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EFFICACY OF THE EXTENDED FAMILY SYSTEM IN SUPPORTING ORPHANS AND VULNERABLE CHILDREN IN ZIMBABWE: AN INDIGENOUS KNOWLEDGE PERSPECTIVE

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ABSTRACT

Notwithstanding the importance of the contemporary orphans and vulnerable children (OVC) care and support systems, the extended family system remains the most prominent and pivotal safety net for OVC within the rural tribal communities of Zimbabwe. This paper examines the efficacy of extended family system in OVC care and support in the Gutu District of Zimbabwe. This a qualitative phenomenological study was used to gather data of the lived experiences and perceptions of the 10 caregivers of Batanai HIV/AIDS service organization support groups and 10 OVC purposively sampled in the Gutu District of Zimbabwe. The findings overwhelmingly reveal that the extended family in Zimbabwe is still compatible and predominantly utilized as the OVC safety net more than the residential or orphanage care system. The poor living conditions of OVC are being misrepresented as abuse and exploitation by the critics of extended family care and support system. The study concluded and recommended that the government and human rights organizations must desist from destructively criticising the caregivers within the extended family households based on the poor and unhygienic conditions of OVC. Instead, they should create a multi-stakeholder's harmonious relationship to foster a sustainable OVC care and support in Zimbabwe.

KEY TERMS: extended family; indigenous knowledge; ubuntu; orphans; caregivers; Zimbabwe

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This article appeared in a special issue of the African Journal of Social Work (AJSW) titled *Ubuntu Social Work*. The special issue focused on short articles that advanced the theory and practice of ubuntu in social work. In the special issue, these definitions were used:

- Ubuntu refers to a collection of values and practices that black people of Africa or of African origin view as making people authentic human beings. While the nuances of these values and practices vary across different ethnic groups, they all point to one thing – an authentic individual human being is part of a larger and more significant relational, communal, societal, environmental and spiritual world.
- Ubuntu social work refers to social work that is theoretically, pedagogically and practically grounded in ubuntu.
- The term ubuntu is expressed differently in several African communities and languages but all referring to the same thing. In Angola, it is known as *gimuntu*, Botswana (*muthu*), Burkina Faso (*maaya*), Burundi (*ubuntu*), Cameroon (*bato*), Congo (*bantu*), Congo Democratic Republic (*bomoto/bantu*), Cote d'Ivoire (*maaya*), Equatorial Guinea (*maaya*), Guinea (*maaya*), Gambia (*maaya*), Ghana (*biako ye*), Kenya (*utu/munto/mondo*), Liberia (*maaya*), Malawi (*umunthu*), Mali (*maaya/hadama de ya*), Mozambique (*vumuntu*), Namibia (*omundu*), Nigeria (*mutunchi/iwa/agwa*), Rwanda (*bantu*), Sierra Leone (*maaya*), South Africa (*ubuntu/botho*), Tanzania (*utu/obuntu/bumuntu*), Uganda (*obuntu*), Zambia (*umunthu/ubuntu*) and Zimbabwe (*hunhu/unhu/botho/ubuntu*). It is also found in other Bantu countries not mentioned here.

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INTRODUCTION AND BACKGROUND

Since the discovery of HIV/AIDS epidemic, almost 78 million people between the ages of 15 and 49 have been infected with the HIV and an estimated 39 million have been killed by HIV/AIDS (World Health Organisation, 2013:1). Although the burden of HIV/AIDS continues to vary considerably between countries and regions, 35 million people between the ages of 15 and 49 were living with HIV at the end of 2014 and 1.5 million of the same age group had died worldwide (UNAIDS, 2013:1). This insurmountable death of people due to HIV/AIDS left behind desperate OVC in the world without adequate care and support. Southern Africa where Zimbabwe is a part experienced more deaths through HIV/AIDS than the rest of other countries in the world (German, 2005). The National AIDS Council (NAC) (2016) indicates that there are approximately 5.6 million children of which 1.3 million are orphans in Zimbabwe. It was further reported that 5 000 of these children are currently been absorbed by the orphanage centres like Manhinga and Jairos Jiri. NAC (2011) added that there are more than 48 000 child headed households in Zimbabwe housing approximately 100 000 children. Ringson (2019) showed that the orphanage centres in Zimbabwe absorbs very few OVC compared to those that have been absorbed by the extended family households. Thus, the extended family OVC care and support is still intact despite the increase of OVC challenges due to HIV/AIDS and other socio-economic factors Zimbabwe experienced in the past three decades.

