



**PSYCHO-SOCIAL PROBLEMS EXPERIENCED BY CHILDREN LIVING WITHIN AN ORPHANAGE IN HARARE AND THE FORMS OF PSYCHO-SOCIAL SUPPORT AVAILABLE**

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**ABSTRACT:** *The purpose of the study was to investigate psycho-social problems faced by children living at an orphanage in Harare and the forms of psycho-social support given to them. The researcher used a mixed research methodology as her research instruments contained both questionnaires and interviews. A qualitative research methodology was used in carrying out the study as this enabled the researchers to explore on the topic hence giving vivid information as well as an in-depth understanding of the issues at hand. The researcher used a phenomenological research design. The target population comprised twenty-seven people, who included twenty-two children and five caregivers. Systematic sampling was the sampling technique used. Ethics in research were also considered, which included confidentiality, privacy, anonymity and informed consent. Data was presented using tables, smart art and also descriptions. Major findings were that all the children at the orphanage faced psychosocial problems and they used a variety of ways to cope with the situation. The orphanage however tries to offer psycho-social support (PSS) though they pleaded for the government to help them implement and improve their PSS services. The overall recommendation was that the Zimbabwean government should ensure that children living in orphanages' psycho-social problems must be addressed and dealt with.*

**KEYWORDS:** Psychosocial Problems, Orphans, Psychosocial Support, Zimbabwe.



## INTRODUCTION AND BACKGROUND TO THE STUDY

There exists a large number of ways to define orphans depending on the usage of the definition; epidemiologically, legal or as a social and cultural definition (Skinner, 2004). United Nations Children Fund (UNICEF) (2012) defines an orphan as a child who is less than eighteen years of age whose mother, father or both parents have died from any cause of death. The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS (2004:7) classifies four main categories of orphans namely: single orphans - these are children who have lost one parent; double orphans - these are children who have lost both parents; maternal orphans - children who have lost their mothers, and paternal orphans, children who have lost their fathers. Differences are also drawn in accordance to whether the orphans are being cared for by or under extended families, foster parents, community carers, child headed households or institutional care (Nyambedha et al., 2003).

### Causes of Being an Orphan

Amongst the many causes of orphanage in Africa, the scourge of HIV/AIDS has wreaked havoc particularly in Sub-Saharan Africa and hugely exacerbated the challenge of orphan-hood in many economically struggling countries of the region (Barnett & Whiteside, 2002). According to UNICEF (2004), the numbers of orphaned children in the world would be decreasing if it were not for the AIDS pandemic. The highest numbers of orphans are in countries that have a high HIV prevalence or have been involved in wars (Spiegel, 2004). Being an orphan due to AIDS is an acute reality in Africa such that some sub-Saharan African countries have children orphaned by AIDS making up a significant part of the total orphan population (Kavak, 2014).

Another cause of orphan-hood is poverty. According to World Bank data, out of the seven billion world population, 1.22 billion are living under extreme poverty conditions. Most parents who are abandoning their children in the streets or giving them up to care homes are doing so because they have failed to cater for their basic needs, which include food, shelter and clothing.

War is another underlying reason that causes children to lose their parents, thus being orphaned. For instance, Kavak (2014) states that the Syrian disaster took a death toll of over 200,000 people. The war led to the evacuation of more than nine million Syrians within the country with many fleeing to neighbouring countries, leaving over one million Syrian children living as evacuees in neighbouring countries. The United Nations' High Commissioner for Refugees reported that 70,000 Syrian refugee families are living without a father whilst 4,000 refugee children are surviving without both parents. Thousands of Syrian orphans live on the streets of those countries they took refuge hence they are exposed to abuse and exploitation. The ongoing war causes more children to be orphaned and the human crisis to grow deeper. According to Kavak (2014), Afghanistan is another country that, since Soviet occupation in 1979 and the following American interventions, has been struggling with wars over the past 30 years, and as a result has a disproportionately large number of children orphaned due to war.

