

**Experiences of young orphans who transition into extended families
in Zimbabwe**

by

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DECLARATION

I, Cathrine M. Chiimba, student number 17250669, declare that the thesis entitled *Experiences of young orphans who transition to extended families in Zimbabwe*, which I hereby submit for the degree, DOCTOR OF PHILOSOPHY in Early Childhood Education, is my own work and has not previously been submitted by me for a degree at this or any other tertiary institution.

Signature 

Date: 30/08/2020

RESEARCH ETHICS CLEARANCE CERTIFICATE



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12 May 2020

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This Ethics Clearance Certificate should be read in conjunction with the Integrated Declaration Form (D08) which specifies details regarding:

- Compliance with approved research protocol,
- No significant changes,
- Informed consent/assent,
- Adverse experience or undue risk,
- Registered title, and
- Data storage requirements.

ETHICS STATEMENT

The author, whose name appears on the title page of this thesis, has obtained, for the research described in this work, the applicable research ethics approval. The author declares that she has observed the ethical standards required in terms of the University of Pretoria's *Code of ethics for researchers and the Policy guidelines for responsible research*.

DEDICATION

*I dedicate this research to my
husband Emmanuel Chiimba, who
encouraged and inspired me
to complete this study.*

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ABSTRACT

This study explores the experiences of young orphans who transition into extended families in Zimbabwe, focusing on the five- to ten-year-old age group. The study embraced a qualitative approach which is situated within the interpretivist paradigm. The choice of the qualitative mode of inquiry was to ensure that the researcher interacted with participants who were remarkably close to young orphans and, henceforth, gather as much reliable and pertinent data as possible. A multiple case study design was employed to investigate five extended family members and their five to ten-year-old young orphans, one social worker and two residential care centre administrators. All five extended families with young orphans lived in the Mutoko, Murewa, Mudzi and Uzumba Maramba Pfungwe (UMP) districts. Data were gathered through interviews, drawings, narratives, and observations. The preference for the research methods were to necessitate a high level of trustworthiness and comprehensive data.

The study established that although the government is mandated to provide services in the transitioning of young orphans into extended families in Zimbabwe, lack of resources inhibit efforts to support these children. Due to lack of funds social workers seldom follow up on young orphans. Although Zimbabwe has well stipulated national, regional and international agreements in its archives on transition, this research study had established that the strained Zimbabwean economy had a negative effect on children who transitioned into extended families. The situation is exacerbated by the fact that extended family members are inadequately prepared and trained to handle young orphans who transition into their families. Furthermore, extended families also face challenges on the scarcity of resources to support young orphans. Young orphans were further challenged by the fact that people stereotyped them because they came from residential care centres. These young orphans also faced several psychological challenges.

The study concluded 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. Based on these findings, the recommendations were made for the

attention of the government of Zimbabwe, as well as the Department of Social Welfare, who act as executive body in implementing Government's directives. The study therefore, upholds that extended family members should have relevant skills to enable them to appropriately deal with young orphans. The study further recommends the implementation of policies to take cognisance of the needs of young orphans who transition to extended families are taken on board, as they access appropriate services and resources to mitigate their impediments.


LIST OF KEY WORDS:

- Transition
- Orphans
- Extended family
- Residential care centre
- Reunification

PROOF OF LANGUAGE EDITING

PROOF OF LANGUAGE EDITING

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EXPERIENCES OF YOUNG ORPHANS WHO TRANSITION INTO
EXTENDED FAMILIES IN ZIMBABWE

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Date of this statement: 7 August 2020



Smith

LIST OF ABBREVIATIONS AND ACRONYMS

ACRC	African Charter on the Rights of the Child
ACRWC	African Charter on the Right and Welfare of the Child
CYCC	Child and Youth Care Centres
ARV	Anti-Retro-Viral
AU	African Union
BEAM	Basic Education Assistance Module
CRC	Convention on the Rights of the Child
DoSW	Department of Social Welfare
ECD	Early Childhood Development
Goz	Government of Zimbabwe
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
MoHCW	Ministry of Health and Child Welfare
NAC	National AIDS Council
NAP	National Action Plan
NOCP	National Orphan Care Policy
NGOs	Non-Governmental Organisations
NPA	National Plan of Action
OVC	Orphans and Vulnerable Children
RCC	Residential Care Centre

RCCAs	Residential Care Centre Administrators
RCC A	Residential Care Centre A
RCC B	Residential Care Centre B
SOS	Save our Souls
SW	Social Worker
UN	United Nations
UNAIDS	United Nations Agency for International Development
UNGASS	United Nations General Assembly Special Session
UMP	Uzumba Maramba Pfungwe
USAIDS	United States Agency for International Development
UNCRC	United Nations Convention on the Rights of the Child
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations International Children's Educational Fund
WHO	World Health Organisation
ZINWA	Zimbabwe National Water Authority
ZESPP	Zimbabwe's Enhanced Social Protection Programme
ZNOCP	Zimbabwe National Orphan Care Policy
ZPD	Zone of Proximal Development

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CHAPTER 1

ORIENTATION AND BACKGROUND

1.1 INTRODUCTION

The rights and benefits of children living with their families are widely recognised internationally, as well as in Zimbabwe. However, numerous young children do not have the privilege to live with their families but are placed in Residential Care Centres (RCCs) such as orphanages. Data compiled of 140 countries by United Nations International Children's Emergency Fund (UNICEF) in 2017, indicate that at least 2.7 million children live in residential care (Petrowski, Cappa & Gross, 2017:388). Many of these children in RCCs are orphaned due to the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) pandemic and poverty (Kuo, Operario & Cluver, 2012). The orphanhood crisis, caused by HIV/AIDS has been recorded in many African countries including Uganda (Oleke, Blystad & Rekdal, 2005), South Africa, (Cluver, Gardener & Operario, 2006, 2007, 2011) and Kenya (Nyambedha, Wandibba & Aagaard-Hansen, 2003). The United States Agency for International Development (UNAIDS, 2012), as well as Chinomona and Mwambi (2015) note that in the Sub-Saharan Africa, Zimbabwe ranks among the nations that have been affected the worst by the HIV and AIDS pandemic as compared to other countries.

A UNICEF annual report (2016) indicates that approximately 15 million children worldwide are orphans due to HIV /AIDS. It further explains that by 2011, nearly 12 million of these children who are under the age of 15 living in sub-Saharan Africa, have lost one or both parents due to HIV/AIDS. Concurring, UNAIDS (2012) reports that 17% of children in Zimbabwe have lost one or both parents due to the epidemic while 2.5% of children under the age of 14 are HIV-positive. As a result, the majority of those children are taken care of in orphanages, since extended families cannot care for them (Mutambara, 2015). Modi, Nayar-Akhtar, Ariely, and Gupta (2016) underscore that many such children end up in childcare institutions as there may be no extended family available. Masuka, Banda,

Mabvurira and Frank (2012:54) suggest that, “the socio-economic and political challenges facing Zimbabwe have left family groups weakened, resulting in extended families carrying out fewer traditional functions and becoming smaller and more unstable.” As a result, the responsibilities of the families, which include having to take care of their own family’s children, have been weakened. Hadush (2015) confirms that many children end up living in child-headed families; some residing on the streets while some find a home in residential care settings.

Even though children are cared for in RCC, UNICEF (2014) reveals that in many cases it is harmful for children’s holistic development to live in these institutions and not with their families. Such children often come with a history of trauma and abandonment and may have long-term psychological difficulties (Modi, Nayar-Akhtar, Ariely, & Gupta, 2016). Hadush (2015:28) warns that, “placement of children in special residential care environments during the early developmental periods, for a considerable length of time, often results in developmental delays because of environmental deprivation related to insufficient number of staff.” In the same vein, the Faith to Action Initiative (2015) observes that institutionalisation at an early age often causes delays in emotional, social, and physical development. UNICEF (2014), also reports that children who are kept in residential care centres from an early age, often exhibit negative behaviour patterns such as running away, stealing, and displaying general antisocial behaviour. *Save the Children* (2014) indicates that orphanages are often risky for children; they can expose them to abuse and neglect, which often goes unnoticed and unreported. Thus, living in RCCs is not the ideal environment for raising a child as it is often associated with abuse and neglect.

To combat these negative effects of orphanages, and because the benefits of growing up in a family setup are recognised to promote well-being and good attachment bonds between the child and the caregivers, the Department of Social Welfare (DoSW) initiated a National Action Plan (NAP) to integrate children with their families (Child Protection Society, 2014). Ngwenya (2015) reports that the NAP was launched in 2005 to reach out to all orphans and vulnerable children in Zimbabwe with the main objective to reduce the

number of children who are living in RCCs and unite them with their families. The main aim of this study was to explore how young orphans experience and adapt to the transition from RCCs to extended family care. To understand the experiences of these orphans, it was also necessary to gain information on how the extended families into which the orphans transitioned, also experienced this transition.

1.2 RATIONALE OF THE STUDY

Prominent international agencies like UNICEF (2014) and the United Nations Educational, Scientific and Cultural Organisation (UNESCO, 2012) raise awareness about the vulnerability of young children, especially in developing countries. My interest to explore the transition from the RCC to extended families stem from my own experience in working with orphans at RCCs where I realised that the psychological experiences of these children are critical to their development and I wanted to determine what the experiences of orphans are, specifically when they transitioned from a RCC to their extended families. I also realised that the transition from the RCC to the extended families were linked with several adjustments for orphans as well as for extended family members. Margetts and Phatudi (2013:42) maintain that, “transition ...is imbued with emotional and social adjustments” and Papalia and Feldman (2012) warn that change and resultant experiences of stress may become overwhelming and can culminate in psychological problems if not managed properly. As a result of such severe stressors, may impact negatively on young children’s physical and psychological well-being. In this regard, Mutambara (2015) concludes thatorphans and vulnerable children are prone to psycho-social problems.

During the process of transition, numerous adjustments take place that involve change of routine and the forming of new relationships. These changes cause disequilibrium and Margetts and Phatudi (2013) warn that childhood stress may occur because of any situation that requires the child to adapt or change. Mutambara (2015) further explains that severe stressors such as uncontrolled transition may have long-term effects on the well-being of the affected individual. Taking into account that children are under pressure,

these transition processes are critical concerning the children's development, since it is throughout these early years that children need to develop the physical, cognitive, psychological, and social beings which impact them for the rest of their lives. In my opinion research within this field is imperative as truly there is limited knowledge about the psychological processes of young orphans who must firstly adapt to the loss of both parents, then adapt to the RCC and later to a new family. Before practical- and policy improvements can be made, research in this field is imperative.

During my initial search for relevant research within this field, I could only find one Zimbabwean study focusing on the transition of adolescents from RCCS to families (Mhondiwa 2012; Mahuntse, 2015). I found no studies which gave young orphans a voice with regard to transition from RCC to extended families, which is echoed by Mahuntse (2015) who observed that there is limited research on child participation in reunification of institutionalised children in Zimbabwe. I wished to fill the research gap by exploring how young orphans aged five to 10 years adapt to the transition to their extended families. I also decided to involve the extended families where these young orphans were placed to explore their transition experiences. Undertaking the study, I wanted to give a voice to the young orphans and their extended families. The findings of this study resulted in recommendations to the Government of Zimbabwe (GoZ) and the Department of Social Welfare, to consider when dealing with the transitioning of children from RCC to extended family settings.

The other driving force to study the transition of young orphans from the RCC to an extended family, emanate from international and national policies. Zimbabwe participates in several international agreements that protect the rights of children including United Nations Convention on the rights of the child (UNCRC, 1989) and the African Charter on the Rights and Welfare of the Child (ACRC, 1999). These agreements recognise that the child has the right to live within a family unit. Article 9 of UNCRC (1989) clearly stipulates that governments have to ensure that children remain living with their family and should avoid being separated from their families. Article 10 (UNCRC, 1989) further specifies that if children become separated from their families, all efforts should be made by the

authorities to “expeditiously and humanely” reunify the minors with their family. According to Chimwana and Gumbo (2014), the Zimbabwe National Orphan Care Policy (ZNOCP) that was developed in 1999 came up with a six-tier safety net system which promotes care and protection of children in the following order of priority: biological nuclear family, Extended family (kinship care), Community care, Formal foster care, Adoption and lastly Residential Child Care facility. The Zimbabwe National Orphan Care Policy (1999) gives first preference to the biological family followed by extended families and recognises that RCCs should be the last resort and be discouraged, therefore regarding it as a last option after all effort to secure a better form of care has been drained (Ministry of Labour and Social Services, (2011a). To this end, this research meets the objective of Zimbabwe National Care Policy that children must live with their family.

In this research study, the family being referred to is the extended family where the children transition to, to live with relatives such as an aunt, uncle, or grandparents. According to the Ministry of Labour and Social Services (2010a), the Zimbabwean government wishes to take every child on board with the reunification programme. Thus, the government of Zimbabwe encourages that all residential care centres must work towards reunification from day one that a child is institutionalised (Muguwe, Taruvinga, Manyumwa & Shoko, 2011).

This research study is, therefore, based on the principles supported by these organisations such as UNCRC and ACRWC, which promulgate the right of every child to be respected and accorded the freedom of expression that can only be witnessed in a protective environment, such as is a home set-up. Muguwe et al. (2011) note that even babies who are a few weeks’ old are eligible for integration, depending on the circumstances surrounding the child.

1.3 PROBLEM STATEMENT

In Zimbabwe, the HIV/AIDS pandemic and poverty have caused serious constraints on the economic, social and moral fronts and affected orphaned or abandoned children who

are left with nobody to take care of them (UNAIDS, 2012; USAID, 2010; UNICEF, 2010; Save the Children, 2014). Modi, Nayar-Akhtar, Ariely and Gupta (2016) observe that many such children end up in childcare institutions as there may be no extended family members available, and the options for alternative care settings are severely limited. This has caused a national crisis as these children often miss the value and essence of family virtues and care. In line with these observations, Mushongera (2015:6) highlights the disadvantages of residential settings when saying that, “children in residential settings do not have any choice about their routines, about what they eat or who they socialise with, since this is controlled by the staff.”

In trying to address this problem, the GoZ has developed policies and strategic plans to embark on a considerable reunification exercise which involves transitioning orphans from the RCCs into their extended families (Mahuntse, 2015). The transition process has financial implications as extended families need to be remunerated for having to take care of these children. Masuka et al. (2012) point to the fact that government institutions suffer from chronic underfunding, and Mushongera (2015:58) adds that, “limited resources in child protection have detracted social workers from offering quality services to children, with the result that the transitioning process does not run smoothly, thereby impacting the general well-being of orphans”. Research studies should therefore be conducted to make the various decision-making authorities aware of how young orphans as well as the extended families where the children are being placed, experience the transitioning process. The research questions guiding this study follow next.

1.3.1 Research questions

The main research question was:

What are the experiences of young orphans who transition into extended families in Zimbabwe?

The secondary questions were:

- How do young orphaned children perceive the transition to their extended families?
- How do the extended families experience the inclusion of an orphaned child in their family system?
- What evidence-based guidelines can be proposed for the successful transition of orphans to extended families?

1.3.2 Aim and objectives of the study

The aim of this study was to explore the experiences of young orphans (five to 10 years old) who transitioned into extended families.

The objectives of this study were to:

- explore how young orphans perceive the transition to their extended families;
- determine how extended families, experience the transition of an orphaned child to their family system; and
- establish evidence-based guidelines for a successful transition of orphans to extended families.

1.4 CONCEPT CLARIFICATION

For the purpose of this study the following concepts were elucidated, namely, reunification, transition, orphans, child, extended family and residential care.

1.4.1 Reunification

Balsells, Pastor, Amoros, Mateos, Ponce and Navarjas (2014:811) define reunification as, “the process through which children who have experienced abandonment, neglect or abuse, return to the home of their birth families after a mandated separation period”. They further explain that the reunification process begins the moment children are separated

from their parents of origin. In addition, the *Faith to Action Initiative* (2014:10) views reunification as, “the process of transitioning children back to their family of origin. Reunification into the family structure is considered the best option for children who live outside the realms of parental care, such as in orphanages, foster care, or living on the street, if it is considered safe and proper for the child”. For the purpose of this study, reunification will mean that children, aged five to 10 years, are moved from RCC into their extended families.

1.4.2 Transition

Transition is defined as any event or non-event resulting in change of associations, practices, assumptions and roles (Schlossberg, Waters & Goodman, 1995; Evans, Forney & Guido-DiBrito, 1998). Dunlop and Fabian (2002:148) define transition as “the passage from one place, stage, state, style or subject to another over time,” whereas Gardener (2009) reports that transition pertains to any stage, phase or time related to progression. UNICEF (2012) on the other hand, views transition as children moving into and adjusting into a new learning environment within a socio-cultural system. The definition incorporates the developmental aspects such as the social, emotional, cognitive and moral.

In this study, transition refers to the period of transferring from the RCC to the extended family. In line with Article 10 of UNCRC which specifies that if children become separated from their family, authorities should make efforts to, “expeditiously and humanely” reunify the children with their family (Ministry of Labour and Social Services (2010: 11), the transition process starts as soon as the RCC traces the origins of the children until they join the extended family.

1.4.3 Orphans

Mhongera and Lombard (2016) define orphans as children under the age of 18 whose mothers and fathers (both) have died. UNAIDS (2012) on the other hand views orphans

as children who permanently lost one or both parents, whereas UNICEF (2014) labels any child that has lost one parent as an orphan. UNICEF (2013) elaborates that orphans could be either single or double orphans. Single orphans have one deceased parent while double orphans have both parents deceased. Single orphans can be referred to as paternal or maternal orphans and paternal orphans are children whose biological father has died while a maternal orphan is one whose biological mother has died (UNICEF, 2013). Kufakurinani, Pasura and McGregor (2014:116) denotes that, “the term orphan has gained particularly widespread use in Southern Africa in relation to the plight of children who have lost parents through a combination of HIV / AIDS and multiple strains of crises”. Singh and Jha (2017) define social orphans as children whose parents are alive, but are not in a position to take care of their children due to physical, emotional or economic losses. This study focused on double orphans aged five to 10 who have lost both parents due to death.

1.4.4 Extended family

According to Zonta (2016:4), the term extended family refers to “the living plan of groups of individuals whose relationships to each other extend outside the nuclear family. Extended families have multiple generations; that is, they may include members of many generations”. Haralambos, Holborn, Chapman and Moore (2013) define the extended family as a family that combines different generations and branches of the family e.g. grandparents, parents, cousins, uncles and aunts. In this research the extended family included biological grandparents, aunts, uncles, and cousins of orphaned children, in other words, those people who were within the orphan’s biological family circle.

1.4.5 Residential care

The United Nations (2010:6) defines residential care as, “...care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short-and long-term residential care facilities,

including group homes, orphanages and children's care settings." This study also has a similar understanding of this concept.

1.5 THEORETICAL FRAMEWORK

The theoretical framework is one of the most significant aspects in the research process. Eisenhart (1991) defines the theoretical framework as a structure that guides research by relying on a formal theory constructed by using an established, coherent explanation of certain phenomena and relationships. Grant and Osanloo (2014:13) elaborate that, "the theoretical framework consists of the selected theory (or theories) that undergirds your thinking with regards to how you understand and plan to research your topic, as well as the concepts and definitions from that theory that are relevant to your topic". The theoretical framework of this study relies on Schlossberg's transition theory (1981), Erickson's psycho-social theory (1969) and Vygotsky's socio-cultural theory (1978).

1.5.1 Schlossberg's transition theory

Schlossberg (1981) developed the transition theory which she describes as a vehicle for studying how humans adapt to transition. The model was established to engender a structure in which practitioners would apprehend why people respond and adapt in different ways to transition (Schlossberg, 1981). According to Evans, Forney and Guido-DiBrito (1998), Schlossberg thought that adaptation is affected by the interaction of three sets of variables which are the individual's perception of the transition, characteristics of the pre-transition and post-transition environments and the characteristics of the individual experiencing the transition.

Schlossberg, Waters and Goodman (1995) point out that the type of transition, context in which transition takes place, and impact are factors that must be considered when attempting to understand the meaning that a transition has for an individual. They further identify four factors that define a person's ability to cope with transition, which were termed the four S's namely situation, self, support and strategies. Schlossberg (2011)

notes that coping with transition takes time and people vary in the way they handle what seems to be similar transition.

Schlossberg's transition theory facilitated a framework of young orphans' transition experiences as they join the extended families. This theory was relevant to my study because transition involves movement of children from RCC into extended families which involves change in children's lives. The theory was pertinent because with transition, some changes take place in relationships and routines which may have impact on the child as well as the family in which child is being placed. As the orphans move to extended families, they have to cope with stress associated with leaving friends, routines they are used to, as well as the social settings they were familiar with. It is therefore imperative to understand how these young orphans react and adapt to transition, in other words, how they experience transition. On the other hand, extended families are also impacted, and need to adjust to a new family member. Schlossberg's transition theory was therefore used as a lens to explore the adaptation processes of both child and extended family. Erikson's psychosocial theory is discussed next.

1.5.2 Erikson's psychosocial theory

Erikson (1969) developed eight stages of development through which a healthy human being develops through from infancy to late childhood. According to McLeod (2013), the stages are "trust versus mistrust, autonomy versus doubt and shame, initiative versus guilt, industry versus inferiority, ego identity versus role confusion, intimacy versus isolation, generativity versus stagnation and ego integrity versus despair". During each stage, the individual faces a developing crisis between a positive alternative and a potentially unhealthy alternative (Woolfolk, 2004). The person is confronted with new challenges which should be overcome. Undertaking later stages depends on how conflict is resolved in the earlier years (McLeod, 2013). Each stage builds on the successful completion of earlier stages (Woolfolk, 2004). Each of the stages the child passes through, results in new experiences and specific adaptations. The challenges of stages not successfully resolved may be expected to re-emerge as problems in the future

(Woolfolk, 2004). The way in which individuals resolve each crisis have lifelong consequences on their perceptions and view of society (Woolfolk, 2004).

According to McLeod (2013), Erikson's psychosocial theory of development reflects the influence of external factors such as parents and society on personality development. This implies that children's personality develops in response to their social environment. Such environments such as RCCs and extended families have a determining influence on how children grow, develop, and learn. Erikson's psycho-social theory suggests that at each point of development, the society within which one lives, makes certain demands on the individual (Donald, Lazarus & Lolwana, 2014). These demands differ from stage to stage and from culture to culture, which implies that demands set by the RCC before young orphans' transition to extended family may differ from that within extended family in terms of various issues. Due to those factors young orphans may have varying experiences. In this study, I focused on the fourth stage, industry versus inferiority, which is relevant to the five to 10-year-old age bracket.

1.5.3 Vygotsky's socio-cultural theory

Vygotsky was a Russian psychologist whose work embraces the way in which children develop knowledge and master language. Vygotsky's socio-cultural theory (1962, 1978, 1987) explores the relationship between the child's development which is determined by culture. Children's social contexts inextricably bound by their culture, comfort them in the early years. The conditions at home, family beliefs, neighborhood setting impact on child's thinking and behaviour (Bodrova & Leong, 2007). According to Vygotsky's socio-cultural theory, adults are the guides that foster beliefs, customs, and skills in children (Louis, 2009). Vygotsky mentioned that children learn a new skill by the adult who models and structures the learning experience. This is identified to be the Zone of Proximal Development (ZPD) (Louw & Louw, 2007). According to Bruce (2006), Vygotsky placed much emphasis on the support of other capable peers as having a great impact on the development of cognition. To Vygotsky, cognitive development does not take place in isolation, but through socially acceptable contexts. Scaffolding, which is central to the

development of cognition, can only take place when children are allowed to play. Play presents an opportunity to bridge the gap between what the child can do without assistance, and what the child does not know, but can master with assistance from fellows. Children can scaffold one another to reach new zones of cognitive development, and such play is vital in the life of young children. Vygotsky also postulates that healthy language experiences present children with the opportunity to assimilate their experiences to understand concepts (Wang, 2009). Vygotsky believes that skilled adults are significant in children's knowledge acquisition, when children and members of society cooperate on a social level (Keenan & Evans, 2009). This theory forms part of the theoretical framework as members of the extended family support young orphans in developing cognitively by guiding and interacting with them in the social context. In the following section, the research methodology that was used in my study is clarified.

1.6 RESEARCH METHODOLOGY

This section focuses on the methodology that was used in this study. Leedy and Ormrod (2014) define research methodology as “the steps a researcher takes in executing research and consists of the research design, the overall view of how the study aims to address the research problem; and the research methods with the overall collection plan”. This section explains the interpretive paradigm that guided the study, the qualitative research approach, and the case study design. Furthermore, research methods consisting of the population, the participants, the role of the researcher, data collection methods, data analysis, trustworthiness and ethical considerations are presented.

1.6.1 Research design

Seabi (2016:81) defines a design as “a plan of how one intends to accomplish a particular task, and in research this plan provides a structure that informs the researcher as to which theories, methods and instruments the study will be based on.” The research design of this study is defined by the brief discussion of the interpretivist paradigm; in which the

study was located, followed by a qualitative approach and case study design that were employed in this study.

1.6.2 Research paradigm

According to Mertens (2010), a paradigm is a view of the world and comprises of philosophical assumption influencing and guiding reflections and action. A research paradigm is defined by Nieuwenhuis (2007a:47) as “the set of assumptions or beliefs, that a researcher holds in relation to the reality which he or she seeks to establish about the phenomenon of interest in the research study”. It reflects philosophical orientation about fundamental aspects of reality that influence the researcher’s worldview (Nieuwenhuis, 2007a). Creswell (2014) describes a paradigm as philosophical world view assumptions, that embrace the study and underscore the importance of paradigms as they inform the researcher on the design specific to the worldview and the procedures in conducting the research study. Nieuwenhuis (2007a:47) says, “a paradigm furthermore, addresses fundamental assumptions such as the beliefs about the nature of reality (ontology), the relationship between knower and known (epistemology) and assumption about methodologies”. The ontological assumptions to this study were that reality is socially constructed as each individual’s reality is dependent on their personal experiences (Creswell, 2014; Wagner, Kawulich & Gerner, 2012). Joubert, Hartell and Lombard (2016) explain that the ontological approach to a qualitative enquiry notes that reality is constructed by social, political, historical, and economic interaction, whereas external influences cause reality to change constantly. The interpretivist paradigm guided me in gaining in-depth information about the young orphans’ transition experiences in their social context.

Epistemology refers to the construction and differentiation between various types of knowledge (Brundrett & Rhodes, 2013). Epistemological paradigms are therefore, according to Maree (2015), the lenses through which one approaches knowledge in research. According to Cohen, Manion and Morrison (2005), the epistemology based on the interpretative paradigm endeavours to understand the subjective world of human

experience. Thus, it notes that reality is constructed by interactions in a specific social context, and that the researcher will interpret subjective views (Joubert, Hartell & Lombard, 2016).

As this study sought to generate knowledge based on the experiences of orphans' transition experiences, the interpretive paradigm was preferred as compatible with the selected qualitative research design. The interpretivist paradigm gave me the opportunity to understand the meaning that the participants assign to their experiences (Maree, 2007). The author further states that behaviour is constructed socially and that an interpretivist approach gave me insight into how a group of people makes sense of the circumstances which they encounter on a daily basis. The advantages of the interpretivist paradigm include the rich descriptions it provides (Maree, 2007a). The interpretivist paradigm gave me the autonomy to study the phenomenon in a natural setting (Nieuwenhuis, 2016) and enable participants to share their own constructed meaning (Maree, 2013). Maree (2013) further adds that with interpretive research the goal is to offer a viewpoint of a situation, and examine the condition to provide insight on how the particular group makes sense of the phenomenon they encounter. Since the study focused on the social world of orphans and how they experienced transition to extended families, I worked qualitatively from an interpretive paradigm. The interpretivist paradigm allowed me to relate diligently with the participants, and to acquire knowledge and form a clear picture of their experiences of the RCC and their families.

1.6.3 Qualitative research approach

The phenomenon that was explored in this study was young orphans' transition experiences to extended families. Creswell (2014) defines qualitative research as a process of research that emerges from a philosophical stance and gradually involves a theoretical lens and methods associated with studying human phenomena. Similarly, Lincoln and Denzin (2003) describe qualitative research as an investigation that mainly focuses on giving a broad account of events as they occur, aiming at apprehending everyday behaviour. Qualitative research is used to describe what is seen locally as well

as generating new hypotheses and theories. Using qualitative approach, which aims to seek information regarding individual's perceptions of the world or social phenomena, is well braced in research methodology literature (Bell, 2010; Kumar, 2005; Lincoln & Guba 1985).

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 getting sense out of what participants convey (Maree, 2013), and to compile a report with a flexible structure (Creswell, 2014). Qualitative research is naturalistic, that is, it focuses on the normal settings where interaction will occur, such as, viewing social life in its natural setting and in terms of processes that occur (Nieuwenhuis, 2016). In other words, qualitative research uses a naturalistic approach that seeks to have an understanding of the phenomena in a context-specific setting, such as orphans and their extended families, as well as the RCC. In this study young orphans were studied in their natural setting which were the extended families.

A phenomenological approach, rooted in a qualitative approach, was used. According to Smith and Osborn (2008), a phenomenological approach is an inductive approach concerned with understanding an individual's personal account of a particular experience or phenomenon. Finlay and Ballinger (2006) stress that the phenomenological approach allows in-depth exploration of how a phenomenon appears to us in our consciousness and the nature and meaning of such a phenomenon. In this regard, a phenomenological study is a study that attempts to understand people's insights, viewpoints and getting sense out of a particular situation or phenomenon. The approach emphasises exploring the lived experiences of individuals. According to McMillan and Schumacher (2010), the purpose of phenomenological study is to describe and interpret the experiences of participants regarding a particular event to understand the participants' meanings ascribed to that event. Smith and Osborn (2008) stress that the focus of phenomenological inquiry is what people experience regarding some phenomena or other

and how they interpret those experiences. McMillan and Schumacher (2010) state that the basis of phenomenology is that there are multiple ways of interpreting the same experience concerning a phenomenon, as described by the participants in the study. I collected data from young orphans and extended family members who have experienced the phenomenon, that is, what they experienced and how they experienced it (McMillan & Schumacher, 2010). In this study, the phenomenological approach helped me to explore and understand the phenomenon of transitioning of orphans to extended families. The study used a multiple case study design rooted in qualitative case designs.

1.6.4 Research type: Multiple case study design

The study used a case study design. A case study is defined as, “an empirical enquiry that investigates a contemporary phenomenon (the ‘case’) in depth and within its real-world context” (Yin, 2013:16), hence the experiences of young orphans were explored in extended families. Gall, Gall and Borg (2007) define a case study as an in-depth study of instances of a phenomenon in its natural context and from the perspectives of the participants involved in the phenomenon and in educational research. Creswell (2013:97) notes that “the case study method investigates a real-life, present-day bounded system (a case) or many bounded systems (cases) over a period, through detailed, comprehensive data collection dealing with multiple sources of information comments on a case description incorporating themes”. The study focused on the transition of orphaned children to extended families as the case. This enabled me to get rich and authentic data on the experiences of different young orphans’ transition to extended families. Nieuwenhuis (2007b) proposes that a case study is used to understand how participants interact with one another to make meaning of a specific phenomenon under investigation, in a certain situation.

I used a multiple case study design, since I had several cases to examine. Multiple contexts of five extended families used in this study enabled me to analyse within each setting and across the settings (Maree, 2007). Baxter and Jack (2008) suggest that if a study contains more than a single case, then a multiple case study is vital. The study

used five cases. Multiple cases allowed me to explore differences within and between cases (Baxter & Jack, 2008). Multiple contexts enabled me to analyse within and across the settings (Maree, 2007). This enabled me to examine the issue through variation of lenses, rather than through a single lens. For my study, the phenomena under study were the experiences of young orphans who transitioned to extended families from RCCs. I also explored the experiences of the extended family into which the orphan was placed. Here the extended family member of the orphaned child viz.: the aunt, cousin, or whoever was responsible for taking care of the young orphans, were approached for participation. Each case represented a young orphan (five-to-10-year old), as well as one specific family member who was responsible for the young orphan.

In this study, I interviewed five family members, one Social Worker (SW) from the Department of Social Welfare (DoSW) and two residential care administrators (RCAs) of two RCCs. In using different family members, the goal is to replicate findings across cases (Baxter & Jack, 2008). I also interacted with five orphans aged five to 10 years living in extended families to tap their transition experiences with the extended families.

1.7 RESEARCH METHODS

Research methods include all tools and processes that are followed for carrying out a research study. Walliman (2011) defines research methods as the tools a researcher employs when managing any type of research. McMillan and Schumacher (2010) inform researchers about proper methods to employ when gathering and analysing data. Mertens (2010) suggests the use of various methods for collecting data and upholds that it allows for data triangulation and offers the researcher a chance to reflect. The following discussion centers on my role as the researcher, selection of participants and research sites, data collection techniques and analysis procedures.

1.7.1 Role of the researcher

According to Joubert, Hartell and Lombard (2016), the qualitative researcher is the primary instrument in identifying the case and collecting the data that are necessary for research. Yin (2014) refers to the researcher as 'an instrument', and translated to my role, it means that I am the one who collected data by taking notes, conducting interviews and observing participants. Maree (2007:87) maintains that "the researcher will also mainly be responsible for the practical activities, which include facilitating, preparing, structuring, sampling, observing, conducting interviews, analysing data, and report writing on all the findings".

1.7.2 Selection of participants

Sampling is critical in research. Abrams (2010) states that sampling is crucial to the integrity of qualitative research as it communicates the richness of data in addition to the extent and latitude of conclusions arrived at. I was guided by purposive sampling which involves the selection participants who are identified as holders of specific data relating to a particular research area. Creswell et al. (2013) on the other hand explain purposive sampling as selecting participants that possess defining characteristics needed for the study. I purposively selected two administrators of two RCC and one SW from the DoSW. The RCAs and SW had intimate knowledge about the young orphans during their stay in the RCC, and also the history and background on how and why young orphans were brought into the RCC. The study was conducted in five extended families where young orphans aged five to 10 years have been transitioned to. The extended families were chosen on the basis that they were taking care of young orphans five to 10 years who transitioned from RCC.

1.7.3 Selection of research sites

The primary research sites were the homes of extended families to whom young orphans have transitioned to, the DoSW offices as well as the RCC where the young orphans

came from. The extended family members in the extended families were purposefully chosen on the basis that they accommodated orphans who transitioned to their families. I identified and located two RCCs in the Mutoko district with young orphans aged five to ten years who have transitioned to extended families. These two RCCs are under the jurisdiction of United Methodist Church and Roman Catholic Church respectively. I purposively chose the sites because of their practice of transitioning young orphans to families. I also opted using the RCCs because of their continued tracing surviving relatives of orphaned children and uniting them with families. This afforded me the opportunity to study transition experiences of young orphans five to ten years. These RCCs were also suitable because of their proximity and being conveniently placed for ease of access. Leedy and Ormrod (2014) state that the significance of a research site makes it possible for pertinent data to be collected with considerable ease.

1.7.4 Participants

The participants in this study consisted of two administrators of the two RCCs, a SW, five double orphans who have transitioned to extended families and five family members who were taking care of the young orphans. The five to ten-year-old young orphans were selected for this study, since they were in the middle childhood stage and were involved in a transitioning process. The young orphans involved were three boys and two girls who transitioned to extended families for the period of four to six months before data collection. Studying young orphans after transition enabled them to reflect on their experiences of their RCC and extended families. The extended family members were selected as they were the ones who took care of the young orphans in the extended families. I involved one extended family member from each extended family to obtain data on how they consider the inclusion of another child in the family system. A SW was identified as a person involved in the transitioning of young orphans to extended families. Similarly, the RCAs had to account for their knowledge of orphans who transitioned to the extended families. A table below explains the criteria for selection of participants.

Table 1.1: Criteria for selection of participants

Participants	Reason for selection
Young orphans	Young orphans were included in the study because they were the participants who were involved in transitioning from RCC to extended families. The study focused on the experiences of young orphans to discover how they experience the transitioning process to new families.
Extended family members	The extended family members accounted for the experiences of the family to which the young orphans were placed. These participants were involved to obtain data on how they experienced the inclusion of another child in their families.
Residential care administrators	Administrators, as managers of the RCCs, have knowledge of the backgrounds of orphans and their extended families in which they are transitioned into. The RCAs of RCC were interviewed to account for the experiences of the young orphans during their stay at the RCC.
Social worker	A SW was involved for his professional knowledge regarding young orphans who transitioned into the extended families. A SW is also the mediator between the orphans and extended families before the transitioning takes place.

1.7.5 Data collection methods

Data were collected by way of semi-structured interviews, drawings, narratives, observations and field notes to probe deeper into the understanding of the experiences of orphans and extended family members.

1.7.5.1 Semi-structured interviews

In this study, I used semi-structured interviews to collect data from extended family members, SW and RCAs. A qualitative interview occurs when the researcher asks one or more participants certain open questions; these are then followed by further probing and clarification and then the answers are recorded (Nieuwenhuis, 2016). In the same vein, Maree (2016) confirms that the aim of an interview is to see the world through the eyes of the participant, which becomes an invaluable source of information if acquired appropriately. Nieuwenhuis (2007b) posits that a semi-structured interview is often used in qualitative research to corroborate data emerging from other data sources. This type of interview “defines the line of inquiry” (Nieuwenhuis, 2007b:87) “by asking participants a set of predetermined questions while still being sensitive to the participants’ responses in order to obtain and define investigations, however, they do allow for questions that were not determined beforehand” (Maree, 2016:80).

The reason I selected interviews were to ask specific questions about young orphans’ transition experiences. According to Cohen et al. (2005), interviews assist the researcher in getting the interviewee to discuss the perceptions they have of the world they live in, and to put in words what their way of life is like from their own views. The information that was obtained during semi-structured interviews assisted in answering the research questions. I used semi-structured interviews involving one family member from each extended family, one SW from the DoSW as well as two RCAs of the two RCCs. I asked questions in relation to how the extended families were prepared by the DoSW on transition process, what the extended family did to make the child feel welcome, whether the transition was easy or difficult, the extended family’s relationship with the young orphan and challenges they encounter during the transition process. The extended family members accounted for any changes, challenges, or developments in terms of the aforementioned circumstances. A voice recorder was used and the notes were transcribed for data analysis.

1.7.5.2 Expert interviews

Expert interviews with the SW and RCAs were conducted. Flick (2009) maintains that when using expert interviews staff members of an organisation with a specific role and specific professional experience and knowledge are target groups. In this research study, I interviewed one SW and two RCAs of two RCCs as persons with the knowledge of the backgrounds of young orphans and the extended families which they transitioned to. The interviews with the SW and RCAs were relevant and accounted for the transition process, starting from tracing of the child's relatives, follow-ups, and assessment until final union with the extended families. The SW was the person who initiated some of the transitions and had knowledge of the specific children. Also, the two RCAs were the managers of the two RCCs.

1.7.5.3 Observations and field notes

Observation, as a data collection method, were used to account for the experiences of young orphans in the extended families. Maree (2016) notes that observation allows the researcher to gain an insider's view of the group dynamics and behaviours of the participants. Observation allows the researcher the advantage of 'being there' in the data collection process (Rule & John, 2011). Maree (2016) furthermore, sees observations as a methodical and logical process of recording behavioural practices and relationships that participants share with others without involving them in deliberations about their preference. Observations took place on three occasions. They were conducted as from the first day when I visited the extended families with my consent and assent forms, when I conducted interviews up to the last day when drawings were conducted. In other words, my observations were continuous as I interacted with extended families. I observed young orphans in the extended families to account for their transition experiences. I observed the extended families' attitude towards young orphans, chores done by the orphans, the orphans' overall well-being and how they interacted with extended family members.

To accompany observations, I used field notes. According to Yin (2013), field notes are the notes that researchers make when doing field work. Creswell (2013) also suggested that when researchers are observing, they make field notes according to the behaviour and activities of the participants with extended family members. In these field notes, the necessary activities were recorded according to the criteria that were determined by the researcher before the data collection starts. These include formal and informal notes, such as jottings or formal narratives. Creswell (2013) mentions two different types of field notes, which are descriptive and reflective field notes. The descriptive field notes describe the activities, the participants, and the daily incidents while effective field notes refer to the practices of the researcher, such as the interpretations of the observations by the researcher. I used both descriptive and reflective field notes. I compiled notes of all the necessary information about children's experiences in transition.

1.7.5.4 Drawings

I used drawings to get a sense of young orphans' experiences as they transitioned to extended families. Hall (2010) as well as Steele and Kuban (2013) postulate that drawings present a safe vehicle for children to express what talk alone cannot entirely express. In other words, they propose that drawings act as mechanism for children to express their emotions, which they might find difficult to do verbally with adults. In this regard Steyn and Moen (2017:8) 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, the majority of children experience drawings as a free activity that allows them to show what they feel without getting into trouble (Hawkins, 2002). Drawings can assist children to elaborate on elements of their experiences (Steele & Kuban, 2013). Young children are sometimes afraid and do not always know how to verbally express what they feel in an appropriate way. For this study, young orphans, aged five to ten were asked to draw their life at the RCC and extended families. Drawings were considered the most suitable tool to provide evidence that ensured relevant data, as this helped me to gain in-depth insight into their experiences.

1.7.5.5 Narratives

I used narratives to accompany drawings. According to Creswell (2014), narrative inquiry is the study of the participants' lives in which they are asked to give their view or opinion about a specific subject. Goodley (2011) explains that when narratives are used it is storytelling that conveys a certain message of a particular incident that a person experienced. Webster & Mertova (2007) maintains that narrative inquiry respects individuals and values their story as a sense of personal identity is noted. For this study narratives were used after the drawing activity as young orphans were asked to explain to me what they have drawn. Children tapped into their experiences as well as thought processes as they drew their pictures. By doing that I wanted them to voice their feelings and express to me what their picture really means to them. I requested them to tell me their thought process behind the pictures and identify their transition experiences.

1.7.6 Data analysis

Data analysis is the process of methodically applying logical techniques to describe and illustrate, summarise and recap, and evaluate data (Shamoo & Resnik, 2003). The data collected within the current study was qualitative; therefore, the information can potentially be personal, subjective, and descriptive. According to Best and Kahn (2006), the task was to make sense of massive amounts of data, reduce the volume of information, identify significant patterns, and construct an outline communicating the essence of what the data reveal. The data were gathered in narrative form and Maree (2014) notes that the analysis of this qualitative data requires the researcher to become immersed within the data to be comprehensively familiarised with the collected information. Maree (2014) further notes that researchers within the interpretive paradigm prefer an inductive data analysis strategy, due to the interpretive approach's potential to assist in identifying multiple realities that might be present in the data. The data that emerge from the interviews, observations, and drawings were 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 the experiences of young orphans

as they transition to extended families. Riessman (2008:54) states that “thematic analysis focuses on the content of narratives (what is said rather than how the story unfolds) and can be applied to narratives produced in interviews and written documents”. I used the thematic approach in order to analyse data, identify, evaluate and report emerging themes. I made use of member-checking, by submitting transcriptions of completed interviews and field notes to the participants to check whether the researcher’s interpretations of what they have shared, were correct (Maree, 2016). I asked the participants questions to ensure that I do not misinterpret their ideas. This also ensured member-checking with participants. The data were analysed to answer the main research question and provide an explanation of young orphans’ experiences.

Firstly, observation data were analysed and organised into meaningful themes and categories. Interview data were also organised according to individual responses and analysed by grouping answers together across participants. Field notes gathered during observations were also examined and presented with the actual quotations to show the experiences of young orphans. Interviews were audio recorded to facilitate explanation of the data.

1.8 TRUSTWORTHINESS

In qualitative research, trustworthiness is achieved through consistency, credibility, dependability, transferability, reliability, validity, and confirmability (Williams & Morrow, 2009). Maree (2007:299) maintains that “trustworthiness refers to the way in which the inquirer is able to persuade the audience that the findings in the study are worth paying attention to and that the research is of high quality”. It involves the way in which the data are collected, classified and sorted, especially if the data collected are verbal and textual (Maree, 2012). The four components of trustworthiness, namely transferability, credibility, dependability, and confirmability had been adhered to in my study. Both credibility and transferability identify internal and external validity of a study, and dependability and confirmability address the reliability and objectivity of results (Guba, 1981; Shenton, 2004).

Shenton (2004) states that credibility seeks to ensure that the information gathered in the study is honest in evoking truth. Furthermore, Woodside (2010) believes credibility as a process of using multiple realities to scrutinise a process adequately. In this research study credibility meant the report is believable and trustworthy. I utilised triangulation to obtain various viewpoints of truth to enrich my study. The method of utilising various methods in research is known as triangulation (Merriam, 1998). This enabled my study to contain sufficient knowledge to address the research matter, as well as identify its solution. Obtaining various sources adds in-depth truth as to what the research entails. I used triangulation of different data collection tools, different data-rich informants and the research sites, in order to achieve credibility in this study.

Another aspect as to trustworthiness is dependability. Merriam, (cited in Maree, 2016) describes dependability as the way in which the researcher can reproduce the research findings with participants that are alike in the same research context. Techniques to establish this embrace inquiry audit and triangulation (Ary, Jacobs, Sorensen & Razavieh 2010). An audit trail is a documented information gathering technique that accounts for the research study from the commencement to its ending. It involves describing the situation in detail. The audit trail shows the means of the study method to replicating the same results (Merriam, 1998).

Another aspect for achieving trustworthiness is confirmability. Confirmability entails the measure in which the data obtained is well documented. This ensures that the study evokes no bias and that there were no interferences with its findings. Ary et al. (2010) observe that confirmability is when a researcher's data findings can be supported by other researchers' readings and investigations that have done similar studies. Trochim (2006) identifies confirmability to be the degree to which the results could be confirmed and corroborated by fellow researchers. Thus, Maree (2016) notes that a qualitative study is confirmable when other people give support to or confirm the research findings. For the purpose of my study, I ensured confirmability through the means of detailing the accounts

of the participants, interviews, drawings and observation throughout the study. I rechecked if the data obtained aligned with the recorded data.

The other aspect to achieve trustworthiness was transferability. Lincoln and Guba (1985) suggest that transferability refers to the degree at which the results of a study can be transferred and applied to other settings. Transferability refers to the applicability of the findings of the research to another context (Merriam, 2009). To augment the transferability, I provided a thorough description of the participants, the research sites and description of why they fit my study. This provided room for transferring the outcomes of the study to similar contexts or situations. Anney (2014) adds that a well-descriptive account of the research study provides sufficient detail for readers to understand the context and situation the phenomenon surrounds. In other words, transferability is when readers can use my data results from my research and use them in other contexts. To enhance the transferability, I presented rich and thick narratives to permit others in making decisions on whether or not the data can be transferred (Maxwell, 2013).

In this study, credibility was achieved through prolonged engagement in extended families and persistent observation of young orphans in extended families. Credibility was also achieved through triangulation of the data collection methods, which are drawings, narrations, observations and in-depth interviews. Triangulation of the data sources, which are the young orphans, extended family members, RCAs and a SW, helped to achieve credibility. Member-checking after collecting data complemented the techniques. Triangulation of data sources and data collection methods also helped achieve confirmability. Transferability was achieved through a thick description of data of young orphans' transition experiences.

1.9 DELIMITATION OF THE STUDY

This research study was carried out in five extended families in the Mutoko, Murewa, Mudzi and Uzumba Maramba Pfungwe (UMP) districts of Zimbabwe. The study focused

on five young orphans aged between five to ten years, five extended family members, two RCAs of RCCs and one SW.

1.10 ETHICAL CONSIDERATIONS

Stangor (2014) observes that the concern about the research participants is only one aspect of ethics in research. Thus, Maree (2007) gives clear guidelines that need to be followed to ensure that the researcher proceeds ethically. Strydom (2011) opines that it is vital that throughout the research process, the researcher follows and abides by ethical considerations. I followed these guidelines whilst conducting my study. First and foremost, I applied for ethical clearance from the Ethics Committee of the University of Pretoria for my study. When it was approved, I sought permission from the Department of Social Welfare in Zimbabwe and provided them with a brief explanation of what the purpose of my research was. The main aspects that were considered, were to gain informed consent from the participants, to protect the participants from deception and harm, and to protect their privacy and confidentiality (Yin, 2013). In this research study, I abided by the following ethical considerations:

1.10.1 Informed consent and voluntary participation

I sought permission to enter the research sites from the Department of Social Welfare in Zimbabwe. I issued the informed consent forms to the participants, which stated clearly that their participation was voluntary and that they could withdraw from the study at any stage. I firstly read and explained the consent forms to participants. Participants were asked questions if they needed any clarity on anything. I then requested all participants who were still willing to participate in the study to give consent by completing and signing the consent forms. The participants were included in the study so that no group of people was unfairly included or excluded (Yin, 2013).

1.10.2 Protection from harm

Other aspects are to safeguard the anonymity of the participants, informing them about the nature of the research, and to protect them from physical and psychological harm (Joubert, Hartell & Lombard, 2016; Stangor, 2014). Leedy and Ormrod (2001) caution that during the research, no participant may be exposed to any undue physical, emotional and psychological harm. In this study, I ensured that participants were safe and were not exposed to any kind of risk or harm Confidentiality, anonymity and privacy of the participants were guaranteed at all times.

1.10.3 Privacy, confidentiality, and anonymity

I made it clear that during the process undertaking the role of the researcher, thus always respecting my participants to gain their trust, ensuring the confidentiality of the data in doing so. It was important to make sure that the participants knew that they remained anonymous for this investigation. I also made it clear that during this process, all the information given by the participants throughout the study were kept private and confidential in order to protect the identities. I ensured the participants that the information they provided were not given to the third party and their names were not disclosed to anybody. The anonymity and confidentiality of the participants were guaranteed through the use of pseudonyms (Schutt, 2009). Participants were not exposed to any acts of deception or betrayal in the research process or in its published outcomes. I conducted the research according to the Ethics and Research Statement provided by the Faculty of Education at the University of Pretoria.

1.11 LAYOUT OF THE STUDY

The study is divided into eight chapters according to the following layout:

Chapter 1: Orientation and background

Chapter 1 outlined the background of the study. It presents the rationale, statement of the problem, critical research questions, clarification of concepts, theoretical framework, methodology, trustworthiness, delimitation, ethical considerations of the research as well as plan of the study.

Chapter 2: Orphanhood and residential care in Zimbabwe

Chapter 2 contains a review of scholarly literature relevant to orphanhood in Zimbabwe. It also includes policies related orphanhood in Zimbabwe.

Chapter 3: Theoretical and conceptual framework

This chapter provides framework based on three theories that are relevant to transition of young orphans. It included an outline of Schlossberg's transition theory and its components as they relate to transitioning of orphans to extended families. Erikson's psychosocial theory and Vygotsky's socio-cultural theory were related to the development of five to ten-year-old children's development. It also focuses on the conceptual framework that guides the study.

Chapter 4: Research methodology

This chapter presents qualitative research methodology, the research design, research participants and data collection methods that were used in the study, the participants, data analysis and trustworthiness and ethical consideration of the study.

Chapter 5: Data analysis: Access and interview data

This chapter presents the findings of research and the explanation of the interview findings.

Chapter 6: Data analysis: Case studies

This chapter presents the findings of the research and the explanation of the interview, observations, drawings, and narrations findings.

Chapter 7: Data interpretation

This chapter provides the interpretations and discussions that emerged during the analysis of the results from the data in Chapter 5 and 6.

Chapter 8: Summary, conclusions, and recommendations

This chapter discusses the conclusions and recommendations of the study.

1.12 CONCLUDING REMARKS

The transition of orphans to extended families has garnered universal recognition as orphanhood is a worldwide phenomenon. Research has demonstrated that living in RCC mainly has a negative impact on young children's development. Thus, it is critical that children are raised in compassionate and supportive environments such as families. Zimbabwe has publicised its commitment to support transition programmes of children from RCC into families through legislative policies. Notwithstanding the noble policy developments in a bid to address the issues on the rights of children to grow up in a family environment and also to reduce the number of children living in RCCs, I noted that there was knowledge gap on research pertaining to how young orphans experience this process. Hence, the focus of this study was to explore the experiences of young orphans who transition to extended families in Zimbabwe. The next chapter focuses on orphanhood and the RCCs in Zimbabwe.

CHAPTER 2

ORPHANHOOD AND RESIDENTIAL CARE IN ZIMBABWE

2.1 INTRODUCTION

The previous chapter provided the background to the study on experiences of young orphans who transition to extended families in Zimbabwe. In the following two chapters, I dealt with the literature review based on my topic as stated above. Chapter 2 will present an outline of the literature review, its purpose and will further explore how the literature review was conducted. As guideline to this chapter, this literature review will be presented in themes. Presenting literature in themes is in line with Bandara, Furtmueller, Gorbacheva, Miskon and Beekhuyzen (2015:156) who affirmed that, “common and valid approach is to commence a literature review with specified themes and sub-themes that a researcher seeks to extract from a research context and then synthesize evidence of what has been said in the past.” The main themes that will be discussed are orphanhood in Zimbabwe, caring of orphans in RCCs, reasons for placement of orphans in RCCs and finally, the chapter will end with policies relating to orphanhood in Zimbabwe.

2.2 CONDUCTING AND PRESENTING A LITERATURE REVIEW

It is crucial to review previous literature in every academic field. Hart (1998:1) defines a literature review as “an objective, thorough summary and critical analysis of the relevant available research and non-research literature on the topic being studied.” The author further explains that “a literature review contains a selection of available documents both published and unpublished on the topic of research which has information, ideas, data and evidence written from a particular standpoint to fulfil certain aims or to express certain views on the nature of the research topic” (Hart, 1998:1). Fink (2014:3) defines a literature review as “a systematic, explicit, and a reproducible method of identifying way for identifying and synthesising the existing body of completed and recorded work produced by researchers”. Torracco (2005) views a literature review as a form of a way of

researching that analyses and accounts literature on a topic in a comprehensive way. In this regard, a literature review provides a guide to a researcher on a topic under study. According to Webster and Watson (2002:14), “a successful literature review creates a firm foundation for advancing knowledge, facilitates theory development, closes areas where a plethora of research exists, and uncovers areas where research is needed”.

Hart (1998) proposes that a review of the literature is important in enabling the researcher to have an understanding of the topic under study, to determine what has already been done on it and establishing the key issues. Rowe (2014) states that literature reviews are used to analyse what has been researched in line with the area. Concurring, Bandara et. al (2015) agree that in an inductive analysis, the literature review explores what past studies have reported on. Cronin, Ryan, and Coughlan (2008) states the objective of a literature review as to spell out the current literature on a topic to the reader. In concurrence, Cronin et. al (2008) and Webster and Watson (2002) say that a literature review can form the commencement of future research areas. Andersen, Cobbold & Lawrie (2001) aptly sum up the goal of a literature review by affirming, that it is has to be related the area under study.

Bandara et. al (2015) say literature can be reviewed in many different ways. Hence, in this study I have chosen a ‘traditional’ review which uses a critical approach. According to Grant and Booth (2012), a critical literature review is focused on extensively researching studies that go beyond only a description of the studies. The advantage of an informed literature review is that it can recognise gaps, inconsistencies and therefore ending up add new knowledge to the development of that research area (Pare, Trudel, Jaana & Kitsiou, 2015). I also opted to combine a critical literature review with a mapping literature review. According to Booth et al. (2012), mapping literature review helps to identify gaps in research literature by mapping and categorising existing literature to commission further reviews and/or primary research. Therefore, in my literature review, I analysed other researchers’ works as they informed me of significant contributions to include in my study.

A literature review has different purposes and approaches, depending on the focus of the research project. Since the purpose of this study was to explore the experiences of young orphans who transition into extended families, I opted for a qualitative approach to investigate my research topic. Therefore, my literature review aimed to contribute towards a broad understanding of my research area. In other words, doing a review of literature guided me in coming up with arguments and enabled me to analyse the work of other researchers whose philosophies and understandings guided the focus of my own research. The first theme that I explored, related to orphanhood in Zimbabwe.

2.3 ORPHANHOOD IN ZIMBABWE

Orphans have been a part of Zimbabwean culture and families for centuries. Guragain, Choonpradub, Paudel and Lim (2015) as well as Baloyi and Takalani (2017) describe orphanhood as a state of a child below the age of 18 years who has lost one or both of their biological parents, (including whose living status is reported unknown, but excluding those whose living status is unspecified). Orphans are children below the age of 18 whose biological parents have died (UNAIDS, UNICEF, & USAID, 2004). For the purpose of this study, orphans will be defined as young children aged five to ten who have lost both parents. The following table depicts the distribution of orphans in Zimbabwe.

