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The Efficacy of the Family Based Model for the Care of Orphans at SOS Children's Village in Bulawayo, Zimbabwe

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Abstract:

The study investigates the efficacy of the family based model for the care of orphans and vulnerable children at SOS children Village in Bulawayo Zimbabwe. The research was exploratory in nature and a descriptive survey design within a case study was used. Questionnaires namely the Likert Scale based questionnaire e, the general questionnaire and the self- reporting questionnaire were used to elicit the views of the children. These three questionnaires were administered to 54 children ranging from the ages of 13 and above. The main findings of the study are that Bulawayo SOS Children's village does seem to make significant inroads in providing orphaned children with love, protection, care and support proving that it is effective at meeting its mandate. However even though the SOS Village tries to replicate a family like environment, the sentiments of the children point to a need for the provision for psycho social support for the children that will address the fears, emotional trauma and void created by their orphanhood.

Keywords: Family based model, orphans, vulnerable children, emotional trauma

1. Introduction

This study investigates the efficacy of the family based model for the care of orphans and vulnerable children in SOS Children's village in Bulawayo. This village has 112 children in family based care. Family based care means that the village has 15 families under 23 caregivers comprising of 15 mothers and 8 aunts and 65 youths under the youth department. The family based model for the care of orphans and vulnerable children is an alternative to the traditional hostel type of institutions for the care of orphans. The need for the care of orphans in institutions outside the extended family network is necessitated by the rise in the number of orphans.

According to Stover et. Al (2006) Sub Saharan Africa has more than 43 million children who are orphans. The United Nations Children's Fund (2014) estimates that 11million were orphaned as a result of the HIV-AIDS pandemic. Traditionally, in African societies the extended family assumed the responsibility of looking after orphans, but currently as a result of pressure of caring for additional children, conventional family structures are buckling because of the AIDS pandemic, civil unrest and weakened economies. Abebe and Aase (2007) contend that orphanhood is leaving ever increasing numbers of children vulnerable, malnourished, poor and uneducated with little hope for the future. The care and protection of children experiencing orphanhood presents a major childcare policy challenge especially in light of the different care interventions such as familial, institutional, community based and rights based (Abebe 2004).

Throughout history, different actors of development such as the state, the family, charitable organisations and Non -governmental organisations have been promoting different strategies of care for orphans and vulnerable children. One such strategy for the care of orphans and vulnerable is the SOS Children's Villages. SOS Children's Villages, under the umbrella organisation, SOS Kinderdorf International are an international, non- profit organisation with funding from charitable organisations. The first SOS children's village was built in the Austrian town of Imst in 1944. In Zimbabwe the first SOS children's villages started in Bindura, followed by Harare in 1989 and Bulawayo in 1995. The ethos of this organisation is to provide family based care and support to children without parental care. The founder Hermann Gmeiner believed that traditional orphanages did not provide opportunities for the proper care of European orphans and homeless children after World War two. (Abebe 2004).

According to the SOS Position Paper (2008) an SOS Children's Village constitutes a new family environment, whereby 'family' is here understood in a wider sense as a dynamic and ever changing concept encompassing diverse forms of family structure. It is a living community centering on the essential qualities of a natural family environment. SOS Children's Villages families emphasise family relationships, the bond between children in care who live together as brothers and sisters, and at least one stable, professionally trained and remunerated caregiver- the SOS mother/parent. Every family member takes a unique position within the autonomous SOS family, supporting identity and a sense of belonging.

This shows that village families try to replicate as much as possible the family life that the children are denied by orphanhood. Furthermore the SOS Position Paper (2008) says that "an SOS family offers the stable and emotional relationship the child needs for a

healthy psychosocial development. The SOS mother/parent is a person for whom the child is unique, he/she takes comprehensive responsibility for and actively shares everyday life with the child. They develop a lasting bond that the child can rely on.”

The children in these villages remain under the care of their ‘mothers’, until they are ready to live fully independent lives in society. SOS children’s villages differ from traditional orphanages in that they provide health, school, and early childhood development services that are shared so that children may be better integrated into the community (Abebe 2004).

