Creating homes and a family: The Community Mother Programme as an intervention with orphans and vulnerable children living in the townships of Cape Town

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Abstract

There is a general assumption that families effectively cope with HIV/AIDS. Careful examination shows that this is not the case. Such families break up and their members end up joining other households. There are, however, some individuals who manage to cope successfully. This study attempted to explore the various ways in which black South Africans involved in the Community Mother Programme are applying their understandings of social life in the townships of Cape Town in order to create homes for themselves, orphans and other vulnerable children. In these homes, that are scattered throughout the townships, children learn how to deal with their problems in positive and appropriate ways in order to break the vicious cycle of negative coping strategies that provide only temporary relief. The Community Mother Programme enables participating children to understand that it is possible to have trusting and healthy relationships with others, despite prevailing ideas about witchcraft, ancestors and envy. The knowledge that community mothers and child counselors acquire in this program is then shared with the rest of the community. The Community Mother Programme thus not only supports orphans and vulnerable children, but also the families, households and communities in which they live.

Keywords: HIV/AIDS, South Africa, home, family, witchcraft, stigmatization

Introduction

Although it is regularly stated that households effectively cope with the consequences of HIV/AIDS, Barnett and Whiteside (2006) demonstrate the opposite. According to them, this is a myth, as many families affected by HIV/AIDS do not effectively cope with this disease syndrome. In fact, such families often break up, and their members end up joining other families. There are, however, some individuals who do manage to cope effectively.

The current study has been commissioned by the NGO Yabonga, and was implemented in the townships of Cape Town, in South Africa. Yabonga is a non-profit organization that supports men, women, and children who are themselves diagnosed with HIV or AIDS, or who are related to those who are (Yabonga, 2012). In the townships of Cape Town there is typically a lack of parental/guardian involvement in children's lives. There seem to be a number of reasons for this neglect. First, there is a high degree of poverty and

unemployment in these townships, as well as a high rate of physical, sexual, verbal and substance abuse, general ignorance regarding HIV/AIDS, inadequate education, and a misuse of government grants intended to address these problems. A lot of parents/guardians do not talk about HIV/AIDS with children. Because of this, some children do not even know that they are infected with HIV. Numerous informants reported that the child support grant that parents/guardians receive from the South African government is often not spent on children, but on other things such as drugs and alcohol, with the result that there is no money left for school uniforms and food. For all those reasons, the NGO Yabonga has set up the Community Mother Programme with the help of some women living in the townships of Cape Town, in order to provide children sufficient nutrition, education and care. This program aims to create a safe and stimulating environment which encourages children to learn and become stronger and more independent. Most of the children that participate in the Community Mother Programme have been severely traumatized in many regards and, more often than not, lack basic necessities such as adequate shelter, sufficient food, clothes and shoes. On four afternoons a week (Monday until Thursday) 25 to 30 orphans and vulnerable children, in groups aged 5 to 9 or 10 to 13 years, are welcomed into the community mother's house by the community mother and the child counselor, persons who often experienced similar problems to those that participating children are dealing with. The community mothers are trained in First Aid, nutrition, HIV education, and basic child development, and the child counselors are trained in providing psychosocial and educational support.

The present study sought to explore the various ways in which the Community Mother Programme tries to not only create additional homes and a family for orphans and other vulnerable children, but also to teach them to effectively cope with their situation. The anthropological fieldwork conducted for the present study included participant observations, informal conversations, semi-structured interviews and focus group interviews. These research methods are primarily descriptive in nature. The main research question of this paper is a follows: What are the contributions of the Community Mother Programme of the NGO Yabonga for orphans and vulnerable children, community mothers, and child counselors, according to different actors involved in the program? This article will mainly offer a description of the many risk factors orphans and vulnerable children regularly face in their lives, the factors that might protect them, the coping strategies that they use to offset disadvantages in their daily lives, and the ways in which the Community Mother Programme can also be seen as an important protective factor in the lives of participating children.

