

The reality of transitioning from orphanages to family homes: Life in extended families in Zimbabwe

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Abstract

- *Summary:* Many young orphans in Zimbabwe grow up in residential care facilities, but according to governmental policies and literature in this field, these children should be transitioned to extended families to ensure optimal development. Thus, semi-structured interviews was conducted with a social worker, two residential care administrators and five extended families; whereas the participating orphans were asked to draw and narrate their lives in RCC and their extended families. This article provides empirically derived insights to the inner experiences of the transition processes of five young orphans and their extended family members, two residential care administrators, and one social worker. The theoretical approach taken to analyze the data consisted of the inductive data analysis.
- *Findings:* Although transitioning to a family is deemed ideal for orphans it was apparent in this study that most of the orphans found their new family life challenging and stressful. Several themes emerged from the data, namely financial constraints hindering the transition experiences in families; lack of training of family members on how to support orphans in their families, as well as emotional and cognitive challenges faced by orphaned children.
- *Application:* The insights of this study can be used to improve the transition experiences of young orphans, especially in Zimbabwe. Future practical and policy changes are also suggested.

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Keywords

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Introduction

The advantages of children living with their families are widely recognized internationally, as well as in Zimbabwe. However, numerous young children do not have this privilege to live with their families and are placed in residential care centers (RCC) such as orphanages when their parents pass away, often at a very young age. According to Zimbabwe's Multiple Indicator Cluster Survey 2019, 23.6% of children under 18 years do not live with a biological parent. A further 13% have one or both parents who have passed on (ZIMSTAT & UNICEF, 2019). Thus, the RCC is a response to the National Orphan Care Policy for children who can no longer be looked after by immediate family members. Its facilities are housing centers for abused, abandoned, neglected, and orphaned children; juvenile youths; as well as disabled children (Gwenzi, 2019). RCCs emerged through a collaborative approach between government and civic society that include ministries, private, and voluntary organizations. Other entities include the community, faith-based, traditional institutions, and nongovernmental organizations operating as family-oriented homes or dormitory style in rural and urban areas. The family-oriented homes have a smaller number of children in comparison to dormitory homes, who have a larger group of children separated by gender and age (Ministry of Public Service, Labour and Social Welfare, 2004). While rural areas have 55% of RCC facilities, 45% is found in urban areas (Ministry of Public Service, Labour and Social Welfare, 2004). These different entities work together to monitor situations, network, and advocate for the needs and rights of orphans and vulnerable children in Zimbabwe. Although the working personnel are not biological parents, they act as parental figures in the homes. The caregivers provide "basic care" that include following routines, preparing meals, overseeing activities, and helping children with daily tasks (Gwenzi, 2019).

The United States Agency for International Development (UNAIDS, 2012), as well as Chinomona and Mwambi (2015) note that Zimbabwe ranks among countries that have been terribly affected by the HIV and AIDS epidemic in sub-Saharan Africa. In Zimbabwe, one in every four children are orphaned, and over a million are orphaned by AIDS (Miller et al., 2011). According to Zimbabwe National Statistics Agency (2012), the country had more than one million orphans in 2012. United Nations International Children's Educational Fund (UNICEF), and Ministry of Labour and Social Services (2014) further reveal how Zimbabwe has the highest proportion of orphans relative to its population of approximately 13 million citizens. As a result, many orphaned children are separated from their families and placed in orphanages since extended families cannot care of them (Mutambara, 2015). The increase of orphans in recent years has fueled the growth of residential care families and community systems failing to cope under prevailing socio-economic pressures (Ministry of Labour

and Social Services, 2011). Modi et al. (2016) state that many such children end up in childcare institutions when no extended family members can be identified.

The political and socio-economic challenges of Zimbabwe weakened family structures with less family members carrying out traditional functions (Masuka et al., 2012, p. 54). This is because the cultural value of families taking care of other member's children decreased. Hadush (2015) confirms that many children end up living in child-headed families, while others live on the streets, and some find a home in RCC such as orphanages. Although children are cared for in RCCs, the Ministry of Public Service, Labour and Social Welfare (2014) revealed how the holistic development of a child can be affected when they do not live with their family. Hadush (2015) warns that placement of children in RCC during early developmental periods, for a considerable length of time, could result in developmental delays. In the same vein, the Faith to Action Initiative (2015) observed that children who are institutionalized at an early age often demonstrate delays in emotional, social, and physical development. The Ministry of Public Service, Labour and Social Welfare (2014) also reported that children who are kept in RCC from an early age, often exhibited negative behavioral patterns such as running away, stealing, and displaying general antisocial behavior. Save the Children (2014), deems that RCC is often unsafe since children are vulnerable to neglect, violence, and abuse that is either undetected or unreported. The RCC is not an ideal living environment to raise a child if it often gets associated with abuse and neglect.

To combat the negative effects of orphanages, as well as tie the family setup to promote wellbeing and attachment bonds between the child and caregivers, the Department of Social Welfare (DoSW) in conjunction with Child Protection Society of Zimbabwe initiated a National Action Plan (NAP) to integrate children with their families (Child Protection Society, 2014). Ngwenya (2015) reports that NAP was launched in 2005 to reach out to orphans and vulnerable children in Zimbabwe, the objective aimed to reduce the number of children living in residential centers and unite them with their family members instead. NAP emerged from the United Nations' General Assembly—Special Session on HIV/AIDS—held in 2001. The assembly sought to create national policies and strategies that would strengthen communities and government to provide a supportive environment for children orphaned by HIV/AIDS (Taruvunga et al., 2015). The support program included two main objectives such as: strengthening community level organizations by providing care and protection for vulnerable children in family homes; as well as putting in place a mechanism to ensure predictable funding for organizations assisting these children (Taruvunga et al., 2015). The vision included reaching out to all orphans and other vulnerable children across Zimbabwe with basic services that could enhance their lives. Thus, the main aim of the research was to explore how young orphans experience and adapt to the transitioning from a care facility to extended family care. To understand the experiences of these orphans, it was also necessary to gain information on how the extended families transitioned and experienced the process.

