Orphan adolescents’ lifeworlds on school-based psychosocial support

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Psychosocial support is an indispensable need of human life and a basic right of all children. Orphan adolescents in this phenomenological study describe their lifeworlds with regard to psychosocial support at school. Data were collected in 2011 from six Namibian orphan adolescents aged between 11 and 16 years through in-depth interviews. Phenomenological design explores how people ascribe meaning to their experiences in their interactions with the environment. Data analysis was done applying phenomenological hermeneutic cycle that constituted reading and re-reading of statements, to find the essence from stories of the participants. The main emergent themes of school-based psychosocial support are discussed under the following: provision of guidance and advice, provision of tangible support and provision of emotional support. The most striking result across all themes was the lack of opportunities for orphan adolescents to experience a one-on-one emotional support from either a class teacher or a life skills teacher or a school counselor. Thus, key implications show that the participants need to be talked to individually in order to express their feelings especially when they returned to school after bereavement. It further implies that the participants are likely to suffer in silence that would result in emotional and psychological problems later in their lives.

Keywords: orphans; adolescents; phenomenology; lifeworlds; psychosocial support

Introduction

There is steadily increasing number of orphans in the villages in Namibia who are particularly vulnerable as they are without means of psychological, financial, social and parental support. While the death of parents could be due to many other causes, the increase in the number of orphans in the country has been partly attributed to the spread of the HIV and AIDS epidemic. Since 1996, HIV- and AIDS-related illnesses have been the leading cause of death in the country. It was estimated that 50% of orphans lost their parents to AIDS (UNICEF, 2005). Musariri (2013) reported that the number of orphans who lost their mothers to AIDS in 2013 has risen to 160,000 from 60,000 in 2005. Earlier on, Namibian Sun (2011) found that there were about 250,000 registered orphans and vulnerable children in Namibia according to 2009 national statistics. In the Namibian context, an orphan is a child who has lost one or both parents because of death and is under the age of 18 years (Ministry of Education, 2008). This is the national definition of an orphan child. Policy documents in Namibia state that every child who lost one or both parents is given a status as an orphan child regardless whether the child is living with one of the parents or not.

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The loss of an attachment figure or parent affects every aspect of a child’s life: their emotional wellbeing, physical security, mental and educational development and overall health (Maundeni cited in Taukeni, 2012). Research studies have consistently shown that parental loss in childhood and the absence of a warm, quality caretaker does effect depression in childhood and eventually in the adulthood (Cozolino, 2002). The stage of adolescence tends to be the most difficult one throughout the life cycle. Many boys and girls of this age seem to cause problems in the family, school and community (Melgosa, 2011). Erikson’s psychosocial theory on adolescence stage shows that these children are faced with psychosocial crisis of identity vs. role confusion. They experiment with variety of activities (Erikson, 1974). It was therefore the main aim of this research to find out the adolescents’ lifeworlds on school-based psychosocial support.

Lifeworld is a phenomenological research term. Lifeworld is the translation of the German term *Lebenswelt* used by the founder of phenomenology, philosopher Edmund Husserl (1859–1938), to refer to the individual’s “world of immediate experience” (Johnson & Christensen, 2012, p. 384). It is the individual’s inner world of consciousness and experience. In other words, one’s lifeworld is in his or her mind. It is a combination of feelings, thoughts and self-worlds at any moment in time (Johnson & Christensen, 2012). The paper aimed to find out the type of psychological and social support orphan adolescents were engaging in at their schools and how these support contributed to their lives. Provision of psychosocial support is an accepted practice and a child’s right according to the United Nations Convention on the rights of children (UNAIDS, 2001) during the recovery and reconstruction phases following natural disasters (Prewitt Diaz & Dayal, 2008) such as death and other forms of loss. It further aims to address reactions to enormous losses, such as grief, displacement, disorientation and alienation, which are often ignored in the immediate aftermath or forgotten during the recovery phase (Saraceno, 2006). Psychosocial support is generally classified into three types namely information, which consists of the provision of guidance and advice; instrumental, which comprises the provision of tangible assistance including goods, services and money; and emotional, which includes the provision of warmth and empathy (Taylor, 2007).

