

Sustainability of the Role of Extended Families on Orphan Care in the Era of HIV and AIDS in the Zimbabwean Society

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Abstract

The objective of this study was to explore and establish the Sustainability of the role of extended families on orphan care in the era of HIV and AIDS in the Zimbabwean Society. Five orphans and five extended family heads were purposively drawn from Mucheke suburb, in Masvingo City. An intensive ethnographic research interrogative approach through observations, interviews, and open ended questions, was to get a better perspective on the sustainability of the role of extended families on orphan care in the era of HIV and AIDS. Interviews were conducted with orphans and extended family heads. Ethical considerations were observed by the researchers. An integrative framework lens namely Ubuntu, Bronfenbrenner's bio- ecological systems and Maslow's hierarchy of needs theory was mainly. Data was analysed manually through hand coding and categorizing of ideas, which eventually formed themes to this research study. The findings revealed that extended family heads are encountering accommodation problems due to overwhelming number of orphans. Additionally, they are aged to provide for quality care to orphans due to an increase in the number of orphans as confirmed by UNAIDS (2004). The study also established that extended family heads needed traditional ways of caring for orphans to be revived since this was viewed as another component of easing the burden of orphans caring on extended family heads. The study was limited in its geographical coverage and scope, hence, the findings can neither be generalised to other provinces nor to the entire population of Zimbabwe. In view of that, it is therefore, recommended that, the study should be replicated on a national sample of orphans. In this way, a broader and more comprehensive perspectives and understanding will be gained on the Sustainability of the role of extended families on orphan care in the era of HIV and AIDS in the Zimbabwean Society.

Keywords: sustainability; extended families; orphan; care; dynamics

INTRODUCTION

The study established that extended family heads are facing a lot of financial constraints, impinging on their provision for quality care. Additionally, foster care parents are aged to provide for quality care to HIV and AIDS orphans. The foster care parents observed that through intervention and empowerment strategies, networking and partnership, their plight for financial assistance to promote orphan care would be alleviated. The study also established that foster care parents needed traditional ways of caring for orphans to be revived since this was viewed as another component of easing the burden of orphans caring on extended family heads. In light of the above a partnership framework to promote wellness of orphans was developed which will bring insight into the ways extended families are rendering support and care to orphans. Through this partnership framework, the extended family heads will be seen willing to care for more orphans. The study was limited in its geographical coverage and scope, the findings of the research can neither be generalised to other provinces nor to the entire population of Zimbabwe. In view of that, it is therefore, recommended that, the study should be replicated on a national sample of orphans. In this way, a broader and more comprehensive

perspectives and understanding of how extended family heads are involved in the caring of orphan wellness will be revealed. This study recommends further research study to monitor and evaluate the developed framework to assess its effectiveness and success in strengthening and improving the ways in which extended families promote the wellness of orphans. The study recommends that the idea of projects like *Ishenopa*, be extended into other schools within the city, where the teachers will engage into projects to support orphans, this could go a long way in promoting orphan wellness in the City.

BACKGROUND

HIV and AIDS in most African countries continues to be the leading cause of death as well as a major contributor to the increasing number of orphans in the world (Tsheko, Odirile, Bainame, Segwabe, Nair & Ntshebe, 2007). As in 2007, the estimated number of children under the age of 18 orphaned by HIV and AIDS in most African countries was more than 15 million (Tsheko, et al, 2007). The number of orphans in the world is growing at an alarming rate, and therefore, the vulnerabilities associated with orphanhood require immediate attention (Subbarao & Coury, 2004). Foster and Williamson (2000),

projected that of the children orphaned by AIDS throughout the world, 95% (40 million), will be in Africa by 2010. This is clear evidence that Worldwide, many parents die, leaving their children as orphans. More than one in nine children under the age of 18 in Sub-Saharan Africa have lost a parent, and HIV and AIDS pandemic is the leading cause (Evans & Miguel, 2007; UNAIDS, UNICEF and USAID,2004).

