Chapter

The Caregivers' Perspective in Coping with the Challenges Faced by Orphans and Vulnerable Children at the Household Level in Zimbabwe

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Abstract

Notwithstanding the psychosocial support interventions by the government and its stakeholders in 'orphans' and 'vulnerable' children (OVC) care and support in Zimbabwe in the past two decades, the challenges faced by caregivers in coping with OVC has unabatedly escalated. Whilst many studies have been carried out in Zimbabwe about the challenges faced by OVC, little has been directly written about the traumatic and psychosocial challenges faced by the caregivers in coping with the escalating challenges of OVC in Zimbabwe. This phenomenological qualitative study examines the challenges faced by caregivers in coping with the OVC burden at the household level within the Gutu rural community of Zimbabwe. In-depth interviews were used to gather data about the perceptions and lived experiences of the 15 caregivers and 5 OVCs who were purposively sampled within the Gutu District of Zimbabwe. The findings reveal that despite the willingness of the caregivers to absorb the OVCs, the care and support at the household level is fraught with several socio-economic challenges whose scale and complexity often exceed the capacity of caregivers to effectively mitigate. The study, therefore, recommends multi-stakeholder interventions which are aimed at economic empowerment of the caregivers at the household level.

Keywords: orphans, vulnerable children, caregivers, household-level, Zimbabwe

1. Introduction

Zimbabwe is one of the Southern African countries that attained its independence from the British colony through a very vicious and protracted liberation struggle [1]. According to Zimbabwe National Statistics Agency ([2], p. 18), Zimbabwe has an estimated population of 13 million people with approximately three to four million currently living in foreign countries due to the socio-economic and political challenges that have rocked the country from the early 2000s to date unabated. The population composition of the Zimbabwean population comprises 98% Africans (Shona 82%, Ndebele 14%, and others 2%), Asian 1% and Whites less than 1% ([2], p. 19). Zimbabwe's socio-economic glory was celebrated in the first

10 years of its attainment of independence, despite the tribal-ethnic war between the Ndebele and the Korean-trained Fifth Brigade Mugabe military wing, which ruthlessly claimed the lives of more than 20000 civilians in the Matabeleland province of Zimbabwe ([1], p. 1). The foregoing genocidal incidence, compounded with other socio-economic and politically motivated policies and events which were subsequently introduced to extricate the colonial legacy tainted the image of the political leaders of Zimbabwe at the international level.

According to Makina [1], a typical example of some of the socio-economic incidence that fast-tracked the deterioration or collapse of the once-celebrated economy of Zimbabwe include the Black Friday of 14 November 1997. This is the day when Mugabe the former president of Zimbabwe unilaterally declared that the Reserve Bank of Zimbabwe gives all the war veterans $50,000 each as compensation for their involvement in the liberation struggle. This was followed 2 years later by a gross infringement of the rule of law in 2000 precipitated by the state-sanctioned White farm invasion, which saw most of the Whites people brutally killed whiles others left the country. These unfortunate events coupled with the 2008 electorate malpractice, human rights violations, succession battles in the ruling Zimbabwe African National Union-Patriotic Front (ZANU-PF) political part, which culminated in the November 2017 coup that removed Mugabe from power, global pandemics such as HIV/AIDS ushered Zimbabwe in an unprecedented socio-economic melt-down. As such, these events affected more the rural communities and the vulnerable people than the urban communities and the working class in Zimbabwe.

In the past three decades, Zimbabwe, like other developing countries, has been severely affected by the HIV and AIDS pandemic which has exceeded wars in terms of cumulative deaths, morbidity, and social disintegration of families at the household level [3]. Statistically, the number of children in Zimbabwe has been estimated to be approximately 5.6 million, of which 1.3 million are orphans ([4], p. 2). The National AIDS Council ([4], p. 1) further estimated that there are approximately 48,000 child-headed households in Zimbabwe, housing approximately 100,000 children. In addition to the foregoing statistics, UNAIDS [5] indicates that there is approximately 165 'orphans' and 'vulnerable' children living with HIV and AIDS in Zimbabwe which aggravate the challenges of the caregivers to cope with the 'orphans' and 'vulnerable' children's problems at the household level. The studies carried out recently in Zimbabwe on the care and support of 'orphans' and 'vulnerable' children by Mugumbate & Chereni [6] and Ringson [3] show that whilst there are several residential care centres in Zimbabwe, the rural communities are predominantly espousing the extended safety nets and other traditional 'orphans' and 'vulnerable' children care and support systems.

Zimbabwe as a signatory to the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) promulgated governing policies and blueprints for child care and support which include the Zimbabwe Orphan Care Policy, the Zimbabwe National AIDS Strategic Policy, National Action Plan for Orphans and Vulnerable Children (NAP for OVC) and National Gender Policy (NGP) to mitigate the challenges of 'orphans' and 'vulnerable' children. However, despite the presence of these governing policies of childcare and support, there remains a gap regarding the capacitating and empowerment of caregivers at the household level. Chizororo [7] argues that the government policies are putting more emphasis on 'orphans' and 'vulnerable' children relegating the caregivers who are also vulnerable due to the increased number of 'orphans' and 'vulnerable' children. The government of Zimbabwe in partnership with non-governmental organisations is directing extensive resources towards the care and upbringing of 'orphans' and 'vulnerable' children and not towards the economic empowerment of the caregivers. The same effort is not being

made towards capacitating caregivers of 'orphans' and 'vulnerable' children at the household level, especially in rural areas.

