



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

# PSYCHOSOCIAL HEALTH OF ORPHANED AND VULNERABLE CHILDREN IN CHILDREN'S HOMES IN HARARE, ZIMBABWE.

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## ABSTRACT

The study sought to establish the extend to which orphaned and vulnerable children in ECD were assisted with their psychosocial health. The qualitative research design and a bit of quantitative methods based on interviews and questionnaires were used. Participants in the study were children's homes Heads and caregivers (5 children's homes Heads and 12 caregivers). Data was content analysed. The analysis included direct reports of the participants' responses to interviews and questionnaires results were tabulated. The study revealed that the Heads of the children's homes and caregivers understood what the psychosocial health of orphaned and vulnerable children entails and the orphaned and vulnerable children displayed characteristics of being psychosocially healthy. The following conclusions were made; the psychosocial health of children was being taken care of and the caregivers were doing their best. The study recommended that more support from different stakeholders may be given to the children's homes so they fully meet the needs of the children and that the caregivers may be trained in handling psychological problems as they spend much time with the children.

**KEYWORDS:** Psychosocial health, early Childhood Development, orphaned, vulnerable children, caregivers, Heads of children's homes.

## 1. INTRODUCTION

It is estimated that the percentage of orphaned and vulnerable children in Zimbabwe will keep rising in years to come (Chandiwana, 2009). According to Strebel (2004), about a quarter of all children in Zimbabwe are classified as orphaned and vulnerable children. Some of these children find themselves in the safety nets of Children's homes. There is need to cater for the needs of orphaned and vulnerable children to fulfil their hard won rights.

## 2. BACKGROUND TO STUDY

When children become orphaned and vulnerable due to different factors among them HIV/AIDS, they are at increased risk of losing opportunities for school, health care, growth, development, nutrition and shelter. Non-discriminatory policies have been put in place with regard to the welfare of orphaned and vulnerable children (Bohler and Carroll, 2003). These policies include World Declaration on Survival, Protection and development, Article 26 of Universal Declaration of Human Rights, Education for All among others. The signatories committed to programs that protect the rights of children and improve their lives.

A Senegalese study by Smart (2003), showed that a national assessment of the situation of orphaned and vulnerable children was



conducted and this led to improvements in the interventions for this population group. 5 000 orphaned and vulnerable children were targeted with assistance from the World bank. Civil society organisations provided psychosocial support to orphaned and vulnerable children. The government of Senegal also directed a budget in line for the orphaned and vulnerable children.

The Zimbabwean government has also responded to the situation of orphaned and vulnerable children as other nations have done. According to Chandiwana (2009), Zimbabwe has two key national policies and legal framework that support children. Legislation pertinent to children include Children's Protection and Adoption Act and its amendment, The Maintenance Act, The Guardianship of Minors Act and the Child Abduction Act. National policies include the National Orphan care and National AIDS policies both adopted in 1999. All these seek to support existing legislative and policy framework and coordination of structures by among others strategies for mobilising human, material and financial resources for orphaned and vulnerable children.

Psychosocial health encompasses the emotional, social, and spiritual dimensions of what it is to be healthy (Smart, 2003). This is a result of complex interaction between a person's history and his or her own thoughts about the interpretation of the past and what it means to the present. Psychosocially healthy people, emotionally, mentally, socially, intellectually and spiritually resiliently respond to challenges and frustrations in appropriate ways. When they slip they recognize it and take action to set the right situation. In this view, orphaned and vulnerable children's interaction with caregivers and the Heads of the homes should result in positive personality development. The study sought to establish whether the children were psychosocially healthy.

Characteristics of people who are psychosocially healthy are they feel good about themselves, feel comfortable with other people, control tension and anxiety. Meet the demands of life, curb guilt and hate, maintain a positive outlook, value diversity, appreciate and respect nature and enrich the lives of others (Philips, 2015). The study sought to establish whether children related well with others.

Mental health is the thinking part of psychosocial health. It includes, values, attitudes and beliefs (Killian and Durrheim, 2000). Mentally healthy people respond to life's challenges constructively and accept own mistakes rather than blaming others for something unfortunate. They also know when to seek help, talk to a trusted friend and take time to rest and regrouping. In this view, they feel good that they have been helped and their self esteem is boosted. The study sought to establish whether children displayed mentally healthy behaviors.

Emotional health according to Dawes (2007) refers to the feeling part. It includes emotional reactions to life. It is interchangeable with mental health but more referring to the feelings or subjective side of psychological health. Emotions are intensified feelings or complex patterns of feelings we constantly experience. Emotional health encompasses interaction of four components namely, physiological arousal, feelings, thought processes and behavioral reactions. Emotionally healthy people are able to respond and display emotions appropriately to upsetting events. This implies that they are able to keep their emotions in check. Emotional health affects the social health, if not stable they become hostile, withdrawn and socially isolated. The study sought to establish whether children were socio-emotional healthy.