Theoretical Framework

To lay a theoretical foundation for this article, the debates on HIV/AIDS, witchcraft, home and family will be presented and explained in relation to the context of South Africa, and specifically the townships of Cape Town.

Traditional Beliefs and HIV/AIDS Stigmatization

The traditional beliefs of black South Africans about witchcraft, evil spirits, ancestors etc. play an important role in their explanations of why and how people get infected by illnesses such as HIV/AIDS, and why people die as a result of these diseases. In addition, some people believe that it is possible to be cured of HIV and AIDS by going to a traditional healer. These beliefs are strongly linked to envy as a social habitus. Underlying the social complex of envy is the notion of the limited good, which is prevalent in peasant societies (Foster, 1965; Kottak, 2010).

During the apartheid era, many black South Africans blamed the National Party and the apartheid regime for their misfortunes. During that time, the evil of the apartheid regime was obvious to most black South Africans. In 1990, when the national government issued free condoms in clinics and AIDS awareness campaigns were being launched in black townships, many black South Africans were under the assumption that the free condoms were intended to reduce the black birth rate in order to assure white domination. The widespread defiance of those measures of disease prevention is one of the reasons why the HIV infection rate is so high in South Africa. When the apartheid regime ended in South Africa, and oppression of blacks and "coloureds" (i.e., South Africans of mixed white and black heritage) was no longer officially sanctioned, many black South Africans ignored their own responsibility for having contracted the disease, and instead began to blame one another for their misfortunes. Beliefs that HIV/AIDS comes from spirits are reinforced by the fact that some people get infected and others do not without any recognizable differences in their lives. The democracy and freedom of black South Africans have therefore led to a higher degree of jealousy within black communities in the nation, and also to an increase in the practice of witchcraft (Ashforth, 2000; Ashforth, 2002; Kalichman & Simbayi, 2004).

In the South African context, witchcraft refers to the manipulation by malevolent persons of powers inherent in the persons, spiritual entities and substances that can cause harm to others. Those who are targeted by witchcraft are usually in more or less intimate relationships with those who practice it (Ashforth, 2002). In addition, in South African traditional belief systems of diseases and health, ancestors and God are seen as the ultimate causes of illnesses such as HIV and AIDS. People who become ill are thus believed to have done something to anger God or the spirits of ancestors (who are believed capable of withdrawing their customary protection and of sending illnesses themselves). The "living dead" (i.e., one's ancestors) are seen as being capable of protecting the people who are part of their family descent group. To continue receiving their protection, people have to visit their ancestors' graves and celebrate them with feasts. Otherwise the ancestors lose their powers to protect their descendants (Ashforth, 2000). The spirits that become ancestors are good spirits that have lived long lives and died normal deaths in their homes. Bad spirits, on the other hand, are the products of abnormal deaths such as accidents or suicides, and they are believed to have died outside the house (Kwang Kyu, 1984).

As the number of persons infected with HIV/AIDS increases, so must (according to traditional ways thinking) the number and power of the witches, and as the number and power of the witches' increases, so grows the need for protection. In addition, in the face of the evil generated by hateful individuals, the desire for justice grows. In the absence of justice, the desire to exact revenge arises (Ashforth, 2002). Thus, many South Africans believe that the suffering caused by witches can only be illuminated by repelling the forces of witchcraft and ensuring protection against further attacks, either by treatment by a professional traditional healer (*inyanga*) or by acting against the person who is considered responsible in such a way as to abolish the threat (e.g., by killing the presumed offender) (Ashforth, 2002). Within the witchcraft paradigm of misfortune and suffering, there is no such thing as an incurable disease. Healing is a matter of a struggle between evil forces on the one hand and the spiritual and medicinal powers of the healer in connection with the ancestors of the victim on the other. As is the case in any power struggle, success cannot be guaranteed, but neither can failure. A traditional healer can therefore never be held responsible for his actions (Ashforth, 2002).

