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# CHALLENGES FACING CHILDREN AFFECTED AND INFECTED BY HIV AND AIDS: A CASE STUDY IN SEKE RURAL DISTRICT.

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## ABSTRACT.

Children have been and are being affected by HIV and AIDS in Sub-Saharan Africa since its discovery in the 1980s.The Joint United Nations Programme on HIV and AIDS (UNAIDS), reports that nearly 40 million of people in Sub-Saharan Africa are either affected or infected with HIV and AIDS including about three million children under the age of 15 years. According to UNICEF, by 2010, there were more than 25 million children orphaned by HIV and AIDS virus. The orphan population appears to be increasing by day. This situation has a major impact on the growth and development of the children infected and affected by HIV and AIDS. This study sought to find out the impact of HIV and AIDS on children aged 3-6 years in Seke rural community in Zimbabwe. The study employed an informal survey using focus group discussions and individual interviews with caregivers. The study found out that most children who are infected and affected by HIV and AIDS are under the care of caregivers who are either grandparents or secondary caregivers. Some of the children are not sent to Early Childhood Centers established in the primary schools, lack basic needs such as food, decent shelter and clothing. The children are in dire need of Psychosocial Support (PSS) and care. The caregivers also suffer from burnout, need to be educated on child rearing techniques and are in need of PSS and Care. The study recommended that Ward Councilors', Village Heads, primary school personnel and the Government at large need to design a policy on implementing PSS and Care to the needy children and their caregivers.

**Key Word:** Orphans and Vulnerable Children, Caregivers, Psychosocial Support.

## 1. BACKGROUND TO THE STUDY

According to Nickerson et al (2011), by 2002, Africa was identified as the continent with the highest HIV prevalence with 42 million people infected with the virus. Children were and are the most vulnerable because of a host of socio economic reasons among these poverty, sexual exploitation, violence and lack of information on HIV and AIDS. Over 10% of children were found to be infected with HIV and AIDS in Africa. UNAIDS and WHO (2004), pointed out that by 2001, 14 million children were already orphaned by the virus. Many children were growing up in foster homes or living with extended families or on their own. These children and their siblings and even whole families are relegated to isolation due to stigma and discrimination and are unable to participate in the social, educational and other activities

GLOBAL JOURNAL OF ADVANCED RESEARCH
(Scholarly Peer Review Publishing System)

which are essential to their growth and development. They also live in families where there is illness, economic and social hardships, death, lack of care and support with the essential basic social services. Some children from homes where a member suffers from HIV illness are exposed to trauma of caring for the sick people who could be a parent. Seeing their caregiver or parent die can lead to psychological stress, which is also aggravated by stigma, associated with HIV and AIDS.

According to the Joint United Nations Programme on HIV and AIDS (UNAIDS) and the World Health Organization (WHO), (2004), by 2003 it was noted that over 500 000 children were getting infected by the deadly HIV virus. Of these, 90% were as a result of Parent Mother To Child Transmission (PMTCT). In sub Saharan Africa, the rate was then reported to range from 25% to 45% where there were no interventions to reduce the rates. Where interventions were in place, the rate dropped to 10%. Adolescent children were getting infected due to sexual abuse and child prostitution. While a lot of programmes in Africa were addressing the issue of HIV prevention, very little was being done to address problems related to the quality of life for children infected or affected by the virus. As a result, children will be unable to participate in social, educational and emotional activities, which are essential to a child's growth, evolution and well being. Children born HIV positive are expected to live longer due to access to Anti Retro Viral drugs. Therefore this calls for the urgent implementation of psychosocial support measures on children in order to develop coping mechanisms to address challenges they meet in life.

Transmission rates are higher during pregnancy, at birth and also through breast-feeding. 20% to 43% of the babies are being infected this way. PMTCT was seen as complimenting healthy mothers and fathers so that children are not orphaned at an early age. The support starts before the child is born so that the child is born to parents who are still enjoying a healthy life and are able to raise the child. Given the above scenario, there were rights that children infected and affected by the HIV virus were not accessing, these are the rights on psychosocial support and care. According to the United Nations Convention on the Rights of the Child, the psychosocial support needs of the child is not a privilege but also a right of the child.