Although SOS children’s villages claim to replicate the family like structure they have been criticised for lacking a male role model within the families and also look like an island of affluence compared to the surroundings where these villages would be located. There is therefore a need for research into institutions of care for children in order to understand their effectiveness.

1.1. Problem Statement

There is lack of information on efficacy of the family based model as an alternative model for caring for orphans in Zimbabwe. This concept of family based care for orphans was introduced in Zimbabwe in the early eighties, and up to now research data on the model is lacking. This study was prompted by the need to investigate the effectiveness of the family based model from the viewpoint of the orphans themselves.

1.2. Objectives

1. To examine the strengths of the family based model for the care of orphans at Bulawayo SOS Children’s Village.
2. To examine the shortcomings of the family based model.

1.3. Research Questions

1. What are the strengths of the family based model for the care of orphans at Bulawayo SOS Children’s Village?
2. What are the shortcomings of the family based model for the care of orphans?

1.4. Rationale

The negative developmental, psychological and social effects on children as a result of institutionalisation have received increased attention, (Bandura 1977, Gudbrandsson 2004, Sample 2006 and Henslin 2002) and alternatives to orphanages have become the focus of various social and legislative reforms. Existing research has confirmed institutionalisation of orphans or hostel style institutions as having a negative impact. However there is dearth of research on the effectiveness of some of the adopted alternatives on offer, such as family and community care, especially in Zimbabwe. In the Meeting on Children Without Family Care (2002:14) a decision was made that “Zimbabwe wants to conduct a situation analysis of institutions of care including interviewing every child in care”. Like other traditional institutional care facilities, SOS villages, offering family-based care, have also been “imported” from the West and therefore, this research hopes to use the perception of the children themselves to assess the effectiveness of this model. Research into SOS villages could give an insight to the effectiveness of alternative family based model for the care of orphans and vulnerable children.

2. Conceptual Framework

Bowlby Attachment theory by John Bowlby (1969) was used to analyse the nature of attachment that orphans and vulnerable children have with their mothers and family at SOS Children’s village in Bulawayo. The attachment theory has four characteristics which are useful in analysing and understanding the nature and degree of attachment. These four characteristics of attachment include a safe haven, a secure base, proximity maintenance and separation distress. These characteristics assist in assessing whether SOS children’s village is a safe haven for orphans and vulnerable children, where children rely on their caregivers for comfort. This theory was used to assess whether the village is a secure base that gives orphans a solid and good foundation that adequately prepares them for independent life. Proximity maintenance and separation distress will assist in assessing whether the family based model succeeds in building lasting bonds between the children, their mothers and their siblings in the village. Furthermore, Mary Ainsworth (1973) refined this theory by coming up with different styles of attachment which can be observed in a relationship between a person and another. Different styles of attachment include secure, ambivalent –secure, avoidant-insecure and disorganised insecure attachments. These styles of attachment were used to analyse the type of attachment that orphans at the Village have with their mothers and the implications thereof.

3. Literature Review

The rise in the number of children in care is a sign of children in crisis, according to the UNICEF Regional Network for children (2002). The family is an important institution in society and when there are problems within the family unit children are usually the primary victims. Gudbrandsson (2006) contends that vulnerable children and children in care are victims of poor social conditions, breakdown of families, poverty, abuse of substances and lack of parenting skills. Lack of adequate parental care may leave children vulnerable to abuse. Hoghugh (1992) pointed out that “children are removed from their normal settings only when they present or experience serious difficulties such as being abused.” Therefore institutionalisation is as much for the protection of children as it is for their care. Freundlich, et.al (2004) in their study ‘A return to Orphanages’ point out that SOS Children’s Villages give children who have lost their parents or who are no longer able to live with them a permanent home and a stable environment. The key findings of this study are that even though the SOS facility in Florida had shortcomings in the way the children were treated like excessive use of

corporal punishment and inadequate supervision of children, it nonetheless was viewed by political officials as a potential national alternative to traditional foster care choices.