During the process of transition, numerous adjustments take place that involve changing routines and forming new relationships. Possibly causing disequilibrium, Margetts and Phatudi (2013) warn that stress may occur as a result of adapting to the changes.

Mutambara (2015) notes that severe stressors such as uncontrolled transition, can have long-term effects on the wellbeing of children affected. Since children need to develop the physical, cognitive, psychological, and social skills during early years, any kind of strenuous transition or pressure can affect the development of a child. Thus, research within this field is imperative as very little is known about the psychological processes of young children who must firstly adapt to the loss of both parents, then the RCC, and later a new family.

Background and literature

Since research within the field of orphans and adoptions in Africa is still developing, the emerging knowledge is shared. Beginning with the system of operation, the care of orphans in Africa is categorized into two parts that consist of formal and informal structures (Sanou et al., 2008). The formal structure consists of adoption, foster care and living in orphaned homes—a form of legal registry that notes supervision of the child in question. Whereas the informal structure surrounds cohabitation in child headed homes or the looking after by extended family members (Abebe & Skovdal, 2010; Foster, 2000; Tanga, 2013). Grandmothers, aunts, and family relatives often provide the care to orphans, rather than external options such as orphanages and adoption (Mthembu et al., 2020). This is because adoption is still a foreign concept in the African context. Being that there are not many individuals who seek to legalize guardianship, blood ties serve enough basis to take a child in (Abebe & Skovdal, 2010). Females were mostly noted as caregivers, which points to how women are the often the nurturers of society (Foster, 2000; Makufa et al., 2017; Mthembu et al., 2020). However, a more detailed account of children and orphans living in Zimbabwe—MICS 2019—outlines the living arrangements of children younger than 18 years (Table 1).

Probing how children become orphans, studies mostly highlight HIV/AIDS as a prevalent factor (Campbell et al., 2010; Oleke et al., 2007; Tanga, 2013). However, after looking more in depth, several reasons emerged such as violence in homes, accidents, disasters, abuse, poverty, neglect, family separation, limited services, and deteriorating conditions (Makhonza et al., 2019). These factors lead to the absence of parental figures, as well as the exposure to various harms. A notable area where orphans are commonly found are in rural areas, who then relocate to urban areas in search of better conditions. Upon arriving in city areas, these children are susceptible to poor health, limited supply of means, psychological distress, as well as early sexual encounters (Campbell et al., 2010; Thupayagale-Tshweneagae et al., 2012). When orphan institutions are evaluated in the African context, they mostly provide shelter, food, clothes, moral, and spiritual education (Sanou et al., 2008). However, children's emotional needs are not always met resulting in children experiencing neglect, ostracism, and the failure to bond with caregivers in orphanages (Gomera & Mutambara, 2020; Makhonza et al., 2019; Tanga, 2013).

Hence, various countries developed a national response for the issue of orphans (Monasch et al., 2007; Oleke et al., 2007). This includes identifying stakeholders, developing action plan, and ensuring government commitment to deal with the cause. Some of the responses include establishing community interventions, providing caregiver empowerment, as well as developing policy interventions (Oleke et al., 2007; Schenk,

Table 1. Children's living arrangements and orphanhood.

Percentage of distribution of children aged 0–17 years according to living arrangements, percentage of children aged 0–17 years not living with a biological parent, and percentage of children who have one or both parents dead, Zimbabwe MICS, 2019