Natural disasters are also a leading factor contributing to the increasing number of orphan populations in the World. According to official reports, so many children lost their parents in an earthquake in Haiti in 2011. These orphans added up to 300,000 out of 10-million of the country's population. Similarly, Kavak (2014) states that a tsunami that hit Japan in 2011 resulted in 200 children being double orphans whilst 1,200 children were left with one parent. According Reliefweb (2005, November 25), the earthquake that hit Pakistan, Afghanistan and



India in 2005 took a death toll of 75,000. In total 3.5 million people were affected by this earthquake. As a result of the natural disasters which affect the lives of thousands, millions of people and take a high death toll, thousands of children lose their parents and become orphans (Kavak, 2014). Some of the regions where the natural disasters happen are already either extremely poor or are hot conflict areas hence putting them under the sheer burden of compounded catastrophes, thus leaving a trail of extremely

In addition, there exists an array of other diseases besides HIV/AIDS which perniciously lead to orphan-hood on a global scale. These diseases include cancer, sugar diabetes, liver cirrhosis and pneumonia, to name just a few. These ailments usually lead to maternal or paternal orphan-hood as one parent is usually affected. More recently, the COVID-19 virus has become a pandemic that is leading to unprecedented fatalities worldwide, mostly among young adults and the elderly, resulting in dramatic upsurges in rates of orphan-hood at a global scale. Accidents are other leading causes of orphan-hood. These can be road accidents or industrial accidents, especially for parents who work at mines. In Kenya, accident deaths clocked nearly 5000 in 2013, leaving a lot of children orphaned (Standard, 2014).

### **History of Orphanages**

Historically, a children's home was a residential institution which looked after children who were eighteen years and below who had lost their parents due to death or abandonment. The first orphanage was established in the United States in 1729 to care for White children, orphaned by a conflict between Indians and Whites at Natchez, Mississippi. The concept of orphanages developed and between 1830 and 1850 alone, private charitable groups established 56 children's institutions in the United States (Bremner, 1970). According to Downs (1983), orphanages developed mainly as help centres which protected children from convicts and deviant people. Creation of these institutional centres was also a way in which the bourgeoisie could exercise their power over the proletariat. Many believed that "punitive conditions and isolation from family made possible by institutionalization would coerce children into obedient labourers" (Downs & Sherraden, 1983, cited in Rios et al., 2023, ¶ 2). In the contemporary world, orphanage centres are now much more numerous and they are also owned by different people and organisations. Most of these orphanages, for instance, St Marcellin Children's Village in Harare, Zimbabwe, which is the target of the present research, has a lot of different trustees from outside the country who support the children.

### **Psycho-Social Problems Experienced by Children in Orphanages**

Ryff (1995) proposes that one's well-being must be defined with respect to positive properties. A psychological well-being incorporates positive self-perception, positive associations with others, environmental mastery, self-sufficiency, purpose in life and emotions inclined towards a healthy development. Psychosocial well-being is a word used to signify a positive age- and stage- appropriate outcome of children's physical, social, and psychological development; it is determined by a combination of the child's natural capacities, and his or her social and material environment (Richter et al., 2006). This denotes living in an environment that adequately caters for the physiological needs, security and social well-being of an orphan.

As argued above, children become orphans due to a number of reasons, and when this happens, they are vulnerable to a litany of psychosocial problems. It must be acknowledged and stressed that the loss of one or both parents often compromises this psychosocial well-being, with some



orphans being taken to extended families and orphanage centres, and being looked after by carers who are unskilled or unwilling to assume the role (Davids et al., 2006). In essence, orphans face different psycho-social problems which come as a result of sickness and death of their parents as well as the living conditions found at the institutional care centres they live in. The effects parental illness and death have on a child's mental well-being and abilities to cope are intricate and hinge on the child's development stage, resilience and culture (Bauman & Wiener, 1994). The psychosocial problem emanating from a parentless childhood often linger into adulthood, ultimately affecting the individual's livelihood, personality style and beliefs in adulthood. Therefore, psycho-social problems amongst children in orphanages must be dealt with to avoid recurrence or fixation over these problems in adulthood.