The family based residential model that characterises SOS villages is premised on the understanding that families provide the best care of orphans and vulnerable children. The family based institutions are meant to address the inadequacies of traditional orphanages. Powell et.al (2004) found in their study on children in Zimbabwe, that institutional care tends to separate children from their biological families and communities and to be associated with “regimented, depersonalised environment in which children have no opportunity to experience a caring family.” This environment has negative psychological and social consequences on the children. In light of such findings traditional institutions for the care of orphans are now regarded as a last resort. Instead modern institutions for the care of orphans and vulnerable children prefer the creation of family units. Nandita-Kapadia-Kundu (2006) contends that “Group foster homes provide a more humane and family like environment compared to institutional/orphanage placement. The concept of homes with a surrogate mother and siblings fosters a family like environment.”

The perceived advantages of family based model of SOS villages are the focus of this paper, particularly from the point of view of the orphans themselves. It would be of interest whether children in SOS villages have a caring ‘family life’ and psycho social support, as claimed by proponents of the family based model.

4. Methodology

Convenience sampling was used to select subjects for the study. Subjects from the ages of 13 and above were selected by virtue of them being able to fill the questionnaires and the availability of respondents at the time of the research. As a result from the village population 32 adolescents in the age range 13 to 15 years and 22 youths between the ages of 16 and 25 were selected. Therefore a total of 54 adolescents and youths were subjects of the research. Respondents mainly shared a variable of being orphans and being in residential care at Bulawayo SOS Children’s Village.

4.1. Data Collection Procedure

Data was collected from the children at Bulawayo SOS Children’s Village using three types of questionnaires namely the Likert Scale based questionnaire, the self -reporting questionnaire and the general questionnaire. These questionnaires were applied on the selected children within SOS ranging from the ages of 13 and above.

4.2. Likert Scale Questionnaire

The Scale was used to find out how children rate the success of the specified vision of SOS so as to assess the effectiveness of the family based care model. The scale had ten items.

4.3. Self-Reporting Questionnaire

The questionnaire gave a measure of psychological disturbance with a score of greater than 7 regarded as significant. The questionnaire had 15 items. Children’s scores on the items indicated their psychological adjustments and could therefore give an indication of the success or otherwise of the family based model in line with social and psychological effects experienced by the children within the model.

4.4. General Questionnaire

This was designed to elicit children’s views with regards to their life in the SOS Children’s village. This questionnaire had 15 items.

5. Findings and discussion

Fifty four children completed the general questionnaire designed to elicit their views about their lives under the family based model. Children responded to open ended questions. Responses accounting for more than 5% of the sample were captured as significant for analysis. The following were responses to questions in the general questionnaire:

5.1. What is the best thing that ever happened to you?

Responses to the above question indicated the following as significant:

- Excelling at school (22%)
- Being at SOS Children’s Village (19%)
- Having a skill/ talent (19%)
- Being appreciated/loved (7%)

Being at SOS Children’s Village is appreciated by most of the orphaned inmates, who also take pride in their personal academic achievements and skills or talents that they have been given the opportunity to discover and develop and having someone who cares for them.

5.2. What is the worst thing that ever happened to you?

Responses to this item indicated the following as significant:

- Being an orphan (22%)
- Not being allowed to make own choices (7%)

While the children appreciated being cared for at SOS Children's village, they were however significantly aware of their status as orphans. Seven percent (7%) of the children, especially among the youths indicated dissatisfaction with not being allowed to make their own choices when it came to career options or courses of study or further training.

5.3. What things worry you the most?

- Being an orphan (24%)
- Leaving SOS/ the future (13%)
- Passing examinations (7%)
- Accusations of stealing (7%)

The children's status of being orphans was a source of trauma. Gertler, et.al(2003) show that the death of parents in a child's life is traumatic and exposes the child to emotional and psychological distress. Concerns about leaving SOS Village and the future were also raised as significant fears as well as the aspect of a good future being determined by passing examinations. Makame and Grantham (2002) quoted in Elebiary et.al (2010) contend that the ability of parents to reassure children when they have fears will make those children feel secure in their present and future lives. The issue of accusations of stealing was also pointed out as a worry by some pupils as this cast aspersions on their character especially in instances where most felt they were wrongly accused. These accusations could be regarded as a form of abuse of children in this village, their careers.