	Living with neither biological parent					Living with <i>mother only</i>		Living with <i>father only</i>		Missing information on father/mother	Total	Not living with biological mother	Living with neither biological parent ¹	One or both parents dead ²	Number of children aged 0–17 years
	Living with both parents	Only father alive	Only mother alive	Both alive	Both dead	Father alive	Father dead	Mother alive	Mother dead						
Total	44.0	1.6	3.6	16.5	1.9	21.8	4.6	2.0	0.7	3.4	100.0	28.9	23.6	13.0	21 695
Sex															
Male	44.2	1.6	3.5	16.1	2.0	21.4	4.7	2.3	0.8	3.5	100.0	28.9	23.2	13.1	10 969
Female	43.8	1.6	3.7	16.8	1.9	22.3	4.4	1.7	0.6	3.2	100.0	28.8	24.0	12.8	10 725
Area															
Urban	51.8	1.4	2.1	12.8	1.4	21.8	3.5	2.5	0.7	2.0	100.0	22.2	17.6	9.4	5 829
Rural	41.1	1.7	4.1	17.8	2.1	21.8	5.0	1.8	0.7	3.9	100.0	31.3	25.8	14.3	15 866
Province															
Bulawayo	37.4	1.9	3.3	20.2	1.8	22.2	2.8	3.3	1.1	6.0	100.0	35.7	27.2	11.1	927
Manicaland	38.4	1.7	3.1	15.7	1.7	27.6	6.5	1.2	0.7	3.2	100.0	26.2	22.3	14.4	3 431
Mashonaland Central	54.2	1.4	2.9	15.4	1.5	14.1	4.8	2.9	0.9	1.8	100.0	26.6	21.2	12.0	1 983
Mashonaland East	46.8	2.3	4.1	15.7	2.2	20.3	3.7	1.8	0.8	2.3	100.0	28.6	24.3	13.5	2 263
Mashonaland West	50.4	1.4	3.1	12.5	1.9	20.2	5.3	2.2	1.0	2.1	100.0	23.5	18.8	12.9	2 862
Matabeleland North	32.8	2.1	4.8	21.5	2.4	23.8	3.8	1.8	0.8	6.4	100.0	39.2	30.7	14.5	1 265
Matabeleland South	22.7	1.7	4.7	26.0	2.8	25.3	5.0	1.8	0.3	9.6	100.0	45.1	35.2	16.2	1 275
Midlands	40.6	1.5	5.1	20.2	1.9	22.1	3.6	1.1	0.4	3.4	100.0	33.1	28.8	13.1	2 349
Masvingo	39.3	1.5	4.0	18.5	2.1	24.0	4.5	1.7	0.6	3.7	100.0	31.8	26.2	13.6	2 678
Harare	59.5	1.2	1.9	9.6	1.5	18.0	3.7	2.8	0.6	1.2	100.0	18.4	14.2	9.1	2 662
Age															
0–4	57.1	0.4	0.7	9.8	0.2	27.6	1.4	0.7	0.1	2.0	100.0	13.2	11.0	2.9	6 314
5–9	44.4	1.2	2.8	18.7	0.7	22.4	4.0	2.2	0.5	3.3	100.0	28.4	23.3	9.5	6 973
10–14	36.3	2.4	5.3	19.0	2.8	18.4	7.0	2.7	1.3	4.9	100.0	37.4	29.5	19.8	5 599
15–17	28.5	4.0	8.6	21.2	7.1	14.4	8.4	2.7	1.6	3.5	100.0	48.2	40.8	30.8	2 809

2009). Community interventions include providing educational assistance, establishing partnerships/collaboration, offering donations, legal protection as well as psychological support for the caring facilities. The same can be said with caregiving empowerment which includes availing funding programs and developing organizations that will assist families caring for orphaned children (Monasch et al., 2007; Schenk, 2009). Thus, caregivers are provided with monetary and social assistance; parenting behavioral skills; as well as access to healthcare facilities to help care for the families (Makufa et al., 2017). Government authorities have also instigated measures to assist the integration of orphans in society. Some of these actions include providing community sensualization as seen in Burkina Faso; in South Africa, developing support programs nearest to the child (like in schools); integrating international recognized laws such as the human rights charter done in Uganda; as well as outlining an integration process into adulthood for orphans in Zimbabwe (Makhonza et al., 2019; Oleke et al., 2007; Sanou et al., 2008). These responses helped put measures in place to assist the child, as well as uphold various stakeholders accountable.

What is unfortunate is that although there exist interventions and programs to support families and care facilities, African orphans are plagued by problems such as poverty, overpopulated facilities, mismanagement of funds, increased cost of care, as well as the ill-treatment of the children (Castillo et al., 2012). This further affects children in the orphanages; for example, the ill-treatment or overcrowding of space can affect childhood development. Research reveals that orphans will most likely face psychosocial challenges since they experience emotional distress and bereave their loved one (Ntuli et al., 2020). Other times, the children are exposed to abuse, receive little family support, and live in silence as a coping mechanism. This combination can result to antisocial behavior, unlawfulness, as well as poor assertive skills. For Thupayagale-Tshweneagae et al., (2012), although orphanages care for young children, they fail to provide adequate means to effectively transition into adulthood. When required to leave its facilities, the children then need to fend for themselves. Gomera and Mutambara (2020) revealed that this kind of transition posed struggles for self-identity, the ability to establish meaningful relationships, and finding employment. It further raises the question as to how children can be supported to become self-dependent.

In relation to the context of Zimbabwe, orphans have been a part of Zimbabwean culture and families for centuries. In Zimbabwe, issues of poor access to health, the HIV pandemic, cholera and other diseases, natural disasters and accidents contribute to the high incidence of orphanhood. Mugwagwa et al., (2017) explicate that the leading causes of death in the health sector in Zimbabwe is HIV/AIDS with 54.41%, followed by influenza and pneumonia with 4.8%, tuberculosis 3.71%, stroke and coronary heart diseases 3.66% as well as malaria 2.98%. UNAIDS (2012) identifies Zimbabwe as one of the countries in the world “hardest hit by the HIV/AIDS epidemic”, and this is also echoed by a health perspective report by Mugwagwa et al., (2017). In concurrence, Hlatwayo et al., (2015) postulate that Zimbabwe has been so severely affected by HIV/AIDS pandemic, that its death rate has exceeded war casualties. The increase is also a result of the poor economy which is exacerbated by poor access to good healthcare and diseases. In addition, the socio-economic situation in Zimbabwe gave rise to the

deterioration of the health system in the country. This deterioration contributed to massive deaths of people and as a result leaving young children orphaned. In response to the spiralled number of orphans, Zimbabwe participated in the United Nations Conventions on the Rights of the Child (UNCRC), as well as the African Charter on Rights and Welfare of Children (ACRWC) to disseminate governing policies for child-care and support (Ministry of Labour and Social Services, 2010a:11).

