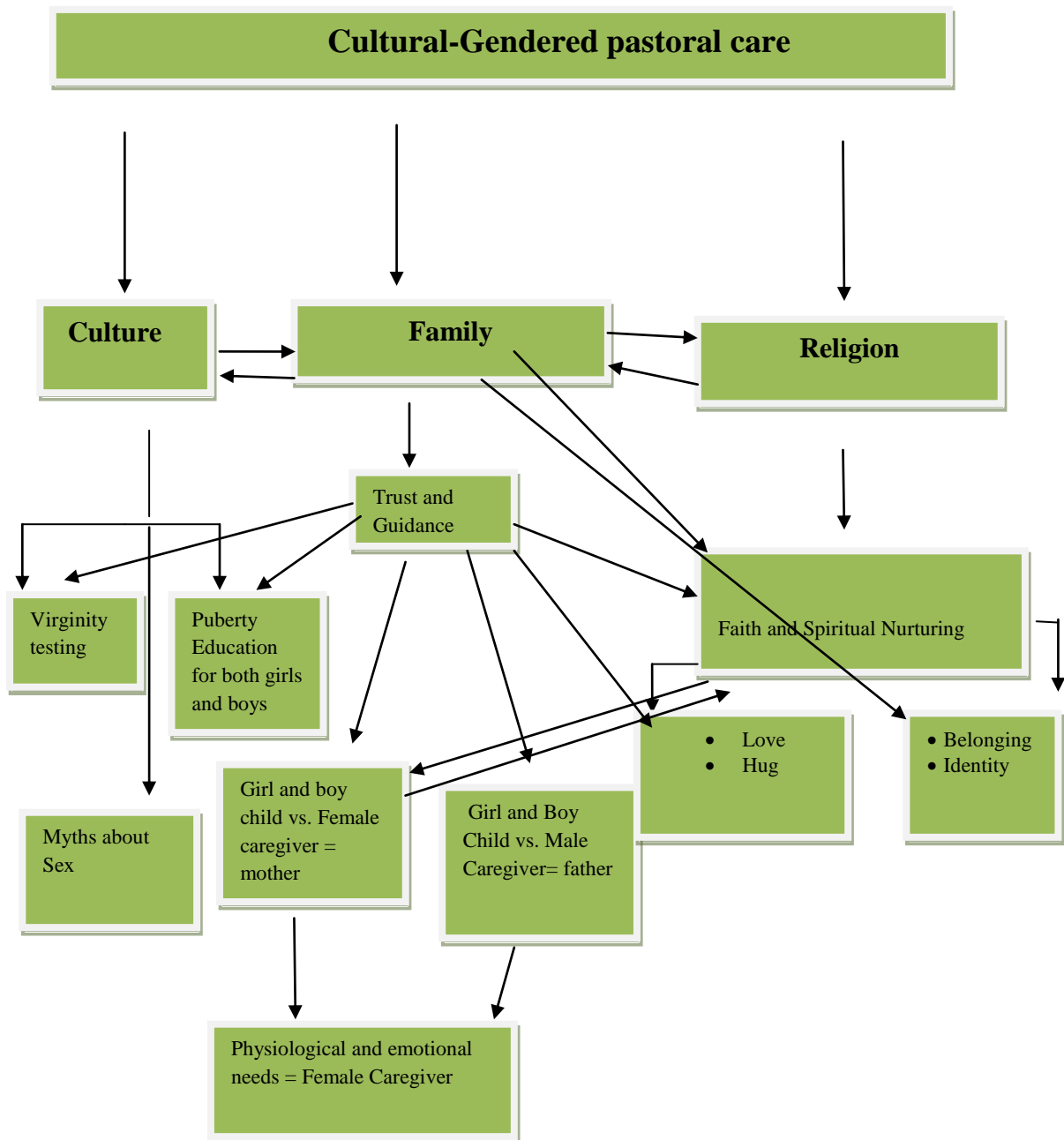
**Figure 8.1:** URMs' and their caregivers' subjective perspectives of a contextual pastoral care model for children in crisis

## 8.3 PRESENTING THE CAREGIVERS AND URMS' UNDERSTANDING OF A CULTURAL-GENDERED PASTORAL CARE MODEL THROUGH STORYLINE - *isikhumba sigoqwa sisemanzi*

The storyline in this study will be critically presented through a narrative presentation of a model of cultural-gendered pastoral care that was constructed from the grounded theory analysis that it follows. The cultural resources and practices that were implemented by women caregivers in their pastoral care model were not forced on URM girls who did not believe in the significance of those cultural practices and resources. However, it is important to note that, for ethical reasons, the study did not pose questions as to who took part in those cultural practices or who did not. However, from my observations, all URMs, both girls and boys in this community centre, were very attached to their female caregivers, leading me to generalise that most of the URM girls accepted the implementation of their female caregivers' method of care. To discuss URMs' and their caregivers' subjective perspectives of the model, this section will use the sub-categories that emerged in the study as subheadings to explain the core category.

### 8.3.1 Virginity testing and guidance as a form of cultural-gendered pastoral care

Culture is gendered, and URMs and their caregivers in this study understand culture as a gendered phenomenon. Pastoral care places more emphasis on the emotional rather than socio-cultural being, overlooking the reality that the latter context contributes to the emotional wounds and the suffering of humanity, particularly women and girls. Cultural practices such as virginity testing and cultural indigenous puberty education in the context of HIV and AIDS were identified by the caregivers in the Methodist Community Centre as significant when caring for children, particularly adolescents. These cultural resources have received much criticism from gender activists and scholars in recent years, however, as noted in the African proverb *Isikhumba sigoqwa sisemanzi*, some cultures have ignored the criticisms and continued with the practice, arguing that it is in the best interest of the child as virginity testing protects her from unwanted pregnancies, HIV/AIDS and STIs, while giving her authority over her sexual body.

Previous studies in pastoral care in a context of HIV and AIDS have not addressed the significance of virginity testing on children; however the significance of culture is addressed by authors such as Lartey (2002:321):

> …the inclusion of…cultural resources as pivotal to the work of the counselor is a distinguishing feature of pastoral counseling. Moreover, in different geographical areas and contexts what is needed is the freedom to recognize what is of value in their historic traditions, to reject what after careful contextual and contemporary examination proves ineffective, and the skill to initiate new syntheses out of the blending and clashing of the different cultures which make up most of contemporary societies (cf. Mucherera 2000:9; Augsburger 1986:14).

Gender and culture complement each other in different ways. A cultural-gendered pastoral care should be sensitive to cultural practices that are essential in making pastoral care a success or a failure. Cultural-gendered pastoral care acknowledges that caregivers should understand children's culture. In this context, caregivers advocate cultural practices such as virginity testing and other cultural puberty education practices. As culture is dynamic and is transformed with time, so for instance according to caregivers  virginity testing is no longer carried out in the traditional way of inserting a finger but rather by observing the clitoris, which is different for a virgin and non-virgin. Studies have critiqued virginity testing practice both from the cultural, religious, political and economic perspective (Gundani 2004; cf. Moyo 2011, James 2008), but according to religio-cultural literature it undermines and infringes children's rights. According to the Convention on the Rights of Children (CRC), children should be protected from all forms of exploitation, such as sexual and economic (CRC, Art 32; 34), and discrimination, abuse, inhuman treatment or cruelty (CRC, Art 37).The ACRWC in Article 1.3 indicates that states should discourage any custom, tradition, culture or religious practice that is inconsistent with the rights, duties and obligations outlined in the Charter. Women caregivers believed that virginity testing would contribute to delaying sexual activity among girls. The aim of virginity testing, according to women caregivers, is to empower the girl to take ownership and have control over her sexual body. A girl who is still a virgin can take pride in the fact that she is 'still intact' according to cultural norms and values. For the women caregivers, sex dehumanizes and degrades young women and compromises their dignity. Virginity testing is seen both as an HIV prevention and as a liberating resource to the young girl.

According to liberation theologians such as Nolan and Broderick (1987:17) liberation begins with faith issues, the image of God, human dignity, poverty and above all liberation from oppression. The Christian teaching is against sex before marriage; (Hebrews 13:4) says *Marriage is to be held in honour among all, and the marriage bed is to be undefiled; for fornicators and adulterers God will judge.* The Greek word "*pornea*" is translated in English as fornication which refers to sexual sins and literally means sex outside of marriage. Women caregivers' model is informed by this Christian teaching. According to them, sex dehumanises a girl's body because it increases her vulnerability to HIV and AIDS, thereby affecting her human dignity. Though this practice is abused by some men for their selfish interests the testing was for the benefit of the young girl, who according to caregivers will be proud and liberated in her sexual body. Pastoral care literature does not pick up on this phenomenon, though it is crucial in the context of HIV and AIDS. With convincing evidence that male circumcision reduces the risk of STIs and HIV infection on heterosexually relationships by 60% (WHO, 2013), methods of virginity testing can also be researched and modernised, as have been those of male circumcision. This is proposed by Anthropologist Margaret Mead (1928), in her adolescent development theory, in which she points out that a stable cultural basis is conducive to the formation of a well-balanced attitude with regard to sex and sexuality.

According to the women caregivers, virginity testing encourages good behaviour among adolescents. Most young women do not want the shame of being called a 'loose girl' who 'sleeps around'; therefore virginity testing encourages responsible sexual behaviour. A girl then tends to shy away from high-risk sexual behaviour and rather practice sexual abstinence. This conforms to the message of the church. Staying pure, according to the caregivers, is regarded as sacred. Virginity, according to Christian teachings, is a sign of spiritual purity. The Hebrew Scriptures teach about its importance, for example, with Levitical Priests who were spiritual leaders were required to marry virgins (Leviticus 21:13). If a man seduced a virgin he was required to marry her (Exodus 22 16-17). As Ackermann (2008:118) explains, the Old Testament portrays sexuality as a source of defilement to be controlled by purity laws and property laws linked to male satisfaction and procreation. Having sex at a young age, before the girl's body matures, robs her of her innocence and the sacredness of her body. Virginity testing is used by this community as a means to guide girls to understanding sex as a sacred practice that needs to be valued. According to empirical research, guiding is the education that goes with virginity testing

and that gives a girl physical freedom and enhances pride in her body. The pride of being a virgin extends to those close to the girl, friends and family, and thus increases respect for the girl in the community (Gundani 2004:100). As a result, the ACRWC in Article 11c states that positive African morals, values, traditions and cultures in the nurturing, guiding and protecting of a child should be preserved and strengthened. The question thus arises, as to whom it is positive, to the child or the community? Sometimes what is perceived as positive for the child by the community may not be perceived as positive by the child.

To the women, virginity testing by caregivers was crucial in helping them identify sexual abuse among young girls and to identify girls who had been raped. They regard this cultural practice as a valuable resource in their pastoral care to girls who are still virgins and those who are not, without creating embarrassment and stigmatisation. One caregiver put it as follows:

> *To tell you the truth we cannot just wait for a child to be in crisis. We need to prevent a crisis from occurring. Prevention is better than cure. This is one of the mottos that I leant in my nursing profession, so instead of waiting for a crisis we prevent a crisis by implementing cultural resources that guide and influence the behaviour of a child. We speak and act. These are African children – we cannot deny them their custom and tradition just because persons who do not understand it say it is wrong. Some young girls in this community were raped and we managed to identify this through virginity testing. We took them for HIV testing and provided the proper care, depending on their status, without humiliating them.*

This corresponds to African women's theology. Oduyoye (1995:88) explains that rather than talking about the problem African women are acting against the problem they make relentless efforts to recall, practice and enhance the dignity found in their traditions..." Caregivers practice virginity testing with good intentions to protect the adolescent girls from HIV and unwanted pregnancies. However, I cannot help but to argue that sometimes women are oblivious about gender and cultural oppression. Their respect of culture put them in awkward positions where they end up involuntarily enforcing and accepting patriarchal domination by locating themselves and younger women in culturally-defined confinements.

According to the caregivers, guidance by means of cultural resources could also prevent child abuse because they were taught what to do when the abuser tried to strike. Although this is significant, it seems women caregivers in implementing the virginity testing practice are giving pastoral care *to* children, not *with* children, because children are silenced in this practice. It is argued that virginity testing has its advantages in a context of HIV and AIDS, but a problem with this practice is that the voice of the girl is silenced. Due to the traumas that some URM girls have already experienced in the process of their migration, virginity testing may not be the best solution to their crisis at this time. Some have been raped and some, due to suffering, have been involved in prostitution, therefore enforcing virginity testing clearly intensifies their traumas. As much as cultural resources are significant in guiding children through the transition stage to adulthood, their harm should not be overlooked.

Clinebell (2011:40) understands guiding as "assisting perplexed persons to make confident choices between alternative courses of thought and action, when such choices are viewed as affecting the present and future state of the soul." Therefore, cultural-gendered indigenous education is crucial in pastoral care of children in a context of HIV, guiding the child's behaviour. Nurturing of a child is connected to the guidance of a child, one of the four functions of pastoral care that were conceptualised by Clebsch and Jaeckle (1964:4). Guiding from a pastoral care context, according to Lartey (2003:65), "is about enabling people through faith and love, to draw out that which lies within them … if we are to be enabled to make appropriate choices then it will be necessary for us to experience an expansion of our awareness and a clarifying of our personhood". In a context of children, guiding means leading, directing and showing. According to Lartey's description, it does not treat a care-seeker as an empty vessel but as a participant in decision-making. In a context of caring for children in crisis, children should participate in their guiding, so as to pay attention because they journey with the caregiver through to their self-realisation. Guiding is best accomplished in a family context because family enhances support systems and positively influences a child's behaviour and the way he or she perceives life.

Nevertheless, due to the challenge of the erosion of family systems the principle of guidance should be prioritised in a pastoral care model in a context of HIV and AIDS, whereby fellow congregants and community members become family to a child without adult guidance. Guidance means understanding one's cultural resources, its education and

the gender roles that are crucial in protecting children from infection with STIs and HIV. Prior studies (Lartey 2003:65) explain that the place of a guide differs from culture to culture. In a context of lack of parental or adult guidance the concept of guidance in a context of children in crisis is connected to the wellbeing of children or adolescents. Guidance is linked to trust, and it is not easy to guide a person who does not trust you. Lack of trust among the caregiver and the care-seeker affects the relationship between the two and invites negative attitudes towards each other. This was observed by Skelton (2010:39), when URMs in the Central Methodist Church refused to cooperate with professionals who were trying to work with them. This was due to the lack of trust the URMs had for professionals.

Since virginity testing in this context is connected to the liberation of the girl child over her health and dignity. This practice can be closely researched and studied to see how it can contribute as an HIV prevention strategy for children. Pastoral care studies are rather vague about this phenomenon, perhaps because so far virginity testing has been seen as an oppressive tool that undermines women and girls' dignity, rights and respect. Though the study has described the liberating role of virginity testing, but this cultural practice has its limitations and weaknesses when related to the health and rights of a girl.

Studies (Berinyuu (1988; cf. Louw 2011:156; Waruta & Kinoti 1994; Manala 2006:150) have addressed issues of health, illness, healings' understanding from an African context. In a context of HIV/AIDS and children in crisis cultural-gendered pastoral care goes deeper than just illness and healing. Cultural-gendered pastoral care is rather understood from a context of the prevention of an illness rather than healing of it, therefore cultural-gendered indigenous knowledge can be used as a prevention strategy from HIV and AIDS if it does not infringe the rights of the child or adolescent. Boff and Pixely (1989:5) refer to pastoral care that reacts and responds to a crisis after it has occurred as "ambulance ministry." Rather than being this, pastoral care should prevent a crisis, especially in regards to children.

Cultural-gendered indigenous knowledge such as virginity testing is described by caregivers as a form of prevention of STIs, including HIV, as it also protects young girls from unwanted pregnancies and sexual abuse by boys and "sugar daddies". It gives them authority over their bodies as it increases their pride. However, the practice seems both to humanise and dehumanise girls since although it has some potential for preventing HIV

infection there should be further research on how the trauma caused by this cultural practice can be addressed. Do girls who go through this practice require counselling? Perhaps they should first be counselled and the process made voluntary.

Evidently, guiding children through cultural-gendered indigenous knowledge helps to demystify sex for the young generation and gives them confidence to speak about it, thereby increasing their security over their sexual bodies and protecting them from HIV and AIDS. The problem is how this is executed. Prior studies in pastoral care do not deal with this phenomenon, however gender studies and African women studies in theology (James 2008:2-19; cf. Phiri 2003B 63-78; Kanyoro 2002:67-77; Dube 2002:31-42; Chirongoma 2002:48-65; LenkaBula 2002:55-68) have to a limited extent addressed the phenomenon of culture, sexuality, gender and HIV/AIDS amongst children. Most studies in theology that focus on culture, sexuality, gender and HIV are in a women's context. Gender studies in theology critique the notion of virginity testing to a certain extent. Virginity testing has been problematised as a gender-biased cultural practice performed on women for the benefit of men's sexual pleasure. Moyo (2004:73) argues that, "cultural valuing of virginity socialises women and men to believe that men are born knowledgeable about sex whereas women must be taught how to have it." As much as this cultural-gendered practice has been abused to benefit one sex over the other, Moyo is right to critique it, however, it is explained by caregivers that its inception "was to give women control over their sexual bodies by not allowing men to eat the cake before the wedding." This cultural practice was thus initiated for the liberation, protection and guidance of the girl over her sexuality; however the problem is that it is practiced on girls only. It makes it unfair for the girl to protect herself for marriage to someone who is no longer a virgin. On the other hand, the myths about healing HIV through having sex with a virgin puts virgins in danger of rape as HIV positive men will hunt for them to cure their HIV.

The lack of cultural-gendered indigenous knowledge in pastoral care studies confirms the argument that cultural indigenous knowledge and practices that protect and guide children from STIs and HIV have been rejected by gender activist who claim to be doing it to protect children's rights and women. Ma Mpolo (1990:12) advocates contextual pastoral care of Africans that focus on "the importance of understanding the parishioner's or client's worldview and the importance of incorporating cultural concepts of illness and health into the therapeutic process." It is crucial to preserve indigenous cultural values that

protect girls' dignity and health. Preserving culture in pastoral care for children in crisis is to protect them from what psychology literature calls "acculturative stress", when URMs will be trying to preserve their culture and learning that of the new resettlement country (Mbabaali 2012:27). The cultural-gendered theory is a contextual model that Bevans (2002) explains in his six models of contextual theology, where the significance of culture is acknowledged in the interpretation of the Scripture.

### 8.3.2    Indigenous puberty education as a form of a cultural-gendered pastoral care

Puberty education is culturally centred and gendered. Women caregivers blame the media and technology for confusing children and adolescents on issues of sex, and cultural diversity adds to that confusion. According to Mead's (1928) cultural adolescent development theory, cultural stability plays a crucial role in shaping children's and adolescents' behaviour. Caregivers identified African puberty education as a useful cultural practice for the guidance of young girls. *Ukudonswa kwamalebe* (labia elongation) is practised in most African cultures, accompanied by education as to the right time for a girl to have sex, how to behave in front of people and how to respect her body. Emerging Western literature (Dykstra 2013) on pastoral care addresses this phenomenon. The American practical theologian, Robert Dykstra (2013:4) explains that teaching children and adolescents about sex and sexuality in a church context is important. He argues that this pastoral care ministry is largely ignored by pastors because of the church's tradition and culture. The topic of sex and sexuality is often considered taboo in Christian communities.

Caregivers argue that because cultural-gendered indigenous puberty education is not Western it has been rubbished by gender activists, media and technology. Though caregivers explained that this cultural practice can be used as a form of HIV prevention it is not quite clear how this practice could prevent STIs, HIV and unwanted pregnancies. In a study on labia elongation, Kamau (2011:263) describes it as an identity marker, putting a stamp or identifier from a certain tribe on women. Kamau (2011:264) fails to see how labia elongation can empower women in their negotiation for safer sex in the context of HIV. How it could be beneficial is that this practice enables girls and boys to enjoy sexual foreplay without actual sexual penetration, a practice commonly known as *ukusoma* in isiZulu. Kamau (2011:263) points out that labia elongation increases the erotic experience

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of both males and females during sexual foreplay or masturbation (cf. Tamale 2006:27). HIV infection and unwanted pregnancies are therefore prevented because there is no penetration. According to caregivers the education that goes with labia elongation focuses on discouraging sex before marriage.

Many women nowadays see themselves as modern rather than traditional and do not want to submit to cultural traditions such as labia elongation. The problem with this form of puberty education is that it is only taught to girls. Boys are not aware about the significance of this resource, but adult males are. This could therefore increase the marriage age gap as young women with a long labia will attract older men and it is usually difficult to negotiate for safe sex practices in such relationships. It seems labia elongation as a cultural practice is for male sexual satisfaction rather than HIV prevention or female sexual satisfaction. It is not clear whether a long labia increases a woman's sexual satisfaction.