The UNAIDS (2014) indicate that about 165 000 children are living with HIV/AIDS destabilises the capacities of local communities to cope with challenges presented by OVC. Chizororo (2008) noted that the coming in of the modern approaches in OVC care was mainly to strengthen the existing extended family system which were overstrained by the increasing demand of OVC care and support. In response to the heightened OVC problem, Zimbabwe ratified the United Nations Convention on the Rights of the Child (UNCRC), which culminated in the formulation of various local childcare policies. These include the Zimbabwe Orphan Care Policy (ZOCP) of 1999, the Zimbabwe National AIDS Strategic Policy (ZINASP) in 2006, the National Action Plan for Orphans and Vulnerable Children (NAP for OVC) in 2004, Basic Education Assistance Module (BEAM) in 2007 and the National Gender Policy (NGP) in 2006 meant to complement and strengthen the overstretched indigenous strategies (Masuka, Banda and Mabvurira, 2012). These policies attracted the coming in of the international and local human rights-based and relief service organisations to assist the local communities in OVC care and support.

The objectives of this study include; to examine whether the extended family child safety net for OVC is still compatible and relevant in the rural communities of Gutu District of Zimbabwe and; to examine the efficacy or impact of the extended family safety net system in OVC care and support in Zimbabwe. The paradoxical issue in this study is that, while the extended family safety net system remains the pivotal pillar in OVC care and support, it is the most despised, ill-resourced and seemingly side-lined due to the coming-in of the contemporary OVC coping strategies. The study begins by contextualizing the problem, reviewing ubuntu as indigenous knowledge philosophy and conceptualizing the extended family safety net system. Subsequently, the study presented the methodology, findings, discussion of the findings and constructed African model of social parenthood as an application model for sustainable OVC care through extended family safety net system. In conclusion, the recommendations and implications of the study to social work premised in the suggested model were presented.

Ubuntu as indigenous knowledge system

Samkange (1980) argues that ubuntu philosophy is an ideological manifestation of an African indigenous knowledge perspective. Ubuntu philosophy is regarded as both a worldview and the underlying ideological reality that guides both the socio-economic and the governance style of most of the African people in the rural tribal communities (Mbigi, 2005). Ubuntu is defined as a communitarian and collective way of life that is entrenched in the culture of people (Samkange, 1980). Thus, ubuntu spirit is an inspiration behind the interactional resilience of caregivers and their OVC within the African rural tribal communities (Van Breda, 2016). Teffo (1994) observes that in African tribal communities, the existence of humans was understood in the context of socialization. People could only exist in concert with others. This is the underlying tenet of Ubuntu, “*umuntu ngumuntu ngabantu*” in Zulu, which translates into “a human being is human being through other human beings”. Hence, this understanding of “community mutualism” is expressed through group solidarity of the “collective finger theory” (Mosana, 2002), which pronounces: “a man is a man only through others”. “I am” because “we are”. Mosana further emphasizes that the collective finger theory envisages that one must encounter the “we” before the “I”. This model of thinking has the potential of recalibrating the contemporary governance systems and intensifying various ethnic and socio-cultural formations within the context of OVC care and support.

The informal welfare arrangements of OVC care and support are predicated on traditional practices within a community. These informal welfare arrangements such as the extended family manifest through ubuntu as an indigenous knowledge philosophy and its multidimensional ethos and practices. Samkange (1980) argues that Africans were forced by circumstances to live together and work communally for their livelihood. These social structures and ways of life had a profound impact on their productivity within their communities. It is because of these entrenched practices that Mbigi and Maree (1995) emphasise that the adoption of any management practice, either

from the east or the west, can only be to complement indigenous knowledge systems. In the same context, Mosana (2002) adds that it is necessary, if Africa is to resume its place as a competitive partner in the global market, to leverage and capitalise the wealth inherent in indigenous knowledge systems. In this case the extended family OVC care and support system contains the wealth of indigenous ways of child welfare that needs to be embraced and developed. This study is aligned with the above positions and proposes that there is a need to draw upon cultural practices that are steeped in tradition and social structures in developing effective, productive and sustainable OVC care and support model for the modern-day Zimbabwe.