The absence of these socio-economic empowerment programmes for the caregivers, not only in Zimbabwe but around the world, has contributed to the complexities found in 'orphans' and 'vulnerable' children care and support [6]. The studies conducted by Chizororo [7], Hove [8] and Ringson [9] revealed that the economic meltdown and unemployment in Zimbabwe have significantly contributed to the caregivers' burden of 'orphans' and 'vulnerable' children needing care and support in the rural communities. Although, these studies were carried out at different times, there is convergency of the findings that unemployment and the socio-economic exclusion of the rural communities have posed serious challenges to the caregivers in their endeavour to support 'orphans' and 'vulnerable' children in Zimbabwe. Premised in the foregoing, this study seeks to examine the challenges faced by the caregivers in coping with the challenges concerning 'orphans' and 'vulnerable' children at the household level with special emphasis on caregivers in the Gutu District of Zimbabwe.

Gutu District was consciously considered for this study because it is one of the marginalised rural communities that has been affected by HIV/AIDS and political polarisation. The Gutu District is a tribal-based community predominantly with people of the same dynasty except for the minority that migrated based on different socio-economic and political factors. A study conducted by Ringson in 2017 showed that the Gutu District is one of the most poverty and HIV/AIDS-stricken rural community [9]. This finding was predominantly evidenced with several child-headed households, rampant OVC under the guardian of their relatives and grandparents. The study, therefore, focuses only on the household level. In this context, the household level refers to a family or social unit of people living together as relatives. These households of families absorb their deceased's relatives' orphans according to their cultural values that upon the demise of the family member, the remaining relatives took over the custodianship of their relative's children. Similarly, these households also absorb their incapacitated relative's vulnerable children due to chronic illness, disability and living in abject poverty. Thus, the vulnerable children can either be children of the caregivers deceased relative (s) or of their incapacitated relatives. This study focuses on the vulnerable children within the purposively sampled household and not those outside the households. Within that context, this study was guided by the following two objectives:

- To assess the challenges faced by caregivers in the care and support of 'orphans' and 'vulnerable' children at the household level.

- To identify strategies adopted by caregivers to mitigate the challenges they face in caring for and supporting 'orphans' and 'vulnerable' children at the household level.

The paper commences with the context of the study, and the conceptualization of orphans and vulnerable children based on traditional and contemporary understanding. The study also examines the conceptualization of caregivers within the context of the 'orphans' and 'vulnerable' children in the rural communities of Zimbabwe. Subsequently, a thorough review of the ubuntu child-care model and the ACRWC and its dichotomous conflicting mandate stipulates that child have independence rights as well as emphasising that these rights must be executed in respect of the African culture and tradition. These fundamental stages were followed by the methodology, presentation, and discussion of findings, concluding with the implications of the study for social work and the recommendations.

2. Conceptualising orphans and vulnerable children

The UNAIDS [10] defines orphans as children under the age of 18 years whose parent(s) have died, while vulnerable children are children with unfulfilled rights. This definition is in line with the Zimbabwe National Orphan Care Policy (ZNOCP) [11] which defines orphans as those aged 0–18 whose parent(s) have died. Vulnerable children are defined as children with unfulfilled rights and mainly identified as children with one parent deceased, children with disabilities and affected and/or infected by HIV and AIDS. Concurrently, the National Action Plan ([12], p. 8) adds that vulnerable children may also include abused children (sexually, physically, and emotionally), abandoned children, children living in the streets and married children. In addition, the National Action Plan [12] included neglected children, children with chronically ill parent(s), child parents and the destitute as vulnerable children in need of care and support in Zimbabwe, to cite but a few.

This definition, though widely adopted, has inherent limitations, especially in the context of resource-constrained environments in which many 'orphans' and 'vulnerable' children live. For instance, the use of the chronological age ignores many young persons above the age of 18 years whose parents are deceased and who are exposed to intense vulnerability contexts devoid of any family or external support. As noted by Killian [13], the definition implies that by merely attaining the age of 18 years, one is automatically weaned from the 'orphans' and 'vulnerable' children category to the non-orphan-hood and vulnerability regime. As a result, this transition renders 'orphans' and 'vulnerable' children as individuals no longer needing care and support. However, his/her plight may not be any different from those below the age of 18 who live with him/her in a similar environment. Put simply, while the secondary caregivers who include the government, close friends or extended families and NGOs, to mention but a few, presume that the post-18 years of age era means that a young person can look after himself and herself, in real terms, this is very often not the case. This assertion was further supported in the Situational Analysis of 'orphans' and 'vulnerable' children (SAOVC) in Zimbabwe by UNICEF [14] which revealed that the use of age as a criterion in aiding for education was penalising teenagers who started school late by excluding them from continued educational support once they turned 18 years of age. This poses more challenges to household caregivers who will mandatorily oblige to support and care for them through their limited resources.

3. Conceptualization of the caregivers and household level

Ringson [15] defined a caregiver as the person above the 18 who is either employed with an organisation or voluntarily offers his/her services to an organisation to take care of the elderly or children in residential care or 'orphans' and 'vulnerable' children. Hermanns and Smith-Mastel [16] in Ringson ([15], p. 504) assert that "the act of caregiving is not unfamiliar, but the term 'caregiving' is relatively new, with the first recorded use of the word in 1966." Caregiving is a hybridised compound word where caring and giving were combined to bring about a new meaning. Etymologically, the term "care" was derived from an Old English term "wicim" which means mental suffering, mourning, sorrow, or trouble. The term "give" was also derived from an Old English term which means to "bestow gratuitously". Premised on the etymological analysis of caregiving as a concept, the Oxford English Dictionary defines caregiving as an act characterised by attention being given to the needs of others, especially those who are unable to look after themselves adequately, such as children under the age of 18 and elderly persons.

