International Journal of Psychology and Counselling Vol. 2(6), pp. 100-106, December 2010
Available online at http://www.academicjournals.org/IJPC
ISSN 2141-2499 ©2010 Academic Journals

Full Length Research Paper

Types of services for children infected and affected by HIV and AIDS: Results and implications of a Zimbabwean study

Magen Mhaka-Mutepfa

Zimbabwe Psychological Association, University of Zimbabwe, Student Affairs. P. O. Box 167, Mount Pleasant Harare, Zimbabwe. E-mail:mmutepfa@yahoo.com.

Accepted 14 October, 2010

This study aimed to explore types of support children infected and affected by HIV and AIDS receive from public and civic organizations. The extent to which the types of support (that is, emotional, mental, spiritual, social welfare and educational support) were received was studied. Purposive sampling was used to select 105 students (mean age = 13.2; S.D = 2.9) in a city district. Data on types of support received by children affected by HIV were gathered from Heads of schools and the orphaned children using self administered questionnaires. Participants provided quantitative and qualitative data on the types of support they were rendered. The results showed that some of the affected children received educational support. Medical, social welfare, nutritional and psycho-social support were also received on a minute scale.

Key words: Psycho-social support, infected, affected orphans, civic organizations, public welfare.

INTRODUCTION

Orphan prevalence in Zimbabwe is among the highest in the world at 24%, largely because of HIV and AIDS (Vinod and Assche, 2008). Without psycho-social support, children, especially girl orphans are particularly vulnerable to school dropout and early sexual debut (Jukes et al., 2008; Thurman et al., 2006). They are also at risk of HIV, other sexually transmitted infections (STIs), early marriage and unwanted pregnancy (Birdthistle et al., 2008). Yet there has been little research on types of psychosocial support services (PSS) for children infected and affected by HIV.

Fewer programs have been able to adequately address the health care, social welfare and psychological support of children affected and infected by AIDS (Nyawasha, 2009). Care and support for affected orphans has primarily focused on addressing their material and educational needs at the expense of their medical, emotional and mental needs (Lee, 2000; Chiponda, Zimbabwe Open University unpublished Thesis; Poulter, 1997). Cluver and Gardner (2006) believed that few organizations provided psychosocial support for AIDS orphans and only a small minority of children received support. Schools continue to be vital places where children affected by AIDS and all children can find protection and support, and schools often serve as entry points for children who need to receive health services and meals (UNICEF, 2006).

UNICEF (2007b) defined children affected by HIV/AIDS in South Asia as children who are infected, whose parents are HIV-positive, or who have been orphaned by AIDS whereas some countries, such as Bangladesh and Nepal, also include children at risk of infection. UNICEF, UNAIDS and DFID (2005) includes children living in households with HIV-positive adults and children living outside of family care. For the purposes of this study 'affected children' take on both the UNICEF definitions. Thus infected children are also affected children.

Support needs in children

At a tender age, children need guidance and basics such as food, shelter and clothing. Failure to access these commodities result in a vicious circle as more children, those who are affected, become infected due to poverty and seek redress in the most deplorable ways, for

example prostitution or sex for food (Nyawasha, 2009) or leaving on the streets. The minors living under these different situations are at increased risk of losing opportunities for school, health care, growth, development, nutrition and shelter (Gilborn et al., 2006; Cluver and Gardner, 2006).

A randomized controlled trial in rural Zimbabwe to test whether psycho-social support helps in keeping orphan girls in school revealed that the intervention group girls (n = 184) were less likely to drop out of school (5%) and that they would have higher educational aspirations, more positive expectations about the future, more equitable gender attitudes, more protective attitudes about sex, lower self-reported sexual behavior and delayed sexual debut because of consequences (Holfors et al., in review). Marriage was also found to be lower among the experimental group (3%) than the control (9%). This study revealed the importance and benefits of psycho-social support especially to girl orphans for more children in the control group dropped out of school (24%). In another study, Gilborn et al. (2006) revealed that greater social support, on the other hand, was negatively associated with psychosocial distress symptoms and positively associated with some aspects of psychosocial well-being.