Table 2.1 Percentage distribution of orphans by type of orphanhood

(Source: Zimbabwe National Statistics Agency, 2012(b))

Type of orphanhood	Male	Female
Deceased father, mother alive	57	57
Father alive, deceased mother	18	18
Both parents deceased	25	25

According to Zimbabwe National Statistics Agency (2012), the number of orphans in Zimbabwe in 2012 were more than one million. Concurring, United Nations International Children's Educational Fund (UNICEF) and Ministry of Labour and Social Services (2014) further reveals Zimbabwe as having the uppermost percentage of orphan's comparative

to its population of approximately 13 million citizens. In Zimbabwe, over a million of children are orphaned by AIDS and one in every four children is an orphan (Miller, Sawyer, & Rowe, 2011). With reference to Zimbabwe National Statistics Agency (2012) gender distribution on the number of orphans has not much difference in Zimbabwe. There is, however, a larger number in single orphans whose fathers are dead as compared to deceased mothers. There is not much difference in double orphans although it is the focus of this research UNICEF (2014) indicates that many of these orphans are living in tremendously poor households and cannot even have access to health care facilities, attend school or have adequate clothes and groceries.

In the following section, I will present causes of orphanhood.

2.3.1 Causes of orphanhood

Orphanhood is a worldwide phenomenon and its causes are diverse and needs to be discussed to understand the phenomenon. Muhwava and Nyirenda (2008) believe that orphanhood is as a result of parental death that ranges from intentional injuries such as homicid to unintentional injuries such as road accidents, non-communicable diseases like deaths due to heart disease and other communicable diseases like tuberculosis. Although Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) is a communicable disease, it is considered separately due to its magnitude as a cause of mortality. Subsequently, Thielman, Ostermann, Whetten, Whetten and O'Donnell (2012) attribute the high mortality among young adults from conditions such as malaria, tuberculosis, HIV/AIDS, pregnancy complications, and natural disasters as responsible for the increasing number of orphans. In the same vein, the Government of Zimbabwe (GoZ), (2009) as well as the Zimbabwe National Statistics Agency (2012) opines that the rising number of orphans and vulnerable children in need of care is as a result of the impact of HIV and AIDS. Similarly, in their study, Mugwagwa, Chinyadza and Banda (2017) explicate the leading causes of death in the health sector in Zimbabwe as 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%. The increase

is also a result of the poor economy which is exacerbated by poor access to good health care and diseases.

2.3.1.1 Access to health

Proper health is imperative to all human beings thus, it is necessary to have access to good health all the time (Dozva, 2018). The socio-economic situation in Zimbabwe gave rise to the deterioration of the health system in this country. This deterioration contributed to massive deaths of people and as a result leaving young children orphaned. Trane and Bate (2005) reveal that when Zimbabwe achieved its independence in 1980 the government embarked on investing in social services as resources were channeled towards universal education and healthcare. Asante (2012:24) reports that “in 1998 Zimbabwe had one of the finest healthcare systems, life expectancy changed from an average of 54 to 63 years which was basically on par with other countries worldwide who had good healthcare systems”.

Mugwagwa et al. (2017) report that the public health system was strained by economic challenges in the late 1990s that culminated in the hyperinflationary era of the 2000s. Chikanda (2011) states that in 1991 the Government of Zimbabwe introduced fee payment for health services. Payment for health amenities greatly impacted millions of people to access basic health services. As a result, “many women were dying during childbirth in Harare hospitals than before 1990, and fewer people were visiting clinics and hospitals because they could not afford hospital fees” (Dhliwayo, 2001:9). The situation worsened by a gradual increase in unemployment (Mugwagwa et al., 2017:3) as the later period resulted in severe weakening of the health sector. To worsen the situation, human resources such as professional personnel (doctors, nurses and physiotherapists) departed to other countries and regions in search of better paying economies (Chikanda, 2011). As a result, Zimbabwe encountered scarcities of antibiotics, gloves, water anesthetics and electricity which made it difficult for the health sector to function (Kramarenko, 2010). The deterioration in economy resulted in the corrosion of health delivery, which resulted in insufficient supply of essential drugs, apparatus, and other

medical provisions as well as the unavailability of health professionals (Biti, 2009). The prevailing situation made it difficult for the government to have the funds for the treatment of HIV infected patients. Moreover, majority of the patients stopped treatment, because of lack of medication. Kramarenko (2010) mentions that one of the results was that tuberculosis increased in Zimbabwe with 148%.

In concurrence, Asante (2012) reports that malnutrition was rife, and that the subsequent kwashiorkor rate surged. Furthermore, Asante (2012) indicates that there was a scarcity of food in hospitals and that patients who did not have relatives who brought them food, starved and some died. Amnesty International (2008) reports that by 2008, the country's public health system was in messes, as the country's referral hospitals such as Harare Central, Parirenyatwa and United Bulawayo hospitals, were hardly operating as some wards have even been locked. The health system was in short of drugs and medical provisions and tumbledown infrastructure. Due to that, ordinary Zimbabweans failed to access basic health care. Lack of proper health facilities and care contributed to the rise in the occurrence of preventable diseases. Following is HIV/AIDS as another contributing factor to higher death rate, and subsequently more orphans.

2.3.1.2 HIV/AIDS

The World Health Organization (WHO) and UNAIDS (2008:13) report that "in sub-Saharan Africa, Zimbabwe is the country with the fifth highest incidence of HIV/AIDS infection". The Government of Zimbabwe (2010) reports that more than a million children are orphaned due to HIV/AIDS pandemic. Concurring, UNAIDS (2012) identifies Zimbabwe as one of the leading countries worldwide, hardest hit by the HIV/AIDS epidemic, and this is also echoed by a health perspective report (Mugwagwa et al., 2017). In concurrence, Hlatwayo, Zimondi and Nyatsanza (2015) postulate that Zimbabwe has been so severely affected by HIV/AIDS pandemic, that its death rate has exceeded war casualties. This pandemic is also impacting children and UNAIDS (2014) reports Zimbabwe as having an estimated 152,000 children under the age of 15 who are living with HIV".

According to the UNICEF (2014), Zimbabwe experienced a steep increase in the HIV prevalence rate from 1999 up to 2012 and has a generalised HIV epidemic of 13.1% (UNAIDS, 2014). HIV infection rate raised in the 1990s, contributed by poverty, shortages of food, gender disparity and spousal separation (UNICEF, 2016). The statistics above indicate the intensity of the HIV burden in Zimbabwe as Kurebwa and Kurebwa (2014:236) state that, “the HIV/AIDS pandemic is directly responsible for the emergence of orphanhood.” Concurring, Muchacha, Dziro and Mtetwa (2016) agree that, the HIV/AIDS pandemic has created a phenomenal increase in orphanhood and the vulnerability of children in Zimbabwe.

In 2002, the government of Zimbabwe confirmed AIDS as a nationwide disaster and introduced the AIDS tax, a reserved levy on income which intended to boost the nation’s AIDS trust account in order to prevent spread of infection, care and treat infected patients (National Aids Council, 2011). A period of emergency was given by the Minister of Justice, Legal and Parliamentary Affairs for a period of six months to permit the government or any other authorized person to manufacture or import medicine for treating HIV and AIDS patients.

During the period 2006-2010 there were shortages of supplies of HIV test kits and antiretroviral (ARV) for preventing mother to child transmission Government of Zimbabwe (Go) and Ministry of Health and Child Welfare (GoZ and MoHCW, 2010). It was challenging for the patients to have enough money for drug as prices in private pharmacies were higher (MoHCW, 2007). The AIDS pandemic has created a generation of orphaned children in Zimbabwe as UNAIDS (2012:34) estimates that “an average of 30% of all children in Zimbabwe were orphaned and that 40% of all children were vulnerable mainly due to AIDS”. Another contributing factor to higher death rate, and subsequently more orphans, was the outbreak of cholera.

2.3.1.3 Cholera

The Cholera outbreak is another factor that contributed to orphanhood in Zimbabwe. In 2008 several lives were lost as Chagutah (2010) asserts that the cholera epidemic was considered Africa's worst in fifteen years, killing 4,300 people, and infecting 98,309 by 26 May 2009, with an unacceptably high death rate of 4.4%. Chagutah (2010) refers to the remnants of this illness and mentions that water and sanitation delivery was in shambles, with the result that in 2008 and early 2009, a cholera outbreak killed more than 4000 people recording one of the largest outbreaks in recorded history. Mlambo (2013) reports that the Zimbabwe National Water Authority (ZINWA) which is mandated to supply safe water has failed to provide adequate water supplies from the very beginning due to a combination of incompetence, a severe shortage of purification chemicals such as chlorine, and because of inadequate financial resources in the collapsed economy. As a result, numerous aspects were recognized as leading to this condition, encompassing shortage of foreign currency, insufficient funding, weak supply chain management and inadequate stocks of many medicines (Go MoHCW, 2010). According to Mlambo (2013), the situation was made critical as the epidemic coincided with a period when health workers were not reporting to work, because their salaries could not meet their transport costs, and also at a time when some hospitals had closed and others had reduced the number of wards owing to a lack of staff and resources. Even in 2018 there had been an outbreak of cholera which claimed several lives (Sunday Mail, 10 September 2018). The following section discusses how the caring of orphans is facilitated in RCC in Zimbabwe.

2.4 CARING OF ORPHANS IN RESIDENTIAL CARE CENTRES IN ZIMBABWE

A number of RCC take care of orphans in Zimbabwe. Berejena (2017) comments that "the breakdown of families in Zimbabwe due to HIV/ AIDS pandemic, cholera, abandonment among other factors has weakened family structures, resulting in children being placed in residential care. Ministry of Labour and Social Welfare (2011a) observe that Zimbabweans have pride in themselves for their ability to take care of orphans, however, the spiraling levels of poverty and the adverse effects of HIV/AIDS, the capacity

of the family and community safety systems is no longer effective resulting in the institutionalisation of many orphans and vulnerable children. A study conducted in Zimbabwe by Powell (2006) revealed that the care of children in residential care was rising despite the fact that the Orphan Care Policy considers the form of care as a last resort. UNICEF (2014:40) reports that, “residential care looks after children of different ages and needs and are licensed by the Government to care for only a certain number of children.” According to Williamson and Greenberg (2010:9), “the proliferation of residential care however, is not limited to Zimbabwe alone as Sri Lanka, had 223 registered children’s institutions in 2002, up from 142 in 1991 while Bosnia and Herzegovina, the number of residential institutions has increased by more than 300% as a result of war in the mid-1990s”.

There are multiple reasons why children end up in residential care. Catholic Relief Services (2018) observes that data compiled by UNICEF in 2017 from 140 countries indicates that at least 2.7 million children live in residential care. In Zimbabwe, Dziro and Rufurwokuda (2013) admit that some of the forces that lead many children to leave their homes and stay in RCCs are due to physical abuse like corporal punishment, child labour, torture and even sexual abuse. A research study conducted by Naqshbandi, Sehgal and Hassan (2012) in India revealed that war is the major reason why there was increase in the number of orphans in Kashmir. In Bangladesh, Islam and Fulcher (2016) state that most children are in institutions for material benefits such as free education, food, accommodation and healthcare, due to parental poverty. Another research study was conducted in South Africa in 2016 by Sloth-Nielsen and Ackermann (2016) to analyse the reasons for children's migration and the circumstances around their placement in residential care institutions as well as exploring the sufficiency of efforts made to trace and reunify the children with their families in South Africa or across borders. It revealed several reasons why children are placed in Child and Youth Care Centres (CYCCs) such as socio-economic reasons in which the parents' financial inability to provide for the basic needs of their children, abandonment, neglect, abuse, orphanhood and parental migration (Sloth-Nielsen and Ackermann, 2016). In Uganda parents make the difficult decision to send their children to residential care in the hope that they will have better access to

education, healthcare, and other basic needs (Bunkers, Bradford & Rotabi 2018). However, other issues such as poverty and HIV/AIDS in Uganda also contribute to family breakdown and an ensuing increase in the number of children being separated from family and/or placed into residential care (Bunkers et al., 2018).

Death of parents is one major factor that results in children living in RCC. Irshad (2017) in his comparative research study of stress and alienation among orphans and non-orphans revealed that death of parents introduces a major change in the life of children as it affects their physical and psychological well-being. Concurring, Mutambara (2015) warns that death of parents may affect access to basic needs and services for children which may include food, education and health services, and as a result, children may end up in residential care when there is no alternative care for them. In Zimbabwe, Muguwe et al. (2011) identifies such institutions as *Matthew Rusike and Save Our Souls (SOS) Waterfalls in Harare*, *Mother of Peace* in Mutoko and *Manhinga children's home* in Rusape where children who are orphaned or abandoned are housed. In Zimbabwe, placement of orphans in RCCs is under the jurisdiction of Ministry of Public Service and Social Welfare. Living in RCCs is associated with both negative and positive circumstances. The following section explores the happenstances associated with living in residential care.

2.4.1 Negative outcomes of living in Residential Care Centres (RCCs)

Caring for children in RCCs is prevalent in Zimbabwe although research indicates numerous problems associated with living in such institutions. A research study conducted in Zimbabwe by Muguwe et al. (2011) indicates that the number of orphans in institutions is continuously increasing as well as the number of residential care facilities. As such, research evidence in a wide medley of contexts illustrates that living in residential care, negatively impacts the cognitive, physical and social development of children (Ministry of Labour and Social Services, 2011a). Better Care Network (2009), as well as Berens and Nelson (2015) concur that a large number of studies worldwide highlight the categories and degree of damaging effects that living in orphanages have

on children, including negative cognitive, physical, and social effects. Similarly, a study conducted in South Africa by Baloyi and Takalani (2017) reveals that orphans experience psychological and socio-economic challenges as a result of parental death.

According to Berens and Nelson (2015), literature on the negative impact of emotional deprivation, neglect of young children growing up in residential care for younger children has been documented and establishes the central importance of a family environment for child well-being and development. The authors further explain that living in RCCs may harm children's health and development, expose them to abuse and puts them at risk of future unlawful activities. Furthermore, they indicate that the effects are intensified by the longer period a child stays in care and the younger the child is at the time of placement. Naqshbandi, Sehgal and Hassan (2012) in their study on examining the effect of institutionalisation on orphans, observe that living in an orphanage at a tender age and for a longer periods of time can result in a number of psychological problems in children which will be elaborated upon in the following sections.

2.4.1.1 Psychological problems identified in children living in residential care

A number of children placed in the RCC experience abuse either physically, emotionally or sexually. According to Hadush (2015), young children are placed in orphanages throughout the world, despite wide recognition that institutional care is associated with negative consequences for children's emotional well-being. A research study conducted in Uganda by Musisi, Kinyanda, Nakasuja and Nakigude (2008) to compare the behavioural and emotional disorders of orphans and non-orphans among primary learners attending school, revealed that orphans exhibit emotional and behavioural disorders. Most orphans suffer from sleeping disturbances, experience shivering after hearing loud voices or sounds and constantly recollect sad traumatic incidences. Their study concluded that living in orphanages can be detrimental to children, since it is during this formative period that children develop the physical, social, cognitive, and psychological foundations for their lives as orphanages do not offer the necessary provisions and care for proper development in these domains. Similarly, a research study

conducted by Kaur, Vinnakota, Panigrahi and Manasa (2018) in India revealed that the orphans in institutional homes are more vulnerable to behavioural and emotional problems than others as they are deprived of a family's love and care. Kaur et al. (2018) admit that emotional and behavioural problems are more among orphans, because they are exposed to abuse, exploitation, neglect, lack of love and care of parents as most of them are brought up in institutional homes where individual care is inadequate.

Many RCCs aims to achieve children's physical needs while disregarding their emotional and social needs. Kaur et al. (2018) carried out a study to establish the behavioral and emotional problems in orphans institutionalised in India. Their research study revealed that 49 (16.78%) out of 292 orphans exhibited behavioral and emotional problems. The study highlighted that orphans living in institutional homes are at risk to behavioral and emotional problems as they lack of a family's care and love. Kaur et al. (2018) indicated that the prevalence of emotional and behavioural problems among orphans brought up in institutional homes is higher as compared with similarly aged youngsters brought up by their own families.

Dziro and Rufurwokuda (2013) proclaim that numerous children living in residential care endure chronic abuse and emotional deprivation which gives rise to lasting inability to form loving and trusting relationships, while Tanga (2013) suggests that the distress caused by being separated from parents and siblings can leave children with lasting psychological and behavioural problems. Irshad (2017) in his study of anxiety and hostility among orphans and normal revealed that children who had lost their one or both parents are highly alienated as comparison to those who did not share the same hardship. The results from studies conducted both in Western and in African countries reached the same conclusion by indicating that children who have experienced parental loss, suffer more from emotional problems than children who have not experienced such a loss (Irshad, 2017). Due to the abuse children experience in residential care, Rubenstein, MacFarlane, Jensen and Stark (2018) in their research on measuring movement into residential care institutions in Haiti after Hurricane Matthew, found that children placed into residential care institutions at young ages have poorer growth. Their findings are in line with Lumos

(2018) who underscore that children living in institutions in various countries encounter different forms of abuse and neglect. They further report that physical and sexual abuse was prevalent in residential care, even in countries where residential care is better resourced with smaller numbers of children per facility. In Zimbabwe, research study conducted by Mushunje (2006) revealed that orphans are at risky due to neglect, abuse, and exploitation as well as in the manual work they performed in the institution's gardens.

In their research study, on the situation of children residing in residential care in Zimbabwe, Powell, Chinake, Mudzingo, Maambira and Mukutiri (2004) revealed that the majority of residential caregivers caused the psychological stress in children because they failed to acknowledge that they were working with vulnerable and traumatised children who needed exceptional attention. In concurrence, Chimbwana and Gumbo (2014) report that caregivers release their frustrations on children for instance for receiving a meagre allowance. Dziro and Rufurwokuda (2013) agree that some of the caregivers are untrained, and they decided to look after the disadvantaged children as a way of earning a living. Further on, Powell et al. (2004) indicate that cases of verbal abuse, and humiliation of children about their orphan status, through repeated insults were common in residential care. The study revealed that children in residential care were verbally abused by staff as they taunted with reference to their abandoned families and that their parents died of AIDS. Although Section 53 of the Zimbabwe Constitution (2013) clearly stipulates that no person may be subjected to physical or psychological torture or to cruel, inhuman or degrading treatment or punishment, Chimbwana and Gumbo (2014) found that emotional abuse and corporal punishment is administered in some residential care facilities as a way of disciplining the children.

2.4.1.2 Health and nutrition problems identified in children living in residential care

Health is defined by WHO (2007) as a condition of a complete physical, mental and social well-being, and not simply the absence of diseases or infirmity (Bruce, Meggit & Grenier, 2010). Health is furthermore regarded as a significant factor of an acceptable standard of living and viewed as a human right as enshrined in United Nations' Universal Declaration

of Human Rights (Article 24), and the African Charter on the Welfare and Rights of the Child (Article XIV). The right to health is imperative to every person's life as it is vital for the satisfaction of all other rights. Health and social well-being, therefore, can best be regarded as a holistic concept, encompassing different components of a person's health needs (Dozva, 2018). Rubenstein, MacFarlane, Jensen and Stark (2018) highlight that children living in residential care institutions are vulnerable to multiple risks to their health and development. Abashula, Jibat and Ayele (2014) opine that orphans are children that are susceptible to various types of physiological, psychological and social problems. Yendork and Somhlaba (2015) concede that many negative health issues have been linked to emotional deprivation in orphanages such as poor stimulating environment, poor caregiving and strict routines.

A research study conducted by Mutiso, Musyim, Tele and Ndeti (2017) in Kenya to estimate the prevalence of usual mental disorders amongst orphans and vulnerable children in residential care revealed high incidence of mental disorders among orphans in RCCs in Kenya. Mutiso et al. (2017) found that children were prone to problems, such as internalising, externalising, depression, anxiety, social problems, aggressiveness, attention and thought problems. The authors further revealed that predominant behaviour like aggressive, social thoughts were seen among the children and this could be attributed to parting with their parents at a tender age.

Yendork and Somhlaba (2015) admit that early institutionalisation and long-term placement is highlighted as affecting all aspects of children's development and mental health. Concurring, Kaur, Vinnakota, Panigrahi and Manasa (2018) state that the problems of overcrowding, inadequate personal attention, poor academic environment, and frequent moves may affect the psychological health of these children. Although in some cases, children in RCCs may have better access to physical and material resources than those in families, RCCs remain harmful, with adverse effects on the health and well-being of children. A research study conducted by Yendork and Somhlaba (2015) in Ghana to explore orphans' subjective experiences before and after they were placed in four orphanages in Accra, Ghana revealed that some of the children in the present study felt

at home in the orphanage, whereas others felt they were in exile. In line with that, the authors suggested that appropriate programmes need to be done in order to improve the care for children in Ghanaian orphanages.

Although RCCs are viewed as detrimental to children's health, they have other positive aspects. In a research study conducted by Moses and Meintjes (2010) on the delivery of residential care for children in HIV epidemic condition in South Africa it was noted that HIV positive children living out of RCC missed opportunities for treatment as compared to HIV-positive children in RCCs.

2.4.1.3 Lack of stable and loving caregiving

Millions of children around the world live in residential care where O' Kane and Lubis (2016) say they lack attachment, individual care and a suitable environment in which to reach their full potential. Attachment is a strong enduring relationship between a child and a caregiver (Myers, 2003). Attachment with the caregiver is important during the early years of a child's life thus, a child needs a consistent and reliable caregiver to depend on. A child needs to develop a strong emotional bond with a caregiver in order to develop into a psychologically healthy human being. Therefore, children need affection, attention, and an attachment figure who is responsive to their needs and enable them to develop a secure base for all other relationships (Williamson & Greenberg, 2010). Bowlby (1952) explains that infants and young children should experience a warm, intimate and continuous relationship with his mother or a permanent mother substitute. When such requirements are not met, children develop distress which results in problems such as frustrations, misery and future uncertainties. In their study Yendork and Somhlaba (2015) explored orphans' experiences following placement in residential care revealed that poor caregiver-orphan relationships adversely affected the psychological well-being of Ghanaian orphans placed in orphanages. Consistent with the findings, Better Care Network (2017) explains that lacking individual attention, parental warmth and interaction with supportive adults as needs for optimal development, may cause long-term or permanent damage.

Concurring, Williams and Greenberg (2010) view shortcomings of institutional care in that young children fail to experience the continuity of care that they need to form a lasting attachment with an adult caregiver. Singh and Jha (2017) lament that there are certain limitations to RCCs, such as the fact that young children normally do not experience the continuous care by forming lasting attachment with a caregiver. This corroborates with Faith to Action Initiative (2015) who opines that most residential care settings who care for infants and young children, encounter challenges in supporting children's proper development as compared to a nurturing family environment. This is because most residential care institutions are highly controlled, structured and operate according to strict routines (Ministry of Labour and Social Services, 2011a) and do not take individual needs into consideration.

Similarly, a study conducted in Europe by Smith and Wakia (2012) indicate that children in residential care were not given love and individual attention needed for their brains to develop and grow into healthy, strong adults. Concurring, Kamau (2015) affirms that most residential care settings are staffed with caregivers who work rotating shifts in poor conditions. Under such circumstances, Tabi (2016) opines that children fail to establish an attachment to their caregivers which translates into long-term psychological problems". In Uganda, a 2010 study, assessed a total of 107 orphanages in four regions of the country and found out significant lack of quality care in child protection institutional care which resulted in the closure of 45 orphanages (Bunkers et al. 2018).

Such deprived standards are as a result of large numbers of children cared for by inadequate staff members. Kamau (2015) further notes that such residential care usually has too few caregivers and are unable to provide children with the affection, attention, personal identity and social connections that families and communities can offer. This concurs with research findings of a research study conducted by UNICEF (2014) in Zimbabwe which revealed that in some RCC, the caregiver to children ratio is not proportional, as a result, some of the children are neglected. Faith to Action Initiative (2014) reports that the detrimental effects of orphanages are increased when children are

placed at an early age and/or for long periods of time, and especially within institutions with large numbers of children and few caregivers. The caregiver-to-child ratio in many institutions is poor such that it affects the way staff respond to children's needs (Better Care Network, 2017) because childcare centers usually have fewer caregivers and therefore are incapacitated in provision of care, love and personal identity that, families and communities provide to the children whom they care (Chimbwana & Gumbo, 2014). Williamson and Greenberg (2010) bemoan that ongoing and meaningful contact between a child and an individual care provider is almost always impossible to maintain in a residential institution because of the high ratio of children to staff, the high frequency of staff turnover and the nature of shift work.

A research study conducted by O' Kane and Lubis (2016) in Indonesia revealed that in many of the childcare institutions that were assessed there were poor staff child ratios of 1: 10 in 18 of the institutions. The higher ratios contributed to reduced chances for children to develop close attachments and guidance from the staff caregivers (O' Kane & Lubis, 2016). Concurring, Cox, Gesiriech, Olson and Porter (2015) assert that higher caregiver-child ratios in orphanages affect the way caregivers respond to children's needs and as a result, children receive little or no individual attention from the staff. Yendork and Somhlaba (2015) hold that orphanages in Africa, especially the government-administered ones, have been found to be poorly equipped and understaffed.

2.4.1.4 Lack of identification documents

A child's identity is distinguished by a birth certificate that indicates personal information of the origins of an individual. Article 8 of the UNCRC (1989) stipulates that the child has the right to identity. In accordance with that, the Government of Zimbabwe's (GOZ) enactment of the Births and Deaths Registration Act, Chapter 5:02, is the legal framework for the registration of births in Zimbabwe which has the mandate to issue birth certificates to its citizens. A birth certificate is a significant document that every child should have. Chimbwana and Gumbo (2014:12) highlight that, "a birth certificate is a significant proof of one's nationality, and proof of parents' obligation to provide legal security of their

children, for school registration and also for the Government to measure the growth of its citizens as well as calculating the number of births.”

Regardless of the availability of this legal instrument, UNICEF (2014) observes that many children do not have birth certificates throughout the country. Kamau (2015) says orphans in residential care face a major problem when it comes to obtaining birth certificates and identification documents. Better Care Network (2017) notes that lack of access to birth certificates adversely affects hundreds of thousands of Zimbabwean children, and the problem is more critical for those in orphanages. The Ministry of Labour and Social Welfare (2004) and UNICEF (2014) proclaim that RCCs leave orphans without individual identity. Such circumstances may result in unavailability of birth certificates and Chimbwana and Gumbo (2014) postulate that it stigmatises the children to an extent of being denied to write public examinations and participate in any sporting activities. As a result, for instance, their sporting talents are stifled due to failure to participate in co-curricular activities because of lack of birth certificates.

A research study carried out by Kamau (2015) in the Llimuru area in Kenya, revealed that orphans in RCC face a major problem when it comes to obtaining birth certificates and identification documents. Similarly, in South Africa, Sloth-Nielsen and Ackermann (2016) in their study revealed that some children were at high risk of being noncitizens because of having no identity particulars. As a result of recurrent migration across various borders, Sloth-Nielsen and Ackermann (2016) observe that the absence of documentation, vague recollections of the country of origin and lost contact with their extended family, there appears to be no way of verifying their nationality.

2.4.1.5 Lack of cultural knowledge

Culture is a way of life of a particular group of people. Each society has its culture evidenced by religions, language, beliefs, norms and values, attitudes among others (Haralambos et al., 2013). McCall and Groark (2015) note that children separated from families often lose a significant sense of cultural and inherited identity. Lucas (2017) adds

that separation from family and culture has caused great distress for many. In this regard, children in residential care may not know their totem, which Berejena (2015) describes as a phenomenon of belonging that is highly regarded in many African cultures, as Powell (2006) denotes that the issue of totems affects alternative forms of care in Africa, in issues such as adoption. Berejena (2015) puts forward that the issue of totems is critical when one gets married. It might also have effects upon death burial practices. As aptly put by Jackson (2002) there is a fear among most Zimbabweans that an adopted child might bring her family spirits (ngozi), should any harm befall the child in their guardianship. To young children, the issue of totems is cultured at home and school, as a result a child without the knowledge of their totem might feel insecure and lack sense of self. Better Care Network (2009) opines that the inappropriate use of orphanages can lead to children losing connections to their family, community, and ethnic and cultural group. Similarly, Murray, Mallone and Glare (2008:240) highlight that children growing in residential care may not know their parents, siblings, relatives and the reasons for their admission in care.

2.4.1.6 Restricted routine/environment

Dziro and Rufurwokuda (2013:268) believe that institutional care is a constrained environment in which children have no opportunity to experience a normal family life and could not acquire the basic skills of developing ubuntu/hunhu (humanness). Living in RCCs compromises children's freedom of choice, since all their activities are prescribed. RCC have particular culture which is usually firm and has no basic community and family socialisation (Williamson & Greenberg, 2010). The Ministry of Labour and Social Services (2010b) maintains that children in orphanages do not have decision over their routines, including the choices of their food and whom to socialise with, since this is organised by the staff. He further explains that they have their meals at a specified time, get up at a prescribed time, and work within the institution's regulations. Smith and Wakia (2012) observe that unsuitable care and protection of children in some RCC impact negatively on children's development as they are deprived of life skills, personal care and other basic services which prepare them for maturity and life beyond institution. Chimbwana and Gumbo (2014) report that children in residential childcare facilities are spoiled as they are

not given the opportunity to learn how to make their beds or washing their clothes, even cooking the food they eat. The authors explored further that children in RCCs are usually not well versed with working as they expect things to come to them without putting an effort. The findings of the research study conducted by Caserta, Pirttila and Punamaki (2017) to analyse welfare of orphans living in diverse settings of child-headed households, street, orphanages and foster homes in Rwanda revealed that decision-making ability was the highest among child-headed households, while it was the lowest among those in orphanages. Thus, children living in RCCs proved incompetent in decision-making.

Chimbwana and Gumbo (2014) admit that some of the RCCs create artificial environments as children are usually not taught to work, and this promotes laziness. In relation to lack of freedom of choice, a research by UNICEF (2014) revealed that some children reported that their opinions were not considered such as in planning meals and choice of clothes as they are provided. A research study conducted in Zimbabwe by Dziro and Rufurwokuda (2013) on post-institutional integration challenges faced by children revealed that “life in residential care limits children to exercise their rights as interactive human beings because they are not allowed to go out of the institution on their own.

In Zimbabwe, Powell et al. (2004) report that children in RCCs grumbled of being restrained to the institution when they are not at school and have limited interactional patterns and freedom with the local community. They cited boredom as the greatest impediment for children in residential care found in rural areas. Powell et al. (2004) further comment that several children in church run institutions complained of not attending churches of their choice as they were constrained to adopt the religious persuasion of their residential institutions. Conversely, a research study conducted by Caserta et al. (2017) to examine how various living environments, care provisions affect the psychosocial well-being of orphans in Rwanda revealed that orphans in orphanages exhibited higher levels of emotional well-being and lower levels of mental distress and risk-taking behaviour as compared with other children from child-headed households, streets and foster homes.

2.4.1.7 Lack of resources

Keeping children in residential care settings is costly. Williamson and Greenberg (2010) explicate that residential care facilities require staffing and upkeep, payment of salaries, maintaining of buildings, food preparation and provision of services. It was also revealed that family-based care is cheaper as compared to residential care (Smith & Wakia, 2012). Although real charges differ amongst nations and type of programmes, findings were that a number of children can be looked after in a family care using the cost of keeping one child in an institution (Smith & Wakia, 2012). Most orphanages in Zimbabwe face financial challenges due to lack of government support

Sachiti (2011) conducted a study on the well-being of children in orphanages in rural areas in Zimbabwe and found that rural areas require financial assistance for food, clothing, school fees, and health services. The report proved that children in rural areas experience financial challenges that result in poor living conditions when compared to their colleagues in urban areas that are well funded. This corroborates with the research study by Muguwe et al. (2011) which revealed the social and economic capacity to support institutionalised children as being challenged due to the dwindling resources of government. As a result of this, most orphanages in Zimbabwe rely on the support from donors (Powell, 2006). Muguwe et al. (2011) further explain that social income grants which used to support children in residential care are no longer available that the majority of the residential care experience shortages of resources. The GoZ through the Department of Social Welfare (DoSW) was initially provided with financial support allocated for children in RCC that are registered by the Department of Social Welfare in terms of Part 5 of the Children`s Act (Masuka, Banda, Mabvurira & Frank, 2012). Furthermore, Wyatt, Mupedziswa and Rayment (2010) maintain that the institutional grant is fixed at US \$15 per month for an individual child. However, with the economic challenges faced by the government, this suggested amount is not met.

Remuneration of child caregivers is another issue that affects the care of children. Research by Chimbwana and Gumbo (2014) revealed that the caregivers at some point

had salary arrears of more than six months. Poor remuneration impacted their zeal for work and the services they render to children. In Zimbabwe, research by Powell (2006) reveals the conditions under which young children live in childcare centres across Zimbabwe are characterised by lack of human and financial resources. In their study Yendork and Somhlaba (2015) explored orphans' experiences following placement in residential care and found that Ghanaian orphanages placement was associated with financial constraints that limit the operations of institutions that care for orphans. In Table 2.2 the potential risks of living in RCC are presented.

Table 2.2: Potential risks of Residential Care Centres (RCCs) to children

(Source: Adapted from Jackson, 2002: 285)

Risk factor	Likely outcomes
<ul style="list-style-type: none"> • No stable loving substitute parent • Separation from family • Limited trained staff who lack knowledge of child development 	<ul style="list-style-type: none"> • Lack of self-confidence, uncertainty, low self-esteem, experience of grief, mistrust in others and the environment, difficulty in forming relationships, desperate for love and affection, negative self-perception
<ul style="list-style-type: none"> • Lack of identification documents, and cultural knowledge relating to totems, clan, local customs, traditions, own religion 	<ul style="list-style-type: none"> • Insecurity, difficulty in obtaining birth certificate, unknown totem
<ul style="list-style-type: none"> • Poor quality care 	<ul style="list-style-type: none"> • Insufficient food, clothes, no personal possessions, lack of cognitive stimulation, some RCCs have high death rates particularly for young children.

Martin and Zulaika (2016) denote that the challenges associated in living in RCC has led governments and other stakeholders to recognise the importance of shifting away from using RCC for children as the primary mode for addressing alternative care needs. Faith in Action (2014) view that despite all the challenges presented, RRCs are needed as they are required for children in predicament situations to provide transitional, rehabilitative, or interim special-needs care. As a result, many churches have established RRC and are funding them as a way of assisting children in need of help. However, a research study by *Save the Children* (2014) proclaims that not all RCCs are detrimental to children's

development. It was revealed that minor group residential care, in specific, can occasionally play important roles in meeting the necessities for the children. In the following section, the benefits of RCC will be discussed.

2.4.2 Advantages of living in Residential Care Centres (RCCs)

Living in an RCC is beneficial to children who have encountered challenging family life experiences. Yendork and Somhlaba (2015) admit that the emergence of orphanages in Africa has served to provide care for orphans who once were vulnerable from not receiving care from their extended families. In RCCs such children have the opportunity to get support from well-wishers and organisations. Findings of a research study carried out by Singh and Jha (2017) on children who were orphaned due to an armed struggle in Jammu and Kashmir state, and were put in various orphanages across the state in India, revealed that many children, mostly double orphans, were not aware of the reasons for being in the care setting. Similarly, Yendork and Somhlaba (2015) explored orphans' experiences following placement in residential care and revealed that Ghanaian orphanages provide structure, nurturance, and a home environment that fosters a sense of belonging. The above authors agree that some RCCs offer family setup environments which is convenient for orphans under the upkeep of consistent and loving caregivers. The RCCs ensure that the children obtain love, nourishment, health care, a holistic education, and cultural skills. In such situations, taken to an RCC is beneficial since according to Yendork and Somhlaba (2015), RCCs provide care through provision of basic needs, such as food, shelter, health care, and education though not without problems. Living in an RCC has advantages to children as compared to living in streets and child-headed families as children have a place to call home. Thus, RCCs provide a sense of belonging to children especially from the streets.

In their study on post-institutional integration challenges faced by children in Zimbabwe, Dziro and Rururwokuda (2013) explicate that being in a residential care is an opportunity for children to learn new things. Bunkers et al. (2018) furthermore maintain that it affords the ability of people from other countries to visit, fund, build, and volunteer within

orphanages. As a result, children benefit from living in residential care centres. In Uganda, Bunkers et al. (2018) conducted a research study and found that most Ugandan orphanages were started and continue to operate pulling children from vulnerable and poor families for access to free services such as education, food, and health care. Caserta, Pirttila and Punamaki (2017) conducted a research study to analyse the psychosocial well-being of orphans living in diverse situations of child-headed households, street, orphanages and foster homes in Rwanda. The findings shown that orphans in orphanages exhibited a significantly advanced level of emotional well-being and lower level of mental distress than those living in other environments (Caserta, Pirttila & Punamaki, 2017). Mutiso, Musyimi, Tele and Ndetei (2017) agree that in RCC, children receive mentorship on spiritual development and counselling sessions.

This study on the transition of young orphans to extended families in Zimbabwe embraces a review of policies safeguarding children. Henceforth, the section below dwells on the policies guiding orphans. The policies have a major role in the reunification of the young orphans with their families are subsequently discussed.

2.5 POLICIES RELATING TO ORPHANHOOD IN ZIMBABWE

Like any other country, Zimbabwe came up with guiding principles in upholding the care, protection and development of all children including orphans. Children are viewed as important part of a country and the rights of every child are important (UNICEF, 2013:2). In this regard, the Ministry of Public Service Labour and Social Welfare (2004: vii), believes that Zimbabwe has well defined legislative and policy framework relating to children. In concurrence, Sammon, Godwin, Rumble, Nolan, Matsika and Mayanga (2014:5) boast that “Zimbabwe continues to be renowned in Southern Africa for innovation in social welfare and social protection policy implementation.” In response to the spiralled number of orphans, Zimbabwe is a signatory to the United Nations Conventions on the Rights of the Child (UNCRC) and the African Charter on Rights and Welfare of Children (ACRWC) in disseminating governing policies for childcare and support (Ministry of Labour and Social Welfare, 2010:11).

In the following section, the rights of the child, as enshrined in the UNCRC (1989), the African Charter on the Rights and Welfare of the Child (African Union, 1990), the Constitution of Zimbabwe (Goz, 2013), Children’s Act (Goz, 2001) as well as child protection system in Zimbabwe which are Zimbabwe National Orphan Care policy (1999), and National Plan of Action (NPA) for Orphans and other Vulnerable Children (OVC) are discussed in detail.

2.5.1 Rights of the child as enshrined in the United Nations Convention on the Rights of the Child (1989)

The United Nations Convention on the Rights of the Child (UNCRC) is a comprehensive international guideline for the rights of children which combine the economic, social and cultural rights with political and civil rights of children. Bhaiseni (2016:4) opines that “the Zimbabwean government endorsed UNCRC as recognition of the fact that children have specific needs and entitlements that differ from those of adults”. The CRC puts forward the need for exceptional care of children as well as legal guidelines before and after birth and throughout childhood. UNCRC declared that, “every child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love, and understanding” (United Nations, 1989:1). Bornstein and Putnick (2012:17) recognise the UNCRC as “the most widely approved and a legally binding agreement safeguarding children’s rights to survival, protection, participation and development”.

The GoZ set up key protective legislation which advises nuclear and extended family care provision for children which is in line with international provisions. The CRC recognises the importance that the extended family has in Article 5. Furthermore, Article 9 clearly stipulates the role of the governments in ensuring that children remain in the care of their family and prevent the unnecessary separation. It further specifies that if children are separated with their parents due to reasons deemed appropriate by respective authorities, regular contact should always be maintained (Ministry of Labour and Social Services, 2010 b). Article 10 further specifies that if children becomes separated with their

families, all necessary measures should be implored to reunify the child with their family (Ministry of Labour and Social Services, 2010 b :11). The CRC establishes important roles of the family in providing guidance and appropriate ways to the child.

In line with the CRC, Zimbabwe adopted a practice and way of reunifying children with their families. In this regard, the family is the appropriate environment for children's growth and development. Therefore, orphanhood, according to Government, should be addressed by reunifying children with their families. This transition of children from RRC to their extended families is guided by international and regional policies. The United Nations Human Rights Council states that, "the family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents." The rights of children are enshrined in the *African Charter* which is looked into next.

2.5.2 Rights of children as enshrined in the African Charter on the Rights and Welfare of the Child (1990)

The *African Charter on the Rights and Welfare of the Child* (ACRWC) upholds the values of the UNCRC and uphold child protection within the African context. Mushongera (2015:58) contends that, "ACRWC was born out of a feeling by the African member states to the United Nations that the drafting of the UNCRC missed important socio- cultural and economic realities of the African experience." Due to these observations, the ACRWC places critical emphasis and guard against harmful social and cultural practices towards the African child and the wider community. The ACRWC further insist on the need to encompass African cultural values and practices whenever deliberating issues relating to the right of the African child (Mbagua, 2002).

Reunification of children is as well guided by the African Charter on the Rights and Welfare of the Child (ACRWC) in which Article 19 states that children should naturally have the right to live with their parents, and separation from the family is only and only if the best interests of the child are at risk. Article 25 further continue to uphold that children

who are separated from their parents need special protection through provision of alternative family care, and that States need to provide all necessary means available to trace and re-unite children with parents. Next, is Zimbabwe's national commitment on the rights of children, are investigated.

Zimbabwe prides itself for having several social protection frameworks that uphold child interests. Local policies guiding Zimbabwe's legislation pertaining to transition of children include Children's Act Chapter 5:06, Constitution of Zimbabwe (2013). These measures are further supported by national guidelines such as the National Action Plan for OVC.

2.5.3 Rights of children as enshrined in the Constitution of Zimbabwe Amendment (No. 20, 2013)

The Constitution of Zimbabwe (Amended no 20 of 2013) is another policy guideline for the care of children in Zimbabwe. The Constitution borrows many of its provisions from the UNCRC and the ACRWC. Section 19 (1) of the Constitution of Zimbabwe states that "the state must adopt policies and measures to ensure that the matter in relation to children, the best interest of children concerned are paramount" (Government of Zimbabwe, 2013:26). Furthermore, Section 81 of the Constitution of Zimbabwe has a specific Bill of Rights for children which includes that they have the right to family or parental care. Thus, the care, protection of children in Zimbabwe is guided by the Constitution of the country. Following is the Children's Act.

2.5.4 Children's Act Chapter 5:06 (2001)

The Children's Act Chapter 5:06 was adopted in 2001 to domesticate the various international standards in line with care and protection of children (Ministry of Public Service, Labour and Social Welfare, 2008). It replaces the Children's Protection and Adoption Act (Chapter 5:06). Bhaiseni (2016:4) denotes that, "the act includes providing care and protection to all children in Zimbabwe and forming a children's court and registration of institution for reception and custody of children". With reference to Ministry of Public Service, Labour and Social Welfare (2008:11) "the Children's Act (2001)

provides categories of children who need care, including those who are destitute or have been abandoned, who are denied proper healthcare, whose parents are dead or cannot be traced, whose parents do not or are unfit to exercise proper care over them, and whose parents or guardians give them up in settlement of disputes or for cultural beliefs". It further mandates the Ministry of Public Service and the Department of Social Welfare (2008) a statutory obligation to implement and oversee the care and protection of children in general, and those children in especially difficult circumstances (Ministry of Public Service, Labour and Social Welfare, 2008:11). The Children's Act Chapter 5:06 (2001) provides care and protection regarding all children.

The Act requires that Government placement of a child in alternative care should be the last resort after all other avenues have been exhausted (Ministry of Public Service, Labour and Social Welfare, 2008). It forbids all forms of child abuse such as, assault, ill-treatment and abandonment of children by their parents or guardians. Section 28 further forbids RCCs to operate without registration. Accordingly, sections 14, 15 and 16, emphasized that all children be placed in residential childcare facilities after being formally committed through the Department of Social Services (Ministry of Labour and Social Services, 2011a).

The Ministry of Labour and Social Welfare has the statutory obligation to enforce or administer the provisions of the Children's Act. Furthermore, it also has the responsibility for the registration and monitoring of all residential childcare facilities to ensure that they are in compliance with regulations regarding childcare, protection and development. In this regard, the child's welfare is highly considered (Ministry of Labour and Social Services, 2010a:10). In order to ensure safety of the child, the Department of Social Welfare employs Social Workers (SW). They operate as probation officers ensuring that the child is safe. During reunification, the probation worker or SW accompanies the children to their family. Social Welfare officers and the police are also appointed as probation officers in terms of section 46 of the Children's Act (Goz, 2006:17). These same officers are also designated by this act as court officials and given the authority and

responsibility to remove children from suspected situations of risk to places of safety (Goz, 2006:18). The next section discusses child protection systems in Zimbabwe.

2.5.5 The child protection system in Zimbabwe

Besides the international, regional, and national commitments, the GoZ has child protection systems that guide the care and protection of children. These national policies explain that Zimbabwe's international obligations are echoed in the national policy framework, with the principal components as the National Programme of Action for Children (1992), the National Orphan Care Policy (NOCP) and the National AIDS Policy (NAP) (both adopted in 1999), and the NAP for OVC (developed in 2003), (Child Protection Society, 2014). According to Child Protection Society (2014), the social policies were put in place ensure that child protection delivery works well. Zimbabwe has three key national policies supporting children namely the ZNOCP (1999), the NAP (1999) and the National Action Plan for Orphans and Vulnerable Children (NAP for OVC) (2005).

2.5.5.1 Zimbabwe National Orphan Care policy (ZNOCP) (1999)

The Zimbabwe National Orphan Care policy (ZNOCP) was established in 1999 to answer the pandemic of orphanhood crisis that has been caused by HIV/AIDS (Ministry of Labour and Social Services, 2011a). According to Ministry of Labour and Social Services, (2010a:10), "the ZNOCP provides effective guidance to the government and other development partners on how to address the needs of orphans and other vulnerable children, support existing family and community structures in orphan care, mobilise resources to develop and support orphan care strategies". The policy aimed at supporting the traditional methods of caring for children in their family natural environments while avoiding forms of care in RCC which remove children from their communities and culture (Ministry of Labour and Social Services, (2011a).

According to Guidelines for the Alternative Care of Children (2010:2), "the family being the fundamental group of society and the natural environment for the growth, well-being

and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members.” Thus, all children have the right to protection, to learn, grow and develop and to be happy and healthy within a family unit. In the absence of the nuclear family, the ZNOCP further calls upon the extended family to take over the care and protection of the child (Ministry of Labour and Social Services, 2011a) which also forms the basis of this research study, as it aimed to explore the transition of young orphans with extended families, the families being the biological/nuclear and the extended families.

2.6 CONCLUDING REMARKS

This chapter covered the related literature on the orphanhood phenomenon. Presenting the causes of orphanhood in Zimbabwe was believed essential to embed this study within a specific context. Orphanhood, because of the HIV/AIDS pandemic, challenges to health access and cholera, was discussed as contributing factors to orphanhood, resulting in the breakdown of families leaving the responsibility of children’s care to RCCs. The proliferation of RCCs and the negative effects attributed to living in such environment, brought about policies that promote the family as an appropriate environment for growth and development of children and promotion of the transition of young orphans to families. The chapter also outlined policies that guide the transitioning of children to families. Policies that guide orphans were looked at to contextualise the phenomenon. It has been established that Zimbabwe participates in international agreements where the rights of children to leave in families are recognised. The Zimbabwean government came up with policies that give stipulations on transitioning of children to their families. It has been found that the family is given the priority where the child should live. The RCC is considered as last resort.

In the next chapter, a detailed analysis of the experiences of young orphans who transition to their families were discussed through the lens of Schlossberg’s transition theory (1981), Erikson’s psycho-social theory and Vygotsky’s socio-cultural theory. The role of the extended family in the care of orphans were also investigated. In the next chapter, the

theoretical framework underpinning my study, the transition process and the role of the extended family and government towards young orphans are discussed.

CHAPTER 3

THEORETICAL AND CONCEPTUAL FRAMEWORK

3.1 INTRODUCTION

The previous chapter concentrated on orphanhood in Zimbabwe, where causes of orphanhood were explored. It established that death due to HIV/AIDS, cholera and other diseases were the leading factors of orphanhood in Zimbabwe. This has also been worsened by the poor economy of the country. Death of parents impacted families as a result, young children were cared for in Residential Care Centres (RCC). Although living in RCCs deprives children from family life, it is a solution for those children who have been dwelling in streets and in child-headed families. The chapter ended up by looking at policies that guide orphans in Zimbabwe. Young orphans living in RCC transition to extended families in order to live a regular way of life as transition is critical in making sure that the RCC are not overcrowded with children who have relatives who can be traced (Ministry of Labour and Social Services, 2011a).

This chapter presented the theoretical and conceptual framework that guided the understanding of the transitioning process as well as how the data should be interpreted. Schlossberg's transition theory (1981) was used to explore the transition of young orphans from RCC to their extended families. It also allowed me to explore the factors that are critical in the transition process. The study is furthermore supported by the belief that the growth and development of children are dependent upon the quality of nurture provided by the environment in which they live. Therefore, the supporting theories of Erikson's psychosocial theory (1969) and Vygotsky's socio-cultural theory (1978) were also discussed as part of the theoretical framework. Erikson's psychosocial theory and Vygotsky's socio-cultural theory were consulted as part of the theoretical framework for triangulation purposes and they were reviewed for better understanding of the importance of extended families in child development. Erikson's psychosocial theory of development considers the impact of external factors, such as parents and society on personality

development whereas Vygotsky's socio-cultural theory was reviewed as members of the extended family support young orphans in developing cognitively through guiding and interacting them in a social context.

The following section explains Schlossberg's transition theory.

3.2 SCHLOSSBERG'S TRANSITION THEORY

Schlossberg (1981) developed the transition theory which was utilised as the main theoretical framework to this study. The theory focuses on an individual's transition during a precise event and time period and therefore, provided the foundation for this research, as it deals with conceptualising the transition experience of young orphans from one social framework to another (Schlossberg, 2011). The theory highlights a framework which portrays how practitioners would understand why people react and adapt so differently to transition at different given times (Schlossberg, 1981). Evans, Forney, Guido, Patton & Renn (2010:213) argues that "although the theory was originally applied to adult transitions it is still applicable as student development theorists have adopted the theory to provide an understanding for young orphans' transition experiences". Sharing the same view, Schlossberg, Lynch and Chickering (1989:13) point out that "transition theory can be applied to...young or old, male or female, minority or majority, urban or rural."

Dunlop and Fabian (2002:148) define transition as "being the passage from one place, stage, state, style or subject to another over time." In the context of this study, young orphans transition from RCC to extended families. Schlossberg's transition theory includes different transitions forms, factors and process that influence transition. Schlossberg, Waters and Goodman (1995) state that type, context, and impact are points to be looked at when trying to comprehend the meaning that transition has to an individual. The transition process follows next.

3.2.1 The Transition process

According to Schlossberg (1981), the three types of transitions are anticipated, unanticipated, and non-eventful. Anticipated transitions are those transitions expected by the individual, which encompasses major life events such as graduating from an institution, getting married, becoming a parent, being employed, changing careers, or retiring (Schlossberg, 1981). Of Schlossberg's three types of transitions, young orphans' transitioning from RCC to extended families undergo anticipated transitions. Schlossberg et al. (1995) explains that anticipated transitions encompass major life events that result in the changing of roles during the progression of an individual's lifetime. In the context of this study, young orphans change roles of being children from RCCs to specific families. Young orphans are prepared for their transition. Although they anticipate the transition from RCCs to extended families, they are instances where they can still not cope with the situations, they encounter during the transition process. Many of these young orphans must cope with leaving friends and the RCC community. They must also get used to new social environmental challenges (Kosine, 2006). To help orphans successfully transition to families, extended family members working with these young orphans must understand these unique differences and incorporate appropriate child developmental strategies to help young orphans overcome them (Kosine, 2006). Transition processes take place in a context which is presented next.

Context refers to the individual's relationship to the transition and the setting in which the transition takes place (Schlossberg, 1981). In this study, the context for young orphans' transition was the RCC and extended families. Orphans transitioning from RCCs to extended families were moving from a RCC setting with its own regulations to extended families where they had contact with family members and were required to be more independent in their way of life (Janiga & Costenbader, 2002). Taking into account the context of change of environment and routines allows young orphans the opportunity to explore their new roles as part of the families (Coccarelli, 2010; Janiga & Costenbader, 2002). Every transition has an impact which could be positive or negative. Impact is presented next.

Impact refers to the degree to which a transition influences the individual's daily life. Schlossberg et al. (1995:7) say, "impact is the most important part of a transition, because it can transform an individual's perception of relationships, routines, and outlook on the self, world, and roles". Sargent and Schlossberg (1988) state that the more stressful the transition is, the more resources and time are needed to adapt to the transition lifecycle. The transition process involves change and adjustments as children move from RCCs to extended families which may, over time, have an impact on their growth and development. The impact of young orphans transitioning from RCC to extended families are further influenced by Schlossberg's four S's. The four S's stand for Situation, Self, Support, and Strategy. In this study, the four major factors namely self (orphans' characteristics), situation (what is happening), strategies (how they manage the situation), and support (who or what the orphans rely on) that impact orphans' transition are examined. According to Schlossberg et al. (1995), the 4S system determines how an individual cope with transitional change. Individuals deal with transition differently depending on the four factors (Schlossberg, 1981). The four S system is described below.

3.2.1.1 The 4Ss system

- Self

Schlossberg (1981) defines the self as a coping strategy that one requires during the transition. It relates to factors that focus self introspection and personal characteristics influence coping (Anderson, Goodman, & Schlossberg, 2012). This factor is dual faced, personal characteristics and psychological resources (Evans, Forney, Guido, Patton & Renn, 2010). According to Schlossberg (1981), certain personal characteristics include age, gender, and socioeconomic status. It shapes the ways in which individuals manage change, making some more likely to successfully navigate transitions than others. Psychological resources refer to personality features and internal statuses which can influence the ways individuals manage transitions. Personal characteristics such as gender, socioeconomic status, and health conditions determines how an individual perceives the transition process (Anderson, Goodman, & Schlossberg, 2012). Schlossberg et al. (1995) cite that these factors influence the transition process. These

factors also have a bearing in an individual's life in different contexts. (Merriam, 1998a; Schlossberg et al., 1995). Young orphans may be unable to cope positively with the transition to RCC because of individual differences presented by these factors such as their health status. DeVilbiss (2014) found that orphans transitioning from RCCs to families may have a sense of freedom in their family environment as compared to RCCs.

- Situation

Situation denotes to how an individual perceives the transition (Chickering & Schlossberg, 1995). It relates to how individuals view the transition process and manage over what is happening (Evans et al., 2010). Anderson, Goodman and Schlossberg (2012) also concur that serious issues within this factor encompass whether this transition is fixed in stone or reversible, if there are merits or demerits, and whether there are other impediments that affect the transitional process. These factors clearly show the process of how transition is handled (Merriam, 1998a; Sargent & Schlossberg, 1988). An individual with positive perception of transition is different with someone who perceives it negatively (Sargent & Schlossberg, 1988). To young orphans transitioning into extended families' situation differs from individual to individual since they perceive it differently.

- Support

Support is an important coping resource which an individual requires in transition (Chickering & Schlossberg, 1995). Schlossberg et al. (1995) acknowledge that support is an important resource in handling stress during transition process. It can be derived from various sources such as families, friends and organisations to which the individual belongs (Anderson & Goodman, 2014). Support is important because it is what highlights belongingness of a person. Orphans need support from RCCs and government in order to manage the transition from RCCs to extended families. Examples of support may include educational needs as well as clothing and basic needs. Support systems' function is to assist overcoming emotional problems and provide extra funding in overcoming transitional changes (Schlossberg et al., 1995). As young orphans leave the RCC, they may experience feelings of isolation and need to adjust to the extended family environment. Schlossberg's (1981) transition theory emphasises the support during

transition which is in this study is provided by extended families. The support of extended family members is helpful to the young orphans while they are dealing with a stressful life situation and taking on significant challenges that put them at risk of failing (Payne, 2010). In Zimbabwe, some support organisations provide assistance in the transition process. They continue providing educational requirements and clothes to children.

- **Strategies**

Strategies refers to specific actions taken to manage challenges related to transition. They are coping mechanisms used by individuals to control, avoid, or prevent stressful situations (Chickering & Schlossberg, 1995). Schlossberg (2005) views strategies as coping responses that may be employed to modify a problem or situation. According to Schlossberg et al. (1995:7), “coping responses can be categorised as those that modify the situation, those that control the source of the problem, and those that help manage stress after the transition”. Young orphans can incorporate various strategies since there is no coping strategy that is best. Flowers, Luzynski and Zamani-Gallaher (2014) acknowledge that depending on whether the transition is perceived positively or negatively, it is critical to the coping process. Young orphans cope with leaving friends, caregivers and the environment they were used to at the RCC. They used various strategies to cope with stress such as talking about life at RCCs.

Schlossberg’s transition theory (1981) was relevant to the study by assisting in understanding ways in which young orphans’ transition to extended families and the processes to cope. Schlossberg’s transition theory helped in gaining insight on themes that could be experienced as the young orphans entered a new environment.

The next section focuses on Erikson’s psychosocial theory.