Psychology studies address the significance of identity and need to belong, particularly for URMs, explaining that relocation and disruption of the social and cultural background for URMs may result in loss of self-identification, social isolation and loss of security and wellbeing (Derluyn & Broekaert 2008:321). As much as labia elongation identifies girls in a context of African womanhood their future is not secure and their wellbeing is not protected. This is because the education that goes with labia elongation prepares them to be submissive to their sexual partners' needs. As a result, the main focus of labia elongation is more to please the man than to protect the woman from HIV and AIDS.

Some puberty education covers menstruation, with a girl being taught hygiene and relevance to womanhood. Menstruation is understood as a dangerous stage of young girls and when they start it means they are in danger of falling pregnant, as well as contracting HIV and STIs. Therefore, puberty education during menstruation discourages young girls from any physical contact and sexual contact with men. A menstruating woman or girl is considered dirty and women caregivers argue that even the Bible confirms it. They go to the extent of telling young girls another myth, that if they are touched by men during their menstruation they will fall pregnant. Cultural-gendered education puberty education is a form of caring that guides children to adulthood as well as hygiene, because menstruation is considered as dirt. In a context of HIV puberty, education does not only guide children

on hygiene and discourage sexual relations, but it also introduces girl children into womanhood.

On the other hand, boys are not taught about manhood in this community, but are given authority over their sexual bodies. The assumption is that they are in more control over their sexual bodies than girls, who need to be taught. Prior pastoral care literature from the African context is not clear about which cultural-gendered practices should be considered for both boys and girls, only that cultural practices that are fundamental in healing and guiding of a care-seeker should be acknowledged (Lartey 2002:321; cf. Ma Mpolo 1990:12; Mucherera 2000).

### 8.3.2.1 Religio-cultural diversity and pastoral care

URMs in the Methodist Community Centre were caught in diverse opposing cultures of the Methodist Church (residence for refugee), their religious beliefs, the caregivers and their family's cultures. According to the findings of the study male caregivers allowed URM boys to choose which cultural resources they wanted to sustain because they come from different cultures, while female caregivers imposed cultural resources to be sustained by URM girls.

A cultural resource that emerged and was dominant in this study for URM boys was male circumcision. The male caregiver explained that since some URM boys came from religio-cultural contexts in which male circumcision was a norm, they preserved this resource by sending boys who wanted to go through it to clinics. The male caregiver explained that their community had diverse cultures, amongst which were URMs who belonged to the Moslem, Shona and Nguni cultures which practice male circumcision. Some URMs that belonged to cultures that practice male circumcision might wish to preserve their religion and culture of circumcision. Therefore, rather than sending them to their initiation schools they were sent to clinics for male circumcision. When they had questions about their religion or culture, the male caregivers encouraged them to choose and preserve what they thought useful from their faith and culture.

Findings indicate that male caregivers encourage URM boys to make their own decisions and solutions, the aim being not to disinherit URMs of their identity by pre-emptying their

faith and cultures, but rather to empower them to make informed decisions. Prior studies have identified the significance of the care-seeker's culture versus the caregiver's culture and the care-seeker's culture versus a foreign culture. Described by Mucherera (2000:9) as "half-breed" theory and Augsburger (1986:14) understands it as "interpathy". The findings of the study confirm that pastoral care should be cultural sensitive, because for healing to take place a care-seeker cannot be separated from his or her culture. Ma Mpolo (1992:12) explains that a caregiver should understand and respect a care-seeker's world view. The significance of respect of a child's "life space" and decision emerged in the study's findings. This should be negotiated through facilitation and working with URMs in setting boundaries and encouraging self-control, while not undermining their worldview.

Since most URMs are in the transition stage to adulthood it is crucial to allow African culture and Western culture to merge in a child's life without causing confusion for the sake of the child's developmental needs. Findings indicate that some of the URMs, particularly boys and a few girls, are sexual active, despite the Christian teaching of abstinence. That adolescents engage not only in sex but also high-risk sex compels male caregivers to encourage them to use condoms. As much as it is against the Christian teaching to engage in sex before marriage, findings indicate that the health of an adolescent is a priority and should be protected. Nevertheless, the church's teaching for abstinence on record seemed to be a message more directed to girls than boys, because when a girl becomes pregnant she is put under church discipline alone and a blind eye is turned on the boy. Female caregivers on the other hand preach abstinence by enforcing their cultural resources that discourage sex before marriage. The reality is that although female caregivers preach abstinence, URMs still engage in sex with each other. Female caregivers argue that their teaching of abstinence through cultural resources is in line with the Christian teaching of abstinence.

Christian teaching of abstinence has failed over the years, because of its focus mainly on the girl rather than the boy. This teaching was not negotiated with the cultural tradition and the adolescent's feelings in mind, it was imposed and was generalised in some African cultures. Gerkin (1997:183) argues that:

> …to care for young people negotiating the rough waters of adolescent transitions means more than simply counselling with them. It means mobilizing the church as a

community to engage the social [and biological] conditions that surround and confront youth in time of growing crisis in our society.

This argument challenges pastoral care theologians to consider using liberation theology as a tool of guidance in their caregiving practices, because liberation theology takes into consideration the plights of an individual as much as the conditions that cause those plights. Bishop Verryn said that because the majority of URMs are now approaching puberty and some are already in puberty, it is significant to empower and conscientise all URMs about issues of puberty according to their gender. As a result, they organise seminars about HIV and AIDS to create awareness amongst the URM community about sex and sexuality and how to respect one another sexually.

The study's findings confirm that African culture is a dictating voice in the shaping of care-giving of URMs in a context of HIV. However, male caregivers use culture in a more sensitive and critical way than female caregivers. Culture from a male caregiver's perspective is not dictated to or imposed on URM boys, but they are given a choice as to which cultural resources they wish to uphold. The main goal of a male caregivers' model of caregiving is more to liberate URM boys than enforce the oppressions and traumas that these boys experienced in the process of their migration. Male caregivers give URM boys power over their healing by involving them and allowing them to participate in their care-giving. It is not surprising to see African culture being more empowering and liberating for boys than girls because even in religious and family contexts boys benefit more from culture than girls. Both religion and culture socialise boys to be decision-makers, providers and leaders of the family, which somehow the male caregivers are enforcing. Literature identifies this, as Moyo (2011:73) argues that puberty education pushes women deep into oppression when it forces them to believe that they need to be taught how to have sex. This is confirmed by empirical research which shows that boys are given power over their sexuality while girls are taught about theirs.

### 8.3.3 Myths about Sex as a form of cultural-gendered pastoral care

As a method of indigenous education for puberty and HIV prevention, women caregivers resort to relating cultural myths about sex. This also instils fear about sex in young girls

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and postpones their becoming sexually active. The following myths are conveyed to the children:

- **Myth 1: Loose bums**

Women caregivers tell young girls that if a boy or man touches their buttocks they will become loose as jelly and every adult will see that they are sleeping with boys. As a result, young girls run away from boys or men who try to touch them for fear of being labelled 'loose' or a 'prostitute'.

- **Myth 2: Winning a husband's love**

African girls are socialised towards marriage and are therefore encouraged in many ways to be good 'marriage material' who will win a husbands' affections. The women caregivers encourage the girls to get married while they are still virgins. They teach the girls that when a man marries a virgin he will respect his wife more and treat her well.

- **Myth 3: Sexy body and flat belly**

The women caregivers use the female ideal to be sexy and have a flat stomach to discourage girls from having sex or unprotected sex. They tell young girls that sex or sex without a condom can cause a woman's belly to enlarge because the man's dead sperm accumulates in the abdomen. This they also tell to girls who are already sexually active and use the pill or injection to prevent pregnancy. The aim is to prevent unwanted pregnancies, STIs and HIV infection.

## 8.4. CULTURAL-GENDERED PASTORAL CARE AND FAMILY

Psychology studies (Derluyn and Broekaert 2008; cf. Pumariega, Rothe and Pumariega 2005:585) have identified URM stress as connected to family separation because this causes identity problems such as a need to belong, and it leaves major emptiness in URMs' lives. Family enhances a sense of belonging for both URMs and their caregivers, and in it there is a mother and a father who are both caregivers, but who are not married to each other. The idea of family has brought this community close and they trust each other rather than an outsider. Family is understood in a cultural-gendered context where each person

plays a role in the strengthening of family values and norms. Family is made of mutual trust, love and peace. In a family environment cultural-gendered caring is embraced, and the father and mother play a role of protecting, guiding and providing for the family. The children's future is protected and secured. This is ensured by family when love is embraced and children are guided in their day-to-day lives through respecting their gendered customs, beliefs, and cultural values and norms of their family. A family is a great source of guidance, existence and emotional support.

Most URMs come from broken families in Zimbabwe and other countries, but the family context they currently live in helps them to cope with the previous stresses and anxieties. In a family the children's future is secured as cultural-gendered education is used to protect them from diseases. Each family has strategies of guiding children and these are culturally oriented. This family has different cultures under one roof, respecting URMs' culture, and for the sake of order in the community they have introduced URMs to a new culture, that of a family and loving and respecting one another.

Caregivers as parents support URMs in their career aspirations. They are prepared to exit the community and are taken through the transition from teenage/adolescence to adulthood when some leave the community to start a family or work. This concurs with Shumbamhini (2008:87) as she explains that children in residential care should be prepared to exit and face the future, as they will not spend the rest of their lives in residential care. The concept of family is African-centred, but in a family it is where humanness is shared and life is a web in which everyone identifies and belongs to one thread, including the environment.

Literature (Rakockzy 2004:313; cf. Clifford 2001:225-226) extensively views this phenomenon from an African perspective, with life from a community's perspective regarding everything as connected, such as the dead, living, other creations and the environment, in an unbroken circle and a cultural-gendered context. Literature (Schutte 2001:1; Msomi 1992:12) explains humanness as *Ubuntu*, that is, humanity towards other humans, respect for other humans despite differences in gender, race, nationality, tribe and everything that can divide them (Schutte 2001:1; Msomi 1992:12). A family that practices Ubuntu respects and shapes children's future. The family concept overlaps across social, psychological and theological categories. Family, in a cultural-gendered pastoral care context, becomes a dominating thread in a fabric where in liberation prevails. Family is

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identified by literature reviewed in chapter 4 in both practical theology and pastoral care as key to the nurturing of a child physical, spiritual and religiously (Browning 2007:56; Miller-McLemore 2007; Okaalet 2007:98-99; Davis 1996:52,55).

## 8.4.1 Cultural-gendered pastoral care and trust

Trust is connected to relationships and sometimes to gender. Some children trust their mothers more than their fathers, some their friends more than their parents. Trust in children is connected to attachment issues, such as who a child is attached to. Traditionally and culturally, girls are attached to their mothers and boys to their fathers, so as to socialise gender roles to children. Literature differs, in that children share their intimate crisis with those they trust particularly those with whom they share the same gender. Dykstra (2013:5) argues that cross-gender counselling is no longer a crisis for adolescents because they are growing up and are socialised in a context that allows them to make close friends with both sexes, and talk openly with them about sex. Contexts differ and in most African ones it is still not acceptable to have a friend from the opposite sex, particularly for adolescents, and if that friend is older than the adolescent suspicions will be raised and people will start to gossip. Data confirms this in the cultural-gendered education they teach children. On the other hand, Davis (1996:52) argues that girls have a special attachment with their mothers and maintain a stronger and more powerful relationship with them than with any other member of the family. An adolescent who trusts and shares an intimate crisis with an adult usually develops a strong attachment with him or her. With the current problems of the "Ben 10s" (a slang for young boys in sexual relationships with adult women) and "sugar daddies" (a slang for adult men who gives expensive gifts or money to young girls or boys in return for sexual favours and friendship), pastors will be afraid to become attached to children of the opposite sex or even of the same sex for fear of being misinterpreted, hence the cultural-gendered model. Literature (Lester 1985:31) has identified this phenomenon as one of the reasons for neglect in the pastoral care of children in crisis.

Children in crisis need both genders as their caregivers, for different reasons. Conceptualising the male caregiver as father and the female caregiver as mother reflects the significance of family caring for children in crisis. Both the mother and the father have

different roles in a child's emotional and physiological life. A mother is a mediator between the child and the father, hence sometimes URMs, both boys and girls, would rather tell female caregivers what they need, and female caregivers will be the ones who will notify the Bishop about URMs needs.

## 8.4.2 Physiological needs as a form of cultural-gendered pastoral care

URMs explained that cultural-gendered physiological needs are significant to their wellbeing. Prior literature in pastoral care is quiet about this phenomenon, however, socio-anthropological studies (Mahati 2011:76; Fritsch et al. 2010:623-624; Magqibelo 2010:21-22; Bourdillon 2009, Mundeta 2009, Ingrid 2007) have extensively addressed this phenomenon and found parallels with URMs who explain that they came to South Africa to seek work, to support their family in Zimbabwe, to have a better life, and to seek shelter. Pastoral care literature, instead of physiological needs, addresses the emotional and psychological needs of a child in pastoral care. Studies (Hadley 2007; Westerhoff 2000; Handzo 1997; Lester 1985) have addressed themes such as spirituality, faith and psychological needs of a child in pastoral care, but do not discuss the cultural-gendered needs of children. The cultural-gendered model is holistic, addressing the child's spirituality and physiological needs in a context of his or her culture. Physiological needs, such as shelter, warmth, food, work and clothing, emerged and it was confirmed that female caregivers satisfy this need better than male caregivers. Socio-anthropological literature (Mahati 2011:76; Fritsch *et al.* 2010:623-624; Magqibelo 2010:21-22; Bourdillon 2009, Mundeta 2009, Ingrid 2007) finds parallels with URMs and caregivers in themes such as work, shelter, food, warmth, and education. Theology studies that address this phenomenon include a few articles on gender studies and pastoral care (Getui 1994:141; Okaaleti 2007; Kanyoro 2002:74; Dube 2002:40).

Since URMs were pushed to South Africa by the socio-economic and political situation in Zimbabwe, caregivers explained that most URMs migrated to South Africa to support their families back in Zimbabwe. Due to this, their caregiving focuses on the physiological needs of URMs. Caregivers frequently conduct needs analysis of what is lacking for URMs. Bishop Verryn explained that: "*When a child is in a crisis, hungry, naked and without shelter you cannot say, may God bless you and keep you, and allow that child to go*

*without attending his or her physiological needs.*" He believed that pastoral care should respond to both physiological and emotional needs of children, thus, caregivers in Methodist Community Centre encourage URMs to use the education opportunity that they receive from the church to better their lives. The church opened a primary and high school as part of the needs-based pastoral care services. Some boys grabbed this opportunity and used it wisely and enrolled in South African universities, some already working, according to caregivers. Those who are still at school are working on weekends to support their families back in Zimbabwe. This substantiates and confirms that the caregivers' models of pastoral care are gendered, with boys being guided and shaped to be leaders and providers for the family, while girls are prepared to be wives.

Bishop Verryn, with the assistance of adult refugee seekers residing in the Central Methodist Church, established a primary and a secondary school, an infant day-care centre; an adult basic education training centre; a preschool; adult education and vocational training centres that offer courses and certificates in sewing, basic computer studies and waitering. A male caregiver explained that the most important aspect of their caregiving was that it prepared URMs for exiting, made easier by the school and vocational training centres. They encourage boys to use this opportunity because they will be expected to provide for their families once they start one. He said that female caregivers prepared girls for exit as much as male caregivers prepared boys for exit.

Bishop Verryn' strategic caring model of assigning caregivers who share the same context and cause with URMs is crucial because it saves him resources to train caregivers on understanding URMs' contexts. A male caregiver said " *We share the same cause with these boys, we know where they come from, we share the similar traumas, we share the similar pain, we understand them when they are angry, we left our country for the same cause....where we come from we come from a long way together...*" This shows that URMs respect their caregivers because they know that they understand their pain since they have also been through it. However, the question arises as to whether these caregivers share a similar cause with URMs under their care, and how then they deal with their pain. Who is there to care for them? Are they objective enough, given that they share the same cause with URMs under their care? They may share the same cause and the same context but their objectivity is questionable.

## 8.5 CULTURAL-GENDERED PASTORAL CARE AND RELIGION

Women constitute the majority in religious settings and play the role of nurturing children's faith and spirituality outside church contexts. The church pews are mainly occupied by women and their children on Sundays. It is clear that even though the leadership of the church is in the hands of men, the faith nurturing of children is the role explicitly of women as Sunday school teachers and mothers.

### 8.5.1 Cultural-gendered pastoral care as a form of faith and spiritual nurturing

As much as nurturing is a gender role that is culturally constructed, children's faith and spiritual nurturing is a family's responsibility and mostly it is gendered. Miller-McLemore (2007) explains that as much as adults find God in worship and prayer so they also must find God in activities they do with children as a family, where God is witnessed in children. The family model nurtures faith and spirituality as children share the same faith and spirituality with other family members. URMs who were not members of this church have converted and became members of this church because they experience and witness God's mercy, grace and piety in this church. On Sundays they go to their churches but the whole community joins in the evening devotions. Some URMs explained that they follow their female caregivers to church as this is an understanding of some families that church is for women. More girls go to church on Sundays than boys. This feminisation of churches is popular in African churches, as the majority of church members are women. Boys do not attend the Sunday services like girls, but do attend devotions led by Bishop Verryn. Reviewed literature is quiet on the feminisation of church services, however it does address the significance of family and culture in children's faith and spiritual nurturing (May *et al.* 2005; Miller-McLemore 2007). The issue of gender in children's spiritual nurturing is not dealt with by literature.

Religion is a pillar of the family, because it identifies and secures the life of the one in crisis. Families are connected by one faith conviction that is driven by the love and respect for each other. Western literature has addressed the phenomenon of family though differently from findings of the study; with Browning (2007:56) recommending churches

have programmes that view children as part of the family. Those programmes should respect family ethics of solidarity and parental responsibility. Miller-McLemore (2003) argues that the church should have clear ways of nurturing every child's manifestation of God's presence in the world. The study's findings reveal the significance of family, faith and spiritual nurturing parallel to African literature. According to the findings of this study, family is understood in an unbroken circle and web of life. The family is the URM's immediate family at the Methodist Community Centre, and their extended biological families back in their homes, including the living and the dead. In the course of conducting field research, observations did suggest a connection of faith and spiritual nurturing of URMs with family particularly women as female caregivers made sure that all URMs had gone to devotions. After devotions they debated the scriptures and what they meant to them with female caregivers.

## 8.6.    A CULTURAL-GENDERED MODEL OF PASTORAL CARE

The results of this study show that a contextual pastoral care model for children in crisis without adult guidance can be classified under the core category of a cultural-gendered model described above. This core category is related to three categories, sociological, psychological and theological. The sociological include cultural factors; psychological include emotional and familial factors; and theological include religious factors in caring for a child in crisis.

### 8.6.1   Linking Theory to a model: Contextual factors included in cultural-gendered pastoral care

The cultural-gendered model is informed by the cultural factors and gender factors in caring for children, informed by social, psychological and religious/theological factors. URMs and caregivers raised the concept of a cultural-gendered model of pastoral care and believed that pastoral care for children in crisis in an HIV and AIDS context should focus on protecting children from HIV infection. According to the cultural-gendered model of pastoral care, caregivers should take the adult role of introducing and guiding URMs or children in crisis to positive cultural resources that will protect them from HIV infection to

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enhance their wellbeing. Cultural resources and education that instils fear and delays sexual debut to this vulnerable population were identified by female caregivers and to a lesser extent by male caregivers. These may differ with a child's context, nevertheless in this community the identified ones are what they believe to be crucial in caring for a child in a context of HIV and AIDS.

## 8.6.2   Cultural-gendered pastoral care informed by Mead's theory

The introduction to different cultures confuses children and increases their vulnerability to HIV because they are not able to differentiate between right and wrong behaviour during their biological developmental stages. Culture therefore guides them through norms and values that instil responsibility in what they do. The introduction to different cultures with new norms and values confuses them because effective and conditioned learning in children occurs when what they learn is continuously taught and supported (Muus 1975:113). Mead's (1928) theory confirms that confusion and stresses in adolescents are cultural artefacts, products of the introduction to conflicting cultures. She explained the significance of social institutions and cultural factors in adolescent development. Benedict a colleague of Mead developed a theory of continuity and discontinuities in cultural conditioning (1954) and connected it to Mead's cultural theory by emphasizing the significance of continuity in learning process so that children or adolescents will be successfully conditioned to the same set of values and behaviours in childhood that will be expected from that child in adulthood (Muus 1975:113). Telling a child this today and contradicting it tomorrow obviously increases confusion to children. Discontinuities bring about confusion and increase stress and anxiety due to lack of consistency. Encouraging continuity of their indigenous culture protects children from a crisis and enhances their wellbeing. The idea is that culture guides adolescents and discourages listening to negative peer pressure because of its consistency.

