Psychosocial Challenges Faced by Children in Residential Care Facilities

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Abstract

Children in residential care facilities face a myriad of challenges that range from a lack of attachment with caregivers, peer relationships to a lack of proper adult guidance, identity, and a family with shared values. This study sought to examine the psychosocial challenges facing children in residential childcare facilities in the Mashonaland Central province, Zimbabwe. The study adopted a qualitative approach and used a case study design. A sample of 44 children from a children's home in Bindura town, Mashonaland Central province and 3 key informants who were caregivers participated in the study. The study used purposive sampling in identifying participants for interviews and focus group discussions. Data were analysed using a thematic content analysis. The study found that the children are affected by peer pressure, discriminated against by society, and also face challenges in adapting to the institutional life. The psychosocial challenges children face affect their confidence and self-esteem. Based on the study findings, the research recommends soft skills training for children to prepare them for release after their eighteenth birthday. It also recommends continuous training of caregivers to reduce burnout and to keep them updated with trends in childcare in terms of regulations, and the provision of educational materials on issues affecting children the most like HIV and AIDS, drug and substance abuse and stress.

Keywords: children; children's home; psychosocial challenges; caregivers

UNISA university of south africa PRESS

Southern African Journal of Social Work and Social Development
https://upjournals.co.za/index.php/SWPR
Volume 31 | Number 2 | 2019 | #2892 | 18 pages

https://doi.org/10.25159/2415-5829/2892
ISSN 2415-5829 (Online)

Introduction

HIV and AIDS have left Zimbabwe with many orphans, and in 2012 there were over a million orphans (Zimstat 2012). With the crime rate also increasing as a result of an aggravated unemployment rate, a remarkable number of parents who primarily are caregivers have been jailed leaving their children with no one to care for them. The extended family, which is the second tier in the six-tier safety system, is fast disintegrating and is no longer able to take care of relatives' children owing to the continuing deteriorating economic situation (Nyathi 2005). HIV and AIDS caused serious challenges in terms of family sizes, composition as well as preference, which all have a bearing on children (Baylies 2000).

Compared to children living with their nuclear families, children in residential care facilities are separated from their parents and primary caregivers leaving them lonely and suffering from an identity crisis (Rusakaniko et al. 2006) while others are often discriminated against as they come to residential care facilities as a result of HIV and AIDS (Meier 2003). Generally, children in residential care facilities face more and different problems as compared to their peers living with their biological parents (Malatji and Nkosiyazi 2007). It is important, however, to note that not all children go to residential care facilities because of orphanhood, some have been neglected, abused, abandoned, or placed in the facilities because their parents have been jailed.

This paper discusses some observations by other researchers as well as the current legal frameworks for the protection of children in Zimbabwe. Some of the legal frameworks discussed include the National Residential Child Care Standards, the Children's Act (Chapter 5.06 of 2001) (Government of Zimbabwe 2001), as well as the 2013 Zimbabwe Constitution. The main purpose of the research was to generate an evidence base for the creation and advancement of policies that appreciate the diverse nature of psycho-social challenges faced by children in facilities of residential care.

Background to the Study

Residential Childcare Standards in Zimbabwe

More than a decade ago, Powell et al. (2004) found that there were 59 registered residential institutions in Zimbabwe that were accommodating 3 013 children. They further averred that there were an estimation of 761 000 orphans as a result of AIDS. However, in 2014, the number of registered residential institutions had grown exponentially to 415 (Chibwana and Gumbo 2014). This suggests that efforts have been made by the government and its stakeholders to improve the lives of children in residential care facilities in particular and vulnerable children in general.

The Zimbabwean government initiated the National Action Plan for Orphans and Vulnerable Children (NAP for OVC) which aims at improving the lives of all children, especially those who are disadvantaged (Zimbabwe Ministry of Labour and Social

Services 2011). Phase I of the project ended in 2010, phase II ran from 2011 to 2015, while phase III is currently underway. Under the programme, the government takes into account issues that affect children psychologically and socially. These include issues of child protection, child participation, discrimination, social interactions and general child rights as covered in the said Children's Act. The Children's Act, chapter 5:06 of 2001, Part III, is the main piece of legislation used in child protection in Zimbabwe. It seeks to prevent neglect, ill treatment and exploitation of children. It also provides for the establishment of children's homes and children's courts. Though the government has put in place some legislative measures to protect children, the problem is the full implementation of these pieces of legislation owing to financial constrains facing the government. Under the new constitution of Zimbabwe, Section 81 focuses on children (Government of Zimbabwe 2013). This is the first time Zimbabwe has a section in the constitution dedicated to children. The rights in the constitution are general, however, with no specific part aiming at protecting institutionalised children from psychological and social harm. This makes studies focusing on children in facilities of residential care very relevant and timely.

