

THE INTERNATIONAL JOURNAL OF HUMANITIES & SOCIAL STUDIES

An Analysis on the Effectiveness of Psychosocial Support Programmes on Orphans and Vulnerable Children in Matobo District

Raymond A. Chipfakacha

Student, Faculty of Humanities and Social Sciences, Lupane State University, Zimbabwe

Mathew Svodziwa

Student, Faculty of Humanities and Social Sciences, Lupane State University, Zimbabwe

Abstract:

This study focused on assessing the impact of psychosocial support on children in difficult circumstances particularly orphaned children. The researcher purposively sampled eighty participants that included seventy orphans and ten psychosocial support care givers. The researcher administered a questionnaire to orphans, held interviews with the psychosocial support care givers and also carried out observations on the orphans. The data gathered was presented in the form of pie charts, tables and graphs. The SPSS package version 16.0 was used to analyze data. Findings revealed that seventy eight percent of the orphans showed signs of coping resilience which is reflective of psychosocial wellbeing which is the ultimate goal of all psychosocial support interventions. Twenty two percent of the orphans exhibited signs of psychosocial distress which suggested that psychosocial support programmes did not work for all the children. The study concluded that the psychosocial support programme had a positive impact on orphans, the children were helped to cope with difficult life situations. Among the recommendations made were that organizations providing Psychosocial support should engage government departments like school psychological services and the social welfare for professional assistance with regard to matters related to the psychological problems affecting orphans.

Keywords: Psychosocial support, orphans

1. Introduction

The problem of orphans is no doubt a topical issue today. Parents are dying every day and leaving children behind. These children are left alone to face the big challenge of meeting their economic, physical, psychological and social needs. FOX (2001) posits that at least 5 million children under the age of 18 are orphans because of HIV and AIDS. A vast majority more than 12 million are found in Sub Saharan Africa with Zimbabwe having over 1.3 million orphans. According to Nyoni (2010) the National AIDS council annual report states that 50000 households are headed by children below the age of 18 with most of the orphans being taken care of by the extended family system especially grandparents whose livelihoods' are also precarious. The erosion of livelihoods and negative coping measures resulting from increasing poverty makes orphans particularly more vulnerable. Orphaned children are less likely to access health care, attend school, access basic materials and satisfy their social and emotional needs. It is because of this that orphans are more likely to have psychological problems exhibited through various antisocial behaviours.

In a bid to fight this problem the Government of Zimbabwe in 2004 approved of the national plan of action for orphans and other vulnerable children (NPA for OVC) aimed at catering for the economic needs of orphans and vulnerable children (Nyoni 2010). While there is no doubt that orphans have to be provided with basic services like food, shelter, education and healthcare, they also need care and support to cope with the emotional difficult life situations. In the past non-governmental organizations, have mainly catered for the economic needs of orphans neglecting their psychosocial needs. Jackson (2002) posits that in situations of extreme poverty the psychological distress of children may appear to be of secondary importance to meeting basic needs but it should not be ignored or considered unimportant. Meintjes et al. (2009) also add that when children go through difficult situations that include poverty, violence, displacement and illness, care needs to be taken for children's physical needs, but care also needs to be taken for children's social and emotional needs. Children have a need to feel that someone is protecting them, caring for them and thinks that they are important. There is a need to know that they are liked and loved hence the importance of the provision of psychosocial support.

According to Huni (2006) the goal of psychosocial support programmes is to make sure that in every child's life (at home, in the classroom, on the playground, in the street, on the way to school etc.) the child feels socially and emotionally supported. Orphans face a wide range of stressful events and circumstances, including poverty, the loss of caregivers and loved ones, having to drop out of school, the burden of adult like responsibilities and social isolation. It is because of these difficult life situations that orphans go

through, that a need arises to address their psychosocial needs though showing them love, respect and building them up from the inside. Psychosocial support programmes focus on helping orphans cope in traumatic experiences as well as developing resilience in orphans to deal with their challenges, Lyttle (1986) is of the view that the ability to meet one's own need may be impaired by lack of psychosocial support, it is in this regard that there is need to provide Psychosocial support for orphans.