3.2.2 Erikson’s psychosocial theory (1969)

Erikson saw development as a passage through a series of stages, each with its particular goals, concerns, accomplishments and dangers (Woolfolk, 2004:100). Erikson extended Freud’s psychosexual view of personality development and theorised that children’s

personalities grow in response to the social world in the same manner their skills for social interaction mature (McLeod, 2018). For the purpose of my study, this means that the children's environment (in this case of the RCC where they lived has great influence on their personality). Erikson (1980) proposes eight stages, each characterised by a crisis. According to McLeod (2013) the eight stages are trust versus mistrust, autonomy versus doubt and shame, initiative versus guilt, industry versus inferiority, ego identity versus role confusion, intimacy versus isolation, generativity versus stagnation and ego integrity versus despair.

Erikson regards each stage in terms of a specific emotional crisis that surfaces during the course of development. Woolfolk (2004:100) opines that, "at each stage, Erikson suggests that the individual faces a developmental crisis – a conflict between a positive alternative and a potentially unhealthy alternative." The word crisis in this context refers to a normal set of pressures and tensions rather than to an unusual set of events. The crisis marks a major turning point which is not distractive but denotes increased vulnerability and at times enhanced potential (Woolfolk, 2004). Woolfolk (2004) explains that the way in which each individual resolves each crisis has a lasting effect on the person's self-image and view of society. However, rather than regarding these crises negatively, Erikson views them as challenges or opportunities to grow emotionally. Successful resolutions of each of the eight crises require the balancing of a positive trait and a corresponding negative one. Papalia and Feldman (2012) are of opinion that although the positive quality should predominate some degree of negative is needed too. For example, in this study, the crisis for five-to-ten-year-olds involves industry versus inferiority. Since children at this level are industrious, family members need to be supportive and give tasks which are within their levels of development otherwise these children might fail resulting in embarrassment and feelings of inferiority.

A major theme for Erikson was the pursuit for identity, which he defined as self-assurance in one's inner continuity during change (Papalia & Feldman, 2012). In relation to my study, the issue of identity is a critical issue that affects most orphans. The transition process can possibly lead to an identity crisis in orphaned children who grow up at RCCs and

extended family homes after losing their parents. These children must find their identity, amid several hardships, transitions, and changes in their young lives. Thus, the extended family is important in inculcating the child's sense of identity. Children learn the norms, values, beliefs, and skills expected of them through the family. Erikson denotes the person's psycho-social efforts demands that at each stage of development the individual should perfectly fit in that social environment. The theory postulates that society makes psychological demands on an individual at each stage of development (Papalia et al., 2011). The demands differ from stage to stage and from culture to culture. In case of orphans the demands and culture in the RCC may be different from that of the extended families.

In my study I focused on the stage of industry versus inferiority, which encompasses children five to ten, which follows within the fourth stage of Erikson's psychosocial as this was the focus of my study.

3.2.2.1 Industry versus inferiority (Elementary school, 6 to 12 years)

Industry versus inferiority stage (ages six to twelve) is the fourth stage which constitute the young orphans under study. Papalia, Olds and Feldman (2011) opines that, during this period, increasing competency in all areas from social interactions to academic skills, characterizes successful psycho-social development. According to Erikson, industry versus inferiority is the last stage of childhood. Papalia et al. (2011) denotes that during this stage children aged six to twelve may develop positive social interactions with others or may feel inadequate and become less sociable. Erikson (as quoted in Santrock 2010) observes that it is during this stage of development when children realise that they will get approval by performing tasks (Industry), therefore all energy is now fixated on acquiring knowledge and skills. Industry versus inferiority stage can, therefore, be characterised as a learning phase. Children may experience feelings of inferiority should they not prosper in acquiring skills or knowledge. Newman and Newman (2012:322) define 'industry' as "an eagerness to acquire skills and perform meaningful work". Slavin (2012) denote that during this stage, children learn important life skills including

academic, time management, and social skills that are required to succeed in society. The authors further explain that at this stage, children are learning that teachers, parents, extended family and even peers recognise their academic and extracurricular activities.

Papalia et al. (2011) denote that children in industry versus inferiority stage must learn skills of their culture to avoid facing feelings of incompetence. By the age of five, most children will be in elementary school in Zimbabwe. Brewer (2007:21) proclaims that, “in school, the child in the industry versus inferiority stage learns the basic tools of literacy and cooperation that will enable him/her to become a member of society and thus a sense of achievement becomes important.” Brewer (2007) further explains that children learn the satisfaction of persisting with a task until it is completed and use their skills to perform according to the expectation.

Erikson’s psychosocial theory is pertinent to the study of transition of children into extended families because in transition orphans need support and care from extended family members and RCC where industry is laid. Erikson’s psycho-social theory of development regards the influence of external factors such as parents and society on personality development (McLeod, 2018). This implies that children’s personality development occurs in response to their social environment. Such environments such as RCCs and extended families have a determining influence on how children grow, develop and learn. Children become industrious when they are encouraged and reinforced for their initiative. They feel confident with their ability in achieving goals. If this initiative is not encouraged, if it is restricted by family members or teachers, then children may experience inferiority, doubting their own capabilities and therefore they may not reach their potential (McLeod, (2018). Children who are encouraged and get positive comments from caregivers develop a feeling of competence and believe in their skills. They are however being denied the opportunity to discover their own capabilities and strength and are prone to feel inferior or useless. Vygotsky’s social cultural theory is discussed next.

3.2.3 Vygotsky's socio-cultural theory

Lev Vygotsky (1896-1934) was a Russian psychologist whose work embraces the way in which children develop knowledge and master language. His theory has a sociocultural perspective where he seeks to explain the growth of the mind as a function of social interaction (Crain, 2011). Vygotsky's sociocultural theory (1962, 1978, 1987) therefore explores the relationship between the child's development which is a function of the interaction with the cultural community (family, more capable peers and other members in the society). In other words, culture and thinking are passed on to young children through interaction. Central to his theory is the belief that a child acquires knowledge and skills through interacting with capable peers and adults in a social setting (Crain, 2011). Vygotsky (1978) strongly believed that the community plays a significant role in the process of "making meaning." He claimed that development in humans cannot be understood without acknowledging the social and cultural context within which it is embedded. This means that the way children develop can be fully understood only by considering the influence of the social and cultural circumstances around them. Vygotsky's socio-cultural theory is relevant to this study as it encompasses the role of culture which young orphans need to master for them to be appropriate members of society. In order to understand the role of the social and cultural context, scaffolding should be explored.

3.2.3.1 Scaffolding

According to Vygotsky (1978), a child learns through social interaction with a skilful tutor who provides verbal instructions and models behaviour. In socially supported contexts of development, children can even receive assistance from adults. Vygotsky calls this scaffolding. Scaffolding is the temporary support that adults or more capable peers use to help children to learn new information and execute a task. (Papalia et al., 2011:34 & 270). Caregivers have a key responsibility to scaffold children's development. Scaffolding involves intervening only when it is necessary to raise a child from lower levels of competency to higher ones. When children have completely learned the task the

temporary support or scaffolding is no longer needed. Scaffolding is some form of guided discovery. A significant adult is therefore fundamental in supporting children to reach their potential where conditions at home, family beliefs and neighbourhood setting impact the child's thinking and behaviour (Bodrova & Leong, 2007). It requires that, the caregiver, shows by example how to solve a problem step by step. This enables children to expand their basis of knowledge without excessive frustration. Vygotsky (1978) helps us to understand that adults play a vital role in young children's learning and development because they help them to construct meaning. The family and culture of the child must be a welcome part of the programme. Vygotsky's sociocultural theory is relevant for this study as it looks at the role of adults as key to children's development, which includes the caregiver who should support the children to function and flourish in society (Gouws, 2018).

Figure 3.1 depicts the link between the three theoretical framework which emphasises the influence of the environment on the orphan's transition experiences to extended families. The three theoretical framework emphasise the influence of the extended family members on transitioning of orphans from RCCs to extended families. Caregivers at the RCC and extended family members directly influence young children's development. The young orphans also play significant roles in their development by the guidance from the extended family members. The next figure depicts the merging of the three theories of the theoretical framework.

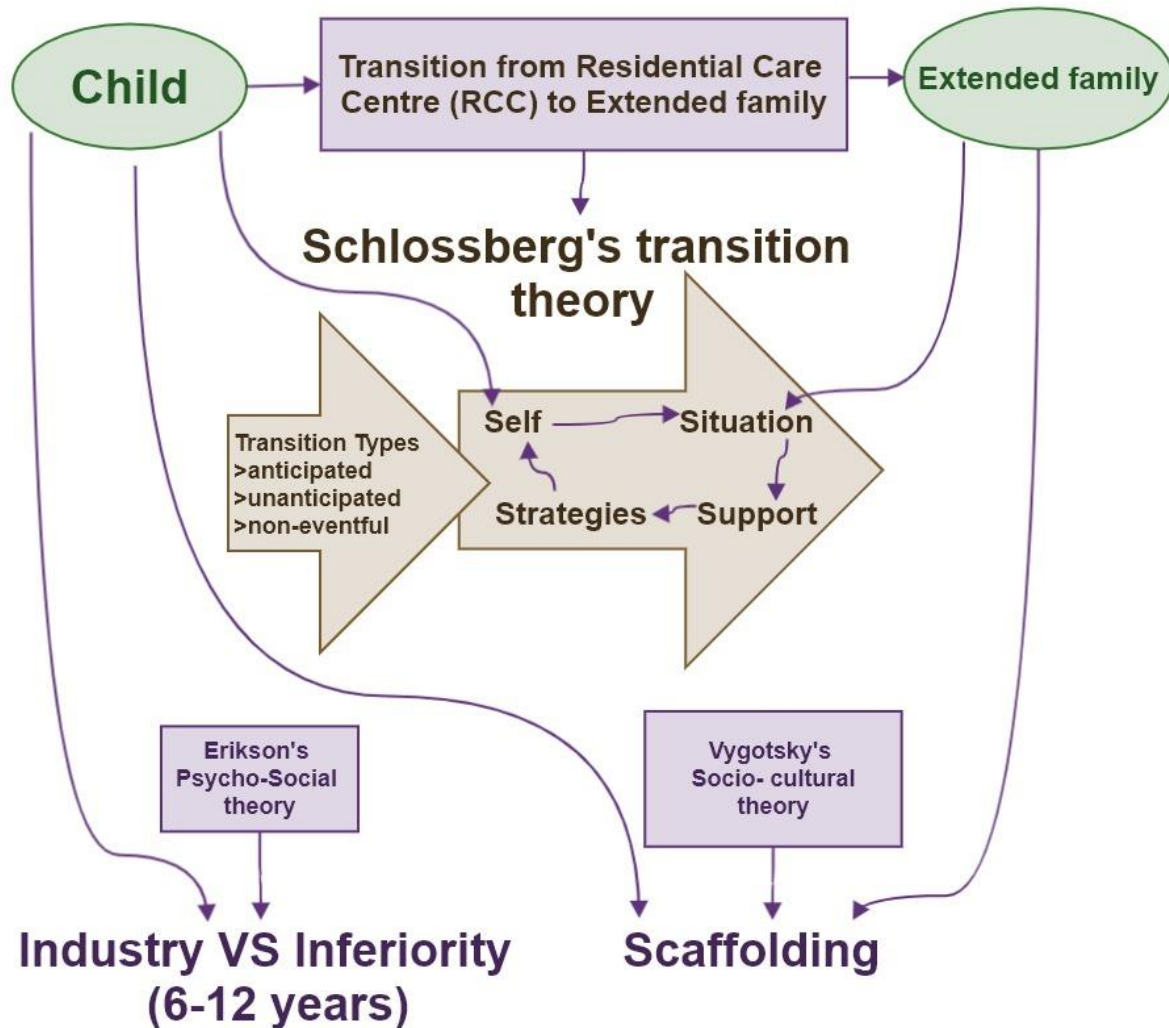


Figure 3.1: The merging of three theories of the theoretical framework

The following section focused on reunification of children with families.

3.3 REUNIFICATION OF ORPHANS WITH THE FAMILIES IN ZIMBABWE

According to Chimbwana and Gumbo (2014), the reunification of orphans from RCCs with families in Zimbabwe is done in order for them to be cared for in families where there is parental love, attachment, protection and care which are required by young children during their early years. Reunification is done in accordance with the National Residential Childcare Standards which according to Ministry of Labour and Social Services (2010a), is a requirement for residential caregivers to have a reunification plan for children with

relatives who are traceable. The authors further report that the reunification process is crucial to ensure that RCCs are not overcrowded with children who have relatives who are known (Chimbwana & Gumbo, 2014:42). In line with that, UNICEF (2016:45) denote that “it aims to improve initiatives to prevent family separation, by providing support to family tracing and reunification services for unaccompanied and separated children, and find appropriate alternative childcare”.

Smith and Wakia (2012:3) affirm that “in situations where a child has been separated from their family, the best possible way to ensure a better future for that child is to be returned to the care of their family”. Concurring, Kiambi and Mugambi (2017:181) posit that the immediate family environment of a child is critical in determining how the child develops. Ministry of Labour and Social Services (2010) make it a requirement for every institution to have a plan of reunification of all children with traceable relatives. Muguwe et al. (2011) maintains that even babies who are few weeks old are eligible, depending on the situations surrounding the child. However, Mushongera (2015) notes that children of all ages need to be prepared psychologically for reunification through development of relationships with relatives who are ready to take them. The reunification process follows next.

3.3.1 The reunification process

Transitioning from RCC into families is a major life event that requires adequate preparation by young children. Chimbwana and Gumbo (2014:43) proclaim that,

“...the residential childcare facilities record all information about a child at the time of his/her placement. Such information includes place of origin, the names of his/her parents and or any known relatives and significant others”.

The information is useful when children are in transition with families.

Reunification of children in RCC is a primary goal of all children who have been deprived of family life. As aptly put by Balsells et al. (2014) reunification is done when the family is willing to take the orphaned child. UNICEF (2014:40) outlines the conditions for family reunification in which children may be reunified with their family when the certain conditions are met.

According to UNICEF (2014), the process of reunification begins by tracing the origins of the child. Children in RCCs are brought in through a variety of reasons. Some are brought as a result of abandonment, death of parents, abuse, and socio-economic situation of families among other reasons. In case of death of parents, the family origin of the child is usually known. Balsells et al. (2014:811) opines that the reunification process begins the moment the children are separated from their parents.

The extended family usually maintains contact with the orphans. Chimbwana and Gumbo (2014) report that children who are usually placed in residential childcare facilities for a long term do not have relatives that are known or they have challenges which make it difficult to connect with their families. In Zimbabwe, a social worker of the DoSW is responsible for initiating follow-up mechanisms with relatives for reunification to take place. If the extended family is ready to take the child, assessment begins. Pre-reunification processes include comprehensive assessments of the receiving families. Assessment has to be done to verify that family reunification is in the best interests of the child.

Retrak (2013:19) opines that an assessment should be made on the family situation, to confirm if it is still safe for the child to return home. The process involves taking the child to meet their family or relative before they are reunified. There is no specific process for orphans who are reunified with extended families. The same process is used for all children; the home environment is assessed for suitability. A research conducted by Schiff (2006:351) underscores that girls needed longer preparation time than boys to process the feelings and thoughts about transitioning from childcare so as to establish

closer relationships with relatives, peers and parental figures before leaving the care. Therefore, it is imperative to note that reunification should not be done haphazardly.

Chimbwana and Gumbo (2014) highlight that the assessment process involves pertinent key issues related to caregiver support, education, health, economic strengthening as well as community engagement. When the extended family is ready to take the orphan and are mentally and physically capable, continuous assessment is done until the child is unified with the relatives. Smith and Wakia (2012:3) denote that once the child has been successfully placed in the care of the extended family, social workers regularly follow up on the child and family to ensure that they cope.

According to UNICEF (2014), in Zimbabwe, under the Child Protection Fund programme, government has monitoring mechanisms of checking how the child would have settled in the family. In line with that, child welfare organisations employ multifaceted strategies to build on family strengths through maintaining family connections through regular and frequent visits among family members (Ministry of Labour and Social Services, 2010b). Smith and Wakia (2012:3) denote that effective family reunification is based on a plan that is suited to the individual needs of children and is in their best interests. They further explore that the reunification process should aim at rebuilding positive attachments between the children and their caregivers as well as involving the community in supporting the children and families.

Chimbwana and Gumbo (2014:43) argue that the challenge, however, will be resources to conduct family tracing, escorting, reunification and reintegration with continued monitoring. Research by UNICEF revealed that many residential childcare facilities have challenges in that they are unable to conduct follow up process due to lack of financial and technical support from the DoSW and partners (Ministry of Labour and Social Services, 2011a).

3.3.2 Reunification experiences by children

Children who have gone through RCC have a variety of experiences, some positive whilst others are negative (Powell, 2004). A study by Mahuntse (2015) focusing on child participation in reunification and reintegration in Zimbabwe through listening to the views of children revealed that they expressed happy feelings when reunified with families. Children ten years and below were observed putting on wide smiles on their faces as they nodded expressing their joy on being reunified (Mahuntse, 2015:23).

Mahuntse (2015) further explains that 83.3% children preferred remaining in their new family set up though they missed their former RCCs. They revealed that being with relatives is more fulfilling experience as compared to being with being in RCC as life with families has greater freedom as compared to the rigid timetables associated with life within residential care. Similarly, a research study conducted by Chimbwana and Gumbo (2014) in Zimbabwe revealed that even though in RCC children are offered nice clothes they preferred living with their family members. Such experiences entail that family life is more important for young children as they need care, support and protection from parents and other family members (Ministry of Labour and Social Services, 2010b).

Child Protection Society together with Ministry of Labour and Social Services conducted a study to establish the experiences of children after reunification in ten provinces in Zimbabwe in 2014. The study revealed that more children and young adults were protected from abuse and violence. According to Child Protection Society (2014:9), the main form of abuse was physical and emotional abuse. Contrary to this, Muguwe et al. (2011) in their study on challenges faced by institutionalised children when integrating with families revealed that families lack adequate financial resources to implement the reunification programme and that children themselves failed to adjust from urban to rural life.

In Zimbabwe, due to the impact of poverty, socio economic situation, family disintegration, HIV and the AIDS pandemic, the extended family is underscored (Foster, 2004).

However, Martin and Zulaika (2016:52) propose that better preventive and family support services are required to strengthen the capacities of families to care, to reduce unnecessary child-family separation. Several studies have revealed that children develop better socially and emotionally when they are in a stable family environment. The declarations of the 27th session of the UN General Assembly; notes that, the primary responsibility for the protection, upbringing and development of children rests with the family. Thus, a child who is placed into nuclear and extended family care gets the opportunity to experience family life. This is in line with the reunification practice whereby children from RCCs are looked after by the extended family.

3.4 THE CARE OF ORPHANS BY EXTENDED FAMILIES IN ZIMBABWE

The Zimbabwean society value and respect orphans just as any other children. They have the right to remain with the extended family for protection and care. In the absence of the nuclear family the extended families take over. UNICEF (2010) notes that orphanhood prevalence among children aged 0-17 years in Zimbabwe remains high at 37% with only 21% have accessed some external support. Chimbwana and Gumbo (2014:54) explain that a further 17% of the most marginalised children, mostly those from impoverished families in rural areas, are not attending school due to socio and economic challenges. However, it is the right of orphans to be loved, cared for and treated equally regardless of their status. Caring for orphans in extended families is discussed next.

3.4.1 Extended family

Konzo (2017:1) opines that the family environment has been proven through years of research to be the best living environment for children to grow up in to achieve holistic growth. Concurring, Balsells et al. (2014) denotes that family life is one of the central pillars of our cultures and societies, as it largely impacts the protection and well-being of children. While Smith and Wakia (2012) agree that the appropriate condition for the growth and development of young children is to be raised within a family unit. Extended family members have been recognised for the support they render to each other during

difficult times with cash, food, housing, and care for the sick and emotional support to destitute or bereaved families (World Bank, 2009). According to Mushunje (2014:83), in the Zimbabwe context economically wealthy households tend to support those less privileged. Mushunje (2014:83), further explains that those without financial means also support other extended family members morally especially during times of bereavement where their physical presence is appreciated, and with labour in the case of farming. Hlatwayo, Zimondi and Nyatsanza (2015:2) highlight that, traditionally, within the Zimbabwean context orphans were absorbed within the extended families that would bear the responsibility to care and support them. Concurring, Mhongera (2017) denotes that Zimbabweans took pride in themselves and their ability to take care of orphans and vulnerable members through mobilizing of resources from the community. Agreeing, Maushe and Mugumbate (2015:34) assert that, in a normal Zimbabwean set up, children should be taken care of by adult members of their immediate family first and foremost.

A research study conducted by Martin and Zulaika in 2016 among 12 countries in Eastern African region revealed that over 19 million children live in extended families (Martin & Zulaika, 2016:52). The United Nations General Assembly Special Session (UNGASS 2010) states that of the 1.6 million children made vulnerable by HIV and AIDS epidemic, only 0,3% are cared for in institutions, with 97% being cared for by their extended families and communities. Concurring, Muchacha et al. (2016:84) report that, Zimbabwe is home to over 1 million orphaned and vulnerable children most of whom are being looked after by their relatives.

3.4.2 The traditional role of the extended family

In Zimbabwe, orphaned children have been traditionally taken care of by communities (UNICEF, 2014). Nyambedha et al. (2003) denote that in traditional African cultures, orphans as part of the extended family and their care and support are carried by the extensive network of relatives. Mushunje (2014:86) further expands by saying, “orphans that are cared for within the extended family set up are raised as part of the family and an outsider would never know they were not biological members of the nuclear family unless

the family chose to divulge such information.” Chimbwana and Gumbo (2014) highlight that customary law appreciates the processes that are done in taking care of orphaned children in an ideal African setting. This encompasses the process of assigning the family members duty of looking after orphans. The process is conducted when the deceased has been buried (Chimbwana & Gumbo, 2014:54).

In addition, Mushunje (2014:86) highlights that the extended family has a critical role in bridging the gap between the threats of loss of childhood in the face of adversities to child protection. In Zimbabwe, when biological parents die, orphans are cared for and nurtured by the extended family. Sibindi and Dube (2016:172) note that traditionally in Zimbabwe the extended family assumed the responsibility of looking after orphans. Accordingly, Zimbabwe Global AIDS Report, (2012:39) report that due to HIV and AIDS pandemic, there is proliferation in child-headed households in Zimbabwe, despite some orphans being cared for by the extended families. With such number of orphans in Zimbabwe, the majority of them are being cared for in extended families as strongly rooted in the African tradition of caring for orphans is well-preserved. Mushunje (2014:85) denotes that in the absence of the nuclear family, vulnerable children are generally cared for and nurtured by the extended family. Bourdillon (1991:26) explains this concept by saying, “in the traditional Zimbabwean Shona and Ndebele communities, life was characterised by brotherhood.” This is evidence of love and oneness among family members. Therefore, the extended families live together for various reasons, both out of necessity and out of choice.

The extended family transmits culture. Mushunje (2014:85) mentions that the family is the union that upholds, transmits and guards the values and culture within that family or community. Konzo (2017) asserts that children with relatives and siblings, receive psycho-social support, crucial cultural and religious socialisation. Furthermore, they benefit from their families in that they receive financial support, a sense of belonging and self-worth, a positive self-image and stability. A family is crucial since it molds children’s behaviour and teaches them social skills needed for instilling morals. In addition, the family guides children to exercise self-discipline and become responsible. Being part of

the nuclear family enables children to establish cultural and religious links which enable them to socialise with the community (Ministry of Labour and Social Services, 2011a). Extended families play complementary roles in the lives of orphans. The Government of Zimbabwe, through the Orphan Care Policy, accepts that the extended family has a crucial role in taking care of children who are orphaned (Ministry of Labour and Social Services, (2010b). Research has revealed that family-based care is cheaper and manageable as compared to the RCC.

UNICEF (2011) observe that when children lost their parents, the extended family is supposed to take care of them. Concurring, Mushunje (2014:91) highlights that, the extended family plays a critical role in bridging the gap between the threats of the loss of childhood in the face of adversities to child protection. A study by Powel et al. (2004) revealed that over 98% of the countries orphans find refuge with their relatives. Concurring, Ministry of Labour and Social Services, (2011a) agree that the vast majority of Zimbabwean orphans are cared for by relatives. According to Government of Zimbabwe (2010), no state support is solicited to the extended family as the responsibility to look after the orphaned children. The extended family must use its own resources to care for orphans. Nevertheless, due to socio economic challenges in Zimbabwe, caring for an extra child is becoming increasingly difficult for many families. However, in argument, Hlatywayo, Zimondi and Nyatsanza (2015) are of the view that there is continued willingness by families to absorb orphans even though they are facing socio-economic challenges.

Extended families in Zimbabwe provide protection for orphans and nurture them in a normal setup. Sibindi and Dube (2016:172) posit that traditionally, in African societies the extended family assumed the responsibility of looking after orphans. Similarly, Maguwe, Taruvinga, Manyumwa and Shoko (2011:142) observe that traditionally childcare in Zimbabwe was the preserve of the nuclear family, extended family, clans, and communities. Orphans that are nurtured within an extended family are raised as part of the family, which means a child who is reunified into the extended family becomes part of the family. However, research by UNICEF (2014) reports cases of child right violations in

some extended family environments were cases of abuse, mistreatment or exploitation were noted (Ministry of Labour and Social Services, 2011a). The study further revealed that relatives took girls because they have economic values through obtaining bride prices and carrying out domestic chores (Ministry of Labour and Social Services, 2011a).

3.4.3 Care and support of orphans' well-being

A family has a fundamental role in society through the provision, care and protection for children. Martin and Zulaika, (2016:51) opine that the critical role of the extended family has been recognised as key in an effort to strengthen family care for children. Extended family members tend to support one another in times of challenges that may be encountered in life. World Bank (2009) has it that extended family members support each other during hard times with resources. The extended family is viewed as a support system in the up keeping of orphans. Mushunje (2014:87) highlights that, in some cases, biological parents would voluntarily send their children to live with extended family members, for long periods, without relinquishing their parental rights and responsibilities.

Rusakaniko, Chikwasha, Bradley and Mishra (2010:7) are of the opinion that the presence of children orphaned due to AIDS-related deaths in Zimbabwe has resulted in the customary networks of care and support, such as the extended family, breaking down. Rusakaniko et al. (2010:13) further explain that “the care and support of the extended family’s children was done prior to the death of parents therefore, in the event of the death of one or both parent(s), the child’s welfare is taken care of by the remaining extended family members”. However, as alluded before, Masuka, Banda, Mabvurira and Frank 2012: 54) allude that “the socio-economic and political challenges facing Zimbabwe, have left family groups weakened, resulting in extended families carrying out fewer traditional functions and becoming smaller and more unstable, weakening the cultural values of families”.

The HIV and AIDS epidemic has created pressures on the part of the extended families, especially to grandparents, and communities, who are overwhelmed by lack of resources

to support and deal with ever-increasing demands. The Government of Zimbabwe (2010) notes that the extended family, that was previously the security net for vulnerable children, is crumbling due to poverty, high rates of unemployment, hyperinflation, urbanisation, and the HIV/AIDS epidemic. The increasing numbers of deaths of adults because of AIDS has impacted negatively on the extended families giving them extreme pressure of caring orphans. Powell et al. (2004), and Wyatt and Mupedziswa (2010) note that the Department of Social Services, which has the responsibility to provide care and protection to children is severely compromised because of shortages of financial and human resources. To worsen issues, the social life in Zimbabwe has changed due to the economic decline, high unemployment rate, gender inequalities among other challenges and this has negatively influenced family life (Mhongera & Lombard, 2016). As a result, members struggle to survive making the life of many orphans unbearable. Supporting orphans goes beyond extended families as part of government's care. External support to orphans is discussed next.

3.5 EXTERNAL SUPPORT

Orphans living in extended families are supported by the extended family. In terms of the general upkeep of children, it is the extended family that is responsible for that. However, they receive some form of support from the community and government. The National AIDS Council (NAC) provides school fees and stationery through the Zunde Ramambo programme. This is a programme where traditional leaders, chiefs, headman support orphans in their communities. Following is the Basic Education Assistance Module (BEAM) which is a government initiative.

3.5.1 Basic Education Assistance Module (BEAM)

The Basic Education Assistance Model (BEAM) is administered by the Department of Social Welfare through the Ministry of Education (UNICEF 2014). BEAM started in 2001 as a key element of Zimbabwe's Enhanced Social Protection Programme (ZESPP), to provide school fees, levies and examination fees to orphans and other vulnerable children

(Ministry of Public Service, Labour and Social Welfare, 2016). Since 2001, Zimbabwe has seen significant social, economic and political changes that influenced BEAM operationalisation and impact. BEAM targets vulnerable Zimbabwean school-going children aged 4 to 19 enrolled in Early Childhood Development (ECD), primary, secondary and special needs schools (Ministry of Public Service, Labour and Social Welfare, 2016). It aims at reducing school dropouts due to poverty as well as reaching out for those who have never been to school due to economic hardships. According to the Ministry of Public Service, Labour and Social Welfare (2016:8), BEAM assistance does not exhaustively cover all the basic learning needs of orphans; it only covers school fees, levies and examination fees. Assistance for orphans is done in categories. Orphans in the care of a relation/guardian with limited capacity to cope with the increased burden of their education needs are placed in the second category. According to the Ministry of Public Service, Labour and Social Welfare (2016), when there is more than one child from the same household in this category, the community can consider enrolling some of them under BEAM while the others will be left to be provided for by the guardian/parent. The selection is based on the community's assessment of the household capacity to cater for the other children.

3.6 CONCLUDING REMARKS

The theoretical framework in this study provided theories related to the transition of young orphans from RCC to extended families. The main framework is based on Schlossberg's transition theory, which explains the transition process and the individual's experiences of transition. For the purposes of this research, the experiences of young orphans who transition from RCC to extended families were studied. Hence, it was imperative to explore the four transition factors based on Schlossberg's transition theory. The exploration occurred to assess research participants' transition experiences from RCC life and to use Schlossberg's four factors as a basis for the transition process. I viewed Schlossberg's transition theory in the light of young orphans' transition to extended family life, which has unique characteristics. With the potentially difficult environment that young orphans face, they have a higher risk of psychological instability. This makes them more

vulnerable to the challenges they face during transition. Such a perspective may add value to Schlossberg's transition theory.

Erikson's psychosocial theory centres on the quality of the interaction between the child and the caregivers, in this case which are the family members of the extended family in relation to the demands posed by society as expected and acceptable behaviours from the child at a given age and stage. This may have a positive or a negative impact on the child's development. Vygotsky's view provided a framework that the children's development is determined by their culture.

As the focus of this study is on five to ten-year-olds' children, the reunification processes from the RCC with families were highlighted. The function of the family in nurturing and family support, protection, socialisation, and transmission of culture which also has an effect on young children's development, have also been discussed. Support systems in reunification and their role have been explored. The next chapter explains the research methodology used to ascertain the transition experiences of young orphans to extended families.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

The purpose of my study was to explore the experiences of young orphans who transition to extended families in Zimbabwe. To understand the experiences of these orphans, it was also necessary to gain information on how the extended families whom the orphans transitioned to, also experienced this transition. In Chapters 2 and 3, I explored orphanhood through a comprehensive literature review. Chapter 2 focused on the causes of orphanhood, as well as challenges and opportunities of orphans living in RCCs and the analysis of policies related to orphanhood in Zimbabwe. In Chapter 3, I reviewed the literature on theoretical frameworks that guided this study which is related to Schlossberg's (1981) transition theory, Erickson's psychosocial theory (1969) and Vygotsky's socio-cultural theory (1978). Schlossberg's (1981) transition theory was used as the main framework to understand the orphanhood phenomenon. Chapter 3 also reviewed the reunification process from RCCs with families. The functions of the extended families in the lives of orphanhood of nurturing, support, protection, socialisation, and transmission of culture were discussed. The chapter finally looked at the support systems and their role in reunification.

In this chapter the methodological context and strategies that were used to conduct the research study in exploring experiences of young orphans who transition to extended families were explained. As part of the research design, I explained the interpretive paradigm that guided my study, the qualitative research approach, and the case study design. I furthermore, explored why a phenomenological approach was appropriate for this study. Research methods that were deliberated on constituted the role of the researcher, purposive sampling, the research site, selection of participants, data collection methods, data analysis, trustworthiness, and ethical considerations.

Following is an outline of the research methodology and process the study utilised.

Table 4.1: Outline of the research methodology that were followed in this study

Research methodology: Research design		
Research methods		
Research design		<ul style="list-style-type: none"> • Interpretive paradigm • Qualitative approach • Phenomenological approach • Case study design
Research methods		<ul style="list-style-type: none"> • Interviews • Observations • Drawings • Narratives
Selection of the research sites and participants	Purposive sampling	<ul style="list-style-type: none"> • Extended families • RCC • Administrators • Family members • Orphans • Social worker
Data collection techniques	<ul style="list-style-type: none"> • Semi structured Interviews • Non-participant observations and field notes • Drawings and narratives 	Field notes – verbatim transcriptions of audio-recordings
Data analysis		Thematic analysis

This chapter outlines the process in which data were collected, analysed, and interpreted. As cited by Creswell (2013) the kind of data that a researcher needs depends on the

questions to be answered and the methods used to answer them. Following are the research questions that guided this study.

4.2 THE RESEARCH QUESTIONS

The purpose of this chapter was to answer the following research questions:

4.2.1 Primary question

The primary research question that guided the study was:

What are the experiences of young orphans who transition into extended families in Zimbabwe?

4.2.2 Secondary research questions

- How do young orphaned children perceive the transition to their extended families?
- How do the extended families experience the inclusion of an orphaned child in their family system?
- What evidence-based guidelines can be proposed for the successful transition of orphans to extended families?

The above questions intended to bring to the surface the experiences of young orphans who transitioned to extended families in Zimbabwe from an emic perspective. The research questions in this study therefore can only be explained in words, as opposed to numbers. The study outlined the philosophical views that guided the research design of this study.

4.3 RESEARCH DESIGN

Trochim (2006) describe a research design as the structure of research that embraces all the components in a research project together, whereas McMillan and Schumacher (2010) view it as a strategy for choosing research sites, participants and data collection procedures to address the research questions.

Mailwane (2016) says a good research design must demonstrate the significant tenets and milestones which hold the research paradigm, research approach and type of research. According to Seabi (2016:81), “a design is a plan of how one intends to accomplish a particular task, and in research this plan provides a structure that informs the researcher as to which theories, methods and instruments the study will be based on”. The basis of any research is determined by the research design. This study was located within the interpretive paradigm, and followed a qualitative design using a case study design. Following is the research paradigm.

4.3.1 Research paradigm

A research paradigm according to Nieuwenhuis (2007a:47), “refers to a set of assumptions or beliefs about fundamental aspects of reality, which determines the researcher’s worldview”. Consistent with the aforementioned authors’ assertions on a paradigm, Joubert, Hartell and Lombard (2016) argue that paradigms are models or patterns which contain a number of assumptions, and they are used by the researcher for collecting and interpreting the data. Joubert et al. (2016) further explain that a paradigm directs exactly what will be researched, how the research will be done, and the way in which the research will be interpreted. The research paradigm in which a study is situated is influenced by the view of the nature of phenomenon being studied, the type of questions that are proposed and the data that would provide the evidence which is needed to answer the research questions of interest (Gitchelel & Mpofu, 2012:59).

Viewed from a philosophical perspective, Morgan and Sklar (2012:70) view the research paradigm as “a set of conceptual frameworks that explain a particular theoretical approach to research and covers aspects of ontology, epistemology, teleology and methodology.” Consistent with the aforementioned authors’ beliefs, Taylor and Medina (2013) relate the research paradigm to the nature of reality (ontology), both external and internal to the knower; the kind of knowledge that the knower can generate (epistemology) as well as a particular approach of producing the knowledge (methodology). The ontological assumptions to this study are that reality is socially constructed as each individual’s reality is dependent on their personal experiences (Creswell, 2014; Wagner, Kawulich & Gerner, 2012). Joubert et al. (2016) explain that the ontological approach to a qualitative enquiry notes that reality is constructed by social, political, historical, and economic interaction, whereas external influences cause reality to change constantly.

Epistemology refers to the construction and differentiation between various types of knowledge (Brundrett & Rhodes, 2013). Epistemological paradigms are therefore, according to Maree (2015), the lens through which one approaches knowledge in research. The epistemology based on the interpretative paradigm endeavours to “understand the subjective world of human experience” (Cohen et al., 2005:23). Thus, it notes that reality is constructed by interactions in a specific social context, and that the researcher will interpret subjective views (Joubert et al., 2016). All the aforementioned views on a paradigm express common ideas in respect of what it is as well as the purpose it serves in research as set of philosophical assumptions and/or beliefs which underpin the researcher’s perception of the world, whilst also providing a framework, which directs his research activities. Merriam (1998b:4) identifies the following three philosophical orientations which guide a scientific inquiry. They are:

- positivist in which knowledge acquired through “scientific and experimental research is objective and quantifiable”.
- interpretive in which knowledge is based on the lived experiences of individuals; and
- critical in which knowledge is produced through an “ideological critique” of what is researched.

The study adopted the interpretive paradigm of qualitative research which is presented in the next section.

4.3.1.1 Interpretive paradigm

In view of the qualitative research design that this study adopted, the interpretivist paradigm is the most relevant philosophical orientation or paradigm. Interpretivism is also referred to as the constructivist, humanistic or naturalistic paradigm. The study followed the interpretivist paradigm, as it gave me the opportunity to understand the meaning that the participants assign to their experiences (Maree, 2007). It recognises that social reality is built and construed by the individuals who take part in the social world themselves, according to the philosophical positions they possess (Cohen, Manion, & Morrison 2011). Since the study intended to generate knowledge constituted by the lived experiences of participants with the phenomenon that the study set out to explore as experiences of young orphans who transitioned to extended families, the interpretive paradigm was best suited. According to Bhattacharjee (2012:103) “interpretivism is premised on the notion that social reality is neither singular nor objective as it is based on multiple human experiences and social contexts that represent ontology and is best studied within its socio-historic context by reconciling the subjective interpretations made by different participants, which is the epistemology”. In regard to that, interpretive researchers therefore maintain that social reality cannot be experienced independently of the social context in which it is embedded, and can therefore be interpreted in terms of the meanings attached to it by the various participants (Bhattacharjee, 2012). The interpretive paradigm generates knowledge through interviewing, participant observation, and constructing accounts of cultural backgrounds of individuals that are characterised by authenticity and trustworthiness (Taylor & Medina, 2013). The aforementioned authors further elaborate that the interpretive paradigm generates knowledge through interviewing, observation, and constructing accounts of cultural backgrounds of individuals that are characterised by authenticity and trustworthiness. Concurring, Collins (2010) says the interpretivist paradigm is grounded from its naturalistic data collection methods such as interviews and observations, which I used to collect data in this study. Myers (2008) adds that data

generated via interpretivist studies tend to be trustworthy and honest. Trustworthiness is an important aspect of qualitative data.

Maree (2007) states that behaviour is constructed socially, and that interpretivist research will give the researcher insight into how a group of people makes sense of the circumstances which they encounter on a daily basis. The advantages of the interpretivist paradigm include the rich descriptions it provides (Maree, 2007). However, interpretivism has been criticised for not being able to generalise the findings further than the situation being studied (Maree, 2007). In this study, the sample size was too small to make a generalisation when the study is completed. For the purpose of this study, interpretivism was used to understand the experiences of orphans in extended families. The interpretivist paradigm allowed me to gain a deeper understanding about the orphans within their social context. My intention was to examine orphans' everyday interactions in their natural environments of their extended families. The interpretivist paradigm enabled me to search for answers from those who have experiences of the phenomenon, such as the young orphans, extended family members, social workers and administrators. The advantages of the interpretivist paradigm include the rich descriptions it provides (Maree, 2007).

Following are the key features of the interpretivist paradigm as shown on Table 4.2.

Table 4.2: Interpretive assumptions and the application to my study

Assumptions	How it relates to my study
"Human life can only be understood from within", therefore the focus is on the individual experiences and interpretations of people and their interaction with their social environment (Nieuwenhuis, 2007a:59).	This viewpoint allowed me to gain access to the individual viewpoints and understandings of the lived world of young orphans' experiences of transitioning into extended families. It helped me to distinguish the way in which their world is "constructed."
"Social life is a distinctively human product," and the meaning people give to a phenomenon is always related to	Understanding of the context in which transitioning takes place is particularly crucial in how the phenomenon is understood. This study created an

Assumptions	How it relates to my study
<p>their unique context” (Nieuwenhuis, 2007a:59).</p>	<p>opportunity for a deeper understanding of orphans’ transition process in relation to their peculiar social contexts of transitioning from RCC into extended families.</p>
<p>“The human mind is the purposive source of origin and meaning” (Nieuwenhuis, 2007a: 59).</p> <p>“Exploring the complexities of a phenomenon leads to a better understanding of the meaning it has for people” (Nieuwenhuis, 2007a: 60).</p>	<p>In-depth literature, theoretical framework and field work allowed me to depict how young orphans assigned meaning to the orphans’ transition process and to understand their actions and interactions with extended families.</p>
<p>“Human behaviour is affected by knowledge of the social world” (Nieuwenhuis, 2007a:60).</p> <p>Understanding more about the truth improves our conceptual framework and provides aconnection between the concrete world and the abstract theory (Creswell, 2013).</p>	<p>Interpretivism suggests that “multiple realities or multiple truths exist based on one’s construction of reality” (Mantzoukas, 2004:1000). Multiple realities emanated from my interaction with young orphans. These various perspectives stimulated an understanding between what exists in the social world and the theoretical framework which I employed to engender significant relationships.</p>
<p>“The social world does not exist independently of human knowledge” (Nieuwenhuis, 2007a: 60).</p> <p>Our prior knowledge, values, beliefs and perception influence the way we understand reality.</p>	<p>I recognised that my previous knowledge and experience were intimately related to my research on experiences of young orphans who transitioned to extended families. This guided me in conducting my study and helped me in understanding of the transition process of young orphans.</p>

The research approach employed in this study is presented next.

4.3.2 Research approach

According to Maree (2012) a research approach is an explanation of the procedure in which the research will be steered. Creswell (2014) views it as research plans and

procedures, that encompass broad assumptions about the research question, which are narrowed down to detailed procedures relating to how data were collected, analysed and interpreted. This study followed a qualitative approach as qualitative research is naturalistic, that is, it focuses on the natural settings where interaction occur, such as, viewing social life in its natural setting and in terms of processes that occur (Nieuwenhuis, 2016). As the study focused on the experiences of young orphans who transitioned to families in Zimbabwe, a qualitative research approach was followed. The research approach strives to explore the phenomena in a specific situation and natural context (Creswell, 2014). A qualitative research design according to Creswell (2013) is an approach that is used for exploring and understanding the meanings that are assigned to social or human problems by individuals or groups.

The aim of qualitative research is to describe and understand a phenomenon where it naturally occurs (naturalistic context), with the objective of understanding the meaning that participants convey (Maree, 2007), and to compile a report with a flexible structure (Creswell, 2013). Holloway and Wheeler (2002) concur by highlighting that the qualitative research approach permits researchers to extremely study human livelihoods, varied aspects, including attitudes, to experience complexities of the condition contextually. Qualitative researchers are mostly interested in how human race organise themselves, their wellbeing and how they make sense of how they perceive things around them (Maree, 2012). This shows that qualitative research is collaborative and aims at investigating and knowing the people who are key in the specific study. Applied to this study, it means that I intended to get to know the experiences of young orphans with regard to their transition to extended families in Zimbabwe. This type of research involves paying attention to the participants' voices. This approach was suitable to my study since the population was located in a specific area of Zimbabwe, where young orphans have transitioned to extended families.

Lincoln and Denzin (2003) described qualitative research as research that is mainly focused on giving a detailed account of events as they occur, with the objective of capturing everyday behaviour. Qualitative research according to Creswell (2013) involves

the collection of people’s views using words, concepts, and constructs in form of narratives or stories. I observed and recorded the participants in the extended families during the interviews, observations and drawings and narratives. The aim of qualitative research is to describe and understand phenomena in its natural setting (naturalistic context), with the objective of understanding the meaning that participants convey (Maree, 2007), and to compile a report which is meaningful (Creswell, 2013). Concurring, Creswell (2012) reports that qualitative researcher relies on the viewpoints of the participants (emic view). Qualitative methods produce data on the specific cases studied and its samples are often smaller (Denzin & Lincoln, 2012). My study used a small sample of 13 participants.

The following table depicts the main characteristics of qualitative research and their applicability to this study.

Table 4.3: Characteristics of qualitative research

Characteristic	How it was applied in the study
Behaviour is studied as it occurs in natural settings (Creswell, 2014).	Data were collected from extended family homes where the young orphans transitioned to RCCs where administrators of two RRC reside, Social Welfare offices where the SW operated; they all acted as research sites.
Researcher is a key instrument: Qualitative researchers collect data themselves, as they play the role of being the research instrument (Creswell, 2013)	In order for the researcher to gather data for providing answers to the research questions being investigated, participants who gave consent to take part in the study were interviewed personally by the researcher and in this manner assumed the role of being a research instrument
Holistic view: In an endeavour to develop a comprehensive view of the research problem being studied, qualitative researchers adopt multiple perspectives and identify numerous factors relating to a situation so that an enhanced picture of the	Adopting Schlossberg’s transition theory (1981) as a methodological framework enabled me to explore experiences of young orphans as they transition from RCC to extended families. This enhanced the holistic view of the research problem as data based

Characteristic	How it was applied in the study
phenomenon of interest can be drawn (Creswell, 2013)	on multiple perspectives of the various participants and socio-historic backgrounds were collected through semi-structured interviews, observations, and drawings
Researchers collect data directly from the source through interaction with participants (Marshall & Rossman, 2011).	Data were collected through observing young orphans as they interacted with extended family members. I conducted interviews with family members, the social worker, and administrators of RCC.
Multiple sources of data: Qualitative researchers use variety of sources collecting data such as interviews, observations, documents and audio-visual devices (Creswell, 2013)	Data were collected through individual interviews, observations, and drawings. I as the researcher collected data from different categories of participants, namely orphans, family members, social workers, administrators, and the various categories of participants serve as multiple sources from which data were collected.
Rich narrative descriptions are essential for an in-depth understanding of a multifaceted phenomenon (Creswell, 2013).	Interviews conducted were audio recorded and transcribed. Detailed field notes from observations, drawings and narratives were provided for rich in-depth understanding of the transition of orphans into extended families.
An inductive data analysis enables the researcher to analyse the data effectively and generate a new understanding of the phenomenon (Creswell, 2013).	Generation of themes and categories during data analysis resulted in a holistic picture and a broader understanding of the experiences of young orphans as they transitioned to extended families.
Researchers make use of perspectives of their participants to reconstruct reality (Creswell, 2013).	The aim of my research was to explore the experience of orphans as they transitioned to extended families by permitting the participants to express their views of their own understanding of the issues of the study. This was established by interviewing five family members in extended families, one social worker and two administrators

Characteristic	How it was applied in the study
	and conduct observations and drawings with five young orphans in extended families.
<p>An emergent design is chosen. Changes in the research design may be needed after data collection (Creswell, 2013).</p>	<p>Since data collected through qualitative inquiry is emergent, I kept on referring to their data "over and over again to see if the constructs, categories, explanations, and interpretations make sense" (Creswell & Miller, 2000:125).</p>

Following the choice of the qualitative research design in which I explored the experiences of participants the research approach that was considered to be more appropriate is located in the phenomenological tradition of inquiry, which is briefly discussed below.

4.3.3 Phenomenological approach

The intention of this study was to explore the experiences of young orphans who transitioned from RCC into extended families. A phenomenological approach was suitable for such an exploration as phenomenological studies focus on the meaning that participants hold with certain lived experiences (Creswell, 2013). This furthermore gears towards building an understanding of the experiences of young orphans as they transitioned to extended families as well as their perspectives and views of a particular experience they are faced with (Nieuwenhuis, 2016). Van Baren (2014) holds that the phenomenological approach acknowledges the uniqueness of each individual's experience of reality and therefore takes cognisance of their feelings and how they interpret their life experiences. Whereas this approach acknowledges the uniqueness of the individual's experiences, Creswell (2013:76) argues that its basic purpose is to reduce individual experiences with a specific "phenomenon to a description of the universal essence." Creswell (2013:76) further points out that "phenomenology as a study that describes the common meaning that several individuals attach to their lived experiences

with a phenomenon, focuses on providing descriptions of what all participants have in common”. Moreover, Van Manen (2007) claims that phenomenology is focused on the individual which in this case is the young orphans experiencing the world. This would mean that phenomenology is based on personal perspectives, experiences and interpretations of certain situations which they are faced with. McMillan and Schumacher (2014:32) maintain that a “phenomenological study describes the meanings of lived experience.”

McMillan and Schumacher (2014) highlight that the data the researcher collects need to be based on the descriptions of the participants’ meaning of their lived experiences, free from all the prejudices that he might have about the phenomenon that is being studied. Creswell (2013:76) further notes that, “in collecting data from participants, who have experienced a phenomenon, the researcher develops a composite account of the essence of the experience for all the participants taking part in the research project”. A phenomenological approach is suitable for this study, since its goal is to understand and reveal young children’s experiences and their feelings regarding those experiences especially their transition experiences.

4.3.4 Case study design

This study used a case study to explore the experiences of young orphans as they transition from RCC to extended families in Zimbabwe. Yin,(2013:16) define a case study as “an empirical enquiry that investigates a contemporary phenomenon (the ‘case’) in depth and within its real-world context, especially when the boundaries between phenomenon and context may not be clearly evident”. Accordingly, ‘orphanhood’ is a phenomenon that has emerged in our societal advancement and represents one of humanity’s most complex and serious challenges (Martin & Zulaika, 2016). Thomas (2011:10) describes the case study as “an in-depth exploration from multiple perspectives of the complexity and uniqueness of a project, policy, institution, programme or system in a ‘real life’ context” hence, I opted to use this research type because I wanted to gain a deeper understanding of young orphans’ experiences regarding their transition from

RCCs to extended families. Nieuwenhuis (2007a), suggests that a case study is used to understand how participants interact with one another to make meaning of a specific phenomenon under investigation, in a certain situation while Denzin and Lincoln (2012) say a case study is a qualitative research design appropriate for gaining a deeper understanding of a phenomenon within its context without imposing preconceived notions.

A case study according to Best and Kahn (2006) studies a social unit as a whole which may be an individual person, a family, a social group or a community. The rationale for the choice of a case study is that it confined me to a small, manageable group of young orphans who transitioned to extended families, where rigorous and thorough explorations were made to investigate the phenomenon of transitioning into extended families (Best & Kahn, 2006). Yin (2014:4) asserts that a case study is an impeccable example of extending the researchers' knowledge of a group or individual in their actual location but compels a researcher to "focus on in-depth enquiry". The case study also provided me with an in-depth, comprehensive, vivid and thick description of data in this study. It allowed me to gain full knowledge on the experiences of young orphans who have transitioned from RCC to extended families (Gall et al., 2007). From an interpretivist perspective, the case study design gave me the opportunity to aim for a holistic understanding of the experiences of young orphans who transitioned to extended families (Maree, 2007). In a case study, participants provide their "individual interpretation of the world around them, it has to come from the inside, not the outside" (Cohen et al. (2011:20). On the other hand, Perreira and Ornelas (2012) put forward that the case study allows for a rigorous examination and an in depth understanding that lead to rich analyses.

I used a multiple case study design, since I have five young orphans who transitioned in different extended families to investigate. Baxter and Jack (2008:550) assert that "if a study contains more than a single case, a multiple case study design is required". Several cases were examined to gain insight into the similarities and differences among the cases. Using multiple cases yields more sturdiness to the conclusions from the study as

Yin (2013) emphasises that multiple cases strengthen the results by replicating the patterns, thereby increasing the robustness of the findings. According to Baxter and Jack (2008:548), “a multiple case study approach ensures that the issue at hand is explored from different lenses, allowing for multiple facets of the phenomenon to be understood”. Baxter and Jack (2008) further explain that a multiple case study enables the researcher to explore differences within and among cases. The intention behind a multiple case study is to enable researchers to replicate findings across cases, explore differences within and between cases, and draw comparisons from the results (Creswell, 2013).

For the purpose of this study, a multiple case study was used, which consisted of five cases. Five extended families from the Mutoko, Murewa, Mudzi and Uzumba Maramba Pfungwe (UMP) districts were selected as the potential cases. There was a total of 13 participants including experts from which data were extracted through observations, interviews and drawings and narratives. These cases enabled me to evaluate underlying similarities, differences, and links from each case (Leedy & Ormond, 2015). Each case consisted of one family member and one orphan who participated in the study. I used a case study because extended families formed the sample, meaning that the geographical area in which the study was conducted was small therefore suitable for a case study. Individuals presented their own cases, telling their own stories on how they experienced the orphanhood phenomenon. Therefore, the multiple case study research design was deemed suitable for the research carried out as part of the present study, considering the study’s social nature. Five orphans were involved in the undertaking of the study, by engaging family members and formulated one case study per extended family. The use of different extended families ensured trustworthiness to be achieved. The criteria for selecting the extended families and the participating family members was explained at a later stage. The research methods are discussed next.

4.4 RESEARCH METHODS

According to Thomas (2011: 10), “research methods relate to the selection of the settings where the research is conducted, the participants who provide data, the way in which data are collected, the instruments that are used to collect data and how the data are

analysed”. Issues relating to research methods extend beyond the collection of data, the selection of research sites and participants and the analysis of the data collected, including forming research relationships with individuals taking part in the study. Maxwell (2013) asserts that the selection of research methods to be used is determined by the nature of the research problem as well as the context in which it is studied. Furthermore, Maxwell (2013) observes that the setting where the study will occur and who should take part in the study are essential issues when discussing research methods. According to McMillan and Schumacher (2010), the research method describes and explains where and how data is collected, as well as explores the process of data analysis. In this section, the research methods focused on sampling of participants and the research sites, data collection processes and techniques. Before discussing the various instruments which I used to collect data, I established the role of the researcher first.

4.4.1 Role of researcher

In qualitative research, the researcher is the data-gathering instrument (Maree, 2007). Johnson and Christen (2012:207) aptly remark that “the researcher is the data collection instrument because it is the researcher who decides on the data to be collected”. As such, I was a research instrument in this study who listened to the experiences of the participants, who were the rich informants to the phenomenon under study. I approached this study through the lens of interpretivist paradigm assumptions. I adopted the role of interviewer, non-participant observer, recorder and interpreter. Creswell (2014) emphasises that in a qualitative study the researcher inescapably becomes immersed solely in the study. I acknowledged that I needed to become part of the real-world of the participants and become accountable for all the major activities including planning interviews, data collection, management, and data analysis. In line with Pierre (2005), I related field notes as an instrument. I wrote field notes and reflections together with other interview transcriptions and narrative reports. The collection of data entwined with sorting, coding and identifying themes.

McMillian and Schumacher (2014) advise the researcher to conduct self-analysis throughout the research process to warrant flexibility. Hence, I reflected on the role during the study as my own experiences, background and culture may impact on the way analyses are carried out. I constantly and vigilantly oversaw my own collaborations with participants particularly their responses and concerns that may affect the study. Qualitative researchers study the world as presented in its natural context, and therefore extract its meaning through interpreting phenomena as viewed by the people who inhabit it. The interpretive researchers should constantly reflect on how their values, beliefs, and assumptions both past and current influence the manner in which they interpret the inquiry process (Taylor & Medina, 2013).

In the following subsections purposive sampling, the selection of research sites and participants, data collection methods and data analysis processes, trustworthiness of the study and ethical considerations made in this study are discussed.

4.4.2 Identification of cases: Purposive sampling

Sampling is a critical part of a study as it concerns the integrity of a qualitative study. According to Abrams (2010:541), “sample selection is a critical part as it matters greatly to the integrity of a qualitative study and in particular has a strong relationship to the richness of the data collected and the breadth and scope of the conclusions that are drawn.” Brink (2006:124) describes sampling as “the process of selecting a representative group, organ or event from a population in order to obtain information regarding a phenomenon in a way that represents the population interest.”

According to Abrams (2010), qualitative sampling is usually naturalistic, because it normally takes place in the everyday settings where people ‘do’ their lives. Nieuwenhuis (2007a) states that qualitative research is formed on the basis of purposive sampling when recruiting participants. This research used the purposive sampling strategy.

Maree (2007) states that, when purposive sampling is used, the participants are chosen according to a predetermined set of criteria that are relevant to the research question. The research participants are intentionally selected, according to the predetermined set of criteria, because of their knowledge, interest, and experience in the relevant topic, and they are suitable to advance the purpose of the research (Maree, 2007; Rule & John, 2011). Purposive sampling merely indicates that the researcher chooses participants who are identified as holders of specific data who can assist, address the research problem. Best and Kahn (2006) propound that purposive sampling allows the researcher to choose research participants who provide the richest information. Concurring, Gall et al. (2007) say purposive sampling enables researchers to select research participants who supply rich and detailed information about the phenomenon under study. Selecting participants who provide with rich information helped me to gain an in-depth understanding of the transition of young orphans into extended families (Stake, 2005).