According to Chimbwana and Gumbo (2014), the Zimbabwe National Orphan Care Policy (ZNOCP) was developed in 1999. It came up with a six-tier safety net system that promotes care and protection of children in the following order: biological nuclear family, extended family (kinship care), community care, formal foster care, adoption, and lastly residential childcare facility. The ZNOCP gives first preference to the biological family (Ministry of Labour and Social Services, 2010b), followed by extended families, and finally recognizes that RCCs should be the last resort to secure a better form of care for orphaned children (Chimbwana & Gumbo, 2014). As stated earlier, this study focused on the transition experiences of young orphans into extended families in Zimbabwe.

Methodology

The study was conducted out in two RCC and five extended families located in the Mutoko, Murewa, Mudzi, Uzumba Maramba Pfungwe districts of Mashonaland East Province in Zimbabwe. These four districts are characterized by large numbers of young orphans who transition from RCC into extended families. The study focused on five young orphans aged between 5 and 10 years, their five extended family members, two residential care administrators (RCAs) and one social worker (SW). The primary research sites were the homes of extended families to whom young orphans have transitioned into, the DoSW offices, as well as the two RCC where the young orphans came from. The participants were purposefully selected for the study. The RCAs and SW had intimate knowledge about the young orphans during their stay in the RCC, and the history and background on how and why orphans were brought into the residential care. The following Tables 2 and 3 outline the research participants of the study. Pseudonyms were used for all the names of the participants.

The study adopted a qualitative approach and was situated in the interpretivist paradigm. Creswell (2014) states that qualitative research can be seen as an approach that is used for exploring and understanding the meaning that individuals or groups assign to a social or human problem. The aim of qualitative research is to describe and understand phenomena where they naturally occur (naturalistic context), with the objective of understanding the meaning that participants convey (Maree, 2014), and to compile a report with a flexible structure (Creswell, 2014). Interviews, observations, drawings, and narrations were conducted after 4 to 6 months after the transition took place in the extended homes. In this study semistructured interviews were used to collect data from extended family members, the SW and RCAs. A qualitative interview occurs when the researcher asks one or more participant certain open questions, these are then followed by further probing and clarification, then the answers were recorded (Nieuwenhuis, 2016, p. 93).

Table 2. Biological information of participants.

Participant		Site	Age	Gender
Richard	Young orphan stays with Chenai	Extended family	10	Male
Ruth	Young orphan stays with Joseph	Extended family	7	Female
Patrick	Young orphan stays with Stella	Extended family	10	Male
Bridget	Young orphan stays with Tatenda	Extended family	10	Female
Mike	Young orphan stays with Beauty	Extended family	9	Male
Chenai	Extended family member	Extended family	35	Female
Joseph	Extended family member	Extended family	38	Male
Stella	Extended family member	Extended family	40	Female
Tatenda	Extended family member	Extended family	40	Female
Beauty	Extended family member	Extended family	37	Female
Sam	Social worker	Department of Social Work Offices	58	Male
Chitombo				
Mercy Zulu	RCC A administrator	RCC A	42	Female
Chris Demo	RCC B administrator	RCC B	55	Male

RCC=residential care centers.

Young orphan participants were asked to draw and narrate their lives in RCC and extended families. We used drawings to get a sense of young orphans' experiences as they transitioned into extended families. It is argued that drawings reflect the inner worlds of children, depicting feelings with both conscious and unconscious meanings and offering information concerning psychological wellbeing, and those drawings can be used as a research tool (Hawkins, 2002). Drawings present a safe vehicle for children to express their desires, as well as their fears (Steele & Kuban, 2013). Steyn and Moen (2017, p. 8) assert that, "children's drawings are thought to reflect their inner worlds, which reveal various feelings that they are unable to express to adults." Therefore, it is important to understand that children use drawings to express themselves. Furthermore, most children experience drawings as an unstructured activity that allows them to express what they feel without getting into trouble (Hawkins, 2002). In this study, young orphans described their drawings to the researchers and elaborated on their transition experiences. In this study, the narrative inquiry assisted us to gain an in-depth understanding of the young orphans' experiences. The narrative also supported the drawings and interviews to deepen the insights gained from the research process.

Observation as a data collection method, was also used to account for the experiences of young orphans in the extended families. Maree (2016) sees observations as a methodical and logical process of recording behavioral practices and relationships that participants share with others without involving them in deliberations about their preference. Observations were conducted in extended families to account for the extended families'

Table 3. Biographical description of cases.

Name of child	Age	Reasons for being taken into residential care	Period stayed in residential care	Period in residence at extended family	Relative who is the caregiver	Number of people in family	Occupation of family member
Richard	10 years 7 months	Death of parents	9 years	6 months	Aunt (married to the brother of Richard's father)	5	Vendor
Patrick	10 years 3 months	Death of parents	9 years	5 months	Aunt (sister of Patrick's mother)	6	Not employed
Ruth	7 years 10 months	Death of mother (father unknown) and abuse by mothers' boyfriend	4 years	5 months	Uncle (brother to Ruth's mother)	4	Horticultural farmer
Mike	9 years 3 months	Death of both parents	8 years	4 months	Aunt (sister to Mike's father)	3	Not employed
Bridget	10 years 7 months	Death of parents and abuse	8 years	5 months	aunt (wife to brother of Bridget's mother)	9	Not employed

attitude toward young orphans, chores done by the orphans, the orphans' overall well-being, and how they interacted with extended family members.

In this study, data was gathered in narrative form and Maree (2014) notes that the analysis of this qualitative data requires the researcher to become immersed within the data in order to be comprehensively familiarized with the collected information. The data that emerged from the interviews, observations, and drawings was transcribed. Codes were set up before the interviewing process to identify possible themes that emerged from the interviews. These codes were used to establish words or themes that were linked to experiences in transitioning of young orphans with extended families. According to McMillan and Schumacher (2010), an inductive data analysis is when categories and patterns emerge from the coding of the data. They further maintain that the process of an inductive analysis is an ongoing process where the researcher can go back to previous work and "double check" to rectify or refine the analysis.