The relevance of the above-stated types of psychosocial support to the current research was that they enabled the researcher to listen to the voices of orphans with a clear understanding of what the psychosocial support was about. It is generally known that the death of a parent leaves some children and adolescents without anyone to provide them with guidance and advice which are the core elements of psychosocial support. In the event when students are orphaned and left alone, schools should step in and provide support to the affected orphan students. It was for this reason that this research aimed to find out about the types of psychosocial support that were provided to the orphan adolescents at their respective schools. The vast majority of children go to school, and teachers are in an excellent position to notice signs of vulnerability in a child, or to notice when a child is frequently absent from school or leaving school altogether. UNAIDS (2001) asserts that

> Teachers should be aware of what is happening in a child’s life. Perhaps a child is truant from school for long periods of time, does not pay attention in class or becomes aggressive playing outside. From a teacher’s point of view, this child could be considered a “problem” child in need of reprimanding. However, it may not be a bad child, but a child who is having trouble coping with a difficult situation. (p. 29)

Regarding the provision of instrumental, which includes the provision of tangible assistance as described above, research in Namibia shows that some orphans are being denied food, being forced to sleep outside or in the back of the houses, or being sent to work instead of attending school (Mnubi-Mchombu & Ocholla, 2011). Poverty is another problem faced by adolescent
orphan students. After losing their parents, many adolescents experience poverty in terms of food shortage, shortage of clothing and the inability to pay for health care and school fees (Tsheko, 2007). Due to these kinds of life experiences that orphans endure in their early years, they are left without resources for education, health care, love and support required by children, making them increasingly vulnerable to dropping out of school (Subbarao & Coury, 2004). The Namibian government policy on orphans and vulnerable children recognized the need to protect and care for the children and adolescents by providing them with health care, access to education, economic opportunities, basic needs and psychosocial support (Ministry of Women & Child Welfare, 2004). Namibia has a range of policies and programs for ensuring that all children access education in line with the Millennium Development Goal (MDG) 2 which is to achieve universal primary education by 2015 (Ministry of Women & Child Welfare, 2004). The policies and programs include among others: exemption from the payment of the School Development Fund fees, School Feeding Scheme for schools in poor and remote areas, the National Policy on orphans and vulnerable children, Child Welfare Grants (CWG) and Education and Training Sector Improvement Program (ETSIP) to mention just a few. There has been a noticeable improvement in as far as the implementation of these policies and programs were concerned. For instance, in 2006, almost 110,000 orphans and other vulnerable children were provided with nutritional support by the Ministry of Education under the school feeding program (Republic of Namibia, 2007).

The Ministry of Gender Equality and Child Welfare provides CWG to orphans and other vulnerable children and to families caring for these children. The coverage of these grants has increased enormously in recent years, with an increase in applications handled by the Ministry going from some 28,000 children in 2004 to 76,000 in September 2007. Yates (2007) confirms that the government of Namibia through its implementation of a Plan of Action for orphans and other vulnerable children (National Plan of Action (NPA) 2006–2010) in the 2009 financial year provided more than 50,000 children with social grants to alleviate their plight while attending schools.

The grant is N$200 (equivalent to US$17.77) for the first child and N$100 (equivalent to US$8.92) for subsequent children, up to a maximum of six children per household. A study on CWG for orphan children in Namibia conducted by Taukeni (as cited in Taukeni, 2013) confirms that more than half of the participants received grants from the government on monthly basis. He also found that caregivers and relatives used the grants to buy orphans basic necessities such as school uniforms, shoes, clothes and to pay school fees (Taukeni, 2013).