The proportion of orphans will remain unusually high at least through 2030 (Tsheko, et al, 2007). Several research studies show that in Sub-Saharan Africa, a vast number of children have been left without one or both parents (UNAIDS 2005). Recent Demographic and Health Surveys (DHS) have indicated that in Uganda, Malawi, Mozambique, Zambia and Zimbabwe, nearly 15% of all children under the age of 15 have lost one or both parents, and more than 20% of 15 years – old children in these countries are orphans (Case, Paxson & Ableidinger, 2004). Nyamukapa, Gregson, Lopman, Sait, Watt, Monasch and Jukes (2008) further submit that between 1990 and 2010, the joint United Nations Programme on HIV and AIDS estimated that the total number of children younger than 18 years who have lost one or both parents to AIDS will increase from 550 000 (19% of all orphans) to 18,4 million (36,8%). Mahati, Chitiyo, Mashange, Chibatamoto, Mupambireyi and Chandiwana, (2006) established that a number of children in Zimbabwe are orphans. This problem of orphanhood is serious in the sub-Saharan Africa and has been increasing with the death of both parents from AIDS (Ntozi, Ahibisi, O'dwe, Ayisa & Okurut, 1999). Orphans worldwide, face their specific requirements, which vary a great deal depending on the situation in which these children find themselves. Usually they are exposed to a number of risks ranging from economic and social risks to psychological risks and trauma (Subbarao & Coury, 2004). Regrettably, orphans do not have the emotional and physical maturity to address adequately and bear the psychological trauma associated with parental loss (Cluver & Gardner, 2007). This therefore, exposes them into much more vulnerability. Evidence by numerous studies also indicates that the practice of uncles and aunts (close relatives) taking on orphan care has lessened some countries in general and Zimbabwe in particular (Subbarau & Coury, 2004).

Jackson (2002) maintains that orphans from extended family households used to be cared for by other households, especially the extended family. An extended family may be any grouping broader than the nuclear family which is related by descent, marriage and adoption (Foster, 2000). "Orphans" include children younger than 15 who have lost one or both parents (Foster, 2000, UNAIDS 2003). The proportion of orphans defined as children who have

lost one or both parents is greatest in the sub-Saharan Africa, with 12, 3 million orphans (UNAIDS, 2007). Care givers in sub-Saharan Africa are generally grandparents because the aunts or uncles who would normally take care on the role of guardianship have died of AIDS (Sachs & Sachs, 2004). In this study, the researcher will consider double orphans as the participants.

In traditional African society in Zimbabwe, extended family members were ready to offer assistance in one form or another to orphans, in the absence of parents, as the family network was still intact before the advent of colonial intrusion, which has somehow contributed to the disintegration of the extended family network (Foster, Makufa, Drew & Kralovec, 1997). In traditional African society in Zimbabwe, orphaned children are looked after by extended families. In Zimbabwe, where one-quarter of adults are said to be HIV positive, one fifth of children are orphans(Jackson, 2002). The AIDS pandemic has drastically increased the number of orphans (Brian, Matinhure, Goodman, McCurdy& Johnson, 2009). Seventy-eight percent of orphans in the sub-Saharan Africa have lost their parents to AIDS (UNIAIDS, UNICEF & WHO, 2006). In addition, Izumi (2006) predicted that close to one third of children in Zimbabwe would have been orphaned by the year 2010.