2. Literature Review

2.1. Conceptualizing Psychosocial Support and its Rationale

2.1.1. Erick Erickson Psychosocial Theory

According to Kleinbaum and Klein (2002) the term psychosocial refers to the individual's psychological development and interaction with the social environment. The individual is not necessarily fully aware of the relationship with his environment. The term psychosocial was firstly used by psychologist Erik Erikson in his stages of social development. Ruch (1996) notes that Erikson emphasized on the interaction between the individual and the society. Erikson identified 8 stages of social development and at each stage Erikson emphasized that the person's needs interact with those of society in some way. The central features of each stage are defined by what Erikson sees as the major conflict that must be resolved during that stage (Elkind 1970).

Emphasis in this study was on two stages of social development which include the stage of industry vs. autonomy and the adolescent stage. Lyttle (1996) posits that caution should be taken in the industry vs. autonomy stage since the child has to learn to feel competent especially when competing with peers, failure to this the child will develop an inferiority complex and this will result in the child's withdrawal from society. It is in this respect that that psychosocial support programmes are designed to help orphans become autonomous by creating self confidence in them and increasing their self-esteem. Failure to negotiate this stage successfully may produce feelings of inferiority and rebelliousness, the rebellious child may act defiantly against others (Lyttle 1996).

The adolescent stage characterized by identity vs. role confusion is yet another critical stage in the social development of orphans. A sense of role identity must develop especially in terms of selecting a vocation and future career (Ruch 1996). The critical task confronting the child is that of developing a sense of identity. This is the transitional stage between childhood and adulthood and is characterized by physical, psychological and social turmoil. Unsuccessful mastery of this stage results in a fragmented sense of self in the person who uncomfortably shifts between an adult and a child orientation (Lyttle 1996). Erikson's model thus emphasizes the wide sphere of social relationships which confront the developing individual, thus psycho-social support programmes seek to help orphans to be able to gain a sense of identity through various educational programmes and life skills programmes provided by psychosocial support caregivers that enable orphans to have a sense of identity about their lives.

2.1.2. Maslow's Theory of Motivation

According to Ruch (1996) Maslow was of the view that society should help ensure that everyone can satisfy their basic needs, but should then allow individuals to develop further with as little interference as possible. Maslow agreed that people can be as Sigmund Freud described them that they can commit unspeakable awful acts of violence which can be compared to the antisocial behaviours that some orphans engage in. But Maslow felt that the good acts of humans reflect the true nature of the human species. Maslow posited that the bad acts are inevitable; they result when people are thwarted in their basic needs as in the case of failure to get food and love by orphans and hence are unable to function in accordance with higher motives. People might behave selfishly or violently because they never progressed beyond the lowest level of the hierarchy or because an extreme need caused them to revert to that level. But if given a chance they self-actualize thus psychosocial support should be provided to cater for the unmet needs.

3. Methodology

The study employed three data collection tools for triangulation purposes. A questionnaire was drawn up for the orphans. Questionnaires gave the respondents some sense of privacy and confidentiality. The questionnaire consisted of a semantic differential attitude scale and a likert scale. The semantic scale elicited the attitudes of the orphans towards psychosocial support programmes. Open ended questions were included to allow the respondents to fully express themselves. Close ended questions were also included so as to provide a quantifiable way of gathering information. The interview method was used to acquire in depth information from the psychosocial support caregivers. The interviews enabled the researcher to seek clarification on obscured areas, thus enhancing accuracy of gathered data. In order to gain deep understanding of responses, the researcher observed non-verbal clues such as tone and facial expression. The interview provided quick responses to the researcher. The researcher observed the orphans as they interacted with their peers and psychosocial support caregivers. The observations were important as they enabled the researcher to make a clear distinction between the orphans who exhibited a low level of self-efficiency, those who portrayed antisocial behaviours and those who seemed to be more confident