Namibia has embarked on an ETSIP which is a 15-year strategic plan (2005–2020) for improving Namibia’s education system. Within this plan, specific attention is given to the educational needs of orphans and other vulnerable children with regard to specialized training, equitable access, psychosocial support, feeding programs and steps to prevent stigmatization. Moreover, Article 20 of the Namibian Constitution states that all persons shall have the right to education (Honcox, 2010).

Emotional support should be provided to orphan students to help them cope better in school, especially adolescents who experience emotional stress, depression, anxiety, stigmatization, and posttraumatic stress disorder (Cluver & Gardner, 2007). It was revealed that psychosocial problems have been consistently observed among orphaned boys and girls (Cluver & Gardner, 2006). The trauma from the loss of a parent can trigger behavior problems of aggression or emotional withdrawal and negatively affect a child’s performance in school and the child’s social relations with other children at both school and home (van Dyk, 2003). Indeed, some orphan students may become withdrawn and passive or develop sadness, anger, fear and antisocial behaviors and become violent or depressed (Subbarao, & Coury, 2004). Psychosocial support is very important in the school environment because the caregivers may lack the skill
to support the adolescents emotionally and psychologically. In their study on caregivers in Namibia, Mnubi-Mchombu and Ocholla (2011) confirm that some caregivers were worried that they do not know how to take care of orphans, especially with regard to providing psychosocial support and counseling.

It was found that the lack of psychosocial support from within existing social networks is considered particularly hurtful and insensitive, and adds significantly to the distress felt by the orphan children and adolescents (Breen & O’Connor, 2011). Due to the magnitude of a large number of orphan adolescents who need psychosocial support, a better understanding of how orphan adolescents experience psychosocial support and what they mean to them remains an important research endeavor.

**Methods**

Qualitative methods have been considered most useful to explore sensitive subjects on health psychology and behavioral studies. As such, it is especially suited to studies that aim to relate findings to bio-psychosocial theories that dominate current thinking within the healthcare professions (Smith, 2004). In this research, the author used the phenomenological method to gather data from six primary schools in the Ohangwena education region. The research was conducted in 2011. A research review by Brochi and Wearden (2006) shows that the phenomenological method has flourished in health psychology and has also attracted interest in related fields such as counseling and clinical psychology (Smith, 2004). Langdridge (2007) defines phenomenology as a discipline that aims to focus on people’s perceptions of the world in which they live in and what it means to them; a focus on people’s lived experiences. The core principles of phenomenology are that the researcher needs to pay respectful attention to a person’s direct experiences and encourage research participants to tell their own story in their own words (Smith, Flowers & Larkin, 2009).

**Participants**

Six orphan adolescents (four girls and two boys) were purposively sampled from the six schools to participate in the research. Participants were aged between 11 and 16 and had been bereaved of one or both parents between 2000 and 2010. The selection of the participants for this research was based on the purpose of the research looking for orphan adolescents who have had lost their parents due to death and were willing to share their experiences with regard to psychosocial support at their respective schools. The author chose only one adolescent student per school to learn how different adolescents from different schools experience psychosocial support.

**Interviews**

Katile (2011) asserts that for data generation, multiple tools can be utilized that include interview, observation and protocols. Since the purpose was to generate the lifeworld stories of the research participants, the author considered interviews as the most appropriate instrument to use. Thus, face-to-face interviews were held in the afternoon after school at the participants’ respective schools. Interviews were conducted in *Oshikwanyama* (an indigenous language spoken by some inhabitants of Northern Namibia) and translated into English by the author. They were tape recorded and transcribed by the author. Each interview lasted for duration of not more than two hours. Each participant was interviewed only once. As per cultural custom of doing research in Namibia schools, permission was sought and granted from the Ministry of Education permanent secretary, regional director, school principals and class teachers.
Data analysis
During data analysis, the author sought for significant statements in the form of a few words or a phrase, a sentence or a few sentences that have particular relevance to the psychosocial support at school. In general, to determine whether a statement is significant, one may ask the following question: Does the statement seem to have meaning to the participant in describing his or her experiences? After constructing the lists of significant statements, the author sought for themes in the data. In other words, what kinds of things did the participants tend to mention as being important to them (Johnson & Christensen, 2012)? The author closely read and re-read the statements and took note of any thoughts, and ideas that occurred which related to a particular theme. The final process resulted in establishing key descriptive comments and phrases to develop emergent themes.