Orphan prevalence in Zimbabwe is amongst the highest in the world at 24%, largely because of HIV and AIDS (Vinod & Assche, 2008, Metepfa, 2010). Without psycho-social support, children, especially girl orphans are particularly vulnerable to school dropout and early sexual debut (Nyamuka, Foster, Gregson, 2003; Makovere, 2006; Hallfors, Cho, Rusakanhiko, Iritani, Mapfumo, & Halpern, 2011; Strebel, 2004; Schenk, Michaelis, Sapiano, Brown & Weiss, 2010). They are also at risk of early marriage and unwanted pregnancy (Nyambedha, Wandibba & Aagaard, 2006). Recent studies on orphans support findings of heightened psychological distress among AIDS orphaned and AIDS affected children (Cluver& Gardner, 2007). Other studies have found AIDS orphans to experience high rates of depression (Bhargava, 2005) and anxiety (Pelton & Forehand, 2005). Skinner, Tsheko, Mtero-Munyati, Sengwabe, Chibatamoto, Mfencane, Chandiwana, Nkomo, Tlou and Chitiyo (2004) noted that the threat posed by HIV and AIDS pandemic has resulted in the mushrooming of numerous social support institutions in communities, all aimed at giving care to orphaned children. It is further pointed out that the proliferation of the related family disintegration creates a situation in which those affected automatically become victims of stigma as evidenced by themanner in which they are treated, and also in the terminology used to describe them (Arowolo, 2010). In this way, these children's social, physical,

emotional and intellectual wellness is likely to be impacted hence the need for this study to establish the involvement of extended family heads in promoting the wellness of orphan.

HIV and AIDS is without a doubt, the most widely discussed and pressing public health challenge internationally (UNICEF, 2003; Nyambedha, et al, 2000). This attention is certainly justified, considering the multifaceted and pervasive effects of this pandemic. Over the last decade, Sub Saharan Africa has remained the region with the highest levels of HIV and AIDS infection in the world (UNAIDS 2003). More than 28 million people have died since the first HIV and AIDS case was first reported in 1981. The pandemic has reversed development gains achieved over generations (ILO, 2005). Consequently, it has now been perceived as development crisis and not health crisis since it is threatening the achievement of the Millennium Development Goals, especially in the underdeveloped countries in Africa. HIV and AIDS has devastated the social and economic fabric of African societies and made orphans of a whole generation of children. Although some agencies initially viewed the plight of orphans as a short term humanitarian disaster, they now acknowledge the long term social consequences of African children growing up without parental love and guidance. The potential for these children to form a large group of dysfunctional adults, which could further destabilize societies already weakened by AIDS, has increased the urgency of finding an effective solution to the orphan crisis (Foster & William, 2000).

According to recent statistics, there were approximately 40 million people infected with the HIV in 2006 with 60% of the total residing in Sub Saharan (UNAIDS, 2004). This has therefore, led to a large percentage of orphans in the Sub Saharan Africa due to the AIDS epidemic (Zimmerman, 2003). Table 1.2 illustrates the estimated number of orphans in sub Saharan Africa. In Zimbabwe, although the HIV & AIDS infection rates have been declining over the last five years (estimated at 15.6%, according to the Central Statistics Office, 2007); the number of children orphaned due to HIV and AIDS is still considered to be high. Research studies reveal that despite the implementation of HIV and AIDS programmes in education and other sectors, Zimbabwe is still facing multiple challenges with HIV and AIDS epidemic (Chireshe, 2006; Kasaira, Chireshe & Chipandamira, 2004). Table 1.2 is showing the estimated statistics of orphans in the Sub-Sahara Africa during the period ranging from 1990-2010 by UNICEF/UNAIDS/USPEPFAR as at 2006. It is against this background that the central question that the study addressed was: **how sustainable is the role of extended families on orphan care in the era of HIV and AIDS in the Zimbabwean Society?**

RATIONALE

The gap in literature is that there is minimum researched data that explored the role of extended families in the promotion of the wellness of HIV/AIDS orphaned learners. Whilst these scholars mention the social deprivation of the orphans, the real issue is that very little has been written about sustainability of the role of extended families on orphan care in the era of HIV and AIDS in the Zimbabwean Society. Long ago there were no orphanage institutions or child headed families since every child belonged to the community (Jackson, 2002). This study seeks to explore and establish the sustainability of the role of extended families on orphan care in the era of HIV and AIDS in the Zimbabwean Society. Furthermore the study aimed to look at traditional ways which may be employed in the enhancement of the wellbeing of orphans.