Being a leading cause of orphan-hood, HIV/AIDS has a profound impact on the psychosocial well-being of the orphaned children. The emotional demands of HIV/AIDS on children's lives are worrying (Bauman & Germann, 2004). Current research suggests that the effects of AIDS on children might lead to consecutive trauma associated with constant traumatic stress syndrome (Foster & Germann, 2002). For instance, children of parents severely ill with AIDS usually try to help more in their households and also seek propinquity to their ill parent (Poulter, 1997), which results in a number of adverse social problems, including stigmatization, discrimination, social isolation, dropping out of school, moving away from friends, and bearing an increased workload in the home. The death of the ailing parent only becomes an unbearably torturous denouement in the related stress and trauma (Foster et al., 1997). The associated psychological effects were witnessed in a study conducted in Uganda, where orphans were found to be suffering from depression, anxiety, and a deflation in self-esteem (Kirya, 1996). In a similar study, conducted by Cluver and Gardner (2006) among orphans living in deprived settlements in Cape Town, South Africa, the orphans were more likely to view themselves as isolated, having attention difficulties and recurrent somatic signs. The study also discovered that children were more likely to have continuous nightmares and that 73% of the orphans scored high on a Post-Traumatic Stress Disorder scale.

Another study of psycho-social distress amongst orphan and vulnerable children living at an institutional care was conducted in New Delhi, India, by Saraswat and Unisa (2017). The results disclosed that the children felt stressed and depressed in orphanages because of change in environment and parental bereavement. The authors observed that, for most orphans living in institutions, there is a gradual progression from stress or depression to post-traumatic stress disorder whereby the children cannot cope with the loss of their parents. The study also indicated that the children had low self-esteem and felt that they had no reason to be alive.

Highlighting the impersonal effects of institutionalisation, a study conducted by Sagric et al. (2007) revealed that apart from isolating themselves, the children felt lonely, helpless, and did not find love and a sense of belonging in the institution. This goes against Veale et al. (2001) argument that due to the fact that some of the children lose their parents at tender ages, they therefore would want to feel loved in a manner any parent would care for his or her child. A related major psycho-social problem faced by children living at institutional care centres is lack of security, usually borne from their insecure past and prevailing circumstances, as well as a future that does not bode well for them. As such, these children are constantly worried about their future and their safety after life at the orphanage. According to a research conducted by Bolton (2001), orphans are persistently worried of whether they will be able to take care of themselves in the future, that is whether or not they will be able to get a decent job, be able to



buy enough food for themselves, being able to have a place to stay, being able to have clothes to wear as well as affording to pay for their accommodation.

### **Statement of the Problem**

The state of being an orphan is one that is hard and difficult to be in. Healthy psycho-social development during childhood is an important determinant to the future wellbeing of everyone. In sub-Saharan Africa, the necessity and demand of PSS for orphans continues to grow as most children are being orphaned due to HIV/AIDS pandemic and other causes. Even though some of these children will be taken care of in the orphanages, having access to basic facilities, they will still face psycho-social problems. Some of the psychological problems the children face include stress and depression due to loss of their parents. Most children are traumatized by the loss of their parents, hence being fixated at this stage as some of the parents might have died whilst they watched. Therefore, these children need emotional support, love and care in order for them to avoid living in trauma as this might result in more serious psychological issues and disorders. Some of the social problems that these children might face include rejection, whereby they feel rejected by the society in which they live in. An example is that of a child who has lost both parents but is rejected by other family members, hence ending up staying at the orphanage or in the streets.

It is therefore important for orphanages in Zimbabwe to take into consideration the psycho-social problems that orphans are facing, and how to implement proper forms of PSS to alleviate these problems. It is important to note that large issues that have to do with psycho-social problems faced by orphans have not been given much prominence in previous studies or interventions. Literature and studies have largely focused on social and economic challenges faced by orphanages. In light of the above observation, this study will use a case study approach to focus on psychosocial problems faced by orphans as well as the interventions to address these challenges.

### **Research Objectives**

The following are the specific objectives of the study:

- To identify psycho-social problems that children in the orphanages are facing in Zimbabwe;
- To determine the coping mechanisms used by adopted children at the orphanages in Zimbabwe when they face psycho-social problems;
- To identify the forms of PSS offered to children in Zimbabwean orphanages; and
- To recommend ways to better the PSS services available to children in Zimbabwean orphanages.