Creswell et al. (2013) state that purposive sampling means that participants are selected because of some defining characteristics that make them the holders of the data needed for the study. Purposive sampling has been selected in this study to enable me to select participants who participated in the study. I selected five young orphans aged five to ten years who have transitioned from RCC into extended families, five family members in extended families, one social worker (SW) and two administrators from two RCC. Participants were selected on the basis of being knowledgeable stakeholders of data I needed for this study. Purposeful sampling requires that participants have specific characteristics that formed the criteria for selection of the sample. Hence, it was important to determine criteria for selecting the participants.

Purposive sampling was ideal as it reduced the costs for travelling long distances in search of participants who fit in the criteria. This is in line with Pollit and Beck (2010), who explains that; it is critical for the researcher to take into account the issues of convenience and economic viability besides considering the experiences of participants. The following section focuses on research sites.

4.4.3 Research sites

The research sites were chosen because of certain defining characteristics they possess as tabulated in Table 4.4

Table 4.4: Selection of research sites

Site	Relevance of site	Selection criteria
Homes of extended families	These are extended family homes where young orphans from the two RCCs reside.	Must have an orphan between the age of five to 10 years who has transitioned to extended families for at least four to six months
Department of Social Welfare offices	The Department of Social Welfare (DoSW) offices are located at the district office where the SW works.	The Department of Social Welfare was identified as the site which looks at the welfare of children.
Residential care centre A	The RCCA is located in the mission set-up where young orphans interact with other children from the community. It has dormitory based style housing for children aged 0 to 18 years.	The two RCC look after young orphans and practice reunification of orphans with their extended families and, therefore, had lived experiences regarding the transition of young orphans with their extended families
Residential care centre B	RCCB is located in an isolated area which is ten kilometers from the Growth Point. It has a family-based type of housing children 0 to 18 years.	

Making an informed choice of a research site is very essential as it determine on the nature of the qualitative research to be undertaken. The study was conducted in eight research sites comprising of the homes of five extended families where young orphans five to ten years have been reunified with DoSW offices and two RCCs which practise reunification of orphans. In this study, extended families, administrators of the RCCs and

social worker were viewed as having the representative characteristics essential for answering the research questions.

4.4.3.1 Process of gaining access to research sites and participants

Since the main instrument for data collection in this research study was the interview, it was imperative that I was granted permission to access the research sites, seeing that participants were to be conducted on a face-to-face basis. Negotiating access involves building rapport and relationships with the participants involved in the study. Thus, it was important that I developed and maintained good relationships with participants.

In the paragraph below an account of the process of gaining access to the research sites is presented:

When negotiating entry, I sought permission from the DoSW to carry out research within RCC (see Appendix B). When permission was granted, I further sought permission from Mutoko and Murewa district where the RCC are located (see Appendix C and D). I further requested for consent of all the participants in order to build rapport (see Appendices E, F and G) and gain understanding before I embarked on the actual fieldwork. In all occurrences, I explained the purpose of the study to the participants.

4.4.3.2 Residential Care Centres (RCCs)

Two RCCs were purposefully selected because of their practice of reunification of young orphans, thereby meeting the requirements of the study, focusing on the experiences of young orphans who transition to extended families. Additionally, these RCC are strategically positioned in Mutoko and Mrewa districts where the research was conducted. The RCCs were accessible which made it possible to collect information with ease. The RCCs are in the different categories. RCC A is located within the mission set-up where young orphans are cared for. Orphans are looked after by several caregivers who rotate working shifts. RCC A is sponsored by the United Methodist Church and is registered

under the Ministry of Public Service Labour and Social Welfare. It is in a mission set-up along with other institutions such as the hospital, primary school, secondary school and a teachers' college. It has a dormitory-based style of housing orphans and vulnerable children.

RCC B is situated in an isolated area some 10 kilometers from Mutoko Growth Point. It is located on a farm that is fenced and gated without any nearby homes. RCC B is under the jurisdiction of Roman Catholic Church. It houses children in family units where they have surrogate mothers looking after them. Both RCCs care for orphans and other vulnerable children aged 0 to 18 years. Both RCCs provide relevant care to orphans in the form of educational needs, care, socialisation, health, and life skills amongst others. The two RCCs do farming, poultry and projects. Both RCCs were chosen as research sites because of their reunification practices and geographical location to participants taking part in the study.

4.4.3.3 Homes of Extended families

The RCCs cited above house orphans from four major districts mainly Mutoko, Murewa, Mudzi and Uzumba Maramba Pfungwe (UMP) and Mudzi districts in Zimbabwe. The extended families where children were transitioned to were located in these districts. The families were chosen as research sites because they have orphans aged five to 10 who transitioned into their families. They were chosen due to their geographical location which was easily accessible by the researcher.

4.4.4 Research participants

For the purpose of this study, one SW from the DoSW, two administrators from two RCCs that have experience with the reunification process participated in the study. The administrators were included because these were the persons who were taking care of the young orphans before they transition to extended families. These were the persons who have the background information of all the children who reside at RCC. One SW

from the DoSW was purposefully selected. A SW provided professional input regarding young orphans who are transitioned in extended families. A SW has the background information of all children in RCCs and those who transitioned into extended families. Five orphans aged five to 10 years who have transitioned into extended families within a period of four to six months or more were purposefully selected. Five family members who are in charge of the young orphans took part in the study to account for the experiences of the orphans. The family members participated in the study because they were the ones who took care of the young orphans. They explained their experiences on the inclusion of young orphans in their families. Their opinions helped to add to the knowledge base of young orphans and their extended families.

The different categories of participants for this study were selected if they adhered to the following criteria:

- Orphans: An orphan of between the ages of five to 10 years (of the above-mentioned family member); and who lived in RCC before the reunification process; who were transitioned to the extended family within for a period of four months or more.
- Family members: A family member is relative of the orphan. The family member is the person who takes care of the orphan in the home environment. The family member should have taken care of the orphan for at least four months or longer.
- Social worker: A social worker is a person who worked as a SW for at least two years. A person who has experience with the reunification process of orphans with extended families. The SW was involved in the transitioning of the orphans into the extended families and had personal social interaction with children in or out of RCC;
- Administrator: An administrator is a person who worked at the RCCs for more than two years. A person who knows the background of children at the RCCs.

Table 4.5 shows the biological description of participants:

Table 4.5: Biological information of participants

Participant	Site	Age	Gender
Richard: Young orphan staying with Chenai	Extended family	10	Male
Ruth: Young orphan staying with Joseph	Extended family	7	Female
Patrick : Young orphan staying with Stella	Extended family	10	Male
Bridget :Young orphan staying with Tatenda	Extended family	10	Female
Mike: Young orphan staying 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 Chitombo: Social worker	DoSW Offices	58	Male
Mercy Zulu: RCC A administrator	RCC A	42	Female
Chris Demo: RCC B administrator	RCC B	55	Male

Data collection techniques which were employed in this study follow next.

4.4.5 Data collection techniques

According to Cohen et al. (2011), data collection techniques are key aspects of any type of research as it determines the outcomes of the study. Data collection techniques of this study encompass the procedures that were followed and the tools that were used to collect the data with the purpose of answering research questions and examining the study problem. Taylor and Medina (2013) agree that the interpretive paradigm generates knowledge through interviewing, participant observation and constructing accounts of the cultural backgrounds of individuals that are characterised by authenticity and

trustworthiness. According to Ghauri, Sinkovics and Penz (2008), in qualitative research, the collection of data is an ongoing systematic process until a theoretical saturation is achieved. In this study, data were generated by exploring the participants' lived experiences with the phenomenon under scrutiny through interviewing, observation, and drawings. I interviewed the SW and administrators to account for the transition of young orphans into the extended families. I also interviewed family members of young orphans aged five to ten years in their families in order to get their opinions on their inclusion of an orphan into their family. I utilised interviews and observation to gain deep understanding of the viewpoints of family members and young orphans on the transition of young orphans into extended families, because these techniques are flexible and sensitive to the social context in which the data is grounded (Grix, 2004).

The table 4.6 indicates the participants, the different methods used for data collection and the purpose of the participants in the study.

Table 4.6: Details of data collection

Details of Data Collection		
Target of Investigation	Method	Purpose
Orphans	Observation	The study focused on the experiences of young orphans' transitions to their extended families. To gain an understanding of the daily life of orphans as they live within the extended families.
	Drawings	To have an understanding of how they perceive the extended family
Family members	In-depth interview	The family members accounted for the experiences of the family into which the young orphan was placed. They are involved to obtain data on how they consider the inclusion of another child in the extended family system.
Social worker	Expert interviews	The SW accounted for the experiences of orphans in the RCC and extended family system. He was

		involved to obtain data on the background of orphans and his knowledge on transition.
Administrators	Expert interview	<p>Administrators have knowledge of the backgrounds of young orphans and the families in which they are transitioned to. The administrators of RCCs were interviewed to account for the experiences of the young orphans during their stay at the RCCs.</p> <p>They described the orphanhood phenomenon in terms of how the young orphans were brought to RCCs. They accounted for the experiences of young orphans before they transitioned into extended families.</p>

The interview as data collection technique is covered next.

4.4.5.1 Interviews

Interviews are some of the most important sources of evidence in a case study (Yin, 2013). An interview according to Maree (2007), is a guided conversation between a researcher and a participant, where the researcher gathers information, such as the ideas, beliefs, opinions, and behaviour of the participant. A qualitative interview occurs when the researcher asks one or more participants certain open questions, these are then followed by further probing and clarification and then the answers are recorded (Nieuwenhuis, 2016:93). Interviews are perceived as one of the most important ways to collect data that help to learn more about a participant's thoughts, opinions, perspectives, sentiments and behaviours (Maree, 2016). This study used face-to-face interviews with the SW, residential care administrators (RCCAs), extended family members of orphans (aged five to ten years) because of their exposure to and possible interaction with young orphans. The interviews enabled me to discuss in depth and probe extensively for sensitive issues relating to reunification experiences of orphans. The interviewer will compile an interview schedule with a set of field questions that will initiate the discussion, which is followed by further questions that will emerge as the interview continues (Rule &

John, 2011). Using face-to-face interviews enabled me to notice when participants did not understand a question and then clarified its meaning, and probe for more comprehensive answers when a participant gives a brief answer or did not respond to the question.

Maree (2016:92) confirms that the aim of an interview is to “see the world through the eyes of the participant” which becomes an invaluable source of information if acquired appropriately. The information that were obtained through the face-to-face semi-structured interviews assisted in answering the research questions and shed light on the research topic. In the context of this study, the main purpose of interviewing the SW, RCCAs and extended family members was to establish the participants’ experiences regarding the transition of young orphans with extended families in Zimbabwe. Cohen et al. (2011:24) argue that “although conditions where interviews are used as data-gathering instruments vary from context to context, the most common understanding is that there is a considerable rate of information exchange between the researcher and the participants”. Leedy and Ormond (2015) agree that in the absence of stringently stipulated requirements qualitative interviews provide a more approachable and natural way of collecting data. In this study, the SW, RCCAs and extended family members were asked open-ended questions to acquire their views, beliefs and attitudes. Interviews for the SW were conducted in his office, those for family members in extended family homes and that for RCCAs in their offices at the RCCs. The interview for the SW and RCCAs were conducted in their offices where there was an element of quietness and privacy as the the proceedings were recorded, using a voice recorder. The duration for the interview ranged from 30 to 45 minutes. Gay et al. (2006:420) opine that “by the use of interviews enables the researcher to examine attitudes, interests, feelings, concerns and values that may not be obvious through observations”. In this study, I employed open-ended questions and probing in order to gather as much information as possible. This also allowed the participants the liberty to express their opinions in their own ways while providing reliable and comparable qualitative data. Semi-structured and expert interviews were used in this study.

- Semi-structured interviews

A semi-structured interview is an authorised descriptive research method that is used for the purpose of obtaining concrete answers to answer research questions (Henning, Bulgarelli, & Molia, 2004) as well as questions pertaining to the study (McMillan & Schumacher, 2010:277-279). The semi-structured interview is used to offer a guideline, while obtaining an in-depth understanding of the participant's perspective of the situation (Simons, 2009). This type of interview is flexible and allows the researcher to change direction of a topic or to engage more into what the participant is saying should it have importance in the study (Simons, 2009). The semi-structured interviews permitted me to conduct rich, in-depth interviews that focused on the individual participants and provided opportunities to investigate the transition experiences of young orphans to extended families. The semi-structured interviews also allowed the participants to share their insights and experiences with me. In this study, I used individual semi-structured interviews with five extended family members from extended families (see appendix J). Creswell (2012:228) commends that "recording interviews on a digital audio tape ensure that the participants' entire comprehensive feedback is captured as to increase the researcher's understanding and interpretation of the information that will be provided". Following are expert interviews that I conducted with the SW and RCCAs.

- Expert interview

Expert interviews with the SW and administrators of the RCCAs were conducted at the RCCs. Flick (2009) opines that if expert interviews are used, typically staff members of an organisation with accurate knowledge and experience of the organisation are target groups. In this research, I conducted expert interviews with the SW and RCCAs as persons with the knowledge of the backgrounds of children and the families in which they are transitioned into (see appendix H & I). The RCCAs were interviewed to account for the experiences of the young during their stay at the RCCs. Interviewing the SW and RCCAs was relevant as they accounted for the transition process, starting from tracing of

the child's relatives, follow ups and assessment until final union with the extended families. Interviewing RCCAs lasted for 30 to 45 minutes.

I adhered to the following protocol during the interview process (Rule & John, 2011:64):

- Establishing a calm atmosphere for the interview;
- Explaining the purpose of the study;
- Allowing the participants to ask questions for an understanding of the study and ensuring that they are willing to participate before I start the interview;
- Informing participants of my ethical requirements;
- Adopting a relaxed, rather than inquisitorial style to build rapport;
- Listening carefully and avoiding interjecting the participants;
- Being thoughtful regarding the emotional climate of the interview; and
- Probing and summarising to confirm my understanding.

I abode by the above-mentioned procedures in order to establish good rapport with the participants. Interviews were audiotape recorded with the permission of the participants.

4.4.5.2 Observation

Observations were employed in observing young orphans in their extended family setting. According to Marshall and Rossman (2011:139), "the term 'observation' captures a variety of activities, which range from loitering around at the setting, knowing people, getting to know their routines, using strict time sampling to record their actions and interactions and using a checklist to tick off anticipated actions". The authors further explain that observation is the orderly capturing and recording of events, behaviours and artefacts (objects) in the social setting. Concurring, Creswell (2012) maintains that observation is an act of observing others to gather information about them. According to Johnson and Christen (2012), qualitative observation involves observing all potentially relevant phenomena and taking extensive field notes without specifying in advance exactly what is to be observed. Observation enables the researcher to note the

participants' body language, affection, tone of voice and other paralinguistic messages, in addition to the words (Robson, 2011:316). Observation, as a data collection method, will allow the researcher to gain an insider's perspective into the group dynamics and behaviours of the participants (Maree, 2007). Creswell (2013) states, when researchers observe they make field notes according to the behaviour and activities of the participants. Observation allows the researchers the advantage of 'being there' in the data collection process (Rule & John, 2011). According to Robson (2011), observations give data about 'real life' in the 'real world' as they assist to see real-life incidents. Observations were employed in my study to gather more information on real-life data as extracted from observing young orphans.

Creswell et al. (2013) explain that observation is an ongoing activity whereby researchers use their senses and intuition to gather bits of data. Marshall and Rossman (2011) remark that observation is central to qualitative research. The authors add that observation is an important method in all qualitative studies as they are used to discover complex interactions in natural settings, even in studies using in-depth interviews. This means that when we observe we take notes of what we see and hear. When we are observing, we do not question what we have observed, we rather record it. In this study, young orphans were observed at their extended family in order to account for their transition experiences. I wanted to establish how they relate with the family members, their emotional reactions, skills they are capable of, as well as the environment in which they stayed (see appendix K). The observation assisted me to gain more understanding on the responses communicated by the participants. McMillan and Schumacher (2010) commends that field notes are used to record not only what is seen and heard but also my reflections on what had occurred. Each young orphan was observed three times in their extended families. Observations were conducted as from the first day when I visited the family with my consent and assent forms, when I conducted interviews up to the last day when drawings were conducted. In other words, my observations were continuous as I was interacting with families. There are different types of observations including participant and non-participant observation (Lambert 2012). In this study non-participant observation were used.

- Non-participant observation

According to Lambert (2012), non-participant observation is whereby an observer watches what is going on without getting involved. Gall et al. (2007:276) concur that “non-participant observation is a research technique whereby the researchers watch the participants of their study with their knowledge, but without taking an active part in the situation under scrutiny”. Gall et al. (2007) further explain that non-participant observation allows the researcher to obtain data of truthful social behaviours objectively when participants are being observed. I was guided by an observation guide (see appendix K), which I prepared to enable me to document what I was looking for to avoid missing important and relevant data. Observation data were recorded as field notes. To accompany observations, field notes were used to record not only what is seen and heard and used to reflect on what would have occurred (McMillan & Schumacher, 2010).

- Field notes

According to Yin (2013), field notes are the notes that researchers make when doing fieldwork. McMillan and Schumacher (2010) say field notes are simply the recordings of observations and reflections on them. These include formal and informal notes, such as jottings or formal narratives. Creswell (2013) mentions two different types of field notes: descriptive and reflective field notes. The descriptive field notes describe the activities, the participants, and the daily incidents. Reflective field notes refer to the personal experiences of the researcher, such as the interpretations of the observations by the researcher. Field notes which were used in this study reflected a precise account of what was witnessed at the site. I recorded everything that I saw, heard and encountered as it unfolded. These notes were transcribed as demonstrations are perceived (Maree, 2016). Keeping good systematic field notes is an important part of conducting qualitative research as observations and interviews are only useful to the extent that they can be recalled (Bryman & Bell, 2003). Both verbal and non-verbal behaviour of the young orphans were documented. My deliberations about what is occurring at the site were

inclusive of my own specific instincts. During the observations I took field notes of any observed non-verbal cues displayed by young orphans.

4.4.5.3 Drawings

I used drawings to get a sense of orphans' experiences of the transition to their extended families. Hall (2010) confirms that children's drawings can serve as a preferred means of communication as they reveal their real identities, power and purpose. When children are given the opportunity to draw researchers can observe the child's perception on what is critical and pertinent to them (Einarsdottir, Dockett & Perry, 2009). In this study, I asked young orphans to draw their RCC and extended family experiences and then ask them to explain these drawings. Steele and Kuban (2013:81) opine that "drawings can assist children to elaborate on elements of their experiences." They further propose that drawings can act as safe mechanisms for children to give expression to their emotions, which may be difficult for them to express verbally themselves. Hall, (2010) as well as Steele and Kuban (2013) postulate that drawings present a safe vehicle for learners to express what talk alone cannot entirely express. In this regard Steyn and Moen (2017:8) assert that "children's drawings are thought to reflect their inner words, which reveal various feelings that they are unable to express to adults". As the participants in the study were young children, aged five to ten, drawings seemed to be the most appropriate instrument to provide authentic information on their transition experiences. Drawings assisted me to gain in-depth insight into their experiences. To accompany drawings, children narrated their drawings.

4.4.5.4 Narratives

According to Creswell (2012:502), "a narrative inquiry typically focuses on studying a single person, by gathering data through collecting stories, which report the individuals experience, and then by discussing the meaning of those experiences for the individuals." McEwan and Egan (1995) postulate that when children tell a story, it helps them understand feelings and emotions they need to process. For this study, narrative inquiry

was used after each drawing session was completed. I asked the young orphans to explain what they had drawn and why they had drawn the picture they had. This helped me to understand each young orphans' transition experiences. The motivation was to gain a clear insight into the children's thoughts that are invested in their drawings, making it possible for me to identify their experiences.

Bento and Befi-Lopes (2010) state that telling a narrative is a complex task that requires the integration of linguistic, cognitive, and social abilities. In this regard, five-to-10-year old children were chosen due to their ability to narrate events as compared to other earlier stages in early years. Bento and Befi-Lopes (2010) explain that between five and ten years of age, children start to produce narratives that express the character's mental states, feelings and thoughts. Kamen (2007) highlights that children of this age group use language to communicate very effectively, telling tales as well as positively share ideas. Therefore, five-to-10-year old children were selected because they were able to describe and explain their life in their RCCs and their extended families respectively.

Data analysis procedures will be discussed in the following section.

4.4.6 Data analysis

Freeman, deMarrais, Preissle, Roulston and St. Pierre (2007: 28) define data analysis as “a systematic process and procedure of sorting through the data to come up with common themes or categories by removing overlaps and reporting adequate and appropriate methods of data generation.” Data analysis is an ongoing process beginning in the early phases of data collection and continues throughout the study. The data collected within the current study is qualitative; therefore, the information can potentially be personal, subjective, and descriptive. According to Best and Kahn (2006:270), “the task is to make sense of massive amounts of data, reduce the volume of information, identify significant patterns, and construct an outline communicating the essence of what the data reveal”. The data were gathered in narrative form and Maree (2014) notes that the analysis of this qualitative data requires the researcher to become immersed within the data to be

comprehensively familiarised with the collected information. Maree (2014) further notes that researchers within the interpretive paradigm prefer an inductive data analysis strategy, due to the interpretive approach's potential to assist in identifying multiple realities that might be present in the data. 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 is an ongoing process where the researcher can go back to prior work and 'double-check' to correct or refine the analysis.

Creswell (2014) and Stringer (2014) agree that the most unique characteristic of qualitative inquiry is its approach to data analysis. I used to member-check, by submitting transcriptions of completed interviews and field notes to the participants to check whether the researcher's interpretations of what they have shared, were correct (Maree, 2016). I asked the participants questions to ensure that I did not misinterpret their ideas. This ensured member-checking with adults. The data were analysed to answer the main research question and provide an explanation of orphans' experiences.

The data that emerged from the interviews, observations, and drawings and narratives were transcribed as soon as possible. Codes were set up before the interviewing process to identify possible themes that emerged from the interviews. According to Maree (2016), coding is a process of reading the transcribed data carefully, line-by-line, and then dividing it into different meaning units. In my study, I analysed all the observation and field notes first and found similar themes within all the observations and field notes. After finding similar themes I began to assign data in similar stated ideas. Themes need to be expounded on, and then were divided into categories and sub-themes. Maree (2016:120) explains that "the categories and sub-themes all led to the main theme and they all connect with each other. The coding process helped me to quickly retrieve and gather relevant text and data that were connected with certain thematic ideas (Nieuwenhuis, 2007a). These codes were used to establish words or themes that were linked to experiences in the transition of young orphans to extended families. According to Maree (2016), coding is a process of reading the transcribed data carefully, line by line, and then

dividing it into different meaning units. The thematic analysis method was used to analyse drawings, observation, and interview data.

4.4.6.1 Thematic analysis

The data analysis strategy that was used for the study is thematic analysis. Braun and Clarke (2006) defines thematic analysis as the process of identifying patterns or themes within qualitative data. Lapadat (2010) concurs that it is a methodical approach to inquiry of qualitative data that involves identifying themes or patterns. However, Engelbrecht, in Joubert, Hartell and Lombard (2016) regard thematic analysis as an instrument, rather than a specific method or approach. I used the thematic approach in analysing data to identify, evaluate and report emerging themes. The goal of the thematic analysis, according to Clarke and Braun (2013), is to identify themes that are significant or exciting and use the themes to explore the research problem and say something about an issue. Following are the steps in thematic analysis that I followed.

Table 4.7: Steps in thematic analysis (Adapted from by Braun & Clarke, 2006)

Description of the process		
1.	Become familiar with the data	Read and re-read the transcriptions and field notes in order to be familiar with what the data entailed, paying attention to patterns that occurred.
2.	Create initial codes	Code interesting characteristics of the data and link the data with the codes.
3.	Identify possible themes	Link the codes in the initial themes and collect data that are relevant to the potential themes.
4.	Revise themes	Check the themes in terms of the coded excerpts.
5.	Refine and name the codes	Analyse the data to refine all themes in order to get specific definitions for the themes.

Description of the process		
6.	Give feedback	Analyse the selected excerpts that link with the research questions and the literature, using appropriate examples.

To ensure quality assurance and trustworthiness all the data analysis procedures must be explained in detail (Maree, 2012).

4.5 TRUSTWORTHINESS

Trustworthiness according to Maree (2012), refers to the way in which the data are collected, classified and sorted, especially if the data collected are verbal and textual. Rule and John (2011) describe the term ‘trustworthiness’ as a concept that encourages scholarly rigour, transparency, and professional ethics to gain the trust of the research community. Creswell (2012:266) opines that “the validation of data is done through numerous techniques to ensure that the findings are accurate and credible”. In this regard, trustworthiness ensure that my research will be true, honest, and reliable (Maree, 2007: 80). Trustworthiness in this study was addressed by employing the following trustworthiness strategies: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985).

4.5.1 Credibility

Woodside (2010) states that credibility is a process of using multiple realities to scrutinise a process adequately. Accordingly, Wahyuni (2012) says credibility, as a criterion for the trustworthiness of findings in qualitative research, is viewed as equivalent to internal validity and, therefore, refers to the accuracy of the study in reflecting what it intended to achieve in the collected data. Trochim and Donnelly (2007:149) maintain that in addressing credibility in a qualitative study, researchers seek to establish whether the results of the

study are “credible or believable”. White (2011) postulates that there are various ways to ensure credibility which Lincoln and Guba (1985) say techniques for establishing credibility include triangulation, member-checking and prolonged engagement and persistent observation.

Creswell and Miller (2000:126) view triangulation as “a credibility process where researchers search for convergence in a study and may involve the use of various methods, especially observation, focus groups and individual interviews”. Baxter and Jack (2008:560) concur that “by comparing data collected using different methods data quality is promoted as the weaknesses of one method will be compensated for by the strengths of the other”. Yin (2009,2013) supports the idea of numerous data sources being used to enhance credibility. Various sources need to be utilised to demonstrate the analysis of all angles in obtaining depth towards its truth, this would show how the information can be trusted because it entails an open platform that include various perspectives.

Shenton (2004:65) opines that “methodological triangulation encompasses using different tools for data collection, which in this study include interviews, observations, drawings, and audio-tape recordings”. Data triangulation involves collection of data from various categories of participants, which in this study were extended family members, a SW, RCCAs, and young orphans. Interviews were conducted with family members, the social worker, and administrators. Observations and drawings were conducted with orphans in extended families. Data gathered through observations, semi-structured interviews, drawings, and narratives were compared and enabled me to gain insight into the experiences of young orphans as they transition to extended families. I took advantage of the strengths of the four methods to improve the overall validity of data because observing the young orphans generated insights that could be missed if I used interviews and drawings only. Data triangulation was used to ensure through the collection of data from different categories of participants who, in this study, are the family members, administrators, caregivers and the orphans. Baxter and Jack (2008:520) denote that “comparing data from various sources, promotes data quality as the weaknesses in one method were compensated for by the strengths in the other”.

The other method of guaranteeing credibility in this research was the use of strategies to ensure honesty from participants. Shenton (2004:67) proposes that “participants should be given the chance to agree or refuse to be part of the research so that the collected data includes those who are keen to provide data freely”. In this study, participants were informed that there is no correct or wrong answer, as all the information given in the study is of great value. I assured the participants that they are free to withdraw from the study at any time without of any penalties.

Another method for ensuring credibility of findings is location triangulation. Brown (2005:32) view “location triangulation as involving gathering data at multiple sites and is done to minimise and understand any differences or biases that might be introduced by the participants at each of the institutions”. In this study, five extended families, social welfare offices and two RCCAs were used. Involving participants from different RCCs and extended families yielded credible data from different research sites.

Credibility can also be achieved through prolonged engagement and persistent observation. Brown (2005:31) says “prolonged engagement involves investing sufficient time on the research site, while persistent observation involves using adequate numbers of observations, meetings, interviews, and so forth, so that participants have enough confidence and trust in the researcher to allow for adequate study of the phenomenon and adequate checks for misinformation”. In this study, prolonged engagement was achieved through visiting the extended families several times for introductory meetings, discussing ethical issues, collecting demographic data, conducting interviews, and making observations.

The other way of ensuring credibility in this research is member checks. Guba and Lincoln (1985) consider member checks to be the single most essential provision that can be made to strengthen the credibility of the research. In this study, member checks relating to the accuracy of the were checked on the spot, during the data collection process and at the end. Repetitive observations of the same event and requisitioning participants to clarify key issues were employed to enhance credibility.

4.5.2 Transferability

Transferability according to Holloway and Wheeler (2002:255), refers to whether the “findings of the research project can be applicable to similar situations or participants.” Similarly, Lewis (2009:5) states that “transferability entrusts that results found from one sample of population should also be applicable within a different group hence, “results hold true across various people, times and settings.” Bitsch, (2005:85) explains that techniques for establishing transferability include “thick description” while Creswell and Miller (2000:129) say “thick description enables readers to make decisions about the applicability of the findings to other settings or similar contexts”. To ensure transferability of my study, I provided a thorough description of the participants, the research site and description of why they fitted in my study. This provided room for any transferring the outcomes of the study to similar contexts or situations. Anney (2014) adds that a well-descriptive account of the research study provides sufficient detail for readers to understand the context and situation the phenomenon surrounds. In my study, I achieved transferability through providing contextual information about the research process, as well as giving detailed descriptions, selection of participants and research sites, providing their background information. I described the data collecting procedures, including the instruments used as well as a detailed explanation of the data analysis process.

4.5.3 Dependability

Guba and Lincoln (1985) define dependability as the degree to which a duplication of the study with similar participants in the same setting would produce similar results. Merriam, cited in Maree (2016) describes dependability as the way in which the researcher can reproduce the research findings with participants that are alike in the same research context. Dependability ensures that the results produced from the study is consistent and do not vary when conducted after various times. Techniques to establish dependability include an audit trail (Ary, Jacobs, Sorensen & Razavieh 2010). An audit trail, according to Koch (2006), involves auditing the events, influences and actions of the researcher. It “allows any observer to trace the course of the research step-by-step via decisions made

and procedures described” (Shenton, 2004:72). An audit trail is a documented information gathering technique that accounts the research study from the commencement to its ending. The audit trail shows the means of study method to replicating same results (Merriam, 1998b). In this study, dependability was achieved by keeping records of all the information that elucidates my interactions with the social worker, extended family members, administrators and the young orphans. This can enable the reader to keep track of the procedure that I employed and made judgments as to duplicate the study with the same participants in the similar context. I also documented, the processes within the research that were needed to allow future investigator to repeat the work, if not necessarily to obtain identical results.

4.5.4 Confirmability

Ary et al. (2010) denote confirmability as when a researcher’s data findings can be supported by other researchers’ readings and investigations that have done similar studies. Similarly, Lincoln and Guba (1985) describe confirmability as the degree of neutrality of the extent to which the data findings of a study are shaped by the participants rather than from the subjective (bias) opinion of the researcher.

Some of the strategies suggested for ensuring conformability are:

- identifying and describing negative instances that will be inconsistent with observations made earlier on during the data collection process (Trochim, 2006);
- an audit trail which, according to Shenton (2004:72), “allows any observer to trace the course of the research step-by-step via the decisions made and procedures described”; and
- keeping a reflective journal, in which the researcher documents all events that take place in the field and the researcher’s personal reflections relating to the study, particularly the phenomenon under scrutiny (Anney, 2014).

In this study, confirmability was ensured through an audit trail to preserve a measure of objectivity in the research process.

4.6 ETHICAL CONSIDERATIONS

Best and Kahn (2006:84) assert that “in planning a research project involving human participants, ethical issues cannot be overlooked” therefore, “a lot of legal and ethical issues must be well taken care of before proceeding with their involvement in studies.” Thus, it is imperative to consider ethical guidelines to protect participants. Maree (2016) states that an important ethical aspect is the issue of protection and anonymity of the participants’ identities. It is for this reason that this study took cognisance of ethical issues as they constitute an integral part of the research. Flewitt (2005:558) posits “that ethical issues arise in all aspects of research and are particularly salient when researching vulnerable members of society, as in the case of this study the young orphans who transitioned into extended families as major participants”. These include the assurance of informed consent, voluntary participation, confidentiality, and anonymity of the participants and obtaining ethical clearance for research.

4.6.1 Informed consent and voluntary participation

According to Best and Kahn (2006), informed consent and voluntary participation of human subjects of research are the first ethical concern that arises in the planning of research. Informed consent is an ethical provision that gives assurance to participants’ understanding of what it means to be included in a particular research. It also prepares them to make informed decisions concerning whether to participate in the research or not. Maree (2016) states that an important ethical aspect is the issue of protection and anonymity of the participant’s identities. The informed voluntary consent document should address the following (Gay, Mills, Airasian, 2006:408):

- Participants should obtain adequate information about the study and its expected value;

- Participants should be provided with all choices illustrating benefits and possible challenges that they may encounter in the process;
- Participants should appropriately understand the information provided;
- Participants should volunteer willingly to partake the research process; and
- The researcher should offer participants pertinent information concerning the development of the project frequently or upon request.

Leedy and Ormond (2015) confirm that research with human beings require informed consent, which means that the extended family members, SW and RCCAs in the case of young orphans were conscientised of the nature of the study and were required to give written permission. Before seeking consent from participants, I reassured each of them their privacy was protected and that they have the final choice of whether they decided to participate or not. All participants signed a consent form. I gave each of them a short explanation of the study including the activities they were involved in. The participants were enlightened about certain benefits that may arise from their participation in the study in the welfare of children in society (Leedy & Ormond, 2015). Participants were asked to read and sign the consent form together with my contact details.

Escobedo et al. (2007:1) indicate that “after being fully updated regarding the purpose of the research, benefits, procedures and possible challenges, the participants are expected to sign the consent form confirming their ‘full and conscious consent’ to participate in the research process”. The ethical considerations for this study was of the utmost importance as some of the participants were under the age of 18 years old (Hedges, 2001). According to Fargas-Malet, McSherry, Larkin and Robson (2010:117), “it is important that when conducting research with children, researchers must gain the co-operation of parents and other adults whose decisions have far-reaching effects on these children”. In view of this, I explained to the family members the need for them to give consent for the young orphans to be observed.

4.6.2 Confidentiality and anonymity of participants

According to Best and Kahn (2006), maintaining confidentiality and anonymity is critical in research. In this regard, confidentiality, anonymity, and privacy of the participants were guaranteed at all times. I assured the participants that their identities would not be revealed as pseudonyms were used (Schutt, 2009). As the researcher, I ensured that I was the only person having access to the data and participants (McMillian & Schumacher, 2010). Therefore, none of the participants' names were divulged from any of the data gathered as pseudonyms were used to protect the identities of the participants. I also assured participants that their data were confidential. The participants were given the assurance that all data accumulated during observations and responses from the interviews stay anonymous and confidential (Leedy & Ormond, 2015). Specific details that could make it easier for a setting, a context, or a participant to be identified would not be provided (Flewitt, 2005:553).

4.6.3 Protection from harm

Macmillan and Schumacher (2010) assert that a researcher need to give participants assurance they will not be exposed to physical harm during fieldwork as there must be a sense of caring and fairness in the researcher's actions. Leedy and Ormrod (2015) caution that during the research, no participant may be exposed to any undue physical, emotional, and psychological harm. I undertook to be sympathetic, honest, and respectful towards all participants to avoid any form of harm to the participants.

4.6.4 Ethical clearance

An application for ethical clearance was sought from the Ethics Committee of the Faculty of Education, University of Pretoria. This was to ensure that the procedures for ethical issues were followed in conducting my research. In line with the guidelines, I committed to follow set ethical guidelines as stipulated by the University of Pretoria, by requesting for permission from the Ethics Committee (Ref No EC17/11/03). Upon receipt of their

authority, adhered to the ethical standards throughout the research process. Lastly, I did not expose the participants to any acts of deception or betrayal in the research process or in its publication outcomes.

4.7 CONCLUDING REMARKS

The chapter presented the methodology that informed this study. This study was located within the interpretivist paradigm and a qualitative approach was used due to its ability to explore the experiences of young orphans who transitioned into extended families in Zimbabwe. A multiple case study design embedded in the qualitative approach was conducted. I justified my choice to use qualitative methods. In view of the qualitative research approach that this study adopted, the interpretivist paradigm was chosen as the most relevant philosophical paradigm. The chapter also deliberated the negotiation of entry into research sites as well as the issue of developing rapport with the participants. Four data collection instruments – semi structured interviews, observation and drawings and narratives were used for data collection in tandem with the qualitative nature of the research design. Key aspects of credibility, dependability, conformability and transferability were deliberated. The following chapter gives a comprehensive data analysis of interview responses.

CHAPTER 5

DATA ANALYSIS: ACCESS AND INTERVIEW DATA

5.1 INTRODUCTION

In this chapter, I present findings of extensive data about the experiences of young orphans who transitioned into extended families in Zimbabwe. I commence this chapter with a discussion on the process of gaining access and presenting data from the different sets of participants. Data from the social worker (SW) and residential care centre administrators (RCCAs) were gathered through interviews. I will discuss data for SWs and RCCAs only, the rest will follow in Chapter 6. The discussion provides an insight into the context in which the research was carried out.

5.2 GAINING ENTRY

This section discusses how my research progresses, starting from entry to the research sites and the numerous meetings I conducted with the participants before the interviews, observations, and my overall empirical investigations started. Permission to carry out research was approved by the Department of Social Welfare (DoSW) and the Ethics committee of the University of Pretoria (See appendix B).

5.2.1 Meeting with the Social Worker (SW)

I started the research process with my visit to the social worker (SW) responsible for the welfare of children in Mutoko and Mrewa districts. My field work started with several meetings with him at the DoSW district offices. The role of Mr Chitombo (pseudonym) was to assist in the the selection of participants for the interviews, observations, and drawings. This is in line with Abrams (2010:540) who posits that “the researcher must develop strong links with the concierges of a research site for the researcher to have admission to the population of his or interest”. As the research was to be conducted in

Mutoko, Murewa, Mudzi and Uzumba Maramba Pfungwe (UMP) districts, the DoSW, responsible for Mrewa district, made use of the services of a SW due to vicinity and cost effective.

I met with the SW in his office and familiarised myself then informed him about the research. I explained the details of his role and gave him a letter to that effect (see Appendix C). I required his assistance as the person in charge of the welfare of children and with information of young orphans aged five to 10 who transitioned into extended families from residential care centres (RCC). According to Abrams (2010), research involving children is a delicate issue therefore, there was need for the services of a SW in case of any 'heinous discovery' during my contact with the young orphans. I briefed him about the nature of participants I needed for my research and presented him a specification of the benchmarks for participant selection (see section 4.4.4). The SW provided me with the relevant detail of the young orphans and five orphans were identified. I then made an appointment for an interview on a later date since I was not conducting the interviews with the SW on that day.

5.2.2 Meeting with the administrators for Residential Care Centres (RCCs)

The following day I travelled to the RCC A and B to meet the administrators as expert participants in the transitioning of young orphans into extended families. Since I had met the administrators the previous day at the Social Welfare's office, I was no longer a stranger. I explained the details of her roles and gave her a letter to that effect (see Appendix D). The administrator availed me with the background information for four young orphans who had transitioned into extended families from residential care centre A (RCC A). After that, I made an appointment for the interview on a later date and then travelled to residential care centre B (RCC B) and arrived later in the afternoon. After signing the consent form, the administrator gave me the background information of two young orphans who transitioned from his centre into extended families. We then agreed on days for interviews.

5.2.3 Meeting with the extended families

The SW accompanied me to extended families to seek permission to conduct study. His other role was to introduce me to the extended families. The inclusion of the SW during my initial visit to the extended families created credibility and elicited their participation. I selected them based on the following criteria: double orphans aged five to 10 who have transitioned into extended families from RCCs A and B.

The SW accompanied me to introduce me to extended family members as I familiarised myself with the family members and young orphans. I was taking down their particulars and other demographics for the whole week. The overall process of how I intended to conduct the research interviews and observations was explained to all the participants at each and every extended family, verbally in the local language, which is Shona. The issues of informed consent and assent as well as the voluntary participation were explained as well. As we moved from family to family, I agreed on specific dates for the interviews with the extended family members. The whole process of moving into families seeking permission to conduct research took us a week and half. In the next section I present data collection methods I employed.

5.3 DATA COLLECTION METHODS

The table below shows data collection methods employed in this study.

Table 5.1: Data collection methods

Participant	Data collection method	Duration
Social worker	Interviews	45 minutes
Residential care centre administrators	Interviews	45 minutes
Family member	Interviews	40 minutes
Child participants	Observations	6 hours conducted over 3 days
	Drawings	1 hour
	Narratives	20 minutes

5.3.1 Interview data

The participants for the interview sessions consisted of the SW, two RCCAs and one family member from each extended family in the Mutoko, Murewa, Mudzi and Uzumba Maramba Pfungwe (UMP) districts in order to collect information regarding the experiences of young orphans into extended families. Participants were informed that interview proceedings would be audio recorded and would be conducted on a one-on-one basis.

Interview sessions with the participants were quite informing, emotional and remarkably enriching. A good rapport was built with the participants and this enabled me to make the interview process a successful interaction.

5.3.2 Observation data

McDevitt and Ormrod (2010:43) affirms that, “the use of observation as a data collection instrument in qualitative research is reliable and flexible and offers rich portraits of participants’ lives, particularly when they take place over an extended time and are supplemented with interviews, and other data”. Field observation were conducted as part of the data collection exercise, because the phenomenon under investigation, experiences of young orphans who transition to extended families, required direct field observation (McDevitt & Ormrod, 2010:43). I observed how young orphans responded to transitioning to extended families from RCCs.

I followed an observation guide in documenting what I was looking for (see Appendix K). Observations were conducted during my visit to the extended families to conduct interviews with family members. Each child was observed three times in the homes of their extended families. I noted of all observations and interpretations that I observed in the field. Using observations enabled me to gain first-hand information on young orphans who transitioned into extended families.

Observations were conducted as from the first day when I visited the family with my consent and assent forms, when I conducted interviews up to the last day when drawings were conducted. In other words, my observations were continuous as I was interacting with families. I observed young orphans at their extended family to account for their transition experiences. I wanted to establish how they relate with the family members, their emotional reactions, skills they were capable of, as well as the environment in which they stay. The following observation schedule (see Appendix K) guided the various foci that I needed to look out for during my observation:

- Family's attitude towards the child;
- Chores the child needs to do;
- Well-being of the child; and
- The child's interaction with the family.

5.3.3 Drawings and narrative data

The participants for the drawings and narratives were five young orphans who had been with the extended family for a period of four to six months. Drawings and narratives were conducted in order to ascertain young orphans' experiences with extended families. Steyn and Moen (2017:8) regard drawing as "irrefutably recognised as one of the most significant means that children use to express themselves and has been frequently associated to the expression of personality and emotions". Steele and Kuban (2013:81) concur that "drawings can help children to 'elaborate on essential elements of their experiences' as young children often do not have the verbal ability to express their emotions". Therefore, one can argue that drawings enable children to reproduce their inward emotional state of their experiences of extended families.

I interacted with the young orphans when I was seeking permission to conduct the study, thereafter I conducted interviews with their family members. I wanted the young orphans to get used to me before engaging them into drawing as I was also observing and familiarising with them. Drawings and narratives were conducted at their extended family

homes. A good rapport was established between children and me since I had previously visited the extended families. I was introduced to the young orphans by the SW on the day when I was seeking permission to conduct study. On the day when drawings were conducted, they signed the assent form. I provided each young orphan with drawing tools and asked them to draw the residential care family and the extended family. The drawings and narratives were conducted in a convenient room and were between me and the young orphans. The narratives were audio recorded. Before engaging the young orphans into drawings, I explained to each one of them that they could draw as many pictures of their family as they wanted. My discussion of the data solicited from the SW follows.

5.3.4 Social Worker (SW) interview data

5.3.4.1 Introduction

My initial interviews for my research were conducted with the SW. The SW responsible for Murewa and Mutoko districts was Mr Sam Chitombo (pseudonym). Mr Chitombo worked in Mutoko and Murewa districts, where the two RCCs were located. I met Mr Chitombo in his office and gave him my letter for permission from the DoSW to conduct research in the Mutoko and Murewa districts. For the past 18 years he worked specifically with orphans who were placed in RCCs and those who transitioned to extended families. Mr Chitombo has qualifications in social work; he has a Masters' degree in Social Work. He is a tall, slim man who is always cheerful.

Mr Chitombo was included in the study because of his experience and knowledge on the transition of young orphans into extended families. Mr Chitombo had the relevant experience working with young children growing up in RCCs who are later placed with extended family members. Mr Chitombo had extensive knowledge of young orphans who transition to extended families in the Mutoko, Murewa, Mudzi, UMP districts.

I had an interview with Mr Chitombo and used the interview guide (see appendix H). My interaction with Mr Chitombo revealed some interesting variations regarding young

orphans' transition experiences with extended families. As I conducted the semi-structured interview, I made use of prompts such as, "will you explain further", or "give examples such as," to acquire additional information from him. I asked Mr. Chitombo a series of basic biographical information questions which took approximately five minutes. I was not only aiming at getting comprehensive information from him, but I wanted to induce inclination to participate, securing trust as well as maintaining good relationship. In this section, I presented Mr Chitombo's analysed data with verbatim responses on key issues raised.

The following are questions and responses presented in the manner they were asked. I followed an interview guide (see Appendix H).

My first question related to the theme of causes of orphanhood in Zimbabwe.

5.3.4.2 Question 1: In your opinion, what are some of the reasons for children being orphaned?

Mr Chitombo mentioned the main causes of orphanhood as poverty, economic conditions, HIV/Aids epidemic and non-communicable diseases such as cancer, high blood pressure and diabetes. He explained that:

"Zimbabwe as a third world country is a developing country which is faced with a series of problems. The main key driver of orphanhood is poverty."

Mr. Chitombo indicated that parents and guardians try to adjust to adverse effects being caused by extreme poverty and would find themselves in situations (such as prostitution) that would lead to death. He further explained that parents and guardians may leave their homes and go into various social environments where they try to adjust to their situations and later end up in situations which result in their premature death. He also explained that economic conditions whereby parents are subjected to various illnesses in which they may fail to have access to medication for their treatment due to socio economic situations result in premature deaths as well. The other causes of death which he mentioned include

HIV/AIDS and non-communicable diseases such as cancer. The next question pertains to the theme of reunification.

5.3.4.3 Question 2: How do you determine if children can be reunified with their extended family?

When asked how he would determine if children can be transitioned to their extended family, Mr. Chitombo pointed out that the process of reunification begins at the time when the child is identified or becomes vulnerable or is identified as a child in need of care. He explained that:

“Issues of reunification are treated case by case. There is not a clear yardstick. When reunifying children, we look at the background of the available parent or guardian, to see whether any connection is there, or any bonding which is developed with the children. We also consider the age of the child versus the capacity of the available guardians who are there. If the guardians are willing and if the child is relatively old enough and if the guardians meet the needs of the child and have minimum support, they are given the child. We also consider the ability of the child, economic position and environmental factors such as accommodation and access to basic services such as distance from the area they reside to school and health institutions.”

5.3.4.4 Question 3: Which age ranges are considered for transitioning into extended families?

When asked about the age ranges which are considered for transitioning into extended families, Mr. Chitombo said there is no clear yardstick measure on that but explained that,

“It depends with the age of the available guardian as well as their economic, physical and social capacity. Transition is done as long as conditions at home are conducive for a child to be in a family set up environment. If the family environment is conducive and appropriate to the age of that child, transition can be done.”

Mr. Chitombo further explained that the age and ability of the child are also considered. I probed him so that he specified age ranges for transition and he clearly indicated that even at the age of two years a child can be transitioned – As long as the child can fit into the normal biological or extended family.

5.3.4.5 Question 4: How do you contact the families? / What is the process of reunifying a child with the extended family?

When asked about how they contact the families and how the process of transitioning a child to the extended family is done Mr. Chitombo replied that, children in need of care are identified by the community. When they are identified, records are kept by the SW indicating where the child was located, who saw the child and what were the circumstances surrounding the discovery of that child. While the child is in the RCC, the SW would conduct home visits or social investigations to try and find out who the nearest relative is and the possibility of transitioning. Mr. Chitombo further explained that if the relatives are known, they are encouraged to visit the child at the institution in order to prepare the child for reunification by having them visit their relatives during the holidays.

He further explained that investigations are done because children are taken to RCCs for various reasons. One reason is that a male guardian may be unable to take care for a female infant or very young infant therefore, that infant is kept in an institution up to until the age of 10 or 11 or up to when she can perform simple duties. He elaborated that there are many occasions where male guardians ended up sexually abusing young children. Therefore, it is not safe to leave a female infant with a male guardian. He further explained that there are investigations that are carried out when the child is at the institution, if relatives are known they are encouraged to take the child. My next question wanted to establish how families react to the transition process.

5.3.4.6 Question 5: In general, how do families react to the reunification process?

Responding to the question, Mr. Chitombo said families react differently depending on the situation. He elaborated that there are cases where children are accepted by RCCs because those who are supposed to care for them would be unable to do so due to the fact that the child maybe be too young; such children do not have problems when transitioning. He further elaborated that there are children who are placed in RCCs, because their parents had serious differences with relatives; when such parents get to circumstances when they cannot look after their children or would have died, and those relatives because of the bitterness of the relations they had with the deceased, they may refuse to take custody for the child. Mr. Chitombo further reiterated that:

“Generally, families do react in a positive way if they know they may get financial support from the government and non-governmental organisations (NGOs) (dependence syndrome) where they would want the RCC to have the responsibility of continue taking care of the child.”

He emphasised that, there are times relatives do not want full responsibility of the children. They would want the RCC to continue paying fees and continue giving clothes. Maybe it is due to harsh economic conditions where they see the RCC as a source of survival through which resources are provided. With my next question I wanted to know how children react upon hearing about moving into the families.

5.3.4.7 Question 6: How do children react upon hearing about moving into the families?

Mr Chitombo explained that there are two sides. He indicated that there are those children who have constant contact with their relatives, those who normally visit their relatives or guardians while at the RCC, those ones do not have problems because an attachment with the family member was formed. The other side are of those children who discovered their relatives at a later age or when they have matured or at an advanced stage those

have problems, given that the conditions at RCC will be very different from the conditions at home. Mr. Chitombo further reiterated that:

“Children who usually come to the RCC are those from extreme poor households. So to adjust from the standards of the RCC to the standards of the home it would take time.”

5.3.4.8 Question 7: How do you prepare children for the transition to families?

When asked to explain how children are prepared for transition, Mr. Chitombo said that transition is done from both ends. As the DoSW they included the administrators and workers at the RCCs. They visit the RCCs and always talk to the children. If there are no challenges, when the relatives are identified the children are prepared by an initial visit where the family member has to visit the child or the child is taken to the family of the guardian for a usual visit which is followed by spending time during the holidays. Mr Chitombo further explained that they also have a programme of foster care where even those without known parents are also taken by other well-wishers during holidays to enjoy a family set-up. That would help during the time when their parents are discovered, and transition will be easy. However, Mr. Chitombo indicated that there are challenges if the conditions are different. The child would need time to adjust. He indicated that Zimbabwe has traditional cultures, customs, and beliefs and that most of the RCCs are Christian-oriented. Due to those differences, the child would need time to adjust.

5.3.4.9 Question 8: What alternative support is provided to the child to assist with the reunification process?

When asked on the alternative support that is provided to the child to assist with the transition process, Mr Chitombo indicated that in theory, support systems are there, but in reality, there is nothing. Because Zimbabwe is a third world country, provision of resources is different from what is planned or what should be done according to policy. He further elaborated that, ideally those children are supposed to be assisted up to a time

when they are self-reliant, but the issue of resources is really a problem. He pointed out that what is currently available is the Basic Education Assistance Model (BEAM) programme or when conducting a drought relief programme the children are included to benefit. He reiterated his point by saying: *“The support is haphazard due to the economic conditions of the country.”*

5.3.4.10 Question 9: Which organisations assist with the reunification process?

When asked about the organisations that assist with the transition process, Mr Chitombo indicated that there are some RCCs which help with lifelong programmes where they continue supporting the children. He further pointed out that, there is a Child Protection Society which is a government initiative, but there is scarcity of resources. The assistance does not sustain the child since it is truly little.

5.3.4.11 Question 10: Do you have any follow-up programmes after children are reunified? If yes, what observations have you made in terms of their well-being?

When asked whether they make any follow-up visits after children have been reunified to find about their welfare, Mr. Chitombo cited with concern that in principle it is required by the Childcare Protection policy. According to policy, the child should be monitored up to the period of not less than six months to assess how the child is coping with the system. He clearly pointed out that monitoring and assessment were not done due to lack of resources. He further elaborated that there were no vehicles, no fuel, no finances for follow-up programmes. He reiterated that in principle it should be the SW who is supposed to do follow-ups but due to scarcity of resources they ended up sending community volunteers to assess on behalf of them which however, compromises the quality of work.

5.3.4.12 Question 11: Do you continue supporting the child after he/she had joined the family? If yes, how and for how long?

When asked whether they continue supporting the child after they had joined the family, (If yes, how and for how long?), Mr Chitombo indicated that they are supposed to support the children until they reach the age of eighteen. There is no support coming from the

government due to lack of finances. However, if they happen to have partners, like NGOs they will link child with them. He further elaborated that there were also other support programmes which the department was not due to scarcity of resources. For example, the National AIDS Council (NAC) offers support for school fees and school stationery, but currently there is nothing being done due to lack of resources. The government, through the DoSW, administers the Basic Education Assistance Model (BEAM) through the Ministry of Education. However not all orphans have the privilege of benefiting while in this programme.

5.3.4.13 Conclusion of the interview with the Social Worker (SW)

It was clear that Mr. Chitombo has the interests of these orphans at heart, but he is bogged down by inadequate financial support and lack of human resources. This lack of support from the government is hindering the smooth progress of transition of children into the extended families. No follow-ups are being conducted to check on the welfare of children or the extended families. This following section presents data from the interviews I conducted with administrators of two RCC whose institutions cater for orphaned children in Mutoko and Murewa districts.

5.3.5 Administrator interview data

5.3.5.1 Introduction

My interviews with the administrators were conducted at their places of employment. Interviews with the administrators were conducted to collect information regarding orphans' experiences with their extended families. Mrs Mercy Zulu is the administrator for RCC A and Mr Chris Demo (pseudonyms) for RCC B respectively. The analysis that follows was done by using the interview questions that were posed to these participants.

Table 5.2 shows the assigned codes and biographical information for the RCCA who took part in interviews in the study.

Table 5.2: Biographical information and codes for Residential Care Centre administrators

Participant	Code	Professional Qualification	Experience	Gender	Age
Residential Care Centre Administrator A	RCC A	Diploma in Social work, Honors degree in Social Work	9	F	42
Residential Care Centre Administrator B	RCC B	Diploma in Education, Diploma in Special Needs Education, Bachelor of Education in Special Needs Education	18	M	55

RCC A has relevant experience for working with young orphans. Mrs Mercy Zulu is the administrator for RCC A. She has an Honours degree in social work and has nine years' experience in working with young orphans. Mr. Chris Demo also has vast experience of 18 years of working with young children at the RCC. Both administrators were chosen based on their knowledge of transitioning of young orphans to extended families.

Below are questions and responses presented in the manner they were asked. I followed an interview guide (see Appendix I).

My first question related to why children are admitted to RCC A.

5.3.5.2 Question 1: In your opinion, what are the major factors why children are admitted into Residential Care Centres (RCCs)?

Mrs Zulu	<i>There are a lot of factors, but the two major ones are death of parents and abuse. As the parents die, they leave children vulnerable.</i>
Mr Demo	<i>There is no single answer to that. There are so many reasons why children end up in RCC. One major one is due to death. Both parents would have died, and relatives would not be able to take care of the child just because the child might be too young. They might not be able to take care of the child due to their socio-economic situation which results in poverty. Also, health reasons such as HIV/AIDS and other life-threatening diseases such as cancer, diabetes, and blood pressure cause death of parents. Also, other issues of abuse drive children to RCCs.</i>

Both participants agreed that death is the major factor that drove children to RCCs. Furthermore, life-threatening diseases such as HIV/ AIDS, cancer, diabetes, and blood pressure also contribute to orphans' escape to RCCs.

5.3.5.3 Question 2: What are the challenges that Residential Care Centres (RCCs) experience in general (resources, not enough money, healthy, food etc.)?

Mrs Zulu	<i>As an institution we have inadequate resources to such an extent that we may fail to provide children with balanced nutrition. Other challenges we are facing relate to payment of school fees and medication, because the government is not paying anything towards the upkeep of children. However, we have sponsors who assist us in payment of fees and food. We also have church volunteers who chip in by assisting us. The sponsors also assist us to have projects that help us to be self-reliant.</i>
Mr Demo	<i>There are so many problems that RCCs experience. As children's homes we do not go around collecting children, but we are given children by the government. So, they are state children. So, the normal procedure is that the government should provide some small grants for the running of the RCCs and upkeep of children. For the past eight years the government has not been honouring that. At the end of the day we have children who need to be fed, who need clothes, school fees, and medication. At the end of the day we are faced with children who need to be looked after, but with inadequate resources. We are surviving from support that we get from sponsors and benefactors. Otherwise, if there is no support from them, we do not know how children would survive.</i>

Major challenges highlighted by the administrators were related to shortages of resources in terms of food, finances as there is no support from the government. They survived from the support from non-governmental organisations (NGOs) and well-wishers.