Ethical clearance was obtained from the University of Pretoria ethical committee to conduct the research. The clearance involved that informed consent was to be obtained from the SW, administrators of RCC, as well as the children and extended family members. All adult participants signed informed consent forms and the children signed assent forms (the forms were presented and explained in age-appropriate format). All interviews were transcribed, and observations, narrations, and drawings were noted. The participants' names were replaced with pseudonyms.

Findings and discussion

The section below presents the significant themes that emerged from the study. The most significant themes related to financial constraints and governmental support; equipping extended families and young orphans for transition; impact of transition; negative transition experiences; emotional adjustments to transition; transitioning and loss; and lastly transition and development needs.

Financial constraints and governmental support

A theme that was highlighted in this study related to financial constraints. Socio-economic challenges such as lack of governmental support, unemployment, high cost of living and scarcity of resources, emerged as a concern across all groups of participants, especially extended family members. Financial constraints resulted in an inability to care optimally for young orphans in extended families. Many of the extended families were stressed about the fact that they had an extra mouth to feed. Most of the orphans did not have basic educational resources and would often go without food during the day. Chenai said the following about finances: "*My budget is strained because what I used to budget for, is no longer enough.*"

The lack of finances also resulted in family members blaming and even rejecting these children. During research home visits, some of the extended family members like Chenai, Beauty, and Tatenda openly pointed out that they wished Richard, Bridget, and Mike returned to the orphanage. Beauty wished that the "*child could be sent back.*" Tatenda

said: “*If the DoSW is not able to support the child, it is better to return the child to the RCC.*”

Interviews with the extended family members, SW, and administrators revealed that the government was not fulfilling its responsibility as set out in governmental policies in supporting young orphans who transitioned into extended families. Support first related to financial support for the care of an additional child in the family and related to follow-up visits to check on how the children were coping with their new circumstances. Ideally children who transition to extended families were supposed to be assisted educationally and financially until they were self-reliant, which is when the child reaches the age of 18. However, the availability and provision of finances for school fees, groceries, and other material resources was a real problem, which the SW attributed to the poor economic conditions prevailing in the country. The study’s findings indicated that unemployment has greatly affected extended families, as most of them were unemployed. Zivanomoyo and Mukoka (2015) observe that Zimbabwe is one of the countries in Africa with the highest official unemployment rates which affect people’s way of life since they cannot afford to buy basic commodities, access essential health services, and pay bills and utilities.

Various issues were raised by extended family members in line with poor or inadequate implementation of policies. The government should support a child until he/she reaches the age of 18, but in reality, no support was provided to families irrespective of what policies stipulated. Through observations and interviews with extended family members, the SW and administrators, it was obvious that the Zimbabwean government lacked generating sustainable programs toward support of orphans who transitioned into extended families. The following findings focus on how well young orphans and extended families were prepared for the transition.

Equipping extended families and young orphans for transition

Indications from the study were that both extended family members and young orphans were not prepared or trained for the transition by the SW. For instance, interviews with extended family members revealed that they did not know how to make the child feel welcome, they just did what they thought was best. Joseph mentioned that the SW visited them on one occasion to assess the suitability of the home before Ruth arrived. There were no interviews that were conducted with them beforehand to give advice on how to take care of the child. No other assessments or follow-up visits were made by the SW.

Findings of the extended family interview revealed that family members varied their strategies as a way of welcoming young orphans. Sadly, many of the extended family members struggled to understand that young orphans needed support to adjust to the new family environment. They compared young orphans to their own children who were used to their way of life. For instance, in one of the cases, the family member complained about the orphan who could not attain a specific domestic skill she deemed important. In another case the child was physically disciplined if he could not manage a specific domestic chore. These examples highlighted the fact that the extended

family members did not always understand the challenges that orphans faced when transitioning into their families. A lack of understanding and insight on how to deal with orphans by family members often resulted in the labeling and stigmatization of these young orphans. Interviews with extended family members revealed that all young orphan participants were informed of their transitioning into extended families, but they were not prepared for what this transition would entail—physically, as well as psychologically.

The lack of follow-up visits by the SW affected the smooth transition of all the orphans in this study. Once the child has been successfully placed in the care of the extended family, the SW should regularly follow up on the child and family to ensure they are progressing well (Chimbwana & Gumbo, 2014). The SW clearly explained that children should be monitored up to the period of 6 months to assess how they would be coping with the system (Ministry of Public Service, Labour and Social Welfare, 2014). However, in this study there was no evidence of support after the orphans were placed with the families. This impacted negatively on the lives of orphans since extended family members were not trained by the SW on managing the transition process. Even though having young orphans during the holidays helped in building attachment, family members were not trained on how to make young orphans adjust to the family life, especially after a period of time. Chenai, for instance said: *“We never attended any meeting where we were guided on how to welcome the child in our home...”*

Inadequate understanding of child development, as well as knowledge of the transition process often resulted in ill-treatment by extended family members. The ill preparation, financial constraints, and no follow-up visits contributed to the orphans’ desire to return to the RCCs.