Conceptualizing extended family safety net system

In traditional Shona communities of Zimbabwe, the desire for children permeates the entire communities. Masuka et.al, (2012:2) observed that: “traditionally children have been viewed as central to the society and their protection has been rendered an issue of particular concern to the whole community.” Mbiti (2006) adds that the main purpose of African marriages was to bear children for continuity and future sustains of the lineage. Thus, children were considered as a heritage and a symbol of wealth and security of the society. In this regard, Samkange (1980) argues that this is the reason why barrenness or infertility was an unacceptable event in Shona tribal communities. Remedially, the Shona tribes had their own ways and mechanisms of making sure that an infertile family would still have a child or children. However, while not condoning practices such as the young brother to the wife’s husband engaging in relations with the sister-in law (*maiguru*) or the young sister (*mainini*) of the wife engaging in relations with the brother-in law (*babamukuru*) to bear children, the idea behind the concept points to the value Shona tribal communities attach to children. These activities would be secretive that no-one outside the family circle or the children themselves would know about it to maintain the integrity of the family.

Extended family refers to the group of blood relatives comprising grandparents, father, mother, children and relatives of parents, all of which share food, residence and resources from a common pool. These extended family relationships were maintained through visiting, economic support and ritualism (Chizororo, 2008). Extended family is different from a nuclear family in that the latter involves only parents and children (Nyamukapa & Gregson; 2005). Gelfand (1997) postulate that during the pre-colonial era, the Shona rural tribal communities were largely organized along extended family system lines (*musha*). Extended family provides a sense of belonging to a large family rather than individual households (Mbiti, 2006). As such, most Shona communities were built around a patrimonial authority (Gelfand, 1997). In many cases, members of the same patrilineage were geographically concentrated within residential groups comprising three to four generations. Like the Zulu communities, the Shona families comprise the territorial division called chiefdom governed by chiefs (*inkosi* in Zulu and *mambo/ishe* in Shona) (Thorpe, 1996). Mbiti (2006) adds that the chiefs’ territories were sub-divided into smaller units called homesteads (*umuzi* in Zulu and *misha* in Shona). According to Thorpe (1996), each of the homesteads was governed by the immediate authority of an appointed headman whose position is not hereditary in the Zulu context but is hereditary in the Shona context.

METHODOLOGY

The study was a qualitative phenomenological study (Hewlett, 2013). Two populations were identified in this study; caregivers from Batanai HIV/AIDS service organization support group members and their OVC in Gutu District of Zimbabwe. Purposive sampling was used to select participants from both populations. The criteria for choosing the first sample was that they were active members of HIV/AIDS support groups for a period of more than five years and were between the age of 18 and above. The other criteria for selecting the caregivers was that they were involved in OVC care and support. In the second targeted population, the OVC between the ages of 10 to 16 years living under the care and support of the foregoing caregivers in Gutu District were purposively selected. The reason for incorporating the OVC was to triangulate and corroborate their perceptions and views with their caregivers regarding the efficacy of the extended family safety net system in their welfares. As a result, a total number of 20 participants were purposively sampled to participate through focus group discussions.

Since the study involved human participants, pertinent ethical issues were considered prior to and during the study. Firstly, ethical approval from the relevant ethical the University of the Witwatersrand was obtained. Secondly, an ethical letter of approval from Batanai HIV/AIDS service organisation before the study commenced. Thirdly, written informed consent for the adult participants and the proxy consent for the children under 18 years were obtained before the study was embarked. The services of a professional psychological practitioner operating in the Gutu District of Zimbabwe were solicited to assist by counselling in case of any emotional disturbances of the children participated in the study. Lastly, questions in the study tools were focused on the subject and as much as possible, nothing outside the scope of the study was discussed.

FINDINGS

Compatibility of the extended families

This theme sought to establish whether the primary OVC safety net in communities is still intact, operational and relevant in the present-day society. The popular view regarding the relevance and compatibility of extended families in OVC care and support from the FGD1 in communities was that it is still relevant as evidenced by many OVC who are being absorbed into their extended family structures. This view was supported by the large number of OVC who participated in in one of the focus group. Supporting the relevance of extended families, one of the OVC participant remarked:

I don't think we can be truthful to ourselves if we can say extended family is no longer relevant because most of us here are being taken care of by our relatives. Of course, challenges may be there, but the reality is that we are facing those challenges under the guardianship of our relatives. I for sure want to believe that the life of an orphan or disabled person has never been well. I think it has always been like that. I suggest that more lessons should only be taught to our caregivers so that they may accept the fate of our situation and not treat us as if we have consciously chosen to be OVC.

While it was appreciated that extended families absorb their deceased relatives' orphans, there has been a shift from the traditional position, it remains relevant and will remain a part of the community. Substantiating this view, another child explained:

That which makes the extended families' OVC and support somehow obsolete is the demand of our present societies. Long ago, education, health, clothing and even shelter were not emphasized as much as in our societies today. So, I think that lack of resources and poverty are influencing the extended families to lose values. I can't claim that I am happy with the support I received from my caregivers but at least they have absorbed us and if we are to count the number of child-headed households in Gutu District.