Culture can be both liberating and oppressing. In this case, caregivers and URMs agree that culture is a liberating force over their bodies. In liberation theology critical reflection begins from human experiences and gives a voice to the voiceless. It is God's love as preferentially an option for the poor (Gutiérrez 1983:205; cf. Ackermann 1998:4-5). In this case, liberation theology has given URMs a voice over their oppression, but the question

arises as to how URMs and their caregivers understand pastoral care for children in crisis in a context of HIV. To them, pastoral care should begin by respecting their cultural values that are meant to humanise and enhance their dignity. Children have spoken, and contradict literature by accepting and campaigning for some of the cultural practices that are referred to as dehumanising in literature, such as virginity testing and labia elongation (Moyo 2011:73; cf. Kamau 2011:263,264; Gundani 2004:102). They have spoken and using their experiences have reflected how they understand pastoral care for children in crisis in a context of HIV.

Is the church and religious scholarship able to listen and digest URM's voices or are children's voices still falling on deaf ears? Swart and Yates (2012:2) acknowledge for the conceptualisation of the new 'hermeneutics of listening' with regard to children in theological and religious scholarship that has been brought "by the new interaction between theological and religious scholarship, on the one hand, and childhood studies, on the other." They argue that 'hermeneutics of listening' cannot occur in a vacuum because children exist in a community, culture, history, families, relationships and system (Swart &Yates 2012:2). Therefore, when listening to children as they advocate for their own liberation their background and context should be respected.

### 8.6.3 The theory of African women theologies in cultural-gendered pastoral care conceptualised in a family context

The significance of cultural-gendered pastoral caring according to caregivers is positioned in a family or a communal setting in which there is a mother or aunt and father or uncles who are authorities on indigenous culture to guide children. A family setting with parents and the extended family's roles are designed to guide children through cultural education and resources that will make them responsible adults. African women theologians believe that a child is raised by a community, arguing that in African communities it is a woman's responsibility to see that there is peace and wellbeing in the community and that all children and adults are cared for and guided properly. According to African women theologians, this is a role accorded by ancestors (Kasomo & Masemo 2011:158). Women's role is to guide and protect children, following the saying *isikhumba sigoqwa sisemanzi*, meaning that a child can only be guided about life in his or her early years. This describes

the significance of culture in a child's development stages. URMs or children in crisis do not easily trust anyone, because of the stresses and traumas they have been through, therefore a family setting is a context in which trust can be built and guidance is easy.

Trust is enhanced between the person offering guidance or advice and the child if it happens in a family context. Caregivers explained that URMs have a negative attitude towards outsiders and do not easily trust outsiders, even counsellors. This is because of the experiences they went through when they arrived in the country. In conducting field research observations did suggest lack of trust by URMs of outsiders. When I first arrived before the Bishop introduced me they refused to speak to me and in the church when I interviewed some URMs my first encounter with them was viewed with suspicion. Most URMs said social workers and those who tried to offer counselling services to them were judgemental rather than empathetic, therefore guidance and counselling in a family setting is effective with a bond and trust that caregivers and children share. In a family setting, boys and girls are socialised to their gendered norms and values, such as what it means to be a man and what it means to be a woman. Cultural-gendered education that is offered in a family setting is consistent as all children will share cultural values and may correct one another if a child loses track of culture. As a result of this, caregivers argued that only an adult who understands the significance of a child's culture will be able to journey with a child and respect his or her cultural norms and values throughout guidance.

A mother and father fulfil different needs in a child or adolescent's life as they are mostly the primary role models. According to African women theologians, the traditional obligation of marriage places women in nurturing, guiding and homebound roles (Kasomo & Masemo 2011:161). A woman becomes a primary source of guidance for children, but the absence of a woman or mother in a family means that children will miss some important forms of guidance. Since URMs are children without parents or guardians there is lack of consistency in their lives and they are likely to adopt wrong role models. In an African family context the primary role model is the father for boys and mother for girls, and children learn or adopt some of their cultural-gendered behaviour from these two important figures in their lives. A family satisfies most of the children's physiological and emotional needs, whilst a family in Africa is a crucial element of life and human development. In the absence of a family a child is said to be an orphan or suffering. The family concept that emerged between caregivers and URMs confirms the African saying

that there is no orphan in Africa, because a child belongs to the whole community and it takes the whole village to raise a child (LenkaBula 2002:66). However, this is no longer applicable due to the current socio-economic challenges that hinder communities and the extended families from taking up the role of parenthood to orphans. The African saying *intandane enhle ngumakhothwa ngunina,* meaning an orphan sees the reality of suffering and orphanhood when the mother dies, has taken over from the saying that it takes the whole village to raise a child.

Needs such as warmth, love, shelter, food, clothing, nurturing and guidance, are satisfied by family, though due to economic hardships some needs such as food and clothing may be satisfied by outsiders. LenkaBula (2002:66) regards this value and sanctity of life and love as a foundation of Christian ethics that should guide humanity in protecting children. URMs said though they did not have enough food and clothes but still had a happy family with a mother and father (caregivers), including siblings. They were happy and satisfied because they knew that their wellbeing was being taken care of by their family and community. African women theologians highlight the significance of family and community by searching for the positive aspects of culture and promote them (Kasomo & Masemo, 2011:159). LenkaBula (2002:66) used the metaphor of womb as a positive aspect that connects women to the nurturing and protecting of children from harm. African women theologians do not disregard culture, but they support the cultural practices that promote human dignity and reject the ones that oppress and dehumanise humanity.

## 8.6.4 Feminist theology in cultural-gendered pastoral care conceptualised from a religious context

In a family context, religion or faith issues join the family together, however, since URMs came from different family backgrounds before they joined their current family they were therefore from different religions or faith convictions. Because religion is crucial to each child's life, caregivers encourage them to continue with their religions, and these shape their identity and sense of belonging. However, URMs choose to join their mother's (caregiver's) religion as they know religion or church as connected to their mothers. Though they occasionally visit their family churches, on Sundays, when their mothers

(caregivers) are going to church they follow them because they associate religion with family, particularly their mothers.

This feminisation of religion is not new and is common in most churches. The church itself is a culturally gendered institution and in church, women and men, boys and girls are socialised into different gendered roles and norms. Leadership is mainly male though the majority are women. It is the same with this family; leadership is male-dominated though spiritual nurturing is mainly the role of female caregivers. Ackermann, (1998:4-5) explains that feminist liberation theology struggles against the systematic injustices of patriarchy in different religious traditions, women's exclusion from both theology and positions of power in religious institutions, and the often explicitly religious legitimisation of the subordination of women. The systematic injustices on women trickle down to children, because of the close relationship children have with women caregivers or their mothers. The key motive of feminist theology is liberation of the weak, voiceless and their oppressors from various forms of injustice (Mercer 1995:16).

Observations confirm that there is still a power struggle between women and men when it comes to nurturing children, both spiritually and through faith. Memos confirm this, as in the multiple visits I made to the Methodist Community Centre in Soweto, female caregivers were the ones who were always with children, both boys and girls. They were hands-on and URMs seemed to have a stronger bond with female caregivers than with male counterparts. Spiritual nurturing and faith nurturing does not always occur in a church but it also occurs in a family context where what a child or adolescent does is in line with his or spiritual beliefs or faith.

Faith is a source of peace, love, hope and anticipation. When in trouble or missing home and family children are guided that they can pray or sing their traditional gospel songs to feel closer to their biological families. Sometimes, on holidays, children sing together gospel songs in their language or play gospel music and other music from their country to feel close to home. Caregivers, particularly women caregivers, said they enhance family and love through the hug to reveal their care and concern for them and usually do this when a child is in crisis. This is parallel to Shumbamhini (2008:161), who explains that a pastoral carer should hold a child's hand when a child is in need and ill. Observations and interviews confirm that URMs usually do this more with their female caregivers than male caregivers. They go to female caregivers when they are down or stressed, knowing that

they will be holistically comforted. Some URMs experience this feeling for the first time. Since birth they have not once been embraced, let alone loved and appreciated for who they are. Caregivers said mostly when they hugged a troubled child that child would hold tight to a caregiver and cry.

## 8.7 A META-NARRATIVE ANALYSIS: A CULTURAL-GENDERED PASTORAL CARE WITH CHILDREN IN CRISIS IN A CONTEXT OF HIV AND AIDS

Because of the emphasis on HIV and AIDS prevention the women caregivers are less concerned with the psychological impact of their cultural-gendered methods on the girls. They tend to overlook the oppressive tendencies of indigenous puberty education and prioritise the benefits they see in it. At a subjective level, women caregivers say gendered cultural education is crucial in pastoral care of URMs and children without parental guidance because of the culture's affluence to shape a child into responsible adulthood. However, cultural-gendered theory can infringe on the rights of children. According to theory, cultural-gendered resources such as virginity testing can be used for HIV prevention in adolescents; however this model overlooks the reproductive rights and sexual rights of adolescents, at the same time putting them in danger of rape by those who believe having sex with a virgin cures HIV. Children's rights instruments campaign for a child's right to survival, protection, development and participation. As much as the cultural-gendered model of pastoral care strives for all the four rights of the child it is on the one hand putting them at risk of accepting abuse, rape and infringement of their sexual bodies. The cultural-gendered model is dominantly culturally and overlooks some of the risks that adolescents may encounter.

This model is putting adolescents or children in a dilemma, particularly those religious sects that encourage young girls to marry adult men and be in polygamous marriages while exposing them to HIV. Some religious sects that believe in marrying a virgin will use the model to benefit men who want to marry young girls and those who believe in curing HIV by having sexual intercourse with a virgin. "Patriachitising" some feminine cultural practices that only benefit men, such as virginity testing and labia elongation, is enforcing the oppression of women and pushing them to the margins of society. The constitutional

argument of gender equality is overlooked by this. Religion has been identified by research as increasing women's vulnerability to HIV infection, particularly young girls.

Some churches, particularly African Independent Churches (AICs), encourage young girls and women's marriages to older men. Young virgins from AICs are persuaded to marry older men or to marry in polygamous marriages by their religious convictions. On the other hand, the economic situation may force girls to indulge in sex at a young age. Children's physiological needs are mostly monetary, hence their migration to seek work. Men hunting for virgins can use money to lure them and discourage condom use because of the myth that sleeping with a virgin cures HIV. The long battle of gender equity that is supported by the Constitution is undermined by this model and is one way of enforcing the suppression of women, putting them under the dominance of men, sexually, emotionally and physically.

According to the model, children in crisis do not seek emotional or physiological support from the pastor as the head of the church, but if given an opportunity they do seek emotional support from women caregivers, who represent their absent mothers. However, pastoral care ministry, as it is a ministry practiced by all believers, should at least identify women and men to be caregivers to children and adolescents. The findings of this research confirm that men still have much to learn from women on caring and nurturing children. The former should spend more time with adolescents in order to be able to build rapport or relationships with them, if they are to build trust.

## 8.8    POLISHING THE MODEL:TOWARDS A CULTURAL-GENDERED PASTORAL CARE MODEL WITH CHILDREN IN CRISIS IN A CONTEXT OF HIV AND AIDS

Though the model used by caregivers unintentionally overlooks the rights of URMs, particularly girls, and opposes the generally accepted idea of what is oppressive. This study does not disregard the significance of the characteristics of the model, which are significant in that they inform and guide the behaviour of adolescents; hence the African proverb i*sikhumba sigoqwa sisemanzi* is relevant and important in developing a pastoral care model to care for children in crisis and those not in crises.

### 8.8.1 The Categories and characteristics of a cultural-gendered pastoral care model- *Isikhumba sigoqwa sisemanzi*

The cultural-gendered model of pastoral care comprises three categories, social, psychological and theological. Under the social category the caregiver should focus on issues of culture and gender. Under the psychological category the caregiver should focus on issues that have to do with the child's mental wellbeing such as familial relationships within which they are rooted. Under the theological category the caregiver should focus on issues that are related to the child's faith and spiritual life, such as religious convictions.

**Figure 8.2: A Cultural-gendered Pastoral Care Model**

### 8.8.2. Social Category

#### i) Identifying Positive Cultural resources in Cultural-Gendered Pastoral care model

The first and dominant characteristic of a cultural-gendered pastoral care is culture. All culture is not static but changes with time, just as the world is changing with time. Therefore, the model that employs culture and is culturally sensitive should not be static but rather should be constantly revised to match the changing culture. The role of the pastoral caregiver and children in this model is to brainstorm and identify positive cultural resources from their ethnic groups that can be implemented in caring for both boys and girls in a context of HIV and AIDS.

In identifying positive cultural resources caregivers and children should be able to identify cultural resources that are liberating and respectful of the child's human dignity and rights, as well as to identify cultural resources that need to be transformed in order to be useful in guiding children in a context of HIV and AIDS. Children are cultural beings; therefore in the caring journey with children their culture should be considered and respected. Each ethnic group in Africa and other parts of the world have rites and rituals which they apply to foster and enhance the dignity and identity of their people, mostly enforced when a member of the ethnic group has reached a certain life transition stage. Such rites and rituals are enforced from birth to death and from birth to adulthood respectively.

As a result, children do not come from a vacuum but from a certain ethnic group and this requires a caregiver to be sensitive to their customs and respect the boundaries of those customs. A person caring for a child should be familiar with a child's culture, customs and family background lest they misunderstand each other. URMs, like other children, value their culture and customs; hence a person with no knowledge of a child's culture or customs may not be able to achieve the results aimed at by pastoral care. Pastoral care is about holistic healing and the prevention of a crisis, and concerns the total wellbeing of a person mentally, physically, emotionally, spiritually and socially. *Isikhumba sigoqwa sisemanzi* is the dominant African proverb that guides this model and it is a proverb commonly used in context of guiding children. Pastoral care with children in crisis or any

child is more about guidance. Guiding a child is possible when a person who guides a child understands the child's personality which includes the culture and customs. Guidance leads the child to a solution of his or her confusions. A cultural sensitive caregiver allows care-seekers to own their decisions towards healing or liberation. Pastoral care is not about healing only but also about guiding, nurturing, sustaining, reconciling, liberating and empowering. All the seven functions of pastoral care require pastoral caregivers to be sensitive to and respect their care-seekers' cultures and customs. Culturally blind caregivers may cause resistance from children as it emerged from interviews that URMs referred to them as judgemental

### i) Gender in Cultural-Gendered Pastoral care model

Children are gendered and caring for them should respect their gender and guide them on which are wrong gender norms and good gender norms. Gender issues cuts across all the other factors of a cultural-gendered model. In guiding and caring for children issues of gender should be respected, because some children do not feel comfortable being guided by someone of a different gender. There are some issues that boys cannot consult women caregivers on because of the sensitivity of the matter. Issues of gender depend on how a child was nurtured by his or her community. Society constructed gender roles and the cultural-gendered pastoral care model gives a platform for a reconstruction of gender roles. Oppressive gender constructions can be identified and reconstructed by caregivers and children, and helping children to participate in deconstructing culture and gender roles allows them to define a world they want to live in. They allow them to define their own safe space and community.

The aim of a cultural-gendered pastoral care model is to guide and liberate a child in crisis; therefore, gender and culture are the mainstreams in this model. Gender in this study refers to socially constructed roles and norms for women and men. There are two schools of thought about gender as a cultural construction and as a biological determinism or essentialism. However, feminists argue that gender, particularly masculinity, is a construct of society and culture rather than nature and biology. Masculinity and patriarchy are historically adopted human conducts that are socialised to boys and men and coerced to women and girls as inherent human conduct.

Boys and girls in this model are socialised to deconstruct the current gender order in which patriarchy is seen as a norm that should be accepted by both men and women. It is clear from this study's findings that women tend to accept the gender oppressions constructed by society and culture. As Kretzschmar (1995:103) argues, women tend to resist patriarchy in their hearts or verbally when in women's groups, but will accept it in public. The strength of this model is that it raises gender consciousness for both boys and girls in their youth, and this is necessary for the achievement of gender equality among women and men in society. The African proverb *isikhumba sigoqwa sisemanzi* should be used to guide and inform all people who work with children because it explains the significance of guiding a child in her or his early years on the right and wrong behaviour.

Informed by liberation theology this model is about efforts to abolish the current unjust situations and to build a different society, freer and more humane (Gutierrez 1988:XIII; cf. West 1999:14). It is about constructing a generation that respects other's human dignity and rights. The goal of this model is also to transform the traditional gender roles of women and men. This encourages a change in a way boys or men should relate to girls and women and the way girls or women should relate to boys or men. Rather than waiting for boys and girls to become women, this model aims at conscientising them about the problem of gender inequality at their childhood stage, hence the African proverb *Isikhumba sigoqwa sisemanzi.*

Some people in a Ndebele context say *ukubamba umdaka* when referring to guiding children at an early stage, a metaphor used during the ploughing or farming season to encourage people to start sowing during or immediately after rainfalls when land is still drenched. The belief is that sowing when land is dry will affect the harvest, as such when one wants to guide children to responsible behaviour they should do so in their childhood stage.

### 8.8.3   Psychological Category

The most significant concept in a child's life is a caring and loving family. The crisis of children begins from the point they lose their families or when their families break up. It emerged in this study that a loving and caring family is a great source of guidance, existence and emotional support, particularly for children.

### i)   The significance of Family in a Cultural-Gendered Pastoral care model

The African proverb *Isikhumba sigoqwa sisemanzi i*s best implemented in a family environment. Children adopt their values and norms from their families. For caregivers to understand children in an intimate way they will have to create a temporary family structure in which a child will either be able to relate to the caregiver as their mother or their father. However, in this category caregivers should be cautious not to enforce oppressive gender roles to children, because children adopt some of their behaviours from their parents. A family context is in general a safe space in which children embrace love and trust for each other. A family context is also one in which children are either liberated or oppressed by the family's traditional cultural norms and values. According to the findings of the study, caregiving is best accomplished in a loving and caring family context. It also emerged that in a family context caregiving is participatory, children care for self and each other as much as caregivers care for them. They learn self-discipline in a family context. The African context stresses the significance of the extended family, with everyone in Africa related and connected. Caregiving is everybody's role, a child is cared for by every adult in a community, hence the African saying "it takes the whole village to raise a child." It is important for children to look at each other as brothers and sisters and at every adult as a father and a mother to encourage respect, love and trust for each other.

A family is a source of counselling and caregiving. There is empathy in a family context and it is easy to journey with each other through pain. It is easy to hold hands and the dynamics and structures of the family are easily taken into consideration for the betterment of the hurting person and the whole family. In an African family context children are able to be resilient and move forward with life in a more meaningful way and purposeful manner.

### ii)  Physiological Needs in a Cultural-Gendered Pastoral care model

Children in crisis also have a need to satisfy their physiological needs, and want to have a purpose in life. Therefore, a cultural-gendered pastoral care model should be able to make a needs analysis of what is lacking in children and what they need to achieve in life. Some children want to have a profession but because they do not have someone to sponsor them

they end up on the streets looking for jobs or stealing. A proper cultural-gendered pastoral care model identifies areas of needs for children in crisis and strives towards satisfying those needs. Hence, this model is informed by liberation theology which Ngwenya (2009:58) argues that should be a liberating theology because children do not have resources that effect and achieve their freedom (cf. Pais 1991:16). According to Bishop Verryn, "*When a child is in a crisis, hungry, naked and without shelter you cannot say, may God bless you and keep you, and allow that child to go without attending his or her physiological need*s." This means that pastoral care should not just be a ministry that is concerned with a present circumstance of a care-seeker but also with the future of a care-seeker. It should be able to prevent a crisis from deepening by tackling the causes.

### 8.8.4   Theological Category

A theological understanding of love and compassion is the motive of pastoral care. Bishop Verryn's pastoral care model is influenced by his philosophy and Christian duty that there is a need to be kind to the less fortunate, to be welcoming to the stranger and to love one's neighbour as oneself. He explained that for pastoral care to be true to itself it should focus on the empowerment and liberation of the care-seeker by nurturing their faith and spiritual life.

#### i)   Religion/Theology in a Cultural-Gendered Pastoral care model

It is important to understand the faith and religious convictions of a care-seeker before journeying with him or her. Religion is a sensitive aspect of life just as culture. Faith and spiritual issues go with the identity of a care-seeker, therefore contradicting his or her faith and spiritual beliefs could cause deep trauma to that individual. Faith issues are sensitive and require that a caregiver understand the care-seeker's faith and spiritual beliefs before entering his or her world.

All pastoral care is about God's love for humanity; hence pastoral care for children in crisis should allow children in crisis to define God through their lens, what they believe and understand God to be and the role of God in their situation. In this category, children should be allowed to narrate their experiences with God and their hopes in God. In the process of narrating who God is and God's role in their circumstance, children will be able

to discover and identify their pain and oppression. In this category, children will be able to enter into a dialogue with God as they name their pains and tribulations. They will reflect in their faith and spiritual lives through the help of caregivers. Bishop Verryn has introduced talk circles in his model because URMs experienced serious traumas in the process of migration. Talk circles creates a safe space for children to lament and interrogate their crisis, while engaging with their faith and spiritual beliefs. Talk circles are one of the creative ways of conducting vision counselling. Children are able to draw and conceptualise a picture of their journey of life in their minds and reflect on it as they narrate the events. Clinebell (1987:27) refers to such counselling as a holistic method of healing that uses the right brain methods. It involves storytelling [narratives], imaging, symbols, intuitive, metaphoric and others. Because pastoral care is centred in God's love for humanity, the theological or religious category will give children a space also to analyse and critique their religions on how they contribute to their suffering and prevent God's love from reaching them.