Forms of psycho-social support

Although the forms of psycho-social support have been grouped into different categories, in practice there are large overlaps among the different forms (that is, emotional, psychological, economic, material, social and medical care).

Emotional support

The children need love, security and a sense of well-being and belongingness. This is made worse by stigma and discrimination and dispersal of children after death of a parent (Nyawasha, 2009).

Mental support

Mental support mainly refers to children's areas of mental growth. For instance schemes of how one perceives the world. Formal and informal educations are essential elements within the mental framework. This concern needs to be addressed to increase quality of education.

Children's social requirements are a prerequisite and they involve children in a community without them feeling stigmatized or different. They develop a sense of belonging, form friendships and community ties, acceptance, identity and acknowledgment from peers.

However, these requirements are only available to a few hence they lack efficacy. A civic organization (Mashambanzou) provides palliative care to orphans but can only house a few children at a time.

Spiritual support

Spiritual needs enable children to develop a hope for their future. They also need to develop trust and security in their survival. If the children's spiritual needs are met, it helps in strengthening the orphans' emotional and mental needs (Nyawasha, 2009; Gilborn et al., 2006). Religious and traditional practices for dealing with grief and mourning are essential because they permit expressions and release of intense emotions. Religious groups also provide support more readily than non-religious groups (Holfors et al., in review; Gilborn et al., 2006).

Psycho-social well being

Wilson and Braathen (2001) listed problems encountered by orphans as largely discrimination, stigma and other psychological impacts. A study by Cluver and Gardner (2006) revealed that orphans were more likely to view themselves as having no good friends ($p = 0.002$), to have marked concentration difficulties ($p = 0.03$) and to report frequent somatic symptoms ($p = 0.05$). They also reported that orphans were more likely to have constant nightmares. Nampanya-Serpell (1997) revealed that orphans experienced emotional disturbance related to separation from siblings and increased family size. Save the Children UK reported that most children received poor treatment in the form of beatings and inadequate meals. All this affects a child's well being.

Goals of the study

This study aimed to explore types of support for children infected and affected by HIV and AIDS in Zimbabwe. This is important because stakeholders will have correct information on the adequacy of the types of services provided to infected and affected children. This will enable them to review the scope, focus, process and impact of these interventions. Thus they will devise ways to reach all the affected children and provide the services efficaciously using a multi-disciplinary approach and avoid duplication of services. The following questions were addressed:

1) What types of support are provided to children affected by HIV?
2) Do orphans receive educational support from public and private organizations?
3) Is medical and subsistence support received by orphans from stakeholders significantly adequate?
4) Do orphaned children receive emotional and mental

support from different organizations?
5) What type of life do affected children experience at home and at school?

METHOD

Participants and setting

A school survey of 105 students (primary = 50; secondary = 55) in a city district was carried out. Data on types of support received by orphans was gathered from 49 males and 56 females (mean age = 13.2; S.D = 2.9). Self administered questionnaires were used to collect data from 6 schools. The Heads of schools from which the children were selected also participated. Three project coordinators from three civic organizations were also interviewed. The project coordinators and Heads' responses were used to complement the children's responses.

Procedure

Data were collected during school hours. Permission for the children to take part in the study was granted by the Headmasters. School registers on orphans were used to select the samples. The selected children were asked to fill in the questionnaires in the classrooms. The instructions were read to the children in their groups. In all cases, children's responses were filled in and collected immediately. A few teachers were asked to assist younger children by translating some questions they did not understand into their mother tongue on an individual basis. The children were free to ask any questions and needed approximately 30 min to complete the questionnaires. Neither the Heads nor the children refused to participate. The participants were notified of their right to withdraw from the study at any time without penalties. The three coordinators were interviewed on the types of support they rendered and the number of orphans they assisted in the district.