## **METHODOLOGY**

### **Research Approach and Design**

The researchers espoused the qualitative research methodology. Qualitative research methodology is a systematic subjective inquiry into the meanings in which people employ to make sense of their experiences and guide their actions (Rukuni, 2000). This approach was employed by the researcher to get an in-depth and descriptive understanding of and insight into the psycho-social problems affecting children living in the orphanages and the forms of PSS available to them.

The researcher made use of the phenomenological research design in order to understand the psycho-social problems that are being experienced by children living in institutional care centres and the forms of PSS offered to them. According to Gray (2008), the phenomenological approach is an attempt to understand reality which has to be grounded in people's experiences of that social reality. This type of research design helps in collecting 'deep' information or data through inductive, qualitative methods such as interviews, discussions and participant observation, and representing it from the viewpoint of the research participants (Lester, 1999).

### **Target Population, Sample and Sampling Procedures**

The target population were twenty-two children and five caregivers at St Marcellin Children's Village in Hatfield, Harare. The twenty-two children included both girls and boys from different age groups. These children had different psycho-social problems as they had different experiences depending on their background and their way of lives before they came to the orphanage.

The researcher used the systematic sampling technique, which falls under probability sampling. This is a sampling technique whereby individuals are selected at regular intervals from the total population. Using this technique, the investigators select subjects to be included in the sample based on a systematic rule, using a fixed interval (Elfil & Negida, 2017). This orderly sampling technique was used to select the girls and boys who took part in the study at the orphanage. The researcher divided girls and boys of the ages 10 to 18 years into two groups. From the two groups, every fourth child was selected to participate in the research study. In addition the same technique was used to select the caregivers who took part in the study. For the caregivers, the researcher mixed both men and women and selected every second individual to take part in the study. The researcher chose this method because it is not biased.

### **Research Instruments**

The researcher used in-depth interviews with the caregivers as they helped them to understand the different psycho-social problems being experienced by orphans in institutional care centers. The researchers used open-ended questions when steering interviews with the caregivers in order to comprehend their thoughts and feelings. In addition, interviews allowed the caregivers and the researchers to associate as this made the caregivers open up in giving otherwise confidential information.



## **Unstructured Questionnaires**

The researcher also used open-ended questions to avoid coerced responses. The questionnaires in this study were administered to 22 orphans at St Marcellin Children's Village ranging from an age-group of ten to eighteen years. The questionnaires focused on the psychosocial problems that the children faced and forms of PSS given to them. These questionnaires were written in English and if the research participants did not understand, the researcher explained in the local vernacular, Shona.

## **Ethical Considerations**

Vadum and Rankin (1998) assert that research ethics are a moral and/or legal prescription adhered to by researchers undertaking social research that involves human beings. They further define ethics as sets of moral principles used to guide moral choices of behaviours and relationships with others. The researcher took cognizance of the following research ethics.

### **Confidentiality**

There was an agreement of confidentiality between the researcher, the orphanage and the research participants because some of the information that was given was personal; therefore, the orphanage preferred that the information be kept between the researcher and them. Confidentiality of material was ensured by instructing the participants not to use their actual names but rather making use pseudo names on their questionnaires.

### **Informed Consent**

The researcher elucidated the nature and aims of the research to the owner of the orphanage, children and the caregivers who were potential participants. The children and the caregivers were requested to give verbal consent of their agreement in participating in the study. The participants who decided to be part of the study were notified that they had a right to withdraw from the study any time and this would not have any negative impact on the way they were going to be treated. The children and caregivers were further told that the research study was firmly for educational purposes.

### **Anonymity**

The research participants were asked not to mention their actual names. This was done to reassure the study participants that the information they gave was going to be between them and the researcher.

### **Privacy**

In-depth interviews were done face to face between the researcher and the research participants at a secluded place. This helped the children and the caregivers to be comfortable whilst giving the required information.



## DATA PRESENTATION, ANALYSIS AND INTERPRETATION

Table 1 shows the demographic information of the study participants. The sample included twenty-seven participants of whom twenty-two were the orphans and five were the caregivers. The twenty-two children who participated in the study ranged in age from ten to eighteen years meaning that all the children below the age of ten were excluded from the study. The caregivers who participated in the study were mostly females because they are the “mothers” who take care of the children.