Results
In this phenomenological research, the emergent themes show the lived experiences of orphan adolescents’ lifeworlds reflecting back on the school-based psychosocial support provisioning. The emergent themes to be presented as results of this research were analyzed using the participants’ significant statements and direct quotes. This section presents evidence of participants’ subjective experiences with regard to school-based psychosocial support.

Brief biographical details of the participants
The participants are identified as P1, P2, P3, P4, P5 and P6. P1 was a 14-year-old boy in Grade 7. He lost both parents. He could not remember the years when his parents died and how old he was when they died because it happened in his early childhood. At the time of interview, P1 was living with his paternal aunt. P2 was in Grade 5, a girl of 11 years. She lost her mother after a long illness. Her mother died in the hospital where she was admitted in 2006. She has been living with her maternal grandmother since early childhood. P3 was in Grade 7. He was a boy of 13 years. He lost his father who was sick for a long time. His father died in 2010. He lived with his maternal grandmother.

P4 was in Grade 7. She was a girl of 14 years. P4 lost her father in the same year she started Grade 1 sometime in 2005. P4 did not have adjustment problems at home, as she was born and raised in the same household before her father died. P4 has been living with her maternal grandmother, her mother, brother and a cousin since her birth. She was the only girl at home. P5 was a 16-year-old girl doing Grade 7. She lost her mother. She said her mother was apparently bewitched in the squatter camp where she used to stay either in 2008 or 2009. P5 was living with her maternal uncle and aunt. Her uncle and aunt were the ones providing for her home and school needs.

P6 was a girl doing Grade 8. She was 14 years old. P6 lost her both parents. She lost her father in 2004 and her mother in 2005. Her father was sick for a long time. P6’s mother was sick for only two months. Her parents were not living together before they passed on. They both used to visit the hospital prior to their death. P6 had been living with her mother long before both parents died. She was with her two elder sisters at home. P6 revealed that her first born sister has been the head of the house since 2005 after their mother died. She was 30± years old and a mother of three children. P6 said that none of her sisters was formally employed and there was no one at home with formal employment. P6 described her experience under the care of her eldest sister who has been taking care of them as “She was like my mother, because when I asked her for something she would just give it to me.” Only her first born sister provided P6 with home and school needs.
Emergent themes

Phenomenological research involves the examination of participants’ lifeworlds, their experiences of a particular phenomenon, how they have made sense of their experiences and the meaning they attached to them (Smith, 2004). The emergent themes participants related to were as follows: group guidance, empathy, safety measures, provision of basic health care, school feeding program, peer support, excursion and awards and sport activities.

Group guidance

Participants revealed that group guidance was organized focusing on the danger of HIV and AIDS and hygiene. The following were their statements: “The whole school gathered and teachers gave information about HIV and AIDS. It was usually done on World AIDS Day” (P1). “We were taught some health issues at school. The school taught us about the danger of HIV and AIDS things” (P5).

Empathy

Upon returning to school after the passing on of a parent, some adolescents needed a one-on-one counseling support to help them cope more effectively with grief and loss. Participants related their experiences regarding the way they were consoled when they went back to school after their parents were laid to rest. They made the following statements in that regard: “When I returned to school I was told not to feel sad by the class teacher” (P1). “My friends made me feel good when I returned to school after bereavement. When I told my friends what happened, they said it was okay” (P2). “My class teacher just shook my hand. She did not say anything” (P3). Some of the participants were consoled by members of their family who visited them during the mourning period. One of the participants made the following statement in that regard: “We were consoled by the elders who came for the bereavement; they encouraged us to take it in good faith” (P5).