The government of Zimbabwe has also put in place minimum standards for residential care, aimed at improving the quality of services children in residential care receive. It is important to note that children in residential care facilities just like other children go through different developmental stages where they portray different behaviours and attitudes which need understanding if they are to be effectively and appropriately assisted. Children begin to experiment sexually and use drugs, which, if not dealt with effectively, may have a serious bearing on their future. They also begin to comprehend some complex issues surrounding their own lives, hence they need programmes and efforts directed towards their social and psychological well-being. The children may begin these processes of experimental behaviour and attitudes and may be wrongly interpreted as being disrespectful and arrogant to the caregivers while in fact they are behaving like any other children of their age. This makes research and documentation surrounding children in facilities of residential care important. The focus should then be on the challenges children face, the causes and effects of these challenges, and recommendations for improving the situation.

It is important to note, however, that despite all the efforts that have been made, children in residential facilities continue to face psychological and social challenges (Malatji and Nkosiyazi 2007). One of the reasons for this is poor implementation of the resolutions. Even though orphanhood is not the leading cause of institutionalisation, communities usually refer to institutions of residential care as "orphanages" and every child at the institution is therefore associated with AIDS. However, children go to residential facilities also as a result of abuse, poverty and abandonment. The negativity associated with HIV and the misconception that all children who go to facilities of residential care were orphaned by AIDS precipitates further social challenges for these children in the community.

The ratio of caregivers to children in residential childcare facilities has been an issue of concern among researchers (Rusakaniko et al. 2006) who found that the ratio of caregiver to child is two times higher than found in a nuclear family. This inevitably compromises the quality of care and support children get. These higher ratios deprive children of attention and support, because in their development they need attention and support (Rusakaniko et al. 2006). It is important to note also that the attachment between the caregivers and children is important in the growth and development of children (Essays UK 2013). When the ratios are high, children end up not developing the important attachment and bonding with their caregivers, hence they become different to children living with biological parents where there is development of that special bonding and attachment. Getting the correct picture of the kind of challenges Zimbabwean children in facilities of residential care face is critical in developing social policies that will be able to improve the situation. It is also critical for programming that aim at shifting belief systems of communities through various awareness campaigns.

Merz (2009) has discovered that orphanage children show higher rates of social problems compared to the parent-reared and early adopted children. This is because many of them have disturbed social interactions through the death of parents, abandonment or separation from primary caregivers, and in most cases, separation from other family members, which affects their ability to develop relationships with other people. Cunningham and Baker (2004) note that this also affects children who might not be orphans, but who came to facilities of residential care as a result of, for example, abandonment by or imprisonment of parents when they were still very young. Challenges that children face in social settings can affect their peace of mind and children end up depressed, which can be expressed as aggressive behaviour (Cluver and Gardner 2007; Cooley-Strickland et al. 2009). In their study, Cluver and Gardner (2006) found that 97 per cent of orphaned children indicated that they did not have a close friend. They also indicated that the misconceptions surrounding HIV and AIDS subjected them to discrimination and they were constantly bullied and shamed. This suggests that the life lived in residential homes and the discrimination children get from the society affect these children's social growth.

It is a common perception that residential care facilities protect children from abuse and neglect. Researchers have, however, found that children in residential care facilities face a higher risk of violence and abuse than children in nuclear families (Rusakaniko et al. 2006). Children face different types of abuse in residential institutions, for example, emotional and physical abuse (Rusakaniko et al. 2006). It is therefore important to understand the different psychosocial challenges faced by children as they are a reflection of many other issues at the facility as well as a great resource for policy formulation and programming work.