Measures

Two questionnaires were administered: the PSS- Children and the PSS-School Heads. Each of these taped the various types of psycho-social support received by the orphans. Structured and unstructured questions were used in all interviews. Each of the questionnaires is described next.

PSS-children

The PSS-children is a 40-item instrument. It elicited direct answers from orphans on who they lived with, whether they lived with their siblings or as children only. Also questions on who paid their fees, rent, who bought them uniforms, clothes and so on were included. Questions on their well being and welfare both at home and at school were also in the questionnaire.

PSS- school heads

The PSS-School Heads were given to the Heads to give them enough time to collect the statistics required. They were asked to give the number of orphans in their schools, how many had their fees paid by the public sector and civic organizations. What type of support the children received and the providers of this support. The questions also elicited responses on Heads' opinions on whether orphans' needs were being looked into and whether the children's performance was any different from non-orphans. They were also asked to give recommendations on the plight of orphans.

Demographics

Demographic information for the respondents was collected. This included data on respondent's sex, age, grade/form, number in family, position, guardian and others.

Data analysis

Data was analyzed by tabulating the types of support received. The participant responses were analyzed using both quantitative (SPSS version 13) and qualitative analysis. Descriptive statistics were used. Raw data from the questionnaires were tabulated. Results for PSS-Children and PSS-School Heads were stated. The results for interviews with project coordinators of the civic organizations were also presented.

RESULTS

Most of the children were living with their grandparents (39%), followed by those living with mothers (15%), uncles/aunts (14%) and brothers (14%). Those living with fathers, sisters and stepparent were negligible (less than 3%). Most of the orphaned children were first born (25%), second born (23%) and third (23%). Numbers of children in families were mostly four, three and two but the range was from 1 to 10. Results were presented by question. The analyzed data formed the basis for evaluating the aims of the research study.

Types of support received by affected children

The results showed that orphans received education support in the form of fees (29%) and had their fees paid by church organizations, civic organizations and public welfare. The rest of the orphans had their fees paid by a working brother, a relative, or guardian. The results showed that not all children were receiving support in the form of fees. As evidenced by this excerpt:

> "I attend very few lessons in a term because most of the times we are sent home for none payment of fees. I wish I could also get a donor to pay my fees since I am in my last year of school (form 4). I want a better future for myself and I promise I will pass".

Some of those who were receiving support in the form of fees had this to say:

> "A civic organization sometimes pays school fees but sometimes it does not. It paid last year but did not pay this year so at times I am turned away from school. If you can, may you please do something for me in terms of school fees and food".

Another excerpt from a Form 4 boy:

Table 1. No of orphans affected in the 6 schools and those on public welfare (from Heads responses).

Name of school	No. of affected in the 6 schools		% on public welfare	
	Male	Female	Male (%)	Female (%)
School 1	185	138	(49)90	(38)52
School 2	348	415	(16)56	(29)122
School 3	69	46	(45)31	(100) 46
School 4	196	185	(82)160	(97) 180
School 5	152	172	(72)110	(87) 150
School 6	66	96	(89)59	(86)83
Total	1016	1052	(49.8)416	(60.2)633

> "I want to thank God for sending the church people who are paying for my fees so that I can learn as any other children with parents".

Five percent had no uniforms and seven percent got assistance from donors. The rest had their uniforms bought by guardians.

The questionnaires for Heads (PSS-School Heads) showed that the 6 schools visited comprised 2,068 (Table 1) orphans and 1,109 of them had their fees paid by public welfare and civic organizations, leaving the rest struggling to raise fees. Public welfare does not pay for all the children registered. As one 16-year old boy who is in Form 2 stated:

> "I registered for public welfare but it has not yet paid my fees".

Two of the coordinators of the civic organizations that were interviewed revealed that they assisted 12% (398) of the orphans in the district by paying their fees. They also assisted 18 others who were not staying in this district. One of the organizations had a pre-school for 48 orphans who they prepare for school. They use Heads of schools and 150 women in the community to select the needy orphans.

