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PSYCHOSOCIAL SUPPORT FOR ORPHANED AND VULNERABLE CHILDREN IN CHILDREN'S HOMES IN HARARE, ZIMBABWE.

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ABSTRACT

The study sought to establish the psychosocial support given to Early Childhood Development orphaned and vulnerable children in children's homes. The qualitative research design and a bit of quantitative methods based on interview and questionnaires were used. Participants in the study were children's home Heads and caregivers (5 children's home Heads and 12 caregivers). Data was content analysed. The analysis included direct reports of the participants' responses to interviews and questionnaire results tabulated. The study revealed that the Heads of the children's homes and caregivers gave psychosocial support in different ways like having a listening ear to children's concerns, encouraging children to take part in regular activities as school, church, play and taking part in extra co-curricular programs. The following conclusions were made; children were getting emotional, social, spiritual and material support. The study recommended that there maybe more training to caregivers on the importance of psychosocial support to orphaned and vulnerable children and different stakeholders may provide psychosocial support to the homes in any way possible.

KEYWORDS: Psychosocial support, Early Childhood Development, orphans, vulnerable children, caregivers, children homes Heads.

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 under the safety nets of of children's homes. Thus there is need to cater for the needs of the orphaned and vulnerable children so that they enjoy their rights just a other children



2. BACKGROUND TO STUDY

When children become orphaned or 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 interventions for this population group. 5 000 orphaned and vulnerable children were targeted with assistance from the World Bank. Civil society organizations provided psychosocial support to orphaned and vulnerable children. The government of Senegal also directed a budget in line for orphaned and vulnerable children. Thus, there was improved social integration of orphaned and vulnerable children.

The Zimbabwe 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 other strategies mobilizing human, material and financial resources for orphaned and vulnerable children.

When children lose one or both parents due to any cause they experience multiple psychological problems like grief, hopelessness, anxiety, stigmatization, physical and mental violence, lack of community support, lack of parental love, withdrawal from society as a whole, feelings of guilt, depression as well as eating, sleeping and learning disturbances (Chipungu and Bent-Godley, 2004). They will not thrive unless the new community they are part of can help them emotionally health. The communal support restores and boosts their self-confidence. Consequently emotionally healthy children have the energy to play and are trusting enough to form good relationships with others. The study sought to establish whether children were emotionally supported.

Strebel (2004) says, psychosocial support is an important component of any program looking to improve the quality of life for orphaned and vulnerable children. It provides children with a sense of belonging. When children have a sense of belonging they feel loved. Psychosocial support is the effort of meeting ongoing emotional, social and spiritual needs of children as they face life challenges (Nugent, Masuku and Jones, 2007). They go on to say that children have complex needs and their psychosocial status will vary across social, economic and political contexts. Psychosocial needs of boys and girls across different ages must be considered in any program design. This will result in children's needs and interests being met. Equally understanding of local culture is of fundamental importance in planning programs to assist children in achieving their rights. The need for psychosocial support is determined by each child's individual situation. However, there are general guidelines on how to handle them when they are going through grief or loss. When children have been guided it helps them deal with their circumstances better. The study sought to establish whether the guidelines on psychosocial support were being followed.

Simple language that the child understands is used for the child to understand difficult or disturbing events they are going through. As they speak, they need to be listened to so they express their feelings. Children are assured that someone will take good care of them thereafter. Reassurance that the orphaned and vulnerable children are not responsible for the death of the parent is also given as they sometimes blame themselves for the parents' death. Children are encouraged to return to their participation in regular daily activities such as school, church, play and attendance of neighborhood care points and extra co-curricular programs (Chipungu and Bent-Godley, 2004). In this view, Nugent, Masuku and Jones (2007) note a memory box containing photos and items of happy moments of parents should be developed for smooth dealing with stressful situations. Caregivers can work with the children to put these together as a process of developing a box or book is a source of comfort. Children will have a place of reference when they think of their parents. Participation in funeral and grieving rituals should be encouraged if the child wishes to take part. This could help them accept what would have happened. The study sought to establish whether children's concerns were being listened to. It is against this background that the researcher sought to establish the psychosocial support for orphaned and vulnerable children in children's homes in Harare.



3. PURPOSE OF THE STUDY

The present study sought to establish the extent to which psychosocial support was given to orphaned and vulnerable children. The study is part of a larger study ascertaining the psychosocial wellbeing of orphaned and vulnerable children in Harare children's homes in Zimbabwe.

4. METHODOLOGY

4.1 Design

The descriptive survey research, which was mainly qualitative and a bit of quantitative was used for this study. As the name implies it describes variables such as people's life styles, attitudes among others (Du Plooy, 2002). In examining the psychosocial support for 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) say, purposive sampling is a technique also referred to as judgment, selective or subjective sampling. It is a non-probability sampling that is characterized 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 to each Head of the children's homes. Madan, Dalival and Bhurdway (2010) posit that, interviews allow 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 to 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 administer questionnaires. Participants were informed of the purpose of the research and free to withdraw their participation at any given stage of the study. Participants were referred to with pseudo names.