At the interpersonal level, family and peer support emerged as key to assisting children to cope with educational development, and preventing future mental challenges (Petersen et al. 2010; Schmitz and Crystal 2000) However, for social support to be

effective it has to be evidence based. This evidence can come in the form of understanding the type and severity of different psychosocial problems children face. The lack of social support to children is mainly a result of the focus by the responsible authorities and caregivers in meeting the necessities of life, such as providing food, shelter and basic commodities like soap and schooling materials. In pursuing these basic necessities of life, the authorities and caregivers often forget to give children emotional and social support, spiritual guidance and close attention. This is as a result of the expensive nature of running residential facilities, which may lead to practical needs being prioritised over children's interpersonal and emotional needs (Salaam 2004).

Institutionalisation is not culturally accepted in many African cultures (Beard 2005). Resultantly, children who are old enough to comprehend their cultural beliefs and practices may be psychologically affected by institutionalisation. They begin to think about their identity and reasons why they are in the residential care facility, which may be too big an emotional situation to handle. Despite the possibility that all factors may be favourable, the knowledge that these children are at a residential care facility, which is discouraged culturally because of the importance given to families, dynasties and ancestral spirits, may stress and disturb them. Thus, this affects most children in residential facilities despite the different reasons that brought them there, as long they are old enough to understand and believe in their culture.

Research has shown that the first years of life have a long-term effect on people (JAMA and Archives Journals 2010). Living in residential care facilities has an impact on children, especially those under the age of five. This is because during the first years of life children's brains are rapidly developing and primary socialisation takes place. If the children face excessive challenges at this stage, it is likely that these challenges will affect them for the rest of their lives (Rusakaniko et al. 2006). Challenges and experiences of childhood affect even the older children and it is necessary to research different reasons that bring children to facilities of residential care and to try to link current statuses and situations.

Methodology

The qualitative research approach was used, with a case study research design. Research design is a comprehensive plan for data collection and procedures in an empirical study (Bhattacherjee 2012). Qualitative research is a system of exploring and understanding how a phenomenon is understood by individuals and societies (Creswell 2009). A qualitative approach was chosen because of its ability to explore psychosocial challenges faced by orphans as perceived by individuals and societies (Creswell 2009). The authors felt that challenges experienced by the youth cannot be quantified but needs an in-depth understanding of the psychosocial challenges.

Population

The research population can be defined as all people or units who have the same variables which are intended for a study (Bhattacherjee 2012). This research had two populations: the children and their caregivers. The population of children was defined as children aged 10 to 18 years who were living at a children's village in Bindura, Mashonaland Central province in Zimbabwe. The population consisted of 108 children. The population of caregivers was defined as all the caregivers at the same children's home and consisted of 23 caregivers.

Participants and Sampling Procedures

Sampling is a statistical process of selecting a section (sample) from the whole group (population) for the purposes of representing the population (Bhattacherjee 2012). In selecting the participants, the researchers used convenience sampling for both interviews and focus group discussions (FDGs). Convenience sampling is a method that targets most available units of the population. The study used convenience sampling because on the day of data collection some caregivers were providing critical caregiving services to children and could not be disturbed while others were reported to have gone to the local shops.

Data Collection Techniques, Methods and Procedure

The study used interview guides and FGD guides to collect data. Yates (2004) defines in-depth interviews as objective conversations between the researcher and the participants for the sole reason of acquiring information from the latter. This data collection method enabled the researchers to get first-hand information on the psychosocial challenges faced by children in residential care facilities (Yates 2004). Interviews were used because probing enabled the respondents to disclose more information in a friendly environment, thus enabling the researchers to get detailed and confidential data vital for the research. Yates (2004) also highlights that interviews enable researchers to capture facial and other non-verbal cues which may validate or cast doubt on verbal responses.

Walliman and Appleton (2009) describe FGDs as groups of people who discuss particular topics in research with the guidance of the researcher. FDGs were used because they stimulate richer responses by seeing the respondents open up. The researchers used focus group guides to maximise the effectiveness of the discussion. This was used for the discussion to remain purposeful and objective driven.

The researchers interviewed five children and conducted three FGDs consisting of 13 children each. The researchers also interviewed three caregivers. The interviews and FGDs were not voice recorded; data were captured by writing interview notes. Interviews were conducted and the notes were written in Shona. After analysis, these were translated into English for purposes of reporting.