5.3.5.4 Question 3: Are you aware of the government policies protecting the rights of the child? If yes. How do you adhere to them?

Mrs Zulu	<i>Yes. Child Protection policy. Residential care standards, Behavior management policy where corporal punishment is prohibited. The right to education, right to privacy.</i>
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Mr Demo	<i>Yes. There are a number of policies. Some are extracted from the United Nation Convention on the rights of children, African Charter and Child Protection policies which protect children and honour the child of the children such as providing basic education, honouring the right of the child, affording the right to privacy, and supporting the religion of their choice. We adhere to them as stipulated.</i>
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It was clear that both administrators are well-aware of the different policies in place for the protection of children, and both of them confirmed that they see to it that these policies are adhered to.

5.3.5.5 Question 4: What would you, as administrator, change within the Residential Care Centres (RCCs) to benefit the child? This may include emotional, social or health factors

Mrs Zulu	<i>Having family units and doing away with dormitory style accommodation.</i>
Mr Demo	<i>Provide survival skills to the children. We design some programmes to give them functional skills be it agriculture, good morals so that when they go into their homes they are equipped to face challenges in the cruel world. In terms of health we continually use the local hospital whereby we intend to invite the staff to do some counselling sessions with the children. In terms of education we have primary and secondary schools where our children are provided with education. In future we want to construct a play centre for children.</i>

When asked about what they would change within their institutions for the benefit of children, they both indicated on teaching survival skills to the children, and also mentioned the need for recreation facilities.

With my next question, I wanted to establish how children are disciplined.

5.3.5.6 Question 5: How are children disciplined within Residential Care Centres (RCCs)?

Mrs Zulu	<i>We follow the guidance of policies and therefore avoid as much as possible corporal punishment. We first talk to the child. We also invite the chaplain and if the child does not reform, we involve the probation officer or SW. Children tend to lie and steal.</i>
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Mr Demo	<i>That is an incredibly challenging task. Children we have, come from different settings, such as streets, child headed families, abusive families, some from their family. We have policies regarding discipline which we adhere to. We provide counselling services so that children value their lives; we deny them to participate in some important games, we also apply what we call withdrawals, for instance we may deny the child a chance to watch tv and participate in important games. We encounter behavioural problems such as theft, lying, use of drugs and cheating.</i>
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Both administrators follow the policies regarding discipline. It seems that behavioural problems are quite common, and various methods are used to try to curb misbehaviour. Although corporal punishment is prohibited according to the policies, it seems that this is still conducted, in some cases. Both participants also referred to the types of misbehavior that they encounter; children coming from different settings have diverse backgrounds and experiences which was seen as a cause of discipline problems. When further probed on discipline problems they experience the administrators indicated theft, lying, use of drugs and cheating. They indicated that they provide behaviour counselling sessions in overcoming such problems.

5.3.5.7 Question 6: How do you prepare the child for the transition to the extended family?

Mrs Zulu	<i>We allow children to visit their relatives during holidays so that they get used to them. The SW also talks to children.</i>
Mr Demo	<i>This area is a thorny issue because once the children come into the RCCs feel that they are part of a family. They would have formed an attachment with their caregivers. When the issue of reunification comes up, they often experience it as a proper separation from the only family they have, as the children are well-catered for and well-loved. So, it is sort of bereavement. Sometimes we have to counsel the child convincing and showing them that it is best for them to join their families. We would want them to experience real life since in RCCs it is kind of artificial, as everything is provided for them. However, it differs from child to child, some children part easily. It also differs with the age of child and attachment with the relatives.</i>

When asked how they prepare children for reunification the participants indicated that they allow children to visit their families during the holidays so that they are used to them. They as well provide counselling whereby the child will be prepared for the separation.

5.3.5.8 Question 7: How can the process of transition be improved?

Mr Zulu	<i>It can be improved by frequent visits of relatives to RCC so that the children get used to them. By the time they transition they would not have any challenges.</i>
Mr Demo	<i>To avoid such challenges, the child should be prepared from the first day and informed that the RCC is just a temporary home where they are safe but their real home is where their relatives are. During holidays children go to their families so that they get used to their families. There is need for a lot of preparation. They need to be continuously told that this would finally happen. The RCC is not their home, as it is just a transitional home. They need to visit their relatives frequently during holidays so that a bond is created before final transition. There is need for support from government and initiating projects for survival skills.</i>

When asked on how the process of transition could be improved, the participants reported that government needs to support reunification processes. There is also a need to have support programmes such as projects funded by government to extended families. Children in RCCs need to be equipped with survival skills.

5.3.5.9 Question 8: How do children react to the transition process?

Mrs Zulu	<i>If children are well-prepared in time, they adjust easily, but children are not prepared, they will have challenges. For instance, if they are afforded opportunities to visit their relatives during holidays they adjust easily. Normally young children adjust easily as compared to older once.</i>
Mr Demo	<i>There is no one answer to that question because it varies with children and it also varies with the type of families where children will be transitioning to. Some families love the children and they are welcomed back. In other cases, it is not as smooth as that because some families take children so that they assist them with house chores and also expect something from the government or RCC, and when they fail to get support, they start ill-treating the child. We have cases of where the</i>

	<i>children were forbidden to go to school. In such cases the department may change its mind and take back the children.</i>
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When asked to give their views on how children adjust to transition all participants agreed that it differs from child to child and family to family. If children are well prepared by having the exposure to visit the families during school holidays, they adjust easily. Some families take children so that they assist them in house chores, and also expect something from the government or RCC, and when they fail to get support, they start ill-treating the child.

5.3.5.10 Question 9: In your opinion how long does it take for a child to adjust/integrate in the new family?

Mrs Zulu	<i>There is no definite time. It varies from child to child. It depends on the preparation and age of child. If the children are afforded opportunities to visit relatives and if relatives also visit the children, they adjust easily. Generally younger children adjust easily as compared to older children</i>
Mr Demo	<i>It has no clear-cut answer. Like I indicated that from the day the child comes into the RCC, education starts. It depends on the attachment which would have been formed. In addition, when the transition comes there are no hiccups. This can be through visits. It also depends on how the child is handled in the family. Generally young children adjust easily as compared to older children.</i>

When asked how long it takes for the child to adjust into a new family the two participants pointed out that there was no definite period as it varies with individual children. Both participants concurred that young children adjust easily as compared to older children. It also depends upon the preparation for reunification and how the child is handled in the family.

5.3.5.11 Question 10: What are the possible gains of reunification of orphans with the extended family?

Mrs Zulu	<i>It is good that children join their families, they will learn about their culture particularly norms, values and totems. They will know their relatives.</i>
Mr Demo	<i>There are so many because this is the home of the child. The child is exposed to real life. Children will know about their culture in terms of totems and even their relatives. At the RCC children experience artificial life. They are not used to hard work. When children grow up in an RCC they expect everything on a silver platter as everything is provided to the child.</i>

When asked of the possible positive gains of reunification of orphans into the extended family they indicated that there are so many advantages, because this is the home of the child as the child is exposed to real-life rather than artificial life.

5.3.5.12 Question 11: What is the possible negative impact of reunification of orphans with the extended family?

Mrs Zulu	<i>The negative gain is that relatives might expect to have benefits from the childcare centre, because they have dependence syndrome. Children may end up being abused if there is no support from government.</i>
Mr Demo	<i>Some families may expect the government to continue providing for them. They expect the RCC to continue supporting the child, in form of school fees, clothing. If that does not happen that they may ill-treat the child.</i>

When asked of the possible negative gains of reunification of orphans with the extended family both participants concurred that relatives might expect to have benefits from the childcare centre, because they have dependence syndrome such as to continue supporting the child, in form of school fees, clothing and even food. If that does not happen, they may ill-treat the child. Children may end up being abused if there is no support from government. On further probing whether they have experiences of such

cases, Mr Demo indicated that he had experiences of children who were brought back to the RCC after ill treatment by relatives.

5.3.5.13 Question 12: What type (and for how long) of support is provided to the extended family when they accept an orphan?

Mrs Zulu	<i>School fees as long as the child is in school and with the availability of funds. The funds are from donors and from the church. There is no support that we receive from government</i>
Mr Demo	<i>Educational support up to tertiary level and counselling skills when they face challenges are offered. While the children are at the RCC they have many pen pals who will continue supporting them even after transitioning to extended families. They continue phoning seeking for advice and we assist them. Support is from sponsors not from government</i>

When asked about the type of support is provided to the extended family when they take an orphan and for how long, all the participants concurred that children receive educational support as long as they are in school. The support is offered up to tertiary level. They agreed that support is from sponsors and from the church not from government as there is nothing received from government. Both administrators concur that they also provide counselling to children when they face challenges.

5.3.5.14 Question 13: Do you have any suggestions to the Department of Social Welfare on improving the reunification programme involving orphans?

Mrs Zulu	<i>The Department of Social welfare should encourage relatives to visit the children often so that they know their relatives. DoSW should have income-generating projects specifically for children's well-being.</i>
Mr Demo	<i>They should abide by their policies such as tracing the children, counselling and reuniting children. They should admit failure by government and continue supporting children in terms of counselling. They should work together with RCCs when doing proper training and proper counselling so that when those children get to their homes they do not feel like outcasts. We need land where children can learn basic survival skills.</i>

Key issues raised by the RCCAs related to adherence to policies by the government, supporting children after transition, proper training of families on how to care for children and income generating projects.

5.3.5.15 Conclusion of the interview with Residential Care Centre Administrators (RCCA)

It was clear that both administrators are well-qualified and that they know the relevant laws and policies regarding the rights and regulations of orphans. In my own opinion government is letting down the RCCs as there is no support channeled towards the upkeep of children. As a result, when children are transitioned to their extended families there is no support given to the families. This may lead to ill-treated of children because the government would not have honoured its obligations. In addition to that no follow-ups were made to check how children were coping with the demands of the extended families.

5.4 CONCLUDING REMARKS

In this chapter, findings of the data from interviews I conducted with SW and RCCAs were presented. I initiated the research process with the discussion of detailed narratives of gaining access to the research sites and how data was collected. I further presented participant's biographical information and findings from data collected. I realised that participants play significant roles in transitioning of young orphans into extended families, during my interactions with them. In chapter 6, data from extended families will be presented in cases.

CHAPTER 6

DATA ANALYSIS: CASE STUDIES

6.1 INTRODUCTION

The previous chapter presented interview data from the Social Worker (SW) and Residential Care Centre Administrators (RCCAs) about the experiences of young orphans who transitioned to extended families in Zimbabwe. This chapter is a continuation of presentation of findings of extensive data from extended families which is presented in five case studies. In order to understand the experiences of these young orphans, it was also necessary to gain information on how the extended families to which the young orphans transitioned, also experienced this transition. Data were collected through interviews, observations, drawings, and narratives. The discussion provides an insight into the context in which the research was carried out in extended families. The chapter ends with themes and categories derived from case studies.

This following section presents data cases which I conducted with different families.

6.2 CASE 1: RICHARD

6.2.1 Introduction

Richard is a boy aged ten, who stays with his aunt Chenai. Chenai is married to Nyati. Nyati is brother to Richard's father. Richard's parents died when he was an infant and had to be taken into a RCC due to incapacitation of the extended family to look after an infant.

6.2.2 Biographical description of the case

Table 6.1 Participant 1: Richard

Biographical information	
Age	10 years 7 months
Reasons for being taken into residential care	Death of both parents
Period stayed in residential care	9 years
Period in residence at extended family	6 months
Relative who is the caregiver	Aunt (married to the brother of Richard's father)
Gender and age of family member	Female, 35 years
Marital status of family member	Married
Number of people in family	5
Occupation of family member	Vendor

Richard's parents both died in the same week from Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), leaving Richard, who was only two weeks old, also infected. None of his relatives could take care of him at that stage since he was a noticeably young infant. He required basic needs such as milk which the relatives could not afford to buy due to financial challenges. Nyati could not take care of the baby since he was not married. He was not working which made it difficult to have money to buy formula for the baby. After the death of his parents, Richard stayed in the hospital for two months, however, he could not continue staying in the hospital, since the environment was not meant for the upkeep of babies. It was feared that Richard would end up contracting diseases and infections, so he was taken by the Department of Social Welfare (DoSW) to the RCC where he lived for nine years. During his tenth year in the RCC, Richard was transitioned to Nyati's home, where he now lives with his uncle's second wife. Nyati does not stay with the family; he works at a construction company in Harare and comes home on rare occasions, usually at month ends. The DoSW initiated the transition of Richard to Nyati's family. During my visit to Nyati's family, Richard was living there for a period of six months. Chenai has two children, one being a boy of Richard's age and the other one is a girl who is younger than Richard. Chenai lives in a rural village near a busy shopping centre.

6.2.3 Meeting Chenai

I got to know Nyati and Chenai through the DoSW when I sought permission to conduct my research study on young orphans who transitioned into extended families. The SW accompanied me and introduced me to Nyati and Chenai during my initial visit. Since the SW was well known by the family I did not face any resistance from the family. Chenai partook in the study as the person accountable for the care of Richard since Nyati spends most of the time in Harare. Following is my interview with Chenai.

6.2.4 Interview with Chenai

6.2.4.1 Introduction

I conducted the interview with Chenai as the person accountable for the care of Richard. I arrived at her home early in the morning to catch up with her before she went to the market where she sells vegetables. Chenai gave me a warm welcome and invited me into one of the rooms. She was at ease and prepared to participate in the interview. Her eldest child came from the borehole pushing two twenty litre containers in a wheelbarrow. He greeted me and continued with other household chores. The following are the interview questions (see Appendix J) that were posed to Chenai.

I started by asking Chenai about the contact she and her husband had with Richard when he was living at the RCC.

6.2.4.2 Question 1: Did you have contact with Richard when he was in the residential care centre? If yes, explain how often and the type of contact you had with him.

Responding to the above question, Chenai said Nyati, who was Richard's father's twin brother, visited Richard three times when he was at the RCC. When Richard was five years old, a SW from the DoSW encouraged family members to take Richard during school holidays. The Social Worker (SW) told the relatives that there was need to have

contact with Richard occasionally so that he knows his relatives and where he comes from. From that time, they took him several times during school holidays. It was during that time that the DoSW approached Chenai and Nyati to allow Richard into their family. With my next question, I wanted to know what was done in order to prepare the family for accepting Richard into their family.

6.2.4.3 Question 2: How was the family prepared by the Department of Social Welfare for Richard's transition process?

Responding to the above question, Chenai indicated that it was the SW who initiated the transition, as this person had all the information of where and who Richard's relatives were. So, when Richard was nine years old, the SW wanted to know whether they were capable of taking care of Richard. Critical issues the DoSW considered for placing a child, were the family's willingness and capabilities to take care of the child, the age of the person who would take care of the child as well as issues related to sleeping arrangements and the available resources such as food, distance to school and to health facilities. The SW visited to inspect the premises for living arrangements. I asked Chenai whether she had attended any meetings where they were guided on how to welcome the child in their home. She indicated that there were no information sessions whatsoever. *"We never attended any meeting where we were guided on how to welcome the child in our home, Richard was brought to the family by the SW."*

6.2.4.4 Question 3: Did you do something specific to make Richard feel welcome in the family and how does he blend in with your existing family?

Chenai indicated that nothing special was done for Richard. She said, she just considered him as part of the family although during Richard's initial days of staying with the family it was a bit challenging as he was not used to their way of life. Requesting an explanation, Chenai clarified that Richard was not used to the type of food, the household rules, household chores and daily schedule such as herding cattle and fetching firewood and water. At the residential centre there was tapped water, electricity for cooking and solar geysers to heat water. Therefore, fetching water and firewood and herding cattle seemed

to be a nightmare for Richard. Chenai further explained that at the RCC, there are workers who do all the work and are paid for that. It is different with the situation in the extended family where everyone has to do certain duties, because they do not have workers. As a way of helping Richard feel welcome, Chenai explained to her children that Richard was part of the family now and was there to stay, he would no longer go back to the RCC as he used to do. Chenai pointed out that she considered Richard part of the family by allocating duties and responsibilities that are equivalent to her own children. Chenai reiterated that, *“as a child who never experienced such a kind of life, Richard continues having problems of attaining the skills to perform the duties perfectly.”* It emerged that Richard was struggling to adapt to the new situation.

6.2.4.5 Question 4: In your opinion, was this transition to your family easy or difficult for Richard?

Chenai explained that the transition seemed difficult for Richard, because he is not used to their way of life. Richard indicated some signs of insecurity, such as bedwetting due to the change of environment and routines. Chenai indicated that in order to assist Richard, she made a duty roster on the house chores, tasks and activities for the children such as cleaning the yard, watering vegetables and fetching firewood and herding the cattle. Chenai further elaborated that she made Richard put his blankets out to dry each day as they caused a bad smell in the house. I further asked Chenai on what strategy she used to help Richard overcome bedwetting and she indicated that she let him sleep on the mat rather than on the bed.

6.2.4.6 Question 5: Describe your relationship with Richard, Richard’s relationship with other children in the family and your relationship with your own family after Richard had transitioned into your family. Did anything change? Was the change positive or negative?

These were separate questions about relationships that I asked Chenai. Responding to the questions, Chenai indicated that Richard was not comfortable because sometimes he appeared to be lonely and missed the RCC, because he always talked about his past life. Most of the time he did not want to mingle with the other children. Chenai said,

“It has been six months now; I am failing to understand him, during the initial days I thought he was ill but only realised that was his nature.”

Chenai further indicated that Richard is attached to Nyati but unfortunately, he (Nyati) did not often stay with the family.

In terms of Richard’s relationship with other children, Chenai explained that it was not that smooth as she expected. She indicated that most of the time Richard preferred playing on his own with the toys he brought along from the RCC. She felt this was not normal for young children of his age. Chenai also complained that, most of the time Richard liked to read books rather than doing household chores.

Other issues relate to the fact that Richard tended to constantly refer back to his life in residential care. Her children were annoyed by this, and the already frail relationship between Richard and the family members was being damaged further. In Chenai’s words:

“It seems there is detachment; the child seems isolated and is in continual mourning, has undying attachment feelings with the residential care.”

6.2.4.7 Question 6: What do you see as challenges regarding the placement of Richard in your family?

Chenai raised several issues relating to this question. Firstly, she claimed that her family had to make many adjustments to accommodate Richard. Chenai said:

“I used to have my own budget for me and my two children, and the coming in of Richard made me to have additional items. Meanwhile, there is nothing coming from the DoSW towards the upkeep of the child. My budget is strained because what I used to budget for is no longer enough.”

Chenai explained that she relied on vending as her source of income, the financial support from Nyati is also inadequate as the living cost in Harare was high. The challenges experienced resulted in Richard being an extra burden to the family. To make matters worse, the DoSW had not kept its promise of supporting Richard. Nothing had been received since Richard joined the family. Chenai lamented:

“We agreed to take care of Richard assuming that the DoSW would keep its promise of assisting us financially and payment of school fees through BEAM, they also indicated that they would build a house and support with groceries; now things are expensive and we need money for buying new uniforms and food.”

It was also revealed that Richard had no uniform of his current school. He was still wearing his old uniforms from his previous school, which were totally different from the new school. Another challenge raised by Chenai related to the differences in upbringing that Richard experienced during his stay at the RCC and now at his family. Chenai also mentioned that Richard lied and cheated but did not want to elaborate. One of her biggest problems with Richard was that *“Richard has a tendency of laziness, as a result he does not perform tasks and duties assigned to him, he ends up lying giving lame excuses.”*

6.2.4.8 Question 7: If Richard misbehaves, how do you discipline him?

Chenai responded that she disciplines Richard in the same manner she disciplines her own children. In some cases, Chenai indicated that she denied Richard playing with his toys until he behaved the way that he was supposed to. As an example, she explained that he would only be allowed to play once he has performed his duties that were assigned to him. In other cases, she administered corporal punishment, depending on the seriousness of the offence.

6.2.4.9 Question 8: What advice do you have for extended families who want to transition orphans to their home?

In response to this question Chena indicated that it was difficult to take care of other children especially when families had their own children because it was an extra burden. Though it is important for a child to grow up in a family set up, the DoSW should support the families financially. She said those willing to take children from RCC should love the children and be patient with them since these children are mischievous and are used to living artificial lives. She also indicated that it was important for families who wish to reunify orphans with their families to have full preparation lessons from the DoSW to fully understand the dynamics involved in taking in new children who grew up in RCCs.

In conclusion, the interview revealed that the DoSW initiated Richard's transition to Chenai and Nyati's family. There were no preparatory meetings conducted to guide or prepare the family on welcoming Richard. The interviews further revealed that Richard displayed insecurity in the family by bedwetting as well as difficulty in adjusting to chores. Corporal punishment was sometimes administered. Chenai indicated that the coming of Richard to her family had put extra pressure on her budget as there was no support coming from the DoSW towards the upkeep of Richard as Nyati did not earn a reasonable income. It was clear to me that Chenai resented the presence of Richard in her family, as she saw him as a burden and not an asset. The fact that Richard was still wetting his bed, was also an indication that he was not happy and that he experienced insecurity. Drawing activities I conducted with Richard are shared next.

6.2.5 Richard's drawings

Drawings were conducted on my third encounter with Chenai's family. When I arrived at Richard's family for the drawing activity, Chenai was busy packing tomatoes to sell at a nearby informal market. Since I had visited the family previously on two occasions for research purposes, I was no longer a stranger to the family. Chenai assigned Richard to collect a chair so that I could sit whilst she continued with her work. After exchanging greetings with Chenai and Richard, I told Chenai about the purpose of my visit as per our

previous discussion. Chenai smiled and asked how much time I needed. She led me into one of the rooms and invited Richard to do the activities with me.

After explaining what my visit entailed, namely that he had to draw something so that I could get to know him better, I asked him to sign the assent form so that I could begin with the study (see Appendix E). Drawings were conducted in a room which was quite conducive and convenient for this purpose. No one was present except me and Richard. I assured Richard that I was not going to share what he would tell me. I gave him the drawing tools, asked him to draw what it was like at the RCC he lived at for 9 years. I wanted him to concentrate on the drawings for the RCC before drawing his extended family. I explained to him that he could draw as many pictures of the RCC family as he wanted. The minute I was done explaining, he was smiling and rubbing his hands together geared for the drawings. He held a cheerful face throughout the drawings about the residential care. He made sure that it was done perfectly. It took him close to 30 minutes to complete his drawings about the RCC. Drawing 6.1 is his drawing of the RCC.



Figure 6.1: Richard's drawing of life in Residential Care Centre (RCC)

In this drawing, he depicted a big house and a hut. There are very few objects such as trees and flowers that are depicted in addition to the "house." This showed how Richard placed emphasis on the house. Farokhi and Hashemi (2011:2221) observe that "drawing a house symbolises the emotions and stability that are achieved in the home and it is a place where basic needs are provided" and it can be surmised that Richard viewed this building as a source of security. Richard also used primary colours for the buildings and people. Elliot (2015:1) notes that "colour is one of the effective factors in a space which influences to express one's emotion". In the drawing red, blue, yellow, and green colours are used mostly. Psychologically, yellow is the strongest colour. Kurt and Osueke (2014:3) observe that, "yellow is thought of as friendly, and indicates a joyful and a happy mood".

There is very little detail on Richard's figures, especially in the faces. Kurt and Osueke (2014:3) suggest that "drawing people with no eyes can mean visual problems but can also suggest that the child has trouble meeting and socialising with other people. Richard was 9 years old but still drew stick figures". This could be a developmental challenge for children who might not have had adequate stimulation during their stay in RCCs. All the people are smiling and are standing with open arms. Farokhi and Hashemi (2011:2222) view that, "stretching hands out indicates a desire to connect to the environment or other persons or a willingness to help and interact." Similarly, Van Niekerk (1986) say figures with outstretched arms, can be interpreted as expressing a need for love, nurturing, and affection. It can also be associated with uncertainty. Most people in his drawing have big ears. Angell, Alexander and Hunt (2014) say in children's drawings extremely large ears can denote verbal abuse. At times lines leading to the ears reveal abusive language frequently encountered. Some of the people in the drawings have no eyes, which suggest that the children might have trouble meeting and socialising with other people or they can point to unwillingness to mix with others. As children confined to the residential care, they might have challenges in socialising with others in the community. Kisovar-Ivanda (2014:87) note that "children's drawings are sensitive indicators for specific environmental challenges such as unhappiness and may indicate their attitudes towards diverse environmental situations".

6.2.5.1 Richard's narrations on his Residential Care Centre (RCC) drawing

After Richard had completed the drawings of his RCC, I asked him to explain what he had drawn. Richard started naming all the people in his drawings from left to right as he pointed to the pictures. He said:

“This is Richard, I am wearing my new green clothes; next to me is Tanaka, followed by Tatenda. This is daddy Makamure standing at the grinding meal. He is wearing a white dust coat. Next to him is mama Chikuse standing near the kitchen; she is cooking rice and chicken for us.”

After naming all the people in the drawings he moved on to describe buildings and other features in the drawing saying:

“This is our house where we sleep; there are beds for each one of us. This small blue house has a grinding meal. Daddy Makamure grinds mealie meal and stock. At the RCC, we have many mothers and many fathers who stay with us. Every male caregiver is our father and every female caregiver is our mother. There are many children who stay at the Residential Care Centre.”

Richard's drawing depicted him wearing a green shirt where he stands near Tanaka and Tinotenda (other children at the RCC) who are wearing red dresses. I asked Richard how he felt about having many fathers and mothers. He alleged that he and the other children experienced hopelessness by having many parents as they do not stay with actual parents like their friends at school and in the community. While staying at the RCC he wished to have his own family like other children in the community. This was depicted by the raising of hands which may signify that children experienced helplessness, almost as if they did not have any control over his own life. However, he indicated that he enjoyed his stay at the RCC. They would ride bicycles and enjoy visitors who come and bring them presents.

When asked why the father and mother figures were not done in colour, he responded that, the mother figure puts on a white apron when cooking and the father figure wears a white dustcoat when working with the grinding meal. As Richard was describing his drawing, he was smiling so happily that I could see that he enjoyed telling about his memories. I could feel the excitement because each time he explained about his drawings he was smiling. Richard indicated that he missed the RCC family. He recited all the interesting experiences he encountered at the RCC such as having visitors who brought him clothes and food, riding bicycles to school, visiting interesting places. He said, “... *I miss the RCC and I miss the other children and I miss my friends.*”

Although Richard wanted his own family while living at the RCC, he was happy amongst his friends and it was clear that he saw the caregivers and other children as his family. After his drawing and narrations about his RCC, I asked him to draw his extended family.

6.2.5.2 Richard's extended family

After asking Richard to draw his extended family, to my surprise his mood suddenly changed, and he visibly became upset. His face became still and emotionless as if he was not sure of what to do. I touched his shoulder, smiled, and said, “*Richard do you still remember what I assured you?*” He remained silent while facing downwards. I assured him of keeping all information confidential and said, “*I am not going to tell anyone about what you are going to draw and narrate. It is a secret between you and me.*”

After a minute or so he took a pencil and started drawing. Although he seemed to be a bit slower in this exercise, I did not rush him because I wanted him to capture every detail and aspect as well as bringing out his feelings and emotions. I again afforded him ample time to conduct his drawings. I did not interfere with him up to the point when he said, "I am through." He was holding the drawings to his chest as if he did not want to show me. I smiled at him and said, "Let me see". Below is Richard's drawing of his extended family.



Figure 6.2: Richard's drawing of life in the extended family

In this drawing four people can be seen. Two people in Richard's drawing have no arms. Fan (2012:172) notes that "for children over the age of 6, omitting the arms is significant and may mean they feel a lack of control and feel useless". Concurring, Burkitt and Watling (2013) say in full proportion the absence of hands in drawings, indicates a feeling of incapacitation. In this drawing, Richard drew four people with noticeably big ears. Picard and Gauthier (2012) believe that drawing big ears demonstrate the abusive tone frequently encountered. There are figures who stand with open arms.

Bright colours are used for the buildings and people. Richard used red, blue and green the most. The drawing also depicts a house and inside the house Richard is sleeping wrapped in blankets. According to Farokhi and Hashemi (2011), a "house" symbolizes

the “emotions and stability that are achieved by life in the home, a place where basic needs are pursued.”

6.2.5.3 Richard’s narrations on the extended family drawing

At first Richard was very overwhelmed and emotional and was numb to express himself as we started the narratives of the extended family, but as we spoke he eased up, became more comfortable and was very detailed in his descriptions and explanations. Richard looked up and down for a while as if he wanted to muster some courage then took a deep breath and gained some impetus. Papandreou (2014) observes that children express their worries, enjoyments, dreams and discomfort through drawings, and also provides clues about their relationship with the world and other aspects. Richard described his drawings in a rather distressed state saying, “*We are five in my family.*” Richard did not draw Nyati. He said he drew aunt Chenai and Mary *and elaborated, “...they are wearing yellow dresses. Peter and I wear blue shirts.”*

The drawings depicted the hands of the aunt, the girl, Mary and the boy Peter as open and seemingly welcoming and matching their smiling faces. Richard drew himself without hands, that maybe because of feelings of helplessness. Mavers (2011:1) says, “Children’s drawings frequently reflect the ‘ordinariness’ of their personal lives, occasions, values, concerns and thoughts.”

I asked Richard why he drew himself with no hands and why he was not smiling. He just looked down and said, “*I don’t have any reason for that.*” I sensed that there was something behind the story. I smiled at him and assured him again that I was not going to tell anyone what we were discussing. After some minutes of silence, he then said, “*I am not happy because I do not like staying here.*” On my probing, he gave several reasons including inadequate meals, too much scolding for not performing work perfectly such as tidying the room where they sleep, not allowing him to play, making him sleep on the sleeping mat and not on a bed, and too much work assigned to him. Richard also explained that at other times he could not even attend school as he would have to take

care of the goats and cattle. I further asked Richard whether he would rather stay at the RCC. He nodded his head in agreement.

We then talked about other issues pertaining to the drawing. Among them are two houses with two chairs in the kitchen and a fireplace where a red flame is seen indicating food being prepared. The drawing shows another house depicting several rooms and in one of the rooms there is a mat placed on the floor with some blankets and someone wrapped in the blankets sleeping. When I asked who sleeps on a mat, he indicated that it was him. He has to sleep on the floor because his aunt does not allow him to sleep on the bed because of bedwetting. There is also a scotch cart, which Richard said was used to carry firewood. Outside the yard, there is a kraal with some cattle. He explained that he herded cattle during the weekend and school holidays and sometimes he did not go to school when he was supposed to look after the cattle. He expressed that he hated being absent from school when assigned to herd cattle. Richard's narrations of his drawing of his extended family were touching and the impression I got was that he was a very unhappy little boy. He cried as he explained about his life in the extended family.

Richard's narrations about the drawings revealed that they were impacting him. He took much time on the drawings and most of his drawings miss important parts of the figures such as eyes, a nose and mouth. Missing such important features does not correspond with his age as that may be a sign of developmental problems. In his narrations Richard revealed that he missed the RCC, as the situation in the extended family is causing much stress. To Richard, bedwetting is a sign of stress of what he is going through in the extended family. The following section deals with the observations I conducted.

6.2.6 Observations of Richard

Observations were conducted at Chenai's family as Richard interacted with the extended family members. Observations started from the day when the family agreed to participate in the study.

6.2.6.1 The family's attitude towards Richard

My analysis of the observed data revealed that the family reacted positively towards Richard. Chenai cared for Richard like her biological child. I observed Richard and Peter fetching water from the borehole using a wheelbarrow. Richard was pulling the wheelbarrow with a rope that was tied next to its wheel while Peter was pushing. The children were given similar tasks to perform. I also observed Richard and Peter opening the kraal and taking the herd of cattle to graze.

I also observed positive attributes towards Richard in food provision. Richard was given the same quantities of food like any member of the family. During mealtimes Chenai would give each child options to take portions of food they were comfortable with.

Richard's interacted well with other siblings. Sometimes he played games with other siblings and on other occasions on his own. In most cases he wanted to do his own activities such as playing with his toys and reading books.

6.2.6.2 Chores Richard needed to do

Richard was capable of doing a variety of chores which children of his age are capable of doing. This is culturally appropriate for Zimbabwean children. At one point, I observed Richard herding cattle, and fetching water with the assistance of Chenai's child. Photograph 5.1 shows Richard and Peter opening the kraal to herd the cattle.



Figure 6.3: Photograph of Richard opening the kraal

Although Richard grew up at the RCC without any exposure to herding cattle, another sibling showed him the way. Some of the tasks such as leading cattle pulling on a scotch cart seemed to be challenging to Richard, because he had never experienced them. However, Richard seemed willing to learn. Although at the RCC, the caregivers assist in all the routines for the children, Richard did not exhibit any challenges with the chores. I observed that each child in the family had a routine to follow. The routines differed when it is school days from those they were supposed to do during holidays. On school days, when Richard woke up in the morning, he was supposed to take his bath and go to school. When he arrived home after school; he had his lunch and did his homework. During weekends and holidays Richard together with Peter looked after cattle and goats. Richard also assisted in fetching water and firewood. Since they did not have electricity at their home, Richard assisted in fetching firewood. He did not have to carry the firewood on his head but rather used a scotch cart driven by cattle for ferrying. Richard's other task was to assist in fetching water. He used a wheelbarrow to push two 20-liter buckets of water from a nearby borehole. Richard was able to wash dishes and tidy the room that he shared with Peter. Richard and Peter were allocated duties and Chenai expected them to do them perfectly.

After mealtimes Richard and the other children in the family would wash dishes. The children had a roster, when one was washing dishes, the other child would sweep the kitchen and tidy where food was prepared. The following mealtime they would rotate the duties. Chenai was in control of the duty roster, she reminded both children to do their work perfectly.

6.2.6.3 Richard's overall well-being

This aspect focused on the physical, social, and intellectual well-being of Richard. I observed that Richard was reserved, unless you talked to him, he did not initiate a discussion. In most cases he wanted to do his own activities. When he was assigned to do some tasks such as bringing a bottle of cooking oil from the kitchen unit, he quickly attended to that and went back to do his activities. He could be described as a loner. Unless when assigned to do tasks together with other children, he preferred being alone reading books and interacting with his toys.

In some cases, I observed Richard playing alone with his toys that he brought from the RCC. Chenai continually instructed Richard to leave the toys. He was restricted from playing as I noted Chenai continually calling him and assigning him duties. Although Richard missed the RCC, he cooperated well with the family members and participated in activities in the extended family such as herding cattle. He was also willing to learn some of the chores he was not able to do. I observed Peter teaching Richard how to open the kraal.

I observed that Richard sleeps in the same room with Peter. The environment in which the child slept differed from that of the other family members. He also had his own compartment to keep his clothes like any other member of the family. The clothes in his drawer were arranged perfectly.

Another observation I made was bedwetting, because Richard did not sleep on the bed but rather on a mat placed on the floor. He did not share the same blankets nor bed with

Peter. Due to that, he was not confident as he was continually blamed for smelly clothes. I heard Peter calling him by a nickname, which referred to his bedwetting. Each morning he carried his blankets and hang them outside to keep them dry. He however, had enough blankets just like other members in the family.

6.2.6.4 Richard's interaction with family members

My observations revealed that Richard had positive interactions with family members. He did the work he was assigned. I observed Richard taking part in the house chores. Richard was willing to learn tasks and duties he was not able to do. I witnessed Richard being taught how to open the kraal and also observed Chenai assisting Richard how to have order in the drawers where he kept his clothes. Chenai wanted Richard to be a responsible individual. Richard in turn cooperated very well. Sometimes Richard was seen playing with the other children in the family, even though in most cases he preferred to play alone.

6.2.7 Conclusion

My observations revealed that Richard was not happy in the extended family. Most of the time he isolated himself as he preferred his own company. He slept alone on the mat while the rest of the family slept on beds. He lacked self-esteem and confidence as he was continually scorned for smelly clothes due to bedwetting. I also observed that Richard's stick drawings could be related to delayed fine motor development. He lagged behind developmentally.

Case 2 follows next.

6.3 CASE 2: RUTH

6.3.1 Introduction

Ruth is a girl aged seven, who stayed with her uncle, Joseph. Ruth's mother was Joseph's sister. After the death of her mother Ruth was abused by her mother's boyfriend and was

subsequently taken to RCC A. She was three years old when she was placed under the care of RCC A. The biographical description of the case is given below.

6.3.2 Biographical description of the case

Table 6.2 Participant 2: Ruth

Biographical information	
Age	7 years 10 months
Reasons for taken into residential care	Death of mother (father unknown) and abuse by mothers' boyfriend.
Period stayed in residential care	4 years
Period staying with extended family	5 months
Relative who is the caregiver	Uncle (brother to Ruth's mother)
Gender and age of family member	Male, 38 years
Marital status of family member	Married
Number of people in family	4
Occupation of family member	Horticultural farmer

Ruth's mother was described as promiscuous, consequently she did not know who Ruth's father was. When Ruth was three years old, one of her mother's boyfriends sexually abused her and she contracted HIV/AIDS. The DoSW took Ruth into the RCC as a place of safety. Ruth's mother and her boyfriend were imprisoned, and both passed on in their first year of incarceration. Ruth stayed in the RCC until she was seven years old. When Joseph, her uncle got married, he decided to take his niece from RCC to live with him. He initiated Ruth's transition within his family. Joseph's family comprises of four people who are Joseph, his wife (Jane) and daughter named Miriam aged five as well as Ruth. When I conducted the research, Ruth has been with the family for five months. In the following section, I explain how I met Joseph.

6.3.3 Meeting Joseph

I was introduced to Joseph's family by the SW. When I visited the district office with my letter for permission from the DoSW to conduct research, the SW selected Joseph as one

of the persons who had young orphans aged five to 10 who transitioned to his family within the period of four to six months. The SW had all the information and directions to Joseph's family. Joseph's family lived in a rural setting. I was accompanied by the SW on my first visit to the family. Since the SW was well known to them, the family was willing to participate in the research project. Following is the interview I conducted with Joseph.

6.3.4 Interview with Joseph

6.3.4.1 Introduction

My interviews with Joseph were conducted around 10 in the morning. The reception was welcoming. Joseph led me into one of the houses. Jane, Ruth and Miriam greeted me and went back to the kitchen where they were busy tidying the house. After exchanging greetings, I embarked on my interviews. I began by asking Joseph about whether he had contact with Ruth when she was at the RCC.

6.3.4.2 Question 1: Did you have contact with Ruth when she was in the residential care centre? If yes, explain how often and the type of contact you had with her

Responding to the question, Joseph indicated that he visited Ruth on several occasions when she was at the RCC. Joseph said,

"I started visiting Ruth when she was five years old. I always wanted Ruth to stay with my family. I should have taken Ruth long back but could not manage because I was not married. You know it is difficult for men to take care of young children on their own. When I got married I discussed with my wife and we agreed to have Ruth as part of the family. From that time, I began having Ruth during school holidays. I wanted Ruth to meet with other family members."

Joseph also explained that he was given permission to take Ruth during the holidays by the DoSW. Ruth was able to build a good relationship with Joseph when she was at the RCC due to the fact that she regularly visited the family.

6.3.4.3 Question 2: How was the family prepared by the Department of Social Welfare for Ruth's transition process?

Responding to the question, Joseph indicated that he initiated the transition when he got married. The SW visited Joseph's family on one occasion to assess the home before taking Ruth into the family. 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 ups were made to check how the child was coping with the new environment. I further asked Joseph whether they were educated on how to welcome the child and he indicated that they were not educated.

6.3.4.4 Question 3: Did you do something specific to make Ruth feel welcome in the family and how does she blend in with your existing family?

Responding to this question, Joseph indicated that he explained to their little girl, Miriam, that Ruth was their relative who had come to stay with them. Joseph's family regarded Ruth as part of the family. To help Ruth feel welcome, Joseph further explained to Ruth about how he is related to Ruth's mother. Joseph and her wife regarded Ruth as their eldest child. Ruth did not face major challenges to adjust to the extended family environment, she blended in well since Joseph had a child of almost the same age as Ruth they could play together.

6.3.4.5 Question 4: In your opinion, was this transition to your family easy or difficult for Ruth?

Responding to this question, Joseph said Ruth never showed any sign of distress upon leaving the RCC. The transition was easy for Ruth; it was facilitated by the visits during holidays. Ruth was attached to Joseph's family, and as such never experienced challenges. It was also easy for Ruth as she and Miriam are close in age, and they could play together and doing house chores together.

6.3.4.6 Question 5: Describe your relationship with Ruth, Ruth's relationship with other children in the family and your relationship with your own family after Ruth had transitioned to your family. Did anything change? Was the change positive or negative?

Joseph once again reiterated that he always wanted Ruth to live with him and his family rather than leaving her staying in the residential care. Joseph valued the relationship he had with his sister and could not let the child live in residential care. Joseph said,

“It is always my responsibility as an uncle to take care of Ruth. I view Ruth as my own child despite the behaviour of promiscuity portrayed by my sister. I could not judge my niece because of her mother's behaviour. My child enjoys the company of Ruth very much. She has found a friend and a sister to accompany her in everything she does.”

Joseph indicated that Ruth's transitioning to the family was quite welcoming and positive. It has not affected their way of life. He mentioned that he now has peace of mind by having Ruth in the family.

6.3.4.7 Question 6: What do you see as challenges regarding the placement of Ruth in your family?

The response from Joseph portrayed that there were no major challenges in having Ruth in his family despite the economic challenges prevailing in the country. The only challenge mentioned by Joseph was regarding the lack of financial assistance from the government towards the upkeep of the child and high cost of living. However, Ruth's school fees were being paid by the RCC. Joseph said,

“I regard Ruth as my child. I am taking all the responsibilities. I am providing all the needs just like I do to my child because I regard Ruth as my daughter. In terms of school fees, the RCC is paying.”

6.3.4.8 Question 7: If Ruth misbehaves, how do you discipline her?

Regarding misbehaviour, Joseph pointed out that young children are still learning, and they need to be taught good morals. They need to know what is right and wrong. Usually they learn from other peers and adults. He said:

“When Ruth misbehaves it is my duty to teach her the correct way of doing things, as she grew up in a different setting. Yes, she may misbehave, but it is my duty to teach her good behaviour.”

In case of misbehaving Joseph said he would give Ruth a warning by counselling her then if she did not reform he would punish her. I further asked Joseph on what sort of punishment he was referring to and he indicated that he would deny her from watching cartoons.

6.3.4.9 Question 8: What advice do you have for extended families who want to transition orphans to their home?

Joseph recommended that families need to be loving and caring towards children since living in RCC, is not by choice. He further elaborated that:

“Families should be patient and loving since these children have been reared by different people with different child-rearing practices. Families should be willing to teach young orphans about their culture, since the children are used to live artificial lives.”

My interviews with Joseph revealed that Ruth is a welcome member of the family. There are no adjustments problems encountered by Ruth as she has been fully prepared during holiday visits. No follow-ups were made by the DoSW to check on how the child is doing after the transition. There is no support coming from the DoSW towards the upkeep of Ruth. Joseph is providing everything on his own be it food and educational requirements. Problems on socio economic environment is impacting on Joseph’s family as the DoSW

has not fulfilled their promises of supporting young orphans who transitioned to the extended family.

6.3.5 Ruth's drawings

When I turned up at the family's house for my third encounter with the family, Ruth and Miriam (Joseph's child) were playing "*mahumbwe*" (*dramatic play*) under a mango tree. Joseph called Ruth from where she was playing with the other sibling and told her to accompany me and Joseph into the house.

Ruth could be described as a friendly girl who always smiles. During our interaction she was confident, she did not seem nervous or shy. I gave Ruth the drawing tools and asked her to draw what it was like at the RCC family. I told her to draw as many pictures of her RCC family as she wanted. I wanted her to tap into her experiences with the RCC first before her drawing about the extended family. She closed her face with her little hands and looked up imagining what to draw. It took her more or less 20 minutes to finish her drawing about the RCC. The following drawing depicted Ruth's RCC family life.

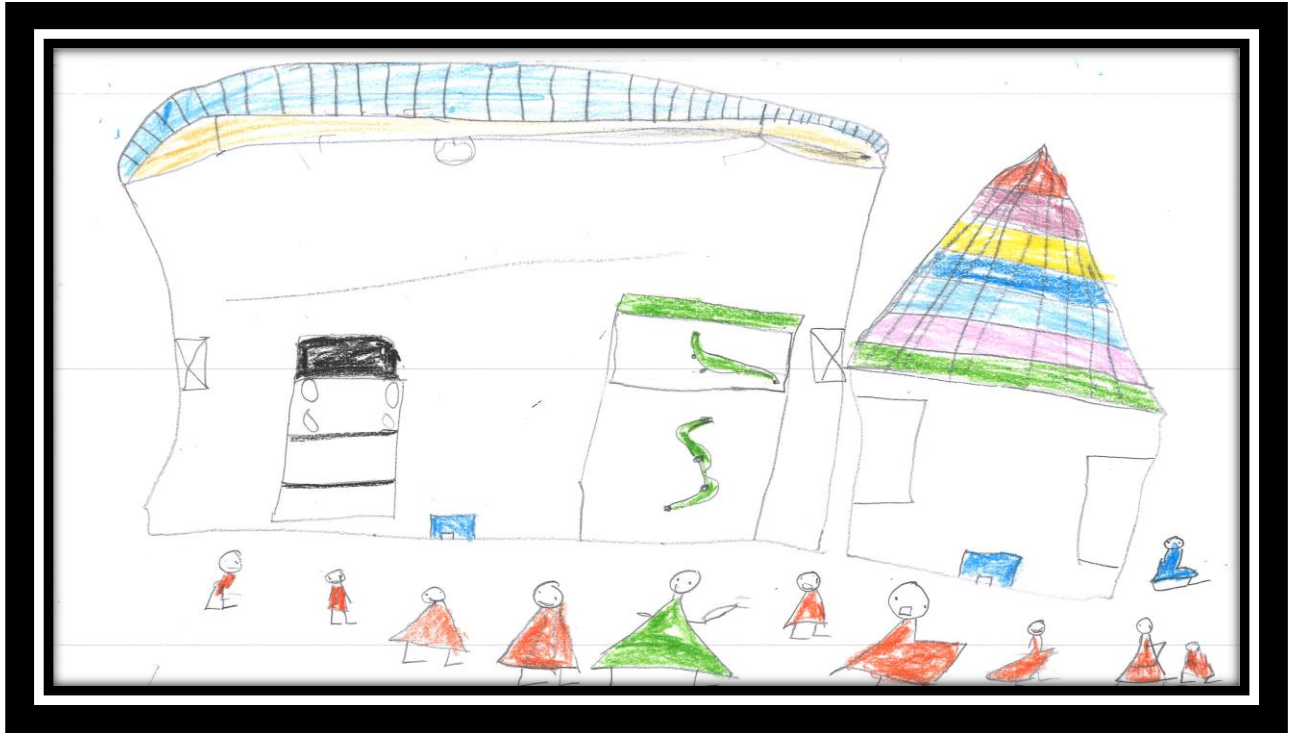


Figure 6.4 Ruth's drawing of life in Residential Care Centre (RCC)

There are two buildings in Ruth's drawing, both with coloured roofs. One building represents a kitchen and the other one is a bedroom. There are beds for caregivers and children inside the house. The beds have black and green colours. Kurt and Osueke (2014:3) regard colour as "one of the effective factors in a space which influences one's emotions". Kisovar-Ivanda, (2014) has the same sentiments that children release their emotions, which cannot be expressed verbally, using colour.

The black colour was assigned to Ruth's bed. I asked Ruth about the black stretch marks on her bed as they look like tears on the bed. She indicated that during her stay at the RCC she spent her nights crying. I once again realised the value of drawings and concur with Fan (2012:176) that drawings can be used to learn more about children's experiences in certain environments. Ruth expressed her emotions through crying at night. This is also evidenced by the position in which Ruth is seated. Ruth is not among other children who are with the caregiver. She is seated on her own and appeared lonely. She has a different colour of dress as compared to the rest of the children. Ruth was 7

years old but drew human figures without visible features such as eyes and ears. This could be a developmental challenge for children who might not have had adequate stimulation during their stay at the RCC.

In her drawing the majority of the people are getting dressed in colourful dresses. One person is in the middle wearing a green dress. She was the caregiver at the RCC. Green is considered as an emotionally calming color which gives a sense of nourishment, coherence, and stability while symbolising affection and harmony (Villanueva, Villarroel & Antón, 2018).

6.3.5.1 Ruth's narrations on Residential Care Centre (RCC) drawings

I asked Ruth to describe her drawings. She started by naming all the people in her drawings from left to right saying:

“This is Dorcas and Dorothy; they are twins, next to them is Tatenda followed by Tanaka, and the one wearing a green dress is mama Gwaya who takes care of the family. Next to her is Beauty the youngest child; next is Anenyasha, followed by Tanatswa, Alice and Tinotenda. I am sitting alone behind the kitchen, wearing a blue dress.”

I asked Ruth why she was sitting alone while the rest of the children were with the caregiver. She said she missed her uncle Joseph, her aunt and Miriam. While all children enjoyed the company of the caregiver, Ruth was isolated. This was evidenced by the distance between her, the caregiver, and other children. There was limited attachment with the caregiver and other children in the RCC. While some children had garments of a similar colour, she was the odd one out. Through drawings, we are able to understand the interaction between children and their family members, or their perceptions of the family (Fan, 2012:173). When Ruth was through with her narrations, I asked her to draw her extended family where she was currently staying. Ruth's extended family follows.



Figure 6.5 Ruth's drawing of life in the extended family

In the drawing, colourful buildings are seen. There is a bigger house and a hut. The bigger house has red walls and a black roof. Villanueva et al. (2018) observe that pure red is the humblest colour, with no intricacy, it inspires, lively and very friendly. It is also a seasonal, festive colour which is seen as prosperity and joy. The roof of the house is painted black.

Four people are standing next to the buildings. Ruth and Miriam are standing on the right side of the building and are all dressed in purple. Deguara and Nutbrown (2018) describe purple as a warm colour which indicates a happy mood. Ruth is standing on the left side. The girls are all smiling. Joseph and his wife are standing together on the other side of the buildings, indicating closeness and unity. But it is also significant as the children are not part of the unity because there is a house between them. At the other side of the house Joseph is standing with his wife. He has a black suit while his wife is wearing a red dress. Both look happy and content. There is a distance between the children and the parents. There are red and green flowers near the house. Farokhi and Hashemi (2011)

say flowers denote a sense of family and togetherness. In her drawing, Ruth explained about her extended family. She wrote:

“My name is Ruth. I like staying with my uncle and aunt. I enjoy eating rice and chicken. I play with Miriam at home. My uncle likes an obedient child.”

6.3.5.2 Ruth’s narrations on her extended family drawing

Ruth described her extended family as she named the people in her drawing from left to right saying, *“This is our lovely home”* (encircling the whole picture with her palm). She continued saying,

“My uncle Joseph and Aunt Jane, Miriam and I are about to go to church. There are two houses at my home. In this house, (pointing to the one painted red) there is a television and I watch cartoons with Miriam. There is a bedroom where I sleep.”

Ruth further talked about things she did at home and at school including playing with Miriam and reading books. I asked Ruth to find out whether she would like to go and stay at the RCC if given a chance. She just shook her head and looked at me with a smiling face and said, *“I want to stay here at my home.”* In the drawing Ruth is standing with Miriam. Kisovar-Ivanda, (2014:62) says, “placing the figure of the person who represents the child doing the drawing close to other figures can mean that the child feels, or wants to feel, close to that person, or has a desire to be protected by that person.”

These drawings clearly show that Ruth was happy to leave the RCC joining the extended family. She felt welcome and accommodated in the extended family and was happy to be part of the family. Observations of Ruth follow next.

6.3.6 Observations of Ruth

Photograph 6. 2 is a photo of Ruth and Miriam standing in front of a kitchen.



Figure 6.6: Photograph of Ruth and Miriam standing near a kitchen

I observed Ruth at Joseph's family. Observations commenced when the family agreed to participate in the study. They started on the day the SW accompanied me to Joseph's family to get permission to conduct the research with the family. The following observations were made:

6.3.6.1 Family's attitudes towards Ruth

Joseph's family reacted positively towards Ruth. During my interaction with Joseph's family, I observed the social interactions between Ruth and family members revealed good relationship among the family. Positive social interactions were noted between Joseph and Ruth as well as other family members as they talked about various issues happily. Whenever Ruth appealed to family members they responded in a polite manner. Joseph's wife was so accommodative of Ruth and it seemed as if she made no distinction between Ruth and her own daughter Miriam. I observed that Ruth and Miriam slept in the

same room. Each one of them had her own bed. The blankets were enough for both children. Ruth and Miriam had drawers where they kept their clothes. I also observed that Ruth referred to Jane as her mother and it seemed that Ruth received unconditional love. I also saw Jane hugging both children. I observed that Jane did not distinguish between the two girls as she treated them equally. I observed Ruth and Miriam playing together where Ruth taught Miriam how to play a 'pebble game'. She explained to her nicely and demonstrated how the game is played.

6.3.6.2 Chores Ruth needed to do

When Joseph's wife was preparing meals, I observed Ruth assisting in collecting needed items such as spoons, cooking utensils, salt and serving plates from the cupboard. Joseph also requested Ruth to bring some water to drink. When Joseph wanted something, Ruth and Miriam would run competing to be the first to collect that item. Joseph thanked Ruth saying, "*Thank you so much my niece.*" When Joseph thanked Ruth, she ran back to the play area smiling. The next time when Joseph or his wife requested for something the girls would run trying to be first so that they were thanked for the job well done.

6.3.6.3 Ruth's overall well-being

When I observed Ruth, she was always cheerful. During my initial visit at Joseph's family she greeted me happily. Ruth initiated her own activities. She enjoyed playing with Miriam who was a bit younger. They had a play space under a mango tree where they kept different play materials.

6.3.6.4 Ruth's interaction with family members

Ruth was engaging with her family members. She liked to be active and being sent to do age-appropriate household chores. When Jane was cooking, she would ask Ruth to collect some cooking utensils. I also observed Ruth helping in setting the table. She

competed with Miriam to do good to gain positive verbal rewards from Joseph and Jane. When each of the siblings had performed a task Jane and Joseph would thank them and encourage them to continue doing good things. She called Jane mother and I could see that it made her happy to be called daughter.

I also observed that Ruth and Miriam played together; they also slept in the same room. She had a play space under a mango tree where they kept different play materials. I observed Ruth and Miriam collecting empty containers putting them at their play area. After breakfast Ruth called Miriam to their play area. Ruth and Miriam spent most of their time playing. Ruth had a doll called Mary. She would pretend bathing and feeding the doll. She also carried the doll on her back and pretended going to the clinic. She sung some lullabies to the doll.

6.3.7 Conclusion

From my observation, it was clear that Ruth was comfortable and happy in the extended family. She was accommodated by Jane and Joseph as they regarded her as their biological child. Ruth was involved in family activities and got verbal rewards from Joseph and Jane. She was happy to stay with Miriam as they played together.

Case 3 follows next.

6.4 CASE 3: PATRICK

6.4.1 Introduction

When Patrick was an infant his mother left him in the forest. She committed suicide shortly thereafter. Consequently, Patrick grew up in the RCC from an early age. He stayed there until the age of 10 years. He was later transitioned to Stella and Chirasha's family. Stella is Patrick's aunt on his mother's side. Chirasha is Stella's husband. The biographical description of the case follows next.

6.4.2 Biographical description of the case

Table 6.3: Participant 3: Patrick

Biographical information	
Age	10 years 3 months
Reasons for taken into residential care	Death of both parents
Period stayed in residential care	9 years
Period in residence with extended family	5 months
Relative who is the caregiver	Aunt (sister of Patrick's mother)
Gender and age of family member	Female, 40 years
Marital status of family member	Married
Number of people in family	6
Occupation of family member	Not employed

Patrick is a boy aged 10 who is looked after by Stella and Chirasha. Stella is Patrick's mother's younger sister. He was taken into the RCC when he was less than a month old. It is believed that when Patrick's mother fell pregnant, Patrick's father denied the responsibility of the pregnancy and went to South Africa in search of employment. He later died in South Africa. On giving birth, Patrick's mother felt like an outcast. The society mocked her as a woman who had a fatherless child. This was apparently too much for her to handle and she decided to commit suicide. She wrote a name tag which she placed around the child's neck. She left the child behind and drank pesticide. The child was picked up by people who were fetching firewood and they alerted the police. Patrick was taken to a nearby hospital and later to the DoSW who brought him to RCC A. Patrick stayed in the RCC for nine years until the DoSW initiated transition. The following account shares how I contacted Stella.