Safety measures

The majority of the participants said they felt safe and secure in and around their schools. The following statements were made by some of the participants: “I felt safe. If I was being mistreated I could go to the teachers and report the student who mistreated me” (P1). “If I was beaten I would go to the office and tell the school principal” (P2). “I felt secure at school because there was Learner Representative Council (LRC). Students who were beating others were taken to the principal’s office” (P3). “Students that treated me badly, I reported them to the teacher and they were warned not to do it again” (P4). “… If someone tore our books we went to the office to report what happened and the culprit would be told to go and buy our books or give the teacher the money so that our books could be replaced” (P5). “I should have gone to the office when I happened to be mistreated by anyone at school and the culprit would have been given a punishment to dig out a tree with its roots and beaten” (P6).

Participants further observed that students who lost parents due to death were written in the registers for record keeping and other monitoring services. Participants made the following
remarks in that regard: “Class teachers wrote down the names of orphaned students in their classes so that when orphans were given something they would all benefit” (P3). “Our class teacher only wrote my name in the register” (P4). “Our teachers wrote our names in the book when we returned to school after bereavement to know those who did not have their parents” (P6).

**Provision of basic health care**

The participants reported that schools had made provision for basic health care, the following were their comments: “Students who felt depressed were taken to the hospital by the school” (P2). “The school bought a first aid kit and there was a teacher who gave first aid to injured students at school”. “Our school gave any student a permission to go to the clinic if he or she was sick” (P3). “The school took a student to the hospital but the student had to pay the hospital bills himself or herself. I saw one learner injured who was taken to the hospital by the school” (P4). “At least the school could take a student who might be sick to the hospital by car provided that he or she would pay the hospital bills” (P6). Some of the participants, however, talked about the provision of immunization at their schools. Here was one of their comments: “There was immunization here at the school. I was only immunized when there were outbreaks like polio and others. Last year I was not immunized because I was 15 years old” (P5).

**School feeding program**

The following statements were made by some of the participants: “The school prepared soft porridge for the students. It was served to every child at school. Whoever wanted it could get it” (P2). “Our school provided soft porridge to the students. We were also given a 10 kg bag of maize meal to cook at home” (P3). “The school prepared the soft porridge for the students. It was served only on Monday to Thursday. It was not served on Friday because the school closed earlier” (P4). “I felt good because even if I did not eat anything at home when I ate soft porridge I felt good and it helped me not to sleep in the class” (P5). “We were given soft porridge. It was given fairly to all of us” (P6). Few of the participants were worried about school feeding program and they did not understand why their schools stopped giving students some snacks. One of their comments was: “The school did not provide anything in terms of food anymore. I did not know why the school stopped giving us snacks. It was really helpful to us after we ate biscuits and cookies; we listened better in class” (P1).

**Peer support**

It was evident that participants relied on the social support of their friends at school. They made the following statements: “I did not stay alone at school. I had friends with whom I played. We were just two friends at school, when one of us had one N$ we went to buy cakes and eat together” (P1). “I played a lot with my friends at school” (P2). “When one was in the class but there was something he or she did not understand, friends would correct him or her and make things clearer”. “My relationship with my friends at school was good. We played games to make each other happy” (P4). “We told each other funny stories and ate our cakes together. We also played together at school and we kept each other company and we had fun together” (P6).

**Excursion and awards**

Participants admitted that if it were not for incentives that their schools offered to them, they would not work so hard to pass. This was observed from the following statements made by the participants:
Our last year’s Grade 7 went to Ruacana waterfall but we were informed that our Grade 7 would go to Etosha National Park if we happened to pass very well. I wanted to see Etosha I was never there before. (P1)

“The school promised that anyone who came in 1st to 3rd position would get a pen and a file at the assembly. I was also given a writing pad when I was 3rd in Grade 3” (P2). “If a student happened to pass very well than others in a certain subject he or she got a diploma. A student could even get a calculator if he or she passed well” (P3). “If a student did perform well, the school gave him or her pens and files” (P4). “I learned hard because I wanted to go to the party since if I failed I would not have gone to the party” (P6).