Children who became orphans due to the death of one or both parents from HIV and AIDS are a rapidly growing population in urgent need of attention in Zimbabwe. By the year 2010, the number of orphaned children was as high as 40 million. Ninety percent of these children were in sub-Saharan Africa. The need for homes and guardians/caregivers for large numbers of orphans is impacting the entire communities and regions of the world. According to Nyesigomwe, (2005), a study by the Zambian Ministry of Health indicated that 40 percent of all households have one or more orphans. In Zimbabwe, eight percent of all children under the age of 15 lost their mothers due to AIDS. Children are affected by HIV and AIDS not only through infection or the loss of a parent but also through a premature end to their childhood as they are required to become heads of households, drop out of school, work, raise younger siblings and care for parents and other family members sick from AIDS.

Furthermore, children experience greater poverty as a result of the loss due to AIDS of adult wage earners, farmers and other skilled and contributing household members. These
losses affect all of the children in a household and, where infection rates are high, entire communities. Without adequate care and support, children experience losses in health, nutrition, education, affection, security and protection. They suffer emotionally from rejection, discrimination, fear, loneliness and depression.

Desmond and Gow, (2002), also found out that, children who live in high seroprevalence areas are orphaned and also may experience a decline in access to education or in the quality of education, withdraw from school, engage in labour or prostitution, suffer depression and anger or engage in high risk behaviour that make them vulnerable to contracting HIV. The epidemic is straining resources in already impoverished communities and creating new obstacles to the realization of children's rights to survival, development and protection. This failure to ensure children's rights creates

GLOBAL JOURNAL OF ADVANCED RESEARCH
(Scholarly Peer Review Publishing System)

opportunities for HIV infection. At the same time, HIV and AIDS creates opportunities for the violation of children's rights. Advances in the realization of children's rights, including the implementation of the United Nations Convention on the Rights of the Child (UNCRC), are necessary to stem the growth of the AIDS epidemic.

Nyesigomwe (2005), observed that in the absence of caring adults to protect them, and as they struggle to survive, children who experience increased poverty, abandonment, rejection or discrimination, or an added burden of responsibility for themselves and other family members, are at increased risk for abuse and exploitation. If children's rights are ignored as family property is taken, siblings are separated, the children suffer physical and sexual abuse, or the children become homeless. Girls marry at an early age in order to have a home. Children join the 100 million children estimated to be living and working on the streets of the world (UNAIDS) or the more than one million children annually who are sexually exploited for the first time (1996 World Congress Against Sexual Exploitation of Children). It is because of this background that the study sought to explore the impact of HIV and AIDS on children aged 3-6 years in Seke rural community.

## 2. THEORETICAL FRAMEWORK FOR ORPHANS AND VULNERABLE CHILDREN (OVC).

The United Nations Convention on the Rights of Children (UNCRC) defines children, "as every human being below the age of 18 years unless, under the law applicable to the child, majority is obtained earlier" The term Orphans and Vulnerable Children refers to a Child who:

- has lost one or both parents,
- lives in a household where at least one adult died,
- lives in a household where at least one adult is seriously ill, and
- lives in a child headed household (where the head of the household is below 18 years old).
- lives in elderly headed households
- is HIV positive.

Desmond and Gow, (2002), say, a vulnerable child is one who is living in circumstances with high risks and whose prospects for continued growth and development are seriously threatened. In the international community, the term "Orphans and other Vulnerable Children," (OVC) sometimes refers only to children with increased vulnerabilities because of HIV and AIDS. At other times "OVC" refers to all vulnerable children, regardless of the cause incorporating children who are the victims of chronic poverty, armed conflict, or famine. In this context a child is regarded as vulnerable because of any or all of the following factors that result from HIV and AIDS:

- Is HIV-positive,
- Lives without adequate adult support (e.g, in a household with chronically ill parents, a household that has experienced a recent death from chronic illness, a household headed by a grandparent, and/or a household headed by a child),
- Lives outside of family care (e.g., in residential care or on the streets), or
- Is marginalised, stigmatised, or discriminated against.

A caregiver in the context of this study refers to either the biological parent, relation legal guardian or any person taking care of a child in the home environment or individuals, who either by contract or agreement, choose to live together and provide care, nurturing and socialisation for one another. These are in two categories i.e. Primary and Secondary. A Primary Caregiver is a family member or close relative or friend giving care and support to the OVC. These include siblings, uncles, aunts and grandparents. Secondary Caregivers include community volunteers and skilled personnel such as nurses, play centre minders and nurse aides who also give care and support to OVCs.