Further to the foregoing conceptualization of caregiving, it is important to note that caregiving is multidimensional. It involves caring for children under the age of 18 with special needs (i.e., orphans and vulnerable children), elderly care, and parental care (referring to caring for parents with special needs). In this context, caregiving is focusing on the care of 'orphans' and 'vulnerable' children. The caregivers, in this case, are the extended family which entail the father, mother, grandparents, sisters/brothers, and uncles/aunts. Within the African indigenous 'orphans' and 'vulnerable' children care and support approach, Chizororo [7] argues that it is the right of 'orphans' and 'vulnerable' children to be absorbed by an immediate family when both parents are deceased or when their biological parents are living in poverty. However, in the case of losing one parent, the orphaned children are to be rightfully placed under the guardianship of the living parents. Thus, Ringson [15] defined a household as a family and social unit of people of the same lineage. A household is therefore a family unit of the closest relatives of the orphans' deceased parents and the vulnerable children's parents. This paper, therefore, examines the challenges faced by bringing up 'orphans' and 'vulnerable' children in the Gutu District of Zimbabwe with special emphasis on the caregivers' experiences, feelings and views.

4. Ubuntu 'orphans' and 'vulnerable' children care, model

Traditionally, within the Zimbabwean context orphans were absorbed with the extended families that would carry the responsibility to care for and support them. Similarly, vulnerable children would also be absorbed by the extended families and the community care and support networks [9]. According to Mugumbate and Chereni [6], ubuntu serves as the spiritual foundation of many African communities and cultures. It is a multidimensional concept that represents the core value of African ontology—such as respect for human beings, human dignity and human life, collective sharedness, obedience, humility, solidarity, caring, hospitality, interdependence, and communalism. The ubuntu version can be translated as "I am human because I belong". Thus, ubuntu is a radical reflection of shared humanity and has a universal appeal of traditional community values ([17], p. 1). Premised in the foregoing, ubuntu as a socio-economic framework can be analogically interpreted as the veins of the society that uphold human solidarity.

The recent study carried out by Ringson [15] asserts that most of the African communities and especially rural communities are holding on to their cultural ways of childcare, and as a result, there is a collision course with the contemporary human rights approaches. Notwithstanding the efficacy of the child rights approaches promulgated by the UNCRC, Van Breda [18] contentiously argues that ubuntu childcare modelling has somehow been submerged by Western models. Thus, a plethora of challenges faced by the caregivers within the rural communities in upbringing their OVCs is because of their reluctance to transform from their traditional ways of caring for children embedded in ubuntu philosophy.

The ubuntu model of childcare would be seen in the willingness of the community and extended families to take care of and support the deceased's children and other vulnerable children in the community. As such, the terms 'orphans' and 'vulnerable' children in many parts of African communities are regarded as a distortion of the traditional values in childcare and parenthood entrenched in the ubuntu childcare model [19]. In the context of the above argument, Van Doore [20] avers that the problem of the commodification of children being manufactured as 'orphans' and 'vulnerable' and used to generate profit in orphanages and by other non-governmental organisations is global. Whilst it is commonplace in a Western

model for an 'orphan' or 'vulnerable' child to be taken to an orphanage or residential care where they are being commodified, the ubuntu parenthood model of childcare absorbs a child within his/her relatives, families, and communities for the preservation of dignity, cultural values, and posterity.

Based on the ubuntu childcare model and parenthood, a child despite his/her status is valued as the symbol of posterity and wealth. Concurrently, Tigere [21] exhibited that a child within an African context— be it an 'orphan' or 'vulnerable'— is the central focus of the community and the families. In this context, in a situation where the uncle, aunt or any other close relative of a child is alive and is willing to take care of the child, the child was not considered to be an 'orphan' or 'vulnerable'. Instead, from the ubuntu parenthood model of childcare, the nomenclature 'orphan' and 'vulnerable' in this milieu becomes discriminatory and creates a negative social image of a child. However, in some exceptional cases, that have been rare in African communities, where an 'orphan' and 'vulnerable' child has no living relatives, then the nomenclature would suffice [22]. In her assertion, Pillay was complemented by Tigere [21] who argues that labelling of a child as an 'orphan' and 'vulnerable' in the African context is not only stigmatising of the child but a direct insult to those participants in the social network providing care and support to the child.

In this case, the predominant form of extended families in Zimbabwe is that of kinship including the frontline relatives such as paternal uncles and aunts, including the paternal and maternal grandparents. These frontline relatives are traditionally responsible for assuming the care and support of orphans upon the death of one or both parents and vulnerable children in cases of abandonment or otherwise. Ordinarily, one member of the extended family network assumes the primary caregiver role while others may periodically contribute resources as secondary caregivers. Despite the shortcomings of the ubuntu childcare model due to the depletion of the African social fabric because of Western expansionism, they continue to espouse and uphold traditional approaches in childcare [23]. According to Ringson [15], these shortcomings of ubuntu childcare and support include but are not limited to child labour, mutilation of sexual organs in the name of culture, child pledging in marriage, usurpation of the orphans' right to the deceased parents' estate, beating as a form of punishment and religious or culture sexual abuse tantamount to gross infringement of child rights.