A major drawback of these beliefs is the fact that they maintain the HIV/AIDS-related stigmas. Fear of stigma, and the resulting discrimination, discourages individuals and families from being open about their HIV/AIDS status, and from getting the help they need (Cluver & Gardner, 2006; Thupayagale-Tschweneagae & Benedict, 2011; Moodley et al., 2006).

Family Constructions and the Process of Creating a Home

According to Mallet (2004:68) a "home" is relational in nature, in that it is created as the result of relationships between the individuals who constitute it. Mallet defines a home as "a spatial and social unit of interaction. It is the physical setting through which basic forms of social relations and social institutions are constituted and reproduced. Home is a socio-spatial system." In this definition, home as a socio-spatial system represents the fusion of the *house* (physical) and the *household* (social). This view of the concept of "home" is most commonly associated with the nuclear family. In fact, "home" and "family" are often regarded as practically interchangeable, or at least as highly overlapping concepts. Hareven (1991:282) confirms this by referring to a textbook stating that "the family makes the home." According to these academics, a home can thus be constructed, and family is important in the construction of a home (i.e., in the intangible sense).

However, many changes in the contemporary world, such as urbanization and labor migration, in addition to the HIV/AIDS epidemic, have resulted in the concepts of "home" and "family" becoming increasingly disconnected from one another, and have indeed made the construction of these concepts much more complex. As a result of these changes and the HIV/AIDS epidemic, extended families have become weakened and have even sometimes fallen apart, leading to new kinds of households and support systems. A "household" can be defined as a unit comprising persons who reside together, and an "extended family" as those who are bonded through kinship ties, but whose members often live apart from one another. Extended families may be divided among several households, with membership constantly changing because of individual migration. The breakdown of one household affects the whole family, resulting in the reorganization of family members into new household forms (Blerk & Ansell, 2007; Young & Ansell, 2008).

The concept of "home" has also been defined, in different ways as a consequence of the above-mentioned changes. Tucker (1994:184) for instance regards a home as a place where we "could or can be ourselves, feel at ease, secure, able to express ourselves freely and fully." Feeling "at home" is thus associated with the full acceptance of others as they are (Tucker, 1994). Some authors argue that home can also be a negative place: a place of abuse, violence, trauma and hostility (Douglas, 1991; Espiritu, 2003; Mallett, 2004). González (2005:193) expresses such a viewpoint, characterizing home – referring to both the household and the house – in ambivalent terms as an "evocative place of contradictory emotions." In addition, Espiritu (2003:2; see also Sommerville, 1992; Mallett, 2004; Ahmed et al., 2003) states that the creation of a home is "the process by which diverse subjects imagine and make themselves at home in various geographic locations." She refers by this to the image of "an ideal home" and the making of a real home, hereby also assessing the duality of the abstract (imagining) and physical (making) elements of a home.

Results

One of the core goals of Yabonga, and its Community Mother Programme is to create a safe and stimulating environment for participants. These goals arise from the fact that orphans and vulnerable children often face several risk factors and challenges that exert a negative influence on their lives. These (psychological) risk factors increase the likelihood of psychological difficulties, and behavioral and emotional problems. Protective factors, on the other hand, have the opposite effect and advance the mental health of children orphaned by HIV/AIDS (Cluver & Gardner, 2007). The risk factors that the orphans and vulnerable children often face in the townships of Cape Town will be discussed first, and then followed by the identification of some protective factors and the positive and negative coping strategies

that people use to deal with the hardships of their daily lives. The section will conclude by showing why the Community Mother Programme of Yabonga can also be seen as a protective factor for the orphans and vulnerable children, as well as the community mothers and child counselors.

Risk factors

According to informants for this study, there are a lot of challenges that people, and especially children, have to face in the townships of Cape Town. Abuse (physical, sexual and mental), substance abuse (alcohol and drugs), hunger and abandonment are challenges that were regularly mentioned. Abuse not only causes trauma to those who directly suffer it, but also to those who witness it. Substance abuse is often the reason why people abuse others. This not only causes trauma, but also hospitalization, which in turn creates additional costs for the government, because people often go to government hospitals where treatment is paid for by the government.