4. Discussion of Findings

Fig 1 shows the distribution of the sample of orphans by age group

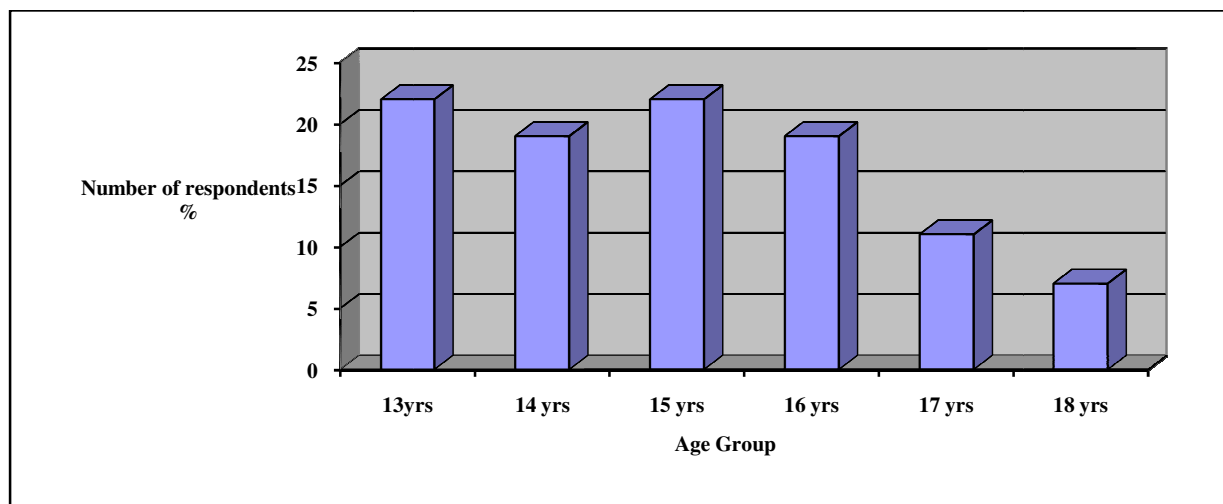


Figure 1

Figure 1 reveals that both the age groups of 13 years and 15 years were constituted of 22% of the respondents. The age groups of 14 years and 16 years also had an equal share of 19% of the respondents. The 18 years age group had the least respondents having only 7% this may be due to the fact that when children reach the age of 18 most of them would have dropped out of psychosocial support interventions since the programmes usually provide psychosocial support to the orphans up to the age of 18.

4.1. Coping Mechanisms Employed by Orphans to Deal with Psychological Distress

Eleven percent (11%) of the respondents reported that they take alcohol drugs. One respondent stated that he took alcohol only when he felt stressed. The respondent wrote

“I take alcohol when I want to off load pressure on me.”

The respondent added that he takes alcohol once a week or even a month depending on the situation in which he is in. Seven percent (7%) of the respondents reported that they took alcohol because of pressure from peers. They also admitted that they took alcohol because it made them forget their problems. When asked where they get the money to buy alcohol the respondents failed to give an answer. This may mean that the respondents probably steal money to buy alcohol which is suggestive of behavioural problems that need the attention of psychosocial support care givers.

The majority of the respondents about 74% felt that psychosocial support programmes have helped them pay their school fees, given them food and a feeling of love and belonging which is basically the goal of all psychosocial support interventions. The results show the instrumental role that is played by psychosocial support in helping orphans cope with difficult life situations.

4.2. Challenges Faced by Orphaned Children

Forty four percent (44%) of the respondents reported that they were victims to the stigma of being an orphan. One of the respondents wrote “being an orphan is difficult because people just avoid you.” The respondent however did not explain why people avoid them. Nineteen percent (19%) of the respondents cited accommodation problems as a challenging factor in their life. Seventy four percent (74%) of the respondents mentioned that their school fees was usually paid late and thus were usually sent away from school. This seemed to be a major challenge to the orphans since 74% of the respondents mentioned it. The study revealed that the majority of the respondents feel that psychosocial support interventions have helped them cope with their challenges through various ways with 100% of the orphans mentioning the concept of love.