## 8.9  CONCLUSION

This chapter has described the theory or a contextual model of pastoral care in a storyline according to grounded theory. The cultural-gendered pastoral care model which is recommended as a contextual model of pastoral care for children in crisis in a context of HIV and AIDS is African-centred as it is identified and emerges from the African indigenous knowledge. In an African context it is not easy to extract a person from her or his culture when caring for him or her. The emerging theory identifies a care-seeker's context as more important than the caregiver's context. Children, particularly those without parental guidance, need a model that guides rather than informs them, and they need a model that respect and promote their dignity and health. According to the emerging model that should be grounded in culture. Nevertheless, the cultural-gendered pastoral care model acknowledges that as much as there are some cultural practices that deny children their freedom and liberation, it on the other hand recognises that there are some cultural practices that can enhance children's liberation and freedom particularly in a context of HIV and AIDS. The initiative is now with the church and religious theological educationalists to identify cultural practices that enhance children's liberation and freedom

in a context of HIV and AIDS. The strength of this model is that it is grounded in participants' voices.

The next chapter draws the conclusion to the study and makes recommendations.

# CHAPTER 9

# CONCLUSION AND RECOMMENDATIONS

## 9.1    INTRODUCTION

The previous chapter critically discussed the relationship between theory and data, it employed a theory-data interplay analysis to analyse the inconsistencies, consistencies and gaps between literature and data, theory-data interplay and the constant comparisons of data and literature are in line with the grounded theory analysis. This allowed theories to emerge from data at the same time presenting a storyline in explaining the model as entailed by grounded theory. The building blocks towards a contextual pastoral care model were presented in form of a storyline in connection to grounded theory. This chapter is the conclusion and recommendations of the study.

## 9.2    CONCLUSION AND KEY FINDINGS

The study's key aim and objective was to examine how URMs and their caregivers understand pastoral care for children in crisis in a context of HIV and AIDS. The cultural-gendered model of pastoral care which emerged from the study is relevant to all children, those in crisis and those not in crises, because its aim is to guide a child and prevent a crisis from occurring. The child's developmental stages are crucial in guidance, particularly in a context of HIV. A child should first understand his or her developmental stages, for example what her or his developmental stages mean to her or his health. In addition, positive cultural values and norms should be embraced by the church as well as the communities in the protection of children in a context of HIV and AIDS.

Pastoral care in Africa has been widely critiqued for duplicating Western theories. A cultural-gendered pastoral care campaigns for a pastoral care that is sensitive to culture and to the child, that is, outside the church premises in the community and families, by family and community members who understand the context of the child. This theory confirms that pastoral care is not about reading the Bible or praying over a situation only but about the faith that is revealed through works. It begins from people's real life experiences and activities by the church in practical ways. Every child needs guidance to live a responsible

life that protects him or her from diseases and other threats, and depriving them of this will be contradicting Jesus's mission for all to have life and have it to the fullest (John 10:10). A Cultural-gendered pastoral care is not a new ministry in the African church but has existed in the past as wisdom was passed from one generation to another by aunts, uncles, grandmothers and grandfathers. The Cultural-gendered pastoral care sees wisdom as a symbol of liberation that was set to liberate the young generations; therefore, a true Gospel does not push such wisdom to the margins but rather seeks ways to enrich it to be more liberating.

Being a Christian does not mean one has to disown one's culture, but rather one is searching for cultural resources that enhance life rather than destroying it. The South African Minister of Health, Aaron Motsoaledi raised concerns on 30 October 2013 about the maternal deaths of teenage girls, arguing that it is possible to stop 36% of maternal deaths by making sure that teenage girls are not falling pregnant. His concerns were that many young girls continue to become pregnant and the demands of abortions are too high.[70] If young girls become pregnant it means that other than pregnancy they are vulnerable to HIV, which also confirms that they engage in sexual intercourse at a young age without condoms. Therefore, I argue that some important and positive cultural resources should be identified and embraced to prevent young girls' deaths due to pregnancy and HIV. Pastoral care should be a ministry that embraces life by empowering human beings to avoid a crisis rather than waiting to respond when a crisis has occurred. Jesus said "I have come so that all may have life and have it to the fullest" (John 10:10).

This study contributes to various bodies of literature which examine the plight of children in an HIV and AIDS context. Findings of this study challenge the church and theological academia to give precedence to the child's holistic being. It unveils the weaknesses of pastoral care's Western theories in general by raising controversial questions that pastoral care theologians have somehow ignored in their research. They have overlooked the significance of guiding a child through gendered culture in their ministry of pastoral care with children in crisis. The dominant theme of guidance is supported by African proverbs, particularly the one that reads *isikhumba sigoqwa sisemanzi* explaining the significance of

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[70]SABC News:Campaign afoot to curb teenage maternal mortalityhttp://www.sabc.co.za/news/a/5d1ecb0041a57a64ab7aaf17c876c1c7/Campaign-afoot-to-curb-teenage-maternal-mortality accessed on31 October 2013

guiding a child during her or his early years of childhood. The main argument of this study is to prevent a crisis from occurring to a child by guiding him or her through the journey of puberty and adulthood, holistically, which includes' physical, spiritual, psychological and faith formation. The reality is that children are vulnerable to crisis because of lack of cultural guidance. Findings in this study are that a crisis can be prevented from occurring in children through a cultural-gendered model that guides children on culturally and morally acceptable behaviour, particularly in a context of HIV and AIDS. The cultural-gendered model is central in the liberation process of a child and is in line with *God's preferential option for the poor.*

The study's key finding is that a cultural-gendered model of pastoral care can inform caregivers on basic stages of caring for adolescents or children in crisis, particularly those without parents or guardians. It is not a sin to teach children about puberty and sex if that education guides them to make informed decisions that will protect them from death and destruction. The family concept is a proper setting for guidance, because follow-ups and monitoring will be easily made. Children without proper adult or parental guidance are vulnerable to HIV due to high-risk sexual behaviour, so sexual education at this stage in a family context is crucial in guiding children on the right and wrong behaviour, and can discourage listening to negative peer pressure.

Therefore, a family context or setting, even though it is not biologically linked or connected, can enhance a child's wellbeing. Caring and counselling is informed by family values and norms which are also culturally gendered with a father and mother, as they were created by God. The father and mother figure are crucial as role models because children adopt some behaviour from them. In Africa, every adult is a father or mother to every child, whether the person has children or not, which makes the theory of orphanhood alien in Africa.

Current pastoral care literature is silent on issues of the use of cultural resources and education in the counselling and caring of children in crisis or children without a parental or legal guardian. Reviewed literature in pastoral care emphasises listening, prayer, children's spirituality, faith formation, relationship between a pastor and child, children and liturgy and healing. These attributes are emphasised by western literature and African literature appears quiet on pastoral care of children in crisis. This study therefore contributes to filling this gap in African pastoral literature by presenting a model that was

co-developed with URMs and their caregivers which the study conceptualised as a cultural-gendered model of pastoral care. The study determined that this model may seem controversial and complicated to pastors as some people may argue that it is taking women back into the web of oppression. However, culture is not all evil, but rather there is bad and good culture, particularly in an HIV and AIDS context. Good cultural resources are significant in encouraging behaviour change and therefore protecting adolescents and children from HIV infection. In a context of children in crisis, such as URMs without parents or legal guardians, guiding them requires a caregiver to play the role of a mother and father in a child's life, because family is crucial in each child's biological, physical and psychological developmental stages as well as spiritual or faith formation.

## 9.3   UNEXPECTED FINDINGS AND POTENTIAL IMPLICATIONS

This model was unexpected as I had a preconceived theory or model in mind that was informed by children's rights and the need for security, particularly for URMs; hence the review of children's rights instruments in chapter 6. Gender and culture which dominated the findings of this study emerged unexpectedly, because my interview questions were more theological and pastoral than anthropological and sociological. Culture in pastoral care literature is addressed and conceptualised as a crucial factor to be considered by caregivers, because of their different contexts. However, culture is conceptualised from a theological context where in the significance of caregiver and care-seeker's culture is addressed. The findings of the study prioritise the significance of the child or care-seeker's culture to minimise crisis.

The implication of these findings is that HIV and AIDS interventions in pastoral care should be informed by some disciplines, such as anthropological studies, psychological studies as well as sociological studies and legal studies. These findings challenge pastoral care practitioners to begin their pastoral care roles for children in crisis by sharing this responsibility with a community, because pastoral care is a ministry that is practiced by all believers. As findings reveal that pastoral care for children or adolescents is a process that goes with their developmental stages, it therefore supports cultural relativism rather than cultural imperialism. Cultural relativism, conceptualized by Boas in 1885, explains that all

cultures are inherently equal in expressing full humanness of people and they are worthy of study (Fettner 2002:196-203).

This model has potential implications for public health as well as a pastoral ministry because of its focus on issues of reproductive health and puberty. Furthermore, the study has implications for elevating the debate on whether adolescents should be allowed to have access to contraceptives in a context of HIV and AIDS or be guided by culture and the church's teaching of abstinence to wait for marriage in a context of HIV and AIDS.

Activation of this model may protect children from HIV and STI as it teaches children some cultural aspects that are no longer taught in families and communities. Though criticism of this model may be raised, HIV, STIs and unwanted pregnancies among adolescents are not justifiable. Adolescents' lives are cut short by HIV and AIDS. Unwanted pregnancies put girls at a disadvantage because they are forced to take over the roles of nurturing their babies rather than focusing on education and shaping their future. Abortion is against the Christian teaching, and it is illegal in African countries, except for South Africa. Though it is legal in South Africa, some girls will not opt for it because it is against their faith. Moreover, abortion cannot be supported in pastoral care because it contradicts the pastoral care's purpose of sustaining the sacredness of all life.

In addition, the activation of this model will encourage researchers, particularly African women theologians and pastoral care theologians, to consider re-studying cultural resources in an effort to find the positive characteristics that could benefit young girls and boys in a context of HIV and AIDS. The cultural-gendered pastoral care model has much to contribute by communicating and responding to children's challenges both practically and on an intellectual level. Further research will be able to identify more hidden cultural resources that can inform pastoral care for children.

Implementation will also guide pastoral care practitioners that one cannot separate a being from his or her culture, and since the Bible is written from a certain cultural context this gives pastoral care practitioners a base for their pastoral care in a child's cultural context. The wisdom of indigenous African caregivers from communities could enhance and deepen our understanding of the significance of culture and give a voice to the previously silenced indigenous African caregivers. This model challenges the Western models of

pastoral care to consider a child's context before starting a journey of pastoral counselling and care with him or her.

## 9.4 STRENGTHS AND WEAKNESSES OF THE STUDY: RECOMMENDATIONS FOR FUTURE RESEARCH

The study's findings reveal a lack of pastoral care model to extend to children in crisis in a context of HIV. The model that emerged in this study is a cultural-gendered pastoral care one that comprises three categories: the social, psychological and the theological. The study thus recommends the following:

a) Since this study is a focus on pastoral care grounded from URMs from Zimbabwe and their caregivers in the Methodist church community centre in Soweto and the Central Methodist Church in Johannesburg. Future research should focus on URMs from different countries to enhance the building blocks of this model.

b) A study should be conducted on how pastors and lay people in churches can be convinced to learn cultural-gendered values of different children in their church so as to be able to care for children in crisis such as orphans and URMs.

c) A study should be conducted on how pastors can work with communities to identify positive cultural resources from different cultures to use in guiding children and adolescents in a context of HIV and AIDS.

d) A multi-disciplinary study should be conducted to understand how culture can be revisited and used in the prevention of HIV among vulnerable children.

e) A theological study examining the significance of culture in caring for children in crisis should be undertaken.

f) Further research must be conducted on the pastoral care of children who accompany their blind relatives who migrate to South Africa for begging.

g) Other than English caregivers must learn children's mother languages. Caregivers who understand and can speak children's will know which words to use.

## Bibliography

Abrahams, K and Matthews, T. 2011. *Child Rights Manual: Handbook for Parliamentarians*. Cape Town: Parliament of Republic South Africa.

Achilihu, S.N. 2010. *Do African Children Have Rights?: A Comparative and Legal Analysis of United Nations Convention on the Rights of the Child.* Florida, USA: Universal Publishers.

Ackermann, D. M. 2008. 'Deep in the Flesh' Women Bodies and HIV/AIDS: A Feminist Ethical Perspective in Hinga, T.M., Kubai, A.N., Mwaura, P., & Ayanga, H. *Women, Religion and HIV/AIDS in Africa: Responding to Ethical and Theological Challenges*. Pietermaritzburg: Cluster Publications.

Ackermann, D. M. 1998. A Voice was Heard in Ramah: A Feminist Theology of Praxis for Healing in South Africa, in Ackermann, D. and Bons-Storm, R. (eds.), *Liberating Faith Practices: Feminist Practical Theologies in Context.* Leuven: Uitgeverij Peeters pp. 75-102.

Ackermann, D. M. 1991. "Postscript by a Feminist Practical Theologian" in Cochrane, J.R, De Gruchy, J.W. and Peterson, R. *In Word and Deed. Towards a Practical Theology for Social Transformation*. Pietermaritzburg: Cluster Publications.

Ackermann, D. M. 1988. "Feminist Liberating Theology. A Contextual Opinion" in *Journal of Theology for Southern Africa.* (62), pp 14-28**.**

Adler, A. 2011. *Guiding the Child: On The Principles of Individual Psychology*. Translated by B. Ginzberg. London: George Allen & Unwin Ltd.

Admission of Learners to Public Schools (general notice 4138 of 2001) http://www.ctrc.co.za/upload/Education.pdf accessed 14 February 2010.

Admirand, P. 2012. Millestones, Stumbling Blocks and Dogs Scraps: Children in the Gospels in *Biblical Theology Bulletin Journal of Bible and Culture* 42 (4) pp 187-195.

Admission of Learners to Public Schools (general notice 4138 of 2001) http://www.ctrc.co.za/upload/Education.pdf accessed 14 February 2010.

Africa 360, E News Channel, 9 August 2010

*African Charter on the Rights and Welfare of the Child:OAU Doc*. CAB/LEG/24.9/49 (1990)

http://www.africaunion.org/official_documents/Treaties_%20Conventions_%20Protocols/a.%20C.%20ON%20THE%20RIGHT%20AND%20WELF%20OF%20CHILD.pdf Accessed 20 January 2008.

*African Committee of Experts on the Rights and Welfare of the Child Zimbabwe* - http://www.acerwc.org/accessed on 14 June 2012.

*African Refugee Act*, 130 of 1998, South Africa: Government Publishers.

Ajdukovic, M., and Ajdukovic, D. 1998. "Impact of Displacement on the Psychological Well-being of Refugee Children" in *International Review of Psychiatry*, 10, 186−195.

Aljezeera, 2011. *Zimbabwe's Child Exodus: What motivates thousands of children to take great risks smuggling themselves across the border to South Africa*? http://www.aljazeera.com/programmes/africainvestigates/2011/11/2011111682030843 189.html Accessed 10 April 2012.

Annabel, V. 2010. B*ritain's child slaves: They started at 4am, lived off acorns and had nails put through their ears for shoddy work. Yet, says a new book, their misery helped forge Britain* http://www.dailymail.co.uk/news/article-1312764/Britains-child-slaves-New-book-says-misery-helped-forge-Britain.html.Accessed 19 September 2010.

Andvig, J.C, Canagarajah, S., Kielland, A. 2001. *Issues in Child Labor in Africa.* Africa Region Human Development Working Paper Series. African Region: World Bank

Anderson, H. and Foley, E. 1998. *Might Stories, Dangerous Rituals: Weaving Together the Human and the Divine.* San Francisco: Jossey Bass.

Ansell, N. and Young, L. 2004. "Enabling Households to Support Successful Migration of AIDS Orphans in Southern Africa" in *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV*, 16 (1) pp 3-10.

*Association for Play The Therapy*: :http://www.iapt.org.Accessed on 14 May 2011

Augsburger, D.W. 1986. *Pastoral Counselling Across Cultures*. Philadelphia: Westminster Press.

Arnett, J.J 2006. G Stanely Hall's Adolescence Brilliance and Nonsense in *History of Psychology* 9 (3) pp 186-197.

Akoto, B.E.A. 2006. "Children's and Women's Rights" in Phiri I.A and Nadar S (eds) *African Women, Religion, and Health: Essays in Honor of Mercy Amba Ewudziwa Oduyoye.* Pietermaritzburg: Cluster Publications.

Alderson, P. 1995. *Listening to Children: Children, Ethics and Social Research*. UK: Barnardos.

Asquith, S and Hill, M. 1992. *Justice for Children.* Scotland: Martinus Nijhoff Publishers.

Babbie, E. And Mouton, J. 2011. *The Practice of Social Research*. Cape Town: Oxford University Press.

Babbie, E. 1995.*The Practice of Social Research (7<sup>th</sup> ed)*. Belmont, CA: Wadsworth Publishing.

Baker, D. 2005. *Doing Girlfriend Theology: God-Talk with Young Women*. Cleveland: Pilgrim Press.

Baker, D. and Mercer, J. 2007. *Lives to Offer: Accompanying Youth and Their Vocational Quest.* Cleveland: Pilgrim Press.

Ballard, P. 1995. Practical Theology as an Academic Discipline in *Theology* 98: 112-122.

Bean, T., Derluyn, I., Eurelings-Boentekoe., E. Broekaet., E. and Spinhoven, P. 2007. Validation of the Multiple Language Versions of the Hopkins Symptom Checklist-37 for Refugee Adolescents in *Adolescence* 42 (165) pp 51-71.

Bell, V. 1993. *Interrogating Incest, Feminism, Foucault and the Law*. London: Routledge.

Berinyuu, A.A. 1988. *Pastoral Care to the Sick in Africa: an Approach to Transcultural Pastoral Theology.* Frankfurt: Peter Lang.

Berryman, P. 1987. *Liberation Theology.* Philadelphia: Temple University Press

Bergmann, S. 2003. *God in Context: A Survey of Contextual Theology.* England: Ashgate.

Bevans, S. 2009. *What has Contextual Theology to Offer to the Church of the 21<sup>st</sup> Century*? Mission Lecture 15 October. Church Mission Society Oxford. http://www.cmsuk.org/DesktopModules/Bring2mind/DMX/Download.aspx?DMXModule=410&Command=Core_Download&language=en-US&EntryId=2390&PortalId=2&TabId=81 accessed on 11 November 2011.

Bevans, S. 2002. *Models of Contextual Theology*. Revised and Expanded Edition Maryknoll, NY: Orbis Books.

Bevans, S. 1985. *Models of Contextual Theology*. Revised and Expanded Edition Maryknoll, NY: Orbis Books.

Bhabha, J. and Schmidt, S. 2008. Seeking Asylum Alone: Unaccompanied and Separated Children and Refugee Protection in the US in *Journal of The History of Childhood and Youth* 1 (1) pp 126-138.

Birks, M., Mills, J., Francis, K., and Chapman, Y. 2009. A Thousand Words Paint a Picture: The Use of Storyline in Grounded Theory Research in *Journal of Research in Nursing* 14 (5) pp 405-417.

Boff, C. and Pixley, G. 1989. *The Bible, the Church, and the Poor*. Maryknoll: Orbis Books.

Boff, L. 1988. *When Theology Listens to the Poor*. San Francisco: Harper and Row.

Bohler, C.S. 1996. Female-Friendly Pastoral Care in Moessner, J.S. (ed) *Through the Eyes of Women: Insights of Pastoral Care*. Minneapolis: Fortress Press pp 27- 49.

Boothby, N. 1991. Children of War: Survival as a Collective Act in McCallin, M. (ed.).*The Psychological Wellbeing of Refugee Children. Research, Practice and Policy issues*. Geneva: International Catholic Child Bureau.

Bosch, D.J. 1991. *Transforming Mission: Paradigm Shifts in Theology of Mission*. Orbis: Maryknoll.

Bourdillon M.F.C 2009. Working Children in Zimbabwe in Hindman, H.D (ed). *The World of Child Labour: An Historical and Regional Survey* London, England: M.E Sharpe pp 292-296.

Bourdillon, M. F.C. 2006. *Child Domestic Workers in Zimbabwe*. Harare: Weaver Press.

Bourdillon, M.F.C. 2000. *Earning Life: Working Children in Zimbabwe*. Harare: Weaver Press.

Bourdillon, M.F.C. 1991. *Poor, Harassed But Very Much Alive*. Gweru: Mambo Press.

Brandt, J.M. 2012. Historical Theology in Miller-McLemore, B. (ed.) First Edition. *The Wiley-Blackwell Companion to Practical Theology*. UK: Blackwell Publishing Ltd pp 367-376

Bridger, F. and Atkinson, D. 1998. *Counselling in Context: Developing a Theological Framework*. London: Darton, Longman, & Todd.

Broad, B. and Robbins, I. 2005. The Wellbeing of Unaccompanied Asylum Seekers Leaving Care in Diversity in *Health and Social Care* 2 (4) pp 271-277.