THEORETICAL FRAMEWORK

This study employed an integrative lens namely UBUNTU, Bronfenbrenner's bio-ecological systems theory and Maslow's hierarchy of needs theory. By using an integrative lens, the researcher was mainly trying to get a better perspective and deeper understanding of how sustainable is the role of extended families on orphan care in the era of HIV and AIDS in the Zimbabwean Society. The maxim with others in a community and in turn other people in that community recognize the individual's humanity (Nyaumwe and Mkabela, 2007). The maxim *munhumunhunevamwe* (Shona), *Umuntungumuntungabantu* (Ndebele) or a person is a person through other persons (Mkabela and Lithuli 1997). Hence the above maxims emphasize the importance of ubuntuism to people within a given community, through the spirit of mutual support and the principle of caring for each other. In the event of the death of a husband, one of the surviving younger brothers had the obligation to inherit the widow and "his" children (Nyamukapa and Gregson 2008, Donald, Lazarus and Lolwana (2006) assert that the promotion of wellness of every child is dependent on, among other factors, the ecological system of relations that comprise the micro, meso, exo and macro and chrono systems. For Bronfenbrenner, these are important determinants of individual human development. In terms of intellectual wellness, family members can be mediators in the education of children. Chrono system is of great influence to this study. That is, how families and all other systems in which developing children are involved, continuously change and develop themselves since these changes all interact with the child's progressive stages of development (Donald, et.al 2006). Bronfenbrenner's perspectives help an individual to see how partnership and interlink ages of objects or things are important in the promotion and development of any system. In this study, the researcher observed how interactional patterns influence the wellness of

orphans. According to the ecological system if the relationship in the immediate micro system breaks down, the child will not have the tools to explore other parts of his or her environment (Addison, 1999). In my view, parental absence constitutes a breakdown in the ecological system that is likely to impact negatively on learners' academic performance. Bronfenbrenner's (1979) bio-ecological systems theory and Maslow's (1990) hierarchy of needs have been used as lenses to interrogate the intersection between family background and intellectual wellness of learners. I looked at Maslow's (1990) hierarchy of needs by closely observing learners' physiological needs, and whether they were satisfied with the care they are getting from extended family heads. In using the three theories, the researcher also focused on how sustainability is the role of extended families on orphan care in the era of HIV and AIDS in the Zimbabwean Society.

METHOD

This study is situated in the qualitative interpretive (naturalistic/constructivist) paradigm. Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible. They turn the world into a series of representations, including field notes, interviews, conversations, recordings and memos. At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them (Denzin & Lincoln 2000:3)

A purposive research sample comprised of five orphans, five extended family heads and one class teacher was used. Data was collected using interviews with orphans and extended family heads to establish how sustainable the role of extended families is, on orphan care in the era of HIV and AIDS in the Zimbabwean Society. Observations of their day-to-day interactional patterns, interviews, as well as open-ended questions, constituted the data gathering instrument in this study. The three data gathering instruments were used to enhance truthfulness, validity and reliability. The researcher piloted the instruments with orphans in a nearby suburb which was not part of the selected suburb under study.

DATA COLLECTION PROCESS

The researcher sought permission to interview orphans with the extended family heads. Interview dates with the extended family heads and orphans were set. Thus the participants gave the researcher dates which they thought were convenient for them and the researchers recorded them in their diaries. A day before the interview date, the researcher made

follow ups with the respondents to ensure that nothing had changed to the scheduled dates. The participants were briefed on the interview process in which they were free to remain in the interview session or withdraw any time they felt like. Each interview session ranged from 30-40minutes. As Glatter and le Vacic (1994) argue, maintaining an equal amount of interview time with each interviewee ensures consistency which leads to trustworthiness of the study. Follow-up interviews were conducted until data were saturated. The researcher also created a favourable and non-threatening environment for interviews by warmly thanking the participants for their willingness to participate in the research (Rossouw, 2003). The interview instrument was now administered to five orphans and five extended family heads and one class teacher. An audio /voice recording machine to capture detailed sets of notes during interviews was used in order to enhance the accuracy and trustworthiness of data collected. This approach reinforces Deem's (2002:840) idea that "in interviews, it is important for the researcher to record as much detail as possible. In accordance with the above, Creswell et al.(2011) maintains that, data collection in ethnography involves prolonged observation of a group, mostly through participant observation; interviews; field notes; working closely with participants. I visited homes of orphans under study and observed how they live, how they interact with extended families and their well-being. Thus I observed day-to-day occurrences in their homes.