Sport activities
Most of the participants believed that sport activities were one of the psychosocial support they took part in at their schools. They made the following statements in relation to sport activities: “I did sport but not in competitions. I just did it for fun, I played netball. This year I might be in the school team” (P4). “I took part in sport at school; I ran 100 m at school. I was even second in the circuit-based competition last year” (P6). It also emerged that one of the participants did not do any sport activities at school and at home except during the physical education lesson. The following statement confirmed that when the participant stated: “I did not take part in drama, drawing and sport at school. Only during lessons; I played sport in PE. At home that season, because of herding the animals, we did not play soccer by then” (P1).

Discussion
As outlined in the previous section, psychosocial support is a complex process and there are many different ways that it gets defined and assessed. For example, the author of the current research discussed the results according to the three main types of psychosocial support, namely information, which consists of the provision of guidance and advice; instrumental, which comprises the provision of tangible assistance including goods and services and emotional, which includes the provision of warmth and empathy.

Provision of guidance and advice
One of the school-based psychosocial support emerged in this study was group guidance. Group guidance refers to group activities that focus on providing information or experiences to a group of children and adolescents through a planned and organized group activity that would help them make more appropriate life decisions (Gibson & Mitchell, 2008). Decision-making during adolescence stage is critical and adolescents require careful guidance on it. It was evident that group guidance was organized to commemorate the World AIDS Day in the schools’ calendar. HIV and AIDS awareness was necessary in the context of the current research because Namibia is one of the sub-Saharan countries widely affected by the epidemic. These data were consistent with the policy of the Ministry of Education which states that “teacher-counselors, the school-based HIV and AIDS coordinators, or any teacher or guest speaker with necessary knowledge shall be tasked with raising awareness and providing information …” (2008, p. 10).

In Namibia, most orphan adolescents face a number of problems. Notably, most of them are forced to head households and take care of their siblings. In most cases, they do not know where to get help when the need arises (Zimmer, 2009). Based on research, Ruiz-Casares (2004) confirms that children heading households are in some cases as young as nine years old.
The average age of the children heading households interviewed in Namibia was 17 and about 55% of the child-heads are girls. One in four children said they were living without adult because they had no one to move in with. Relatives either had too many dependants or lived too far away. Biological details of participants of the current research provided evidence that one of the participants was living in a child-headed household. She revealed that her first born sister has been the head of the house since 2005 after the death of their mother. She was living with her three sisters and none of them was formally employed and there was no one at home with formal employment. It was likely that the adolescent and her family were facing poverty.

Taking into account that poverty is a perennial problem affecting many children and adolescents in most parts of Africa, Richter, Manegold, and Pather (2004) agree that the majority of orphans have extremely poor living conditions and cannot afford basic items such as food and clothing. It is possible that this family can do anything to risk their lives, for instance Ansell (2005) notes that in many parts of Africa, in contexts of severe poverty, girls have sexual relationships with “sugar daddies” – older men who are usually married. The young girls exchange sex for material benefits, but are unable to negotiate details of the relationship, including, importantly, the use of condoms. While Silberschmidt and Rasch (2001) argue that young girls do so, however, in the absence of adequate information: most are unaware of the risks they run, particularly of HIV/AIDS, but also of unsafe abortions should they become pregnant. The use of their sexuality for material gain, therefore, makes them extremely vulnerable. According to the current research, it could be one of the interventions why schools find it necessary to provide guidance and advice about HIV and AIDS in order to provide students with adequate information about the epidemic.