Bronstein, I and Montgomery, P. 2011. Psychological Distress in Refugee Children: A Systematic Review in *Clinical Child Family Psychology Review* 14 pp 44-56.

Browning, D.S and Miller-McLemore, B (eds) 2009. *Children and Childhood in American Religions*. New Brunswick, New Jersey and London: Rutgers University Press.

Brummer, D. 2002. *Labour Migration and HIV/AIDS in Southern African*. IOM: Regional Office for Southern Africa.

Browning, D.S. 2007. *Equality and the Family: A Fundamental, Practical Theology of Children, Mothers, and Fathers in Modern Societies*. Grand Rapids, Michigan: Wm. B. Eerdmans.

Browning, D. S.  1996. *A Fundamental Practical Theology*. Fotress Minneapolis.

Browning, D.S., 1985, 'Practical Theology and Political Theology', in *Theology Today* 42, pp 15−33. http://dx.doi.org/10.1177/004057368504200104 accessed June 15 2009.

Brunner, E. 1946. *Revelation and Reason*. Trans. Wyan, O. Philadelphia: Westminster Press.

Buber, M. 2004. *I and Thou*. Trans. Smith, R.G. London, UK: Continuum International Publishing Group.

Buffel, O.A 2007. *Pastoral Care in a Context of Poverty: A search for a Pastoral Care Model That is Contextual and Liberating. University of Pretoria*: Unpublished PhD Thesis.

Buffel, O.A. 2006. "Pastoral Care to People Living with HIV/AIDS: A Pastoral Response that is Contextual and Liberating" in *Practical Theology in South Africa* 21 (1) pp 1-18.

Bunge, M. J. 2003. *A More Vibrant Theology of Children*. Centre for Christian Ethics: Baylor University.

Bunge, M .J. (ed). 2001. *The Child in Christian Thought.* New York:  Eerdmans.

Burger, C.W., 1988, *Die stand van die Praktiese Teologie in Suid-Afrika,* Navorsingsverslag RGN, Stellenbosch.

Burns, N. And Groves, S. 2008. *The Practice of Nursing Research: Appraisal, Synthesis, and generation of Evidence* (6th edition) St Louis: Elsevier.

*Cambridge Advanced Learners' Dictionary* 2nd ed. 2005. Cambridge: Cambridge University Press.

Cammisa, R. 2009. *Which Way Home,* 90 minutes English Documentary edited by Wasserman, P and Gavin, M. USA.

Cattanach, A. 1992. *Play therapy with abused children*. London: Jessica Kingsley.

Cardinal Ratzinger, J. 1985. *The Ratzinger Report: An Exclusive Interview on the State of the Church Joseph Cardinal Ratzinger with Vitterio Messori*. San Francisco: Ignitious Press.

Carter, M. 2007. *All God's Children: An Introduction to Pastoral Work with Children.* Great Britain: SPCK.

Central Intelligence Agency (CIA)-

*The World Fact Book 2010-* https://www.cia.gov/library/publications/the-world-factbook Accessed 22 June 2010.

Central Statistical Office Populations and Projections. *Zimbabwe National Report,* 2009. Harare, Zimbabwe: Government Publishers.

Central Statistical Office Populations and Projections. *Zimbabwe National Report,* 2008. Harare, Zimbabwe: Government Publishers.

Charmaz, K. 2006. *Coding in Grounded Theory Practice*: *Constructing Grounded Theory*. London: Sage, pp. 42-71.

Charmaz, K. 2000. Grounded Theory: Objectivist and Constructivist Methods in Denzin, N.K. and Lincoln Y.S. (eds.), *Handbook of Qualitative Research* (2nd ed). Thousand Oaks, CA: Sage, pp. 509–535.

*Children's Act Chapter 5: 06.* African Committee of Experts on the Rights and Welfare of the Child Zimbabwe - http://www.acerwc.org/accessed on 14 June 2012.

*Children's Act 38 of 2005*. http://www.justice.gov.za/legislation/acts/2005-038%20childrensactpdf accessed on 14 June 2012.

Chitando, E. 2007. *Acting in Hope: African Churches and HIV/AIDS 2*. Geneva: WCC Publications.

Chirongoma, S. 2002."Women and Children's Rights in the Time of HIV and AIDS in Zimbabwe: An Analysis of Gender Inequalities and Its Impact on People's Health" in *Journal of Theology for Southern Africa*.(114).pp, 48-65.

Chiumento, A., Nelki, J., Dutton, C., and Hughes, G. 2011. School-Based Mental Health Service for Refugee and Asylum Seeking Children: Multi-Agency Working, Lessons for Good Practice in *Journal of Public Mental Health* 10 (3) pp 164-177.

Christopher, K. and Christopher D.J. 2002. *Children's Rights: A Biblical Perspective*. New Delhi: Minerva Press.

*CITIZENSHIP OF ZIMBABWE ACT* (Act No. 23 of 1984 as amended by Act No. 7 of 1990) (Chap. 4:01), Constitution of Zimbabwe As amended at the 14 September, 2005 (up to and including Amendment No. 17)

Clawson, J. 2012. *The Hunger Games and the Gospel: Bread, Circuses, and the Kingdom of God.* New York: Patheos Press.

Clandinin, D.J. and Connelly, F.M. 2000. *Narrative Inquiry: Experience and Story in Qualitative Research*. San Francisco: Jossey-Bass.

Clifford, A.M. 2003. From 'Why' and 'What' of Christian Feminist Theology in Gottlieb, R.S (ed). *Liberating Faith: Religious Voices for Justice, Peace and Ecological Wisdom*. USA: Rowman and Littlefield, pp, 319-328.

Clifford, A.M. 2001. *Introducing Feminist Theology*. Maryknoll, New York: Orbis Books.

Clinebell, H. 2011. *Basic Types of Pastoral Care and Counselling, Resources for the Ministry of Healing and Growth, Updated and Revised by McKeever* 3rd edition. Nashville: Abingdon Press.

Clinebell, H. 1984. *Basic Types of Pastoral Care and Counselling*. Nashville. Abingdon Press.

Clebsch, W. A. and Jaeckle, C.R. 1964. *Pastoral Care in Historical Perspective*. New Jersey: Prentice Hall.

Cohen, C.P. and Kilbourne, S. 1998. Jurisprudence of the Committee on the Rights of the Child: A Guide for Research and Analysis in *Michigan Journal of International Law* 19 pp 633-657.

Cohen, L. and Manion, L. 1989. *A Guide to Teaching Practice* (3rd ed.). London: Routledge.

Cole, E. 1998. Immigrant and Refugee Children's Challenges and Opportunities for Education and Mental Health Services in *Canadian Journal of School Psychology* 14 pp 36-50

Comarmond,P. http://www.mercy.com.au/About_Us/Media_Room/News/Healing_through_story_%E2 %80%93_the_art_of_pastoral_care/ accessed on 1 September 2012

*Convention on the Rights of the Child*,(CRC) 1989. www.unicef.org/crc_accessed12 February 2009.

Couture, P. 2000. *Seeing Children, Seeing God: A Practical Theology of Children and Poverty*. Nashville: Abingdon Press.

Creswell, J. W. 1998. *Qualitative Inquiry and Research Design: Choosing Among Five Designs*. Thousand Oaks, CA: Sage.

Crisis in Zimbabwe Coalition, 8 June 2006, *A Time to Act*. Johannesburg.

Crush J. and Tevera, D, 2010. Exiting Zimbabwe. In Crush, J and Tevera, D. (eds). *Zimbabwe's Exodus: Crisis, Migration, Survival.* Kingston, Cape Town: SAMP pp, 1-49.

Crush, J. 2000. The Dark Side of Democracy Migration, Xenophobia and Human Rights *in South Africa in International Migration* 38 (6) pp 103-133.

Daly, K. J. (2007) *Qualitative Methods for Family Studies and Human Development*. Thousand Oaks, CA: Sage.

Davis, P. H. 1996. *Counselling Adolescent Girls: Creative Pastoral Care and Counselling*. Minneapolis: Fortress Press.

Davies, M., & Webb, E. 2000. "Promoting the Psychological Well-being of Refugee Children" in *Clinical Child Psychology and Psychiatry*, 5, 541−554.

Deane, K.D., Parkhurst, J.O. and Johnston, D. 2010. Linking Migration, Mobility and HIV in *Tropical Medicine and International Health* 15 (12) pp 1458-1463.

De Berry, J., & Boyden, J. (2000). *Children in Adversity. Forced Migration Review,* 9, 33−36.

De Boer-Buquicchio, M. 2005. *Opening Session of the Regional Conference on Migration of Unaccompanied Minors: Acting in Best Interest of the Child in Torremolinos*, Maga-Spain 27-28 October 2005.

Declaration of the Rights of the Child 1923 https://www.crin.org/en/library/un-regional-documentation/declaration-rights-child-1923 accessed 24 April 2010

De Gruchy. J.W. 1987.*Theology and Ministry in Context and Crises: A South African Perspective.* Australia: Collins Liturgical Publications.

Denzin, N. K. & Lincoln, Y. S. 1994. "Introduction: Entering the Field of Qualitative Research." In N. K. Denzin & Y. S. Lincoln. (eds.). *Handbook of Qualitative Research.* Thousand Oaks, CA: Sage.

Derluyn, I. and Broekaert, E. 2008. "Unaccompanied Refugee Children and Adolescents: The Glaring Contrast between a Legal and a Psychological Perspective" in *International Journal of Law and Psychiatry* 31, pp.319–330.

Derluyn, I., and Broekaert, E. 2007. "Different Perspective on Emotional and Behavioural Problems in Unaccompanied Refugee Children and Adolescent in *Ethnicity and Health,* 12, 141-162.

Deviries, D. 2001. Toward a Theology of Childhood in *Interpretation* 55 (161), pp 161-173.

De Vos, A.S, Strydom H, Fouche C.B & Delport C.S.L. 2002. *Research at Grassroots.* (2nd edn.) Pretoria: Van Schaik.

De Vos, A.S. 1998. Combined Quantitative and Qualitative Approach in De Vos, A.S. (ed.) *Research at Grassroots. A Primer for the Caring Professions.* Pretoria: Van Schaik.

Dickens, C. 1839. *Oliver Twist* (2nd ed., Vol. 1). London: Richard Bentely.

Dinkins, D.B. 2005. *Narrative Pastoral Counselling.* USA: Xulon Press.

Durreheim K, and Painter , D. 2006. Collecting Quantitative Data: Sampling and Measuringin Terre Blanche, M, Durrheim, K and Painter, D (eds) *Research in Practice: Applied Methods for the Social Sciences,* 2nd edition. Cape Town: UCT Press pp 129-159.

Durreheim, K. 2006. Research Design in Terre Blanche, M, Durrheim, K and Painter, D (eds) *Research in Practice: Applied Methods for the Social Sciences,* 2nd edition. Cape Town: UCT Press pp 33-59.

Dube, M. W. 2002. Fighting With God: Children and HIV/AIDS in Botswana in *Journal of Theology for Southern Africa*.(114).pp, 31-42.

Dubowitz, H., Pitts, S.C., Litrownik, A.J., Cox, C.E., Runyan, D. & Black, M.M. 2005. Defining Child Neglect Based on Child Protective Services Data. *Child Abuse & Neglect, 29*,493-511.

Doehring, C. 2006. *The Practice of Pastoral Care: A Postmodern Approach*. Louisville, Kentucky: Westminster John Knox Press.

Douglas, E. and Hackman, G. 1939. http://www.scholastic.com/teachers/article/history-child-laboraccessed on 13 August 2012.

Dreyer, F.A. 1999. *The Genesis of Methodism.* England: Associated University Press.

Dykstra, R.C 2013. *Ministry with Adolescents: Tending Boundaries, Telling Truths in Pastoral psychology*

http://link.springer.com/article/10.1007/s11089-013-0509-9 accessed on 24 June 2013.

Ellis, B.H., Mc Donald, H.Z., Lincoln, A.K and Cabral H.J 2008. Mental Health of Somali Adolescent Refugees: The Role of Trauma, Stress and Perceived Discrimination in *Journal of Consulting and Clinical Psychology* 76 (2)pp 184-193.

Engebrightsen, A. 2003. The Child_ or the State's Best Interest? An Examination of the Ways Immigration Officials Work with Unaccompanied Asylum Seeking Minors in Norway in *Child and Family Social Work,* pp 191-200.

Einarsdottir, J., Dockett, S. and Perry, B. 2009. Making Meaning: Children's Perspectives Expressed through Drawing in *Early Child Development and Care* 179 (2), pp 217-232.

Eisenbruch, M. 1990. The Cultural Bereavement Interview: A New Clinical Research Approach for Refugees in *Psychiatric Clinics of North America* 13, pp 715-735.

Engel, S. 2005. "Narrative Analysis of Children's Experience" in Greene, S. and Hogan, D. *Researching Children's Experience: Approaches and Methods*. London: SAGE Publications, pp 199-266.

Enews Channel Africa 360. August 2010.

Erikson, E. H. 1977. *Toys and Reasons: Stages in the Ritualization of Experience.* New York : Norton.

Erikson, E. H. 1963. *Childhood and Society*. (2nd Ed, Rev. & Enl.). New York: Norton.

E.U Legal texts, Council 2004/8/EC http://www.buildup.eu/publications/37848accessed 17 November 2011.

Fazel, M., Reed, R.V., Painter-Brick, C and Stein, A. 2012. Mental Health of Displaced and Refugee Children Resettled in High-income Countries: Risk and Protective Factors in *Lancet* 379, pp 266-282.

Fazel, M. and Stein, A. 2002. The Mental Health of Refugee Children in *Archives of Disease in Childhood*, 87 pp 366-370.

Fettner, P. 2002. Rationality and the Origins of Cultural Relativism in *Knowledge, Technology and Policy, Spring and Summer* 15 (1 & 2) pp 196-203.

Fiedler, K., Gundani, P. and Mijoga, H. 1997. Theology Cooked in an African\*- Pot, *ATISCA Bulletin No. 5/6, Special Volume*. Limbe: Assemblies of God Press.

Firestone, S. 1972. "Down with childhood". In Firestone, S (ed.). *The dialectics of sex: The case for a feminist revolution*. New York: Bantam Books.

Fortin, J. 2003. *Children's Rights and the Developing Law* (2nd ed). Cambridge: Cambridge Press.

Foster, G. 2002. "Safety nets: children affected by HIV/AIDS in Southern Africa" in Foster Geoff *Understanding Community responses to the situation of children affected by HIV/AIDS- Lessons for external agencies, in one step further- responses to HIV/AIDS*. SIDA. studies (7). pp 91-115.

Foster, G. 2000. Responses in Zimbabwe to Children Affected by AIDS in *SAFAIDS NEWS* 8 (1) pp 1-7.

Foster, G. and Williamson, J. 2000. "A Review of Current Literature of the Impact of HIV/AIDS on Children in sub-Saharan Africa" in *AIDS*, 14 (3), , S275-S284.

Foster, G., Mukufa, C., Drew, R. and Kralovec, E. 1997. Factors leading to the establishment of Child-Headed Households: The Case of Zimbabwe in *Health Transition Review*, sup 2, Vol 7 pp 155-168.

Fourie, I. 2002. "A review of Web information-seeking/searching studies (2000 - 2002): Implications for research in the South African Context, The Methodology of Search Log Analysis"(pp. 49-75). Paper presented at the *Progress in Library and Information Science in Southern Africa*: 24 -25 October2002. 2nd Biannial DISSAnet Conference, Pretoria, South Africa. SAOUG.

Fowler, J.W. 1987. *Faith Development and Pastoral Care*. USA: Fortress Press.

Flemming, D. 2005. *Contextualization in the New Testament: Patterns for Theology and Mission.* England: Intervasity Press.

Flick, U. 1998. *An introduction to qualitative research*. London: Sage.

Frank, P and Pearson, G 1998. *Too little-too late! Children's evangelism beyond crisis*. Cambridge: Grove.

Frankfort-Nachmias, C. and Nachmias D. 1992. *Research Methods in the Social Sciences* (4th ed). London, Melbourne, Auckland: Hodder and Stoughton.

Freire, P. 1993. *Pedagogy of the Oppressed*, Translated by M. Bergman Ramos. New York: Continuum.

Freud, A. 1928. *Introduction to the Techniques of Child Analysis.* Washington: Nervous and Mental Disease Publishing Co.

Fukuyama,M.A and Sevig, T.D . 2004. Cultural Diversity in Pastoral care in *Journal of Health*

*Care Chaplaincy*, 13 (2)pp. 25-42.

Fyfe, A. 1989. *Child Labour*. USA: Polity Press.

Fritsch, C. Johnson, E. & Juska, A. 2010. "The Plight of Zimbabwean Unaccompanied Refugee Minors in South Africa: A Call for Comprehensive Action" in *Denver Journal of International Law and Policy*38 (4) pp 623-658.

Gastonguay, D. 1993. Malawi in Wicks R.J and Estadt B.K. *Pastoral Counselling in a Global Church: Voices from the Field.* Maryknoll: New York: Orbis Books pp 46-69.

Gauthier, Y. Fortin, G. and Jeliu, G. 2004. Clinical Application of Attachment Theory in Permanency Planning for Children in Foster Care: The Importance of Continuity of Care in *Infant Mental Health Journal* 25 (4) pp 379-396.

Getui, M.N. "Who is my Keeper? A Pastoral Response to the Plight of Street Children" in Waruta, D. W and Kinoti, H.W. (eds.). 1994. *Pastoral care in African Christianity: Challenging Essays in Pastoral Theology.* Kenya: Acton Publishers, pp, 134-148.

Gergen, K.J and Kaye, J. 1992. "Beyond Narrative in the Negotiation of Therapeutic Meaning" in McNamee, S and Gergen, K.J. (eds) *Therapy as Social Construction,* London: SAGE pp 166-185.

Gerkin. C.V. 1997. *An Introduction to Pastoral Care*. Nashville: Abingdon Press.

Giddens, A. and Griffiths, S. 2006. *Sociology* 5th edition. Cambridge: Polity.

Giddens, A. 1991. *Modernity and Self Identity: Self and Society in Late Modern Age.* Stanford, California: Stanford Press.

Glaser, B.G. 2002. Conceptualization: On Theory and Theorizing using Grounded Theory in *International Journal of Qualitative Methods*, 1 (2) (Spring) pp 1-31.

Glaser, B.G. 1992.*Emergency vs Forcing: Basics of Grounded Theory Analysis*. CA, Mill Valley: The Sociology Press.

Glaser, B.G. and Strauss, A.L. 1967. *The Discovery of Grounded Theory: Strategies for Qualitative Research.* Chicago: Aldine.

Globalgeopolitics.net/wordpress/2010 accessed 15 March 2010

www.france24.com/en/20100307/burdenofaidshitzimwomenhardest accessed 15March 2010transparenceglobalvoicesonline.org.

Government of the Republic of South Africa, 1996.*The Constitution of the Republic of South Africa (1996) Act 108 of 1996.* Government Printers Pretoria.

Graham, V. 2010. "How Firm the Handshake? South Africa's use of Quite Diplomacy in Zimbabwe from 1999-2006" in *African Security Review* 15.4 pp 110-127.

Grbich, C. 2007. *Qualitative Data Analysis: An Introduction*. London: Sage Publications.

Gregson, S. Nyakapa, C.A., Garnett, G.P., Wambe, M., Lewis, J.J.C., Mason, P.R.*et al*. 2005 HIV Infection and Reproductive Health in Teenage Women Orphaned and Made Vulnerable by AIDS in Zimbabwe in *AIDS Care*17 (7) pp 785-794.

Greig, A.D., Taylor, J. and Mackay, T. 2007. *Doing Research with Children*. Thousand Oaks, CA: Sage Publications.

Greig, A.D. and Taylor, J. 1999. *Doing Research with Children*. Thousand Oaks, CA: Sage.

Grenz, S. 2001. *Social God and Relational Self: A Trinitarian Theology of the Imago Dei.* Louisville, Kentucky: Westminster John Knox Press.

Grenz, S. and Frank, J.R. 2001. *Shaping Theology in a Post Modern Context*. Louisville, Kentucky: Westminster John Knox Press.

Green, E. C., Halperin, D.T., Nantulya, V. and Hogle, J.A. 2006. Uganda's HIV Prevention Success: The Role of Sexual Behaviour Change and the National Response in *AIDS and Behaviour* 10 (4) pp 335-346.

Grier, B. 2009. Child Labour in Colonial Zimbabwe in Hindman, H.D (ed). *The World Of Child Labour: An Historical and Regional Survey* London, England: M.E Sharpe pp 297-298.

Groody, D.G. 2009. "Crossing the Divide: Foundations of a Theology of Migration and Refugees" in *Theological Studies* 70, pp 638-667.

Grossoehme, D.H. BCC. 1999. *The Pastoral Care of Children*. New York, London, Oxford: Harworth Pastoral Press.

*Guardianship of Minors Act, [Chapter 5: 08] (of 2003)*African Committee of Experts on the Rights and Welfare of the Child Zimbabwe - http://www.acerwc.org/accessedon 14 June 2012.