DATA ANALYSIS

Qualitative methods of data analysis were used. Data analysis begins when the first data were collected, which in turn guided decisions towards further data collection (Burns & Grove, 2001). In this study, the data analysis process involved "bringing order, structure and meaning to the mass of the collected data (De Vos, Strydom, Fouche, Poggenpoel & Schurink, 2005). The researcher analysed the data collected from observations, interviews, and open-ended questions. Similarly, Creswell (2009) maintains that, the first stage of data analysis involves taking text data or pictures gathered during data collection, segmenting sentences or images into categories, and labelling those categories with a term based in the actual language of the participant.

Interviews with extended family heads, orphans and class teacher

In analysing data I followed what Henning, Van Rensburg and Smit (2004:34) outlined. Thus, all the interviews were tape recorded to ensure that the researcher captured every word which was said by the interviewees. All the folders/tapes were transcribed for easy coding and analysis. The transcribed folders were typed and printed on hard copies for easy easier clustering of similar topics. At the beginning, I had to read all the transcriptions from

all participants carefully. As I was reading, the main ideas which were coming out of the responses on the right hand side of the responses were written. In the process, new codes and categories emerged which eventually formed the following themes to this study;

- Overwhelming number of orphans and Accommodation problems
- Extended family heads are aged to provide for quality care
- Financial constraints due *none assistance regarding orphans basic needs*
- Need for revival of traditional ways of caring for orphans.
- Erratic school attendance
- *Insecurity and Self-worth*

DISCUSSION OF FINDINGS

Theme 1: Overwhelming number of orphans and accommodation problems

This study revealed that most of the extended family heads caring for orphans in this study do not have descent. When one of the extended family head was asked how big her house was since she had indicated that she had a lodger renting one of the rooms, her response was;

It is only a 3 roomed house with very small rooms like you are just seeing them. But I have no option. We use 2 rooms. So the money I collect from the lady using the other room is the one I use for payment of water and electricity. That is my source of income for water and electricity; otherwise, they will be closed.

Theme 2: Extended family heads are aged to provide for quality care

When asked their date of birth and their ages, it was surprising to not that all of the extended family heads easily recalled their ages. Basing on the extended family heads' responses, their ages range is between sixty-five and seventy years. Extended family head A was born in 1940 and she indicated that she was turning 72 years in December 2013. Extended head "B", "C" and "E" were 65 years old while extended family head "D" was 68 years old. When the school guidance teacher was asked to comment on whether orphans at their school were getting adequate care or not, she said:

Usually orphans stay with relatives who are usually very old. These relatives will be lacking finances to enable them to adequately support the orphans. They may be given love but it is different from the love a child would get from his/her biological parents. They lack parental guidance because most of these caregivers are very old.

Theme 3: Financial constraints due none assistance regarding orphans basic needs

Extended family heads are not receiving any educational assistance to promote orphans' wellbeing. Responses from interviews with their class

teacher revealed that most of the time, these learners will be in streets selling vegetables, popcorn and sweets as a way of trying to raise school fees. The class teacher observed that orphans experience challenges in securing food, clothing and school material and such material resources may include Mathematical sets, past examination papers, textbooks and computers. Orphans also need psychological support services. Moreover, learners from parent-headed families stood a better chance of having their library fees paid so that they could have access to a variety of textbooks. Even Internet facilities can enhance the academic performance of learners. Ryan and Adams (1999) claim that higher socio-economic status is conducive to sound academic performance. Learners from child-head families were deprived of the above enabling environment. Under such demoralizing conditions, an individual's self-esteem, dignity and sense of hope is at stake. Depriving condition of poverty is associated with decreasing levels of effectiveness in every area of human development (Magano, 2004). Booker (2003) established that orphans are oftentired and hungry, resulting in some of them fainting during class.