Spiritual health, according to Kuti (2004) means quality existence in which one is at peace with oneself and with the environment. It is a sense of empowerment and persona, sense of connection to one's self, others and all that is regarded as good. It means to have a sense of meaning and wisdom. Spirituality is a belief to life in a unifying force that gives meaning to life and transcends to purely physical or personal dimensions of existence. Spiritually healthy people have a web of connections including relationships to themselves, to others and to a large meaning or purpose in life, have awareness and acceptance of the reality of the present moment, are embodied in the ability to discover and articulate own basic purpose in life, to experience joy, love, peace and to help all achieve full potential and they are in harmony in the community. In this regard, they contribute positively to the society which they are in and they value peace. They have altruism which is the act of giving oneself out of genuine concern for others. The study sought to establish whether the children were being guided spiritually.

It is against this background that the researcher seeks to examine the status of the psychosocial well-being of orphaned and vulnerable children in children's homes in Harare.

### **3. PURPOSE OF THE STUDY**

The present study sought to establish whether psychosocial health of orphaned and vulnerable children was being attended to. The study is part of a larger study ascertaining the psychosocial well-being of orphaned and vulnerable children in Harare children's homes in Zimbabwe.



## 4. METHODOLOGY

### 4.1 Design

The descriptive survey research design, which was mainly qualitative and a bit of quantitative was used for the study. As the name implies it describes variables such as people's life styles, attitudes among others (Du Plooy, 2002). In examining the psychosocial health of orphaned and vulnerable children the researcher needed to probe and persuade in order to gain access to respondents' feelings and emotions. Sage (2010) says, descriptive survey helps to provide answers to questions of who? what? and where with a particular research problem. Punch (2009) goes on to say that qualitative research is conducted through intensive or prolonged contact with the field or life situation. Most analysis is done with words, they permit the researcher to contrast, compare, analyse and bestow pattern upon them.

### 4.2 Sample

A sample is a part of collection of things, individuals or results of operation that are quantitatively expressed (Madan, Dalival and Bhurdway, 2010). A purposive sample was done on the children's homes in Harare. Matthew and Ross (2010) posit that, purposive sampling is a technique also referred to as judgement, selective or subjective sampling. It is a non-probability sampling that is characterised by including groups or typical areas in a research. The sample was done from Harare because that is where the researcher resides. 5 children's homes heads and 12 caregivers were purposively sampled.

### 4.3 Instruments

Interviews and questionnaires were used for the study. Interviews were conducted with each Head of the children's homes. Madan, Dalival and Bhurdway(2010) posit tha, interviews allows more information and too in depth views to be obtained. Interviews allow off guard information to be revealed, thus securing spontaneous reactions. Questionnaires were administered with caregivers. Questionnaires are normally used when one cannot personally see all people from which desired responses are needed. They enable large amount of information to be collected from a number of people in a short period of time and in a relatively cost effective way (Rao, 2009).

### 4.4 Data Collection Procedure

Permission to conduct the research was sought from the Ministry of Child Welfare and Protection services. The researcher visited the purposively sampled children's homes to carry out the interviews with the participants at their convenient time and administered questionnaires. Participants were informed of the purpose of the research and free to withdraw their participation at any stage of the study. Participants were referred to with pseudo names.

### 4.5 Data Analysis

Data was content analysed as per emerging sub research topics from findings. The analysis included reporting verbatim the participants and tabulation of questionnaire results.

## **Children's homes Heads responses to interviews on the psychosocial health of orphaned and vulnerable children.**

Data findings from interviews with the Heads of the children;s homes revealed that they were familiar with an understanding of psychosocial health of orphaned and vulnerable children. The excerpts below reflect their awareness of what psychosocial health entails.

*"It refers to how well adjusted or how poorly adjusted ECD children are in terms of behavior"*. (Yellow home Head)

*"The health of how children are mentally and all other areas of development"*. (Green home Head).

In addition to interview responses of the heads of the homes, questionnaire responses from caregivers revealed the following as presented in the table below;



**Table 1. Questionnaire findings on caregivers views on the psychosocial well being of orphaned and vulnerable children.**

Item	Yes	No	Total
Do you have problems dealing with orphaned and vulnerable children?	42%	58%	100%
Do orphaned and vulnerable children mix well with others?	100%	-	100%
Are the children healthy?	75%	25%	100%

The findings from the table revealed that 42% of caregivers had problems dealing with orphaned and vulnerable children whilst 58% of caregivers cited not having problems dealing with orphaned and vulnerable children. This showed that they were aware of the psychosocial health of the children under their care. This could be because of the training they received from different colleges. Those who experiences problems in dealing with children reported to the authorities. This could be because children had psychological problems which the caregivers could not handle so ways were found to assist the children in the best way possible. 75% of caregivers cited children in homes being healthy while 25% noted the children were not healthy. This could be because these children here and there showed signs of not being well or they may be terminally ill as revealed by the caregivers.