Gundani, P.H.2004. Continuity and Change in the Zimbabwean Religio-cultural landscape in the era of HIV/AIDS in Harold-Barry, D. *Zimbabwe: The Past is the Future*. Harare: Weaver Press pp 87-105.

Gundani, P.H. 2001 Church, Media, and Healing: A Case Study from Zimbabwe in *Word & World* Volume XXI, ( 2) Spring, pp 135-143.

Gutirrez, G. 1999. Translated by Judith Condor, The task and Content of Liberation Theology. In Rowland, C. (ed.) *The Cambridge Companion to Liberation Theology*. Cambridge: Cambridge Press, pp 19-38.

Gutiérrez, G. 1997. Renewing the option for the poor in Batstone, D., Mendieta, E., Lorentzen L. A. and Hopkins, D. N. (eds.). *Liberation Theologies, Postmodernity and the Americas*. London: Routledge.

Gutiérrez, G. 1988. *A Theology of Liberation: History, Politics, and Salvation* (*Teología de la liberación: perspectivas*, 1971) trans. Sister Caridad Inda and John Eaglson, rev. ed. Maryknoll, NY: Orbis Books.

Gutiérrez, G. 1983. *The Power of the Poor in History*. (trans. Robert R Barr) Maryknoll, NY: Orbis.

Gutiérrez, G. 1972. *A Theology of liberation* in Inda Caridad and Eagleson John (Eds) Maryknoll, New York: Orbis Books.

Hadley, L.C. 2007. *Spiritual Support: A Pastoral care Model for Children and Teensin Trauma.* Unpublished Doctoral Thesis, United Theological Seminary Trotwood, Ohio.

Hagar, S.E. 2007 "Zimbabwe: Why the United Nations, State, and Non-State Actors Failed to Effectively Regulate Mugabe's Policy of Internal Displacement" in *California Western International Law Journal* 37 pp 221-275.

Hall, G.S. 1916. *Adolescence. 2 vols.* New York: Appleton.

Halley, M.C 2012. *Negotiating Sexuality: Adolescent Initiation Rituals and Cultural Change in Rural Southern Tanzania.* Doctor of Philosophy, Case Western Reserve University.

Hanzi, R. 2006. *Sexual Abuse and Exploitation of the girl child through Cultural practices in Zimbabwe: A human Rights perspective*. Unpublished LLM Dissertation: University of Pretoria.

Handzo, G.F 1997. Talking about Faith with Children in Lester A.D. (ed). *When Children Suffer a Source Book of Ministry with Children in Crisis.* Philadelphia: The Westminster Press pp 173- 183.

Harper, F.D., Harper, J.A and Stills A.B. 2003. "Counselling Children in Crisis Based on Maslow's hierarchy of Basic Needs" in *International Journal of Advancement of Counselling* 25 (1) pp 11-25.

Hays, S.P 1995. *The Response to Industrialism 1885-1914* (2nd ed). United States of America: Chicago Press.

Hashim, I and Thorsen, D. 2011. *Child Migration in Africa*. London, New York: Zed Books.

Hasson, V. and Whitaker, J. 2010. Faith in Time of Exile in *Grace and Truth a Journal of Catholic Reflection for Southern Africa* 27 (2) pp, 5-14.

Heald, C.22 June 2010. BBC News Africa, http://www.bbc.co.uk/news/10368102 accessed on the 17 October 2012.

Heitink, G. 1999. *Practical theology: History, Theory, Action Domains: Manual for Practical Theology*. Wm. B. Eerdmans Publishing.

Help Sheet 9, n.d *Penninsula Research and Development* Support Unit,UK.

Heptinstall, E., Sethna, V., and Taylor, E. 2003. *The Mental Health Needs of Refugee Children in the SLAM Area*. Funders Reports ed. London and Maudsley NHS.

Hermans, C.A.M and Moore M.E. 2004.The Contribution of Empirical Theology by Johannes A.Van der Ven: An Introduction in Hermans C.A.M and Morre M.E (eds) *Hermeneutics and Empirical Research in Practical Theology: The Contribution of Empirical Research in Practical Theology; The Contribution of Empirical Theology by Johannes A. Van der Ven.* Netherlands: Koninklijke Brill NV, Leiden, pp. 1-18.

Heyns, L.M.1995. "Praktiese Teologie en Samelewing", in *Praktiese Teologie in Suid Afrika,* 10 (2), pp, 52-61.

Heyns, L.M and Pieterse, H. J.C.1990. *A Primer of Practical Theology*. Pretoria. Gnosis.

Hlobo, R. 2010. "Violation of Human Dignity: Xenophobia and Refugees in South Africa" in *Grace and Truth a Journal of Catholic Reflection for Southern Africa* 27 (2) pp 77-89.

Humphries, J. 2010. *Childhood and Child Labour in the British Industrial Revolution*. UK: Cambridge University Press.

Huysamen, G.K. 1994. *Methodology for the Social and Behavioural Sciences.* Halfway House, Midrand: Southern Book Publishers.

Hodes, M., Jagdev, D., Chandra, N., and Cunnif, A., 2008.Risk and Resilience for Psychological Distress Amongst Unaccompanied Asylum Seeking Adolescents, in *Journal of Child Psychology and Psychiatry*, 49, 723-732.

Hodes, M. 2010. The Mental Health of Detained Asylum Seeking Children in *European Child Adolescence Psychiatry* 19, pp 621-623**.**

Hofstee, E. 2006. *A Practical Guide to Finishing a Masters, MBA or PhD on Schedule: Constructing a Good Dissertation*. South Africa: EPE.

Hollins, K., Heydari, H., Grayson, K., and Leavey, G. 2007. The mental Health and Social Circumstances of Kosovan Albinian and Albanian Unaccompanied Refugee Adolescents Living in London in *Divers Health Social Care* 4, pp 277-285.

Holness, L. 2008. *A Little Child Shall Lead Them.* Unpublished paper delivered at Theology and Spirituality Conference in Honour of Prof. Denise Ackermann, University of Western Cape, 5 September 2008.

Horrell, S. and Humphries, J. 1995. The Exploitation of Little Children": Child Labour and Family Economy in the Industrial Revolution in *Explorations in Economic History* 32 pp 485-516.

Howard, B.H., Phillips, C.V., Matihnure, N., Goodman, K.J., McCurdy, S.A and Johnson, S.A.2006. "Barriers and Incentives to Orphan Care in a Time of AIDS and Economic Crisis: A Cross-Sectional Survey of Caregivers in Rural Zimbabwe" in *BMC, Public Health,* 6 (27), pp.1-11.

Howard. C. 2011. *Basic Types of Pastoral Care and Counselling: Resources For the Ministry of Healing and Growth.* Updated and Revised by McKeever. B.C. 3rd edition. Nashville: Abingdon Press

Howe, D.2005. *Attachment Theory for Social Work Practice*. UK, New York: Palgrave McMillan.

Ingrid, M. 2007. Forced Migration Studies, *The Unaccompanied Minors Study*. Johannesburg: University of the Witwatersrand.

Internal Displacement Monitoring Centre, - *ZANU PF Torturings, Norwigian Refugee Council*. [www.internal_displacemnet.org_zanupf_torturing/zim accessed 18 April 2009](http://www.internal_displacemnet.org_zanupf_torturing/zim).

Isherwood, L. and McEwan, D.1993. *Introducing Feminist Theology.* England: Sheffield Academic Press.

Jackson, H. 2002.*AIDS Africa: Continent in Crisis.* UNESCO: SAFAIDS.

James, G. 2011. Children Seldom Seen and Heard: identifying the Religious HIV and AIDS Discourse in Haddad, B. (ed.)*Religion and HIV and AIDS: Charting the Terrain*. Pietermaritzburg: University of KwaZulu-Natal Press pp 300-314.

James, R.M. 2008. Factors that Render the Girl-Child Vulnerable to HIV/AIDS in Kenya in Hinga, T.M., Kubai, A.N., Mwaura, P and Ayanga, H. *Women, Religion and HIV/AIDS in Africa.* Pietermaritzburg: Cluster Publications.

Jensen, D. 2005. *Graced Vulnerability: A Theology of Childhood*. Cleveland: Pilgrim Press.

Jones, M. and Alony, I. 2011. Guiding the use of Grounded Theory in Doctoral Studies-An Example from Australian Film Industry in *International Journal of Doctoral Studies* 6, pp, 95-114.

John Paul II, 1993.Encyclical Letter *Veritatis Splendor, 35: AAS* 85.

Johnston, E. 2005. *The Situation of Isolated Migrant Minors in France* a paper presented at a Regional Conference on Migration of Unaccompanied Minors: Acting in the Best Interest of the Child in Torremolinos, Malaga-Spain 27-28 Oct 2005.

Kaboyashi, D.B. 2010. Crisis at the Polls: Restoring Democracy in Zimbabwe in *Stanford Journal of Public Policy Spring* 1 (1) pp 19-35

Kaime, T. 2009. *The African Charter on the Rights and Welfare of the Child: A Socio-Legal Perspective*. University of Pretoria, South Africa: Pretoria University of Law Press (PULP).

Kalucki, B and Lamish, D. 2011. *Communicating with Children: Principles and Practices to Nurture, Inspire, Excite, Educate and Heal*, UNICEF. www.sparc.org.za Accessed 9 Sept 2012.

Kamau, N. 2011. African Cultures and Gender in the Context of HIB and AIDS: Probing these Practices in Haddad, B. (ed.)*Religion and HIV and AIDS: Charting the Terrain*. Pietermaritzburg: university of KwaZulu-Natal Press, pp 257-272.

Kaniki, A.M. 2006.Doing an Information Search in Terre Blanche, M, Durrheim, K and Painter, D (eds) *Research in practice: Applied methods for the social sciences,* 2nd edition. Cape Town: UCT Press, pp 19-32.

Kanyoro, M.2002. Holistic Ways to Empower Africa's Children and Young People in *Journal of Theology for Southern Africa.* (114) pp 67-77.

Kapp, C. 2007. "Health Crisis Worsens in Zimbabwe" in *Lancet* 369 (9578) pp 1987-1988.

Kasomo, D. and Maseno, L.M. 2011. A Critical Appraisal of African Feminist Theology in *International Journal of Current Research* 2 (1) pp 154-162.

Keenan, M. 2012. *Child Sexual Abuse and the Catholic Church: Gender, Power and Organizational Culture*. Oxford, New York: Oxford University Press.

Keane, M. 1998. Feminist and Womanist theology in Mainela, S. and König, A. (eds). *Initiation into theology: The rich variety of theology and hermeneutics*. Pretoria: J L van Schaik Publishers.

Keane, E. 1993. Zambia in Wicks R.J and Estadt B.K. *Pastoral Counselling in a Global Church: Voices from the Field.* Maryknoll: New York: Orbis Books pp 70-81.

Khumalo, D. 2010. Unwanted and Unwelcome: the Plight of Zimbabweans in Egoli in *Grace and Truth a Journal of Catholic Reflection for Southern Africa* 27 (2) pp 67-76.

King, N. and Harrocks, C. 2010. *Interviews in Qualitative Research.* London ECIY ISP: SAGE Publications.

Klein, M. 1975/1932.*The Psycho-Analysis of Children*. New York: Delacorte. (Original work published 1932)

Kirkpatrick, L. A. 1992. An Attachment-Theory Approach Psychology of Religion in *International Journal for the Psychology of Religion*, 2 (1), pp 3-28.

Koch, C.R., Andrews-Collette, R., and Hammond, V.W. 1997 in Lester A.D . (ed). *When Children Suffer a Source Book of Ministry with Children in Crisis.* Philadelphia: The Westminster Press pp 203-210.

Kretzschmar, L.1995. Women and Culture Ecclesial and Cultural Transformation. In Villa-Vicencio, C and Nichaus, C. (eds). *Many Cultures, One Nation: A Festschrift for Beyers Naude*. Cape Town: Human & Rousseau (Pty) Ltd pp 90-104.

Kwenda, S. 2011. *Zimbabwe's Child Exodus: What motivates thousands of children to take great risks smuggling themselves across the border to South Africa?*http://www.aljazeera.com/programmes/africainvestigates/2011/11/2011111682030843189.htmlaccessed 10 April 2012.

Landreth, G. L. 1993. Child Centred Play Therapy in *Elementary School Guidance & Counselling,* 28 (1),pp 18-28.

Lartey, E. 2002. Pastoral Counselling in Multi-cultural Contexts in *American Journal of Pastoral Counselling* 5 (3/4) pp 317-329.

Lartey, E. 2003. *In Living color: an Intercultural Approach to pastoral Care and Counselling* 2nd edition. London and New York: Jessica Kingsley Publishers.

Lavinia, L. 2012. *First Ladies Address Conference on Unaccompanied Migrant Children*

http://www.refugees.org/our-work/child-migrants/first_ladies_address.html accessed on the 7 January 2013.

Lee, T-Y. 2010. "The Loss and Grief in Immigration: Pastoral Care for Immigrants" in *Pastoral Psycholog*y 59, pp 159-169.

Leedy, P.D. 1997. *Practical Research: planning and Designing* (9<sup>th</sup> edition) New York: Pearson Education.

Legault, T. 2004. Play Therapy http accessed on 13 November 2012.

Leitch, R. 2008. Creatively Researching Children's Narratives Through Images and Drawings in Thomson, P. (ed). *Doing Visual Research with Children and Young People*. Abingdon, Oxon OX14 4RN: Routledge.

LenkaBula, P. 2002. From the Womb into a Hostile World: Christian Ethics and Sexual Abuse Against Children in South Africa in *Journal of Theology for Southern Africa*, 114 pp 55-68.

Lester, A. D. 1995. *Hope in Pastoral Care and Counselling*. Louisville, Kentucky: Westminster: John Knox.

Lester, A.D. 1987. Ministry with Children in Crisis in Lester A.D. (ed). *When Children Suffer a Source Book of Ministry with Children in Crisis*. Philadelphia: The Westminster Press. Pp 9-15.

Lester, A. D. 1985. *Pastoral Care with Children in Crisis*. Philadelphia: The Westminster Press.

Lindbeck, G.A. 1985.*The Nature of Doctrine: Religion and Theology in a Postliberal Age* Philadelphia: Westminster Press.

Lindner, E.W. 2006. *Thus far on the Way: Toward a Theology of Child Advocacy*. Louisville, Kentucky: Witherspoon Press.

Lingren, H.G. 1997. *Listening-with your Heart As well as your ears* in Digital Commons @ University of Nebraska-Lincoln pp 1-8.

Lippi-Green, R. 1997. *English with an Accent: language, Ideology and Discrimination in the United States.* London: Routledge.

Litoselliti, L.2003. *Using Focus Groups in Research.* London, New York: Continuum.

Lloyd, A. 2008. The African Regional System for the Protection of Children's Rights in Sloth-Nielsen, J. *Children's Rights in Africa: A Legal Perspective*. England: Ashgate Publishing Limited pp 33-52.

Louw, D.J. 2011, '*Ta splanchna*: A Theopaschitic Approach to a Hermeneutics of God's Praxis. From Zombie Categories to Passion Categories in Theory Formation for a Practical Theology of the Intestines', in *HTS Teologiese Studies/Theological Studies*

67(3) Art. #1087, 13 pages. http://dx.doi.org/10.4102/hts.v67i3.1087 accessed on 12 February 2012.

Louw, D.J. 1994. *Illness as Crisis and Challenge: Guidelines for Pastoral Care*. Orion: Halfway House.

Lubbe, G. 2009.*Victims of Xenophobia: African Immigrants in South Africa*. Pretoria: University of South Africa

Luther, M. 1958. *Lecturers on Genesis in Luther's Works*. Edited by Pelikan, J. Translated by Schick G.V. St Louis: Concordia Publishing House, Vol 1.

Maddalena, F.O 2011.*Zimbabwean adolescents' experience of their parents' absence due to Diaspora.* University of South Africa Thesis Unpublished Masters Dissertation.

Madzivadondo. T. 2012. Impact of Spouses in the Diaspora on the Family as an Agent of Socio-economic Development in Zimbabwe in *Online Journal of Social Science Research* 1 (6) pp 196-1999.

Maguire, P. 1987. *Doing Participatory Research: A Feminist Approach*. Massachusetts: University of Massachusetts.

Magqibelo, L. 2010. *Experiences of Unaccompanied Minors: An Exploratory Study Conducted with Refugee Children.* University of the Western Cape, Unpublished Masters Dissertation.

Mahati, T.S. 2011."The Representations of Unaccompanied Working Migrant Male Children Negotiating for Livelihoods in a South African Border Town" in Bourdillon, M. and Sangare, A. *Negotiating the Livelihoods of Children and Youth in Africa's Urban Spaces.* Dakar: CODESRIA pp 67-85.

Malherbe, J. 2011, *Saved by the lion? Stories of African children encountering outsiders*, Childnet, Mogale City.

Ma Mpolo, M. 1990. African Pastoral Care Movement in Rodney J. Hunter (Ed.), *Dictionary of pastoral care and counselling* Nashville: Abingdon Press, pp. 11-12.

Manala, M.J. 2006. *The Church's Ministry to the Sick in a Black South African Context*. Unpublished Doctor of Theology Thesis. University of South Africa.

Mapedzahama, V and Bourdillon, M. 2002. "Street workers in a Harare suburb", in Bourdillon, M. (Ed), in *Earning Life: Working Children in Zimbabwe*. Harare: Weaver Press pp 45 - 58.

Mararike N. Johannesburg: Wahenga; 2006. *Zimbabwe: the basic education assistance module*.http://www.wahenga.net/index.php/views/country_update_view/zimbabwe_the_basic_education_assistance_module_beam/, accessed on 10 July 2007.

Martin, P.Y. and Turner, B.A. 1986. Grounded Theory and Organizational Research in *Journal of Applied Behavioural Science* 22 (2), pp 141-157.

Matheny. P.D. 2011. *Contextual Theology: Drama of Our Times*. Eugene, Oregon: Pickwick Publications.

May, S., Posterski. B, Stonehouse. C,and Cannell.L. 2005. *Children Matter: Celebrating Their Place in The Church, Family, and Community.* Grand Rapids: Eerdmans.

Mayer. V, van Garden. J. and de la Hunt L.A. 2008. "Protecting the Most Vulnerable: Using the Existing Policy Framework to Strengthen Protection for Refugee Children" in Hand maker, J., de la Hunt L.A and Karen, J. (eds) *Human Rights in Context Advancing Refugee Protection in South Africa.* Oxford: Berghahn Books Ltd, pp 186-213.

Mbabaali, F. 2012. *Exploring the Sense of Belonging of War Affected Refugee Youth*. Master of Education Unpublished Dissertation: University of Manitoba.

McCarthy, C. and Marks, D.F. 2010. "Exploring the Health and Well-being of Refugee and Asylum Seeking Children" in *Journal of Health Psychology*, 15 (4), pp, 586-595.

McTaggart, R. (ed.). 1997. *Participatory Action Research. International Contexts and Consequences.* Albany: Sate university of New York Press.

Mead, M. 1928. *Coming of Age in Samoa: A Psychological Study of Primitive Youth for Western Civilisation*. New York: W. Morrow & Company.

Meade, M.A. and Slesnick, N. 2002. Ethical Consideration For Researching and Treatment with Runaway and Homeless Adolescents in *Journal of Psychology*, 136 (4), pp. 449-463.

Médecins Sans Frontières/Doctors Without Borders, 2009. *No Refuge, Access Denied: Medical and Humanitarian Needs of Zimbabweans in South Africa.* Johannesburg: Médecins Sans Frontières.

Mercer, J. A. 2005. *Welcoming Children: A Practical Theology of Childhood*. Missouri, St Louis: Chalice Press.

Middleton, R. 2005. *The Liberating Image: The Imago Dei in Genesis 1*. Grand Rapids: Brazos Press.

Miles, G and Wright, J.J. 2003.*Celebrating Children: Equipping people working with children and Young People Living in Difficult Circumstances around the World.* Waynesboro: Paternoster.

Miller-McLemore, B. 2011."Feminism, Children, and Mothering: Three Books and Three Children Later" in *Journal of Childhood and Religion,* 2 (1) January, pp 1-32.

Miller-McLemore, B. 2010."Jesus Loves the Little Children? An exercise in the use of Scripture" in *Journal of Childhood and Religion,* 1 (7), October, pp 1-35.

Miller-McLemore, B. 2009.The Royal Road: Children, Play and Religious Life in *Pastoral Psychology* 58 pp 505-519.

Miller-McLemore, B. 2007. *In the Midst of Chaos: Caring for Children as Spiritual Practice.* San-Francisco, CA: John Wiley and Sons.

Miller-McLemore, B. 2003. *Let the Children Come: Reimagining Childhood from a Christian Perspective.* San Francisco, CA: Jossey-Bass.

Miller-McLemore, B. 1996. The Living Human Web: Pastoral Theology at the Turn of Century in Moessner, J.S. (ed) *Through the Eyes of Women: Insights of Pastoral Care*. Minneapolis: Fortress Press pp 9-26.