Furthermore, one of the OVC participant indicated that extended families are still relevant but affected by current demands. This view held that previously Shona societies used to live communally but this kind of a lifestyle has been changed by modernity and technology, and individualism has entered African societies. In this view, one of the OVC participant commented:

The coming in of modernity did not totally remove the traditional structure but has diluted it. That's why today we are still the guardians of the extended family but if we compare how an orphan was treated in the extended family, it's now totally different. In the old days, people were not as greedy as today's people. People would share what they had but not in our current communities.

When further probed, another child indicated that extended family system is still relevant but marred by poverty. In her own words she was quoted saying:

Our forefathers depended on agriculture, they would be able to feed their families through that and life was not as expensive as it is today. Even though formal employment was there but it was not the economic hub of people. Livestock and subsistence farming were sustaining them. Today's societies are over relying with money that is very difficult to find where the ancient societies that were relying on their farming products and livestock. Hence, these communities were generous compared to today's communities. There was no competition in the ancient societies and thus, people of those days were more benevolent than the present.

From the foregoing findings, the OVC acknowledged that the extended family is still relevant and effective as most of them were absorbed by the extended families in the Gutu District of Zimbabwe. However, the participants indicated that the extended family faces challenges that include the increasing demand of needs of OVC; poverty due to the socio-economic challenges of the country; modernity; family disunity and divisions; and lack of adequate support from the different stakeholders such as NGOs, government, FBOs and business people.

In the second focus group discussion, the most prominent view from the caregivers about the relevance of extended family and OVC care and support from the caregivers was that extended family is there but families are no longer united as before and have been affected by modernity. The findings confirm that the extended families previously were united to the extent that no 'orphan' was regarded as an 'orphan' in the presence of his/her parents' brothers, sisters, parents and aunts. The relatives would quickly absorb them into their family structures, which is no longer always the case today. In this regard one of the caregivers posit:

During the old days, it was an insult to call a child an orphan in the presence of his/her relatives. Relatives or caregivers were regarded as the biological mothers and fathers of the orphans depending on the relationship with the orphans and the deceased. In fact, calling them orphans was regarded as insult to the caregiver and the child as well. It was also a divisive and discriminatory language to the orphans. People then lived communally, but these days' things have changed; it's now a burden to look after another person's children, even if they are your close relatives' children.

In support of this view, another caregiver participant added that people in the old days were not greedy compared to the current generation that is selfish, individualistic and vindictive. Thus, their good spirit would easily accommodate their deceased relatives OVC, which is not the case with today's families who may hold a grudge even against a dead person. She further argued that:

Even if that deceased person had strained relationships with his fellow relatives when he/she was alive, once he/she dies the old generation would regard him as a good person. Thus, this follows the Shona adage that says, 'wafa wanaka' [a dead person is at peace] meaning is living at peace with everyone in the family.

Whilst this was one of the most prominent views indicated by care-givers from the care-givers, there were also other views raised by participants that stipulated that extended family is relevant but constrained by the multiple demands of OVC, relevant but affected by the socio-economic dynamics prevailing in the country. Others indicated that it is no longer relevant but an obsolete approach that needs to be merged with the modern technology of childcare and support. The main view on the relevance of extended family in OVC care and support from the caregivers indicated that it is still relevant but marred with poverty and greediness. In this regard another caregiver argues:

Extended families worked very well in the past because people were not much affected with poverty. They depended on farming and livestock. They were receiving adequate rains and their livestock had grazing areas/lands. Food was not a challenge to people and hence, they were generous compared to today's families. I remember my mother used to call people who were not even our relatives to pass through our fields to take watermelons, groundnuts and groundnuts to eat. Contrary to that, today's extended families have disintegrated due to poverty, greediness, modernity and competition.

In support of this view, another participant commented that if the closest relatives of the deceased fight over the wealth of their deceased relative at the expense of his children this indicates greediness. He further states:

Today's extended families are characterized by exploiting their deceased relative's orphans, sharing the wealth of their deceased relative at the expense of their children and abusing and exploiting their relatives' OVC. As a caregiver, I often came across such scenarios in our communities, where OVC complain of abuse and of their parents' inheritance taken and shared among their relatives.