## 5. DISCUSSION OF FINDINGS

Findings of the current study revealed that the caregivers understood the psychosocial health of orphaned and vulnerable children as the total well-being of children in all the developmental domains thus, physical, intellectual, social, emotional and the health aspect. This could be because the the Heads and the caregivers have vast experience working with orphaned and vulnerable children and were trained. This concurs with Smart (2003) who asserts that, psychosocial health encompasses the mental, emotional, social and spiritual dimensions of being healthy'

The present study revealed that children in the homes accessed basic needs such as food, clothing, shelter, medical care and education to sustain their lives. This concurs with UNAIDS (2014) who noted, governments need to set budgets dedicated in line for orphaned and vulnerable children. The provision of adequate basic services could be enable them develop resilience against challenges in their lives. On the other hand the present study indicated that some psychological problems were poorly addressed in the homes. When children lose one or both parents, they may experience multiple psychological problems like stress, depression, anxiety, lack of parental love, lack of self confidence, poor concentration, feelings of loneliness and hopelessness. Findings concur with Chapungu and Bent-Godley (2004) who highlighted that psychological problems deteriorate the well-being of children. This could be why the Heads and the caregivers have scheduled meetings so as to help each other deal best with the children and interact with them on a daily basis so that they understand the children better as individuals.

The study revealed that the caregivers were trained in child care and were all qualified. For them to understand the children under their care better notes were written in each child's file to monitor the progress of children in the various domains. Where they notice something is not right they take the necessary remedies to ensure smooth flow of things with regards to the well-being of children. This is in line with Woodward (2015) who posits that, caregivers need training so as to be equipped to handle orphaned and vulnerable children.

The study revealed that the caregivers stayed at the homes full time. This is in line with UNICEF(2010) who highlighted that caregivers need to be available for the children all the time. This could be to allow as much time as is possible to be with the children, morning, day and night. This could also be to be available for the children always ensuring they have been to health care facilities for immunisation and are given at least three meals a day to have the necessary energy to play as well as to keep healthy. They helped children with homework as well as attending consultation days at school so as to get a picture of the progress of children. This also assist them in knowing areas of weakness and then intervene. This concurs with a study carried by Mosina (2012) in Botswana which revealed that caregivers need to understand how children are progressing intellectually.

However, the caregivers noted concern of some children without birth certificates. The fact that children had no birth certificates could be because of the country's policy which requires one biological parent to be present to process a birth certificate. This makes it difficult for the homes because some children are dumped. It is also difficult because even if the mothers are known they do not



have birth certificates or identification cards with them. As a result these children could not take part in extra co-curricula activities and sports as they had no legal proof of their ages.

The findings revealed that children were encouraged to pray before meals and sleeping. The caregivers also read Bible stories to the children and taught them different moral values needed in their day to day interactions with others for spiritual growth. This made them God fearing children who respected each other. This could be because the homes under study were run by Christians, so they needed to catch children whilst tender to be embedded with Christian values to guide them. This concurs with White (2002) who asserts that, Early Childhood Development children learn God's love and care through their relationships and affective domain. However, the caregivers revealed that some children were difficult to deal with. This could be because they exhibited psychological problems like anxiety, stress, depression, lack of self confidence, hopelessness among others that the caregivers could not handle.

## 6. CONCLUSIONS

From the findings of this study, the following conclusions were made; the heads of the homes and caregivers were familiar with what psychosocial is, the caregivers were aware of the importance of psychosocial health of orphaned and vulnerable children in all the developmental domains, some children did not have birth certificates and this prevented them from participating in some activities at school and the heads understood the importance of meeting the caregivers regularly to discuss issues pertaining to children's well-being.

## 7. RECOMMENDATIONS

From the findings of the study the following recommendations were made;

- ❖ The Registrar General's office may assist children and families in acquiring birth certificates so that by loosening the policies of getting birth certificates the orphaned and vulnerable children may also get birth certificates.
- ❖ Caregivers may be trained in handling psychological problems as they spend of the time with orphaned and vulnerable children.
- ❖ Clinical psychologists and social Workers may be part and parcel of the staff in children's homes so as to help the children when the need arises.
- ❖ The civil society at large may fund children's homes so they may be able to meet the needs of orphaned and vulnerable children fully

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