In this study, young orphans did not always get the love and acceptance they needed as extended family members were not always aware of child development needs, as they lacked the appropriate knowledge of child development. This culminated into a longing by several children for a more predictable environment such as the RCC. Richard said the following: *“... I miss the RCC and I miss the other children and I miss my friends.”*

Impact of transition

The data collected from family interviews, observations, drawings, and narrative data revealed that the transition impacted negatively on both extended families and young orphans. Data findings revealed that disillusionment, anger, and rejection emerged as key issues in the responses of members of extended families. Most young orphan participants were still struggling to adjust, even after living in their new environments for several months. This negatively affected their emotional, cognitive, and physical development.

Several promises were made by the government before orphans were transitioned to extended families. In Zimbabwe the government is responsible for the support of families in terms of education, health, economic strengthening, as well as community engagement (Chimbwana & Gumbo, 2014). All the family members were under the impression that

household items, and in some instances even housing will be provided by the government. Based on these promises, family participants agreed to take care of the young orphans. In some cases, the extended families only took in young orphans to receive the additional material support. In these cases, the young orphans were mostly a burden to the family. These children experienced emotional problems such as rejection and blaming. Some extended family members kept on blaming young orphans for not performing house chores to their liking. For example, Tatenda kept on blaming Bridget for not doing the chores perfectly. In her narrations Bridget indicated that Tatenda scolded her when she failed to clean the dishes and for not being able to do work as the other children in the family and was sometimes beaten. Chenai said the following about Richard, "... *Richard continues having problems of attaining the skills to perform duties perfectly.*"

Extended family members were angry at the government, but then their anger was also directed at the child, especially if the child did not behave the way the family deemed appropriate. Our findings revealed that none of these promises were honored by the government and therefore led to disillusionment with government and the transition process.

Ideally, children who transition into extended families were supposed to be assisted educationally, as well as financially up to a time when they were self-reliant—which is when the child reaches the age of 18. Unfortunately, extended families were misinformed. The SW knew it was not possible to support the families but chose not to paint an honest picture to the extended families.

Negative transition experiences

Study findings revealed anger, frustration, and blaming as key factors that extended family members. *Extended family members* were angry at the government but then their anger was also directed at the child, especially if the child did not behave the way the family deemed appropriate. As mentioned before, government's lack of support often led to rejection of young orphans. In some of the cases the young orphans also had to suffer the brunt of the extended family's frustrations.

In the case of Richard, there were elements of ill-treatment and rejection. Instead of receiving understanding and care, he was "punished" by being moved to sleep on the floor when he wet his bed. In Mike's case, Beauty, his extended family member, was always away from home while Mike was left alone. He was assigned to chase away baboons from the fields and to fend for himself. Mike experienced constant punishment for minor issues. Mike drew his aunt Beauty without legs and explained that he removed the legs because he wanted Beauty to stay at home as she was always out visiting the neighboring families while Mike was alone at home. Below is Mike's drawing of his extended family.

Mike drew Beauty's husband without hands and explained that the man was beating him. It can be deduced that by omitting the hands, the child was hoping that the punishment would end. These actions can be portrayed to some extent as rejection in the sense that Mike was not valued as a person, but rather neglected and abused. He also drew himself with his hands raised, depicting his feelings of hopeless and surrender (see Drawing 1).

Drawing 1. Mike's drawing of life in extended family.



Richard was another participant who was ill-treated. He had to sleep on the floor because of his bedwetting, while the rest of the family were sleeping on beds (see Drawing 2).

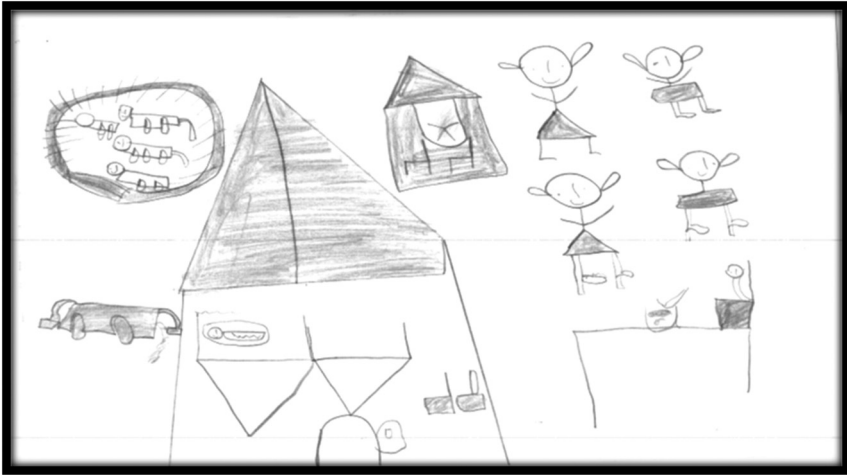
Although Richard took extended time with his drawings, important facial features were completed in an infantile manner (Drawing 2). Drawing stick figures does not correspond with his age and may be a sign of developmental delay.

Findings also revealed that some of the extended families reacted in a positive way regarding the transition process, which may be attributed to some form of support they received. For example, of the two RCCs where young orphans transitioned from, one RCC continued supporting children (Ruth and Patrick) with school fees. The support was from sponsors from a nonprofit charity organization. The observations revealed that financial support to a great extent determined how the child was welcomed in the family. In families like Patrick's and Ruth's families where the children were welcomed into the homes, financial support was available. However, in the families that were not supported by the RCC, the transition was strained. The complaint from extended family members led to feelings of blame and anger toward the young orphans.