Furthermore, one of the caregivers indicated that the needs for OVC have increased and strain the capacity of extended family. She further remarked that the traditional society's deadly diseases such as HIV/AIDS and cancer have exacerbated the demands of OVC, and that education was not an issue then it is now. To substantiate his view, he commented:

The demands for OVC care and support is now beyond the capacity of extended families. There is a need for the government and NGOs to intervene with resources, food hand-outs and school fees for the children. It must also be known that prevalence of OVC has been exacerbated with the advent of HIV/AIDS that have increased adult mortality at an alarming rate.

In corroboration, another participant remarked that the multiple demands of OVC have been caused by modernity that has undermined traditional approaches in childcare and support and may label some approaches as child maltreatment. For instance, in traditional societies children were regarded as chattels but now have rights that require caregivers to fulfil many duties and obligations. In his own words, he further explained:

The needs of OVC have increased because of the contemporary society that we are living in to include but not limited to subsistence, protection, affection, understanding, participation, freedom, identity, creativity, idleness and transcendence, which are very difficult to be fulfilled with an extended family alone.

Further to that, another caregiver supported that extended family is still relevant but affected by family divisions and disintegration due to work and land redistribution. The findings indicated that in the traditional societies, people were

living together in the same area as family. Contrary to this, the present-day families have been disintegrated by work, land redistribution and intermarriage. In his own words, another caregiver states:

You know family dispersion and disintegration has polarized the efficacy of extended family in OVC care and support. Some of my blood relatives have relocated to Muzarabani following land redistribution. This distance means a lot when a relative die; the OVC can't leave their deceased parents' homestead to join the extended family that has migrated that far. Due to urbanization, some families are permanently living in urban areas where there is not enough space to accommodate the OVC even if they are closely related.

There was a unanimous concurrence of the participants that extended families are still intact and relevant as the primary OVC care and support safety net. However, they indicated major challenges that are affecting extended families to achieve sustainable livelihood of OVC on their own as including modernity, poverty, multiple demands of OVC, divisions in the families and the use of some obsolete traditional approaches that infringe on the rights of children and women like inheritance and imposition of guardians from the relatives.

Extended families as the pillar of other strategies

This theme sought to establish the efficacy of the extended family safety net system in Zimbabwe. The OVC predominantly indicated that although there are notable challenges in extended family system, there is a lot of remarkable impact has evidentially done by extended family in Zimbabwe. In this view, one of the OVC participants remarked:

I have never seen my biological mother and father but for the rest of my life I was under the guardian of my mother's young sister. Although, she could not be affording everything that I desire as a child but just having somebody who is taking care of is that that I greatly appreciate about. She is taking care of me as her own biological child. As far as the impact of extended family safety net is concerned, I highly rate it above the cotemporary approaches.

When further asked, some OVC participant emphasized that whilst it cannot be denied that extended family safety net is the pivotal pillar of OVC care and support, its impact is compromised by lack of resources. In fact, the willpower to care and support from the caregivers is compromised by poverty that has rocked the country for more than three decades now. This view was emphasized by one of the caregiver's participants by saying:

The extended family has done a lot in our lives as OVC but the only challenge that our caregivers are facing are the necessary adequate resources. As you can see that there is gross lack of employment in the country and the rains in our country are erratic. I dropped school in grade seven not because my guardian is not willing to send me to school, but he don't have the money to pay.

The other outstanding sentiment from the OVC participants was that the extended family alone is not adequate, it needs to be integrated with the other stakeholders such as NGOs, FBOs and even with government. This finding emphasized the need of human rights checks and balances of OVC within their extended family environment. This view was emphasized by one of the caregiver's participants who said:

I am staying with my uncle, but he always insults me for no apparent reason. Whilst I know that I am not perfect, but I the way he insults me is too much. At one point in time he uses his fists to insult me and sometimes he pushed me to the wall. If I had an option, I would leave him and family and go.

From the going findings, it is clearly shown that the OVC accepts that extended family safety net is still intact and helping OVC within the rural communities, but it needs to be integrated with other strategies. The findings indicated that the FBOs, NGOs and the government must help the extended family safety net by supplying resources and doing checks and balances for the rights and protection of OVC in their homes.

In corroboration of the OVC participants, the caregivers predominantly indicated that extended family safety net has managed to withstand the test of time. It is the one that has absorbed many OVC in Zimbabwe. Having resources or no resources, the extended family safety net system has proven to be the first and last strategy reliable for OVC care and support in countries which are predominantly rural like Zimbabwe. In this view, an OVC caregiver remarked:

Our country is predominantly rural and large populations are the rural areas where people are still espousing their cultural and tradition ethos. Thus, extended family is one of the cultural components in OVC care and

support that is playing a greatest role in the upkeep of OVC. It is also a disgrace for one to abandon the child of his/her own brother or relative for any reason.