4.5 DATA ANALYSIS

Data findings from interviews with the Heads of the children's homes revealed that they gave psychosocial support in different ways like, having a listening ear to children's concerns, encouraging children to take part in regular daily activities as school, church, play and taking part in extra co-curricular activities. To this view a White home head is quoted saying, "*We involve them in everything done at the institution so that they are part of the decision making process*". The heads of the homes further noted that the care for the orphaned and vulnerable children was crucial for their holistic development. Furthermore, findings revealed that when children questioned why they were in the homes the caregivers explained in a language which was well understood and was at their level. The study also revealed that the heads of the homes knew the needs of the vulnerable children and provided the requirements as per the excerpt from Blue Head home, "*All children need love and quality time with parents and caregivers in form of counseling and ensuring that physiological needs are met*". The heads of the homes also noted that the orphaned and vulnerable children were given



all their needs including medical attention for the sick ones. The excerpt below indicated how they gave psychosocial support: “We are doing our best to give them their needs and those who are not well are given medical attention”.

Interviews also further revealed that not all children showed that that had no parents. Interviews further revealed that the children and their caregivers lives as families with the structure of a normal home with father, mother and siblings helping together with family chores. However, it was noted from casual observations that some of the orphaned and vulnerable children looked rather neglected. Some of the caregivers opened up that it was difficult to always provide all the needs due to financial constraints. Some caregivers further revealed that it was necessary to train them further in child care as they found it difficult to handle the orphaned and vulnerable children. Interviewed caregivers also noted that a good coordination of different stakeholders was crucial including counselors and psychologists for those much wounded orphaned and vulnerable children. An excerpt to illustrate is given below, “Sometimes I feel that I am just not fully equipped to handle these orphans and vulnerable children hence the need for involvement of counsellors and psychologists who are more specialized in psychosocial care. On further probing the heads noted that there is need for proper coordination of all stakeholders and advocacy so that the orphaned and vulnerable children can get the adequate care required.

Findings also revealed that the caregivers were aware that basic needs were a priority for the orphaned and vulnerable. These findings are tabulated below for questionnaire responses of caregivers.

Table 1: Questionnaire responses of caregivers’ provisions and understanding of orphaned and vulnerable children’s psychological and basic needs.

Item	Yes	No	Total
Have children been immunised against killer diseases?	100%	-	100%
Do you have three meals per day?	100%	-	100%
Do you help children with homework?	100%	-	100%
Are children supported spiritually?	100%	-	100%

The findings on the table above highlighted that 100% of children were immunized against the killer diseases. This could be because the Heads of the homes monitored children’s clinic cards and encouraged caregivers to see to it that children have been vaccinated against killer diseases. This may lead the children to grow healthy. The children in the homes had porridge in the morning, tea at breakfast, lunch and others gave an afternoon snack as well as supper. This could be to ensure that children had at least three meals a day so they have the necessary energy to carry out different activities. The study further revealed that the caregivers helped children with homework and for those who were not able they referred them to older children for help. All the children in the homes were supported spiritually by going to church every Sunday and prayed before eating and sleeping as well as reading Bible stories to them. This could be because the homes under study were run by Christians and wanted to inculcate in the children good moral values.

5. DISCUSSION OF FINDINGS

The study revealed that psychosocial support is very necessary to the children. This could be because they were at a disadvantage compared to children who had parents to guide them in all areas of development. This concurs with Mosina (2012) who says, psychosocial support aims to help children to come to terms with loss, makes them feel grounded, returns their self-esteem and gives them hope for the future. It could also be because the Heads of the homes and caregivers understood that orphaned and vulnerable children lacked of parental love and guidance. Responses to children’s questions about their origins were developmentally appropriate. This could be because the caregivers had some training of child care which made it easy for them to communicate effectively. This concurs with Chipungu and Bent-Godley (2004) who highlighted that, simple language that the child understands is used for the child to understand difficulties or disturbing events they were going through.

The caregivers in the study highlighted that not all children showed signs of missing parents. This could be because as soon as they came to be part of the homes they talked to them so they felt at home and took the caregivers as their parents. As such they live like ‘normal’ families and caregivers listened to the children so they could express their feelings. Children were encouraged to take part in daily activities such as school, play and extra co-curricular programs. This could be to make them feel as part of other children in the



school. The study revealed that every Sunday the vulnerable children went to church and mixed with other people in the community. This could be to make the community they were part of help them to be emotionally healthy. This concurs with Taso (2001) who says, it is important for the significant adults in the children's lives to be examples of loving, caring and forgiving people.

6. CONCLUSION

From the findings of this study the following conclusions are made; children in the homes were getting emotional, social, spiritual and material support. The Heads and the homes took psychosocial support as an important component of their programs. It could also be concluded that there was little coordination and advocacy for the orphaned and vulnerable programs.

7. RECOMMENDATIONS

From the findings of the study, the following recommendations are made:-

- There maybe more training to the caregivers on the importance of psychosocial support to orphaned and vulnerable children.
- Psychologists and Social Workers be part and parcel of staff in children's homes so as to help children when the need arises.
- The civil society at large may give psychosocial support to the homes in any way possible so they maybe able to meet the needs of orphaned and vulnerable children.

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