6.4.3 Meeting Stella and Chirasha

I got to know Stella and Chirasha through the DoSW when I sought permission to conduct my research on young orphans who transitioned to extended families. I was introduced to Stella and Chirasha by the SW. The SW accompanied me to Stella and Chirasha's

family and introduced me to them during my initial visit to seek for permission to conduct research. Since the SW was well known by the family I did not face any resistance from Stella and Chirasha. Stella agreed to participate in the study as the person responsible for taking care of Patrick. Following is my interview with Stella.

6.4.4 Interview with Stella

6.4.4.1 Introduction

Stella and Chirasha's home is in a rural area. There are two houses, a kitchen which is thatched with grass and another bigger house which has four rooms. They have four children, one boy and three girls. The girls are aged 16, 13 and 5 then a boy who is 10 years (same age as Patrick). All the children are in school. Chirasha works as a security officer at a local institution near their home. Stella is not employed.

As I approached Stella and Chirasha's home, the sound of barking dogs welcomed me. The dogs alerted Stella and Chirasha who were busy shelling nuts for making peanut butter. Patrick came running towards me and stopped the dogs. Stella and Chirasha gave me a warm welcome as they shook hands with me. Stella took with her the tray and invited me into the kitchen where the interview was conducted. Stella was prepared for the interview and looked very comfortable.

I began by asking Stella about the contact she has with Patrick when he was at the RCC.

6.4.4.2 Question 1: Did you have contact with Patrick when he was in the residential care? If yes, explain how often and the type of contact you had with him

In response to the question Stella responded that,

“As a sister to Patrick's mother, I visited Patrick during his stay at the RCC as it was my duty as his aunt to take care of him. Although I did not have the resources to care for him, I made sure I visited to see whether the child was well. Therefore,

during Patrick's stay at the RCC I visited him since he was very young. I cannot account for how many times but can safely say many times."

Stella's response showed a concern with the welfare of the child. She indicated that she also wanted Patrick to know her as his mother. Stella further explained that,

"My intention was for Patrick to know his relatives; it is not good for a child to grow without any knowledge of his relatives."

Stella elucidated that she started taking Patrick during holidays since he was five years.

6.4.4.3 Question 2: How was the family prepared by the Department of Social Welfare for Patrick's transition process?

My next question intended to establish what was done in order to prepare the family for accepting Patrick into their family. Responding to the above question Stella explained that it was the DoSW who initiated the transition process. Stella indicated,

"I was encouraged to visit Patrick at the RCC and also take him during the holidays. The SW also asked me to establish whether I was capable of taking care of Patrick. The SW visited her to assess the facilities and resources I have for the possible upkeep of the child."

I asked Stella what particular issues the SW focused on. Stella responded that,

"The SW looked into issues related to distance from the neighbouring school as well as health facilities. He also checked on accommodation to find out whether there is space for the child."

I checked with Stella to find out whether the SW had any meetings with children and other family members to prepare them on the coming of Patrick and she indicated that nothing of that sort was done.

6.4.4.4 Question 3: Did you do something specific to make Patrick feel welcome in the family and how does he blend in with your existing family?

Responding to the question Stella said,

“I take care of Patrick the same way I do with my biological children for instance in the provision of food, clothing as well as household chores. From the first day I never wanted him to feel that I am not his mother, I told Patrick to refer to me as his mother not aunt, I made it clear to my children not to refer and describe Patrick as an outsider.”

Stella indicated that through that love, openness and fairness Patrick was so flexible and never had any challenges with adjustment.

6.4.4.5 Question 4: In your opinion, was this transition to your family easy or difficult for Patrick?

In response to the above question, Stella said:

“The transition to my family was not challenging to Patrick at all. Patrick was used to visit us and was used to every system of the home and the way of life.”

Stella clearly pointed out that, Patrick was staying with people who were not related to him. He was supposed to come and stay with his relatives. Stella referred to herself as Patrick’s mother, since she is a sister of Patrick’s mother. Stella was saddened by the death of Patrick’s mother and would not let Patrick feel like an outcast living outside a family environment. Stella further explained that Patrick adjusted easily as there were children of the same age as him. He also adjusted easily as he was used to the environment during his visits during holidays.

6.4.4.6 Question 5: Describe your relationship with Patrick, Patrick's relationship with other children in the family and your relationship with your own family after Patrick had transitioned to your family. Did anything change? Was the change positive or negative?

In terms of the family's relationship with Patrick, Stella felt that there had not been any changes in their family dynamics since Patrick joined the family. Stella considered Patrick as one of her biological children. Stella lamented that,

“Patrick’s mother is my sister, therefore, my view on Patrick is that he is my child. In fact, before Patrick transitioned to this family, I agreed with Chirasha that we should have him in the family. With this agreement everything is well. We provide Patrick with all the needs just like any other child in the family.”

I probed Stella to find out on what type of needs she required for taking care of Patrick. Stella elaborated on the provision in terms of clothing, food, educational and health facilities. Stella further expounded that the inclusion of Patrick had not affected the family budget.

In terms of Patrick's relationship with the other children in the family, Stella spelled out that, when Patrick transitioned to the family, she informed the other children that Patrick was part of the family. Stella oriented Patrick on the expectations of the family in terms of norms and values, behaviour, skills and belief systems of the family. Stella indicated that Patrick is adjusting positively; he was improving so well in skills development, knowledge of his norms and values and belief systems.

6.4.4.7 Question 6: What do you see as challenges regarding the placement of Patrick in your family?

Stella indicated that there are no major challenges as she considered Patrick as her own child. As a family they have adjusted their budget to accommodate Patrick's needs. Stella reiterated that:

“I felt relieved by having Patrick in the family, it always haunted me when Patrick was staying in the RCC as it is not according to our culture to have a child live outside of the family when the relatives are capable of looking after the child. I always dreamt Patrick’s mother asking me about why I am not looking after Patrick.”

The only challenges highlighted by Stella were that the DoSW had not fulfilled its promises of following up and check with the welfare of the child and assisting in his upkeep. Stella indicated that the DoSW had indicated that they would support with groceries and funds towards the upkeep of the Patrick, but nothing had been done as yet. Patrick had not been included into the BEAM programme yet. Stella said, *“If it was for the RCC which is paying fees for Patrick I don’t know where I was going to get the money from.”*

Stella and Chirasha paid for Patrick’s educational requirements such as books. The RCC where Patrick transitioned from was paying for the school fees. Stella stated that Patrick required uniforms for the current school, which she had not been able to afford. She indicated that she did not have the money to purchase the required items due to high cost of living.

6.4.4.8 Question 7: If Patrick misbehaves, how do you discipline him?

In response to the above question, Stella indicated that she treated Patrick like any other child who was in the period of learning the expectations of the family and society. She elaborated that:

“Patrick grew up in a different set-up; the first thing I do if he misbehaves is to explain to him that it is not good to behave in such a manner. Suppose he steals, I will explain to him that stealing is bad citing him the consequences of stealing.”

I further prompted to find out whether Patrick stole and Stella indicated that she was just citing an example. Patrick had no such behaviour. Stella further explained that all young children learn from adults, therefore it was the duty of adults to teach children.

6.4.4.9 Question 8: What advice do you have for extended families who want to transition orphans to their home?

As advice to families who want to adopt or reunify orphans with their families, Stella emphasised that, those who take care of the orphans should have loving hearts. They need to love and treat the orphans as their own children. They should be willing to teach the young orphans the skills, habits and expectations of society since they grow up in different societies with caregivers with different styles. Stella pointed out that:

“Families should not expect any assistance from the DoSW because it is not always the case as the government is struggling to support orphans.”

Stella elaborated that although the DoSW promised to support the orphans as they transition to families, extended families should be prepared to manage caring for orphans on their own.

In my opinion, there was smooth transitioning from the RCC where Patrick had stayed for nine years. Patrick was adequately prepared for the transition. He visited Stella’s family during holidays. Stella as well visited the RCC during Patrick’s stay. The visits helped to create a bond. My interview with Stella indicated that there were no preparation meetings conducted by the DoSW and Stella’s family on how to welcome Patrick. In addition to that there was no support coming from the DoSW towards the upkeep of Patrick in the extended family. The drawing activity I conducted with Patrick is discussed next.

6.4.5 Patrick’s drawings

When I arrived at Stella’s home for drawing purposes, Stella had gone to the garden to collect some vegetables. Since I had visited the family previously on two occasions for

research purposes, I was no longer a stranger to Patrick. This was now the third encounter with Patrick. Patrick gave me a cheerful welcome and we talked about schoolwork as we waited for Stella. Upon noticing me she said, *“Welcome home.”* After exchanging greetings, I told her about the purpose of my visit. Stella accompanied me to one of the rooms and asked Patrick to come with us. She said to Patrick, *“She is here for you to make some drawings.”* In agreement, Patrick nodded as he smiled at me. I explained to Patrick that he had to draw me something so that I could get to know him better; I asked him to sign the assent form so that I could begin the study (see Appendix G). I explained to him to draw what it was like at the RCC he lived at for nine years. I made it clear that he could draw as many pictures of his family as he wanted. As soon as I finished giving him drawing tools he started drawing. Following is Patrick’s drawing of his RCC life.



Figure 6.7: Patrick’s drawing of life at Residential Care Centre (RCC)

Patrick drew a bright, coloured building with two visible entrances. The building has several compartments painted with different colours as depicted by the picture. Colours mean different things depending on cultural differences. Four people in the drawing, are

wearing blue clothes. Burkitt and Watling (2013) observe that blue is an indication of stability, strength, trust, and peace. All the people are doing something different. One person is the biggest in the drawing and is thus highlighted. He is not doing any activity like other people in the drawing. However, Patrick isolated himself from the other children and the RCC facility. It might be a sign that he did not feel he belonged there. There is a tree in Patrick's drawing. Trees with leaves and fruit indicate happiness and love for the inhabitants (Kisovar-Ivanda, 2014). There are small figures and no ground level in the drawings; the figures are floating. There is no grass on the ground in the picture. Koppits (1966) views that small figures in a drawing might mean inferiority. Patrick might not feel he is grounded or fit in at the RCC. He attempted to hide it by drawing himself bigger, maybe to make himself feel more important.

6.4.5.1 Patrick's narrations of the Residential Care Centre (RCC) drawing

Patrick started explaining about his drawings saying:

“This is the RCC where I was staying with Rutendo, Tapiwa and Nyasha. We were staying together in this side of the house” (pointing to the side coloured yellow).

Patrick drew himself bigger than the other figures in the drawing. He is smiling and standing in front of the buildings and other children. I asked Patrick why he was not working like the rest of the people in the drawing and why he drew himself bigger than the others. Patrick indicated that he was proud to go and stay with his extended family. He was dressed in clean clothes and did not want to associate himself with dirt. In his drawing he could not hide his happiness. He felt happy and proud as he was dressed in beautiful clothes.

Patrick's narrative did not focus on his stay in The RCC. Although I asked him questions about his experience there, he just talked about his new home. In my opinion he was glad to be part of his new family. Below is Patrick's extended family life.



Figure 6.8: Patrick's drawing of life in the extended family

In his picture of the extended family, Patrick drew a noticeably big, beautiful house. Fan (2012) explains that drawing a house represents the attitude towards the home life. The house in children's drawings symbolizes emotions and stability that is desired for life at home (Farokhi & Hashemi, 2011). It shows how the person values the home. Mavers (2011) elaborates that houses with doors and windows designate that there is a way for the occupant to see what is happening outside and for others to see him. In relation to the drawing this might mean that there is freedom in the family. In this picture everyone is also doing everything on their own. Patrick, who was almost 11 years, drew stick figures. According to Koppitz (1968), small- and stick figures, may signify indicate a backlog in development. Patrick's drawings also depict six people who are doing different chores. Everyone in the drawing has a responsibility. Some are sweeping the yard while others fetch water from the well. While the majority of people in the drawing appear to be young, there is a lady wearing pink and blue dress who looks like the mother. The picture also depicts a hut, a kraal and a well.

6.4.5.2 Patrick's narrations on the extended family drawing

When Patrick completed drawing of his extended family, I asked him to explain his drawings to me. He began by saying,

“This is our home where I stay with my aunt.”

He encircled the whole picture with his right hand. He started by naming people in the drawings from left to right saying:

This boy's name is Tatenda. 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 aunt Stella to clean the yard. Chipso is coming from the well where she had gone to fetch some water. Monica is carrying a bucket of water; she is going to help Chido to clean the kitchen.”

Patrick explained that every member of the family has an important role to play in the family. They work together and help each other to keep their home clean. Patrick is capable of assisting whenever need is required such as being asked to bring utensils when Stella is cooking.

In my opinion, Patrick's drawings revealed that he was happy to leave the RCC where he had stayed for 9 years joining his extended family. His drawings further depicted how he felt about his extended family. Patrick's explanations revealed that he was comfortable staying with the extended family. He became part of the family as he participated in house chores like everyone else. Observations of Patrick follow next.

6.4.6 Observations of Patrick



Figure 6.9: Photograph of Patrick standing near a house

Observations for Patrick were conducted at Stella's home. Observations commenced as soon as the Stella agreed to participate in the study.

6.4.6.1 Family's attitudes towards Patrick

The observed data revealed that Patrick was welcome and accepted in the Chirasha and Stella's family. They viewed him as a member of the family and not as a stranger. Stella and Chirasha considered Patrick as their own child through provision of all the needs such as love, food educational requirements. When Patrick was called by Chirasha he responded saying, "dad" which shows that he considered Chirasha as his father. In the Shona culture the way Patrick responded indicated respect and revealed that he viewed Chirasha as his own father. In this regard, I also noticed that Chirasha and Stella treated Patrick as their own child.

I also observed Stella's children inviting Patrick to play as they chased each other in the yard. The children would drive bricks pretending to be driving cars. I heard Stella shouting

saying, *“Stop pushing your cars in the yard, I will punish you.”* Stella wanted the children to push their cars outside the yard as she said that would cause soil erosion.

During mealtimes, Patrick and other siblings were provided with the same type of meals. Stella would request all siblings to be free to request for more food when in need. Patrick seemed to experience a sense of belonging, protection, and love. Patrick was being taught about the norms and values of the family. Patrick thanked his aunt for the food as he clapped his hands saying, “Thank you for the food,” as he mentioned Stella’s totem (any natural object that serves as an emblem of a tribe, clan of family). I observed that Patrick learnt about different norms and values in relation to his culture.

6.4.6.2 Chores Patrick needed to do

In Stella’s family, young children had no major chores to do. Patrick like any other children of his age would have to make their beds in the morning after waking up. However, Stella would monitor and assist where necessary. Some other chores that I observed Patrick doing was to bring certain items such as a mop, broom or a plate when Stella was cooking and doing her household chores. Patrick would also assist in the feeding of chickens where he was assigned to carry a five litre container of water from a well which is around the yard to the fowl run.

In terms of herding cattle, Stella has a herd boy who herds cattle, therefore, Patrick and other children did not participate. The herd boy milked the cows. He only requested Patrick to carry a cup of water for washing his hands after tying the cow’s legs. Patrick watched how the herd boy milked the cows.

I also observed Patrick assisting Stella’s husband as he was mending a scotch cart. He was requested to hand him different tools. In a way Patrick was learning how it is done as Stella was busy mending a puncture.

6.4.6.3 Patrick's overall well-being

Patrick was a tall slim boy who constantly smiled. He enjoyed playing with other siblings. He initiated the activity of pushing bricks as they imitate driving cars. He can be described as an initiator.

Patrick was also sociable; he shared his games brought from the RCC with other siblings. He was not selfish. He taught other siblings how to play the snakes and ladder game. He also had a computer game which he loved to play. Most of the time he demonstrated to other siblings how to play the game. He cooperated very well and loved to play with others. I observed that he was enjoying the company of other siblings. Patrick slept in the same room with Chirasha's child who is of the same age as him. The two boys shared a bed and blankets. Patrick's clothes and cupboard were neatly organised.

6.4.6.4 Patrick's interaction with family members

Patrick collaborated well with family members. This is evidenced by the social interactions between him and Stella as well as the rest of the family. As he played with other children there were no quarrels or misunderstanding. I observed Patrick sharing play materials with other siblings as they pushed bricks around the yard pretending to drive cars. I also observed him initiating to playing games. He said to the other siblings, "*Let's go and build wagons.*" Patrick was eager to learn new things from adults. I saw him observing how to mend a puncture when Stella's husband was repairing his bicycle. He was a good listener and responded to what he was requested to do. When Stella assigned some work to do such as collecting firewood, he quickly did the work. Stella would thank Patrick for the work. This made Patrick feel motivated and eager to assist.

6.4.7 Conclusion

From my observations, it was clear that Patrick was very happy in his extended family. The unconditional acceptance from Stella's side, made it easy for the boy to transition to

this family. His interaction with Stella's other children, also showed that there was a good relationship between the children, and that they accepted him into their family. However, there were some underlying signs of insecurity in Patrick's drawings. This is normal for a child who had been through traumatic events such as loss and moving from one situation to the other.

Case 4 follows next.

6.5 CASE 4: BRIDGET

6.5.1 Introduction

Young children are vulnerable when a parent dies. More so when a child's life is threatened by constant sexual abuse by her father, as the case was with Bridget, who went through some challenges after the death of her mother, this resulted in her being sent to a RCC for seven years before transitioning to the extended family. The biological description of Bridget's case is discussed in the following section.

6.5.2 Biographical description of the case

Table 6.4: Participant 4: Bridget

Biographical information	
Age	10 years 7 months
Reasons for being taken into residential care	Death of parents and abuse
Period stayed in residential care	8 years
Period in residence at extended family	5 months
Relative who is the caregiver	aunt (wife to brother of Bridget's mother)
Gender and age of family member	Female, 45 years
Marital status of family member	Married
Number of people in family	9
Occupation of family member	Not employed

Bridget was a girl aged 10. She stayed with her uncle Sinyoro and his wife Tatenda together with their six children. Sinyoro was the brother of Bridget's mother. Bridget was only two years old when her mother died of cancer. After the death of her mother, Bridget was looked after by her father and her elder sister. At age three Bridget fell ill and was taken to hospital. A routine check at the hospital for baby weighing revealed that she was infected with a sexually transmitted infection. The medical check-up revealed sexual abuse. It was later discovered that her father sexually abused her from a young age. Bridget's father was arrested and incarcerated for the offense for 20 years, where after Bridget was taken to the RCC. Bridget stayed in the RCC for eight years until the DoSW initiated the transition to Sinyoro's family. During my visit to Sinyoro's family, Bridget was already living there for a period of five months.

At the time of the study, Bridget was living with Sinyoro and Tatenda as well as their six children (four girls and two boys). Five of Sinyoro and Tatenda's six children were still in school whilst their eldest completed ordinary level studies. Sinyoro's first child was 20 years by the time of the study, followed a boy and a girl who were 18 and 15 years and were studying at a local school. The other three children (two girls and a boy) were ten and seven. Sinyoro's youngest child is a boy aged four and doing Early Childhood Development (ECD) at their local school. Sinyoro's ten-year-old daughter is of the same age with Bridget. Sinyoro and Tatenda were not employed; they relied on small scale farming. Sinyoro did piece jobs in the community such as moulding bricks and selling firewood to teachers at the local school and clinic. There were two houses at Sinyoro's home. There was a hut which was used as a kitchen while the other house had four rooms which consisted of three bedrooms. One room was for the boys, the other one for the girls and the third bedroom was for Sinyoro and Tatenda. The data gathered during my interview with Sinyoro and Tatenda are discussed next.

6.5.3 Meeting Sinyoro and Tatenda

Sinyoro and Tatenda's family is situated in a rural setting five kilometers from a well-known business centre. I got to know Tatenda and Sinyoro through the DoSW when I

sought permission to conduct my research study. Tatenda was selected to participate in the study as the person responsible for taking care of Bridget. The SW accompanied me to the family and introduced me to Sinyoro during my initial visit to seek for permission to conduct research. Sinyoro suggested that Tatenda should participate in the study, since she spends most of the time with Bridget. My interview with Tatenda is shared in detail next.

6.5.4 Interview with Tatenda

6.5.4.1 Introduction

Interviews with Tatenda were conducted during my second encounter with the family. I arrived at her home at midday as we had agreed upon. The time I arrived at Tatenda's home she had just arrived from a nearby river after doing her laundry. Her reception of me was welcoming. She assigned one of her children to give me a chair as I waited for her to finish hanging her clothes. Meanwhile, Bridget and other children were helping her with house chores. Sinyoro was out for his business of selling firewood and moulding bricks. Within a short space of time she came to the shade and spoke to me. I began by asking Tatenda about the contact she and her husband had with Bridget when he was living at the RCC.

6.5.4.2 Question 1: Did you have contact with Bridget when she was in the Residential Care Centre (RCC)? If yes, explain how often and the type of contact you had with her.

Responding to whether they contacted Bridget when she was in the RCC, Tatenda explained that she and Sinyoro visited Bridget once at the RCC. Tatenda said,

“When we learnt of the abuse and that the child was taken to the RCC; we visited her to check on how she was coping.”

At the age of five years, Bridget visited her family for the first time. After the first visit, Bridget visited the family on several occasions. These visits helped her to form a bond with the family. Their relationship with Bridget was maintained through the visits.

6.5.4.3 Question 2: How was the family prepared by the Department of Social Welfare for Bridget's transition process?

My next question wanted to establish what was done in order to prepare the family for accepting Bridget into their family. Responding to the above question, Tatenda said:

“When we learnt that Bridget was taken to the RCC we visited her. By that time, she was three years. The SW encouraged us to continue visiting Bridget so that an attachment could be established. But we could not visit Bridget frequently due to travel expenses. Besides visiting, they also encouraged us to have Bridget during holidays. When Bridget was five years, the RCC would bring Bridget for holidays and collect her when schools opened again.”

Furthermore, I asked whether the DoSW had meetings with the family and other siblings to educate them on how to welcome Bridget. Tatenda indicated that the SW only came to assess the living conditions, access to school and hospital and asked whether we were capable and willing to have Bridget in the family.

6.5.4.4 Question 3: Did you do something specific to make Bridget feel welcome in the family and how does she blend in with your existing family?

Responding on how Bridget was made to feel welcome in the family Tatenda said:

“I just felt Bridget is like my own child since her mother and my husband are from the same womb. Therefore, when Bridget became part of this family I treated her the way I treat my biological children be it in love, care, responsibilities and provisions. I also talked to my own children that Bridget is part of the family. As you have noted Bridget refers to me as ‘Aunt’.”

Tatenda further explained that Sinyoro always told stories of his childhood years which included experiences of him and Bridget's mother. There were also some photos of Bridget's mother and Sinyoro, Tatenda and Bridget's mother. The photos helped Bridget to have a mental picture and how she is related to Tatenda's family. Tatenda as well indicated that she encouraged Bridget to feel free to express all her needs.

6.5.4.5 Question 4: In your opinion, was this transition to your family easy or difficult for Bridget?

In response to the question Tatenda cited;

"Bridget's transition to the family did not give us any major challenges. She did not show any sign of distress when she joined the family. She was actually happy because the time she had been waiting for had come. In fact, when we took her during holidays, she would actually look sad when going back to the RCC."

Tatenda elaborated that the transition was made easy because of other children of Bridget's age who are in the family.

6.5.4.6 Question 5: Describe your relationship with Bridget, Bridget's relationship with other children in the family and your relationship with your own family after Bridget had transitioned into your family. Did anything change? Was the change positive or negative?

I asked Tatenda separate questions about relationships. In terms of her relationship with Bridget she indicated that she viewed her as her niece. Bridget on the other hand related to Tatenda as her aunt. Tatenda explained that during Bridget's initial stay with the family, she was so happy and comfortable to be part of the family. This had however changed drastically after a month. Bridget seemed distressed and developed sleeping problems and at times preferred to play alone. The situation was still the same when I visited. The family had not done anything to help Bridget with her sleeping problems.

In terms of Bridget's relationship with the other children, Tatenda indicated that at times Bridget related very well with other children be it in play or in-house chores but at other times she isolated herself and had negative moods. Tatenda further explained that sometimes Bridget became frustrated when she was assigned to reclean utensils when they were not perfectly done. Tatenda said:

“As a child who grew up in the RCC, with limited skills and knowledge about family life, I will try to teach her, but she seems not to have interest.”

Tatenda indicated that her child of the same age was more skilled in comparison with Bridget.

In relation to changes shown by Bridget, Tatenda indicated that there was positive change in the family as everyone was happy with Bridget's presence. Tatenda further asserted that she and her husband were happy with their decision to include Bridget as part of the family. There were positive outcomes such as knowing her relatives and having knowledge about their culture.

6.5.4.7 Question 6: What do you see as challenges regarding the placement of Bridget in your family?

Responding to the question on whether there were challenges in the placement of Bridget into the family, Tatenda indicated that there were many challenges in terms of financial provision. She referred to school fees that are expensive and basic commodities such as soap and food added to the financial burden Tatenda indicated that she has six children and the placement of Bridget in the family was an extra burden as she required additional resources. She openly explained that Sinyoro is not employed, therefore circumstances were very tough for the family. She lamented that the DoSW had promised to pay school fees through BEAM, but nothing had been done yet. They also indicated that they would build a house and supply food on monthly basis, but nothing had been done so far. Tatenda further cited problems of basic commodities due to the socio economic situation. This was also worsened by drought since the rains were erratic. She also complained

that she already has a large family and having Bridget was an extra burden based on the fact that the DoSW was doing nothing in terms of support.

Although Tatenda cited the problems she experienced, she pointed out that her family was happy to have Bridget in their home. Tatenda said:

“Culturally, a child should grow up in his/her family learning about norms and values of his society as well as knowing his/her relatives.”

She made it clear that she felt the DoSW needed to fulfil their promise of supporting orphans in the extended families and making follow-ups so that they could be informed on the challenges that accompanied the placement of children in a family. Tatenda then said that, if the DoSW was not able to support the child, it is better to return the child to the RCC. As she explained, I could see that she was frustrated. It seemed to me that they only took in the child in the hope to get the additional income from the government.

6.5.4.8 Question 7: If Bridget misbehaves, how do you discipline her?

Responding to the issue of discipline, Tatenda explains that young children are naughty and therefore they need guidance. In case of any transgressions, Tatenda said she would establish the cause first. If there is no tangible reason, she either beat her or gave another form of punishment such as denying the child some interesting activities such as play until she would change.

6.5.4.9 Question 8: What advice do you have for extended families who want to transition orphans to their home?

Giving advice to fellow families who want to reunify children with their families Tatenda said those who wanted to have orphans into their families should not expect to receive anything from government. They should only take care of orphans on their own. However, there is need to be patient, tolerant and willing to teach them. Tatenda explained that fellow extended family members need to accept that young orphans grew up in different

environments which might have impacted their development since they were looked after by different people.

It was clear that this family struggled to make ends meet, and having an extra mouth to feed, stretched already sparse resources. I was quite shocked by Tatenda's remark that if the government (DoSW) cannot support a child financially, the child should be sent back to the RCC. I wondered whether Bridget could maybe sense this attitude, and that the fact that she was just another mouth to feed could be the cause of her distress and sleeping problems. Bridget's drawings are discussed in the following section.

6.5.5 Bridget's drawings

Drawings were conducted on my third encounter with Tatenda's family. I travelled to Tatenda's home in the afternoon to conduct drawings with Bridget. When I arrived at Tatenda's home the family had just had their lunch. Bridget and two of the other children were busy washing dishes. Tatenda and Sinyoro were having a conversation in their kitchen. Upon noticing me Bridget and another girl rushed towards me and gave me a hug then requested to carry my bag.

After exchanging greetings, I explained to Tatenda and Sinyoro what my visit entailed. Tatenda called Bridget and took us to the room where Bridget and the other girls slept. I began by asking Bridget about her schoolwork. We talked about her grade level, favourite subjects as well as friends at school. I later on, explained to Bridget that I wanted her to draw something so that I could get to know her better. I made it clear that she could draw as many pictures of the RCC family as she wanted. Below is Bridget's RCC life.

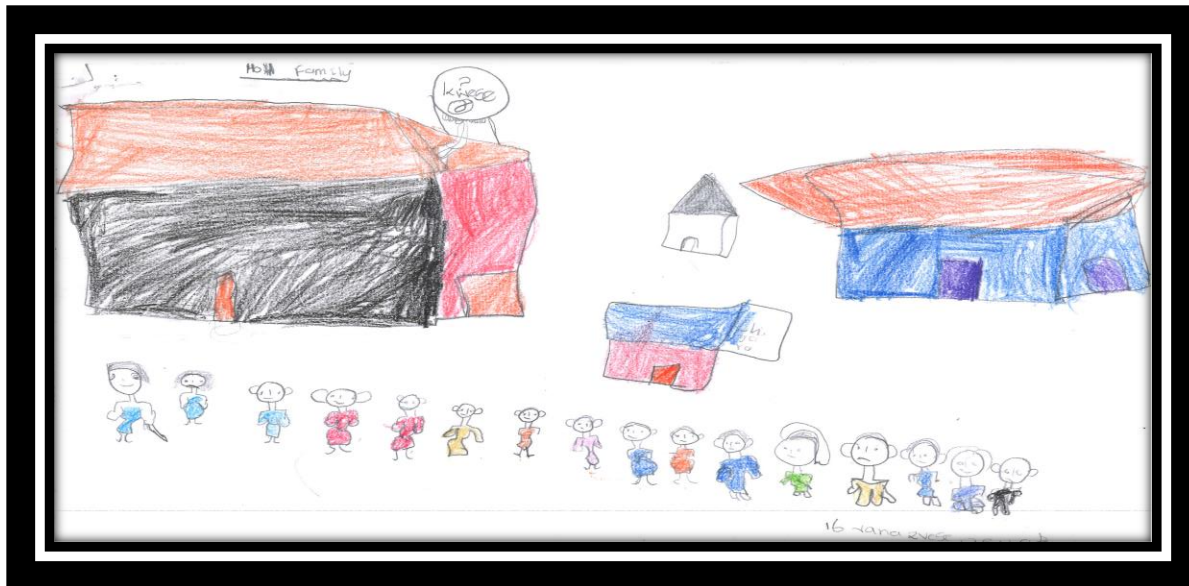


Figure 6.10: Bridget's drawing of life in Residential Care Centre (RCC)

Bridget's drawing show many people standing in a row in front of the buildings. All 16 people are wearing colorful clothes. Another child is wearing a black dress. She seemed to be in a bad mood. Most figures do not have any hands. The absence of hands is more significant, as it created an almost helpless feeling. Some figures have no feet and others have big ears. The figures are hanging in the air; there is no ground or grass as the figures are floating. No grass on the ground in the picture, might signify that she was grounded or fitted in. The drawing is developmentally not good for a 10-year-old. The picture had an abbreviation of the name of the RCC. Below the drawings, she indicated the number of children at the RCC. There are four buildings, painted in different colours. One of the buildings at the RCC is colored in black. Usually the use of black colour is associated with negative emotions. Kisovar-Ivanda, (2014:62) has the view that children can release various moods and feelings that could not be articulated by words and using colour.

6.5.5.1 Bridget's narrations on residential care centre drawing

Bridget looked at her drawings and stated names of the 16 people in the picture. After naming all the people she said,

“All the people in the drawing are children and caregivers from the RCC. They are standing in a line to be photographed by the sponsors. All people are wearing new clothes; they are all happy because sponsors have brought them new clothes and bicycles.”

Bridget recited all exciting moments she had at the RCC including visits to vacation resorts, having birthday parties as well as having lots of visitors who brought them groceries. The children in the picture, however, look unhappy. Bridget pointed out that she is the fourth person in the drawing wearing a black dress. I asked why she was wearing a black dress and also why she used black paint for the buildings. She only looked down and did not give me a reason. I thought she used black because the RCC is referred to as for children without families, homes and relatives. Usually black is associated with a negative mood. Some of her friends at school would say Bridget had no home that is why she stayed at the RCC. After Bridget's drawing and narrations about her RCC, I asked her to draw her extended family. Following is Bridget's drawing of her extended family life.



Figure 6.11: Bridget's drawing of life in the extended family

In this drawing, the figures are all over the picture. It does not seem to me that there is family unity. They are wearing bright coloured clothes. The drawings are developmentally not good for a 10-year-old since some figures have no faces. Four people in the drawing have curly hair. Fan (2012) observes that hair curling submits the desire to be loved and the longing to be looking good. The majority of people in the drawing are opening their hands out and some have no visible eyes. Farokhi, and Hashemi (2011:2222) observe that “stretching hands out show the wish to connect to the environment or other persons and the willingness to help and interact”. The authors further observe that the omitting of eyes in human figure is an indication of rejecting to mix with others. There are houses in the drawing. The roofs of the houses are green in colour, which Kurt and Osueke (2014:3) considered as, “an emotionally calming color and gives a sense of refreshment, harmony, universal love, environmental awareness, and peace”. There is something inside the house that looks like a bed which is black in colour. Usually black is usually associated with evil (Villanueva, et al., 2018).

6.5.5.2 Bridget's narrations on the extended family drawing

Bridget used very bright and dark colours to depict her extended family life. Bridget is the one wearing an orange dress on the left side of the bigger house; she has curly hair. She is standing next to a girl who is wearing a blue dress. When I asked her to explain the drawings, she suddenly changed her mood and became sad. It took her a few minutes to start explaining her drawings. I asked Bridget why she was unhappy, but she could not explain why. This was my third encounter with Bridget and I had never seen her in that sad mood. She began by identifying the family members by names. Bridget further explained that her uncle Sinyoro was not at home as he was always out moulding bricks and selling firewood at the school and clinic. She described the home and the number of rooms in the main house and the sleeping patterns. She said the house has four rooms and she slept with the other girls.

Bridget explained that when she was at home, she helped with house chores. She indicated that Tatenda scolded her when she failed to clean the dishes and sometimes beat her. She scolded her for not being able to do work as the other children in the family. She cried when she explained her drawings about her extended family. Sometimes she was teased and other times she was beaten. Bridget explained that she hated being referred to as a spoiled child. Tatenda told Bridget that she was spoiled at the RCC where everything was done by caregivers whilst she was expected to work. Bridget said, Tatenda blamed her for not being able to weed in the fields and cook meals perfectly.

In her narrations Bridget indicated that sometimes food is not enough. At times there is nothing to take to school as she would spend the whole day with nothing to eat. Bridget indicated that she was not allowed to wash her socks during the week resulting in wearing dirty pair of socks as Tatenda complained of wasting soap. Bridget revealed that she did not have enough books and was still using her old uniform which was different from the one at the current school. She indicated that sometimes she did not do written exercises at school due to a lack of books and pens. Bridget's narrations coincided with Tatenda's narrations that there were challenges related to basic commodities in the family.

Through further questioning, I asked Bridget about the black objects in the house. She explained that it was a bed where she slept with Rudo, one of the girls. The room was congested with little free space. She shared blankets with her cousin who was the same age as her. Sometimes her cousin wetted her bed. Bridget then had to use the blankets that were dirty and smelly. She further pointed out that, most times she cried at night and experienced a lack of sleep as she no longer wanted to stay within the extended family. Her narrations coincided with what Tatenda explained about Bridget's lack of sleep. As she narrated her story, her eyes were filled with tears. She said, in a sorrowful voice, although there were people who labelled us as homeless at the RCC I wanted to go back.

Bridget's narratives indicated that she was not comfortable with her extended family. She experienced the transition as stressful. Bridget opted to go back to the RCC because she was unhappy in the extended family. In her drawing Bridget drew herself with curly hair, which can be interpreted as a desire to look smart. Unfortunately, it was not possible because of the environment she lived in.

6.5.6 Observations of Bridget

Observations started from the day when the family agreed to participate in the study. They were conducted at Tatenda's home.

6.5.6.1 Family's attitudes towards Bridget

Tatenda mentioned that Bridget struggled to perform tasks perfectly. I observed Tatenda directing Bridget to repeat washing the dishes as she indicated that they were not clean as she expected. Tatenda's children were not happy with Bridget being part of their family and the girl who had to share her bed with Bridget, was also unhappy sharing her room and bedlinen with Bridget. Everyone in the family felt animosity as they had less food due to Bridget.

6.5.6.2 Chores Bridget needed to do

Bridget seemed to lack developmental abilities for her developmental stage based on her drawings. Some tasks she was supposed to perform were far above her level. For example, the size of the pot she was expected to wash. Although at times she was criticised for failing to clean the pots and plates perfectly as Tatenda expected, Bridget tried her level best. I realised that due to the larger number of people in the family, the size of the pot she was supposed to wash was bigger. Below is Bridget's photograph washing utensils.



Figure 6.12: Photograph of Bridget washing utensils

I observed that Bridget was unhappy in the extended family and would prefer returning to the RCC. I observed that Tatenda was not happy with Bridget's performance of duties whether it was sweeping, mopping, washing utensils. I observed Tatenda assigning Bridget to re-clean the plates as she indicated that they were not as clean as she expected, which might be evaluated by her as criticism. Tatenda tended to blame Bridget for not doing house chores perfectly.

6.5.6.3 Overall well-being of Bridget

From my observations I could see that Bridget was unhappy in the extended family. Although the family seemed happy by having Bridget in the family, she experienced underlying feelings such as crying during my interview with her. She also complained of being teased by Tatenda.

6.5.6.4 Bridget's interaction with the family

Bridget related well with the members of the extended family although there were challenges in the provision of educational facilities and food due to the family size and lack of support from the DoSW. Bridget did house chores with Rudo and other children in the family. When she was assigned some work, Bridget did it diligently. I observed Bridget assisting Tatenda in hanging clothes. She behaved very well during my research visits. Bridget was respectful and followed the family and the prescribed cultural rules.

6.5.7 Conclusion

From my observations, it was clear that information gathered from the interview did not correlate with data from drawings as well as my observations. Although Tatenda pretended to accept Bridget as her own child, she blamed her for adding additional financial stress to the family situation. As for Bridget, the challenges resulting from a lack of resources, and feeling rejected, impacted on her physically, socially, emotionally, and intellectually. She did not have enough books and her school fees had not been paid. She was also not comfortable to share the same bed with Rudo. Although Bridget indicated her disgruntlements in staying at the RCC due to being labelled as a child without a home, she also indicated that she would rather be in the RCC.

Case 5 follows next.

6.6 CASE 5: MIKE

6.6.1 Introduction

Mike is a boy aged 9 years who stayed with Beauty and Rungano. Mike lived in a RCC for eight years after the death of his parents. He was transitioned to Sinyoro's family and was later taken to Beauty's family after some misunderstanding among the extended family members.

6.6.2 Biographical description of the case

Table 6.5: Participant 5: Mike

Biographical information	
Age	9 years 3 months
Reasons for being taken into residential care	Death of both parents
Period stayed in residential care	8 years
Period in residence at extended family	4 months
Relative who is the caregiver	Aunt (sister to Mike's father)
Gender and age of family member	Female, 37 years
Marital status of family member	Married
Number of people in family	3
Occupation of family member	Not employed

Mike is a boy aged nine who stayed with his aunt Beauty and uncle Rungano. Mike was brought into an RCC after the death of his parents when he was only three months old. Mike's stay in the RCC, was initiated by a Finnish woman who started RCC A. In one of her outreach programmes, the Finnish missionary saw a very old woman, caring for a three-month old baby. The child was sick, and his chances of survival were uncertain. She felt pity for the infant and her old grandmother. She took the baby with her to RCC A where she was the matron at that stage. She never consulted the Department of Social Welfare as she took the child with her. The Social Welfare later regularised the child's stay at the RCC.

Mike stayed at the RCC for eight years until the DoSW initiated the transition to his father's brother's family. This man informed the DoSW that he has a sister by the name of Beauty who was receiving pension benefits from Mike's father. He suggested that due to the fact that she received the pension she was the appropriate person to take care of Mike. The DoSW however, pleaded with Peter to take care of the child, promising that they would divert the pensions to Peter. Peter then agreed to take care of Mike with the impression that pension funds would be directed to him. He stayed with Mike for a period of two months. Things did not work as promised by the DoSW as Peter did not receive any pension funds. He was frustrated and felt cheated. Peter handed Mike to Beauty who was obliged to take care of him. The DoSW was not aware of the changes that Mike was now staying with Beauty. They never followed up with Peter's family to find out how Mike was coping. As I was not aware of the change in living arrangements, I accompanied the SW to see Peter.

6.6.3 Meeting Beauty

I was accompanied to Peter's residence by the SW. I requested his company as the person who was involved in transition of young orphans to their extended families. We learnt that Mike was now staying with Beauty when we visited Peter for research purposes. The SW's records reflect that Mike stays with Peter. Peter informed us that Mike was no longer staying with him, because there was some misunderstanding between him and Beauty. Peter directed us to Beauty's home which is in a different district from his home. We then arranged another day to travel to Beauty's home with the SW. When we visited Beauty, she agreed to participate in my study. Following is my interview with Beauty.

6.6.4 Interview with Beauty

6.6.4.1 Introduction

On the day for the interviews I arrived at Beauty's home in the morning, since she indicated that she wanted to visit her relative who lived in another village in the afternoon. Beauty's home is in a rocky area with valleys. It is also near a mountain. Beauty lived with her husband who was a blacksmith and made hoes and axes. Beauty and Rungano did not have any children of their own. When I arrived at her home, Beauty was busy with her household chores. Mike was playing alone in the yard. Rungano was busy making hoes and axes for sale since the rain season was nearer. Beauty welcomed me and invited me into the kitchen where the interviews were conducted.

I started by asking Beauty about the contact she had with Mike when he was living at the RCC.

6.6.4.2 Question 1: Did you have any contact with Mike when he was in the residential care centre? If yes, explain how often and the type of contact you had with him.

Responding to whether she made any contact with Mike when he was at the RCC Beauty said:

"I did not have any contact with Mike when he was at the RCC not even a single day. It was only my brother who brought Mike to my home saying that I am the appropriate person who should take care of him since I receive pension funds from the late Mike's father."

Beauty cited distance from the RCC to her home as the greatest impediment for visiting Mike. Beauty said she did not have bus fare as it is a long way from where she stayed to the RCC. She added:

“I heard that at the RCC there are caregivers who take care of children and they also have sponsors who donate clothes and all other necessary requirements.”

She added that it was Peter who was supposed to visit Mike, because he lived nearer to the RCC. Although Mike is Beauty’s close relative, he never knew her throughout the period he stayed at the RCC.

6.6.4.3 Question 2: How was the family prepared by the Department of Social Welfare for Mike’s transition process?

Responding to whether the family was prepared by the DoSW for Mike’s transition, Beauty openly said:

“I was not told about the coming of the child. No one prepared me on the transition process, I am not sure whether Peter was prepared. I was only phoned by Peter to collect the child at his home indicating that he was unable to continue looking after Mike.”

Beauty was not prepared at all; she did not attend any meeting. The SW did not visit her home for any assessments to check whether she was eligible to have Mike in his family.

6.6.4.4 Question 3: Did you do something specific to make Mike feel welcome in the family and how does he blend in with your existing family?

Responding to the question on what she did to make Mike feel welcome in the family Beauty said:

“Firstly, I explained to Mike that he was staying in the family because I am his father’s sister. I did that because I wanted Mike to know that I am related to him.”

She further explained that there were no major adjustments made as a result of Mike’s presence in the family. Beauty indicated that she made some sleeping arrangements for

Mike in one of the rooms. Mike slept alone in his room and had a suitcase to keep his clothes. As another way of welcoming Mike in the family, Beauty bought uniforms and books. With all that Beauty said Mike seemed to be coping in the new environment.

6.6.4.5 Question 4: In your opinion, was this transition to your family easy or difficult for Mike?

When asked to give her comment on whether the transition was easy or difficult for Mike, Beauty responded that the transition seemed difficult for Mike. There were too many changes within a short space of time. Mike spent two months at one school, while living with Peter then was transferred to another school. The other obstacle pertains to the distance he had to walk to school; he was used to walk short distances. In addition to that, there were no children of his age at Beauty's family, as a result he had no one to play with. Mike felt lonely most of the time. After explaining all that, Beauty took a deep breath and said:

"There is nothing I can do because I cannot deny the responsibility of looking after Mike. He is my brother's child; I will try my best to look after him."

6.6.4.6 Question 5: Describe your relationship with Mike, and also the impact on your relationship with your husband since Mike had transitioned to your family. Did anything change? Was the change positive or negative?

I further asked Beauty to describe her relationship with Mike to find out whether there were changes in her family after Mike's transition to the family. Responding to the question on relationships Beauty explained that there was a good relationship between her and Mike. There were many new things which Mike adjusted to such as norms, values, skills and abilities. Beauty explained that:

"Mike is learning many new things here as a child who grew up in a different environment with its own expectations. However, our environment here is isolated and Mike is not used to that. There are no other children to interact with which makes it challenging."

6.6.4.7 Question 6: What do you see as challenges regarding the placement of Mike in your family?

In relation to challenges regarding the placement of Mike in Beauty's family, Beauty pointed out that she needed an income for Mike's upkeep. She indicated that the pension funds she received was not enough to sustain her. Beauty lamented that:

"Mike had a nickname when he was at the RCC related to overeating. They refer to him as Magarasadza meaning a person who eats too much. Therefore, my budget has been strained because of an additional member in the family."

Beauty further explained that the money is not sufficient to buy basic commodities for the family after Mike transitioned into the family. She identified school fees as the greatest challenge because Mike had joined a new school with many educational requirements such as uniforms and stationery. As a child entering a new school, there were levies that were charged which Beauty was supposed to pay. She indicated that Mike was not yet incorporated into the BEAM programme.

6.6.4.8 Question 7: If Mike misbehaves, how do you discipline him?

Responding to the question on dealing with misbehavior Beauty said that she explained her expectations to Mike when he transitioned to the family. Suppose Mike misbehaves she clearly uttered that she would punish him. I further probed Beauty to clarify how she would punish Mike. Beauty said:

"Mike is no longer an infant, so I do not tolerate the act of nonsense, if he misbehaves I will deny him the opportunity to play with other children so that he reforms. If that does not work, I administer corporal punishment."

6.6.4.9 Question 7: What advice do you have for extended families who want to reunify orphans with their home?

Beauty's answer was brief and to the point:

“My advice to families who want to reunify orphans into their families is that they should not claim for pension benefits for deceased relatives if they do not have the capacity to support the children. There are very few benefits which cannot suffice to the upkeep of the child. I am being punished by my brother because of the pension benefits I am receiving.”

To me it was clear that Mike was just a burden for Beauty. Although she had the benefit of his father's pension, she did not want to use it to raise his son. The responses given by Beauty evidenced a lack of knowledge and skills on dealing with young children. Beauty was not equipped on how to welcome Mike that is why she had unrealistic expectations of the child.

6.6.5 Mike's drawings

I conducted drawings with Mike at Beauty's home. I had visited the family previously on two occasions, when I was seeking permission to conduct research and when I conducted the interview with Beauty. I was no longer a stranger to the family. When I arrived at Beauty's home for the drawing activity, she had gone to a meeting at Mike's school which was two kilometers from her homestead. Mike was alone at home.

Mike welcomed me warmly since he had met me before when I visited the home for two occasions. Beauty had told Mike that I should wait for her. I waited for an hour and Beauty later arrived home within the company of Rungano. She gave me a warm welcome and requested me to get into the kitchen. She asked me how I wanted the drawing session to be conducted.

Drawings were conducted in a room which was quite conducive and convenient for this purpose. No one was present except Mike and me. I assured Mike that I was not going to share what he would narrate to me. I gave him the drawing tools, asked him to draw what it was like at the RCC he lived at for 9 years. I explained to Mike that he could draw as many pictures of the RCC family as he wished. Below is his drawing of his RCC life.



Figure 6.13: Mike's drawing of life in Residential Care Centre (RCC)

The drawing in Figure 6.13 shows a home. There is only one house, a car, a fishpond, some flowers near the pond. Behind the house, there is a fence and some cows. The drawing also shows four people who are all smiling. They are wearing brightly coloured clothes. They have big eyebrows and small eyes that are in form of small circles. Small circular eyes indicate dependence and shallowness of emotion. Farokhi and Hashemi (2011:2222) observe that "disturbed children, who feel they are watched or controlled by others, often draw large eyes, with a skeptical view". This is significant because they are looked after by several caregivers. One of the people on the extreme left has no legs and some have large hands. Farokhi and Hashemi (2011:2221) opine that "large hands found

in children's drawing belong to those who steal, and small hands indicate the feelings associated with uncertainty and powerlessness". The excessively large hands of the mother can be an indication of hostility (Blau, 1992), while large eyes can be associated with aggression and egoism (Van Niekerk, 1986). The drawings have cruel-looking faces which may signify ill-treatment and cruel-hearted people.

6.6.5.1 Mike's narrations on the Residential Care Centre (RCC) drawing

When Mike finished drawing of life at the RCC I asked him to describe what he had drawn. He looked at his drawings and smiled then looked at me and asked, "*ndichitanga here?*" (*Can I start?*). He started naming the items in his drawing in a soft tone of voice saying, "*This is where I used to stay. It is a RCC which is far from here.*" He started naming the people in the drawing and indicated that he is the one wearing a green shirt. The other people are some of the children who stay at the RCC. Their names were Ruvimbo, Mike and Kennedy.

Mike explained further as he pointed to the fish saying there is fish farming project at the RCC. I asked him about the animals in a fence and he indicated that they were pigs. For interest sake, I asked him how he would take it if given the chance to go back to the RCC. He indicated that he would be grateful as he would see his friends and play games together. He indicated that he would like to return to the RCC. I probed further on why he would want to stay at the RCC and he said: "*This place is not interesting.*" I did not go any further probing as I assumed that I would find out more information through his narrations of the extended family. After Mike's drawing and narrations about his RCC, I asked him to draw his extended family. Following is Mike's drawing of his extended family life.



Figure 6.14: Mike's drawing of life in the extended family

In his drawing three people are seen. One raised his hands and his eyes are closed. The other two people have no arms and feet. Deguara and Nutbrown (2018:178) observe that “for children over the age of 6, omitting the arms is important and may mean they feel a lack of power and feel useless”. At the time of the study, Mike was already nine years old. Kisovar-Ivanda (2014:62) observe that “omitting the legs in a figure implies a lack of support, and motionlessness whereas omitting feet in a figure typically indicates that the child lacks safety or feels abandoned”. Furthermore, Farokhi and Hashemi (2011: 2222) maintain that “the disabled child and abusive one may always forget to draw hands”. The authors further explain that there are some signs that may suggest a problem in children such as squint or hollow eyes or both or if the drawings are tiny or, confined to a small space. All the signs are depicted in Mike's drawings which signify the ill-treatment he experienced.

6.6.5.2 Mike's narrations on the extended family drawing

I asked Mike to narrate his drawings. He came closer to me and started talking in a low voice that was not clear as if he was afraid of something. With a sorrowful face Mike said:

“I stay here, (as he points at the drawing). This is my aunt and uncle. There are two houses. The home has a fence made of poles for driving baboons away. There is a scotch cart to carry manure and firewood.”

Mike could not explain any further as he looked unhappy about describing his drawings. I could see tears rolling down his face leaving marks on his cheeks. He could not control his emotions as he cried. I comforted him and after a while he gained some strength. I asked him whether he wanted to stay with the family. He just shook his head. He indicated that he wanted to go back to the RCC, because he had no one to socialise with as his aunt was always out. Beauty left Mike alone at home with no one to interact and socialise with. When Mike was not at school, he was alone at home most of the time. He also revealed his fear for the baboons who sometimes came into the yard. He wished if he could go back to the RCC where there were friends and the environment was friendly. To make matters worse the SW had not made a follow-up to check on Mike's welfare.

I probed Mike to establish why he had drawn his aunt without legs and Beauty's husband without hands. It was a sad scenario, as Mike narrated that he removed legs, because he wanted Beauty to stay at home. Therefore, removing legs was trying to minimise Beauty's travelling. The same reason was for Beauty's husband. He also said that they should not have hands, as they beat him. Deguara and Nutbrown (2018:179) observe that “omission of the arms is significant and may mean they feel a lack of power and feel ineffective”. Figures without arms can be associated with feelings of rejection and helplessness (Van Niekerk, 1986). An element that is omitted is usually significant to the individual (Koppitz, 1968); in this case the omission of arms can relate to feelings of helplessness and lack of confidence (Blau, 1992). The possible reason for him omitting the legs and feet can be linked to insecurity. When being asked why they beat him, Mike explained that, Beauty said he was naughty and spoiled. In the picture, Mike drew himself with his hands raised, which can be interpreted as feelings of hopelessness. He was isolated, with no one to socialise with. Being left alone for long periods of time can cause anxiety in children. The drawings paint a picture of a lonely boy longing to go back to the RCC where he had friends and where he was happy. His current situation was not conducive to healthy

development, as it was clear that his aunt and uncle did not really want him to live with them. He was blamed for adding to their financial burdens, and they also lashed out physically, by beating him for seemingly insignificant reasons. Observations I conducted are shared next.

6.6.6 Observations of Mike

Observations started from the day Beauty agreed to participate in the study. Observations were conducted as Mike interacted with the family. Below is Mike's photograph.



Figure 6.15: Photograph of Mike standing alone near the house

6.6.6.1 The family's attitude towards Mike

From my observations, Beauty saw Mike as a burden to her family. Mike usually plays alone around the yard. Beauty would call him now and again requesting to be given items she needed such as a cup full of water to add to the mortar where she was pounding millet. Although Mike was a burden to Beauty, she often assigned him tasks. Even though

Mike grew up in the RCC where he was not exposed to a variety of rural elements, he was trying his best to cope with the demands.

6.6.6.2 Chores Mike needed to do

Beauty did all the chores on her own and only tasked Mike to do minor things such as assisting to collect cooking utensils. Mike was herding cattle and sometimes he ferried firewood with Rungano. This is culturally appropriate for Zimbabwean children. Mike was expected to chase baboons and monkeys through beating drums. Beauty's home was near some hills and mountains and usually there were baboons and monkeys which at times came disturb them. The baboons at times visited people's homes when they were not around. When Beauty was not around Mike was left at home to beat drums and tins to frighten baboons.

6.6.6.3 Mike's overall well-being

Mike had no one to socialise with as there were no other children. Beauty left Mike at home alone as she went around visiting friends and attending meetings. Beauty's home was far away from other homes which made it a lonely place for a child who used to live with many other children at an RCC. Mike slept in his own room. He had a bed and two blankets to keep him warm. There was no wardrobe in his room; he therefore kept his clothes in the suitcase that he brought from the RCC.

My observations on Mike were that no one cared about how he bathed as his clothes were always dirty. He did not change clothes on a regular basis as Beauty complained of lack of soap. The clothes were packed haphazardly in the suitcase and there was no proper order. The room was not well-swept, and it seemed as if no one cared about that.

6.6.6.4 Mike's interaction with the family

The relationship between Mike and his aunt and uncle was strained. Beauty continually blamed Mike as a spoiled and naughty child. Mike complained of being beaten by Rungano and that Beauty spent most of her time in neighbouring communities. Although he had stayed with them for four months, it seemed that he struggled to get used to their way of life which included loneliness and constant beatings.

6.6.7 Conclusion

From all the data that I have gathered in this case, it is clear that Mike was a lonely, unhappy boy who was forced to live with people who did not really want him or care for him. Mike felt lonely as there were no other children to interact with. It also seemed that even when his aunt and uncle were home, there was little communication and interaction, leaving this little boy desolate. My observations revealed that Mike felt lonely in Beauty's family. There were no other children to interact with. Beauty was not a natural mother and did not show the appropriate emotions towards Mike. Mike was blamed for sharing the scarce resources that they had and was left on his own for the most part of the day. When transgressing, he was beaten. When Mike was not at school he would be either playing on his own or assisting in house chores. Beauty left Mike alone at home with no one to interact and socialise with. Mike was in emotional turmoil as he longed to go back to the RCC. In such a scenario it was difficult for Mike to form a close bond with Beauty. Mike remained a stranger in Beauty's family. To make matters worse, there were no other siblings to interact with. Mike did not have any other siblings to play with when the school was closed. The themes and categories that were identified in the data follow in the next section.

6.7 THEMES AND CATEGORIES

In this section, I elucidate the process of sorting and coding data which I followed in identifying themes and categories (subthemes). The themes and categories were a result

of collected data which is in line with my research questions, literature and theoretical framework. Data analysis was started through coding the data which was collected and arranged during my field study and thereafter. The data comprised of comprehensive interview transcripts, drawings, observations and narratives. These final notes were handwritten and compiled during data collection process and immediately after. The codes were developed inductively after data collection and during data analysis through scrutinising my data over and over. The audio tape recordings of interviews and narrations were transcribed into written text verbatim, since I wanted to come up with a comprehensive interpretation for an in-depth analysis of data. The transcribed data was read thoroughly as I jotted down tentative ideas for codes, topics, and conspicuous patterns or themes. Open coding was done through analysing the texts word-by-word, phrase-by-phrase and line-by-line. This helped me in identifying concepts as my starting point in organising and understanding the experiences of young orphans who transitioned to extended families as well as the extended families' experiences. Through repeatedly going through my texts and replicating on the data to interpret its meaning, I come up with significant sections of text in my transcript. I then assigned a code or category name to indicate that precise section. The process of assigning codes was repeated until all the data was segmented and had completed the initial coding. I read through the transcripts which I had coded and grouped similar concepts into groups by the use of colour coding. I made use of different colours of pens and highlighters.