***School achievement*:** Most children said they liked school very much (94%). According to the Heads responses, fifty percent claimed there was no difference in school achievement among affected and typical children.

Medical support

Thirty percent of the orphans had their medical support paid by civic organizations (Mashambanzou and Mavambo) and social welfare. Fifty percent of the orphans said they did not seek medical care because they could not afford it. As evidenced by the following excerpt by an 8 year old girl (grade 3):

> "I suffer from chronic headaches, nose bleeding and stomach aches. I do not go to the clinic because we have no money. My sister's friend shouts at me and says no wonder why your father died".

Some of those who sought medical care had their fees paid by relatives. The civic organizations that were interviewed revealed that they had teams that provided home based care to poverty stricken, terminally ill patients.

Subsistence support

A few orphans' food was provided by church organizations (also supplementary feeding) and civic organizations (22%). Most of the children's food was being provided by their guardians and most of them did not have adequate supplies of food. Six percent of the children provided themselves with food through begging and vending. Heads also mentioned Tamacare as providers of food. A minute number of orphans received nutritional support. An 11-year old girl who was in grade 6 had this to say:

> "I am troubled because I have no food to eat. When I get home most of the times there is nothing to eat. I also have no clothes and shoes. I wear my uniform which was bought by my mother everywhere even to church. Now my mother is sick and she cannot do anything".

Affected children receive significantly adequate emotional and psychological support

Forty three percent revealed that no one talked to them about life while the rest said they received some form of guidance and counseling. Cross tabulation of secondary school children and the treatment they got from home and school showed that 12 and 17% (respectively) of the orphans were treated badly. The following statement reveals a 12 year (grade 6) old boy's sentiments:

> "I love to live but what my grandfather does is not right. I sometimes cry. One day I told my grandpa that I needed books for school. He started shouting

at me saying I did not kill your father, go and get them from him".

Forty two percent of the children revealed that they found it difficult to sleep because they will be thinking of their parents. Forty six percent claimed that they felt lonely and 60% said they cried for various reasons. Eighty seven percent said they felt happy. Thirty eight percent said they did not live with their siblings because their guardians could not accommodate them all. Twelve percent lived in CHHs and only 4% were assisted with rent payments.

Secondary school Heads said their schools offered guidance and counseling lessons and the syllabus covered HIV and AIDS. Primary schools did not have guidance and counseling teachers though class teachers taught the subject when they got the time, although it is supposed to be compulsory(director's circular) and also covered lessons on HIV and AIDS.

The civic organizations interviewed reported that they had a group of social workers who looked into the psychological and social needs of the orphans. The teams carried out needs assessment and provided medical care, uniforms, clothing, emotional and spiritual support, food vouchers, and income generating projects as and when the need arose.

Home and school life

Orphaned children were generally better treated at school than at home. Eighty eight percent of the children were treated well at school as compared to 83% at home. The results showed that though a few orphans were treated badly, the practice was not rampant. The few that were ill-treated reported that they were shouted at, beaten up, chucked out of the house at times and were verbally abused. Some claimed they were looked down upon and others seemed to have developed low self-esteem. One of the girls (18 years) who were in Form 6 had this to say:

"I am being ill-treated more often and people want to take advantage of me because I have no parents. I have no fixed aboard because at times I will be with my paternal aunt and at times my step mom, whenever it suits them".

Another 13 year old (grade 7) lamented being born:

"My life is hell both at school and at home. At school my teacher beats me up for no apparent reason. I was beaten yesterday for no fault of my own. When I got home, I also got beaten for coming home late. I get shouted at and I get nightmares and hallucinations. I wish I was never born".

DISCUSSION

The discussion of the findings focused on the specific questions that were addressed.