The Ministry of Education in Namibia also states clearly that every teacher shall monitor the progress and psychological well-being of students on a continuous basis. Teachers are expected to identify children who seem to be vulnerable and will bring these children to the attention of the head of counseling services in the school. The head of counseling services will facilitate the appropriate intervention, including referrals as necessary (Ministry of Education, 2008).

Provision of tangible support

Introduction section of this paper provided information that psychosocial support includes the provision of tangible support that includes goods, services and money. In this paper, however, the results show that the provision of tangible support to the participants included school feeding programs where children received soft porridge and snacks. Another tangible support participants related to was the provision of school functions and excursion as an incentive for them to study hard.

The discussion starts with the school feeding program. Nearly, all of the participants were provided with soft porridge by their schools from Mondays to Thursdays. This result is in line with the Namibian government’s NPA to run feeding programs in schools. Research in Namibia has shown that school feeding programs have been introduced in many schools targeting orphans and other vulnerable children to fight poverty, malnutrition and keep them in schools (Biemba, Beard, Brooks, Bresnahan, & Flynn, 2010). Others, Allen and Gillespie (2001), assert that in developing countries, school feeding programs aim to increase school attendance and enrollment and encourage learners to stay in school longer. While Brown, Beardslee, and Prothrow-Stith (2008) argue that when children fail to get sufficient dietary energy, particularly in the mornings, their cognitive capacity is impaired; their brain do not have sufficient energy for attention, concentration and learning.

The work of these researchers has made it possible to understand the importance of school feeding programs better. The current research provided evidence that many students were provided with school feeding programs. The only exception was found at one school where one
student revealed that the school stopped providing them with snacks which usually helped them to listen better in class. UNICEF (2000) asserts that the provision of school snacks is another example of psychosocial support that contributes to the quality of the school environment. Evidence from earlier reports in Namibia showed that as of 31 March 2009, more than 1,000,000 orphans and other vulnerable children received support through the Ministry of Education’s school feeding program (Biemba et al., 2010). The government of Namibia’s effort to run school feeding programs in primary schools is in line with MDGs 1 and 2: to halve the proportion of people who suffer from hunger around the world and to ensure that all children are able to complete a full course of primary school (United Nation, 2008).

Adolescents’ performance is influenced by many factors that are both internal and external to them. Some examples of external factors that featured clearly in this study were excursion, awards and school end year function. The participants clearly demonstrated that if it were not because of excursion, awards and school end year function they could not learn hard enough to pass. The findings seemed to be in the same line with Tchombe (2001) who found that pupils must be intrinsically and extrinsically motivated to want to learn and to sustain the desire to want to learn. They must be made to see that they are responsible for their learning. The meaning attached to this finding was that adolescents seemed to feel more motivated to do well in school when their effort was acknowledged and rewarded. It could also mean that there should be any activity to which adolescents would look forward to do as a driving force in order to achieve their goals.

**Provision of emotional support**

Drawing from the participants’ lived-worlds experiences, it appears that the majority of sampled schools provided safe and secure environments for their orphaned children. Participants shared that if they were mistreated they would report the person who mistreated them to their class teachers or the school principals. According to the attachment theory, when the experiences of the children are good enough they develop trust and feel safe (Blake, Bird, & Gerlach, 2007), feel securely attached and free to learn (Stevenson, 2007).

A key aspect of the attachment theory is that at all times grief and loss occur within a particular social or cultural context (Doka as cited in Corr, 2002). In the current research, for instance, some participants appeared not satisfied with the showing of empathy by the teachers during the lesson. The following statement was made by one of the participants in that regard: “My class teacher just shook my hand in the class, she did not say anything.” The implication of this statement seemed to suggest that some of the participants were not well oriented as far as cultural practices are concerned in the event when the death occurred. This is actually a cultural practice not to say anything when shaking somebody’s hand during or after bereavement in Ovawambo culture. All the participants belonged to Ovambo-speaking people, where the majority were based in the Northern part of the country. This unusual pattern might also imply that the teacher was sensitive by approaching the student with great caution so as not to arouse his or her emotions. It could also be that the teacher was simply trying to be warmth and empathetic. Overall, what the teacher could have done better was to invite the child for one-to-one meeting after the lesson. It was contrary to the policy that says that “a teacher shall find time and a venue to provide psychosocial support to the affected children” (Ministry of Education, 2008, p. 10).