When children are abandoned by their parents/guardians, the oldest child often has to look after the younger children in the family. When this happens, a child never gets the chance to play and be a child. This is a problem that many children in the townships have to deal with, especially when their parents or guardians are very sick. These children get "parentified" in the words of Barnett and Whiteside (2006). Another problem is the fact that parents and guardians who are at work or drinking in the *shebeen* (an unlicensed drinking establishment in the townships) frequently leave their children outside the house and make them wait until they come back or, alternatively, let them stay alone in the house, which leads to dangerous situations. In addition, parents and guardians (or children) forget to lock the door while children are alone at home. Strangers then not only come to steal things from the house, but more often to rape the children. Even when the parents are at home, children are regularly left outside the house. The houses are most of the time too small for the big families that have to live in it. The children are therefore often confronted with sex at an early age, because they see or hear other people having sex. Another consequence of life in the townships is that children regularly play on streets littered with garbage, and where street dogs and strangers with bad intentions roam. The public toilets of the townships are also not the most hygienic and safe places. These poor hygienic conditions may worsen the health of those already infected with HIV/AIDS, and those not yet infected can also become sick more easily.

School can also be a challenge for children, particularly because a lot of parents do not offer any educational support to children. "A lot of the children fall behind and they still get pushed to the next level every year", according to Lara Kruger (a social worker). These children are often teased by others, and they feel frustrated and ashamed of themselves (Yabonga, 2011). Other challenges include teenage pregnancies, living with HIV/AIDS or other diseases (which can cause stress, rejection and multiple hospitalization), being under peer pressure to join a youth gang, and taking medication every day at the same time to make sure that the effectiveness of the medicine does not decrease.

Poverty is an important risk factor as well. The fact that mainly younger adults become infected with HIV/AIDS undermines the economic security of households (Nattrass, 2005). Another reason for this is the fact that a lot of people do not use the child support grants for the benefit of the children by buying food and clothes for them, but often spend it instead on alcohol and drugs. Lara Kruger said the following about extreme poverty during our interview: "I think there is also just extreme poverty in the townships which leads children to not have all of their basic needs met, so there is not enough money for clothes and school uniforms. There is not enough of the food they need in terms of growth."

Other children in the community are also affected by general household impoverishment. This is due to the fact that many children live in households in which their

own parents have fostered or are fostering orphans. Consequently, all children in the household suffer the same economic and other deprivations, because the limited household resources are so thinly spread. However, on the basis of the research data, it can be concluded that this is not completely true. In some situations, the needs of orphans take a decided back seat in comparison to those of the other children and the guardian. People can take advantage of such a situation by using the child as a domestic worker and/or in order to receive an additional child support grant from the government.

Other challenges that have been discussed during the interviews and the informal conversations are related to evil spirits, witchcraft and ancestors. Envy is often the reason why people use witchcraft, a practice stigmatized by younger South Africans, who associate witchcraft with old women who do not die. The younger generations blame the elders for not getting a job or some other tangible benefit. Foster (1965; Kottak, 2010) stated that underlying the social complex of envy is the notion of the limited good. Old people, who "refuse" to die, continue to claim the limited resources available, with the result that young people cannot have the proportion of the good to which they feel entitled.

People also believe that taking Xhosa medicines, called "*muthi*", can make them rich and wealthy. When people use *muthis* by ingesting or putting them on their bodies, they believe that they become evil spirits. Traditional healers (*sangomas*) are believed to be able to use herbs in order to kill other people or to make them mentally disturbed. However, witchcraft as well as witch doctors exist, and there is a difference between the witch doctors that use witchcraft in a bad way and the witch doctors that use *muthis* in the right way in order to help (sick) people. Ashforth (2000) confirmed this by stating that witches are virtually indistinguishable from legitimate traditional healers. He said that, although these witches do evil work, they can also pose as healers.