Data Analysis

The researchers used thematic content analysis, which is a descriptive presentation of qualitative data (Guest 2012). Qualitative data may take the form of interview transcripts collected from the research participants (Punch 2005). Interview transcripts and field notes were systematically arranged into themes for interpretation and analysis. The data from both interviews and FDGs were grouped according to themes, and from these themes the data were analysed (Punch 2005). The research had two data sets (interview notes and FGD scripts) but they were analysed individually and on the basis of themes.

Ethical Considerations

The research ethics below were observed during the research process.

Privacy and Confidentiality

Privacy and confidentiality are about keeping participants anonymous and not sharing private information throughout the research (Walliman and Appleton 2009). The researchers made it clear that the findings of the research were used for academic purposes only and not for any other reason. The participants were also told that they had the right to refuse to participate if they feel uncomfortable. After the researchers engaged the participants, highlighting they were free to decide to participate or not, the caregivers also helped by emphasising this and adding that no one would be victimised. In ensuring that the researchers indeed keep confidentiality and privacy, the voices of the participants were identified using alphabetical letters, instead of their real names.

Informed Consent

Informed consent is defined by the Canadian Association of Social Workers (2005) as a voluntary agreement by capable participants to participate fully knowing the benefits as well as the risks associated with their participation. The research participants were fully informed about the procedures and duration of the study. The participants were also informed about the purpose of the research. In this light it was emphasised that the research only benefits in contributing to the bodies of knowledge and they as participants are more likely to gain nothing tangible. The participants were informed that if they were uncomfortable to answer certain questions they are not forced to do so and that in the event that they no longer feel comfortable to continue participating they had the right to withdraw. Caregivers signed consent forms on behalf of the children and for their own participation.

Ethics Approval

The researchers were given permission to conduct the study by the Acting Director of the residential care facility. The study got ethical clearance from the University of Limpopo Turfloop Research and Ethics Committee.

Limitations of the Study

Limitations of a study are the factors which have a negative effect on the study and which are out of the researchers' control. In social research, data collection usually happens in natural settings and is therefore difficult to replicate (Wiersma 2000). It was necessary for the study to cover more residential childcare facilities to allow generalisation of the results but because of financial and time constraints the researchers were limited to one residential care facility in Mashonaland Central, which might be different to other residential care facilities.

Trustworthiness of the Study

Credibility

Credibility involves establishing that the results of the research are believable from the perspective of the research participants (Bhattacherjee 2012; Punch 2005). In this research, credibility was achieved by triangulating the interviews with FGDs. In conducting both the interviews and FDGs, the researchers invested in an atmosphere of free participation. One of the strategies that the researchers used was for the participants to sign informed consent forms, clearly indicating that their participation in the study was voluntary and that they were not coerced. This ensured that they were free, and hence they were able to freely discuss real issues that they were facing. Because they were able to freely communicate their real experiences, the resultant research outcomes became credible.

Transferability

Transferability is about how safe it is to apply the study findings in different locations or settings (Bhattacherjee 2012; Punch 2005). While this is cited as one of the key limitations of the study, efforts were made for the study to be as objective as possible as well as making all aspects of the research known by prospective users of the findings. The researchers fully described the context in which the study was carried out. That is, the economic activities being undertaken in the community, social values, the level of education of the caregivers, religious views, cultural practices, and also the different cultural backgrounds of the children who participated.

Dependability

Dependability is about consistency and repeatability of the study findings (Punch 2005). In this research, the study findings were measured by the standard in which the research was conducted, analysed and presented. Each process in the study was reported in detail to enable an external researcher to repeat the inquiry, and to achieve similar results. Sampling was also conducted using the convenience sampling method and conducted objectively to avoid biases which would influence results.

Findings and Discussion

Demographic Information of Participants

Of the children who participated 40 per cent (n = 18) were male and 60 per cent (n = 26) were female. A total of 20 per cent (n = 9) were in primary school, while 80 per cent (n = 35) were in secondary school. These variations influenced their responses as it was evident that the challenges children face were related to age, gender as well as level of education. Of these children seven were orphans, 13 were abandoned, six had parents who were incapacitated to take care of them either by sickness or circumstances such as imprisonment, while the largest number (19) come from extremely poor parents who neglected them.