Mishra, D. 2010. A History of Child Labour http://www.scholastic.com/teachers/article/history-child-laboraccessed on 13 August 2012.

Mitchell, M. I. 2011. Child Migration in Ghana: Issues, Risks and Opportunities in *Africa portal Backgrounder* 7 pp 1-8.

M'jid, N, 2005. *Situation of Unaccompanied Migrant Minors in Morrocco* in a paper presented at a Conference on Migration of Unaccompanied Minors: Acting in Best Interest of the Child in Torremolinos, Maga-Spain 27-28 October 2005.

Mlambo, A.S , 2010. "A History of Zimbabwean Migration to 1990"in Crush, J and Tevera, D. (eds). *Zimbabwe's Exodus: Crisis, Migration, Survival*. Kingston, Cape Town: SAMP pp. 52-76.

Mlambo, A., Vambe, M., and Zegeye, A. 2010. Introduction to Special Issues on the Zimbabwe Crisis in *Journal of Developing Societies* 26 (1) pp 1-4.

Moletsale, M. 2011.*Unaccompanied Children at South Africa's Border with Zimbabwe*www.africa-press.org accessed3 August, 2012.

Morisky, D.E., Shu-Yu, L., and Arada L.A. 2010. "The Role of Non-formal Education in Combating the HIV epidemic in Philippines and Taiwan" in *Springerlink.com* (39) pp 335-357.

Morgan, A. (ed) 1999. *Once Upon A Time..Narrative Therapy with Children and their Families.* Adelaide: Dulwich Centre Publications.

Moschos, G. 2005.*Main Characteristics of Migration of Unaccompanied Minors* Key note Speaker at Regional Conference on Migration of Unaccompanied Minors: Acting in Best Interest of the Child in Torremolinos, Maga-Spain 27-28 October 2005.

Motlhabi, 1987. Liberation Theology: An Introduction in *Liberation Theology and the Bible*. De Villers P.G (ed). Pretoria. University of South Africa pp 1-14.

Mouton, J. and Marais, H.C. 1996. *Basic Concepts in Methodology of the Social Sciences*. Pretoria: HSRC Publishers.

Moyo, F.L. 2004. Religion, Spirituality and Being a Woman in Africa: Gender Construction Within the African Religio-Cultural Experiences in *Agenda: Empowering Women for Gender Equity,* 18 (61) pp 72-78.

Mower Jr, A.G. 1997. *The Convention on the Rights of the Child: International Law Support for Children*. Cape Town: Greenwood Press.

Msomi, V.V. 1992. Pastoral Counselling in South Africa with Special Reference to the Zulu. PhD: Unpublished Thesis. Cape Town: University of Cape Town.

Mucherera, T.N. 2000. *Pastoral Care from a Third World Perspective: A Pastoral Theology of Care for the Urban Contemporary Shona in Zimbabwe.* New York: Peter Lang.

Muchini, B., Benedikt, C., Gregson, S., Gomo, E., Mate, R., and Mugurungi, O., et al. 2011. Local Perceptions of the Forms, Timing and Causes of Behaviour Change in Reponses to the AIDS Epidemic in Zimbabwe in *AIDS Behaviour* 15 pp 487-498.

Mugambi, J.N.K. "Pastoral Care for Youth and Students" in Waruta, D. W and Kinoti, H.W. (eds.). 1994. *Pastoral care in African Christianity: Challenging Essays in Pastoral Theology.* Kenya: Acton Publishers, pp, 148-164.

Muhnande, C. and Dzimba, S. 2010. "The Plight of Zimbabwean Child Migrants in the Border Town of Musina, South Africa: A Child's Rights Perspective" in *Journal of History and Development* 1 (1) pp 6-14.

Müller, J.C., 2009, 'Postfoundationalism as a practical way of interdisciplinary dialogue: narrative research on HIV and Aids', *paper delivered at 3rd International Conference on Interdisciplinary Social Sciences,* Prato, Italy, 22–25 July.

Müller, J.C., 2005. A Postfoundationalist HIV Positive Practical Theology in *Practical Theology in South Africa = Praktiese Teologie in Suid-Afrika*, 20 (2), pp, 72-88.

Müller, J.C. 2004. HIV/AIDS, Narrative Practical Theology, and Post-Foundationalism: The emergence of a New Story in *HTS* 60 (1 &2) pp 293-306.

Mundeta, S. 2009. "Child Economic Migrants in South Africa" in *Without Prejudice* 9 (7) pp 36-37.

Muuss, R.E. 1975. *Theories of Adolescence*, 3rd edition, New York: Random House.

Mwaura, P. N. 1994. "Healing as Pastoral Concern" in Waruta, D.W and Kinoti, H. W. *Pastoral care in African Christianity: Challenging Essays in Pastoral Theology.* Nairobi: ACTON Publishers pp 62-86.

Mwenisongole, T.A. 2010. *The Use of Stories and Metaphors in Pastoral Counselling with Orphans and Vulnerable Children Affected By HIV and AIDS in Mbeya*, *Tanzania.* DTh Unpublished Thesis. Pretoria: University of South Africa.

Nagy, S. Hesse-Biber and Leavy, P. 2010. *The Practice of Qualitative Research.* London: Sage.

Nakkash, R.,Makhoul.J, and Afifi, R.A2009. Research Ethics: Obtaining informed Consent: Observations from Community Research with Refugee and Impoverished Youth in *Journal of Medical Ethics*35 (10) 638-643.

Nardinelli, C. 1980. Child Labour and the Factory Acts in *Journal of Economic History*, XL (4) pp 739-755.

National AIDS Council, 2011. *Zimbabwe National HIV and AIDS Strategic Plan (ZNSP), 2011-2015.* Harare, Zimbabwe: Government Publishers.

Nicholai, J. 2006. "Operation Murambatsvina: A Crime against Humanity under the Rome Statute? *In American University in International Law Review*, 21 (5),pp 813-844.

Ndlovu, T. 2012. Escaping Home: The Case of Ethnicity and Formal Education in the Migration of Zimbabweans during the Zimbabweans Crisis in Chiumbu, S. and Musemwa, M. *The Multiple Dimensions of the Zimbabwean Crisis.* Cape Town: HSRC Press, pp 100-121.

Ndlovu, T. 2010. Where is my Home? Rethinking Person, Family, Ethnicity and Home under increased Transnational Migration by Zimbabweans in *African Identities* 8 (2) pp 117-130.

Ngwenya, S. S. 2009. *From Womb to Work: A Theological Reflection of "Child Labour" in Zimbabwe.* Mth Unpublished Dissertation. Pietermaritzburg: University of KwaZulu-Natal.

Neuman, WL. 2007. *Basics of Social Research: Qualitative and Quantitative approaches.* Boston: Pearson\Allyn and Bacon.

Neuman, W.L. 2006. *Social Research Methods: Qualitative and Quantitative Approaches* (6th ed). Boston: Pearson Education, Inc.

Neuman, WL. 2000. *Social Research Methods: Qualitative and Quantitative approaches.* Boston: Pearson\Allyn and Bacon.

Newman, L.M. 1996. Coming of Age, but not in Samoa: Reflections on Margaret Mead's legacy for Western Liberal Feminism in *American Quarterly* 48 (2) pp 233-272.

Nolan, A. and Broderick, R. 1987. *To Nourish Our Faith: Theology of Liberation for Southern Africa*. South Africa: Order of Preachers.

Ntsimane, R. 2006. To Disclose or not to Disclose: An Appraisal of the Memory Box Project as a Safe Space for Disclosure of HIV Positive Status in *Journal of Theology for Southern Africa* 125 pp 7-20.

Nunes, C. and van Deventer, H.J.M. 2009. Feminist Interpretation in the Context of Reformational Theology: A Consideration in *Die Skrifling* 43 (4) pp, 737-760.

Oakely, A. 1998. Gender, Methodology and People's Ways of Knowing Some Problems with Feminism and the Paradigm Debate in Social Science. *Sociology,* 32 (4), pp, 707-737.

Oakely, A. 1981. Interviewing Women: a Contradiction in Terms. In Roberts, H. (ed). *Doing Feminist Research.* New York: Routledge, pp, 30-61.

Oduyoye, M.A.1995. *Daughters of Anowa: African Women and Patriarchy*. Maryknoll: Orbis

Oduyoye, M. A. 1994. Feminist Theology in an African Perspective in Gibellini, R. (ed). *Paths of African Theology.* London: SCM Press, pp, 166-181.

Okaalet, P. 2007. Some Religious Responses to HIV/AIDS and Children in *Africa in Religion and Theology,* 14 (1/2) pp, 94-104.

O'Neill, E.O., Gabel, J. Huckins, S. and Harder J. 2010. Prevention of Child Abuse and Neglect Through Church and Social Service Collaboration in *Social Work and Christianity* 37 (4) pp 381-406.

Orgocka, A. 2012. Vulnerable yet Agentic: Independent Child Migrants and Opportunity Structures in Orgocka, A. and Clark-Kazak (eds). *Independent Child Migration-Insights into Agency, Vulnerability and Structure. New Directions for Child and Adolescent Development* 136, pp 1-11.

Pais, J. 1991. *Suffer The Children: A Theology of Liberation by a Victim of Child Abuse*. Mahwah, New Jersey: Paulist Press.

Park, S-K. 2010. A Postfoundationalist Research Paradigm of Practical Theology in *HTS* 66 (2) 1-6.

Patton, J. 1993. *Pastoral Care in Context*. Westminster/John Knox Press, Louisville, KY.

Pears, A. 2010. *Doing Contextual Theology*. New York: Routledge.

Phaswana, D.R. 2008. *Communal Pastoral Counselling: Culturally Gifted Care-Givers in Times of Family Pain- A Vhavenda Perspective*. DTh Unpublished Thesis. Pretoria: University of South Africa.

Phiri, I. A. 2004. Southern Africa in Parrat, J. (ed). *An introduction to Third World Theologies* Cambridge: Cambridge University Press, pp, 137-162

Phiri, I. A. 2003A. African Women Of Faith Speak Out In An HIV/AIDS Era in Phiri, I.A., Haddad, B. and Masenya, M. (eds.) *African Women, HIV/AIDS and Faith Communities,* Pietermaritzburg: Cluster Publications, pp, 3-20.

Phiri, I.A 2003B. Virginity Testing? African Women seeking Resources to Combat HIV/AIDS in *Journal of Constructive Theology* Vol. 9, (1) pp 63-78.

Phiri, I.A. 1997. *Women, Presbyterianism and Patriarchy: Religious Experiences of Chewa Women in Central Malawi*. Blantyre, Malawi: CLAIM.

Pitersen, R and Fontana, L. 2007. Using Metaphoric Storytelling in child and Youth Care work in international Child and Youth Care Network, CYC-Online http://www.cyc-net,org/cyc-online/cyol-0706peterson.html.accessed 12 April 2011.

Pieterse, H.JC. 2001. *Preaching in a Context of Poverty*. Pretoria: UNISA.

Pieterse, H.J.C 1998. A Theological Theory of Communicative Actions in *Religion and Theology* 5 (2) pp 177-194.

Pieterse, H.J.C. 1994. The Empirical Approach in Practical theology:  A discussion with J.A van der Van in *Religion and Theology* 1 (1) pp 77-83.

Pieterse, H.J.C. 1985. *Practical Theology IIA: Study Guide 1 for PTA200-*W. University of South Africa.

Poling, J. N. 1991. *The abuse of power: A theological problem.* Nashville, TN: Abingdon.

*Pontifical Council for Justice and Peace: Compendium of the Social Doctrine of the Church*.2004. Libreria Editrice Vatican.

*Pontifical Council For The Pastoral Care of Migrants and Itinerant People, The Pastoral Care of Street Children.* Guidelines For The Pastoral Care of the Road, March 2010.

Price-Smith, A.T 2007. Vicious Circle- HIV/AIDS, State Capacity, and National Security: Lessons from Zimbabwe, 1990-2005 in *Global Health Governance*, 1 (1) pp 1-24.

Pretorious, G. Morgan, B., Mhaka-Mutepfa, M. Ngoma, M.S., and Mayekiso, T. 2011. Counselling Orphans and Vulnerable Children in Africa in Mpofu, E. (ed.) *Counselling People of the African Ancestry.* Cambridge: Cambridge University pp 180-192.

Prothero, R.M. 1974. Foreign Migrant Labour in South Africa in *International Migration Review* 8, pp 383-394.

*Protocol Relating the Status of Refugees* 1967. United Nations General Assembly.

Pumariega, A., Rothe, E., and Pumariega, J.B. 2005. Mental Health of Immigrants and Refugees in *Community Mental Health Journal* 41 (5) pp 581-597.

Pynoos R.S and Eth, S. 1986. Special Intervention Programs for Child Witnesses to Violence. In: Lystad M. (Ed.) *Violence in The Home: Inter-disciplinary Perspectives*. New York: Brunner/Mazel, pp. 193-216.

Quarterly, P. 2009. *Migration in Ghana: A Country Profile*. Geneva: International Organisation for Migration.

Rakoczy, S. IHM. 2004. *In Her Name: Women Doing Theology*. Pietermaritzburg: Cluster Publications.

Rama, S. and Bah, S. 2000. *Monitoring Child Rights in a Society in Transition: The Opportunities Afforded by a Transformed Statistical Agency and the Culture of Child Rights Activism,* (Discussion document). Internet: http://www.statssa.gov.za Accessed on 23November 2007.

Ranchod, K. 2005. Citizenship and Identity, Brain drain and Forced Migration: The Case of Zimbabwe in *Policy: Issues and Actors* 18 (5) pp 1-26.

Rasmussen, L.A and Cunningham, C. 1995. Focuses Play Therapy and Non-Directive Play Therapy in *Journal of Child Sexual Abuse* 4 (1) pp 1-21.

Reinharz, S. 1992. *Feminist methods in Social Research*. New York: Oxford University Press.

*Republic of South Africa Children's Act 38 of 2005*

http://www.justice.gov.za/legislation/acts/2005-038%20childrensact.pdf accessed on 14 June 2012.

Rieger, J. (ed). 1999. *Theology From the Belly of the Whale; Frederick Herzog*. Harrisburg: Trinity International Press.

Rispel L.C, Ceaser A.D, Palha de Sousa and Molomo, B.G. 2009. Can Social Inclusion, Policies Reduce Health Inequalities in sub-Saharan Africa? A Rapid Policy Appraisal in *Journal of Health, Population, and Nutrition* 27 (4) Aug 2009. 492-504.

Ritcher, A., and Muller. J. The Forgotten Children of Africa Voicing HIV and AIDS, Orphans' Stories of Bereavement: A narrative Approach in *Aosis Open Journals, HTS,* 61 (3) 2005, pp, 999-1015.

Robertson, J. 1953. Some responses of young children to the loss of maternal care in *Nursing Times*, 49, 382–386.

Rodriguez, R.M.B. 2005. *The Situation of Unaccompanied Migrant Minors in Spain* in a paper presented at a Conference on Migration of Unaccompanied Minors: Acting in Best Interest of the Child in Torremolinos, Maga-Spain 27-28 October 2005.

Roehlkepartain, E. *et al.* 2006. *The Handbook of Spiritual Development in Childhood and Adolescence*. Thousand Oaks, CA: Sage Publications.

Roels, S. J. 2008. "Christian Manufacturers at the Crossroads" in Hicks, D.A. and Valeri, M. R. (eds.) *Global Neighbours: Christian Faith and Moral Obligation in Today's Economy*. Cambridge, UK: Wm.B Eerdmans Publishing Co.

Roger, S. 2011. Too Soon to Tell? Land Reform in Zimbabwe in *Africa Spectrum* 46 (3) pp 83-97.

Rothe, E.M. 2008. A Psychotherapy Model for Treating Refugee Children Caught in the Midst of Catastrophic Situations in *Journal of American Academy of Psychoanalysis and Dynamic Psychiatry: Winter* 36 (4) pp 625-642.

Rowatt JR. G.W. 1989. *Pastoral Care with Adolescents in Crisis*. Louisville; Kentucky: Westminster: John Knox Press.

Rowland, C. (ed). 1999. Introduction in *The Cambridge Companion to Liberation Theology*. Cambridge, UK: Cambridge University Press.

Russell, L.M. 1974. *Human Liberation in Feminist Perspective: A Theology*. Philadelphia: Westminster John Knox Press.

SABC News: *Campaign afoot to curb teenage maternal mortality* http://www.sabc.co.za/news/a/5d1ecb0041a57a64ab7aaf17c876c1c7/Campaign-afoot-to-curb-teenage-maternal-mortality accessed on31 October 2013.

SABC 3, *Special Assignment Documentary* 3 November 2009, 21: 00.

Sachikonye, L.M. 2005. "South Africa's Quite Diplomacy: The Case of Zimbabwe" in *State of the Nation South Africa 2004- 2005*. South Africa: HSRC Press.

SANAC. 2011. *National Strategic Plan on HIV, STIs and TB 2012 - 2016*, http://www.doh.gov.za/docs/stratdocs/2012/NSPfull.pdf,site accessed on 28 June 2012.

Sarabia, H. 2003. *Language as an Ideological Weapon of Oppression* http://adelasu.tripod.com/papers/Bilingualism_pages.pdf accessed on 24 June 2014

SAVE the Children Report 2010.*Children crossing borders: Report on unaccompanied minors who have travelled to South Africa.*

http://resourcecentre.savethechildren.se/library/children-crossing-borders-report-unaccompanied-minors-who-have-travelled-south-africa accessed on 6 September 2010.

SAVE the Children Report 2010. *Zimbabwe Children* accessed www.savethechildren.org.uk-13 June 2010.

SAVE the Children Report 2007. *Children Crossing Borders: Report on Unaccompanied Minors who have travelled to South Africa*http://www.crin.org/docs/children-crossing-borders.pdf accessed on 10 April 2010.

Serra, C. 2011. *Unaccompanied children at South Africa's border with Zimbabwe*www.africa-press.org accessed3 August, 2012.

*Second Vatican Ecumenical Council*1966, Pastoral Constitution on the Church in the Modern World GS, AAS 58.

Schutte, A. 2001. *Ubuntu: An Ethnic for New South Africa*. Pietermaritzburg: Cluster Publications.

Schurink, E.M. (1998). The Methodology of Unstructured Face-to-Face Interviewing. In De Vos, A.S. (ed.) (1998). *Research at grass roots: a primer for the caring professions*. Pretoria: Van Schaik.

Second Vatican Ecumenical Council. 1966. *Pastoral Constitution Gauium et Spes. 12: AAS 58.*

Shaw, A. 2008. *UN: Child Abuse Worsening in Zimbabwe. Associated Press* (27 February 2008).

Shumbamhini, M. 2008. *Narrative and Participatory Pastoral Care and Therapy with Children at Mary Ward Children's Home.* DTh Unpublished Thesis. Pretoria: University of South Africa.

Skelton, A.2010. *Curatrix AD Litem's Report.* Johannesburg.

*Social Development Press Release,* 2012 http://www.info.gov.za/speech/DynamicAction?pageid=461&sid=22999&tid=48244 accessed 14 June 2012

South Africa, Social Development, n.d. *The Health and well-being of Street Children.* South Africa. *Social Development Press Release,* 2012 http://www.info.gov.za/speech/DynamicAction?pageid=461&sid=22999&tid=48244 accessed 14 June 2012.

*South African National Education Policy Act Section 21 of 1996*. South Africa: Government Publishers.

South Africa - *Migrants face humanitarian crisis on South Africa's border with Zimbabwe*[www.UNICEF.org](www.UNICEF.org)- accessed on 10 January 2010.

Stanely, L. and Wise, S. 1993. *Breaking Out Again: Feminist Consciousness and Feminist Research* (2ⁿᵈ ed). London: Routledge and Kegan Paul.

Stanely, L. and Wise, S. 1991. Feminist Research, Feminist Consciousness and Experiences of Sexism. In Food, M.M. and Cook, J. (eds). *Beyond Methodology: Feminist Scholarship as Lived Research*. Bloomington: Indianna University Press, pp 266-291.

Staunton, I., McIvor, C and Bjornestad, C. 2008. *Our Broken Dreams: Child Migration in Southern Africa.* Harare, Zimbabwe: Weaver press.

Stephens, D. 2009. *Qualitative Research in International Settings: A practical guide*. London and New York: Routledge, Taylor and Francis Group.

Stemmett, D.J. 2008. *A Biblical Theology of Ministry to Refugees for Baptist Churches in South Africa.* Master of Theology. University of Fort Hare.

Sturm, D. "On the Suffering and Rights of Children: Toward a Theology of Childhood Liberation" in Sturm D. 1998. *Solidarity and Suffering: Toward a Politics of Relationality.* Albany: State University New York Press. pp 39-61.

Strauss, A. & Corbin, J. 1998. *Basics of qualitative research. Techniques and procedures for developing grounded theory.* Los Angeles-London: Sage Publications.

Strauss, A. and Corbin, J. 1994. Grounded Theory methodology: An overview. In Denzin, N. K. and Lincoln, Y.S. (eds). *Handbook of Qualitative Research*. Sage Publications, London, pp. 1-18.