Studies conducted within the different contexts of Africa such as by Ringson [15]; Pillay [22] and Shanalingigwa [23] confirm that these abuses continue in some African communities despite prevailing child rights enforcements. Thus, many caregivers with the traditional arrangements and within the rural communities are failing to uphold child rights and absolve their cultural tendencies. As a result, this presents numerous challenges to caregivers in their attempts to provide care and support to 'orphans' and 'vulnerable' children as prescribed by the UNCRC framework.

5. African Charter on the Rights and Welfare of Children

The shortcomings previously explained of the unregulated ubuntu childcare model precipitated the adoption of the UNCRC by the General Assembly of the United Nations in 1989, signalling the establishment of concrete contemporary measures to address child maltreatment and abuse at the international level [22]. Whilst the UNCRC's requirements appear to be sound in principle, its shortcomings were evident in the lack of holistically embracing and respecting the wealth of Africanism in childcare and support. As such, the ACRWC was adopted by the

Assembly of the Heads of State and Government of the Organisation of African Unity in July 1990 and was brought into force in November 1999 ([24], p. 1).

Arguably, the adoption of an ACRWC in place of the UNCRC was not meant to change the objectives but appropriate and facilitate the execution of the rights of children in an African context without abrogating its norms and traditions. Put simply, Olowu [24] points out that African member states were of the view that the UNCRC missed the important socio-cultural and economic realities of African experiences in childcare. Thus, in the analysis of these two pieces of legislation, it may be seen that they are complementary, and both seek to provide the framework through which the children's needs are met within the cultural settings.

The main challenge of the ACRWC is that it stipulates those children who are independent subjects and have rights while it simultaneously emphasises the need to include African cultural values and experience in considering issues about the rights of children in Africa [25]. Closely looking into the aspects of upholding the independence of the child's rights and respecting African values and experiences in childcare encounters a conflict of interest between an African caregiver in the rural areas and a contemporary human rights protagonist. In further review of the foregoing statement, the caregivers in the rural communities of Zimbabwe might experience challenges to balance respect for the independence of the child's rights apart from their cultural dictates and experiences in childcare and support.

Ringson [15] in his study on child rights cultural contestations in Zimbabwe found that the traditional and contemporary approaches in childcare within the rural communities contributed to a disconnect within the conscience of the rural communities that always want to espouse their indigenous cultural values in the provision of care and support to their children. Olowu [24] and Pillay [22] posit that instead of the ACRWC explaining the difference in the culturally-based rights and experiences to be upheld by the caregivers in caring for their 'orphans' and 'vulnerable' children, it was left in the provision of child rights which include but are not limited to the right to life, participation, food, identity and shelter. The way these rights are implemented in the perspective of African culture differs from the contemporary western approach. In trying to uphold their culture and tradition as stipulated by the ACRWC, the caregivers encroach and infringe on the rights of children as stipulated by the UNCRC. This article, therefore, examines the caregivers' lived experiences in trying to balance the two contentious clauses of the ACRWC and the UNCRC in providing care and support to 'orphans' and 'vulnerable' children within the Gutu rural community of Zimbabwe.

6. Methodology

This phenomenological qualitative study seeks to gather in-depth information about the perceptions and lived experiences of the caregivers in coping with orphans and vulnerable children in Zimbabwe. The phenomenological methodology was considered appropriate in this study because it draws on the lived experiences, perceptions, feelings, and views of the participants [26]. According to Husserl [27], in the process of developing the concept of phenomenological philosophy, phenomenology was defined as a philosophy of experience and hence this study is an examination of the lived experiences of the community leaders, caregivers and 'orphans' and 'vulnerable' children within the local rural community of the Gutu District of Zimbabwe. Gutu District is one of the largest, most marginalised, and poverty-stricken rural communities in Zimbabwe.

A total number of 20 participants, which included 15 caregivers and 5 'orphans' and 'vulnerable' children, was purposively selected to participate in this study.

In-depth information was obtained through in-depth interviews about their experiences, feelings, perceptions, and views of the challenges they face in the care and support of 'orphans' and 'vulnerable' children in Zimbabwe. Purposive sampling was used to select the most appropriate information-rich sources for this study. Patton [28] posits that purposive sampling is the most appropriate method of selecting information-rich sources with small numbers of individuals or groups in a qualitative study.

Tongco [29] similarly observes that through purposive sampling, it is the researcher who decides the individual participants or groups that provide the study with enough information on the human perceptions concerning the social phenomenon under investigation. The criteria used in selecting the caregivers was that they were people living in the Gutu District, taking care of 'orphans' and 'vulnerable' children and members of Batanai HIV/AIDS Service Organisation. Similarly, the 'orphans' and 'vulnerable' children were chosen on the condition that they were either orphans or vulnerable children under the age of 18 living with a caregiver within the Gutu District of Zimbabwe. On that premise, a typical example of the questions which were posed to the participants include the following:

- In your own experience as a caregiver or 'orphans' and 'vulnerable' children, what are the main challenges you are facing in 'orphans' and 'vulnerable' children care and support in food and nutrition, education, shelter, psychosocial support, and health?

- In your view as a caregiver or 'orphans' and 'vulnerable' children, what can your stakeholders in 'orphans' and 'vulnerable' children care and support do to help you to deal with the challenges of food and nutrition, shelter, psychosocial support, and health?