Challenges Faced by Children and Their Effects

Discrimination

The participants reported that children in residential childcare facilities face discrimination. Children are discriminated against by both the elders in society and the other children they meet at school. This is similar to Cluver and Gardner's (2006) observation that children in residential care facilities face discrimination as a major challenge. According to Child B, children are labelled as

> vana vepaHome or nherera dzepa Home [children from the Home or orphans from the Home]
>
> Pamwe teacher chaiye anotidzidzisa anogona kuti mazivana epaHome akapusa nekuda kwemunhu one anenge afoira test and tinobva tatanga kutsvaga chaicho chakasiyana nesu nevamwe vana chinoita kuti isu tipuse. [At times our own teacher refers to us saying children from the Home are lazy because of one child who would have failed a test and normally we begin to compare ourselves to children living with their parents.]

When children begin to compare themselves with those living with their parents, they begin to ask questions, for example, those that were abandoned by parents, ask why their parents abandoned them. They feel like they do not deserve love, or they are not important and a case of charity; this causes a very low self-esteem in them.

In corroboration Child K said:

> Inini ndakaudzwa kuti moms vakandirasa and ndinotoshaya kuti kana ndichitadza kudiwa namai vangu chaivo saka pamwe handitokodzere kudiwa kwacho nekuti futi handitorina basa handina kukosha ndinonzwa kuderedzwa sitereki. [I was told that after giving birth to me my mother abandoned me and I find it difficult to believe that if my own mother could not love me there is anyone else who can love me, I feel like I don't deserve to be loved and I am worthless and I end up having a very low self-esteem.]

Effects of Discrimination

As a result of the discrimination they get from society, the children end up associating with those in their own situation. Cooperation with children living with their biological parents becomes minimal. One child said:

> Zvinonetsa kuti munhu anenge ambokuseka zvanzi vana vepaHome madofo wozonatsovimba naye nekuita naye even group work zvinenge zvangova zvekumanikidzira but moyo usingafare. [It is difficult to trust someone who laughs when children from the Home are labelled as lazy. It is difficult to work with such people even in group work. It is only that sometimes it will be a must. But personally I won't be really comfortable.]

The lack of cooperation among these children has other effects too, for example, in group activities at school they may fail to focus fully hence they will not understand the concepts they are trying to learn.

Children are labelled as orphans in a provocative way. Owing to the myths and issues surrounding HIV and AIDS, children are laughed at by other children (Cluver and Gardner 2006). When children have a very low self-esteem they look down upon themselves and end up having little or no confidence at all. One child said:

> Dai zvaiita ndaisada hangu kuzivikanwa kuti ndinogara paHome nekuti zvinomakisira plus zvinondidzikisira big time. [If it was possible, I wouldn't want people to know that I stay at a Home because it downgrades me.]

This shows that children are not comfortable with living at the institution, mostly because the society labels them as a distinct group of disadvantaged children. Most of them begin to compare themselves with children living with their parents and blame their own parents for their death or abandoning them. They remain bitter.

Children who have seen communities segregate them and being called names develop anger, especially upon learning the circumstances that led them to be at the residential care facility. Children who were abandoned are the bitterest, according to Mother Y:

> Vazhinji vakatizwa nevabereki kana vachiri vadiki vanenge varight havana basa nezvakawanda, everything is normal for them but pavanozoti kurei vavakunzwisisa zvakaitika muhupenyu hwavo unonyatsoona kuti these children are bitter and angry about life. [Abandoned children seem comfortable with village life when very young but things change when they realise what really happened in their lives, they become bitter and angry in life.

However, some children at the institution indicated that although they were living comfortably, they could not adapt to the life of foster care fully since they recalled circumstances that brought them to the institution. As rightfully pointed out by Richter, Manegold and Pather (2004), and Sengendo and Nambi (1997), children suffer from

disturbed social interactions and it has a bearing on their lives. The issue of living with caregivers whom they knew were not their biological parents made the children uncomfortable.

The study found out that there were challenges that affected mainly children of a specific gender. The caregivers indicated that female children, especially those that had been sexually abused before, are sexually active and they influence other young girls into indulging in sexual activities. Mother Y said:

> Vamwe vana vedu vavakuziva varume nekuti vakambobhinyiwa saka ndivo vanopedzisira vokwezvera vamwe kune zvepabonde. [Some of our children are sexually active because they have been abused before and they end up influencing other children to indulge in sexual activities as well.]