**Table 1**

### *Demographic information of the participants*

Categories of respondents	Sample	Sex		Age range	group
		Male	Female		
Orphans	22	11	11	10-18	
Caregivers		1	4	35-60	
<b>TOTAL</b>	<b>27</b>	<b>12</b>	<b>15</b>	<b>10-60</b>	

## Psycho-Social Problems Faced by Children Living in the Orphanage

Table 2 shows the psycho-social problems faced by the children, percentage-wise. Their narrative analysis of the psycho-social problems follows the table.

**Table 2**

### *Psycho-Social Problems faced by Children Living in the Orphanage*

Psycho-social problems faced	Number of children who face the problem	Percentage of the children who face the problem (%)
Stress	16	73
Depression	16	73
Loneliness	16	73
Rejection	16	73
Lack of guidance	7	31
Isolation	17	77
Lack of love and belonging	19	86
Low self-esteem	13	59
lack of security	10	45
Bullying	17	77
Boredom	5	23





As shown in the table, a large percentage of the children (86%) tend to suffer from lack of love and belonging. They believe that if they were living with their parents they would feel loved because the care-givers do not really show their love towards them. One child stated that:

*“There is no love at this place, sometimes the care-givers shout at us telling us we are orphans and animals... the reason why our parents left us.”*

With a percentage of 73%, loneliness is another problem which most children face. Most of them usually feel lonely when they have been shouted at by other children and also caregivers. The children stated that when they are shouted at they feel they need to be alone, far away from everyone else in order to heal again. One child said that:

*“When I am shouted at by the bigger girls I feel lonely so I go to my room and I start singing and playing by myself...”*

The table also indicates bullying and isolation both with a percentage of 77% as other problems which most children face at St Marcellin Children’s Village. Young boys and young girls stated that the older boys and girls bully them for example when they refuse to be sent somewhere. The children also felt isolated from the outside environment as they are not allowed to go anywhere unless they are going to school or church. One female care-giver and one child stated that:

*“We have many cases of children who bully other children, especially the older children...”*

*“... and we are not even allowed to go and visit our friends from school who do not live in the orphanage...”*

In addition, the table displays stress and depression as other psychological problems that affect the children. This is because these children were worried about what lay ahead in store for them in life. Some of the children were stressed before they came to the orphanage after watching their parents fall sick and later on dying in front of their eyes. Some children consequently suffer from Post-Traumatic Stress Disorder (PTSD). One care-giver stated that:

*“When you talk to a child who is worried you understand that this child really never forgot about his parent’s sickness and death...”*

Yet some of the children face a problem of rejection in the sense that they feel that they were unwanted by their own parents and relatives, some of whom left them alone in the bushes or at orphanage gates. Hence, the children who had been dumped felt that their parents did not love them to all an extent of throwing them away. Some children feel neglected by their relatives because after the death of their parents, no-one bothered to take care of them. These children also feel rejected at school whereby other children label them ‘orphans,’ therefore refusing to play with them.

Low self-esteem is another psycho-social problem which was reported by the children at St Marcellin Children’s Village, with a percentage of 59%. The orphans believe that care-givers, teachers and other children look down upon them, therefore denting their self-esteem. The children stated that some teachers do not allow them to participate in different activities at school which demotivates them hence adversely affecting their self-esteem. One child said that:



*“We are always discouraged by our care-givers saying you are not going to have a good life in future.”*

The children are also concerned about their safety therefore indicating lack of security as another problem faced by the orphanage though with a lower percentage of 45%. Most of the children complained about theft at the orphanage, especially clothes that would be hung at the washing line. They believe that these thieves cannot be outsiders as most people are not familiar with the orphanage. In support to this one child said that:

*“...as far as we think, the people working here are the ones who steal because some other people do not know much about this place...”*

Lack of guidance with a percentage of 31% is another problem which is faced by the orphans, though a few children experience it. Those proceeding to the advanced level of education believe that they do not get enough guidance in choosing subjects to do. These children stated that their choice in lower class has an impact on their future career path; therefore they need guidance in the choice of subjects. The girls also stated that there is lack of guidance when they reach puberty. They believe that when one starts menstruating she must be told what it is and also be taught how to wear the pads but currently no one will teach them. One senior girl stated that:

*“We actually teach the young ones what it is and how to wear the pads but I am also a child, it needs adults to teach them...”*

According to the table, 23% of children at St Marcellin Children’s Village suffer from boredom. They stated that they do activities in a rigidly similar way, as they have a routine which they follow, and to them that is dreary. They stated that they would like to try new things to avoid doing the same thing every day. The children also alleged that they are not allowed to watch television at the time they feel like, and even if they are allowed to watch they only have one channel. One boy said that:

*“...there was a time when a certain man wanted to install Kwese satellite dishes for us but dad denied him permission.”*

### **Coping Mechanisms Used by the Children When They Face Psycho-Social Problems**

When the children face different psycho-social problems, they engage themselves in different-coping strategies. The following are the main coping strategies used by the children, which reflect the main themes that emerged from thematic analysis.

#### **Sleeping**

Most children reported that they tend to sleep when they face different psycho-social problems in order to try to escape the harsh realities. The children believe that sleeping makes one avoid thinking too much about a certain problem, therefore avoiding intense stress. One child stated that:

*“When I am stressed I give myself time to sleep.”*



### **Praying, Dancing and Singing to Christian Songs**

Most children stated that when they face different psycho-social problems they go to the mountain found at the orphanage for prayer. They believe that when they “talk to God” about their problems, He will help them to solve them. One child said that:

*“When I face any problem at the orphanage I do not tell anyone but I go to the mountain and pray about it.”*

Other children manage to cope with different problems through singing and dancing, as they find comfort in these activities. Some children stated that when they face different problems they sing church songs which they find healing, and uplifting, with their religious messages also lending a sense of purpose in otherwise emotionally taxing times in life.

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*“When I face any problem at the orphanage I do not tell anyone but I go to the mountain and pray about it.”*

### **Playing Sports**

Most children at St Marcellin Children’s Village engage themselves in sporting activities when they face different problems, finding it as a therapeutic measure that makes them heal from stress or depression. Some of these sports include soccer, netball, running, volleyball and swimming. The children reported that they feel better in such recreational activities as they provide them with entertainment and so help in shifting focus away from their mundane worries.

### **Talking to Other children**

Some children stated that talking to other children at the orphanage when they are stressed or depressed about something is very helpful. They said that other children offer a listening ear, understand them and help them with decisions in tackling the problem. One girl was of the view that:

*“I prefer telling my problems to other children than the care-givers because they understand me...”*

### **Psycho-Social Support (PSS) Services Offered to the Children by the Orphanage**

PSS promotes a healthy mental wellbeing for individuals. St Marcellin Children’s Village offers PSS to children under its care when they face psycho-social problems by:

#### **Providing a Social Worker for the Children**

The orphanage looked for a social worker to help children with their problems. The social worker is there to counsel and help the children go through their problems. Some children stated that upon visiting the social worker with their problems, she helped them solve these problems.



However, they also pointed out that social workers often do not respect some of the ethics in counselling like confidentiality as she shares these problems with the care-givers hence creating more problems. One child said that:

*“The social worker does not even help, she takes part in lying about us to the care-givers hence generating a lot of problems.”*

### **Giving a “Listening Ear”**

Knowing that the children have gone through a lot and they are still facing different problems, the owners of the orphanage introduced the concept of the “listening ear” to its staff. This simply means the owners and the care-givers must always be available to listen to the children’s problems and offer them help in order for them to have a sense of belonging. One child has actually stated that the owners of the orphanage always listen to them when they have problems and will do anything in their power to help in solving these problems.

## **Discussion, Conclusions and Recommendations**

### **Discussion**

When assessing the wellbeing of any persons, it is first and foremost important to take into cognizance Ryff’s (1995) notion that wellbeing must be defined with regards to the presence of positive properties and outcomes. This includes such positive aspects of one’s self concept and relationship with the social environment such as a high self-esteem, positive relationships with others within one’s social vicinity, self-sufficiency as well as positive emotions for and significant others. All these taken together capture the essence of surviving in an environment that sufficiently caters for one’s physiological, security and social wellbeing needs (Richter et al., 2006). A cursory look at the results of this study reveals that all these positive attributes of wellbeing are replaced by negative psycho-social features, which include stress, depression, lack of love and belonging, rejection and loneliness. Hence, it appears that once children are orphaned and are adopted in a largely uncaring environment, their life essentially loses a sense of well-being. The above problems that bedevil the lives of orphans may in fact compound and exacerbate the psychological issues that would have ensued the death of their parents. Therefore, such parents need an environment that pays adequate attention to their already fragile psychological state, and upholds the goal of fully restoring it to its normal state.