To mitigate the challenge related to language use, the indigenous language was used to collect data and was then translated into English by linguistic experts for accuracy. The data transcripts were anonymised first before the data were coded and analysed, to make sure that the readers of the papers will not be able to identify the interviewees. Braun and Clarke's [30] thematic data analysis was used to present and analyse data in this study. Thematic analysis was used because it provides an accessible and flexible approach to analysing qualitative data. Braun and Clarke [30] indicated that the thematic analysis process involves the researcher's familiarisation with the data, reviewing themes and defining themes. As such, an inductive method of theme development was undertaken based on the content of the data. Lincoln and Guba [31] explain that the trustworthiness of the study is enhanced by triangulation of sites and sources, using purposive sampling, and providing a detailed description of the methods used.

Regarding ethics, pertinent ethical issues were considered and resolved before the commencement of the study. In this case, ethical approval from the relevant department such as the National University of Science and Technology and the Social Welfare Department was required. Furthermore, the proxy consents and approvals for the minor 'orphans' and 'vulnerable' children were established and consent for the adult caregivers was also sought before the study commenced. The information leaflet about the researcher and purpose of the study was written and comprehensively explained to the participants to assist them to understand their position about issues of voluntarism, confidentiality, and anonymity.

Since this study touches on sensitive issues, precautions were taken to ensure that the focus was on eliciting information about coping strategies and avoiding as much as possible discussing emotional issues such as the loss of parents or other loved

ones. In addition, prior arrangements for the services of a professional psychologist and a social worker were made in case of any emotional and traumatic challenges during the research. Legal guardians of minors accompanied their minors to the hospital if the need for psychological counselling arose. Before the interview session of the OVC, the social worker was requested to give counselling to the children, and it contributed to the commendable outcome of the interview sessions. All costs related to travel, accommodation and food incurred during such trips to the hospital would be provided for by the researcher. However, during this study, there was no incidence regarding the emotional challenges of the OVC happened, despite the supportive measures put in place. Thus, no costs were incurred towards the hospitalisation of any of the participants as was anticipated. It is also important to mention that since the study purposively sampled caregivers from Batanai HIV/AIDS Service Organisation Support groups, the participants were requested to meet at a central place in the Gutu Mpandawana growth point where the interviews were to be conducted. This environment was very conducive for the interviews because all the participants were used to hold their meetings and support group workshops. Lastly, questions in the study tools were focused on the topic and as far as possible, nothing outside the scope of the study was discussed.

7. Presentation of the findings

This section presents the findings from the study regarding challenges that families are facing in providing care to 'orphans' and 'vulnerable' children. The findings from both the caregivers and 'orphans' and 'vulnerable' children predominantly revealed food and nutrition and psychosocial support as the main challenges faced by caregivers in their endeavours to support 'orphans' and 'vulnerable' children within their households in Zimbabwe. Although, this research is predominantly qualitative, for this data presentation, the views of the participants were quantitatively presented. This exercise was informed by Sandelowski [32] who argues that frequency rate reporting and counting are integral to the analysis process and numbers in qualitative studies are used to establish the significance of findings. They are also used to recognise patterns and to make analytic generalisations from data. **Figure 1** below shows the distribution of the views of the 20 participants who participated in this study.

As illustrated in the figure above, the distribution of the views of the participants shows that 40% of the participants indicated that the caregivers are exposed to the psychosocial related challenges of themselves and the OVC under their

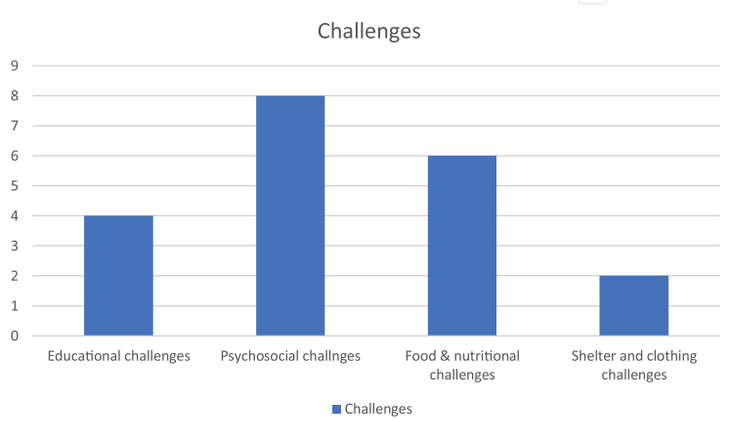

Figure 1.
Distribution of views of the participants on caregivers' challenges.

custodianship. This was followed by 30% of the participants who said the caregivers often face the food and nutritional-related challenges of themselves and the OVC their jurisdiction. Furthermore, 20% of the participants emphasised that the caregivers are more exposed to the educational related challenges of themselves and their OVCs. Lastly, 10% of the participants indicated that the caregivers are often facing shelter and clothing-related challenges. Whilst all the above challenges are a true reflection of the challenges that the caregivers are facing in the Gutu District of Zimbabwe in their commitment to sustain the livelihood of the OVC within their custodianship, the findings predominantly show that the psychosocial support and the food and nutritional related challenges are more outstanding than the other challenges. Thus, for analysis and discussion of these findings, the two predominant themes (psychosocial challenges, and food nutritional challenges) have been subsequently analysed and discussed.