After the initial coding of my data, I summarised and structured it as I continued polishing and reviewing in my codes in search of relationships in the data. As I continually coded and recoded my data, codes and emerging themes started to become more sophisticated while patterns in the data occurred revealing some similarities and differences. This process enabled me to define and categorise my data and find relationships among codes in order to answer the research questions.

As I scrutinised my data, allowing the themes to appear from the data naturally by itself, I reflected on my research concerns, goals of my study, research questions and theoretical framework in my mind. I related what family members, social workers and

administrators said regarding the transition of young orphans to extended families and linked that to what I observed and captured from the narrations of the young orphans.

The process of coding the data was tedious, strenuous and time-consuming. It required commitment. At times I became frustrated due to the voluminous data that needed to be processed. Lastly, the themes that emerged from the coding process enabled me in answering the main research question and sub-questions regarding the phenomenon that I set out to investigate.

Table 6.6: Recurring themes across all the groups of participants

THEME	CATEGORY	SUBCATEGORIES
1. Financial constraints	<ul style="list-style-type: none"> Economy Policy implementation 	<ul style="list-style-type: none"> Lack of governmental support Unemployment High cost of living and scarcity of resources Basic Education Assistance Module (BEAM) Inadequate implementation of policies
2. Equipping extended families and young orphans for transition	<ul style="list-style-type: none"> Preparation Assessment and training 	<ul style="list-style-type: none"> Extended families Young orphan Transition process Child development
3. Impact of transition	<ul style="list-style-type: none"> Extended Family Young orphan 	<ul style="list-style-type: none"> Disillusionment Blaming and rejection Adjustment Emotional impact Cognitive impact Physical impact

6.8 CONCLUDING REMARKS

The chapter presents the findings that emerged from data collection process conducted during fieldwork according to the qualitative approach. The process of data collection commenced with the discussion of detailed narratives of data collection in extended families through interviews, observations, drawings and narratives. Finally, I showcased the procedure I employed in codifying and categorising data for identifying themes and categories. As I interacted with participants of this study, I discovered that their experiences and adaptation played a significant role in the transitioning of young orphans to extended families.

In Chapter 7 the interpretation of the themes and categories which emerged from the analysis were presented in detail.

CHAPTER 7

DATA INTERPRETATION

7.1 INTRODUCTION

Chapters 5 and 6 presented a comprehensive analysis of data collected through drawings, narratives, observations and interviews. This chapter presents the interpretation of the data in line with the themes and categories that emerged during data analysis. Data interpretation was done with reference to literature findings, the theoretical framework, problem statement and research questions that guided the study. The aim of data interpretation was to explore the experiences of young orphans who transition into extended families. In order to understand the experiences of these orphans, it was also necessary to gain information on how the extended families to which the orphans transitioned, also experienced this transition. The interpretation therefore provided a holistic understanding of the factors that impact the success of the transition experience of orphans to their extended families.

The discussions were done in line with each theme that emerged during the coding process to give meaning to data that were collected regarding the experiences of young orphans who transition to extended families.

7.2 THEMES, CATEGORIES AND SUB-CATEGORIES

This section presents the findings which emerged from the data by identification of themes and categories which are significant in the data. The themes that emerged from all data sets were presented and discussed together. The findings were discussed, interpreted and supported through cross-referencing, referring to relevant sections in the literature review and the theoretical framework. It was necessary to create a vibrant picture to irradiate the research findings. The substantial themes are deliberated in line with the research questions that guided the entire inquiry. An interpretive explanation of

the unified presentation of the experiences of young orphans who transition to extended families, which is discussed under the following themes:

- financial constraints;
- equipping extended families and young orphans for transition and
- impact of transition.

I commence this section with the discussion of theme 1, which dealt with financial constraints.

7.3 THEME 1: FINANCIAL CONSTRAINTS

Table 7.1: Theme 1: Financial constraints

Theme	Categories	Subcategories
Financial constraints	<ul style="list-style-type: none"> • Economy • Policy implementation 	<ul style="list-style-type: none"> • Lack of governmental support • Unemployment • High cost of living and scarcity of resources • Basic Education Assistance Module (BEAM) • Inadequate implementation of policies

The first theme that distinctly emerged from all the data sets, relates to lack of finances. Financial constraints, due to the Zimbabwean economy, are at the root of all the challenges that are experienced by government, the residential care centres (RCCs), extended families as well as young orphans. Subsequently two categories were identified, namely “economy” which refers to the state of the country in terms of consumption and production of goods and services and supply of money as well as “policy implementation” referring to translation of goals and objectives of a policy into action. Therefore, categories such as lack of governmental support, unemployment, high cost of living and scarcity of

resources, lack of educational assistance through the Basic Education Assistance Module (BEAM) and inadequate implementation of policies were identified to give a clear description of the extent of financial implications on the most vulnerable children without parents.

7.3.1 Category – Economy

Emerging as a key theme was the concern from all the participants regarding financial constraints due to socio-economic obstacles. All the extended families in this study lacked financial resources to look after young orphans who had transitioned to their families. That was mainly due to the economy of the country, as several factors in the Zimbabwean economy contributed to poverty, ill-health and subsequently, orphanhood (see section 2.3.1). Zimbabwe's economic decline was brought by fiscal mismanagement, hyperinflation, collapsed markets, a breakdown in law and order and also the chaotic land reform programme coupled with recurring droughts, which resulted in high food insecurity (Asante, 2012: 23). High inflation rates, that ended in hyperinflation led to the total destruction of the country's economy and waste of resources (Hanke, in Shizha & Kariwo, 2011:4). Hyperinflation led to millions of Zimbabweans leaving the country to seek employment across the globe, ultimately leaving the country without enough educated, qualified personnel to run public and private sectors of the economy. Tuberculosis, HIV, cholera outbreak and malnutrition rates increased tremendously (see section 2.3.1.1). The government could not afford treatment for the HIV infected patients so many stopped treatment, because there was no medication. In addition, the land distribution destroyed the agricultural part of the economy which was also partly affected by the five major droughts between 1999 and 2008. Agricultural produce was exceptionally low, which led to limited food resources (Asante, 2012). Another factor that led to the final collapse of the Zimbabwe economy were sanctions that were imposed on Zimbabwe by the United States, Australia and the EU due to its poor administration of human rights and also because of its failure to pay back loans on time (Hondora, 2009). Some of the sanctions which were imposed on Zimbabwe in 2008 have not been lifted yet.

Literature findings reported on the high rise in orphanhood in Zimbabwe, rendering it a country with the highest proportion of orphans relative to its population (see section 2.3.1). Research studies demonstrated that the causes of orphanhood in Zimbabwe were attributed to poor access to health, the HIV pandemic, cholera and other diseases, natural disasters, and accidents (see section 2.3.1).

Due to financial constraints, extended family members failed to provide resources needed for the care of orphans who transitioned to their families. The extended family, that was once the safety net for vulnerable children, was disintegrating fast, because of poverty, high rates of unemployment, hyperinflation, urbanisation, and the HIV/AIDS epidemic (see section 3.4.1). Due to the impact of poverty, the socio-economic situation, family disintegration and the HIV and AIDS pandemic, the extended family's initial functions and responsibilities were therefore compromised (see section 3.3.1).

All participants in this study expressed concern regarding the financial constraints. From the data collected from the members of the extended families as well as the social worker (SW), it has become evident that young orphans experienced several challenges such as lack of basic needs and educational requirements. All extended family members expressed concerns about lack of finances in the upkeep of young orphans. The SWs promised to support extended, but they knew very well that the support will not be given to families, therefore they provided false expectations. Extended families took in these young orphans partly due to cultural expectations but mainly because financial support was promised. According to Maslow (1993), physiological needs are the most basic needs and if they are not gratified regularly, they dominate all other needs. In relation to this study, extended families focused on basic needs before they think of other things. In this case focusing for instance on ensuring that the transition process is smooth will not be priority to them as they are barely surviving and must focus on providing and securing basic needs.

7.3.1.1 Lack of governmental support

The first subcategory that was identified, was *lack of governmental support* which referred to the fact that the government was not fulfilling its responsibility and obligation in supporting young orphans who transitioned into extended families. Support first of all related to financial support for the care of an additional child in the family, and also related to follow-up visits to check on how well children were coping with their new circumstances. Although the Zimbabwean government can be commended for initiating the transition of young orphans into families so that they can grow up in a family environment (see section 2.5.1) research has highlighted that there were no follow-ups mainly due to lack of resources (see section 5.3.4.11). During the interviews with extended family members, they all complained about the lack of financial governmental support, whereas orphans were left to cope on their own as no follow up visits were made to check how the young orphans have settled in and were coping with their new environments. The SW as an employee of the Department of Social Welfare (DoSW) admitted that they did not follow up on orphans who were placed with family members (see section 5.3.4.12). The SW furthermore confirmed that support programmes were not conducted since there were no vehicles available and finances lacked to conduct follow-up visits (see section 5.3.4.11). It was clear that the SW promised extended families financial support, while being fully aware that the government cannot provide that type of support. It was evident that there were no mechanisms in place to support, assess, monitor and follow up on families as was promised to them (see section 5.3.4.11). The SW furthermore reported that in principle it is required by the Childcare Protection policy that children should be monitored up to a period of not less than six months to assess how they are coping with the system, but however this was not done due to financial constraints (see section 5.3.11). Lack of monitoring, assessment and support can be interpreted as negligence and lack of priority by government.

As part of suggestions for improvement on transition issues, one of the administrators of the RRC, Mr Demo, suggested that the government should abide by their policies such as tracing the children, counselling and reuniting children with their extended families.

(see section 5.3.5.13.). These functions do not require financial inputs, but even in this regard Government has not fulfilled their promise to families.

According to the literature, the National Action Plan (NAP) was launched in 2005 to reach out to all orphans and vulnerable children in Zimbabwe with the main objective to reduce the number of children who are living in RCCs and unite them with their families (see section 1.1). Literature, furthermore, explains that reunification is done in accordance with the National Residential Childcare Standards (2010) which is a prerequisite for every RCC to have a plan of reunification of children with traceable relatives. It further reports that the reunification process is crucial to ensure RCCs are not crowded with children who have traceable relatives (see section 3.3.1). In this study it was apparent that government intended to reduce the number of children in RCCs at all costs but was not concerned about the young orphans' general well-being once they left the RCCs. In such a scenario, even if the young orphans were ill-treated, nobody seemed to care, as was particularly evident in the case of Richard and Bridget who were blamed by Tatenda and Stella for stretching the families' budget. Bridget was not allowed to wash her socks during the week resulting in wearing a dirty pair of socks as Tatenda complained of wasting soap (see section 6.5.5.2). The SW, as employee of the DoSW admitted that the department was supposed to support the young orphans until they reach the age of 18 however, there was no support coming from the government due to lack of finances (see section 5.3.4.12). Although there were some charity organisations that assisted the RCCs, the assistance did not sustain the young orphans as the contribution was very small (see section 5.3.4.10). The SW clearly spelled out that the support was haphazard due to the economic conditions of the country (see section 5.3.4.12). One can argue that due to large numbers of societal challenges in Zimbabwe, including increasing socio economic and political instability, caring for an extra child is becoming increasingly difficult for many families and will influence future adoptions (see section 3.3.1).

Erikson's psycho-social theory of development considers the impact of external factors, such as the support of parents as well as society on personality development and well-being (see section 3.2.2) and this theory complements the transition theory of

Schlossberg as it emphasises young orphans' need for support from extended family members and RCC for their overall well-being in order for them to develop into well-adjusted individuals (section 3.2.2). Vygotsky's sociocultural theory also recognises the environment as key to the child's development, which, translated to my study, refers to family and Government who should support the child to function and flourish in society (see section 3.2.3). My findings indicated that none of these institutions were fulfilling their obligations in this regard. I therefore argue that any government that does not support the programmes it has initiated, is burdening its citizens, especially a vulnerable population such as young orphans.

Apart from the additional burden, the question of honesty also surfaced. Financial support was promised to these extended families, and not in any single case was it honoured. These families were misled, as they believed they would be remunerated. According to Maslow's hierarchy of needs physiological needs are the basic needs for sustaining human life (Slavin, 2012). Most of these extended families are functioning on the lowest level of Maslow's hierarchy. They were mainly concerned with their day-to-day survival. I was particularly upset by the case of Bridget where Tatenda believed that the young orphan should be referred back to the RCC (see section 6.5.4.7). Also in the case of Mike, things did not work out as was promised by the DoSW as Peter did not receive any pension funds. He was frustrated and felt cheated. Peter handed Mike to Beauty, who then took the child, based on promises of financial assistance (see section 6.6.2). In such a scenario, where the child was handed from one family member to the other the negative impact on the child's life as in Mike's case, is severely felt. Chenai was another participant who reported that she agreed to take care of Richard assuming that the DoSW would keep its promise of assisting her financially, she also indicated that they promised to build a house and support with groceries (see section 6.2.4.7). All family member participants explained that things were expensive, and they did not have money to buy new uniforms and other necessities for the young orphans (see sections 6.2.4.7, 6.3.4.7, 6.4.4.7, 6.5.4.7, 6.6.4.7). These children had to use old uniforms from the previous schools, which were totally different from the new school. The reactions from some extended family

members reflected emotions of frustration when they narrated how they were misled, and no support was forthcoming.

7.3.1.2 Unemployment

Another subcategory that was identified, that relates to the *unemployment rate* which had reached an alarming level in Zimbabwe as the majority of the citizens are not employed. 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. Lack of basic needs also greatly impacted the development of children as many families are living below the poverty datum line and are incapacitated to provide necessities for their children (Dozva, 2018). Due to unemployment the majority of the people could not pay hospital bills and medicine, because the Government of Zimbabwe (GoZ) had introduced fee payment for health services which greatly affected the ability of millions of people to access essential health services (see section 2.3.1.1). Literature further revealed that due to large numbers of societal challenges such as unemployment, caring for an extra child is becoming increasingly difficult for many families (see section 3.4.3).

My study's findings indicated that unemployment had greatly affected extended families, as most extended family members were not employed (see section 6.2.2, 6.4.2, 6.5.2). Some families in this study relied on informal marketing such as vending, selling firewood and moulding bricks. From the analysis of my data, there was evidence to show that extended families struggle to support young orphans who transitioned to their families due to unemployment as they already have the burden of caring for their own children. The participants were predominantly unemployed and those that had employment did not have a sustainable income. My interview with extended family members established that even those family members who were employed did not earn a reasonable income to sustain their families (see section 6.2.4.9). Chenai who was taking care of Richard reported that although her husband was working, the money was truly little (see section

6.2.4.7). From the analysis of the family members' interview data, it became evident that due to unemployment there was poverty in these extended families to the extent that they could not manage to buy uniforms or stationary for the young orphans' current schools (see section 6.4.4.7). I posit, therefore, that failing to provide such needs to young children affect their self-esteem and compounds the problem. According to Maslow (1993), unless these basic physiological needs are satisfied to the required extent, other needs are affected. If extended families do not have the basic needs they cannot focus on other needs for instance like self-esteem, which is the second highest level on Maslow's hierarchy, or even love and belonging which are the third level from the top.

Another subcategory that was identified related to the *high cost of living and scarcity of resources*. The way of life in extended families was heavily hindered by the high cost of living. It is difficult for participants to afford basic commodities due to the high living costs in Zimbabwe. Literature revealed that the economic challenges in the late 1990s that culminated in the hyperinflationary era caused goods and services to be extremely expensive resulting in the majority of people not being able to afford even basic items (see section 2.3.1.1). Literature further revealed that the socio-economic and political challenges facing Zimbabwe, left family groups weakened, resulting in extended families carrying out fewer traditional functions and becoming smaller and more unstable, weakening the cultural values of families (see section 3.4.3.1).

Traditionally extended families used to take care of orphans without any challenges, as it was part of tradition to support one another in times of trouble with cash, food, housing and care for the sick or depended relatives, and emotional support to destitute or bereaved families (see section 3.4.3). Research reports that in some cases, biological parents would voluntarily send their children to live with extended family members as brotherhood for long periods, without relinquishing their parental rights and responsibilities, but currently the high cost of living has affected most extended families. The extended family network is weakened to such an extent that they cannot take up this responsibility anymore. Observations further revealed that the high cost of living greatly impacted extended families as all the participants expressed their sentiments regarding

the placement of young orphans in their families. They cited high cost of living as the major stumbling block towards the upkeep of young orphans (see section 6.2.4.7, 6.3.4.7 & 6.4.4.7). For instance, Chenai indicated that she used to have an adequate budget for her and her two children, but since Richard transitioned to the family she required additional items, and her budget was not sufficient anymore.

As mentioned before, basic needs are expensive as the inflation rate continues to skyrocket each day. Ndebele (2020) revealed that Zimbabwe was printing \$10 and \$20 denominations at a time when annual inflation stands at 92,6%. High inflation rates affected all the prices of household commodities. Some of the young orphans like Mike and Richard were supposed to have healthy meals due to their health conditions but failed to do so due to the high cost of living. Similarly, Bridget narrated that sometimes the food was not enough. At times there was nothing to take to school as she spent the whole day without eating anything (see section 6.5.5.2).

7.3.1.3 Basic Education Assistance Module (BEAM)

Another subcategory that emerged related to the *Basic Education Assistance Module (BEAM)* which is an education support system for orphans in Zimbabwe. The Department of Social Welfare administers the BEAM through the Ministry of Education (see section 3.5.1). BEAM's assistance does not exhaustively cover all the basic learning needs of orphans; it only covers school fees, levies and examination fees and the assistance for orphans is done in categories (see section 3.5.1). My interview with the SW revealed that not all orphans had the privilege of benefiting under this programme (see section 5.3.4.12), as the beneficiaries were selected in line with the BEAM guidelines.

Therefore, the financing of young orphans who transitioned into extended families were still the extended families' burden or the orphan was donor-funded. According to my findings, Ruth and Patrick got assistance from RCC B where they transitioned from, by means of sponsors who continued supporting children who would have transitioned to

extended families. However, for Richard, Mike and Bridget there was no support coming from their RCC where they transitioned from.

The family member participants highlighted that they had a need to be included in the BEAM programme. Chenai lamented that,

“We agreed to take care of Richard assuming that the DoSW would keep its promise of assisting us financially and payment of school fees through BEAM. Now things are expensive, and we need money for buying new uniforms and food” (see section 6.2.4.7).

Furthermore, Tatenda lamented that:

“The DoSW had promised to pay school fees through BEAM, but nothing had been done as yet” (see section 6.5.4.7).

Beauty indicated that, she identified school fees as the greatest challenge, because Mike had joined a new school with many educational requirements such as uniforms and stationery. She said:

“As a child entering a new school there are levies that are charged which I am supposed to pay. Mike was not yet incorporated into the BEAM programme” (see section 6.6.4.7).

Some young orphans who transitioned into extended families, faced challenges as extended family members had to budget for their school fees and other educational requirements. Literature agrees that families lacked adequate financial resources to see to it that the reunification programme was effective (see section 2.4.2).

7.3.2 Category – Policy implementation

Another category that emerged from my data analysis had to do with policy implementation. Zimbabwe has well-defined legislative and policy frameworks relating to children and these various social protection policies contain guidelines in order to maintain and enforce children's rights (see section 2.5).

7.3.2.1 Inadequate implementation of policies

A subcategory that emerged, related to *inadequate implementation of policies*. Various issues were raised by extended family member participants in line with poor or inadequate implementation of policies. In this regard, Nkomo (2018) remarks that should these policies be implemented, it could have a huge impact on how children are being accepted within the extended families, and also provide coping strategies for these children who experience challenges in their families, neighbourhoods and in the wider society. When I asked the SW about support systems for children, as mentioned in the policies, he indicated that in theory, support systems were there, but in reality none of the policies were implemented as outlined in official documents (see section 5.3.4.9). The SW for instance indicated that government is supposed to support children until they reach the age of 18 (see section 5.3.4.12), but in reality, no support was provided to families irrespective of what policies stipulated.

In this study it was obvious that the Zimbabwean government lacked generating sustainable programmes towards support of orphans who transitioned to extended families. To illustrate, in 1999 the Zimbabwean Government developed the Zimbabwe National Orphan Care Policy (NOCP) which aimed to provide effective guidance to the government and other development partners on how to address the needs of orphans and other vulnerable children, by supporting existing family and community structures in orphan care and mobilising resources to develop and support orphan care strategies (see section 2.5.5.1). Sadly, these clear and well thought policies were not implemented. It is my assumption that the fact that the SW is overworked, underpaid, and consequently not

motivated, affected the follow-up programmes. The second theme that emerged from my data analysis, related to equipping families and young orphans for transition.

7.4 THEME 2: EQUIPPING FAMILIES AND YOUNG ORPHANS FOR TRANSITION

Table 7.2: Theme 2 Equipping extended families and young orphans for transition

Theme	Categories	Sub-categories
Equipping extended families and young orphans for transition	<ul style="list-style-type: none"> • Preparation • Assessment and training 	<ul style="list-style-type: none"> • Extended family • Young orphan • Transition process • Child development

The second theme that impacts negatively on successful transition relates to how extended families and young orphans were equipped to deal with transition. From my data, it emerged that knowledge and information regarding the transition process was crucial to ensure its success. Baroi and Panday (2015) explain that access to information is a pre-requisite for a transparent and accountable governing system, or for the purpose of this study, for a smooth transition process, as it allows people opportunities to think about alternatives, use whatever capacities they have and mobilise resources to initiate development interventions during the transition process. In this regard, the SW is therefore supposed to train and prepare extended family members as well as young orphans for the transition process. In line with this theme, two categories were identified, firstly how the extended families and the young orphans were prepared for the transition process and secondly how the extended family members specifically, were trained for the transition process and also how they were equipped with knowledge on child development.

In terms of being prepared for the transition to take place, two sub-categories were identified, namely the extended family and young orphan, as both partners in the

transition process needed to be prepared for what would be happening once the young orphan moves into his/her current home. As stated earlier, the Government of Zimbabwe (GoZ) put in place significant protective legislation which informs nuclear and extended family care provision for children, which is in line with international provisions (see section 2.5.1). Article 5 of the Convention on the Rights of the Child (CRC), recognises the importance of the extended family and states that State Parties will respect the responsibilities of parents or the extended family (see section 2.5.1). Reunification of children with their families is stipulated in the CRC as Article 10, which states that if children become separated from their family, all efforts should be made by the authorities to reunify them with their family or extended family (see section 2.5.1). In this regard, the extended family is deemed the appropriate environment for young orphans' growth and development (see section 3.4.1). According to literature, reunification can be initiated if the extended family is willing to take in the orphaned child. It is the duty of the SW to prepare extended families and check whether they are willing to have the young orphan in their families (see section 3.3.1). Indications from the study were that both extended family members and young orphans were not prepared and trained for the transition by the SW. In the next section the category preparation is discussed.

7.4.1 Category – Preparation

The first subcategory that was identified, had to do with how well the *extended families* were prepared for the transition of young orphans into their families. Preparation in the context of transition relates to the process of equipping extended families and their families with knowledge and skills on what to expect from children coming from an RCC and how to look after young orphans. Key important issues could relate to child development and behaviour management.

7.4.1.1 Extended family

The first subcategory under preparation looked at how well-extended families were prepared for the transition process. The family is an important element in the transition

process and should therefore be trained and prepared for the impact of a new family member on their resources and their family life (see section 3.3.1). The SW's duty is to prepare and train young orphans and extended families in the transition process (see section 2.5.4). According to my study's findings, the DoSW, in the person of the SW, did truly little in terms of preparing family members and the orphans for the transition process. Chenai, for instance said:

“We never attended any meeting where we were guided on how to welcome the child in our home, Richard was brought to the family by the SW” (see section 6.2.4.3).

Family members did not know how to make the child feel welcome; they just did what they thought was best. Family interview findings revealed that family members used different strategies as a way of welcoming young orphans into their families. Joseph revealed that he accepted Ruth into his family as his own biological child be it in provision of food, love and general care (see section 6.5.4.4). Chenai for instance explained that she faced challenges with Richard, since he was not used to her family's way of life and believed that Richard was lazy, because he grew up in an RCC (see section 6.2.4.7). The literature review revealed that institutional care is a constrained environment in which children have no opportunity to experience a normal family life and could not acquire the basic skills (see section 2.4.1.3). Findings of the study revealed that family members struggled to understand that young orphans' need to adjust into the new family environment. They compared young orphans to their own children who were used to their way of life. In Schlossberg's transition theory she proposed the 4S system. These four S's are situation, self, support and strategies (see section 3.2.1.2). According to Schlossberg (1981), the transition process is determined by these four factors, in other words, these four factors determine whether an individual cope positively or negatively with transitional change. Of Schlossberg's four factors, 'situation' relates to the circumstances surrounding young orphans' experiences. For instance, in Richard's situation, my interview with Chenai revealed that Richard continued having problems of attaining the skills to perform the chores according to her satisfaction, resulting in a

strained atmosphere (see section 6.2.4.4). Mike's situation was characterised by corporal punishment as a way of disciplining him (see section 6.6.4.8). These examples highlighted the fact that the extended family members did not always understand the challenges that orphans faced when transitioning to their families. The appropriate training and support to family members could have assisted the family members in understanding the young orphans' particular emotional and physical challenges when transitioning to a new family environment.

A lack of understanding and insight on how to deal with orphans by family members often resulted in the labelling and stigmatisation of these young orphans. In the case of Mike, Beauty indicated that they gave Mike a nickname related to his overeating. She referred him as *Magarasadza* meaning a person who eats too much (see section 6.6.4.7) which further stigmatised him in the extended family. Labelling affects a child's socio-emotional development and hinders a sense of belonging (Heward, 2014). Being ridiculed can lead to feelings of rejection. During my interactions with Mike and his extended family, it was clear that he was a burden to Beauty. The responses given by Beauty can be linked to lack of knowledge and skills on dealing with young children and their different levels of development. In relation to Schlossberg's four factors, Beauty did not understand Mike's situation of coping with transition. According to Schlossberg, coping with transition takes time and people differ in the way they cope with what seems to be the same transition (see section 3.2.1).

7.4.1.2 Young orphan

My second subcategory relates to preparation of the *young orphan* for the transition process. Transitioning from an RCC into families is a major life event that requires adequate preparation on the part of young children (see section 3.3.1.1). Of Schlossberg's three types of transitions, namely, anticipated, unanticipated and non-eventful (See figure 3.1). Orphans' transitioning from RCCs to extended families represent anticipated transitions, which means this type of transition occurs predictably (see section 3.2.1.1). All family members concurred that the young orphans visited the

families during school holidays. This shows that they were anticipating the transition, but however, they were not informed about the changes it would involve. Children of all ages need to be prepared psychologically for reunification through development of relationships with relatives who are ready to take them (see section 3.3.1). Research findings revealed that all young orphan participants were informed of their transitioning to extended families, but they were not prepared for what this transition would entail – physically as well as psychologically. This superficial and inadequate “preparation” is evidenced by the responses of the SW who explained that if the relatives of young orphans are known, they are encouraged to visit the child at the institution in order to prepare the child for reunification by having them visit their relatives during the holidays (see section 5.3.4.5).

7.4.2 Category – Assessment and training

The second category that emerged from this theme, relates to assessment and training. It involves how extended families were equipped with knowledge and skills of how to manage the transition.

7.4.2.1 Transition process

The first subcategory relates to assessment and training of the *transition process*. The process of assessment and training commenced with an assessment of the environment which the child will be transitioning to. All families must be prepared and trained for the process of receiving an orphaned child. However, each family will have unique features that must be taken into account. Literature findings revealed that in some instances, the DoSW requested extended families to take in these young orphans depending on the capacity of the family and resources available. In other scenarios, extended families initiated the transition. In this study, the DoSW initiated the transition for the young orphans to extended families. The process of reunification begins by tracing the origins of the child (see section 3.3.1) and is followed by pre-reunification processes which include comprehensive assessments of the receiving families. A SW under the DoSW is

responsible for initiating follow-up mechanisms with relatives for reunification to take place. If the extended family is willing to take the child, assessment begins (see section 3.3.1). Assessment has to be conducted to verify that reunification in the best interests of the child. According to literature, an assessment should be made of the family situation, to confirm if it is safe for the child to be in that specific home. The process involves taking the child to meet the family or relative before they are reunified, and it applies to all children across all age ranges (see section 3.3.1). 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 (see section 3.3.1). As clearly stated, it is the duty of the SW to follow up to ensure that the child has settled. In line with my study, the SW assessed the extended families before the transition took place. He also accompanied the young orphans to the extended families. As mentioned before, this was the extent of the support from the SW as none of the children were visited after the SW accompanied them to the family. The SW clearly explained that children should be monitored up to the period of not less than six months to assess how they would be coping with the system (see section 5.3.4.11). However, this did not materialise. Consistent home visits were promised to maintain physical, moral and social support. As things turned out, when children were transitioned into the families not even one promise was met. This impacted negatively on the lives of orphans, since extended family members were not trained by the SW on managing the transition process.

Family members indicated that no training was done. Joseph clearly explained that there were no interviews that were conducted with him beforehand to give advice on how to take care of Ruth. No other assessments or follow-ups were made to check how Ruth was coping with the new environment (see section 6.3.4.3). Even though the families got to know young orphans when they were still living at the RCCs, their contact with these children was to some extent artificial. Stella indicated that her intention of taking Patrick during the holidays was to make him known to his relatives (see section 6.4.4.3). 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 long period. The lack of training impacted negatively on the young

orphans as the family members did not know how to assist these children in their new environments.

Tatenda explained that during Bridget's initial stay with the extended family, she was so happy to be part of the family. After a month, she changed drastically. Bridget seemed distressed and developed sleeping problems and at times preferred playing alone. The situation was still the same when I visited the family. It was clear that nothing was done to support Bridget (see section 6.5.4.6). Bridget cried when she explained her drawings about her extended family, explaining that sometimes she is teased, and other times beaten. Tatenda also referred to Bridget as a spoiled child (see section 6.5.5.2). All such encounters could have been discussed if the SW followed up with families and trained them on dealing with the child's emotional needs. Literature states that inappropriate care and lack of protection of children in some environments, impacted on children's development as they are often not provided with the personal care, life skills and other services to prepare them for adulthood and life outside an institution (see section 2.4.1.6). I posit that this lack of understanding of the psychology behind child development, and knowledge of the transition process often resulted in ill-treatment by extended family members.

Extended family member participants expressed their concerns regarding their lack of knowledge of transition issues. The majority indicated that it was important for families who wish to reunify orphans into their families to have full preparation lessons from the DoSW to fully understand the dynamics involved in taking in new children who grew up in RCCs (see section 6.2.4.9). I believed that if they were trained and prepared, that could assist in minimising adjustment problems in young orphans. Most of the challenges experienced by family members could have been addressed by proper preparation and training. The reactions from family participants reflected emotions of frustration when they narrated how they had not been fully equipped with information on transition. Some extended family participants expressed dissatisfaction on the behaviour of the SW pointing out that instead of fully equipping them with knowledge on the transition, they pretended to the family that all would be well, giving them false hope. I also believe that

lack of preparation and follow-up visits contributed to most of the participants' desire to return to the RCCs as the home environments were not conducive to taking in a new family member.

7.4.2.2 Child development

Subcategory 2 relates to training on issues of *child development*. Information on child development is significant and should be known by individuals who take care of children, as to understand the dynamics surrounding the development of children. Erikson's psycho-social theory of development considers the impact of external factors, such as parents and society on personality development (see section 3.2.2). To some extent parents and families shape children's development through the physical and psychological support they give a child. According to Vygotsky (1978), learning by the child occurs through social interaction with a skilful tutor (see section 3.2.3). Vygotsky explains that the tutor may model behaviours and/or provide verbal instructions for the child. In socially supported contexts of development, the child can even receive assistance from the adults which is called scaffolding. Scaffolding is the temporary support that adults or more capable peers use to help a child learn a task. Relating Vygotsky's theory to this study, the extended family members were supposed to train young orphans into learning house chores and other cultural activities such as herding cattle. The findings revealed that extended families lacked knowledge on child development due to lack of training and preparation. Findings from my study gave evidence that extended family members have no understanding of the plight of these young children and the challenges they experience when transitioning to a new life.

Literature reports that reunification of children in families helps in that they become nurtured thereby experiencing love and acceptance, a sense of belonging, safety and security which are missed in RCCs (see section 3.3.1). Furthermore, literature also explains that situations where a child has been separated from their family, the best possible way to ensure a better future for that child is to be part of a family. Therefore, reunification of children in families assists in developing a sense of belonging, safety, and

security. However, 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, namely the RCC.

The sentiments of extended family members were that children in RCCs are spoiled as they are not given the opportunity to learn how to make their beds, wash their clothes, or even cook the food they eat (see section 2.4.1.6). In line with this the SW was supposed to train the extended family participants on how to manage the young orphans' transition. Due to the lack of preparation young orphans were overwhelmed with the changes that took place during their transition. In the case of Mike there were many changes within a short space of time. He spent two months at one school while living with Peter, then was transferred to another school. The other obstacle pertained to the distance he walked to school as he was used to walking short distances at the RCC (see section 6.6.4.5). To make matters worse, there were no other children of his age in Beauty's family, as a result he had no one to play with. Mike felt lonely most of the time. Children aged 5 to 10 years enjoyed the company of other children. Young children want to belong to a group and have special friends. Loneliness affects children in their overall development.

Another case was of Richard, who according to Chenai indicated some signs of anxiety and insecurity, such as bedwetting (see section 6.2.4.5). Due to lack of training on issues pertaining to child development, as a strategy to overcome bedwetting Chenai indicated that she let him sleep on the mat rather than on the bed (see section 6.2.4.5). The fact that Richard was still wetting his bed, was also an indication that he was not happy and that he experienced insecurity. In his narrations about his drawings, Richard drew himself sleeping on a mat (see figure 6.2) and he narrated that while everyone slept on beds, he slept on the mat.

When relating the study to Erikson's psycho-social theory Erikson's fourth stage, Industry versus Inferiority, has relevance. Erikson (1963) observed that the children realise that

they will get approval by producing things (Industry), therefore all energy is now focused on mastering knowledge and skills (see section 3.2.2.1). They are learning important academic, time management, and social skills that are needed to succeed in society thus this stage can, therefore, be characterised by a learning surge. Should the child not succeed in acquiring these skills or knowledge, the child may experience feelings of inferiority. For instance, young orphans were not cognitively stimulated by extended family members due to lack of training. Chenai complained that Richard enjoyed reading books most of his time rather than doing household chores. Chenai was only concerned with household chores. She was not interested in seeing Richard reading his books. As a result, young orphans' cognitive development was compromised due to lack of training. All the circumstances affected the young orphans, but extended families could not help since they lacked knowledge on child development. My observations were that the extended family members made avoidable errors due to lack of training, this affected the young orphans negatively.

My third and last theme follows next which emerged from my data analysis and relates to impact of transition.

7.5 THEME 3: IMPACT OF TRANSITION

Table 7.3: Impact of transition

Theme	Categories	Subcategories
Impact of transition	<ul style="list-style-type: none"> • Extended Family • Young orphan 	<ul style="list-style-type: none"> • Disillusionment • Blaming • Rejection • Adjustment • Emotional impact • Cognitive impact • Physical impact

The last theme that emerged from my data analysis relates to the impact of transition on the personal lives and experiences of extended families and young orphans. 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. Similarly, the majority of young orphan participants were still struggling to adjust, even after living in their new environments for a number of months. This negatively affected their emotional, cognitive and physical development. In the next section the discussion of the category extended family is presented.

7.5.1 Category – The extended family

The first category that emerged from this theme, relates impact of transition on extended family. It involves how the transition of young orphans into extended families had impacted the lives of extended families.

7.5.1.1 Disillusionment

When considering the theme, a subcategory that strongly emerged was that of disillusionment. When the government went into agreement with extended families to transition young orphans from the RCC into their homes and lives, a lot of promises were made. Literature reports that Government is supposed to support families in terms of education, health, economic strengthening as well as community engagement (see section 3.3.1.2). There were specific promises in connection with support in the form of housing, depending on the needs of the family. To some extended family members, housing support was not promised as there was enough space for an extra child. Household items such as groceries, were promised as it was a priority for all families. Based on these promises, family participants agreed to take care of young orphans assuming that the DoSW would provide by assisting them financially and educationally, building a house and support with groceries. To illustrate, housing facilities and groceries

were promised to Chenai and Tatenda (see section 6.2.4.7 & 6.5.4.7). These two women agreed on taking orphans into their families based on this support. From the look of things, some extended families only took in these young orphans to receive additional material support. In these cases, the young orphans were just a burden for the family which resulted in an array of emotional problems for these children such as rejection and blaming.

My findings revealed that none of these promises were honoured by the government and therefore led to a *disillusionment* with government and the transition process. One example was that of Chenai expressing her disillusionment as follows:

“We agreed to take care of Richard assuming that the DoSW would keep its promise of assisting us financially; they also indicated that they would build a house and support with groceries, but now things are expensive and we need money for buying new uniforms and food.”

It was clear to me that Government was not keeping their end of the bargain, giving extended families false hope such that the government would build houses, pay school fees through BEAM and supply groceries monthly. The SW admitted that no support was provided from Government’s side, and that it was contrary with what is stated in policy documents. Ideally children who transition to 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 eighteen but the availability of finances for school fees, groceries and other material resources was really a problem, which the SW attributed to the poor economic conditions prevailing in the country. Unfortunately, the real situation was not communicated to the extended families. The SW knew it was not possible to support the families but chose not to paint an honest picture to the extended families. The truth was that information was withheld which contributed to the families’ disillusionment. From the explanation given by the SW it was clear that government’s promise to extended families was just a farce, and never fulfilled because there were no financial resources to fund families.

Families were also promised that they would receive training to equip them for the transition process. All extended family participants indicated that they never attended any form of training where they were guided on how to welcome the child in their home (see section 6.2.4.2 and 6.2.4.3), nor were any other assessments or follow-ups made to check how the child was coping with the new environment (see section 6.3.4.3). The reactions from family participants reflected emotions of frustration when they narrated how they had been misled, and families were bitter, disillusioned and they felt cheated. The impression that I got was that families felt helpless, as there was no way to get out of this situation. Some of the extended family members like Chenai and Tatenda openly pointed out that they wished Richard and Bridget returned to the RCC. Unfortunately, it spilled over to their attitudes towards the orphans, which manifested in blaming which is a second subcategory.

7.5.1.2 Blaming

The second subcategory that was identified relates to *blaming*. I regarded anger, frustration and blaming as key factors that extended family members projected on the orphaned children. The SW admitted that the misleading of extended families and the subsequent lack of finances caused the families of Richard and Bridget to openly wish that the “*child could be sent back*” (see section 6.5.4.7). Tatenda openly said: “*If the DoSW is not able to support the child, it is better to return the child to the RCC.*” The idea that I got, was that these families retaliated by using the children as cheap labour, thereby expecting them to do chores such as cleaning the yard, watering vegetables, fetching firewood and herding cattle. In line with my findings, Bridget, Richard and Mike were not welcome in their extended families. 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 she sometimes was beaten. Bridget was clearly distressed and cried while explaining her drawings about her extended family. Bridget also told me that she hated being referred to as a spoiled child (see section 6.5.5.2). Erikson’s psycho-social theory indicates children aged six to 12 are in the stage of industry versus inferiority in which they will get approval by producing things; all their energy is focused on

mastering knowledge and skills. All young orphans in this study were in this stage of development and needed to master knowledge and skills from extended family members. Successful experiences can make a child feel competent, but failure can lead to excessive feelings of inadequacy and inferiority. Newman and Newman (2012:322) explain that, “children who cannot master certain skills experience some feelings of inferiority”. Thus, telling children constantly that they are incompetent may cause feelings of belittlement. Some extended family members kept on blaming young orphans for not performing house chores perfectly and never appreciated what they did. For example, Tatenda kept on blaming Bridget for not doing the chores 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. The role of the adult (extended family member) is to assist the children to master the skills, thereby overcoming feelings of inferiority. If the children lose a parent or someone significant, the crisis may sway towards inferiority, and as illustrated before, this may impact negatively on them for the remainder of their lives (Siegler, DeLoache & Eisenberg, 2011:349).

7.5.1.3 Rejection

Another sub-category relates to rejection that some of the young orphans experienced. Some extended family members were angered by factors such as for instance the government’s lack of support to such an extent that they rejected the young orphans. In some of the cases the young orphans also had to suffer the brunt of the extended family’s frustrations. In Mike’s case, Beauty was always away from home while Mike was left alone. He was assigned to chase away baboons from the fields. Mike experienced constant punishment for some very minor issues. 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 the floor. In this regard 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 neighbouring families whilst Mike was alone at home. Mike also 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 hopelessness and surrendering (see Figure 6.14). 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 section 6.2.5.3 & figure 6.2). Although he took extended time with his drawings, important facial features were missing, such as eyes, noses and mouths (See figure 6.2). Missing such important features does not correspond with his age and may be a sign of developmental delay, although I agree with Farokhi and Hashemi (2011:2222) who believe that the absence of facial features indicate an absence of interaction. In other words, Richard's drawing does not necessarily indicate a developmental challenge, but rather how he expressed his experience of being ignored and not valued. In his narrations Richard revealed that he missed the RCC, as the situation in the extended family was stressful (6.2.5.3). One of the administrators (Mr Demo) admitted that some families take children in, expecting something from the government or RCCs, and when they fail to get support, they start ill-treating the child (see section 5.3.5.8). He also mentioned that they had cases where children were forbidden to go to school. In such cases the DoSW took back the child.

Although most of the cases were a cause for concern, findings also revealed that some extended families reacted in a positive way, 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 organisation. These findings were in line with what the SW also reported that there were charity organisations that assisted with the transition process and help with lifelong programmes where they continue supporting the children (see section 5.3.4.10) up to a stage when the orphans can look after themselves. My findings revealed that Joseph and Stella' families were getting support for school fees from the RCC where Ruth and Patrick transitioned from. My observations revealed that financial support to a great extent determines how the child is

welcomed in the family. In families like Patrick's and Ruth's families the children were welcomed into the homes, and financial support was available. However, in the other families where Richard, Bridget and Mike were not assisted by the RCC, the family members complained. The complaints led to feelings of blaming, anger and rejection towards the young orphans. Maslow (1993) explains that when needs on a lower level are fulfilled, those on the next level will emerge and demand satisfaction. The first four are considered deficiency and deprivation needs. Unless the basic physiological needs are satisfied to the required extent, other needs do not motivate. If they lack satisfaction, they cause a deficiency that motivates us to meet these needs. Except for the most fundamental needs, our body gives no physical indication, but we feel anxious and tense. In my study, the extended family members who lacked support from government ended up blaming and rejection the young orphans, because their needs were not satisfied.

7.5.2 Category – Young orphan

The second category that emerged from this theme, relates to the impact of transition on young orphans. It relates to how young orphans adjusted in the extended families as well as how the transition impacted them emotionally, cognitively and physically.

7.5.2.1 Adjustment

Regarding the impact of transition on the child, my first sub-category focused on *adjustment*. Literature findings reveal that the process of transition involves change and adjustment as children move from the RCC to extended families which may, over time, have an impact on their growth and development (see section 3.3.1). The young orphans had to adjust to several changes. Firstly, the loss of parents, then the loss of the RCC. These children need to adjust as they are used to a certain way of life at the RCC and have to adapt to a completely new life with their extended families; they have to adjust to new social settings and environmental challenges. Extended families have their own rules and regulations. In addition, children also need to get used to sharing their lives with other people, often unknown to them.

Schlossberg asserted that adaptation is affected by the interaction of three sets of variables which are the individual's perception of the transition, characteristics of the pre-transition and post-transition environments and the characteristics of the individual experiencing the transition (see section 3.2.1). Young orphans experienced problems in adjusting because of differences in life experiences of the RCC and extended families. My interview data collected from the SW, revealed that young orphans experience more challenges if the conditions at the RRC and at home were quite different (see section 5.3.4.8). An additional factor that hinder the adjustment process, relate to the difference in customs, beliefs and the culture that may differ between the RCC and the new home. The SW mentioned that Zimbabwe has traditional cultures, customs and beliefs and that most of the RCCs are Christian-oriented. To illustrate, in the traditional culture, beliefs include one's totem (a living creature that serves as an emblem of a tribe, clan or family). According to the traditional culture, a person is not allowed to eat food related to one's totem (Bourdillon, 1991) for example if people's totem is a buffalo, they are not forbidden to eat buffalo meat. Whereas in Christianity the traditional customs are considered as just myths. Data findings also revealed that family members were not prepared to manage the adjustment process, nor being equipped to deal with these challenges that young children would necessarily experience. These participants' responses indicate their one-sided perceptions of the children's adjustment issues. To illustrate, Chenai explained that at the RCC, there were workers who do all the work and they are paid for that. It is different with the situation in the extended family where everyone must do certain duties because they do not have workers (see section 6.2.4.4).

Instead of having empathy for the child, the child gets labelled as being lazy:

“Richard has a tendency of laziness, as a result he does not perform tasks and duties assigned to him, he ends up lying giving lame excuses.”

Moreover, Tatenda compared Bridget with other children of her age saying, *“the other child of the same age is more skilled in comparison with Bridget”* (see section 6.5.4.6).

As a result, some of the orphans continued having problems of attaining the skills to perform the duties perfectly which affected their adjustment to extended families.

In relation to adjustment period, the administrators reported that there is no definite time for adjusting, as it varies from child to child. Both RCC administrators agreed that young children adjust more easily as compared to older children (see section 5.3.5.9). Literature findings, furthermore, revealed that girls needed a longer preparation time than boys to establish closer relationships with relatives, peers and parental figures (see section 3.3.1.2).

Both the SW as well as the RCC administrators agreed that the adjustment process depended upon the preparation for reunification, and how the child is treated by the extended family. My empirical findings indicated that adjusting to families depended on the circumstances within the extended family system. Some children, such as Bridget, Mike and Richard experienced challenges with adjusting to the families. Richard indicated some signs of insecurity and anxiety, such as bedwetting due to the change of environment and routines (see section 6.2.4.5). Similarly, Bridget was always distressed, due to too much blame and scolding, as a result she developed sleeping problems and at times preferred to play alone (see section 6.5.4.6). Due to lack of space, Bridget and the other girls slept in an exceedingly small room that was congested with limited space to keep their belongings. Bridget shared the same bed and blankets with another sibling who wetted the bed. The situation impacted on Bridget negatively as she had sleepless nights. In her drawings Bridget used a black colour when drawing the bed, she had to sleep on (see figure 6.11) which depicted her feelings. Mike on the other hand, was isolated as there were no other children to interact with which made adjustment a challenge. I perceived Mike as a lonely, unhappy boy who was forced to live with people who did not really want him or cared for him. My observations on Mike were that no one cared about how he bathed as his clothes were always dirty. He did not change clothes on regular basis as Beauty did not spend time with him (see section 6.6.6.3). There was lack of care and love. These challenges could be because the extended family members were not able to empathise, partly due to the fact that they were not trained or supported

for the situation. However, others like Patrick and Ruth had a 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. I posit that adjustment depends on the relationship the young orphan had with the extended family as well as the training and financial support the extended family received from sponsors.

7.5.2.2 Emotional impact

The second subcategory relates to the impact of transition on the *emotional domain* of the young orphan. As such, literature findings indicated that orphaned children younger than 10 years were mostly happy for being part of a real family (see section 3.3.1) thereby indicating that children staying with their families had a more fulfilling life, since they enjoyed more freedom and other privileges. My findings indicated the opposite since most of the young orphans I observed and interacted with, preferred living in RCCs. Some young orphans showed signs of insecurity while others regressed to earlier behaviour of bedwetting (a sign of insecurity and or anxiety) and thumb sucking. Bedwetting was also due to anxiety; these young orphans felt uncertain in the extended family surroundings and were sometimes physically and mentally punished by extended family members. During my interaction with the young orphans as they narrated their drawings, Richard, Mike and Bridget indicated that they missed the RCC. In the case of Richard, I could sense his longing because each time he explained something about his drawings, he was smiling. Richard recited all the interesting experiences he encountered at the residential care such as having visitors who brought him clothes and food, riding bicycle to school, visiting interesting places (see section 6.2.5.1). It was because the RCC environment was less stressful to him and because it was the only place, he had lived for the past 9 years so he was used to it. He missed the caregivers at the RCC as depicted in his drawings of the RCC. He also missed all other children he used to play with at the RCC. There were frail relationships in the extended family as he tended to constantly refer back to his life in the RCC. Richard wanted to go back to the RCC.

In my study all the young orphans lost both parents at tender ages which must have had a negative impact on their emotional development. Being all alone can negatively impact on the children's psyche, depending on the way they perceive themselves. Aboobaker (2016) views the loss of a parent as heart-breaking at any age. If the children have a low self-esteem, it becomes more likely that they will adopt a negative frame of mind regardless of being an orphan, and this internalisation will continue to affect them until they learn how to constructively deal with the loss. In line with Erikson's theory, the child at this stage may develop a sense of inferiority because they do not have any parents. Relating this to my study, is the case of Bridget who was teased and labelled at the RCC by other children from the community for not having parents (see section 6.5.5.2). Another factor that could impact on their emotional development, was that some extended families blamed young orphans for being unable to do the chores perfectly. In line with Erikson's psychosocial theory children who are encouraged and get positive comments from caregivers develop feelings of competence. Those who are denied the opportunities to discover their own capabilities and strengths are prone to face inferiority or uselessness (see section 3.2.2.1). For example, Bridget was blamed for not able to weed in the fields and cook meals perfectly (see section 6.5.5.2). Bridget showed her how to weed and cook but Tatenda also scolded and blamed her. As a result, the child's sense of self-worth and confidence were impacted. Thus, failure to master what these orphans wanted greatly impacted them emotionally. The young orphans looked down upon themselves as they would have not achieved their expectations in the extended families.

Another emotional factor that needs to be considered, is that orphans in transition need to cope with leaving behind friends, caregivers and a particular way of existence (see section 3.2.1). In line with my findings, some young orphans were lonely and seemed missing the RCC as they continually talked about their past life. Even though the young orphans were afforded the opportunity to visit the family during holidays it was for a short period of time as well as an artificial situation, as a holiday does not represent real life. Visiting a family and living with a family is not the same. Findings from the young orphan participants indicated that the majority missed the RCC. Richard narrated that, "... *I miss*

the RCC and I miss the other children and I miss my friends” (see section 6.2.5.1). Bridget missed the contributions from donors. She explained her drawing as follows: *“All people are wearing new clothes; they are all happy because sponsors have brought them new clothes and bicycles”* (see section 6.5.5.1). All those exciting moments were left behind as she was now staying with the extended family.

It was also clear to me that some of the young orphans were experiencing grief. Aboobaker (2016: 3) refers to children’s grief as “disenfranchised grief”, which means grief that cannot be displayed outwardly and is therefore unrecognised. The author further explains that the grievers are unable to express their sadness and consequently it is not recognised by the outside world. Literature findings report that children who have experienced parental loss, suffer more from psychological difficulties than children who have not been through such a loss (see section 2.4.1.1). In this case, the young orphans went through a second cycle of loss. First their parents and now the ‘family’ at the RCC. The young orphans experienced loss of their friends and caregivers, who played the role of 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” (see section 6.2.5.1).

Signs of this grief and depression could be detected in Richard, who most of the time did not want to mingle with the other children, and who preferred to be alone most of the time (see section 6.2.4.6). There was detachment because Richard was isolated and was in continual mourning. Chenai remarked that, *“It seems as if there is detachment; the child seems isolated and is in continual mourning, as he has undying attachment feelings with the residential care”* (see section 6.2.4.6). Other issues related to the fact that Richard tends to constantly refer to his life in the RCC. As a result, Chenai’s children were however, annoyed by that, and the already frail relationship between Richard and the family members was damaged further. Mike and Bridget also expressed their desire to return to the RCCs rather than living with their extended families. Bridget said that, *“Although there were people who labelled us as homeless at the RCC, I want to go back”* (see section 6.5.5.2). The desire to return to a place where one was stigmatised and labelled revealed that all was not well with the extended family. Some of the young

orphans' drawings signified grief, depression and missing the RCC. Bridget, Mike and Richard could not control their emotions as they cried during narrating their drawings. The case of Bridget sharing the same blankets with a cousin who wets the bed, indicated lack of care and love from Tatenda (see section 6.5.5.2). Throughout the narrations of their drawings, young orphans revealed sad moments they experienced while living with their extended families. All these signs of grief affected the orphans negatively. The fact that Richard was still wetting his bed, was an indication that he was not happy and that he experienced insecurity. These incidences revealed that the children were not prepared for the complete change in lifestyle in their new environment.

Children express disenfranchised grief in a variety of ways. Emotional and behavioral problems are more among orphans because they are exposed to abuse, exploitation, neglect, lack of love and care from parents (see section 2.4.1.1). In her narration, Bridget explained that most times she cried at night and experienced lack of sleep (see section 6.5.5.2). She was victim to scolding and beating after failing to do work perfectly. To young children, lack of sleep is associated with stress and worries. My observations were that there was no good relationship between Mike and his aunt and uncle. Beauty continually blamed Mike as a spoiled and naughty child. Mike complained of being beaten by Rungano (see section 6.6.6.4).

Another worrisome issue in extended families was the use of corporal punishment by some extended family members, which impacted both the physical and emotional domain of the young orphans. Corporal punishment violates children's rights to physical integrity and human dignity, as upheld by the UN Convention on the Rights of the Child (CRC) and the African Charter on the Right and Welfare of the Child (ACRWC) (UNICEF, 2010). The ACRWC protects children from physical and mental abuse, thereby prohibiting all forms of corporal punishment and other forms of humiliating and degrading punishment of children (see section 2.5.4). Literature reports that there have been reports of child rights violations in family care settings in which cases of abuse, mistreatment or exploitation of orphaned children have been reported in the extended families (see section 3.4.1). In line with the above young orphans need to be monitored by the SW to

check such issues like ill-treatment of children which may happen since corporal punishment is not allowed. However, in this study corporal punishment was used by some extended family members. As a way of disciplining, Chenai, Beauty and Tatenda administered corporal punishment. Chenai said, she administered corporal punishment, depending on the seriousness of the offence (section 6.2.4.8). Tatenda also said that she would establish the cause first. If there is no tangible reason, she either beats or gives another form of punishment such as denying the child to some interesting activities such as play until the child reforms (section 6.5.4.8). Beauty said:

“Mike is no longer an infant, so I do not tolerate the act of nonsense; if he misbehaves I will deny him the opportunity to play with other children so that he reforms. If that does not work, I administer corporal punishment” (see section 6.6.4.8.).

According to Dlamini, Dlamini and Bhebhe, (2017: 58), corporal punishment causes physical pain and gives children feelings of fear and insecurity which may affect their emotional development. It has a negative impact on children’s overall development. The child’s sense of self-esteem once affected at a younger age would impact them negatively for the rest of their lives. For instance, during my observation, I realised that some of the young orphans like Bridget, Mike and Richard were really affected, for they exhibited signs of distress. Corporal punishment was used in Mike and Richard’s cases. Bridget cried when she narrated that Tatenda scolded her when she failed to clean the dishes and sometimes beat her (see section 6.5.5.2). From my observation, I realized that the use of corporal punishment was affecting these young orphans’ emotional development. Bridget was stressed to the extent of experiencing lack of sleep. Richard experienced bed wetting due to stress at the extended family although he did not experience that condition at the RCC. My observations were that the extended family members lacked knowledge on child development. They should have considered that all the young orphans spent their formative years in the RCC of which growing in such environment is associated with several stressors that can negatively impact on a child (see section 2.4.1).

7.5.2.3 Cognitive impact

Another sub-category relates to *cognitive impact* of transition on young orphans. According to Erickson's theory on child development, the child participants in my study fall in the industry versus inferiority stage (ages 6-12) which is characterised by increasing competency in all areas from social interactions to academic skills (see section 3.2.2.1). Erikson believed that children realise that they will get approval by producing things after performing certain tasks (industry), therefore all energy is now focused on mastering knowledge and skills. Should the child not succeed in acquiring these skills or knowledge, the child may experience feelings of inferiority (see section 3.2.2.1). Vygotsky placed much emphasis on the support of other capable adults or peers as having a great impact on the development of cognition (see section 3.2.3). Translated to my study, this means that adults should also provide the means to allow for cognitive development. My findings indicated that some of the young orphan's cognitive development was compromised. To illustrate, Bridget did not 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 (see section 6.5.5.2). This made her feel inferior by not participating in activities due to lack of resources at school. Richard also explained that at other times he could not even attend school as he would have to mind the goats and cattle thus creating a big gap of cognitive tasks he could have done in school with other children (see section 6.2.5.3).