Most male children displayed violent behaviours, while some engaged in drug abuse. Peer pressure also came as a major challenge that older children (above 13 years) face; they engaged in sexual activities and drug abuse and form sub-cultures.

Failure to Adapt to Institutional Life

Three quarters (36) of the children indicated that they are not able to adapt fully to the institutional life. They indicated that they always think of the circumstances that brought them to the Home. Child T said:

> Dzimwe nguva ndinongofunga hangu kuti ko sei mai vangu vakandirasa and ndinobva ndatova stressed zvekuti chero life yangu yacho ndiripano inobva yava meaningless. [Sometimes I think about the real reasons why my mother abandoned me and I become stressed to an extent that even my life here becomes meaningless.]

Though reasons may vary from institution to institution, it is clear that children do not like living in residential care facilities.

Mother X said:

> Vana vedu vazhinji vanekakutsamwa about what happened to them and kugara pachildren's home vavanechi cherozvazvaita muhupenyu. [Most of our children are bitter about what happened in their lives and also staying at a children's home and they up displaying a negative attitude towards life itself.]

This is very similar to what Cluver and Gardner (2007) noted: challenges that children face in social settings can affect their peace of mind and they end up depressed, and the depression can be expressed as aggressive behaviour. They also begin to question the generosity of even their caregivers for taking care of them and some end up concluding that it is because of their employment and not that they care. As a result of these complex experiences children become afraid to trust people hence they end up associating and cooperating with those in the same situation as them. When they cooperate and because

they are facing the same challenges, they develop a culture of their own which again is observed by the community and the discrimination continues and it becomes a vicious cycle.

The Minimum Standards of Residential Care in Zimbabwe (Zimbabwe Ministry of Labour and Social services 2011) stipulate that residential care facilities should set up family-like households for children to grow in a family environment. The residential care facility has managed to implement such a facility at the institution. “The 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” (Eggertson et al. 2009, E265). Children live with mothers who are caregivers. This is helpful in that children have a sense of belonging and that they have an opportunity of growing up in a family environment. It is, however, important to point out that the children indicated that they did not have an attachment with caregivers, an aspect present in nuclear families. Three quarters of the children indicated that they did not feel they belong to a family; some jokingly called themselves “lone rangers”; a serious identity crisis that affects them both socially and psychologically.

Effects of Failure to Adapt to Institutional Life

The average ratio of caregiver to child was found to be 1 to 10. Jeong and An (2017) found that caregivers themselves were depressed because they received inadequate social support. According to Mother X,

> Most of these children are bitter, they are angry about life and sometimes they do not know where to express their anger so the bigger the number of children under my care the more difficult it is.

It is clear from this statement that the caregivers are not comfortable with the ratios they work with. The average ratio in nuclear families in Zimbabwe is three children per family which makes the ratio of children from residential facilities more than three times higher than nuclear families, in contrast to two times higher as found by Rusakaniko et al. (2006). It is important also to note that in nuclear families the presence of the father reduces the roles and responsibilities of the mother, while in residential homes, the burden falls on the mother.

Peer Pressure

Children at residential care facilities face the challenge of peer pressure. Mother X said:

> Vana ava vanonyengerana kuita zvinhu zvisina musoro, munongozivawo zvinoita vana kana vachinge vaungana vari vezera rimwe chete. [The children influence each other to do meaningless things, you know how it is when children of the same age are together.]

Children at the facility also indicated that they are affected by living as children who face the same situations, and the resultant challenge is peer pressure. One child indicated that

> Pano tinezvatinotarisira kuti tiite isu sevana and kazhinji kacho vanorega kuita tinenge takatovamaka nekuti vanenge vachida kutsvaga dzvene kunanamother. [Here we have behavioural expectations for us children amongst ourselves and those who do not act accordingly are targeted by other children because they will be seeking favours from caregivers.]

Effects of Peer Pressure

Mother Y said:

> Vana ava vanonyengerana kuita zvisina musoro zvekuti vanopedzisira vasisaterere chero zvatinovaudza pano, havachatipi respect inofanira kupiwa vanhu vakuru. [Children influence each other to do foolish things and they end up not listening to us not even giving us the respect we deserve as elders.]