Emotional adjustments to transition

The young orphans had to adjust to several changes and loss. Firstly, the loss of parents, then the loss of the RCC where they had friends and care workers who they cared for. These children had to adjust from a certain way of life that they were

Drawing 2. Richard's drawing in life in extended family.



used to at the RCC to a completely new life with their extended families, having to adjust to new social settings and environmental challenges. Extended families have their own rules and regulations. Children also needed to get used to sharing their lives with other people, often unknown to them. As a result, young orphans experienced problems in adjusting because of differences in life experiences of the RCC compared to the extended families. Data from the SW interview revealed that young orphans experience more challenges if the conditions at the RCC and home are different. An additional factor that hinders the adjustment process relates to the difference in customs, beliefs, and the culture that may differ between the RCC and new home. Data findings also revealed that family members were not prepared to manage the adjustment process, nor equipped to deal with the challenges that young children could experience. The participants' responses gave an indication of their one-sided perceptions of the children's adjustment issues. Instead of having empathy for the child, the children were labeled as being lazy or as a burden. For instance Chenai could not understand why Richard was still attached to the RCC *"It seems there is detachment; the child seems isolated and is in continual mourning, he has undying attachment feelings for the residential care centre."* Some of the orphans experienced emotional challenges with adjusting to the families. Richard presented with signs of insecurity and anxiety. He also presented with enuresis. Similarly, Bridget was mostly distressed since she was constantly blamed and scolded. She developed sleeping problems and at times preferred to play alone; see Drawing 3 below.

In her drawing Bridget used a black color to draw the bed she had to sleep on (see Drawing 3). Usually, the use of the black color is associated with negative emotions. Kisovar-Ivanda (2014) has the view that children can release various moods and emotions that could not be expressed by words and using color.

Drawing 3. Bridget's drawing of life in extended family.



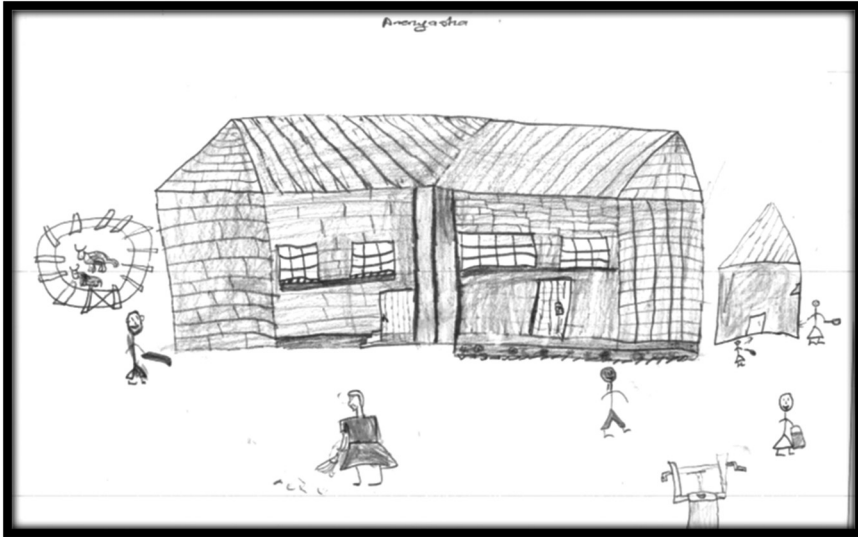
Mike was often left on his own and the family lived in a very isolated area. Mike was perceived by the researchers as a lonely and unhappy boy, who lived with a family that did not care for his emotional and developmental needs. Observations of Mike were that no one cared about how he bathed or if he wore clean close. He was dirty and neglected during research visits. One can argue that training by the SW could have assisted in educating the family on childcare and empathy for an orphaned child. However, in other families of Patrick and Ruth, they had relatively smooth transition with minimal adjustment problems. They blended in smoothly with the extended families, which can be ascribed to the fact that the extended families were welcoming. It can be partly explained by the fact that these families were financially supported by the RCC. Below is Patrick's drawing of his extended family (Drawing 4).

In his picture of the extended family, Patrick drew a big, beautiful house. Fan (2012) explains that drawing a house represents one's attitude toward his or her home life. It shows how a person values his/her home. Mavers (2011) elaborates that houses with doors and windows indicate that there is a way for the resident to see outside and for others to see him. In relation to the drawing this might mean that there is freedom in the family.

Transitioning and loss

Study findings revealed that the young orphans went through a second cycle of loss. First, they lost their parents at a young age, and secondly their "family" at the care centers. The young orphans experienced loss of their friends and caregivers, who played the role of

Drawing 4. Patrick's drawing of life in extended family.



their families at the RCC. Richard explained that he would refer to every male figure at the RCC as “father” and to every female figure as “mother.” The desire to return to the care facilities revealed that all was not well with the extended family. Some of the young orphans’ drawings signified grief, depression and missing the RCC.

Transition and development needs

The findings indicated that some of the young orphan’s cognitive development was compromised. To illustrate, Bridget didn’t have enough books and was still using her old uniform which was different from the one at the current school. Sometimes Bridget did not do written exercises at school due to lack of books and pens. This contributed to feelings of inferiority because she could not participate in scholastic activities. Richard also explained that at times he could not attend school as he would have to mind the goats and cattle.