4.3. Measures to Improve Psychosocial Support Programs

The interview with psychosocial support care givers revealed that there is need for a strong network system. One respondent argued that organisations involved in the provision of psychosocial support meet a portion of psychosocial support, thus a need for concerted effort. Three respondents concurred that there is need for advocacy, which is community sensitization of psychosocial support, arguing that if the community knows about the plights of children then the environment becomes favourable for the children. Two of the respondents also spoke about the need for favourably policies that will see psychosocial support being provided by schools.

4.4. Importance of Psychosocial Support

The results from the study showed that psychosocial support is important as the modal respondents in the sample reported confidence, capacity to help themselves and hopefulness for the future after receiving psychosocial support. This is in line with Boyden and Mann (2000) who argue that psychosocial support is important since through it children learn to cope with the loss of their parents, they regain their self-confidence and the courage that enables them to cope on their own. Seventy eight percent (78%) of the orphans reported that they were able to open up to others. Duncan and Arnston (2003) termed these manifestations of flexibility learning and being able to open up as signs of resilience and coping which is the goal of all psychosocial support interventions. Psychosocial support care givers reported that the experience of orphan hood was associated with greater exposure to stress and trauma, less social

support and lower levels of psychosocial wellbeing. Compared to their peers orphaned youth had poorer access to supportive adults in whom they can confide and it is because of this that psychosocial support programmes are important as they expose orphans to supportive adults who help them cope with difficult life situations.

However a very vulnerable group unable to cope with difficulty, lacking self-confidence and pessimistic about the future also emerged. This was an indication of psychosocial distress and hence the children would isolate themselves despite receiving psychosocial support. Four (4%) of the orphans reported feelings of sadness, being overwhelmed and hopelessness. These outcomes are suggestive of depression and anxiety. Eleven (11%) of the orphans felt that they could open up to others and thus resorted to alcohol as a coping means. Respondents were of the view that they could not open up to their friends because of the stigma attached with being an orphan. Some felt that their friends would tease them about their problems and hence lacked trust for others. Thus the need for psychosocial care givers to educate youths in schools about orphan hood so as to eliminate the stigma attached to being an orphan.

Psychosocial support caregivers felt grief counselling and its perceived emotional benefits to orphans and other vulnerable children is central to the psychosocial support model, but needs to be revisited. An approach that takes a longer perspective to grieving process and supports children appropriately at the various stages of that process may move beneficial. According to Hayes (1996) psychologist Kubler-ross argued that the grieving process takes five stages namely denial, anger, bargaining, depression and acceptance. The rate at which an individual moves from one stage of grieving to another differs and thus some individuals may take time to reach the stage of acceptance and hence isolate themselves because they are depressed or even resort to alcohol and drug abuse. Thus the need for an approach that takes a longer term in the grieving process, helping children reach the stage of acceptance than just a ten day camp associated with most psychosocial support interventions which may not be enough. Respondents ranging from 47% to 57% rated psychosocial support programmes positively. Four percent (4%) to 11% rated the programme negatively. It may not be realistic to expect the type of psychosocial support interventions administered to vastly reduce psychosocial distress, alcohol abuse and social isolation in the presence of multiple and pervasive causes of trauma and stress in the environment. Returning to the real world maybe a let-down and very upsetting after receiving psychosocial support. Children's awareness of their rights may not be welcomed by adults in their real world and the children may be frustrated by their inability to effect change in their situations and this may inadvertently contribute to psychosocial distress among the children. Family therapist's argue that it is pointless to give therapy to a single individual leaving out the other family members and the community at large which may be the contributor to the pathology and hence the need to facilitate support and educational programmes to the families in which orphans come from together with the community surrounding them so as to avoid cases of relapse. Therefore, broader programmes and policy responses are needed.