According to program participants, it is no longer possible to be successful if someone has had a spell cast on him or her. These same persons stated that evil spirits are related to witchcraft. Sindiswa Qgangqani (CM Kuyasa) described evil spirits as people who want you to suffer, but who are also suffering themselves. They see others as "better" and as having a "higher position" than themselves. It is also believed that the people in this world are divided into followers of Satan and followers of God. God will lift you up, but Satan will only cause problems such as fights in families. Nevertheless, bad people that have evil spirits inside their bodies can change if they pray a lot to God and if they apologize to the people they have harmed.

In addition, there are also witch doctors who use *muthis* in a way that has nothing to do with attempting to harm others, and these people are accepted and have a good status within their communities. Legal witch doctors even work closely with medical doctors in clinics (e.g., joining forces with them in the fight against HIV and AIDS).

Black South Africans thus have to face a lot of challenges, mainly because of the poverty and the many diseases that are prevalent among the population, but they often make their lives even harder by being envious and by adhering to particular traditional and Christian beliefs.

Protective factors

An important protective factor in the townships is having a family – people where you can rely on and who love you and care about you. A lot of people in the townships are unemployed and therefore dependent on the government, other community members and/or relatives. In the black South African communities of the townships of Cape Town, it is not unusual for people to take care of other persons, who may or may not belong to their biological family.

In southern Africa children – both orphans and non-orphans – are less likely to live with one or both biological parents than children in other parts of the world. For instance, in Namibia, Botswana and South Africa, about a quarter of non-orphaned children do not live with their biological mothers or fathers. In addition, in the countries of southern Africa, it is common for the surviving parent to arrange for his or her children to live with other family members. Single-parent orphans therefore often become "virtual double orphans" (Monasch & Boerma, 2004; Foster, 2000). Children infected and/or affected by HIV or AIDS were thus, in many cases, already being cared for outside the nuclear family unit. When parents pass away, children are often taken care of by extended family members who had already acted in parental roles with them (Blerk & Ansell, 2007). Although the traditional safety net for orphans in Africa used to be aunts and uncles, the alternative safety net of grandparents (about 64%) or more distant relatives is becoming prevalent as a result of both increasing numbers of orphans and the weakening of the extended family (Monasch & Boerma, 2004; Foster, 2000).

Most program participants came from rural areas in the Eastern Cape. Although some used to live with their siblings and one or both parents, many were also raised by their aunts, grandmothers, other extended family members, or even by persons whom they consider 'family members,' even though they are not biological relatives. Fathers were often not part of the household, either because the parents were not together anymore or because the father had died. In some situations, the fathers were not entirely absent, and they had occasional contact with their children. The main reason why some program participants grew up with neither of their parents was that the father was absent and the mother had to work in another area and did not have enough time and money to raise her child or children.

Although most participants only lived with their nuclear or extended family members, some lived with others as well, and these people often also became part of their families, which resulted in very large and complex families. These families can also be regarded as "community support systems." Noncedo Gulwa (a child counselor in the township Kuyasa) experienced this herself. Her parents were very hospitable and they always let other people stay at their house, because those people did not have a house to sleep at and/or money to buy food.

Some other protective factors that exist in the townships are schools, sports and music groups, the presence of a good role model and day care centers for little children. Some program participants also wished that parents/caregivers gave children time to play inside the house and that these adults would give toys, such as dolls, crayons and papers to their children. Another solution that was suggested by those I spoke to is supervision by trustworthy neighbors when the children are playing outside. Religion also seems to play an important role in the lives of township residents. They are devout Christians and pray frequently. They say that their faith offers them hope and wisdom, and gives them comfort, trust and courage. Most of the informants visit the church at least once a week, and they enjoy singing in the church.

Ways of coping

As mentioned above, coping strategies are strategies that people use to endure adverse situations and events in their lives. These strategies can be seen as a sort of adaptation, and they can be either positive or negative. Positive coping strategies enable people to endure hardships in a way that does not cause further harm. Negative coping strategies may result in short-term distraction or cause relief, but ultimately make matters worse (Fritscher, 2008).