Orphans receive educational support from different organizations

The findings revealed that about 50% of affected children received educational support from different organizations. Some children were not benefiting because of lack of knowledge and money to access the support, lack of birth certificates and because of discrimination. However, this study's findings are consistent with Baggaley et al. (1999) who reported that adult deaths have a major effect on children's accessibility to education.

Affected children are receiving adequate medical and subsistence support from different organizations

A few orphans had their medical bills paid by a few organizations and by their guardians. This maybe because orphans may not be taken to the clinic for various reasons including reduced adult attention, lack of money or transport. The guardians of children whose parents have died of AIDS may not take them to health centers because symptoms of normal childhood illnesses maybe mistaken for the onset of AIDS and it is therefore assumed that the child is bound to die anyway (Brown and Sattitrai, 1997; Cluver and Gardner, 2006). More so, most of these children are being looked after by grandparents and they become more vulnerable to malnutrition and infectious diseases because food production maybe low and medical care cannot be afforded. This assertion was supported by Barnett and Blakie (1992) who revealed that most grandmothers depended on friendship based goodwill and could not afford medical bills. Contrary to the belief that different organizations provide orphans with food, those that received the food said the food was not enough and did not last. From this study's findings, most children did not have enough food and did not carry any food to school. The findings are similar to those by Nyawasha (2009), Gilborn et al. (2006), Cluver and Gardner (2006) who also reported that orphans frequently lack sufficient food and medical care.

Affected children receive adequate emotional and psychological support from different organizations

Affected children were not receiving adequate support in the form of emotional and psychological support. The results are consistent with Poulter (1997), Lee (2000), Chiponda, Zimbabwe Open University (unpublished Thesis) who revealed that donors were more concerned with providing visible material needs at the expense of the subtle psychological and emotional needs. The results were also consistent with Gilborn et al. (2006)

findings that social support is positively associated with psycho-social well being (that is, happiness).

In this study, although most orphans felt happy unlike those in Poulter (1997) and Volle et al. (2002) findings, a few of them cried at night, had insomnia and felt lonely. These assertions from the few orphans were similar to Poulter (1997), Cluver and Gardner (2006) and Nyawasha (2009) findings that orphans were solitary and fearful and had nightmares. Save the children UK also reported that orphans received regular beatings from guardians though the numbers in this study were few. These were most likely the children who did not receive any form of support. Children who received support did not feel lonely or cry a lot for various reasons.

Sibling dispersal was also found to have a negative effect on the emotional health of orphans, particularly in urban areas and this was consistent with Nampanya-Serpell (1998)'s findings. These could be the children who are unhappy because keeping children together provides a sense of continuity and is a source of support and identity. The views by the coordinators were consistent with Gilborn et al. (2006) assertion that programs for orphans were increasingly addressing not only their material and educational needs, but their psychosocial needs as well. The civic organizations had social workers that took care of the orphans' psychological needs. Since 43% of the orphans revealed that someone did some sort of guidance and counseling, they did not state who. Thus it could be the civic organizations, teachers or guardians who were providing the guidance.

Home life and school life

Most children in this study were treated well both at school and at home. These findings were contradictory to Wilson et al. (2001) and Brown and Sattitrai (1997) who reported that children whose parents were infected faced stigma in school. Though some children experienced stigma and abuse in this study, the numbers were small. However, current findings are similar to Cluver and Gardner (2006) assertion that orphans do not receive higher levels of stigma. Most children both at school and at home were treated well. The discrepancy with other previous findings may be due to failure by young children to recognize abuse. The other reason may be because some of the children receive support and the guardians may also be benefiting hence reduction of stigma.

Conclusion

The view that civic organizations and public welfare are providing support to affected children was not refuted by the study's findings. However, from the foregoing, fewer programs have been able to address the medical, social welfare and psychological needs of children affected by HIV and AIDS. Programs that take care of the children's needs are still few and fail to reach all the children in need. Care and support for orphans by most organizations have primarily focused on their material needs especially school fees though most needy children are still to benefit. Orphaned children were also not benefiting medically for lack of resources.