GLOBAL JOURNAL OF ADVANCED RESEARCH
(Scholarly Peer Review Publishing System)

According to UNICEF (2004), HIV and AIDS epidemic is straining resources in already impoverished communities and creating obstacles to the realization of children's rights to survival, development and protection. The failure to ensure children's rights creates opportunities for HIV infection. At the same time, HIV and AIDS creates opportunities for the violation of children's rights.

The Joint United Nations Programme on HIV and AIDS (UNAIDS) (2002), and the World Health Organization (WHO), found out that, over four million children under the age of 15 contracted HIV since the epidemic began, most of whom (about 90 percent) became infected from their mothers during pregnancy, labour, birth or breast-feeding are vulnerable. Children who became orphans due to the death of one or both parents from HIV and AIDS are a rapidly growing population in urgent need of attention. Nyesigonwe, (2005), found out that children are affected by HIV and AIDS not only through infection or the loss of a parent but also through a premature end to their childhood as they are required to become heads of households, drop out of school, work, raise younger siblings and care for parents and other family members sick from AIDS.

Children also live in poverty as a result of the loss due to AIDS of adult breadwinners.
According to Haihambo et.al (2004), without adequate care and support, children experience losses in basic care, security and protection. They suffer emotionally and socially from stigma and discrimination and lack of basic needs for their survival and development. The realisation of the survival and developmental rights of children, as defined in the United Nations Conventions on the Rights of Children (UNCRC), are affected as the family and community resources become strained and overburdened by HIV and AIDS. If the AIDS epidemic is not contained, the mortality rates of infants increase by 75 percent, and those of children under five years of age by 100 percent (UNAIDS).

Desmond and Gow,(2002) observed that, in the absence of caring adults to protect them, and as they struggle to survive, children who experience increased poverty, abandonment, rejection or discrimination, or an added burden of responsibility for themselves and other family members, are at increased risk for abuse and exploitation. Children's rights are also ignored as family property is taken, siblings are separated, the children suffer physical and sexual abuse, or become homeless. Girls marry at an early age in order to have a home. Children join the 100 million children estimated to be living and working on the streets of the world (UNAIDS) or the more than one million children annually who are sexually exploited for the first time. However, they concluded that these orphans and vulnerable children need psychosocial support for them to be able to become effective members of their communities and the society at large.

According to Mutasa (2006) when a child is born, the parents play the function of a host to the child. Thus, besides the obvious biological link between the child and his/her parents, the child is also linked to them socially as they form the nucleus of the family. The family ascribes an identity to the child, without which a child cannot be fully integrated into mainstream society. One must therefore regard the family as the entry point for a child into the society. The family gives the child a name, which is part of identity. To deny a child a family, this right is to strip the child of an identity as a member of society. For this reason, there is widespread conventional recognition ,the world over that a child's right to a family is intricately linked to other basic human rights. Efforts to ameliorate the challenges faced by children in difficult circumstances must, as of necessity, primarily focus on ensuring that every child has a family.

The family is important to a growing child because it should provide protection to the child. Right from birth, the mother cuddles her child to provide warmth and protection against the adverse weather. The family also protect children from harassment by bully peers and report such harassment to the elders. A child who grows up in a family free from any form of abuse has a high self-esteem, has capacity to love and to be loved and enjoys emotional stability. The material and emotional support a child receives nurtures him/her into becoming a responsible adult who is sensitive to child abuse. Therefore the child has a non negotiable basic right to a family. The realization that the family provides all the support

GLOBAL JOURNAL OF ADVANCED RESEARCH
(Scholarly Peer Review Publishing System)

systems also influence the design and nature of the society's response to difficulties faced by children out of families. (Mutasa 2006)

The family's ability to function as a haven of safety for the child is severely threatened by poverty, unemployment, HIV and AIDS, and other social ills in Zimbabwe. However, assessing the link between poverty and domestic violence, the link between unemployment and family instability, the gloomy picture of a child who is brought up in a family ravaged by deaths due to AIDS, informs us the socio economic ills that threaten the survival and welfare of thousands of children in Zimbabwe. The family as a social institution, is dynamic. The shift in political, social and economic factors in society can cause publicise cases of child abuse. This scenario points to the fact that orphans and vulnerable children need to be under the care of a stable family where the caregivers are able to meet the children's needs.