Program participants reported the following positive ways that they had of coping with challenges: talking to others, meditation, shopping, taking a walk, listening to the radio, crying (for a short time), reading a book, praying, singing songs (especially religious songs), drawing and cleaning the house. However, people in the townships tend to use more negative

coping mechanisms, such as sleeping for a long time, crying a lot, using alcohol or drugs, suicidal thoughts, bullying and other forms of aggression against others. At times, persons react to a diagnosis of HIV by engaging in promiscuous sex in order to purposively infect others.

An important reason why people more often tend to cope in such negative ways (other than the fact that doing so may result in short-term relief) is the fact that people still feel ashamed about their HIV/AIDS status and sometimes do not see any other option. According to program participants, this is mostly the case with men and children, because it is harder for them to talk about their condition. In addition, children often get upset and angry, and their behavior might change. Some children become very shy and quiet, while others start to become hyperactive and/or engage in bullying behavior. Even though an HIV/AIDS infection seems to be more normal and accepted than before, there are still people who think that you have to be promiscuous to get HIV/AIDS, or that you must have done something to either anger God or the spirits of ancestors. Such people still try to avoid HIV/AIDS positive people and sometimes even reject them, since there is still secrecy around HIV/AIDS, and a fear of the unknown and of the reactions of others. This is illustrated by the following quote of Xoleka Mzembe (a community mother in the township Nyanga): "Sometimes she tells me that 'other children don't want to play with us. Because those children say then I give them HIV... sometimes they say I don't want to play with you, because you go to Yabonga and Yabonga is for HIV persons. '"

Coping strategies at the family level were also mentioned by those I interviewed. One of these involved the separation of siblings. According to Foster (2000:59,60) the separation of siblings appears to be an increasingly common strategy of families, one that aims to apportion the economic burden of caring for orphans among several relatives. However, this is an undesirable solution to the problem of orphan care, because it may have adverse consequences for siblings. First they lose their parents and then they are separated from their brothers and sisters as well. Relatives sometimes even fight over who will take care of the children after their parents have died, which often reduces the possibility of contact between siblings (Young & Ansell, 2008). The separation of siblings is for that reason a coping strategy of households/families as well as a risk factor for children.

Yabonga as a protective factor

A conclusion which can be drawn from my field research is the fact that the Community Mother Programme offered by Yabonga can itself be seen as a major protective factor. Even though people in the townships still tend to cope negatively, Yabonga tries to break this vicious circle. The NGO tries to change the situation by making children participating in the Community Mother Programme familiar from an early age with positive coping strategies. Before the community mothers and child counselors are able to teach the children how they should deal with their problems in positive ways, they first have to receive encouragement, and they need to learn themselves what positive coping strategies they can use. An additional positive effect of program participation is the fact that other people who live in the same communities also learn how to deal with their problems in positive ways, since the community mothers and child counselors often talk about it with neighbors and other community members. In this way, the knowledge that the community mothers and child counselors gain at Yabonga slowly becomes diffused among the rest of the community.

Children additionally learn how to play and share with others, in order to improve their social skills. I witnessed only one fight between children during the fieldwork period. In such a situation, the community mother and child counselor intervene and resolve the problem. It is important for the children to get help from an adult. They need to be able to talk about their problems with older people who may have experienced the same problems. The

child counselor provides psychosocial support, and he/she will talk to the child, privately if necessary. In cases in which it is not possible to help the child, he or she will be referred to Blossom (OVC coordinator) and Blossom can refer the child to a social worker or psychologist or someone else if needed.

Another reason why Yabonga can be considered a protective factor is the fact that it "creates" a family for the children as well as for the adults who are working in the organization. It offers people who provide support, who care about you and love you, and with whom you can discuss your problems. Program participants define such people as "family". By building close relationships with non-relatives, it is possible to form relationships with people whom one comes to think of as "parents", "brothers", "sisters" etc. There are several reasons why families in these communities have been imagined and constructed. One of these is the fact that some people who live in the townships do not get support and love from their own biological families. Another reason is migration and urbanization, since a lot of people have moved from rural areas and foreign countries to Cape Town in the hopes of finding a job and securing a better life situation. These people often left their extended families, and for that reason they create a substitute or additional family to fill the gap. As the community mothers said during one of the Friday meetings: "We take them, as we are one blood."