5.4. Who do you talk to about things that worry you?

- No one (37%)
- SOS Mother (35%)
- Church member/teacher (19%)
- A friend (13%)
- God (13%)

The children's responses indicate that they mainly bottle up their problems on grounds that most felt no one cared about them. This response shows that a significant number of children at the Village are ambivalently attached to their mothers. These children might prefer to keep their thoughts and worries to themselves because of lack of adequate love and nurturing from their mothers at the Village. Some of the children at the Village might not feel safe and secure enough to share their worries with their mothers because an enduring bond has not been developed with their mothers and the fact that these are not their real or biological mothers.

However there were some children who shared their worries with their SOS mothers, church Member, teacher, a friend, while others appealed to God whom they felt does not abandon them. The fear of abandonment is significant. This shows that are at the Village there are children who are acutely aware that their SOS mothers will not be a permanent feature of their entire lives showing that they have disorganised insecure attachment.

5.5. If you could make three wishes, what would they be?

The children gave the following significant responses:

- Have a good career (43%)
- Perform well at school (35%)
- To see/be with real parents/relatives (28%)
- To be happy (22%)
- To visit/go on a trip (20%)
- Own a business (19%)
- To have love/support from SOS family (15%)
- Go to heaven/be a Christian (13%)
- Marry and have own family (9%)

The first responses indicate a wish for independence and security, as careers and performing well at school were uppermost for most of the children. Not surprisingly as orphans, of whom a majority did not even know how they had come to be at SOS Children's Village, the wish to connect with real parents or relatives was mentioned. The lack of real familial connections explains why some wished to be happy and have their own family. Fifteen percent (15%) wished to have love and support from the SOS family that would imply this is currently not being adequately experienced while 13% opted for a religious solution to their predicament, that is to go to heaven or be Christians. Twenty (20%) of the children wished to visit different places and more significantly to go on the SOS Ghana programme, which implies that being at the Village has significant opportunities that children aspire for.

5.6. What are your plans when you leave the children's home?

- Complete school/find work (46%)
- Help other orphans like myself (15%)
- Go/visit other countries (13%)
- Have my own family (11%)
- Keep in touch with SOS (6%)

Most children (46%) showed much confidence in their future by planning to complete school and finding good jobs. Visiting other countries was in the context of finding work. Children showed an appreciation of the help they got from SOS Village by wanting to also proffer the same help to other orphaned children with such sentiments as adopting an SOS child, giving help to poor children and keeping in touch with SOS village. Eleven percent (11%) planned to have their own families whom they would take care of unlike what happened to them.

5.7. Do you worry about the future?

Children had the following responses as shown on Figure 1.