Sociological and psychological theories explain that children live what they learn. Therefore we need to understand where and how they learn it. When children learn from outside the family environment, we normally find their behavior inconsistent with societal expectations. Hence the need to educate the caregivers on the needs of children. Every child has the potential and right to grow spiritually, psychologically and physically and to develop into a responsible adult. For this to happen in a healthy way, it is important to have quality relationships in the household. There is need to capacitate the caregivers with skills and knowledge on the importance of establishing a healthy relationship between them and the children under their care.

## 3. PSYCHOSOCIAL SUPPORT

Psychosocial support is an ongoing process of meeting emotional, physical, social, mental and spiritual needs of children, all of which are considered essential elements of meaningful and positive development. PSS is provided through interpersonal interactions that occur in caring relationships in everyday life, at home, school and in the community. This includes love and protection that children experience in family environments as well as the interventions that assist children and families in coping skills. Care and support enable children to have a sense of self worth and belonging. These are essential for children to learn, develop life skills, to participate in society and to have faith for the future. (Richier et al, 2006).

Ritcher et al (2004:24) define psychosocial support "as an ongoing process of meeting emotional, social, mental and spiritual needs, all of which are considered essential elements of meaningful and positive human development". They explain further by saying PSS goes beyond simply meeting children's physical needs. It places emphasis on children's psychological and emotional needs and their need for social interaction.

According to Ritcher et al (2006), psychosocial support has three components namely

**Psycho** – this element deals with feelings, thoughts and emotions related to life experiences of children and their personal realities.

**Social** – the social refers to the environment in which the child lives including family, friends and the community.

**Support** – focuses on the resources that are available to help build resilience in children, care givers and the community.

Orphans and other vulnerable children require psychosocial support because of the trauma and stress they will have experienced. Trauma and emotional shock produces long lasting harmful effects on the individual. Parental illness and death are causes of emotional trauma for children. Stress is an emotional condition, experienced and felt when an

GLOBAL JOURNAL OF ADVANCED RESEARCH
(Scholarly Peer Review Publishing System)

individual has to cope with unsettling, frustrating or harmful situations. It is a disturbing sense of helplessness, which is uncomfortable and creates uncertainity and self-doubt. Psychosocial support therefore aims to help children cope with emotional trauma and stress. Communities put intervention strategies in place, institutions and other stakeholders to assist the OVC acquire coping skills.

Psychosocial interventions and programming implement different models. Two of the models are the wheel and PSS indicators models. The wheel model emphasises that children have various PSS needs that must be met. These needs are the physical, social, emotional, intellectual, spiritual and the need for love and affection, the need for approval and to feel adequate. These needs are all important for healthy development and survival of children. Recognising that these needs are met ensures that the children's rights are being fulfilled.

It is important to note that none of the wheel elements would be adequate if provided without the other elements or in a vacuum. If we remove one element the wheel would not turn and progress would be impossible. The model assumes that at the centre of the psychosocial wheel model is an awareness of cultural practices, beliefs and rituals which inform one about the manner in which all the other needs are met. Culture needs to be seen as a pivotal point for enrichment of children's identity. Culture also serves as a store of knowledge, values, connectedness, and belonging and traditional practices which is regarded as being essential to the general well being of the child. (Devadas and Jaya, 1984).

## 4. THE PSS INDICATOR'S MODEL

According to Ritchter et.al. (2003), the PSS Indicators model is precise and focuses on the psychosocial needs of children with clear indicators of what elements an effective PSS programme should have. It complements the wheel model. Application of both models ensures that the psychosocial needs of children are holistically and adequately addressed. The model focuses on three major indicators PS and S.

**P – Psychological-** When an organisation provides counselling to children, it creates an opportunity or environment which allows them to express their feelings and emotions. These activities might involve children in group discussions and role-plays, drawing and clay modelling. It also requires that home visits to OVC be organised where quality time is spent with the children through storytelling and playing with them.