Observations revealed that some psychosocial support caregivers get too emotionally involved when counselling orphans. This may be due to the fact that some of the psychosocial support caregivers are orphans themselves who would have gone through a similar situation like that of the orphans and would have failed to solve the conflicts in their childhood experiences. Psychosocial support caregivers tend to bring out their own emotions without adequately helping the orphans to deal with their problems. This concurs with Sigmund's Freud concept of counter transference in free association whereby the psychosocial support care giver pours out their emotions onto the child and thus fails to adequately help the orphan. Thus a child who receives psychosocial support with a low level of self-efficacy will remain with a low level of self-efficacy because of failure by the psychosocial care giver to help the child. Hence regardless of the explanation for higher psychosocial distress among orphans there is need for thorough training and ongoing support and counselling supervision to help psychosocial support care givers to handle their own emotions as well as to be fully able to take on the emotional burden of caring for others.

An emerging vulnerable group of 4% reported that they resort to taking alcohol as they find comfort and forget their problems. This may be a sign of failure to establish an intimate relationship with psychosocial support care givers. A careful follow up in the community could help sustain positive effects from the psychosocial support interventions together with home visits that would continue to encourage the children and foster ongoing psychosocial support.

5. Conclusions

The study made the following conclusions in view of the findings

- Psychosocial support is important as it equips orphans with mechanisms to cope with difficult emotional life situations.
- Psychosocial support programmes are a source of self-confidence for orphans.
- Orphans engage in anti-social behaviours like alcohol and drug abuse because it is through abusing alcohol and drugs that they find comfort since they fear opening up to others.
- Some psychosocial support caregivers fail to help orphans because of the concept of counter transference.

6. Recommendations

Based on the findings of this study on the flaws that currently affect the psychosocial support interventions the following recommendations are hereby proposed by the writer to improve psychosocial.

- Psychosocial support care givers should be trained to be able to handle their emotions and that of the orphans so as to avoid counter transference.
- Communities should increase the number of psychosocial support care givers so that all the children are able to receive adequate attention.
- There is a need to educate communities on the problems affecting the orphans and the concept of psychosocial support.

- Communities can engage school psychological services a department in the ministry of education for professional assistance with regard to matters related to psychological problems affecting the orphans.
- Establishment of policies that will enable psychosocial support to be offered at schools so that the process becomes an ongoing one.
- The government departments such as the Ministry of Health and Social Welfare together with other relevant organizations like Child line must also be consulted to improve insight into the subject.
- Orphans should give continuous feedback in the course of receiving psychosocial support.
- Establish a strong network system that caters for the needs for the orphans.

7. References

- i. Boyden, J.O and Mann G (2000) Children Risk Resilience and Coping in Extreme Situations, Oxford, London.
- ii. Duncan, J and Arnston, L (2003), Children in crisis: Good practices in evaluating psychosocial programming. International psychosocial evaluation committee and save the children, New York.
- iii. Elkind, L (1970) Psychology. 3 ed. McGraw hill. St Louis.
- iv. Elliot, J e tal, (1996), Educational psychology. Addison Wesley .Newjersy
- v. Fox, S (2001), psychosocial support for children affected by HIV and AIDS. A case of Zimbabwe and the United Republic of Tanzania. Uniaids. Geneva.
- vi. Hayes, N (1996) Foundations of psychology. An introductory text, London, Nelson.
- vii. Huni.N.(2006)Psychosocial Support. <http://www.reppsi.org/publications/documents/children:epdf>
- viii. Jackson, H (2002) Aids Africa a continent in crisis. Safaids. Harare.
- ix. Lyttle C (1996) Mental health . Mcgrawhill . Newyork.
- x. Meinjtes C et al (2009) Studying families and communities of children affected by hiv and AIDS. Usaid. Cape town .
- xi. Ruch, JC. (1996) Psychology. The Personal Science. Wardworth. California
- xii. Sengendo, J and Nambi, C. (1997) The Physical Effects of Orphanhood. A Study of Orphans in Rakai District. Health Transition Review, Supplement to Volume 7, 105-124