Theme 4: Need for revival of traditional ways of caring for orphans

This study established that extended family heads wished that revival of traditional ways of caring for orphans is the only way of easing their caring for orphans as was deduced from their responses as is indicated by their responses. One of them said:

Oh! There is a great change. Our traditional way of caring for these orphans was much better. You know, this modernization thing which you educated people brought, has just eroding our good way of living. Relatives were assisting one another in supporting orphans. Every child belonged to the community. Also, there were so many organizations helping the needy such as the Social Welfare department, Red Cross Society and other non-governmental organizations. However, now there has been nothing since

Theme 5: Erratic school attendance

The researcher observed that the class attendance by orphans in the class teachers' register and individual record books showed erratic class attendance. The class teacher confirmed that learners from parent-headed families perform better than those from extended family heads. The performance becomes even worse in Mathematics, where concept building is cumulative, missing one Mathematics lesson may adversely affect the grasping of concepts that come later in the same unit (Kee-Tui, 2003 in Mafumbate, 2011). The poor school performance might have been attributed to erratic school attendance due to increased responsibilities at home.

The study further established that orphans had limited time to study after leaving schools as they had to perform domestic chores as well as engage in income generating activities in a bid to raise money for food, payment of school fees as well as for rentals. This is also confirmed by Kee's (2003) study which established that, orphans experienced erratic school attendance due to increased domestic responsibilities. Conversely, the learners from parent-headed families may not have many chores to perform as the parents come to their aid. In some cases, they hire house helpers who do virtually all the domestic chores. Moreover, in parent headed families, the adults normally provide for their children, hence there is no need for primary school learners to perform adult duties as a way of raising money for food, school fees of clothing.

Theme 6: Insecurity and Self-worth

Findings from this study highlighted that learners from child-headed homes felt insecure and lacked self-worth. These were observations done by class teachers on daily basis. It was furthermore indicated that these learners are not confident to participate in class even to raise their hands and give an answer in class. On the other hand those who come from parent-headed homes had a positive self-worth and were actively involved in lessons.

Psychological peace and a sense of security are other convincing evidence which can account for the differences in the academic performance of children from child-headed families and those from parent-headed families. Children from child-headed families usually have many uncertainties about their future, especially if they are orphans. Abraham Maslow (cited in Mwamwenda, 1995), claims that security is a fundamental need which has to be guaranteed before one can worry about cognitive needs. Brooding over the way one's parents died or separated can lead to mental torment on the part of the learners who come from child-headed families, leading to academic underachievement, especially in Mathematics.

CONCLUSION AND RECOMMENDATIONS

Extended family heads in this study are being challenged by the increasing number of orphans. Because of their old ages, they are unable to engage into strenuous income generating projects. As a result of lack of adequate finances and resources, extended family heads' quality of care on orphans is being compromised. This study established that extended heads are failing to pay for orphans' school fees leading to erratic school attendance by orphans. This has left orphans in a state of insecurity and a positions and lack of self-worth. This study therefore, recommends that close relatives of learners from child-headed families should assist, monitor the school attendance and academic performance of

orphans, so as to minimise complacency. Teachers should consider individual differences as well as being innovative enough to provide the same enabling environment for both groups of pupils while in the class. Future research should endeavour to establish the extent to which the extended families members are involved in the education of their relative's orphaned children. Communities should continue helping learners from child-headed families to make them feel socially acceptable and ready to learn by providing them with educational needs. It is imperative that the Ministry of Education, responsible authorities and other policy implementers ensure that policies that protect or promote the rights of the children in difficult circumstances are implemented in order to enhance their academic competence. Since HIV/AIDS has no cure the likelihood of having orphans in schools is likely to remain for the foreseeable future. It is therefore imperative that teachers and communities establish some form of help to ensure that orphans are not disadvantaged academically.

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