**S – Social-**An organisation can actively influence the social environment towards the reintegration of affected children into "normality" and create a comprehensive understanding of the real issues such as the development of safe social structures that include, training of caregivers and child minders, community sensitisation of PSS issues and formation of OVC community committees.

**S – Support-**The support could include empowering children with resources that enhance resilience such as training of children in life skills, provision of positive feedback to children on their performance in different activities, use of participatory methods or problem solving approaches and involving children in creative self expression and memory approaches. Psychosocial Support programme needs to also consider issues of child development.If children's developmental needs are not met, they will be negatively affected physically, psychologically as discussed below.

### Physical

Maltreatment during infancy or early childhood can cause important regions of the brain to form and function improperly with long-term consequences on cognitive, language, and socioemotional development, and mental health (Family Health I Internationa 2001). For example, the stress of chronic abuse may cause a "hyperarousal" response in certain areas of the brain, which may result in hyperactivity and sleep disturbances (Olsen et al 2006).Children who experience maltreatment

GLOBAL JOURNAL OF ADVANCED RESEARCH
(Scholarly Peer Review Publishing System)

are also at increased risk for adverse health effects and certain chronic diseases as adults, including heart disease, cancer, chronic lung disease, liver disease, obesity, high blood pressure, high cholesterol, and high levels of C-reactive protein

### Psychological

In one long-term study, as many as 80 percent of young adults who had been orphaned at age of two years and abused, met the diagnostic criteria for at least one psychiatric disorder at age 21. These young adults exhibited many problems, including depression, anxiety, eating disorders, and suicide attempts. In addition to physical and developmental problems, the stress of chronic abuse may result in anxiety and may make victims more vulnerable to problems such as post-traumatic stress disorder, conduct disorder, and learning, attention, and memory difficulties (UNICEF,1998)

### Behavioural

Subbatao and Coury,(2003), found out that children who experience maltreatment and are deprived of care and support at an early age, are at increased risk for smoking, alcoholism, and drug abuse as adults, as well as engaging in high-risk sexual behaviours Those with a history of child abuse and neglect are 1.5 times more likely to use illicit drugs, especially marijuana, in middle adulthood.

## 5. STATEMENT OF THE PROBLEM

Orphans and Vulnerable children are struggling to survive in the absence of their biological parents. This situation has negatively affected their development and growth. This study therefore sought to examine the challenges faced by children (3-6year olds) in ECD centers attached to Primary schools in Seke Rural community and their impact on children's growth and development..

## 6. OBJECTIVES OF THE STUDY

The study sought to:

- Identify challenges being experienced by Orphans and Vulnerable children in relation to service areas namely shelter and care, food and nutrition, protection, health care, psychosocial support, education.
- Examine the impact of the challenges on child development and growth.
- Recommend appropriate intervention strategies.

## 7. METHODOLOGY.

An informal survey was carried out to gather information for this study. Focused group discussion using self-report techniques were used to gather information from 20 caregivers who were purposefully sampled with the assistance of health workers, Early Childhood Development Teachers, village heads and councilors. The self report technique consisted of interview questions in which the interviewer asked questions pertaining to the challenges children experienced and what mitigation measures they implement, their feelings towards caring for the children. These interviews were done in natural settings at primary schools and play centers. The assumption was that natural settings seem less artificial or contrived and less restrictive. It was easier to examine interactions among the respondents although there was a little bit of control in terms of time. The focus group discussions ensured ecological validity. A total of 20 respondents participated over a four day period.

GLOBAL JOURNAL OF ADVANCED RESEARCH
(Scholarly Peer Review Publishing System)

## 8. DISCUSSION OF FINDINGS

### 8.1 Sex and Educational background of the Interviewees.

10% of the interviewees were males and 90% females. Their age ranged from 55 to 65 years. 40% of the participants completed standard six and 60% have basic education. This demographic data shows that the 20 caregivers are elderly who are also semi literate. This also shows that the caregivers might not be able to fend for the children under their care due to their age. One caregiver said, " *I am old and am unable to spend the whole day fetching water, firewood and cook for my two grandchildren who stay with me. I looked after my children now iam again given the burden of caring for my grand children. I need some rest.*" This situation has a bearing on the quality of life being experienced by the orphans and vulnerable children.