7.1 Food and nutrition-related challenges

Food and nutrition emerged as one of the critical challenges that the caregivers face in attempting to adequately care for and support the 'orphans' and 'vulnerable' children in the Gutu District of Zimbabwe. The findings show that despite the efforts made by caregivers in the care and support of 'orphans' and 'vulnerable' children, the food and nutrition-related challenges constantly affect both their 'orphans' and 'vulnerable' children and their household livelihoods. Regarding the challenges of food and nutrition, one of the participants from the Department of Health remarked:

> *Most children especially between the ages of one to ten years often suffer from malnourishment due to a lack of a balanced diet. Some of them are even dying at that age due to diseases associated with malnourishment. This is of course a sign that caregivers at the household level are unable to adequately provide their children and not only 'orphans' and 'vulnerable' children with enough survival food.*

What the health official implies here is that in the case of food and nutrition, the caregivers in their capacity within the rural communities are not able to meet this critical basic right of 'orphans' and 'vulnerable' children and their children, respectively. This assertion from the health official was corroborated by most of the caregivers who predominantly indicated that they are not satisfied with the care and support they provide to their 'orphans' and 'vulnerable' children and their biological children. Both from a right-based approach and the African traditional view, food and nutrition are basic rights that should be provided by the caregivers to the children and its scarcity traumatises both the caregiver and the children. In addition to that, another community-based health worker explained:

> *We have appealed to the non-governmental organisations through our social welfare department to help us with food packs so that our children can be prepared nutritious food at school or within their villages to supplement what their caregivers give them at the household level. Whilst such request is taken heed of, they do not last for even two months consistently. Thus, our children constantly suffer from malnutrition-related diseases. We also have a lot of primary and secondary school dropouts because of a lack of food.*

The quotes from the two health workers show that even the assistance that the caregivers receive from other 'orphans' and 'vulnerable' children's stakeholders such as the non-governmental organisation operating in the said community is not

sustainable. This is commensurate with the reality that the Gutu District is one of the rural areas in Zimbabwe that consistently experiences poverty more than other rural communities in Zimbabwe. This view was clarified by one of the traditional leader participants who observed:

> *As a village head, year-in and year-out as traditional leaders we face challenges of the poor families within our communities coming begging for assistance. We try within our capacity because of roles and the resources at our disposal to give them or referring them to social welfare for further assistance. However, from my experience, it is a reality that the caregivers are overwhelmingly overburdened with the food and nutrition-related challenges of their 'orphans' and 'vulnerable' children.*

In the foregoing sentiment, the traditional leader as steward and custodian of the local rural communities is affirming that food and nutrition is one of the critical challenges that caregivers face in their support of the 'orphan's and 'vulnerable' children within their jurisdiction. In addition, the caregivers revealed that due to chronic poverty they could not afford to buy food to supplement the local food they grow in their fields to the World Health Organisation's food standards. It was interesting to note, however, that although caregivers were experiencing difficulties in meeting the feeding and dietary needs of their children including the 'orphans' and 'vulnerable' children under their guardianship, they did not blame themselves but the community leaders who failed to stand with them. One of the grandparents explained:

> *How can we feed the orphans on our own? We are not working neither are pensioners nor able to do any business. We thought the government would help or assist with food so that we can be able to feed these children. I have sold all my cattle to bring these children up.*

One of the grandparents had this to say when asked how they are coping with the burden:

> *Yes, they must work very hard during the weekends to compensate for the days when they are at school. They go to work in the gardens or fields from morning till evening because our fields are not close to our homes.*

Overworking of children was confirmed by local leaders as a prevalent practice. It was noted that children are overworked against their will in a bid to raise the extra resources needed for the well-being of the household. One of the community leaders when interviewed explained that:

> *The caregivers have no money, and they make orphans overwork especially during the weekends. They are made to be working in the fields from morning to evening. Some of these children come to report to me about such issues.*

When this question was further explored with the 'orphans' and 'vulnerable' children they corroborated what their caregivers and the community leaders had noted, that to a certain extent they are being used as cheap labour with their caregivers despite their young age. Whilst the caregivers explained that this has provided a form of training to their children to work, the findings indicated that they were infringing the child labour laws. Such exploitation would be done under the pretext of producing food and other material substance for the upkeep of the 'orphans' and 'vulnerable' children within their jurisdiction. Furthermore, it was

also reported that some widows and single mothers were involved in prostitution as a coping strategy. For instance, one of the single mothers indicated that prostitution is one of her coping strategies. She explained that this was her business during the night while her children are asleep and during the day she would buy and sell vegetables in a market. In summary, the coping strategies revealed by respondents included getting the 'orphans' and 'vulnerable' children to work in the gardens, fields and for others to supplement food, buying and selling of vegetables, fruits and cross-border trading and prostitution even though some were not prepared to reveal this as a strategy because of its illegality.

7.2 Psychosocial support related challenges

Regarding psychosocial support and emotional care, it was generally acknowledged that caregivers lacked the knowledge and skills to diagnose and effectively address the psychosocial needs of the 'orphans' and 'vulnerable' children in their care. Instead, they considered emotional and psychosocial needs within a broader realm of care that 'orphans' and 'vulnerable' children received. This may have a profound impact on the future of these children since the nature of the response to the psychosocial needs of these 'orphans' and 'vulnerable' children may have a far-reaching impact on their social and emotional development. Caregivers reported great challenges associated with the upbringing of the children. In a household where 'orphans' and vulnerable' children were under the care of other relatives, not their biological parents, efforts were made to ensure that they are brought up in the same way as the caregivers' children. In this regard, one of the caregivers remarked that:

> *Despite some of the workshops for psychosocial support we attended facilitated by the local non-governmental organisations, we are still facing a lot of challenges in convincingly counselling 'orphans' and 'vulnerable' children at the household level. Our children these days are taught to understand their rights to the extent that any actions from us caregivers which appear to be somehow ill-treatment may create a lot of discontents which requires one to be conversant with the psychosocial approach to help the child to get to normalcy.*