However, despite the stereotypes and cultural beliefs, people have since started accepting people affected by HIV and AIDS and are doing everything in their power to assist them.

REFERENCES

Baggaley J, Sulwe J, Chilala M, Mashambe C (1999). HIV stress in primary schools in Zambia. In Bull. World Health Organ. (WHO), 77: 3

Barnett T, Blakie P (1992). AIDS in Africa: Its present and future impact. London: Belhaven press.

Birdthistle IJ, Floyd S, Machingura A, Mudziwapasi N, Gregson S, Glynn JR (2008). From affected to infected: Orphanhood and HIV risk among female adolescents in urban Zimbabwe. AIDS, 22(6): 759-766.

Brown T, Sattitrai W (1997). The impact of HIV on children in Thailand Programme on AIDS: Thai Red Cross Society and SCUK.

Cluver L, Gardner F (2006). Psychological well-being of children orphaned by Aids in Cape Town, South Africa. Retrieved on 8 May 2010 from http://www.annals-general-psychiatry.com/content/5/1/8.

Chiponda B (2004). Psycho-social support offered to HIV and Aids orphans in Zimbabwe. Zimbabwe Open University(unpublished thesis).

Gilborn L, Apicella L,Brakarsh J, Dube L, Jemison K,Kluckow M, Smith T, Snider L (2006). Orphans and vulnerable youth in Bulawayo, Zimbabwe: An exploratory study of psycho-social wellbeing and psycho-social support programs. Horizons Final Report. Washington, DC: Population Council.

Holfors DD, Rusakaniko S, Hyusan C, Mapfumo J (in press). Supporting Adolescent Orphan Girls to Stay in School as HIV Risk Prevention: Evidence from a randomized controlled trial in Zimbabwe. American Journal of Public Health.

Jukes M, Simmons S, Bundy D (2008). Education and vulnerability: The role of schools in protecting young women and girls from HIV in southern Africa, 22: S41-S56.

Lee L (2000). Evaluation community based orphans care in Zimbabwe. Retrieved on 20 May 2010 from sufaids@EQSP.edu.

Nampanya-Serpell N (1998). Children orphaned by HIV/AIDS in Zambia: Risk factors from premature parental death and policy implications. In Health Sciences. Baltimore , University of Maryland.

Nyawasha T (2009). Psycho-social support to orphans and vulnerable children. Retrieved on 7 May 2010 from www.word-mart.com/html/psycho-social_support_.html.

Thurman TR, Brown L, Richter L, Maharaj P, Magnani R (2006). Sexual risk behavior among South African adolescents: Is orphan status a factor? AIDS Behav., 10: 627-635.

Volle S, Tembo S, Boswell D, Bowsky S, Chiwele D, Chiwele R, Doll-Manda K, Feinberg M, Kabore I (2002). Psychosocial baseline survey of orphans and vulnerable children in Zambia. Barcelona.

Poulter C (1997). A psychological and physical needs profile of families living with HIV and AIDS in Lusak Zambia. Family Trust.

UNICEF, UNAIDS, DFID (2005). Guide to monitoring and evaluation of the national response for children orphaned and made vulnerable by HIV/AIDS. UNICEF.

UNICEF (2006). Africa's orphaned and vulnerable generations: Children Affected by AIDS. New York.

UNICEF (2007). Children affected by HIV/AIDS in South Asia: A synthesis of current global, regional and national thinking and research. UNICEF, South Asia Office.

Vinod M, Bignami-Van AS (2008). Orphans and Vulnerable Children in

High HIV Prevalence Countries in Sub-Saharan Africa. DHS Analytical Studies No. 15. Calverton, Maryland, USA: Macro International Inc.
Wilson K, Braathen (2001). Comparative Research on Poverty (CROP) Program/Zed Books. Retrieved on 20 June 2010 from www.cdj.oxfordjournals.org/cgi/content/full/43/1/65.