### 8.2 Challenges Faced By Orphans and Vulnerable Children and their Impact on Child Development and Growth.

#### Social

The study found out that the extended family is increasingly strained because of HIV and AIDS and poverty. Capacity and resources are overloaded to care for the number of children orphaned or made vulnerable by AIDS. We observed that, illness or death of a mother or father jeopardises a child's most basic needs, such as access to adequate health care, sanitation and nutrition. Again, as a result of the death of a parent from AIDS, children suffer emotionally from rejection, discrimination and isolation from the community because of the stigma associated with HIV and AIDS. One caregiver said that the children themselves are perceived to be HIV positive, which may not necessarily be the case, as a result these orphans made vulnerable by HIV and AIDS are exposed to violence, abuse and exploitation, drop out of school to work or care for their families and at times engage in hazardous labour or are exploited, suffer greater health problems and might find it difficult in establishing stable relashionships themselves in later lives.

#### Psychological

The loss of a parent deprive a child from a family environment which is crucial in the development of a positive self-identity and self-esteem. Because the burden of care and responsibility is likely to fall on the children in the case of a sick parent or death, these children experience a loss of childhood in that they are denied time for play, rest, and recreation, the opportunity to participate in community, religion, cultural activities and sport. These children also experience grief and loss that may not be adequately dealt with in an environment that lacks psychosocial support because of competing pressures.

#### Economic

The study also found out that there is a loss of income when caregivers become sick or die of AIDS. Some children forego education and instead assume the adult role of providing for their families at a very young age.. Further pressure can be exerted by increased health care costs and eventually funeral costs. A child has to be identified as formally "in need of care and protection", This therefore means that the caregiver need to be a person who is able to care and protect the children by meeting their needs. This was found to be a major challenge because the orphans are under the care of an old caregiver who is not working and is also in need of support financially. One caregiver said that she is finding it difficult to meet the needs of the four children under her care since she is not working. she cannot afford to meet the

GLOBAL JOURNAL OF ADVANCED RESEARCH
(Scholarly Peer Review Publishing System)

medical bills and buy enough food for the orphans under her care. This indicates that the rights of children to education, health and nutrition, affection, security and protection are not being realised.

## 8.3 Child-Headed Households

Although a caregiver may be formally the head of a household, the study also established that if he or she is too old, the burden of care and responsibility often falls to the oldest children. As a result all of the above mentioned psychological, social, economic challenges will be further exacerbated in this case.

In summary the OVC experience the following challenges as cited by the caregivers who participated in this study

- Lack of basic necessities (water, food, shelter, etc.)
- Lack of school fees and educational materials
- Poor nutrition
- Lack of parental supervision (Caregivers are old and need rest and care).
- Child Labour
- Grabbing of children/orphans' property (Children are left with no blankets and other household goods which are essential for use in the home)
- Child abuse and neglect
- Lack of toilet facilities
- Early marriage/teenage pregnancy
- Discrimination among children (disabled and orphans)
- Lack of free medical care
- Poor self esteem
- Due to poverty, children spend the day hungry, this retards their development and participation in family and community activities.
- Lack of medical facilities especially for ear and skin infections for the children infected with HIV.

However the caregivers also cited the challenges they encounter as care for the orphans and vulnerable children

- Lack of adequate resources such as food, clothing, soap and educational toys to use with the children at home.
- Limited male support in the care of children.
- Limited specific knowledge on issues concerning children's rights, care, protection and education for children as well as how to effectively offer psychosocial support to children. *"I have never seen where these rights of children are written. I don't even know what they mean even if I see them. Did we have rights when we were growing up? We were not taught by our parents."* said one caregiver.
- Burnout – lack of rest and recreation for caregivers since the community does not plan for PSS for these caregivers.
- Limited expert knowledge on caring for children under the age of five.
- Poor health and nutrition (for both children and caregivers).
- Insufficient water and sanitary facilities for the children and adults.

GLOBAL JOURNAL OF ADVANCED RESEARCH
(Scholarly Peer Review Publishing System)

- The number of OVC is increasing. "*I am 65 years old and am taking care of eight grand children who were left by my late three sons. This burden is too heavy for me. One of my daughters is also sick she might die and her two children might come to my house since their father is late"*
- They also expressed that they need rest, recreation and to be relieved of some of the responsibilities at least one day per week.