The participant shows that within the rural areas social workers and professional counsellors are not easily accessible to provide their services in case their 'orphans' and 'vulnerable' children develop emotional challenges or in the case of any misunderstandings between the caregivers and the 'orphans' and 'vulnerable' children at the household level. This was further confirmed by one of the caregivers who observed that:

> *I had an experience with my deceased sister's daughter who was assaulted at school and emotionally disturbed. She could not eat for quite some time and developed moods and sometimes crying. This disturbed us a lot and no one at home had the psychosocial know-how to help until we outsourced the help from a local pastor who had to talk with her until she opens on what was emotionally bothering her. She also revealed that she was discriminated and assaulted with our biological children.*

This participant reveals that the caregivers have challenges in discerning what emotionally and psychologically traumatises their 'orphans' and 'vulnerable' children and hence, they do not have the information to deal with those psychosocial challenges. The 'orphans' and 'vulnerable' children may have shelter, food, school

fees and medication but without the provision of psychosocial services, the other assistance may be rendered useless. When asked why these children behaved in that way, it was discovered that even the caregivers did not know why these children behaved that way. However, when triangulated, one of the 'orphans' and 'vulnerable' children when asked why they feel discriminated against explained that:

> *We are always beaten up even for no apparent reason with our aunt and forced to work very hard while her children are seated at home. So, this causes me and my young sister to feel unwanted and discriminated against in the household.*

The study revealed that psychosocial support was a critical need but due to lack of skills to appropriately diagnose and respond to it, it was largely neglected. It was evident from the study that while caregivers were expected to be the main source of psychosocial support for 'orphans' and 'vulnerable' children, they also need emotional support to address challenges in providing care for 'orphans' and 'vulnerable' children in a context of limited resources. In their response, most caregivers indicated that they do nothing in case of an emotional challenge. However, caregivers who had a strong spiritual orientation indicated that they turn to prayer and singing as a way of dealing with stressful situations. This was verified by another respondent who explained:

> *When I feel stressed, I just go to my bedroom and pray. I like singing, so I sing church songs and that is how I forget my problems.*

When asked, most of the caregivers indicated that they predominantly pray or go to church as a coping strategy regarding emotional challenges. There was also a significant portion of caregivers who indicated that they do nothing, while others resorted to strategies such as drinking, scolding children, or simply keeping quiet. This could reflect poor access or lack of awareness about psychosocial services in the study area. The ultimate impact could be that caregivers could become burned out which could have severe long-term implications on the welfare of 'orphans' and 'vulnerable' children in their care.

In corroboration of what the 'orphans' and 'vulnerable' children and the caregivers explained above, the community leaders and stakeholders who include the traditional leaders, faith-based organisational leaders and non-governmental organisational representatives, explained that they have had several experiences where 'orphans' and 'vulnerable' children in Gutu District reported cases of abuse, exploitation, and assault by their caregivers. The community leaders within their different roles in the rural communities concerning the 'orphans' and 'vulnerable' children confirmed that there are always conflicts between the 'orphans' and 'vulnerable' children and their caregivers in the district because the caregivers lack the psychosocial support training to help their 'orphans' and 'vulnerable' children and the services of the professional counsellors and social workers are not readily available other than through sporadic visits of the non-governmental organisations' representatives.

8. Discussions of the findings

Evidence from the findings has shown that caregivers were struggling to adequately provide for the needs of their 'orphans' and 'vulnerable' children as stipulated in both the UNCRC and ACRWC. Whilst several challenges were mentioned regarding challenges related to the data, food and nutrition and psychosocial

support predominantly emerged as the major recurring themes of the participants. The findings concurred with Ringson [9] and Chizororo [7] who assert that psychosocial support and material needs recently became the major needs for 'orphans' and 'vulnerable' children. It is also important to be aware that children have the right despite their status to be adequately fed, a right that is supported by the UNCRC. As such, depriving children of nutritious food is an infringement of their rights. Because of the challenge posed by this material need, the caregivers confirmed that they were initially able to feed their 'orphans' and 'vulnerable' children with locally produced food such as wild fruits, vegetables, maize and sweet potatoes. However, the type of food that is recommended by authorities and demanded by children is now different because of modern shifts and improved knowledge of nutrition. Furthermore, due to the high population density in the study area, the land shortage was acute especially for those living in the Gutu rural communities. As a result, involvement in gardening had begun to negatively impact the household capacity to produce adequate food. In some instances, caregivers would pledge their children for marriages in the communities or churches for them to be given a piece of land, cattle, or food in return. This resonates with Ringson [15] who argued that some children's rights as stipulated in both the UNCRC and ACRWC conflict with some African cultural perspectives of child upbringing. The caregivers experienced this as a setback in their attempts to balance the conventional children's rights and the traditional rights in the ubuntu parenthood childcare model.