Strauss, A. and Corbin, J. 1990. *Basics of Qualitative Research: Grounded Theory Procedures and Techniques.* Newbury, Park, CA: SAGE Publications.

Swart, I and Yates, H. 2012.Listening to Africa's children in the process of practical theological interpretation: A South African application in *HTS Teologiese Studies/ Theological Studies* 68(2), Art. #1310, 12 pages. http: // dx.doi.org/10.4102/hts accessed 13 February 2013 pp 1-12.

Swart, I and Yates, H. 2006. "The Rights of Children: A New Agenda for Practical Theology in South Africa" in *Journal of Religion and Theology* 13 (3/4) pp 314-340.

Switzer, D.K 1989. *The Minister as Crises Counselor*. Revised and Enlarged Nashville: Abingdon Press.

Tabaijuika, A. K, 2005. *Report of the Fact-Finding Mission to Zimbabwe to Assess the Scope and Impact of Operation Murambatsvina.* United Nations Special Envoy on Human Settlements Issues in Zimbabwe. Geneva: United Nations.

Tamale, S. (2006) 'Eroticism, sensuality and women's secrets among the Baganda: A critical analysis'. *Institute for Development studies Bulletin* 37(5) pp.89-97.

Taylor, S.J. and Bogdon, R. 1984. *Introduction to Qualitative Research Methods: The Search for Meanings.* New York: Wiley Interscience.

Terre Blanche, M., Durrheim, K and Painter, D. 2006. Why Qualitative Research? In Terre Blanche, M, Durrheim, K and Painter, D (eds) *Research in practice: Applied methods for the social sciences,* 2nd edition. Cape Town: UCT Press pp 272-284.

Tevera, D. and Zinyama, L. 2002. Zimbabweans Who Move: Perspectives on International Migration in Zimbabwe, in *Southern African Migration Project (SAMP) Migration Policy Series 25*, Cape Town and Kingston.

The Children's Act [Chapter 5: 08] (of 2003) African Committee of Experts on the Rights and Welfare of the Child Zimbabwe - http://www.acerwc.org/accessedon 14 June 2012.

*The Constitution of the Republic of South Africa 1996 Act 108 of 1996.* Government of South Africa: Government Printers.

*The Declaration of Geneva 1924.* http://www.un-documents.net/gdrc1924.htm accessed on 14 February 2014

The Guardian 2010 June 25 *Child Minors Flock to World Cup host* .

The Independent 2010 June 11. *The Central Methodist Church in Johannesburg not safe for child migrants.*

*The Refugee Convent, 1951*www.uhcr.org/4ca3beza.pdf. accessed on 12 February 2010

The Sunday Times 2010 March 14. *Refugees run border rape gauntlet.*

The Zimbabwean 201022 April. *Child Drop-out rate increase* 22 April.

*The Zimbabwe National Council for the Welfare of Children*

http://www.zncwc.co.zw/index.php?option=com_content&view=article&id=97&Itemid=2 19 accessed 14 June 2012.

Tillich, P. 1954. *Love, Power, and Justice: Ontological Analyses and Ethical Applications.* New York: Oxford University.

Transparency.globalvoicesonline.orgaccessed 10 February 2010

Tracy, D. 1983. The foundations of practical theology, in Browning, D.S. (ed.), *Practical theology: The emerging field in theology, church, and world.* Harper & Row, San Francisco, pp. 61-82.

Trochim, W. 2001. *The Research Methods Knowledge Base,* 2nd Edition. Atomic Dog Publishers, Cincinnatti, OH.

Turrell, R. 1986. Diamonds and Migrant Labour in South Africa 1869-1910 in *History Today* 36 (5) www.historytoday.com/rob-turrel/diamonds-and-migrant-labour-southafrica-1869-1910accessed on 4 April 2012.

UNAIDS, 2008.*UNAIDS highlights Zimbabwe's progress in responding to AIDS-*http://www.unaids.org/en/resources/presscentre/featurestories/2012/may/20120528fszimbabwe/ accessed on October 2012.

UNAIDS, 2005. *Evidence for HIV decline in Zimbabwe: a comprehensive review of the epidemiologicaldata*http://www.unaids.org/en/media/unaids/contentassets/dataimport/media/press-statements01/ps_icasazimbabwe_07dec05_en.pdf accessed on 22 May 2010.

*Unaccompanied Refugee Minors in Methodist Church Johannesburg-*www.newzimbabwe.comaccessed 6 January 2010.

*United Nations General Assembly Special Session Report* (UNGASS) 2012 on HIV and AIDS Zimbabwe Country Report Jan 2010-Dec 2011.

*United Nations General Assembly Special Session Report* (UNGASS) 2010 on HIV and AIDS Zimbabwe Country Report Jan 2008-Dec 2009.

UNICEF Report. 2011. *Rights of Women and Children Remain Critical in Zimbabwe*www.unicef.org accessed 6 January 2010.

UNICEF Report 2010. *Zimbabwe has the highest number of children orphaned by HIV/AIDS,* www.unicef.org accessed 18 April 2010.

UNICEF 2010.*Migrants face humanitarian crisis on South Africa's border with Zimbabwe*www.UNICEF.org accessed 13 June 2010.

UNICEF 2004. *Zimbabwe Orphans Struggle to get back to School*, http://www.unicef.org/aids/index_22197.html accessed 6 June 2010.

USAID and UNICEF Report 2010.*Zimbabwe has the highest number of children orphaned by HIV/AIDS*, www.unicef.org accessed 18 April 2010.

United Nations General Secretary, Mr Kofi Annan, Children's Rights Quotes, http://www.betterworld.net/quotes/children-quotes-3.htm accessed on 14 of June 2012.

Vambe, M.T. 2012. Zimbabwean Genocide: Voices and Perceptions from Ordinary People in Matabeleland and the Midlands Province 30 years on in *African Identities*, 10 (3) pp 281-300.

Vambe, M.T. (ed.). 2008. *The Hidden Dimensions of Operation Murambatsvina in Zimbabwe*. Harare: Weaver Press.

Van Dyk, A. 2005. *HIV/AIDS Care and Counselling: A Multidisplinary Approach*. South Africa: Pearson Education.

Van de Ven, J. 1994. Empirical Methodology on Practical. Why and How? In *Practical Theology in South Africa,* 9 (1), pp 29-44.

Van Wyk, A.G. 1995. From "Applied Theology" to "Practical Theology" in *Andrews University Seminary Studies* 33 (1) (spring)pp 85-101.

Veerman, P. 1999. The Children's Rights crisis in Sierra Leone," in: the *International Children's Rights Monitor*, Summer.

Velazco, G. A. 2003. "Involving Children in the Process of Assessment and Therapy" in Miles, G and Wright, J.J. *Celebrating Children: Equipping people working with children and Young People Living in Difficult Circumstances around the World*. Waynesboro: Paternoster, pp 75-82.

Vidmar, J. OP. 2005. *The Catholic Church Through the Ages: A History*. New Jersey: Paulist Press.

Vite, S. 2005.*The Situation of Unaccompanied Migrants in Switzerland* in a paper presented at a Conference on Migration of Unaccompanied Minors: Acting in Best Interest of the Child in Torremolinos, Maga-Spain 27-28 October 2005.

Wall, J. 2007. "Human Rights in Light of Children: A Christian Childst Perspective" in *Journal of Pastoral Theology,* Spring, 17 (1), pp, 54-67.

Waruta, D. W. and Kinoti, H.W. (eds) 1994. "Introduction" in Waruta, D. W. and Kinoti, H.W. (eds) *Pastoral Care in African Christianity: Challenging Essays in Pastoral Theology*. Nairobi: ACTON Publishers, pp 1-11.

Watts, F. 2006. "Human dignity: Concepts and Experiences" in Soulen Kendall, and Woodhead, Linda. *God and Human Dignity.* Grand Rapids: William B. Eerdmans Publishing Company.

Weiss, R. S. 1973. Loneliness: *The experience of emotional and social isolation.* Cambridge, MA: MIT Press.

Westerhoff, J.H III 2000. *Will our Children Have Faith?* New York: Morehouse Publishing accessed in http://www.immanuelprinceton.org/youthfamily/stages.htm accessed on 14 May 2011.

West, G. 1999. *The Academy of the Poor: Towards a Dialogical Reading of the Bible*. Sheffield: Sheffield Academic Press.

White, M. 2009. Migration and Demographic Surveillance: An overview of Opportunities and Challenges in Collins, M, Adazu, K, White, M and Findley S. (eds.) *The Dynamics of Migration Health and Livelihoods: Indepth Network Perspectives*. England: Ashgate Publishing Ltd. Pp 3-18.

WHO, 2013. *Male Circumcision for HIV Prevention* accessed in http://www.who.int/hiv/topics/malecircumcision/en/ accessed on 14 November 2013.

Wiese, E.B.P., and Burhorst, I. 2007. "The Mental Health of Asylum-Seeking and Refugee Children and Adolescents Attending a Clinic in the Netherlands" in *Transcultural Psychiatry*, 44, 596-613.

Willmer, H. Child Theology. http:viva,org?page_id 194 accessed 10 April 2008.

Wimberly, E.P.1979. *Pastoral Care in the Black Church.* Nashville: Abingdon.

Winncott, D.W. 1971. *Playing and Reality*. London: Tavistock.

Woodward, J.M. 2009. *"Welcoming the stranger"*: *A dialogue between scriptural understandings of and Catholic Church policies towards migrants and refugees and pastoral praxis in the migrant and refugee pastoral care bodies within the archdiocese of Perth*. Unpublished Doctoral thesis University of Notre Dame Australia, Fremantle, WA.

Women's Refugee Commission Report, 2012: *Forced from home: the Lost Boys and girls of Central America.* New York. http://womenrefugeecommission.org/programs/detention_boarder_children_report_1_2012pdfaccessed 12 March 2013.

http://www.info.gov.za/speech/DynamicAction?pageid=461&sid=22999&tid=48244 accessed 14 June 2012.

http://www.mercy.com.au/About_Us/Media_Room/News/Healing_through_story_%E2%80%93_the_art_of_pastoral_care/ accessed on 1 September 2012

www.newzimbabwe.com Unaccompanied Refugee Minors in Methodist Church Johannesburg accessed 6 January 2010.

www.sparc.org.za-*Its all about children and young people: implementing a child/young person centred philosophy in sport and recreation*, 2007, accessed on 9 September 2012.

www.pepfar.gov/documents/organizational/222189_pdf *Zimbabwe Operational Plan Report FY* 2013 accessed 14 May 2014.

http://en.wikipedia.org/wiki/Oliver_Twist accessed on 13 August 2012

Wright, J. J. 2003. "Listening to Children and Enabling their Involvement" in Miles, G and Wright, J.J. 2003. *Celebrating Children: Equipping people working with children and Young People Living in Difficult Circumstances around the World.* Waynesboro: Paternoster. Pp 63-74.

Young, I.M. 1990. *Justice and Politics of Difference.* Princeton, New Jersey: Princeton University Press.

*Zimbabwe National AIDS Policy,* 1999. Harare, Zimbabwe: Government Publishers.

Zimbabwenewswww.zimbabwesituation.com/aug4.htmlaccessed 22 February 2010

*Zimbabwe Ministry of Health and Child Welfare*, 2009. Zimbabwe: Government Publishers.

Zimbabwe Children's Charter http://www.zncwc.co.zw/index.php?option=com_content&view=article&id=97&Itemid=219 accessed 14 June 2012

7 Okavango

7 Jubilee Street

Kempton Park

1619

Dear Mr/Ms……………………..

 REQUEST TO PARTICIPATE IN A RESEARCH PROJECT FOR A DOCTRATE IN PRACTICAL THEOLOGY.

You are hereby requested to participate in a research project that is undertaken as a requirement of a Doctorate in Practical Theology degree with the University of South Africa (UNISA).

The title of the research project is: **Pastoral Care with Children in Crisis in a Context of HIV and AIDS: Towards a Contextual Pastoral Care Model with Unaccompanied Refugee Minors (URMs) from Zimbabwe in the Methodist Church Community Centre in Johannesburg.**

The study uses two primary research methods, namely:

1. Review of Literature
2. Empirical Research done by way of In-depth Interviews among unaccompanied refugee minors from Zimbabwe and 4 caregivers.

You are therefore requested to participate in the second part. The objective of the study is to "examine URMs and their Caregivers' understanding of pastoral care with refugee children in view of understanding their pastoral needs."

The duration of the interview is estimated to be between 30 to 45 minutes. The participation and input obtained during the research will be treated with extreme care to maintain confidentiality. Real names will not be divulged in the final report to ensure anonymity. The results of the interviews will be shared with the researcher's supervisor only and they will be kept in a very safe place. The final product of the research will be published and will be on the library shelves at UNISA and other libraries around the world will access to it through UNISA library. Participation in this research is voluntary, should the participant wish to withdraw at any time they will be free to do soothe researcher will ensure that all ethical obligations and considerations will be adhered to.

 If permission is granted may I request that you sign the attached consent form.

Kind Regards,

Mrs S. S Chisale

**Pastoral Care with Children in Crisis in a Context of HIV and AIDS: Towards a Contextual Pastoral Care Model with Unaccompanied Refugee Minors (URMs) from Zimbabwe in the Methodist Church Community Centre in Johannesburg.**

**Informed Consent for Participants**

I Mr/Miss/ Mrs/ Rev (Full name and surname in capital letters)

……………………………………………………………………………………………………
………do accept to participate in the research process with Mrs Sinenhlanhla Sithulisiwe Chisale Doctoral in Theology Student at UNISA.

1. I am aware that my participation in this project is entirely voluntary
2. I am aware that I am free to withdraw from the project at any time without any problem;
3. I understand that my personal information including recordings and narratives will be kept will be kept confidential and that it will only be shared with Mrs Ngwenya's supervisor Dr Rev Olehile Buffel
4. I understand that my true identity will not be divulged in the final project to ensure anonymity.
5. I understand that I will receive no payment or compensation in the study;

Date………………………………………………

Signature of applicant………………………………………………………………………

Signature of
Witness………………………………………………………………………..

7 Okavango Flat

7 Jubilee Street

Kempton Park

1619


Dear Bishop Rev Paul Verryn,


 REQUEST FOR CHILDREN IN THE CENTRAL METHODIST CHURCH TO PARTICIPATE IN A RESEARCH PROJECT FOR A DOCTRATE IN PRACTICAL THEOLOGY.

As an official in charge of the CENTRAL METHODIST CHURCH (CMC) AND THE METHODIST COMMUNITY CENTER IN SOWETO I hereby request your permission to research with children under your care for a research project that is undertaken as a requirement of a Doctorate in Theology degree with the University of South Africa (UNISA).

The title of the research project is: **Pastoral Care with Children in a Context of HIV and AIDS: Towards a Contextual Pastoral Care Model with Unaccompanied Refugee Minors (URMs) from Zimbabwe in the Methodist Church Community Centre in Johannesburg.**


The study uses two primary research methods, namely:

1. Review of Literature
2. Empirical Research done by way of In-depth Interviews among unaccompanied refugee minors from Zimbabwe and 4 caregivers.

Children are requested to participate in the second part. The objective of the study is to "co-search for a contextual model of pastoral care with refugee children in view of understanding their pastoral needs.

The duration of the interview is estimated to be between 30 to 45 minutes. The participation and input obtained during the research will be treated with extreme care to maintain confidentiality. Real names will not be divulged in the final report to ensure anonymity. The results of the interviews will be shared with the researcher's supervisor <u>only</u> and they will be kept in a very safe place. The final product of the research will be published and will be on the library shelves at UNISA and other libraries around the world

will access to it through UNISA library. Participation in this research is voluntary, should the participant wish to withdraw at any time they will be free to do so. The researcher will ensure that all ethical obligations and considerations will be adhered to.

 If permission is granted may I request that you sign the attached consent form.

Kind Regards,

Mrs S. S Chisale

**Pastoral Care with Children in a Context of HIV and AIDS: Towards a Contextual Pastoral Care Model with Unaccompanied Refugee Minors (URMs) from Zimbabwe in the Methodist Church Community Centre in Johannesburg.**

**Informed Consent form for guardian**

I guardian of …………………………………………..do accept that children under my care participate in the research process with Sinenhlanhla Sithulisiwe Chisale Doctor of Theology Student at UNISA.

Signature………………………………….

**Appendix E: Interview Guide for Unaccompanied Refugee Minors (URMs).**

**Pastoral Care with Children in a Context of HIV and AIDS: Towards a Contextual Pastoral Care Model with Unaccompanied Refugee Minors (URMs) from Zimbabwe in the Methodist Church Community Centre in Johannesburg.**

**Interview guide questions for URMs**

**Ice Breaking Questions**

1. How old are you?
2.  Which church were you baptized in?
3. How old were you when you came to South Africa?
4. Where do you come from in Zimbabwe?
5. Are your parents still alive?
6. What pushed you to South Africa?
7. Who did you come with to South Africa and what relationship do you have to that person or those people?

   **In-depth Questions developing towards a model of pastoral care**

8. What were your experiences in Zimbabwe?
9. What were your experiences on your journey to South Africa?
10.  Tell me why did you come to this church?
11. How did this church particularly help you in dealing with the experiences you encountered in Zimbabwe and on your way to South Africa?
12.  What kind of assistance did you expect from the church and the pastor?
13. What do you understand about HIV and AIDS?
14. Many children are affected by HIV and AIDS, how do you think the church should care for such children.
15. What do you understand by pastoral care?
16.  If you were the pastor of this church, how were you going to care for the child who went through the experiences you encountered in this context of HIV?

*Narrative - Pastoral Care*

1). The story of my life- Write a story about your life and your experiences as a child in Zimbabwe and as a child in South Africa?

2.) The Response I needed- how did the church in Zimbabwe cared or assisted you? And how is the church in South Africa caring for you?

3) If Jesus was here what do you think he would have done to protect and care for you as a child?

4) If you were the pastor of this church, how were you going to care for the child who went through the experiences you encountered in this context of HIV?

**Appendix F: Interview Guide for Caregivers.**

**Pastoral Care with Childre in a Context of HIV and AIDS: Towards a Contextual Pastoral Care Model with Unaccompanied Refugee Minors (URMs) from Zimbabwe in the Methodist Church Community Centre in Johannesburg.**

Questions for Caregivers

1. As a mother or father and a woman or man what do you think about URMs under your care?
2. What pulled URMs to the Methodist church?
3. Why are most URMs boys than girls where are the girls?
4. Many children are vulnerable to HIV and AIDS due to their littleness and weakness, how do you think HIV and AIDs affect these children?
5. What do you understand by pastoral care?
6. How do you provide pastoral care for these children, do you have a specific model that you are following?
7. How do you evaluate your model in terms of healing from their previous experiences particularly in a context of HIV and AIDS?
8. Many children are affected by HIV and AIDS, how do you think the church should care for such children?
9. These children are sexual beings and they may at times due to peer pressure engage in high risk sexual practices that make them highly vulnerable to HIV and AIDS, What kind of education do you offer to URMs in your care about HIV and STI?
10. What are your experiences of caring for URMs in a context of HIV?
11. What do you think is lacking in the current pastoral care models?

**Appendix G- -Disclosure Agreement between interpreter and Researcher**

**Pastoral Care with Children in a Context of HIV and AIDS: Towards a Contextual Pastoral Care Model with Unaccompanied Refugee Minors (URMs) from Zimbabwe in the Methodist Church Community Centre in Johannesburg.**

**THIS                    AGREEMENT        is        made**
**[Month, day, year]**
on…………………………………………………………………

**BETWEEN**

  1.  **Interpreter**

**……………………………………………………………………… AND**

  2.  **Researcher**

**…………………………………………………………..**

**Code of Ethics**

  **1.  Confidentiality**

1.1        The interpreter must treat all information learned during the interviews confidential.

1.2        The interpreter shall not use any information acquired during the interviews to further his or her own personal research interest or any associate.

1.3        The interpreter will not be acknowledged in the study for confidentiality purposes

  **2. Accuracy and completeness in conveying the content**

2.1 The interpreter shall accurately translate information as the participant has said it.

2.2 Word for word interpretation may distort the participant's intended response or idea. Therefore the interpreter must establish the relevant concept and say it in plain English language that is understood by the listener and is cultural acceptable to the listener.

2.3 The interpreter must interpret everything that is said by participants without omitting, adding, altering or changing anything.

## 3. Non-Judgemental attitude about the Content to be interpreted

3.1 The interpreter's role is to facilitate communication

3.2 The interpreter is not responsible for what is said by any participant he or she is interpreting

3.3 The interpreter must not judge participants, even if he or she does not agree with the participant.

**By signing this document I agree with all provisions listed above in the code of Ethics**

**Interpreter**

**Surname:**

…………………………………………………………

**Name:**

………………………………………………………….

**ID/Passport Number:**

……………………………………………………………

**Title:**

…………………………………………………………………………

**Language interpreting:**

**…………………………………………………………………**


**Signature:**

……………………………………………………………


**Date:**

…………………………………………………………………..


**Email Address:**

…………………………………………………………….


**Phone number:…………………………………………..**