## 8.4 Intervention Strategies

This study established that orphans and vulnerable children in Seke rural area experience health and social problems in their early years, which may lead to child morbidity and mortality, if no timely intervention strategies are taken to address them. The children therefore have disabilities and disabling conditions that warrant intervention and continuous monitoring by sensitized caregivers. The children's Act in Zimbabwe, states that the duty to care for the child and to raise him to moral, physical and emotional health is the crucial task of parenthood and the only justification for the authority it confers. The dignity of children demands that parents should be their closest support. Enabling children to realize their full potential is the responsibility of not only parents but the responsibilities of schools, parishes and the society as a whole.

The majority of caregivers in the study did not receive sufficient training or were not trained in child care and are therefore not able to address challenges faced by young children in the face of HIV and AIDS. It has been established in this study that the caregivers lack the necessary knowledge and skill to carry out their duty properly. Therefore, they have to be capacitated so that they can be exposed to issues that respond to the needs of all children as pointed out by Olsen et al (2006:19) that "improved training will improve child development and child care techniques, build better family and community relationships, can enhance better communication and mutual respect between caregivers in homes, centers and communities." Improved communication in turn will lead to better sharing of information between/among caregivers and other stakeholders that will ensure that children receive the best services in the home and the community. The caregivers need more training in parenting techniques, the rights and responsibilities of children and child abuse including how to report abuse cases, Psychosocial support activities for children under five years old and other issues concerning children .These sessions could be conducted by qualified early childhood teachers, health workers as well as leaders of different church organisations with the assistance of the chiefs and other community leaders. Capacity building could also focus on equipping caregivers with sustainable income-generation activities such as keeping chicken, piggery, livestock rearing and gardening or training in vocational skills. The youth in the community can also be educated on issues of children to enable them to help the old men and women take care of the orphans.

The adversities endured by children from a very early age are imposed on them by their own communities. These in many cases lead to a vicious circle of abuse and neglect, aggression and untimely death for children and adults. Community sensitizations, role modeling and the culture of care as advocated for in the "Hunhu/ubuntu philosophy" need to be instilled in families and communities across the country.

Communities will also need to distinguish which core services each child needs to facilitate his or her age-appropriate development. Children can differ greatly in their needs, capacities, and individual vulnerabilities. Needs also change as children's age and rates of development can vary. It is important to address child-development issues with age-specific, child-focused activities and experiences that seek to preserve family structures as much as possible. This can be done by school personnel, health workers and other members of the community and society at large.

GLOBAL JOURNAL OF ADVANCED RESEARCH
(Scholarly Peer Review Publishing System)

A multi-sectoral approach is needed to address the diverse and often complex needs of orphans and other vulnerable children. We noted that the core interventions children need for their well-being and future development are food/nutrition, shelter, protection, health care, psychosocial support, and education. A community-based response to these needs that preserves and supports families as much as possible should be planned and established. The chiefs, village heads, councilors as well as members of parliament need to organize and implement programmes that meet the needs of the OVC and their caregivers.

Actions that support the protection of children's rights and the implementation of the United Nations Conventions on the Rights of Children are synonymous with those that reduce the likelihood of infection with HIV. When their rights to survival, development, protection and participation are realized, children are less likely to find themselves in situations involving a high risk of HIV infection. Protecting children from situations where they are known to be at risk of sexual abuse and exploitation, and where intravenous drug use is common, directly reduces their risk of infection. Healthy physical and emotional growth and development, access to information about their rights and about sexual health, and a voice in making decisions that affect them all among the rights of children are vital steps that, if begun in childhood, enable people throughout their lives to protect themselves from HIV. Lasting solutions for the next generation must address both protection from HIV and protection of children's rights as well as the rights of caregivers.

## 9. CONCLUSION

The study established that, challenges and needs faced by orphans and other children made vulnerable by HIV and AIDS are diverse. The major ones include lack of resource for education (books, uniforms and other supplies), psychosocial distress (mainly associated with anxiety, loss of parental love and nurture, burden of caring for the sick, impact of family dissolution, depression, stigma, discrimination, grief and frustration), physical and sexual abuse and inadequate access to basic needs. However, with strengthened networking among the various institutions in the communities, commitment and effective use of the available resources, communities can go beyond the boundaries of inequality and ensure that all young children are protected from poverty and hunger, HIV and AIDS and can access health and education services.

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