It was clear from the findings that the 'orphans' and 'vulnerable' children who lack quality food at home do not perform well at school and are susceptible to destructive emotional challenges. In this regard, Pillay [22] emphasises that the lack of food as a fundamental right of the children may influence them to make poor decisions in their lives such as early marriages or being abused sexually, abusing drugs, or stealing. Generally, the community leaders attributed the food shortages to chronic poverty, which grossly affected the people's agricultural activities in Zimbabwe, and which were exacerbated by destructive political decisions as highlighted by Chigora and Guzura [33] and Hove [8]. By implication, these findings converged with the finding that caregivers were generally unable to meet the conventional requirements and standards for feeding the children, especially in most of the developing countries due to chronic poverty. Some strategies were applied by the caregivers of 'orphans' and 'vulnerable' children at the household level to address their food and nutrition needs. To cope with increased family sizes or to accommodate the loss of adult labour, children were found to have assumed greater roles in food production. The need for children to provide agricultural labour was widely reported by caregivers as one of the primary reasons why children were kept in public schools near their homes, despite their reservations on the quality of education offered in those schools. In a traditional African family setting, children constitute a strong source of labour for agriculture. Hence, this was considered predominantly as a legitimate coping strategy, assuming that children are supported to acquire agricultural experience and skills in the long term. However, some respondents indicated that there were instances where children were indeed overworked as a coping strategy to supplement livelihoods at the household level.

Regarding the challenges related to psychosocial support, it was revealed that the caregivers do not have the skills to help their children during their sporadic or protracted times of emotional agony. Evidence from the findings shows that some 'orphans' and 'vulnerable' children have emotional challenges emanating from the loss of their parents, being exposed to discriminatory child labour, stigma and verbal and sexual abuse at the household level, community level and schools. Whilst all these are crimes and infringements of children's rights according to the UNCRC and ACRWC, the children will continue to be victims emotionally and

physically because of the lack of knowledge around psychosocial support of their caregivers. In some instances, the caregivers are now afraid of reprimanding their 'orphans' and 'vulnerable' children fearing that they might have to account to the law enforcement authorities for their actions [9, 21]. By implication, what this means is that if the caregivers continue to implement their culturally based rights in caring for 'orphans' and 'vulnerable' children in contravention of the conventional rights of children, psychosocial support challenges in form of verbal and sexual abuses and child labour in the name of culture will not end, especially within the rural communities of Zimbabwe.

The study further asserts that without proper psychosocial support mechanisms, orphans often spend most of their time and energy trying to create some type of order and security for themselves out of unpredictable situations and struggle with their identity problems. Because of the above, Killian [13] posits that the long-term consequences for children who experience profound loss, grief, hopelessness, fear, and anxiety are psychosomatic disorders, chronic depression, low self-esteem, low levels of life skills, learning disabilities, and disturbed social behaviour. This study found that such psychosocial challenges are still rampant within the rural communities and the ignorance and scarcity of the social workers and professional psychologists to help with professional counselling poses a lot of challenges to the caregivers, 'orphans' and 'vulnerable' children and the community at large.

Following the prevalence of these effects, the psychosocial support of caregivers is an acknowledged need because they are often stressed whenever they engage with children who are regularly exposed to painful experiences. From the empirical analysis of this study, it can be determined that grandparents, children caring for younger children, and caregivers who provide care for many children often find it difficult to cope. They may blame themselves for not being able to do enough, even though they must also deal with their grief and sadness. They further indicated that many caregivers struggle to meet their children's needs, such as food, clothes, health care and schooling, and give them love and attention in conditions of financial hardship and without the necessary practical medical and social support, they suffer psychosocial ill-effects. In that context, for critical children's rights to be complied with, especially within the rural communities, there is a need for the caregivers to be regularly trained and empowered to understand the difference between their culturally-oriented approaches in childcare and the conventional approaches. Thus, Ringson [9] asserts that the ubuntu parenthood child-care model alone without being blended with the conventional modern approaches will sufficiently help both the caregivers and their children in attaining sustainable livelihood within their communities.

9. Conclusion and implication of the study on social administration and child rights

This study has established that due to the incapacity of the caregivers to offer sustainable and holistic care and support to OVC, there is a gross infringement of the basic rights of the OVCs in Zimbabwe. These basic rights include, but are not limited to, food and nutrition, shelter, clothing, psychosocial support, and education. The study also revealed that despite the escalating socio-economic challenges and structural transformation, the family remains the strongest and most prominent unit of care and support of OVC. The foregoing view was exhibited by the fact that all the 'orphans' and 'vulnerable' children who participated were living with their blood relatives caregivers. This attests to the strength and resilience of the

extended family and its continued prominence within the overall OVC response in Zimbabwe as explained by Ringson and Chereni [19] in their recent studies. By implication, this may be interpreted to mean that in the foreseeable future, households' families will remain the major asset to be drawn upon in addressing the challenges associated with OVC care and support.

The study further revealed that psychosocial care for both OVC and caregivers was largely an overlooked and limited service in the study area. Due to lack of skills and the preoccupation with survival needs, there was little emphasis on either attempting to diagnose or addressing the psychosocial problems of the OVC and their caregivers. Hence, the long-term impact of psychosocial problems is that children may grow up with low self-esteem, depression and in extreme cases, psychosomatic disorders. Thus, the quality of motivation for caregivers to care for OVC will deteriorate and may in extreme cases translate into various forms of child abuse. In response, caregivers and OVC initiated several strategies to address their needs, particularly raising incomes to meet the extra needs. However, the study indicated that these strategies remained haphazard and reactive to the immediate needs rather than long-term needs and survival of OVC. For instance, selling vegetables and fruits, prostitution and working for others do not generate sustainability of livelihoods in the long term.

In conclusion, this study recommends that if social workers, social administrators, and government continue to empower the children while overlooking and thereby undermining the caregivers, both the caregivers and their children are unlikely to be able to address their challenges.

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Conflict of interest

I would like to declare that this study is my original work, I am the sole author of this study, and I did not receive any funding for this study. Thus, there is no conflict of interest whatsoever in the ownership and copyright of this study.

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