Findings indicated that some young orphans such as Mike and Richard did not have adequate opportunities to play. Mike had limited opportunities to play with his peers due to his continued confinement and loneliness in the extended family. Findings from the study revealed that young orphans were not cognitively stimulated by extended family members. Extended family members mostly focused on the importance of equipping children with skills on cooking, cleaning dishes, minding cattle and goats, weeding the fields, and doing laundry. Patrick drew and said the following about family life: *“He looks after cattle, next to him is my aunt she is holding a broom because she wants to keep the yard clean. The boy standing near the house is me (pointing his chest with his finger) assisting my aunt to clean the yard.”*

Some families were also concerned with inculcating cultural values in young orphans. Extended family members did not consider individual differences in children. The findings revealed that young orphans were overwhelmed with the changes that they had to cope with in their new environments. The study also revealed that some extended family members accepted young orphans into their families because they were old enough to assist them in household chores almost as a form of cheap labor. Most of the extended families complained about the young orphans who could not perform basic chores. In all the observations young orphans were engaged in household chores, which is not necessarily a bad, but the extent of the chores, and the way these chores were being administered, posed a problem.

In summary, the findings revealed that both young orphans and extended families are victims of a system that does not have the resources, nor the political and social will to support the transition process. Extended families were not prepared and trained for the transition process and lacked resources to support young orphans who transitioned into their families. They ended up blaming, rejecting, and ill-treating the young orphans. Young orphans' transitioning into extended families had a negative impact in their lives as they went through a second cycle of loss. They experienced loss of their friends and caregivers, who played the role of their families at the RCC. Young orphans experienced problems in adjusting because of differences in life experiences of the RCC and extended families.

Limitations of the study and future research

Although the research study achieved its aims, there were unavoidable limitations in the process.

The study was conducted with young orphans who transition from church-related RCCs. Despite having a varied, rich sample of informants, the study was constrained by the fact that the orphans were only recruited from church-based institutions. The study was conducted with a small group of orphans and might not reflect all Zimbabwean orphans' experiences of the transition process. This study focused only on young orphans who lived in extended families for a period of 4 to 6 months, and not on longitudinal experiences of transitions.

Summary and recommendations

The increase of orphans in recent years has fueled the growing number of RCCs. In this study it was evident that community systems in Zimbabwe struggle to cope under prevailing socio-economic pressures. Thus, the NAP was launched in 2005 to reach out to orphans and vulnerable children, with the objective to reduce the number of children living in RCCs, and ultimately unite them with family members. This article focused on the difficult reality of orphans transitioning from RCC facilities into extended families in Zimbabwe.

Through interviews with extended family members, an SW and administrators, as well as the analysis of young orphans' drawings and narrations, observations and interviews; we gained an authentic insight of young orphans transitioning into extended families.

Distinctive themes emerged, namely financial constraints, equipping young orphans, and extended families for the transition and impact of transition. The study argues that both orphans and extended families are victims of a system that do not have the resources, nor the political and social will to support the transition process. Therefore, extended family members should have relevant skills to enable them to appropriately deal with young orphans. The study recommends the implementation of policies to take cognisance of the needs of young orphans who transition to extended families, as well as access appropriate services and resources to mitigate their impediments. The insights gained in this research make a valuable contribution to the reality of young orphans' lives in extended families. The findings have implications for the Department of Social Welfare, as well as key role players that make decisions regarding adoption and placement in extended families.

In light of the findings the following recommendations are proposed:

- ❖ The government of Zimbabwe should adhere to the guidelines and principles of international organizations, that focus on human rights and welfare, such as the World Health Organization (WHO) and United Nations International Children's Education Fund (UNICEF) to ensure that the research that defines their viewpoints and decisions, also feed into local policies. In doing so, Zimbabwe's legislation and policies should be informed by global human right practices. Partnership with these organizations will also give Zimbabwe access to international funding and large-scale involvement in domestic challenges. Global support is vital when dealing with orphans, as their rights to live in family environments are engrained in international treaties to which the government commits adherence.
- ❖ The government should partner with nongovernment organizations (NGOs) to seek assistance in assisting extended families in taking care of young orphans. Findings from the study indicated that RCCs received financial and material assistance from international donors.
- ❖ The government of Zimbabwe, as a signatory of most conventions and international treaties and legislation that ensure the protection of children, should design their own policies in such a way as to reflect Government's abilities and capacity to make implementation feasible. These policies should therefore present an agreement between Government and Citizenry (in this case extended families) where Government pledges to fulfill certain responsibilities, should extended families agree to take care of their own family members (orphans).
- ❖ Training programs need to be developed by the DoSW with the aim of equipping extended family members with the necessary knowledge and skills to accommodate young orphans in their homes. These training initiatives should be presented by the SW and need to be executed before young orphans are transitioned into extended families. Training should include information on child development, adjustment challenges related to transitioning into extended families and children's rights.
- ❖ The DoSW should develop monitoring and evaluation systems where follow-up visits are conducted with young orphans who transition into extended families to monitor their welfare, coping mechanisms, and needs.

- ❖ The DoSW, through the SW, should consider the size and financial situations of extended families before transitioning young orphans into these families. An initial visit should be conducted to the home of these families, where all family members should be present. Assessment of the suitability of the family should take place, which should include the psychological wellbeing, size of the home as well as the financial resources of the family. An open discussion should be conducted where each family member should be allowed to voice their stance about the possibility of welcoming the orphan into their lives. A contract between the DoSW and the extended family should also be negotiated at this initial meeting where both parties should express their expectations and possible reservations and doubts.
- ❖ The DoSW as the ministry responsible for the welfare of children should fully prepare young orphans before final placement into the extended family.
- ❖ The NAP should reflect child and family participation in the implementation of policies. Child and family participation in the implementation of policies adds value to the implementation process by aligning policies to children and family needs.

Ethical Approval

Research Ethics Committee, University of Pretoria; Department of Early Childhood Education, ethics number EC 17/11/03.


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