Peer pressure makes children develop a sub-culture, which in turn makes the effects severe. When children comfort one another and talk about the problems they face, they end up thinking that the advice given to them by their caregivers is not valid. They then develop a rebellious spirit and attitude. Drug abuse is also common to boys, especially to those who have formed and belong to some cliques. Mother Y also indicated that children just want to oppose what they are told, perhaps because when they are in a group, they want to be experimental.

> Zvacho zvatinovarambidza ndozvacho zvavanoda, ipo pano vanotonwa doro kana vasikana vedu vanotorara nevarume kunze uko. [The things that we forbid them from doing are the things they do, they drink beer and our girls also have sexual relations with men out there.]

Conclusions

Children from this residential care facility were found to be influenced by peer pressure. The study found out that because most of them have the same circumstances, they take themselves as a distinct group of people and in some cases refuse the advice they receive from their caregivers. By refusing what society in general expects children to do, they form their own sub-culture which in many cases is not positive for their social and psychological development.

Some of the children in this study came to the residential care facility mostly as a result of being abandoned by parents, orphaned, and abused. This means that the well-being of these children has been disturbed and they need rehabilitative facilities for them to gain back their full social and psychological capacities. This is because some children fail to adapt to the new living in residential care facilities as they have not accepted what

happened to them and most exhibit that they are still carrying what happened to them through aggressive behaviour.

The study also noted that discrimination by society is one of the psychosocial challenges children in facilities of residential care face. Mostly people in the community labelled children from the residential care facility, making them to be seen as a distinct group of not-so-important people. The children also look down upon themselves as a result of what they experience in society. The effects of this challenge are mainly associated with how children feel about themselves when they compare their lives with those of their peers living with their parents and families. Children develop a low self-esteem, they feel different from other children whom they consider better and as a result they end up having little or no confidence at all.

Although the above conclusions are the ones mentioned by almost everyone, there are also other challenges and these also have an impact on the social and psychological development of some children. The research has observed that the caregivers have no capacity to treat each child as an individual. This has an effect on other facets of the children's lives, because once the children believe the caregivers are not taking them seriously, they develop a negative attitude to them and end up rejecting their efforts in providing for their needs.

Recommendations

Based on the findings of this study the researchers make five recommendations as discussed below.

Engagement of Specialists in Rehabilitating Children

As a result of the circumstances that the children faced in their past, it is necessary for them to get rehabilitation services (for example counselling) from different experts concerning their individual situations. This will be done for the children to accept what they have experienced and to develop a positive attitude to life. This will ensure that socially and psychologically the children are not affected by their past experiences. Counselling may also be done to educate children of the dangers of drug abuse, sexuality and sexually transmitted infections (STIs).

Provision of Educational Material on Sexuality and Drug Abuse

Educational materials on issues that affect children should be provided continuously. Issues that should be dealt with include HIV, STIs, drug abuse and stress management. This will keep the children informed of the consequences of the decisions they make and may reduce different behaviours that come as a result of peer pressure and stress.

Training of Caregivers

There should also be continual training of caregivers to reduce burnout and to keep them informed of the new trends and regulations of childcare. This is because with the advent of the Internet and dynamic economy, children face different and new challenges every day. Training for caregivers should include aspects like importance of attachment between caregivers and children, managing challenging behaviours, and the development stages of childhood and how these influence children's behaviour.

Awareness Campaigns

It is important to note that discrimination comes from society itself. It is therefore important to carry out awareness campaigns in societies, educating them that children from the facilities of residential care are not different from other children and that what happened to them can happen to every other child in society. The campaigns should help communities to be supportive of children in care, instead of being discriminative. Focus can be given to challenging belief systems that trigger discrimination and stigma around HIV and AIDS. The importance of community support for children in facilities of residential care facilities can also be emphasised in awareness campaigns. One such strategy would be utilising the harmonised social cash transfer, a programme under the National Action Plan for Orphans and Vulnerable Children (Zimbabwe Ministry of Labour and Social Services 2011), as an entry point to challenge traditional beliefs both about HIV and that children in residential care facilities are not necessarily orphans.

Societal Interaction

As part of awareness campaigns to decrease discrimination and to discourage the formation of sub-cultures among the children, opportunities should be created for children to spend much time in the community. Children may be organised for holidays and visits to the community, especially their relatives and families. This makes the children trust the community in general, and their sense of belonging to a certain group (their families) is preserved.

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