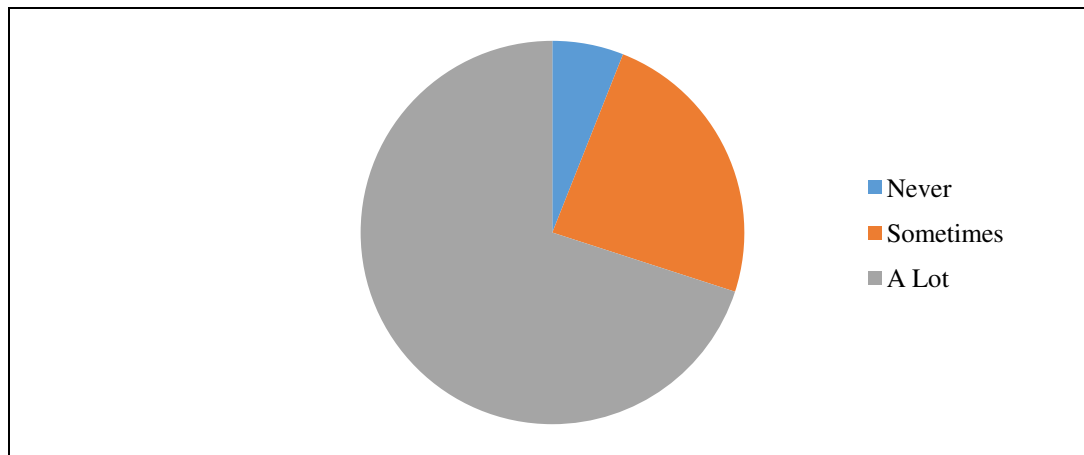


Figure 1: Percentage of children who worry about their future

Responses indicated that on the main children worry a lot (at 70%) about their future, while 24% sometimes worry and 6% never worry about their future. Therefore, while in a family like environment, this does not remove the uncertainty they have about their future. This explains why on being asked about what things worried them most, 24% indicated being an orphan and 13% worried about leaving SOS or their future.

6. The Effectiveness of the Family-based care Model of SOS Children's Village

6.1. Findings from the Self-Reporting Questionnaire

This instrument which measures psychological disturbance was administered to 54 children and youths 13 years and above at Bulawayo SOS Children's Village. Overall, 50% of the children, (50% of the youths and 50% of the children between 13 and 15 years) had scores that were indicative of psychological disturbance (>7). Powell, Chinake, Mudzinge, Maambira and Mukutiri (2004) basing on previous studies and their own in 2004 showed that urban and rural youth living outside residential care had an average score of 23%, while in the 1994 study, youths in dormitory styled institutions scored higher than those in family based (44% vs. 29%), at 4 out of 5 dormitory models having more than half of the youth with significant scores. Their 2004 study based on 189 youths 15 years and above at 10 institutions where dormitory and family based models were equally represented, showed an overall, 41% of the youth had scores that were indicative of psychological disturbance (>7). These findings therefore compare significantly in that a single family-based care model institution has a significant 50% of its sampled inmates indicating psychological disturbance. Therefore while dormitory style institutions are notorious for negative psychological effects, this may also be true of alternatives proposed such as the family-based care model. Findings indicated that the children sampled suffered psychological disturbance. The implication may therefore be that the family-based care model may not be as effective in achieving stable and emotional relationship that a child needs for a healthy psychosocial development as claimed by the SOS Position Paper of 2008.

6.2. Findings from the Likert Scale Questionnaire

To evaluate how effective the family-based care model is, children rated the extent of achievement of the vision of the institution on a scale of 5 (SA), 4(A), 3 (U), 2 (D) and 1 (SD). Findings indicated the following on Figure 2:

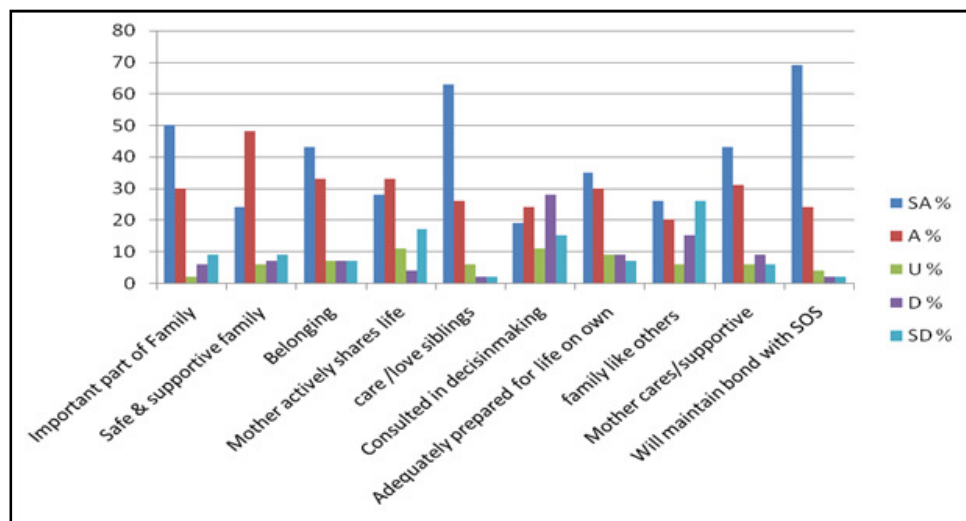


Figure 2: Children's rating of SOS Children's Village vision

Responses to items indicated a positive rating of all the visions held by SOS Children's Village. This therefore indicates a mainly positive evaluation of the effectiveness of SOS Children's Village family-based care model. To item 1 on whether children saw themselves as an important part of their family, responses showed that 80% of the children positively rated this as being true (at 50% Strongly Agreeing and 30% Agreeing) while 15% were negative (at 6% Disagreeing and 9% Strongly Disagreeing) and 2% were undecided. The emphasis on the bond between the child, siblings and mother (SOS Position Paper 2008) was acknowledged by the children as, 72% (24% SA and 48% A) felt their family was safe and supportive while 16% disagreed to this. In the general questionnaire 37% of the children though shared with no one on issues that worried them although the total percentage of those who talked to someone, either with their mother, church member or teacher is higher. 76% felt they have a sense of belonging to their family and 61% felt they care and love their siblings affirming that the children do share a bond as a family.

SOS families are an innovative conception of family. The SOS Position Paper (2008 item 3.1) alleges that SOS families are "...a living community centering on essential family relations, the bond between children in care who live together as brothers and sisters..." As a result children's responses to whether their SOS families are like other families indicated that 46% saw their SOS family as similar to others while 41% of the children were aware of the difference in their SOS families from others.

The SOS Position Paper (2008) suggests that children participate in decision-making within the family, but 43% agree and 43% disagree with this while 11% were undecided. This is also a reflection of sentiments raised by the children in the general questionnaire where 7% worried that they were not allowed to make their own choices especially in terms of career and course choices. 40.7% said they are not consulted in decision-making compared to 50.4%.

SOS children are alleged to maintain their bonds with their families even after leaving SOS. These children further confirmed this, where an overwhelming 93% maintained they would continue to maintain their family bond even after leaving SOS, while a negligible 2% was undecided and 2% disagreed. As a result on, the main, the Bulawayo SOS Children's village does seem to make significant inroads in providing orphaned children with love, protection, care and support proving that it is to a greater extent, effective at meeting its mandate.

7. Conclusion

The study concludes that while the family based care model for the care of orphans and vulnerable children might have some shortcomings it nevertheless is a valid alternative to the traditional dormitory style institutions. The majority of children were aware that being at SOS offered them care and protection and wondered how their life would have been had they not been taken by the Village. However even though children lived in a family like environment they were aware of their orphanhood and this was a source of emotional trauma. This points to the need for the SOS Children's Village to provide psychosocial support for children to address the void they feel in their lives reflected by their wish to see their real parents and relatives and improving the quality of life at the village.

Hence community based orphan care programmes may also be considered as a better alternative to those children who have relatives so that they can be cared for and supported within their community.

In addition programmes for the preparation of youths reaching adult age should be cognisant of their talent, interest and choice. The support of the Village should be guaranteed and on-going regardless of choices made by the children as not all children are academically or technically oriented. Experience has proved that individuals can earn a living through sport and the arts. Therefore programmes of transition should embrace all possible opportunities that may be open to the children than being tailored or restricted to a few choices.

Furthermore a regular evaluation of the institution and its progress could be implemented based on reviews by the children and their mothers. Each family may assess itself and findings used to change and improve relations between the children and their families. A number of instruments exist, such as, the Family Adaptability and Cohesion Scale- 4th edition (FACES 1V) by Oslon & Gorall (2003),

The Self-Report Family Inventory (SFI), the Family Satisfaction Scale (Olson 1995), the Family Communication Scale and the Family Assessment Device (FAD) and any other instrument prepared by the institution. This could help the institution; keep check on the emotional and psychological welfare of the children; improve the quality of life of the children within the village and give the children an outlet for issues bottled up.

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