The above was clearly not the case for the orphans who featured in our research. The orphanage personnel seemed to be largely focused on performing its very basic roles of providing shelter among other basic needs, to the relative exclusion of catering for the orphans’ psycho-social needs. As such, the orphans did not even have a sense of love from and belonging to the very place they call home, emphasizing their impersonal connection to it. With the absence of love and a sense of belonging, the orphans appear alienated, lonely and rejected, and nursing a litany of other negative psychological issues. However, it is important to note that the orphanage had employed a social worker to deal with the orphans’ psycho-social issues, who was accused though by the children of violating the trust they had put unto in him/her. This underscores the need for proper training and upholding of ethics principles when dealing with vulnerable populations like orphans. Parentless as they are, any adult figure who is close to the orphans in life on a day-to-day basis should be able and willing to act as a parent surrogate to them, providing affection and a sense of security that bars them from reminiscing over their lost parents. In a continent where the AIDS scourge has wreaked havoc and left millions of orphans



in its trail, it is very important that orphans' needs – psychosocial and others - be adequately met, in order to safeguard future generations. It is also important to note that in the face of the declining importance and functions of extended family systems in Africa, which used to adopt orphans with ease, the new role being played by orphanages needs much stronger recognition so that they receive support from their larger society in fulfilling their roles.

## CONCLUSION

The following conclusions were established from the research questions and objectives:

The psycho-social problems children living in the orphanages are facing include stress, depression, loneliness, rejection, lack of guidance, isolation, lack of love and belonging, low self-esteem, lack of security, bullying and boredom. In order to deal with the problems listed above the children find coping mechanisms, which include praying, playing sports, sleeping, watching television, drawing, talking to other children, dancing and singing. These coping strategies help the children to forget about the psycho-social problems they are facing. The orphanage also offers PSS to the children through counselling, which is directed by a social worker and through what is termed “the listening ear,” whereby caregivers and owners of the orphanage are trained to listen to the children's concerns and problems hence helping them where they can. The orphanages however need support from the government in order for them to improve PSS services they offer children in orphanages. These ways include funding from the government, being given qualified counsellors, training of the caregivers on how to help children with psycho-social problems and lastly introducing support groups within the orphanage.

## RECOMMENDATIONS

Based on the research findings, the investigator gathered the following recommendations:

- There must be awareness campaigns by organisations that work with orphans and the government on psycho-social problems faced by orphans in institutional care centres as most people are ignorant about these including the orphanage centres themselves.
- Orphanages should employ competent individuals who are skilled and are able to provide psychosocial support to the children. This is because some of the personnels lack knowledge in counselling children as they are not well versed with how to properly counsel the children with the use of standard and best practices.
- The government could also help orphanages with training of the caregivers on how to handle children with psycho-social problems, as some of the orphanages cannot afford hiring qualified psychologists and psychotherapists to help the children.
- Further, the government can distribute funds to different orphanages in Zimbabwe in order to help them with implementing or improving psycho-social services they offer to children. These funds can also help with the children's needs as Maslow (1943) stated



that for one to reach self-actualisation, his or her physiological needs, safety needs, love and belonging needs and self-esteem needs must be met.

- Lastly, communities within which different orphanages are located could be educated that the responsibility of looking after orphans is not only the orphanage or government's concern but everyone's. There are qualified psychologists, psychiatrists and social workers in the community who could offer their help to orphans free of charge, hence removing the burden for the orphanage to hire qualified personnel to help the children cope with different psycho-social problems.

### **COMPLIANCE WITH ETHICAL STANDARDS:**

All procedures performed in studies involving human participants were in accordance with the ethical standards of the Department of Psychology of the Midlands State

University (MSU) and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

**Informed Consent:** Informed consent was obtained from all individual adult participants included in the study; assent was obtained from the children who were involved in the participation of the study.

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