The peer support the participants related in this research could be attributed to the lack of emotional and counseling support from the teachers and school counselors. The closeness participants shared with other students which in itself was an emotional support was evident in this research. They also mentioned sharing humor (telling each other funny story, which is good for stress relief) and companionship (sharing food and eating together). This pattern was expected considering that if teachers and school counselors could not provide opportunity to let orphan
children express how they felt, other students were likely to fill that gap. Ruiz-Casares (2004) agrees that 60% of the time, children turned to other youths for emotional and material help and advice. The majority of participants were also interacting with other students by doing sport activities. Like what Miller (2003) asserts that within the psychosocial support framework, the technique may be seen to be working towards the creation of a friendship group for a specified learner as an attempt to turn alienation within the peer culture towards acceptance.

The results of the current research seemed to suggest that the emotional support was not provided as per the Ministry of Education policy on orphans and vulnerable children. The policy clearly stated that the regional offices shall ensure that counseling and support services are provided at all schools in the region. The regional school counselors are responsible for the supervision, monitoring and support of the school-based psychosocial support (Ministry of Education, 2008). It is therefore important that future research should look into how orphan children and adolescents are being provided with emotional and counseling support in their schools.

Sampled schools seemed doing very well in terms of registering orphan children and adolescents for monitoring and other record keeping purposes. This was well confirmed by nearly all the participants who revealed that their class teachers wrote down their names in a register for orphans and other vulnerable children so that when there were donations and incentives targeting orphans they would all benefit. This was exactly in line with the policy of the Ministry of Education. The policy stated that the head of educational institutions shall ensure that a register of all orphans and other vulnerable children is updated regularly and with sensitivity. The register should include what services the student has received from the school or elsewhere as well as further needs he or she might have (Ministry of Education, 2008). Statistics were forwarded to the Ministry of Education Regional Office and schools were advised to prioritize orphaned and other vulnerable children for support services. The services included the school feeding program, exemption of school fees, counseling and other donations.

**Implications and limitations**

The purpose of this research was twofold to (1) find out the adolescents’ lifeworld on what is the school-based psychosocial support and (2) find out how the psychosocial support contributed to the lives of orphan adolescents. The most striking result across all themes was the lack of opportunities for orphan adolescents to experience a one-on-one emotional support from either a class teacher or a life skills teacher or a school counselor. It was clear that the participants showed the need to be talked to individually in order to express their feelings especially when they returned to school after bereavement. This can be a better potential area for further research to investigate how orphan children and adolescents are provided with individual counseling at school.

Research on attachment theory and bereavement support shows that there seem to be a mismatch between the school’s culture and the culture of bereavement (Riches & Dawson as cited in Taukeni, 2012). Therefore, the area of interest for further research could help our understanding of school’s culture and adolescents’ culture of bereavement and how the two cultures support one another. Other areas of interest could include orphan adolescents’ attachment with the deceased and how psychosocial support is being provided to benefit all the needy children and adolescents in Namibian schools.

The current research only aimed to find out the participants’ lifeworlds, their own experiences of school-based psychosocial support, how they made sense of their experiences and the meaning they attached to them. One of the limitations of this study includes the small sample size of six participants only. This research should, therefore, need not to be generalized to the entire population. Research results, however, should inform the policy-makers, school counselors and other health psychology professionals who work directly with orphan children and adolescents in
schools. It is important that school-based mental health professionals identify orphan adolescents who have similar needs and use developmentally appropriate activities to help them understand and cope with feelings of grief and loss.

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