In support of the above, one of the male caregivers reiterated that *'in our communities, we are taking care of our children alone. I personally have never heard of a single child that was taken to an orphanage centre from our village'*. This view was emphasised by another caregiver who was quoted saying:

I am taking care of my grand-children here and I don't have any option. I can't let my grandchildren going to orphanage centres. If such a thing happens our ancestors will curse us. My appeal is that the NGOs, government and Churches may be encouraged to support us with food and school fees while we take care of our orphans within our family structures.

The views of the caregivers predominantly showed that the extended family's impact in OVC care and support overwhelming compared to contemporary approaches. Some participants clearly indicated that they have never heard of orphanage centres except human rights NGOs and the government erratically supporting them. The plights and appeals of the caregivers is the support of other stakeholders in form of resources whilst they care and support their OC within their tribal community structures. One of the participants vehemently condemned the human rights NGOs that they disintegrate and divide their families by distorting their cultural values.

DISCUSSION OF FINDINGS

The indigenous and cultural networks of people within the African tribal communities plays a pivotal role in OVC care and support system (Chizororo, 2008; German, 2005). Regarding the relevance of the extended family safety net for OVC, the findings have predominantly shown that despite the overwhelming impediments, it remains the most accessible and reliable OVC care and support system within the rural tribal communities in Zimbabwe. The key impediments to sustainable execution of extended family in OVC care and support were predominantly discussed in this study. The findings have also shown that there are various impediments to the effectiveness of the extended families network in fostering a quality sustainable livelihood for OVC which include; cultural contestations in child upbringing and maltreatment, poverty, modernity and disharmony among the stakeholders. The overwhelming evidence showed that if only those impediments could be addressed, the relevance and impact of the extended family safety net system would have been immensely improved.

On cultural differences the findings indicated that the emphasis on abuse and exploitation of OVC by the human rights organisations and the government is overstated. Shanalingigwa (2014) confirmed this over-emphasis of child abuse and exploitation by the human rights organizations and government have stabilised the morale of the extended families. It was also confirmed that cultural differences regarding maltreatment of children is an issue of great concern among the OVC and the caregivers. Whilst beating a child is considered as a normal way of reprimanding children in the Shona rural tribal communities, it is regarded as gross maltreatment by the contemporary OVC care and support system (Chizororo, 2008). Thus, to some of the caregivers it appears as if the coming in of the contemporary approaches has weakened the impact of extended family in OVC care and support, fearing imprisonment for child abuse. The participants in this study are not condoning or venerating child abuse and exploitation but they are appealing for understanding of cultural differences in child rearing. It was also clear from the findings especially from some OVC that the way they are treated with their caregivers it's no longer within the confinements of normality but rather an abuse and insult. Linking literature and primary findings, most of the indigenous scholars such as Mbigi (2005) argued the foregoing insults are misinterpretation by the human rights organization. Contrary to the foregoing assertion, the human rights scholars also accuse the extended family as archaic and retrogressive (Masuka et.al, 2012). However, despite the above different views, the findings predominantly endorsed that the extended family safety system is still relevant and has absorbed more OVC than any other approach ever introduced in the history of humanity.

Child rearing in the Shona tribal communities was communal rather than individualistic (Samkanke, 1980). The child belonged to the community or the whole family and not to his or her own biological parents (Chizororo, 2008). The findings have confirmed that this networking is still there but no longer having its original vigour due to dispersion of people, poverty and political acrimonies within the families. Samkange (1980) argues based on the communitarian and ubuntu philosophy of Shona tribal communities, there was no child who was supposed to be called an orphan or vulnerable child in the presence of his relatives. This was confirmed with the findings which showed that despite the socio-economic challenges the families are facing on daily basis, they are sacrificing to absorb the deceased OVC in their homes.