Play is an important aspect to young children's cognitive development (see section 3.3.2.4). Children aged five to nine still need to play. In this regard, Smith and Pelligrini (2013) note that play is not only an enjoyable and spontaneous activity, but it also contributes significantly to children's cognitive development. Vygotsky views play as an opportunity to bridge the gap between what the child can do without assistance, and what the child does not know, but can master with assistance from fellows. He perceives play as a social interaction and believes that children learn about the self through interaction with others. Children teach one another through play. Therefore, play is vital in the life of young children. Scaffolding, which is central to the development of cognition, can only

take place when children are allowed to play (see section 3.2.3.1). This means that it is important for children to have friends since it increases their cognitive prowess, which in turn will help the child cognitively. Findings indicated that some young orphans such as Mike and Richard did not have the opportunity for sufficient play. Mike had limited opportunity for play due to his continued confinement and loneliness in the extended family. There were no other children of his age to play with in Beauty's family (see section 6.6.7). Chenai continually instructed Richard to leave his toys and she assigned him duties (see section 6.2.6.3). However, in other families, children were afforded the opportunity to play. I observed Stella's children inviting Patrick to play as they chased each other in the yard. The children would drive bricks pretending to be driving cars (see section 6.4.6.1). There were however other young orphans who were adapted better in the extended families they were allowed to play. For instance, in Joseph's family Ruth was allowed to play. I observed Ruth and Miriam spent most of their time playing. To Vygotsky, cognitive development does not take place in isolation, but through socially acceptable contexts as presented by play. Scaffolding, which is central to the development of cognition, can only take place when children are allowed to play.

Another factor that impacts on cognitive development, is the cognitive stimulation that families should provide for their children as part of their upbringing and development. In this regard Baker-Henningham and Boo (2010) observe that large numbers of children in developing countries are exposed to multiple risk factors in the early years of life including poor health, malnutrition, and low levels of home stimulation. Thus, cognitive stimulation is vital for children's proper development. Findings from my 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 laundry. Some families were also concerned with inculcating cultural values in young orphans. Chenai also complained that, most of the time Richard liked to read books rather than doing household chores (see section 6.2.4.6). Chenai was preoccupied with house chores rather than academic performances.

7.5.2.4 Physical impact

The other sub-category identified related to the physical impact on the child's transition experience. Literature reports on the benefits of living in a familial environment as compared to a RCC (see section 3.4.1). There is sense of belonging and children are taught knowledge and skills relevant to their culture in the families. RCCs have been criticised for providing artificial environments as children are usually not taught certain responsibilities such as making their beds, washing their clothes or helping with the preparation of food (see section 2.4.1.6). Literature furthermore mentions that children in RCCs do not acquire certain life skills to prepare them for adulthood (see section 2.4.1.6). The administrators of the two RCCs confirmed the benefits of living in families as compared to RCCs. They regarded it as the home of the children where they are exposed to real life rather than artificial life (see section 5.3.5.10). RCC administrators pointed out that when children grow up in the RCC, they expect everything on a silver platter as everything is provided to the child. This was one of the reasons why extended family members were dissatisfied with the children, as they were not being able to do work as the other children in the family. According to literature, coping with transition takes time and people differ in the way they cope with what seems to be the same transition (see section 3.2.1). Extended family members did not consider individual differences in children. In Bridget's case, Tatenda scolded her that she was spoiled at the RCC where everything was done by caregivers. Tatenda blamed her for not being able to weed in the fields and cooking meals perfectly (see section 6.5.5.2). Subsequently the findings revealed that young orphans were overwhelmed with the changes that they had to cope with in their new environments.

Due to large numbers of societal challenges in Zimbabwe, including increasing socio economic and political instability, caring for an extra child is becoming increasingly difficult for many families. Literature reports that relatives prefer taking girls into their families because of their economic value in carrying out domestic chores or obtaining a bridal price (this custom refers money and cattle paid by the groom as fee for a marriage). That is at a later stage when the orphan girl child gets married (see section 3.4.2). My study's

findings revealed that some extended family members accepted young orphans into their families because they were old enough to assist them in household chores, as they regarded them as cheap labour. This is evident in the findings as most extended families who complained that young orphans were not doing house chores perfectly. In all my observations young orphans were engaged in household chores, which is not necessarily a bad idea, but the extent of the chores, and the way these chores were being administered, pose a problem in an environment where a child is not really accepted.

7.6 CONCLUDING REMARKS

The study aimed to explore the experiences of young orphans who transition to extended families. In this chapter, data from observations of young orphans, their drawings and narrations, interviews with extended family members, RCC administrators and the social worker were interpreted. The data gave me insight into the life experiences of young orphans who transition to extended families.

Major concerns highlighted, included financial constraints due to the socio-economic conditions of the country. 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 in their various degrees of interaction with young orphans. Extended family members expressed experiences that revealed lack of support and knowledge in the transition process. Inadequate implementation of policies was also underscored as impeding regarding transition of orphans to extended families. The participants stressed that government should be committed to the implementation of policies that address the transition of orphans to extended families.

Equipping extended families and young orphans for transition was identified as impacting negatively on successful transition to both families and young orphans. Extended families registered their concern on lack of preparation and training on the transition process. This greatly impacted negatively on child development. It has been evident that not equipping extended families for transition emerged as key issues that impacted negatively on

extended families. Similarly, young orphans were impacted by adjustment as they moved from the RCC into extended families which in turn hindered their emotional, cognitive and physical development. Over and above this, many of the young orphans were distressed most of the time in the extended families. In the next chapter, I focus on the summary of key literature and empirical research findings in relation to the research questions and aim of the study. Conclusions and recommendations are also presented in this chapter.

CHAPTER 8

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

8.1 INTRODUCTION

In Chapter 7 I presented the interpretation of the findings according to the three themes that emerged during coding in order to provide a deeper insight into the experiences of young orphans who transition to extended families in Zimbabwe. This research process involved a rigorous literature study prior to the field work. In this concluding chapter, I first present a summary of the chapters by providing an overview of the most significant elements that were derived from the literature and data. I then continue by presenting the key literature findings related to my topic, presented in Chapters 2 and 3, followed by the key empirical findings of my study. The inferences made and conclusions drawn in this chapter are the result of my analysis and interpretation of data presented in Chapters 5, 6 and 7 respectively which culminated in answering the research questions as posed in Chapter 1 (see 1.3.1). By drawing on my literature and empirical findings, recommendations are presented, as well as areas for further research. Limitations of the study are also alluded to. The thesis concludes with a personal reflection on the overall research process that was followed during my study.

8.2 CHAPTER SUMMARIES

A brief overview is provided of the preceding eight chapters of this study, highlighting key areas that were of significance and relevance in this research. This overview serves as the basis for the ensuing discussion of the synthesis of the findings and recommendations.

8.2.1 Chapter 1

The motivation for this study was based on a need to contribute to the knowledge base regarding the experiences of young orphans who transition to extended families in Zimbabwe. In order to understand the experiences of these orphans, it was also necessary to gain information on how the extended families which the orphans transitioned to, also experienced this process. This chapter gave the contextual background and set the scene for the whole research study with specific reference to the problem statement, rationale and significance of the study, posing the primary and secondary research questions, as well as setting out the main and sub-aims that the study intended to pursue. The transition theory of Schlossberg, the psychosocial theory of Erikson and the socio-cultural theory of Vygotsky, which guided the study were introduced. Lastly, I presented a summary of the research methodology used in the study.

8.2.2 Chapter 2

Chapter 2 presented the contextual framework within which the research problem and the main research aim were embedded, through the review of related literature and research studies, focusing attention on orphanhood in Zimbabwe. Based on the literature, the background and causes of orphanhood in Zimbabwe were highlighted. The chapter further explored the caring of orphans in RCCs and the negative outcomes associated with living in RCCs. Benefits of living in these centres were also discussed as well as policies relating to orphanhood.

8.2.3 Chapter 3

Chapter 3 consisted of the theoretical and conceptual framework of the study. The chapter presented the theoretical framework, which consisted of three theories in which the study was grounded. Schlossberg's transition theory (1981) was used as a lens to understand the experiences of young orphans who transition to extended families. The theory focuses on how humans adapt to transition. To consolidate my understanding of

Schlossberg's transition theory, I discussed Erikson's psychosocial theory (1969) and Vygotsky's socio-cultural theory (1978). These theories concur that the environment influences child growth and development. Erikson's psycho-social theory of development considers the impact of external factors, such as parents and society on personality development. Erikson's fourth stage, Industry versus Inferiority, had particular relevance to my study as children realise that they will get approval by producing things (industry), therefore all energy is now focused on mastering knowledge and skills. Erikson's psychosocial theory complemented the transition theory as it emphasises young orphans' needs for support from extended family members and RCCs for their overall well-being in order for them to develop into well-adjusted individuals. Vygotsky's sociocultural theory was also relevant to this study as it looks at the environment as key to the child's development, which includes the caregiver who should support the child to function and flourish in society which, translated to my study, refers to the family and government who should support the child to function and flourish in society.

The chapter also reviewed the reunification process in Zimbabwe and the care of orphans by extended families. Lastly, the external support for orphans living in extended families in Zimbabwe was also highlighted as a critical prerequisite for smooth transition.

8.2.4 Chapter 4

This chapter explained the research methodology that has been employed to explore the experiences of young orphans who transition to extended families in Zimbabwe. The chapter commenced by explaining the methodological position of the study by highlighting the research assumptions and paradigm by focusing on the methodology and methods. A qualitative case study design was followed, which culminated in the formulation of themes to ultimately provide an in-depth explanation of the experiences of young orphans who transition to extended families. The chapter concluded with a discussion of the four criteria of the trustworthiness of the study, namely credibility, transferability, dependability, and conformability, as well as the ethical considerations which guided the study.

8.2.5 Chapter 5

Chapter 5 analysed the empirical results to answer the research questions. The narrative of gaining access to the research sites and data collection was presented as well as the data analysis process which was done according to the various participant categories consisting of the SW and RCCA.

8.2.6 Chapter 6

Chapter 6 is a continuation of the analysis of data according to the various cases which consisted of the extended families and the orphans who transitioned to these families. An explanation of how the data were organised and the procedure for the identification of themes and categories in order to make sense and give meaning to data was also presented. Emerging recurring themes, which cut across the five cases, provided answers on the experiences of young orphans who transition to extended families. These themes included financial constraints, equipping extended families and young orphans for transition and impact of transition (see Table 6.6).

8.2.7 Chapter 7

This chapter focused on data interpretation based on of the themes that emerged in the preceding chapter. Interpretation was conducted with reference to the literature and empirical findings, theoretical framework, and research questions.

8.2.8 Chapter 8

In this chapter the summary, conclusions and recommendations pertaining to my study are presented.

8.3 OVERVIEW OF LITERATURE AND EMPIRICAL FINDINGS

In this section I present an overview of findings gleaned from literature as set out in Chapters 2 and 3, as well as the empirical findings that emerged from data analysis and interpretation in Chapters 5, 6 and 7, respectively.

8.3.1 Summary of key literature findings

The aim of my study was to explore the experiences of young orphans who transition to extended families in Zimbabwe. In Zimbabwe, issues of poor access to health, the HIV pandemic, cholera and other diseases, natural disasters and accidents contributed and still contribute to the high incidence of orphanhood. In addition, several factors, such as hyperinflation and poverty that lead to the total destruction of the country's economy force millions of Zimbabweans to leave the country and seek employment across the globe, often resulting in the breakdown of family structures, and leaving children to fend for themselves.

The breakdown of families in Zimbabwe has impacted on their ability to take care of children, therefore numerous children have to be raised in RCCs. Although these centres provide shelter and food to children various negative consequences can be associated with living in RCCs, such as psychological problems due to lack of stable and loving caregiving, lack of attachment bonds, because of inconsistent caregiving, inability of children to establish an identity and to learn about their cultures. Health and nutritional related problems were also highlighted, and because RCCs are mostly located in isolated areas, children do not have the opportunity to socialise sufficiently with the community. However, the literature review has demonstrated that living in an RCC is beneficial to those children who have encountered challenging family life experiences or who do not have a place to stay, for example, those living on the streets, have been abandoned and who came from abusive families. The challenges associated with living in RCCs, as well as the inability of Government to support these institutions financially, prompted the

government and other stakeholders to recognise the importance of placing children, where possible, in the care of their extended families.

Research also revealed that Zimbabwe is a signatory to international policies and has also developed several national guidelines on the care, protection and development of all children, as well as several child protection frameworks. The reasoning behind reuniting orphans with their families, is the belief that these children (aged 0-18 years) will get the opportunity to be nurtured in 'real' families where they will experience love, acceptance, a sense of belonging, safety and security – benefits which are often not present in RRCs. Transitioning to extended families is initiated when the families are willing to take the orphan in and are found capable of taking care of the child. Once the children have been successfully placed in the care of the extended families, SWs should regularly conduct follow-up visits to ensure that the children are progressing well. Continuous assessment by the SW is done up to a period of not less than six months. After children had transitioned to extended families, the government mandates itself to support, care and assess how children are coping. Government support include key issues related to caregiver support, namely education, health, economic strengthening as well as community engagement. Literature also revealed that the community and government support extended families towards the upkeep of orphans through the National AIDS Council (NAC) through payment of school fees and providing stationery. Besides the NAC, the Department of Social Welfare administers the Basic Education Assistance Model (BEAM) through the Ministry of Education.

The theoretical framework, consisting of the transition theory of Schlossberg, the psychosocial theory of Erikson and the socio-cultural theory of Vygotsky, guided my study. The transition theory of Schlossberg distinguishes four factors, namely the self, situation, support and strategies which serve as criteria for smooth transition. Applying these to my study, I found that the situation (life with their extended families) is often rife with various challenges, subsequently impacting the well-being of the child. Support was another factor that emerged as a major stumbling block in the transition process, as the government as well as the extended family members did not provide support necessary

for the flourishing of these children in their new environments. Erikson's psychosocial theory also highlighted the importance of acknowledging the child's efforts and notes the impact on the self-concept when the child feels inferior and incompetent when being compared with other children. Vygotsky's socio-cultural theory highlights the importance of social interaction with a skilful tutor in this case the extended family member who should model behaviour and/or provide verbal instructions thereby giving assistance to the child wherever needed. These family members play a vital role in young children's learning and development because they help them to construct meaning of their experiences and the world around them.

8.3.2 A short overview of the empirical research findings of this study

In this study, I specifically aspired to explore the experiences of young orphans who transition to extended families in Zimbabwe. I sought to explore how these young orphans blended with the members of the extended families. In order to understand the experiences of these young orphans, it was also necessary to gain information on how the extended families to which the orphans transitioned, experienced this transition. My participants therefore included five orphans (two girls and three boys) between the ages of five and 10 years, who transitioned from two RCCs to extended families. The other participants were one member of each of the extended families who agreed to take care of the young orphans, the two administrators of two RCCs and the SW who was the representative of the DoSW. The experiences of administrators and the SW were analysed and discussed in Chapter 5 while those of the young orphans and family members in Chapter 6 respectively. The themes that emerged from this data were presented in Chapter 7. The discussions focused on the three major themes namely financial constraints, equipping extended families and young orphans for transition and the impact of transition.

The empirical findings indicated that financial constraints were the greatest drawback in caring for the orphans, as experienced by the extended families, as they failed to provide basic needs and educational requirements of orphans. The Government of Zimbabwe

(GoZ) failed to fulfil its obligations and promises of supporting young orphans who transition to extended families due to its poor economy. My findings revealed that truly little was done to support extended family members from Government's side. Government's support structures are clearly described in policies, but on ground level the policies are not executed as described.

Policies indicate that home visits should be conducted, but it was established that no follow-up visits were conducted by SWs to check on the welfare of young orphans predominantly due to financial challenges. There were no vehicles, no fuel, and no finances to implement follow-up visits and assessments to monitor young orphans' progress. SWs are fully aware of the financial constraints of the government, but nonetheless promise financial- and professional support to families.

Another challenge was unemployment, as the majority of extended family members were not employed. They did not have the means to buy food, pay for school fees and all the other basic needs. Lack of food affected the children's overall development, and there was also no money to buy uniforms and other educational needs which affected young orphans' self-esteem and challenged their education. Some orphans felt inferior by not participating in activities at school, due to lack of resources. It would seem that families felt culturally obliged to take in young orphans but were not in a financial position to do so. Poverty in Zimbabwe is a reality for most of the population. One can argue that if Maslow's lowest hierarchy, namely physiological needs is not met, higher order factors cannot be achieved.

Another finding highlighted that these orphans did not receive educational assistance through the Basic Education Assistance Module (BEAM) programme, which is a government initiative for payment of fees to orphans. Extended families had to carry this additional burden in the context of high cost of living and scarcity of resources. This affected children's academic performance and impacted their self-esteem. In families with BEAM support, the transition process was much smoother.

Apart from most of the families being excluded from the BEAM programme, they lacked support during the transition phase. Young orphans were supposed to be assisted educationally as well as financially up to a time when they are self-reliant, which is when the child reaches the age of 18. As there was no form of support, extended family members felt disillusioned because government has not met its obligation of supporting young orphans. The disillusionment spilled over to the extended families' attitudes towards young orphans. Young orphans were sometimes scolded or beaten for failure to do work as the other children in the family; others were ill-treated such as having to sleep on the floor while the rest of the family were sleeping on beds. Because of ill-treatment some young orphans showed signs of insecurity and depression while others regressed to earlier behaviours of bedwetting and thumb-sucking. Some young orphans were lonely and missed the RCC as they continually talked about their past life and expressed the ill-treatment through their drawings and narrations.

The extended family members also did not attend an orientation programme where they were supposed to be prepared on how to welcome young orphans into their families. Due to lack of training, each extended family used its own ways to accommodate these orphans. In some extended families, young orphans were labelled and stigmatised and it impacted their sense of belongingness. Ignorance due partly to lack of training impacted negatively on the children as the extended family members did not take into account that young orphans needed time to adjust to the new environment and family. This impacted negatively on the lives of young orphans, since extended family members were not trained on managing transition.

Extended families also lacked understanding of the psychology behind child development, and lack of knowledge of the transition process resulted in ill-treatment of young orphans. It impacted the young orphans because they failed to experience love, acceptance, nurture, and guidance from extended families as the extended family members were not guided on issues relating to child development. In some cases, the extended family members used the young orphans as cheap labour, thereby expecting them to do chores such as cleaning the yard, watering vegetables, and fetching firewood,

herding the cattle and weeding fields. It was evident that extended family members did not and could not understand that young orphans needed to adjust to the new family environment as they compared young orphans to their own children who were used to their way of life. Young orphans were greatly impacted because they needed to adjust from certain ways of life that they were used to at the RCC to a completely new life with their extended families. Some young orphans also experienced loneliness, and displayed signs of insecurity, change of environment and routines as there were differences in customs, beliefs, rules, and regulations due to the Christian orientation of RCCs.

Some of the young orphans were subjected to corporal punishment as a form of discipline although it was prohibited in childcare policies. Corporal punishment was affecting these young orphans' emotional well-being which manifested in bedwetting and lack of sleep. These incidences revealed that the children were not prepared for the complete change in lifestyle that they experienced in their new environment.

Findings from my study also revealed that these orphans were not sufficiently prepared for transitioning to their extended families. They experienced disenfranchised grief as they had to leave behind their friends and caregivers, which the orphans regarded as their families. To them transitioning to the extended families was exciting as they were going to stay with their relatives. However, things did not turn as they expected due to detachment with the extended family members. Some young orphans seemed isolated and there was continual mourning and undying attachment feelings with the RCC. Others were subjected to scolding and beating which resulted in feelings of rejection and inferiority.

8.4 RESEARCH CONCLUSIONS

This section presents the research conclusions which provide answers to the research questions outlined in Chapter 1 (see section 1.3.1). The sub research questions will be answered first, followed by the main research question. Sub research question 3 will be addressed in the recommendations.

8.4.1 Secondary question 1: How do young orphaned children perceive the transition to their extended families?

Perception can be defined as the process of attaining awareness or understanding of sensory information (Qu, 2017). It is the way that one notices things with his senses of sight, hearing, feeling. It is therefore an emotive, subjective concept and was understood in this study as referring to the feelings of these young orphans regarding their transition from the RCCs where they spent their early years, to the homes of their extended families. With this question I wanted to establish how young orphans who had transitioned to extended families felt about the transition process. It was also paramount that this question intended to establish the young orphans' feelings about their life in the extended families after being transitioned from RCCs. Up to the point that young orphans are transitioned to extended families, they are mainly exposed to life in a care facility with limited experiences of home- and family life.

The majority of the young orphans in this study had negative perceptions and experiences of the transition experience. These young children had to endure several life altering experiences that left them vulnerable at a young age. They first had to come to terms with the grief and loss of not one but two parents, where after they had to get used to a life in a RCC facility with more than one adult substituting as parent. It was also established in this study that life in these care facilities differ significantly from traditional Zimbabwean home life. These young orphans spent their early years of life in RCCs, and became used to the people and routines which they regarded as their homes. Some had established close bonds with their caregivers, as well as with other children living in these centres, and regarded them as family. Therefore, leaving the RCCs and transitioning to extended families were emotionally taxing, as their "homes", "families", friends and routines had to be left behind to start a new life in a foreign situation with people who were mostly strangers to them.

These experiences and psychological challenges were aggravated by the unfamiliar situations in their new homes. Practices such as being expected to perform household chores, getting used to cultural practices and to find their feet in an established family set-

up were particularly challenging to these children. Extended families had their own rules and regulations and young orphans needed to get used to sharing their lives and changing their routines accordingly. Some young orphans were subjected to practices such as corporal punishment and other punitive measures such as sleeping on the floor. Some of them failed to experience the loving care, acceptance, and nurturance as they were held responsible for disrupting family life and being an additional financial burden to the extended family members. Several of the children in this study felt blame and experienced rejection from family members. Both the families and young children were therefore disillusioned by the transition process.

Most of the young orphans in this study perceived their new homes as places where they were not unconditionally accepted and loved. The young orphans had no sense of belonging as they did not always get the love and acceptance they needed because extended family members were not always aware of these children's needs as they lacked the appropriate knowledge of child development. Young orphans were often labelled and ridiculed which led to feelings of rejection and inferiority.

Some of the young orphans perceived their new lives in the extended families as lonely as they had limited opportunities for social interaction due to confinement, being marginalised and having to perform chores which they were not good at. In some extended families there were no other children to play with. Their loneliness was compounded by the fact they were often part of families that did not want to take care of them. The loneliness and perceptions of rejection led to a longing for an environment that was predictable and safe. In this case the children longed for the RCC facilities as these were places with predictable routines, friends and play time.

Most of the children were not happy about being part of the extended families. In the other hand some of the young orphans had a relatively smooth transition with minimal adjustment problems. They blended in easily with the extended families as these members made them feel welcome, wanted, and loved. The perceptions of these children were therefore determined by the way family members responded to their presence,

whereas the financial support or lack of support that these family members received, established their attitude towards the child. In other words, the success of the transition process hinged on the relationship the young orphan had with the extended family as well as the financial support the extended family received.

8.4.2 Secondary question 2: How do the extended families experience the inclusion of an orphaned child in their family system?

The majority of the families viewed the young orphans as additional burdens to their existing households due to financial constraints. Many of them felt a cultural burden to take in these orphans, although they could not financially support them. They were also disillusioned by government's failure to honour their promises of support as stipulated in policy documents. These families felt that they were misled, as they took in the children in good faith, believing they would be remunerated, whether financially, by means of groceries or by extending their housing structures. One could argue that the families were less concerned with the children's emotional and psychological welfare than with the financial implications on the family which concurs with Maslow's hierarchy which posits that your basic needs must be met before you can focus on higher order needs. Some extended family members ended up blaming young orphans for burdening their families' budgets, and two of these families expressed the wish to return the children to the RCCs. Exacerbating the circumstances, was unemployment as none of the family members worked in a formal sector, subsequently not a sustainable income as they relied on informal marketing such as vending, selling firewood and moulding bricks. All extended family members expressed concerns about lack of finances in the upkeep of young orphans.

An additional problem was that extended family members were not prepared, nor trained in the difficulties surrounding a new member into their families. In some extended families, orphaned children were well accepted in their homes and were treated as their own biological children in terms of provision of food, love and general care. Findings indicated that some of the families received support from donors who also support the RCC where the young orphans have transitioned from. However, in the families that did not receive

any form of support, lack of finances resulted in blaming these orphans for contributing to the dire financial situation of the family. Lack of information and knowledge on child development, rendered all the families ignorant to adjustment problems that these children might and did experience. There was no understanding of the emotional impact that the transition experience had on these children, with the result that the children were in some cases labelled as lazy, spoiled, incapable and so on.

The experiences of extended family members concerning the inclusion of orphans into their households, were therefore characterised by frustration, anger and a general feeling of disillusionment, as they felt misled and cheated by government as they had agreed to take care of orphans believing that government would keep its promise of supporting young orphans. This frustration had ripple effects, impacting their attitude to and behaviour towards these children, and most of them ended up ill-treating young orphans. The children's physical and emotional needs were not met by the families, which might have long-term detrimental effects on their overall development and psychological health.

As a researcher, it saddened to realise that government is not supporting its citizens even if it is clearly stated in their policies. There were no training and preparation done to equip extended families with requisite knowledge, or skills to handle adjustment problems in young orphans. No follow-up visits were conducted by SWs to monitor the orphans' progress. It was evident in this study that the young orphans were exposed to serious challenges in extended families mainly due to financial constraints, lack of governmental support and lack of knowledge of family members on handling these children in their homes. The majority of the children were subjected to ill-treatment and they encountered emotional and physical developmental challenges in extended families. Thus, there is reason to suspect that these are signs of serious challenges encountered by young orphans in extended families if families are not prepared and supported to adjust to the addition of a new family member. Both family members and children experienced the transition process as less than ideal. The divide between governmental policies and everyday challenges of family members and orphans was apparent in this study.

8.4.3 Primary research question: What are the experiences of young orphans who transition into extended families in Zimbabwe?

With this question, I wanted to find out what happened to young orphans, from their own experiences, when they transitioned to extended families. I also sought to explore how these young orphans blended with the members of the extended families. In other words, this question enabled me to get insight into the experiences of young orphans about their lives in the RCC facilities and in their new homes with their extended family.

Several factors have contributed the breakdown of families as well as the high incidence of orphanhood in Zimbabwe such as HIV/AIDS pandemic, the economic situation and poor access to health. Families therefore were no longer able to take care of their own members, therefore numerous children had to be raised in RCCs. The challenges associated with living in RCCs, as well as the inability of government to support these RCCs financially, prompted the government and other stakeholders to recognise the importance of placing children in the care of their extended families. A process began where young orphans were placed with their extended families, where possible, as living in families was considered the most conducive place for raising children. This became the basis of my study to explore the experiences of the young orphans as they transition to extended families.

In this study, young orphans experienced little to no financial or educational support from government and very little emotional support from extended families. Although there were policies which stipulated that they were supposed to get assistance, these policies were not adhered to due to financial constraints and negligence from government's side. Young orphans therefore experienced rejection as the families blamed them for presenting an additional financial burden. It has become evident that young orphans experienced several challenges such as lack of basic needs and educational requirements due to financial constraints. School fees were the greatest challenge as young orphans had joined their new schools with many educational requirements such as uniforms and stationery. Others did not do written exercises at school due to the lack of books and pens. This contributed to feelings of inferiority as they could not participate in activities

due to the lack of resources at school. This also affected their educational progress negatively.

Young orphans' health was compromised as some were on medication which required that they have meals first like those on Anti-Retro-Viral drugs (ART). Young orphans had no food to take to school and would spend the whole day with anything to eat. Young orphans failed to have adequate meals due to high cost of living that prevailed. One can argue that the lack of nutrition will have long-term negative effects on the children's development. Young orphans' overall development was greatly affected by lack of basic needs such as educational requirements and food caused by financial constraints. The government had given extended families false hope by promising for instance that they would supply groceries monthly.

In this study extended family life for the young orphans was predominantly associated with grief and loss, as they experienced two cycles of loss. In the first cycle they lost their parents at a very young age, and the second cycle of loss kicked in when they were transitioned to their extended families, as they were separated from their caregivers and friends in the RCC, which they regarded as their families. Leaving the RCC was therefore emotionally challenging as they had to exchange this "family" with their "new" family, which constituted a completely new and different way of life. These young orphans experienced loss of their friends and caregivers, who were for all intended purposes the only family they knew and were used to, before the transition process commenced. Therefore, one can argue that the young orphans in this study experienced a second cycle of loss when they were transitioned to their extended families. Firstly, they lost their parents and secondly their caregivers and friends in the RCCs. It was clear that these children were not psychologically prepared for the separation process and they experienced disenfranchised grief which manifested in psychological conditions such as depression, anxiety, loneliness, and bedwetting.

Some young orphans did not have opportunity for sufficient play in the extended families. They were used to the RCC where they enjoyed the company of other children. Life in

the extended families differs from RCC where young orphans used to have many friends and toys. In some cases, young orphans experienced loneliness since there were no other children to play with. In other cases, they had limited opportunity for play due to continued confinement and loneliness in the extended family. Play is one way in which children develop relations with others (Boundless, 2016:2). It is an essential and critical part of all children's development. The extended families continually instructed young orphans to rather work at home than to play. In this study it was clear that the majority of extended family members lacked knowledge on child development which resulted in them denying young orphans the opportunity to play. They regard young orphans as lazy and spoiled as they had few responsibilities in the RCC facilities. The high demands in the extended families resulted in some young orphans missing the RCC and expressed their desire to go back to these facilities. Some of the orphans expressed their loneliness and ill-treatment in their drawings.

The majority of the young orphans longed for their old life at the RCC, because extended families did not understand their developmental- and emotional needs. Young orphans were often subjected to labelling and stigmatisation from family members. Labelling and stigmatisation impacted the orphans' feelings of belonging in the family. This was due to a lack of insight on the part of extended family members and the rest of the family on how to assist orphans with the transition process. Lack of understanding of the psychology behind child development, and knowledge of the transition process resulted in ill-treatment of young orphans by family members. Sometimes corporal punishment as form of discipline, was administered to some young orphans, which affected them emotionally. A major factor that transpired in this study was the lack of follow-up visits from the GoZ, who could have intervened if they were aware of this form of punishment.

Extended family life was experienced to such an extent that the majority of young orphans expressed the wish to return to the RCC. This unhappiness manifested in anxiety and insecurity. Some of these orphans experienced isolation and in continuous mourning because of their attachment to the RCCs. It was evident that the young orphans felt uncertain in the extended family surroundings as there were elements of ill-treatment and

rejection. Some extended family members were angered by government's lack of support and projected these feelings onto the young orphans, who had to carry the brunt of the extended family's frustrations.

All young orphans who transitioned to extended families were not yet included in the Basic Education Assistance Module (BEAM) programme and thereby were exposed to serious limitations regarding their educational development due to lack of basic stationary. The government had given extended families false hope such as payment of school fees through BEAM. This was not done since beneficiaries were not selected in line with the BEAM guidelines. Young orphans felt inferior by not participating in activities due to lack of resources at school. They lacked cognitive stimulation from extended family members as they were denied reading books and could not attend school while they were for instance minding goats and cattle.

Some orphans also exhibited signs of insecurity by regressing to earlier behaviour such as bedwetting and thumb-sucking. Bedwetting was also often due to anxiety, as some of the young orphans felt uncertain and insecure in the extended family surroundings. The changes in environments and routines contributed to the orphans' feelings of insecurity. One factor that was highlighted in several cases in this study, was the fact that these children were not prepared for the transition process.

Some extended family members were angered by government's lack of support and these feelings were projected onto the young orphans and manifested in blaming, anger and rejection. Some young orphans were rejected in the sense that they were not valued as persons but rather neglected and abused. Instead of receiving understanding and care, some were punished and had to endure harsh living conditions. The families therefore projected their negative feelings onto the orphans. All these observations led to recommendations that follow next.

8.5 RECOMMENDATIONS

With reference to the key literature reviewed, as well as the aims and findings of my study, I propose that the following recommendations, made within the context of the socio-economic challenges of Zimbabwe be pursued to ensure smooth transitioning of young orphans to extended families. Although recommendations could be directed at the extended families as well, I realised that once government, and the specific department that are involved in the welfare of these citizens, namely the Department of Social Welfare take heed of these suggestions, they will also address the shortcomings as identified in the extended families. Sub-question 3 “What evidence-based guidelines can be proposed for the successful transition of orphans to extended families?” will be answered in the next section.

8.5.1 Recommendations for government

8.5.1.1 Recommendation 1: Partnering with international organisations

The government of Zimbabwe (GoZ) should adhere to the guidelines and principles of international organisations, that focus on human rights and welfare, such as the World Health Organisation (WHO) and United Nations International Children’s Education Fund (UNICEF) to ensure that the research that defines their viewpoints and decisions, also feed local policies. In doing so, Zimbabwe’s legislation and policies would be informed by global human right practices. Partnership with these organisations 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 ingrained in international treaties which government commits adherence to.

8.5.1.2 Recommendation 2: Partnering with Non-Governmental Organisations (NGOs)

Government should partner with Non-Governmental 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, and that this assistance in some cases was extended to the extended families as well. I suggest that government should be the institution to initiate partnerships with NGOs. This collaboration should be based on the sharing of information and knowledge and be based on open communication during regular meetings. In so doing, a structured and sustainable partnership will be ensured where both the extended families as well as the orphans will benefit from.

8.5.1.3 Recommendation 3: Honour and implement policies on supporting young orphans, ensuring synergy between policies and implementation

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).

The following section presents recommendations directed at the Department of Social Welfare. Although this department can also be considered part of the government, I have decided to distinguish between the two, by considering government as the highest authority, and the Department of Social Welfare as the executive body responsible for the social welfare of its citizens.

8.5.2 Recommendations for Department of Social Welfare

The Department of Social Welfare is responsible for, amongst others, the welfare of children, and therefore the following recommendations are directed towards this department.

8.5.2.1 Recommendation 4: Collaboration between various ministries and stakeholders related to vulnerable children

The Department of Social Welfare together with related ministries, dealing with the welfare and development of children, such as the Departments of Education and Health, as well as other stakeholders, such as local authorities, non-governmental organisations, the communities, the private sector, charity organisations and the business community, should collaborate to collectively come up with plans to curb the impact of poverty on vulnerable children. These plans should be converted into operational directives which should be feasible and sustainable.

8.5.2.2 Recommendation 5: Development and execution of training programmes

Training programmes need to be developed by the Department of Social Welfare (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 social worker and need to be executed before young orphans are transitioned to extended families. Training should include information on child development, adjustment challenges related to transitioning into extended families and children's rights. Training will equip extended family members to understand the plight of young orphans and therefore accept them as unique individuals who are now part of their families. The findings in the study shown how lack of knowledge, information on adjustment and child development issues by extended families have a negative impact on the growth and development of young orphans who transition from RCCs.

8.5.2.3 Recommendation 6: Follow-up visits to ascertain the well-being of orphans and extended families

The Department of Social Welfare should develop monitoring and evaluation systems where follow-up visits are conducted to young orphans who transition to extended families to monitor their welfare, coping mechanisms and needs. The social worker should have intimate knowledge of each case, which includes the orphan and extended family, and this official should assess the needs, circumstances and living conditions of each case on a continuous basis. These visits should also include counselling and the SW should act as mediator between each case and the relevant institution who can meet specific needs.

8.5.2.4 Recommendation 7: Assessing circumstances/context of extended families before placement

The Department of Social Welfare, through the social worker, should consider the size and financial situations of extended families before transitioning young orphans to 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 well-being, 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.

8.5.2.5 Recommendation 8: Preparation of orphans before placement in extended families

The Department of Social Welfare as the ministry responsible for the welfare of children should fully prepare young orphans before final placement in the extended family. The DoSW should provide all educational requirements needed such as uniforms and books

before final transitions. In terms of their school fees, young orphans should be granted automatic entry into Basic Education Assistance Module (BEAM) programme as to ensure that their educational needs are catered for financially. In so doing, their right to education will be safeguarded, and an additional burden on the extended family will be lifted. The DoSW should as well provide basic goods such as blankets for the young orphan's requirements in extended families. Findings from the study were that the majority of young orphan's transition was done prematurely when the DoSW was not well-prepared and needs were not provided for in the families.

8.5.3 Recommendations for further research

While the findings of this study provided an important insight into the experiences of young orphans who transition to extended families, the following gaps, which point at several avenues for further research, have also been identified.

8.5.3.1 Recommendation 9: Extending research on orphans who transition to extended families.

This study focused only on young orphans who lived in extended families for a period of four to six months. Additional studies can be conducted on young orphans who have transitioned to extended families but lived there for longer periods, to determine their experience regarding the transition period. Longitudinal studies can also be conducted to follow different cohorts transitioning into extended families to assess their transition experience and the long-term impact this experience may have on their development.

8.5.3.2 Recommendation 10: Conducting a study in a broader context

The findings are only confined to the rural context and this may place limitations on the applicability of the findings to the whole of Zimbabwe. Further research may be done to take a wider cross-section of young orphans in several parts of the country.

8.5.3.3 Recommendation 11: Sustainable income-generating projects and support groups

Further research studies exploring the empowerment of extended families through sustainable income-generating projects, life skills training, skills empowerment opportunities, capacity building sessions aimed at promoting resilience and support groups could be carried out for the benefit of both the extended families and young orphans. The findings in the study highlighted how a lack of finances has a negative impact on the care of young orphans who transition to extended families.

8.6 LIMITATIONS

Although the research study has achieved its aims, there were unavoidable limitations in the process. Initially I had targeted seven extended family members. Some participants withdrew their participation in the initial stages of fieldwork citing that they were committed to other tasks. I, therefore, had to draw on the data from five extended family participants; however, I still consider the information to be detailed, rich and valid.

The study was conducted with young orphans who transitioned from church related RCCs. Despite having a varied, rich sample of informants, the study was constrained by the incapacity to access participants from multi-based institutions such as Save our Souls (SOS).

Although the study was conducted on a small scale, I am confident that the findings reflect the experiences of young orphans regarding their transition to extended families as well as the experiences of extended families regarding the inclusion of young orphans in their families.

8.7 CONCLUDING REMARKS

I regard this thesis as one of the most significant milestones in my life, as it was of paramount importance to me as a researcher, a mother and grandmother. Gaining insight

into the experiences of these vulnerable children's lives, alerted me to the privilege of being raised in an environment of sufficient resources, love and acceptance. My heart went out to my participants, both the orphans, as well as the extended families, whom I both regard as victims of a poverty-stricken environment. I was blessed to have access to participants who provided valuable information and enabled me to obtain data that were rich in the information I needed. It was interesting, but also disturbing to listen to the stories of young orphans and extended families on their transition experiences. As a mother and grandmother, I empathised with the young orphans as they narrated their experiences and gave detailed accounts of their lives in extended families. I also felt humbled by their trust as some divulged information that I thought was quite confidential. I also benefited much from the triangulation of data collection methods. The observations enabled me not only to observe what young orphans were doing but also what they said and how they interacted with extended families, which I did not obtain from the interviews. Drawings and narrations were also appropriate for my study as they involved young orphans who have not yet developed the ability to conceal themselves from the public as adults do. The triangulation of data sources was also beneficial as the social worker, administrators and extended family members revealed some interesting variations regarding young orphans' experiences within extended families.

I regard the crux of the problem with the transition process, as the inability of the government of Zimbabwe, who, despite being a signatory to most of the conventions and international instruments that guarantee the protection of children, is incapable of taking care of and protecting its own vulnerable citizens. It was also disconcerting to establish that the DoSW, as executive institution of government's policies, did not meet their responsibilities in ensuring that the transition process runs smoothly.

From the analysis of the information gathered, it has become evident that both the orphans and the extended family members are victims of a system that seem to mean well by devising relevant policies, but does not implement these, nor play open cards with the recipients. Young orphans who transition to extended families experience major obstacles due to issues such as financial constraints, poorly implemented governmental

policies, lack of knowledge on transition processes, as well as lack of care by extended families. My hope is that the recommendations that emerged from this study, will be adhered to in order to ensure that the most vulnerable citizens of Zimbabwe, namely the orphans, are recognised and provided.

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APPENDICES

APPENDIX A: LETTER TO DEPARTMENT OF SOCIAL WELFARE



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Faculty of Education

The Director
Department of Social Welfare
4th Floor Compensation House
Causeway, Harare
Zimbabwe

Dear Sir/Madam

RE: REQUEST FOR PERMISSION TO DO RESEARCH IN MUTOKO DISTRICT

I am a student studying through the University of Pretoria. I am currently enrolled for my PhD in the Faculty of Education. I hereby wish to apply for permission to conduct research in Mutoko. My research project will involve orphans aged five to ten who transitioned into extended families. The young orphans I intend to involve in my study are from Home of Hope Children's Home and Mother of Peace in the Mutoko District. My research topic is: **“Experiences of young orphans who transition into extended families in Zimbabwe”**.

The research will try to explore the transition experiences of orphans with extended families. This study will involve the observation of seven orphans from different families, interviewing the administrators and of the residential centres and family members of the children. This will involve conducting informal activities in which children will draw experiences of their reunification with their families. I also request permission to do audio recordings of the children as they will be describing what they would have drawn. I will be

a passive participant who will engage with audio recordings and take field notes. I wish to observe the children for a month. I as well humbly request to interview a social worker who deals with children from your organisation.

The information obtained will be treated with the strictest confidentiality and will be used solely for this research initiative only. I hope that the research findings will make a creditable contribution towards exploring the experiences of children and their families during reunification.

Should you require any additional information, you may contact me at Nyadire Teachers College P. O. Box 210 Mutoko. You can get in touch with me on **0774161122** or at the following e-mail address: **cathrinechiimbamuch4@gmail.com**

Yours sincerely

Cathrine M. Chiimba

Signature.....

PhD student (Department of Early Childhood Education)

University of Pretoria

Pretoria 0002

Republic of South Africa

Mobile: +263 774161122

Email: cathrinechiimbamuch4@gmail.com

Dr Melanie Moen

Signature.....

Supervisor

Educational Psychologist

Department of Early Childhood Education

melanie.moen@up.ac.za

+27 12 4205632

APPENDIX B: PERMISSION LETTER FROM DEPARTMENT OF SOCIAL WELFARE

*Official communications should
Not be addressed to individuals*

Telephone: Harare 790872/7
Telegrams "SECLAB"
Private Bag 7707740



ZIMBABWE

MINISTRY OF LABOUR
AND SOCIAL WELFARE
Compensation House

Cnr Fourth Street and Central Avenue
HARARE

SW 12/4

15 August 2019

Ms Cathrine Chiimba
Nyadire Teachers College
P O Box 210
MUTOKO

PERMISSION TO CARRY OUT AN ACADEMIC RESEARCH ON TOPIC ENTITLED "EXPERIENCE OF YOUNG ORPHANS WHO TRANSITION INTO EXTENDED FAMILIES IN ZIMBABWE: A CASE STUDY OF HOME OF HOPE ORPHANAGE AND MOTHER OF PEACE IN MUTOKO"

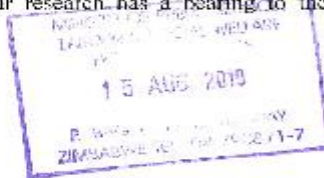
- Receipt of your letter dated 14 March 2018 with the above mentioned matter is acknowledged.

Please be advised that permission is hereby granted for you to carry out a research on a topic entitled "EXPERIENCE OF YOUNG ORPHANS WHO TRANSITION INTO EXTENDED FAMILIES IN ZIMBABWE: A CASE STUDY OF HOME OF HOPE ORPHANAGE AND MOTHER OF PEACE IN MUTOKO" permission is granted **STRICTLY** on condition that the research is for academic purposes only in pursuit of your PhD at University of Pretoria in South Africa and that the data collected should not be shared to third parties.

You are kindly requested to submit a copy of your final research document to the Department of Social Welfare upon completion as your research has a bearing to the Department's mandate.

H.C. Gapara
DIRECTOR HUMAN RESOURCES

FOR: SECRETARY PUBLIC SERVICE, LABOUR AND SOCIAL WELFARE



APPENDIX C: LETTER TO THE SOCIAL WORKER

The Social Worker
Department of Social Welfare

Dear Sir/Madam

RE: INVITATION TO ASSIST IN CONDUCTING RESEARCH ON CHILDREN

I am a PhD student at the University of Pretoria, Faculty of Education, Department of Early Childhood Education. I hereby seek your assistance when I am conducting research. My research project will involve young orphans aged five to ten who transitioned with extended families. My research topic is **“Experiences of young orphans who transition into extended families in Zimbabwe.”**

The research will explore the transitioning experiences of orphans as they unite with extended families. This study will involve the observation of seven orphans from different families and interviewing the administrators. This will involve conducting informal activities in which children will draw experiences of their transition process with their families. I will involve audio recordings of the children as they will be describing what they would have drawn. I will be a passive participant who will do audio recordings and take field notes. I would like to observe the children for a month.

In view of the information provided above, you are requested to participate in this research study. The participation that is requested from you involves responding to a set of questions that you will be asked during an interview. The interview will be conducted at your office and the duration is 30 to 45 minutes. The interview will be audio-recorded to make it possible for me to revisit the conversation after our interview. The research project will have no direct benefit to you but will assist in identifying experiences with orphans' reunification with extended families. Your input will contribute to exploring the experience

you have in the inclusion of an orphaned child within the extended family system. Furthermore, it may enable government, NGOs and relevant agencies and stakeholders to initiate networks and collaborate to explore various opportunities for children who reunified with families.

This request is being sought, because it is envisioned that there may be “heinous discovery” or participants may experience some form of discomfort and/or unpleasant emotions while narrating their reunification experiences. Your task as the social worker is to provide the necessary support should there be any “heinous discovery” or should participants express discomfort, unpleasant emotions or stress. In this regard, I therefore, seek your permission to assist with counselling when the need arises. I will invite you if such experiences are encountered during data collection such that you assist in counselling.

The information obtained will be treated with the strictest confidentiality and will be used solely for the research purposes only. The completed research project will be made available to the Department to inform you about the experiences by both child and family in the reunification process. The findings of the study may help government, NGOs and relevant agencies and stakeholders to have in-depth understanding of the reunification experiences.

The research is conducted under the guidelines of the University of Pretoria’s ethical guidelines with regards to issues of confidentiality and anonymity. Your positive consideration and a written feedback confirmation letter of this request will be highly appreciated.

It is my opinion that the research findings will make a valuable contribution towards exploring the experiences of children and their families during reunification which will positively enhance this ongoing programme.

Should you require any additional information, you may contact me at Nyadire Teachers College P. O. Box 210 Mutoko. You can get in touch with me on **0774161122** or at the following e-mail address: **cathrinechiimbamuch4@gmail.com**

Yours faithfully

Cathrine M. Chiimba

Signature.....

PhD student (Department of Early Childhood Education)

University of Pretoria

Pretoria 0002

Republic of South Africa

Mobile: +263 774161122

Email: cathrinechiimbamuch4@gmail.com

Dr Melanie Moen

Signature.....

Supervisor

Educational Psychologist

Department of Early Childhood Education

melanie.moen@up.ac.za

+27 12 4205632

APPENDIX D: LETTER OF PERMISSION – ADMINISTRATOR

The Administrator
Residential Care Centre

Dear Sir/ Madam

REQUEST TO CONDUCT AN INTERVIEW SESSION FOR MY RESEARCH

I am a PhD student at the University of Pretoria, Faculty of Education, Department of Early Childhood Education. I am conducting a research study on “**Experiences of young orphans who transition into extended families in Zimbabwe.**” The purpose of the study is to explore and analyse the experiences of young orphans who transition to extended families. I would like to conduct this research project, because of the observation that, most young orphans from orphanages are reunifying with extended families.

The main aim of the research project is to explore how young orphans experience and adapt to the transition from an orphanage into extended families during early childhood specifically orphans between the ages of five to ten. I will focus on orphans aged five to ten who have reunified with their extended families from your orphanage within a period of four to six months or more. I would also like to involve the families which these children are placed with, to explore their experiences.

In view of the information provided above, you are requested to participate in this research study. The participation that is requested from you involves responding to a set of questions that you will be asked during an interview. The interview will be conducted at your institution and the duration is 30 to 45 minutes. The interview will be audio-recorded to make it possible for me to revisit the conversation after our interview. The research project will have no direct benefit to you but will assist in identifying experiences with orphans’ reunification with extended families. Your input will contribute in exploring the experience you have in the inclusion of an orphaned child within the extended family

system. Furthermore, it may enable government, NGOs and relevant agencies and stakeholders to initiate networks and collaborate to explore various opportunities for children who reunified with families.

Participation in this study is voluntary and you may withdraw from participation at any time without any negative consequences and the data will be destroyed should you withdraw. Please be assured that all information will be treated with the strictest confidence and your personal particulars, as well as the name of the orphanage will not be divulged to any person. The research project will have no direct benefit to you but will assist in identifying experiences with orphans' reunification into extended families. This information will be made available to the Department of Social Welfare to enable them to improve the process of reunification. Your input will contribute in exploring the experience you have in the inclusion of an orphaned child within the family system.

I do hope that this letter will provide you with adequate information to enable you to consider giving your consent to participate in the proposed study. In order to grant your consent to participate in this study, you are requested to sign the *Informed Consent Letter*.

The research is conducted under the guidelines of the University of Pretoria's ethical guidelines with regards to issues of confidentiality and anonymity. Your positive consideration and a written feedback confirmation letter of this request will be highly appreciated.

If you are willing to participate in this study, please sign this letter as a declaration of your consent, i.e. that you participate in this project willingly and that you understand that you may withdraw from the research project at any time. Under no circumstances will the identity of interview participants be made known to any parties/organisations that may be involved in the research process.

Participant's signature..... Date:

Researcher's signature.....Date

Yours Sincerely,

Cathrine M. Chiimba

Signature.....

PhD student (Department of Early Childhood Education)

Mobile: +263 774161122

Email: cathrinechiimbamuch4@gmail.com

Dr Melanie Moen

Signature.....

Supervisor

Educational Psychologist

Department of Early Childhood Education

melanie.moen@up.ac.za

+27 12 4205632

APPENDIX E: FAMILY MEMBER INFORMED CONSENT

Dear Family member

REQUEST FOR INFORMED CONSENT (VERBAL)

I am a PhD student registered at the University of Pretoria. I am kindly inviting you as well as your child to participate in my research project. My study focuses on the experiences of young orphans who have transitioned with their families.

For the purposes of my study I will require your permission to take part in an interview where I shall ask certain questions regarding your child's experiences during his/her separation with the family. The interview session will be conducted at your home and it will last for 30 to 40 minutes. As legal guardian of this child, I also would like to obtain your permission for the child to participate in this study. The child's participation will involve the drawing of pictures about the orphanage and family experiences, as well as telling me about the drawing afterwards. The session for the drawings will be 20-30 minutes. I also seek permission to observe your child at your home for some few hours. The interview, drawings session and observation will all be conducted during the day at your home.

It is important to know that the information you may provide to me will be confidential and will not be conveyed to anybody else. These interviews will be audio-recorded to make it possible for me to revisit the conversation after our interview. Your participation in this study will not be made public. All the information provided by you and the child will be treated with strict confidentiality and anonymity which means that I will not make use of names anywhere in the course of my fieldwork and writing. Information that is collected during the course of this research project will be stored safely even after the task is complete. You as well as the child may choose to withdraw from the research process at any stage should either of you deem this necessary.

The research project will have no direct benefit to you, but will assist in identifying experiences with orphans' reunification into families. This information will be made available to the University of Pretoria. Your input will contribute in exploring the experience you have in the inclusion of an orphaned child within the family system.

I do hope that this letter will provide you with adequate information to enable you to consider giving your consent to participate in the proposed study. In order to grant your consent to participate in this study, you are requested to sign the *Informed Consent Letter*.

Should you require any additional information, you may contact me at **0774161122** or at the following e-mail address: **cathrinechiimbamuch4@gmail.com**

Your assistance with my research will be much appreciated.

Yours sincerely

Cathrine M. Chiimba (PhD student, University of Pretoria, South Africa)

Cathrine M. Chiimba
Researcher

Dr M. Moen
Supervisor

APPENDIX F: INFORMED CONSENT AND ASSENT FORM (PARENTS AND CHILDREN)

My research topic is:

Experiences of young orphans who transition into extended families in Zimbabwe

I..... agree to participate in Chiimba

Cathrine's research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with Chiimba Cathrine to be audio-recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

(Please tick one box)

I agree to quotation/publication of extracts from my interview

I do not agree to quotation/publication of extracts from my interview

Participant's signature _____ Date _____

Full name (please print):

Contact number:

Email address:

APPENDIX G: INFORMED CONSENT AND ASSENT FORM (CHILDREN)

Dear Participant

REQUEST FOR INFORMED CONSENT (VERBAL)

I am a registered PhD student at the University of Pretoria. I am kindly inviting you to participate in my research project. Your guardian has already given permission that you can talk to me. My study is about children like you who have joined their extended families from a residential care.

If you give me permission, I would like you to share with me your experiences through drawing. I would want you to draw experiences of your family. You will then explain your drawings to me.

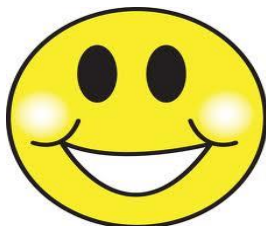
If you don't mind, I want to tape your narratives; otherwise I am going to forget all the interesting things you will be telling me. I promise not to tell anybody about our conversation, and it will only stay between the three of us. I also promise not to mention your name, so that nobody would know that you told me certain things. If you feel that you don't want to talk to me anymore, you are welcome to tell me, and I won't ask you anymore questions.

I really will appreciate it if you could help me with this study.

Cathrine M. Chiimba

Supervisor (Dr. Melanie Moen)

If you want to take part in this study, you can choose the smiling face, if not, choose the angry face.



APPENDIX H: SOCIAL WORKER INTERVIEW SCHEDULE

The purpose of this schedule is to explore on the social worker's experiences in the transition of young orphans into extended families.

1. In your opinion, what are some of the reasons for children being orphaned?
2. How do you determine if a child can be reunified with his/her extended family? (single/double orphan?)
3. Which age ranges are considered for transitioning into extended families?
4. How do you contact the families? / what is the process of reunifying a child into the extended family?
5. In general, how do families react to the reunification process?
6. How do children react upon hearing about moving into the families?
7. How do you prepare children for the transition to families?
8. What alternative support is provided to the child to assist with the reunification process?
9. Which organizations assist with the reunification process?
10. Do you make any follow-up programmes for the children to find about their welfare? If yes, what observations have you made in terms of their well-being?
11. Do you continue supporting the child after he/she had joined the family? If yes, how and for how long?

Thank you for your participation in this study

APPENDIX I: ADMINISTRATOR INTERVIEW SCHEDULE

The purpose of this schedule is to explore on the administrator's experiences in the transition of orphans into extended families.

1. In your opinion, what are the major factors why children are admitted into Residential Care Centres (RCCs)?
2. What are the challenges that Residential Care Centres' (RCCs') experience in general (resources, not enough money, healthy, food etc.)?
3. Are you aware of the government policies protecting the rights of the child?
If yes. How do you adhere to them?
4. What would you, as administrator change within the Residential Care Centres (RCCs) to benefit the child? This may include emotional, social or health factors.
5. How are children disciplined within residential care?
6. How do you prepare the child for the transition to the extended family?
7. How can the process of transition be improved?
8. How do children react to the reunification process?
9. In your opinion how long does it take for a child to adjust to the new family?
10. What are the possible positive gains of reunification of orphans with the extended family?
11. What are the possible negative gains of reunification of orphans with the extended family?
12. What type (and for how long) of support is provided to the extended family when they take in an orphan?
13. Do you have any suggestions to the Department of Social Welfare on improving the reunification programme involving orphans?

APPENDIX J: FAMILY MEMBER INTERVIEW SCHEDULE

The purpose of this schedule is to explore the families' experiences in the inclusion of an orphaned child within their family system

Date _____

Place _____

Relationship to the child	Sex	Age

1. Did you have contact with the child when he/she was in the Residential Care Centre (RCC)? If yes, explain how often and the type of contact you had with the child
2. How was the family prepared by the Department of Social Welfare for the child's transition process?
3. Did you do something specific to make the child feel welcome in the family and how does he blend with your existing family?
4. In your opinion, was this transition to your family easy or difficult for (name of child)?
5. Describe your relationship with the child, the child's relationship with other children in the family and your relationship with your own family after the child had transitioned into your family. Did anything change? Was the change positive or negative?
6. What do you see as challenges regarding the placement of (name of child) in your family?
7. If (name of child) misbehave, how do you discipline him?
8. What advice do you have for extended families who want to transition orphans into their home?

Thank you for your participation in this study

APPENDIX K: OBSERVATION PROTOCOL

Topic of study: _____

Family number: _____ Pseudonym: _____

Date: _____

Day: _____

Time of observation: _____

Length of observation: _____

Observations will be used to account for the experiences of young orphans. Pseudonyms will be utilised in the observations, data analysis and the findings. The data collected in this study will serve for research purposes only and treated as confidential. Access to the data will be granted to the researcher and the supervisor only.

Descriptive field notes	Reflexive field notes
1. Family's attitude towards the child	
2. Chores the child needs to do	
3. Overall well-being of the child	
4. The child's interaction with family members	