A last important protective element of the program is the construction of additional "homes", scattered throughout the townships, for the orphans and vulnerable children that not only provides them with physical shelter, but also offers them physical and psychological protection. The children thus have two homes: the house where they live with their parents/guardians and the community mother's house. The community mother's house is always open for the children and the community mother has the obligation to be friendly and patient all the time. The community mother provides food and a house where the children can learn and play. And for those reasons, the community mother's house can, according to the community mothers and child counselors, be defined as a home, as a place where the children are protected at all times. This is consistent with the definition offered by Tucker (1994:184) who defines home as a place "where we could or can be ourselves, feel at ease, secure, able to express ourselves freely and fully. […] Home is the environment that allows us to be ourselves." During the research period, this was indeed the case in practice. In addition, program rules require the community mother to be a warm and loving mother for the orphans and other vulnerable children. The community mothers, child counselors and orphans and other vulnerable children see each other as one big family, and they come together in their secondary home four afternoons a week.

Conclusion

The present study attempted to explore the various ways in which adult black South Africans involved in the Community Mother Programme apply their understandings of social life in the townships of Cape Town in order to create homes for themselves, as well as orphans and other vulnerable children. Given that many orphans and vulnerable children that join the Community Mother Programme are confronted with unsafe situations, such as alcohol abuse and rape, Yabonga tries to intervene by creating a warm and trusting family, and by providing an additional home where they can feel safe. The black South Africans that are involved in the Community Mother Programme regard each other as family and together they construct alternative homes; places where they can be themselves, where they can feel secure and at ease, and where they can talk about anything they want without being judged by others. In these homes, the children learn how to deal with their problems in positive and appropriate

ways in order to break out of the vicious circle in which negative ways of coping are used that provide nothing more than short-term relief. The Community Mother Programme helps children understand that it is possible to have trusting and healthy relationships with others, despite prevailing ideas about witchcraft, ancestors and envy. In this way, Yabonga can attempt to deconstruct the belief that envy leads to witchcraft, and that witchcraft in turn leads to disconnected households and HIV/AIDS, replacing such beliefs by feelings of trust and belonging.

The community mothers and child counselors who together create an additional home and family for children, do so indirectly for themselves as well. Furthermore, in order to be able to teach the orphans and vulnerable children about the coping strategies that can be used to deal with problems in a positive way, they initially had to learn themselves how to cope with their issues. The knowledge that the community mothers and child counselors gain at Yabonga gets distributed amongst the rest of the community as well. The Community Mother Programme thus not only supports the orphans and vulnerable children, but also the families, households and communities in which they live.

In principle, Yabonga acts to reduce the stigmas around HIV/AIDS. On the other hand, the organization runs the risk that such stigmas increase. The main reason for this is the fact that almost everyone who is involved in Yabonga is infected and/or affected by HIV/AIDS, with the result that they become pigeonholed. Yet it seems that participants are generally able to deal with these stigmas, since they are encouraged to live positively and to be proud of who they are, learn how to deal with their problems in positive ways, and because they have built a new social safety net: the "Yabonga-family".

The fact that the information reported in this article has been gathered as part of a small-scale qualitative research study, means that its reliability and representativeness are limited. On the other hand, the aim of this study was not to be able to generalize the data to a larger population, but to offer a description of the lives of the orphans and other vulnerable children involved in the program, and to give some insight into the many risk factors they face, the protective factors at their disposal, and coping strategies that they use.

It seems obvious that organizations such as Yabonga and its Community Mother Programme, are needed to improve the situation of orphans and vulnerable children living in the townships of Cape Town and in the end to change the situation of many others living in those communities.

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