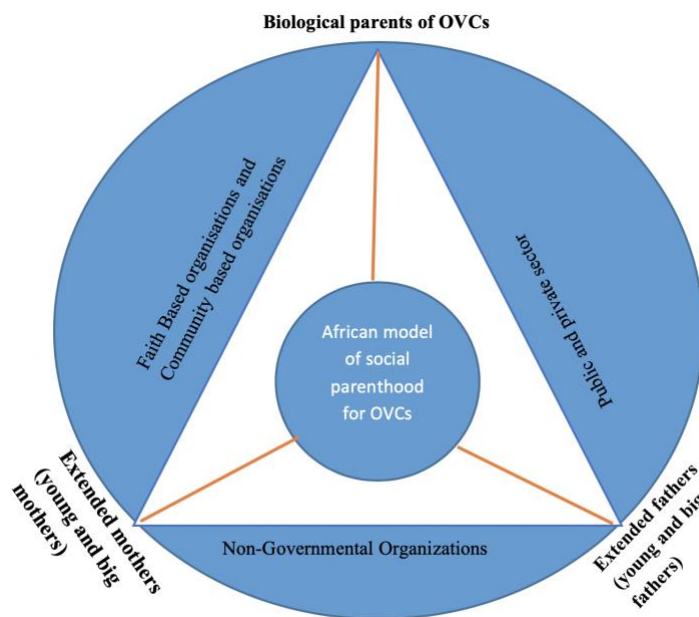
The other prominent impediment on the relevance and impact of the extended family safety net in Zimbabwe was the issue of poverty. It was revealed that despite abject poverty and the socio-economic doldrums that Zimbabwe experienced in the past three decades, the extended family remained intact and absorbing more OVC than the orphanage centres (Ringson, 2019). In this view, the findings showed that they need support from other stakeholders

with school fees, food and shelter to complement and strengthen their efforts as extended families. It was however, noted that instead of creating a unity of purpose among the stakeholders, the political interests have overtaken humanitarian need of people. Indigenous knowledge system entrenched in ubuntu philosophy is gradually depleting, which to some extent affects the efforts of extended families in OVC care and support (Masuka et.al, 2012). To strengthen extended family networks with resources, it needs to be purposely integrated with the contemporary stakeholders (Ringson, 2017). This approach can heal the anomaly of the scarcity of resources as evidenced by the findings.

Modernity as an impediment is an undeniable reality in this era of globalisation (Masuka et.al, 2012). Whilst evidence from the findings shows that modernity is an impediment to the efficacious impact of the extended family, it can be used to attract resources and enhance stakeholders buy-in in issues of OVC. The most significant emphasis from the findings despite modernity as an impediment to fostering sustainable OVC care and support through extended family was that extended family is still intact but needs to be strengthened by resources. The findings also mentioned the issue of stakeholders' unity and harmony. Evidence from the findings does not completely reject the contemporary strategies while solely venerating the extended family safety net system but it seeks the creation of balance that does not extricate the later.

Thus, the solution of the forgoing anomalies discussed (poverty, disharmony among stakeholders; cultural contestations and lack of resources) lies in the established of an African model of social parenthood that integrates all the stakeholders whilst embracing indigenous knowledge system at the same time. Below is the diagrammatic illustration of the proposed African model of social parenthood of OVCs that seeks to strengthen the extended family safety net in OVC care and support.

Figure 1: African Model of Social Parenthood for Orphans and Vulnerable Children



The proposed African model of social parenthood of OVC above does not exclude the contemporary stakeholders but it calls for an integrative approach that strengthens the extended family networks. The model shows that an OVC is not for an individual biological mother or mother, but he/she belongs to the extended biological mothers/fathers and the entire community. Extended biological fathers and mothers takes their relatives' children as their own and they don't discriminate them. Since this system is the most accessible and reliable in caring and supporting OVC in the Shona tribal communities, it needs to be upgraded and complemented. This study discovered that the efficacy of extended family in OVC care and support is weakened by lack of resources, modernism, cultural contestations and lack of harmony of the other stakeholders such as the FBOs, NGOs, CBOs, public and private sector. These stakeholders should be integrated not to extricate the cultural and traditional networks or system of extended family but to strengthen through technology, ideas and resources.

CONCLUSION AND IMPLICATION OF THE STUDY TO SOCIAL WORK

In conclusion, indigenous knowledge systems play a huge role to social workers especially those who deal with OVCs. Mbigi (2005) argues that if Africa one day is going to find its space in global competitiveness it must capitalise on the wealth of indigenous knowledge entrenched in its culture and tradition. The social workers

enhance their chances of acceptability and effectiveness in traditional rural communities such as Gutu District in Zimbabwe through embracing and respecting the way they live. The study mentioned that through cultural contestations and over-emphasis of human rights weakened the impact of extended family networks, yet it is the most accessible and reliable way of OVC care and support. Through this study the social workers will be able to develop strategies, working ethic and advice the government on crafting appropriate and contextually relevant policies that complement extended family systems.

REFERENCES

- Bloor, M., Frankland, J., Thomas, M. & Robson, K. 2001. *Focus Groups in Social Research*. London: Sage Publishers
- Chizororo, F. M. 2008. *Formation, Constitution and Social Dynamics of Orphaned Child Headed Households in Rural Zimbabwe in era of HIV/AIDS Pandemic*. PhD Thesis, Scotland: University of St. Andrews.
- Braun, V., and Clarke, V. 2006. "Using thematic analysis in psychology." *Qualitative Research in Psychology*, 3, 77-101
- Gelfand, M. 1997. *Ukama: Reflections on Shona and Western Cultures in Zimbabwe*. Gweru: Mambo Press.
- Germann, S. E. 2005. *An Exploratory Study of Quality of Life and Coping Strategies of Orphans Living in Child Headed Households in the High HIV/AIDS Prevalent City of Bulawayo, Zimbabwe*. PhD Thesis in Development Studies. Pretoria: University of South Africa.
- Hewlet L. 2013. Decontextualizing Knowledge in the curriculum in Public Management. Unpublished PhD Thesis. Johannesburg: University of Witwatersrand.
- Lincoln, Y., and Guba, E. G. 1985. *Naturalistic Enquiry*. Newbury Park, CA: Sage
- Masuka, T, Banda, G. R, Mabvurira, V. & Frank, R. 2012. Preserving the Future: Social Protection Programmes for Orphans and Vulnerable Children (OVC) in Zimbabwe. *International Journal of Humanities and Social Sciences*, 2 (12), 59-66
- Mbigi, L. & Maree, J. 1995. *The African Dream in Management*. Randburg: Knowledge Resources.
- Mbigi, L. 2005. *In Search of the African Business Renaissance*. Randburg: Knowledge Resources.
- Mbiti, J. S. 2006. *African Religions and Philosophy*. Michigan: Heinemann Educational Books, Afro-American Studies: University of Michigan.
- Mosana, M. S. 2002. *Effectivity and Productivity in Education: An Ubuntu Perspective: Dissertation Submitted for the Degree Magister Educations in Educational Management at Potchefstroom University*. Potchefstroom: Potchefstroom University.
- Mugurungi, O. 2006. *Palliative Care for Children: Training Manual for Communities in Zimbabwe*. Harare: UNICEF and MHCW Publishers.
- National AIDS Council. 2011. *National AIDS Council Coordinating the Multi-Sectorial Response to HIV and AIDS in Zimbabwe: Orphans and Vulnerable Children (OVC)*. Retrieved from <http://www.nac.org.zw/default/files/ovc8pdf>
- Nyamukapa, C. & Gregson, S. 2005. Extended Family's and Women's roles in safeguarding orphans' education in AIDS afflicted rural Zimbabwe. *Journal of Social Science and Medicine*, 60, 2155-2167.
- Patton, M. Q. 1990. *Qualitative Evaluation and Research Methods* (2nded). Newbury Park: Sage Publications.
- Ringson, J. 2017. Zunde Ramambo as a Traditional Coping Mechanism for the Care of Orphans and Vulnerable Children: Evidence from Gutu District, Zimbabwe. *African Journal of Social Work*, 7(2), 77-84, <https://www.ajol.info/index.php/ajsw/user>
- Ringson J. 2019. The impact of inheritance experiences in orphans and vulnerable children support in Zimbabwe: A caregivers' perspective. *Child & Family Social Work*. 2019;1–9. <https://doi.org/10.1111/cfs.12630>
- Samkange, S. T. W. 1980. *Hunhuism or Ubuntuism: A Zimbabwean Indigenous Political Philosophy*. Harare: Graham Publishers.
- Shanalingigwa, O.A. 2014. *Understanding Social and Cultural Differences in Perceiving Child Maltreatment*. Dissertation Submitted for the Degree of Doctor of Philosophy at Graduate School of the University of Minnesota. Minnesota: University of Minnesota.
- Teffo, J. 1994. *Towards Conceptualization of Ubuntu*. Pretoria: Ubuntu School of Philosophy.
- Thorpe, S. A. 1996. *African Traditional Religions*. Pretoria: University of South Africa.
- Tongco, C. B. M. 2007. Purposive Sampling as a Tool for Informant Selection. *A Journal of Plants, People and Applied Research*, 5(4), 147-158.
- UNAIDS. 2014. *A Review of Household and Community response to the HIV and AIDS epidemic in the rural areas of Sub-Saharan Africa*. Geneva: UNAIDS.
- UNAIDS. 2013. *Zimbabwe HIV/AIDS Estimates 2013 Report*. Retrieved on 12 December 2019 from <https://www.medbox.org/zimbabwe-national-hiv-andaids-estimates-pdf>.