

The holistic caring for orphaned and vulnerable children in neighbourhood care points in Hhohho region, Swaziland

Direct Research Journal of Health and Pharmacology (DRJHP) Vol.1 (3), pp.28-33, December 2013
Available online at directresearchpublisher.org/drjhp ©2013 Direct Research Journals Publisher

Research Paper

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ABSTRACT

The purpose of the study was to explore and describe the nature of caring for orphaned and vulnerable children in the Neighbourhood Care Points (NCPs) in the Hhohho region, Swaziland. The specific objectives were to identify if the nutritional requirements of the developing child are met; determine if body building, hygiene practices as well as cognitive related activities are done; reveal if there are activities that promotes intrapersonal and interpersonal skills among orphaned and vulnerable children; identify care takers knowledge on the importance of interpersonal and intrapersonal skills

in Orphaned and Vulnerable Children. The Neighbourhood care points (NCPs) were established to provide holistic caring for Orphaned and Vulnerable Children in the form of food, day-time shelter, Children's protection from unfavourable social and physical environments thus creating a sense of security, belongingness and stability in their lives.

Key words: Orphaned and vulnerable, children, holistic, caring.

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Accepted 22 November 2013

INTRODUCTION

Holistic caring for Orphaned and Vulnerable Children (OVC) in Swaziland seems to have many questions unanswered and thus, there is need for an urgent improvement of this aspect of the lives of OVCs. UNICEF, (2007); SDH (2007) observes that Neighbourhood Care Points (NCPs) are an innovative project that provides food, psychosocial care and other support to OVC. UNICEF, (2007) observed that Neighbourhood Care Points (NCPs) are an innovative project that provides food, psychosocial care and other support to OVCs. The Neighbourhood care points (NCPs) were established to provide holistic caring for Orphaned and Vulnerable Children in the form of food, day-time shelter, protection from unfavourable social and physical environments thus creating a sense of security, belongingness and stability in their lives (Baron, 2008; Santrock, 2003; WHO, 2004 and UNICEF, 2007). In addition, UNICEF, (2007), states that NCPs provide storytelling, playing games, singing, dancing for the children, which promote social interactions, and also

improves their listening skills. Participation in playing games, singing, dancing, and the child is able to discover his/her talent in the area in which he/she performs best (WHO, 2005). Thus, promoting the child's self-concept and response to the external environment. Dlamini, (2008) states that mental health promotion strategies in Neighbourhood Care Points creates a relaxed and stimulating environment in which children are able to acquire skills through game-playing, interaction with their peers and also their care-givers, largely contribute to the development of the cognitive part in children. Marcionis, (2008) states that "socialization is basic in human development and without social experience a child is unable to act or communicate in a meaningful way and seems to be much of an object than a human.

The holistic caring as a concept common in mental health promotion can assist greatly in developing personality by enhancing life skills such as cognitive functioning, positive self-esteem, social and personal problem solving skills, the ability to manage major

changes and stresses in life. It also entails the positive influence of the social environment, as well as the ability to work productively and fruitfully and to make contributions to the community, (WHO, 2001). According to WHO (2001) mental health promotion covers beyond the biological needs of personality by considering the effects of the social, cultural and economic as essential individuals' needs emanating from the external environment.

However, it is not clear whether the caring provided at the Neighbourhood Care Points (NCPs) is indeed holistic. It looks like children go to the NCPs to get food that is also often not enough because it sometimes runs out before time. Hence, this study seeks to explore and describe the nature of caring for orphaned and vulnerable children in neighbourhood care points in the HHOHHO region in Swaziland.

Objectives of the Study

The broad objective was to explore and describe the nature of caring for Orphaned and Vulnerable Children in the Neighbourhood Care Points in the Hhohho region, Swaziland. The specific objectives were to identify if the biological needs in the form of nutritional requirements of the developing child are met; determine if activities related to body building and hygiene practices, cognitive and biological development of the child are practiced; reveal if there are activities that promotes intrapersonal and interpersonal skills acquisition in Orphaned and Vulnerable Children; identify care takers' knowledge on the importance of interpersonal and intrapersonal skills acquisition by Orphaned and Vulnerable Children.

Justification

The results of the study on the nature of caring among Orphaned and Vulnerable children (OVCs) will be made available to health workers and organizations dealing with children. The study will also assist in the development of policies and strategies on issues that relates to OVCs' needs. The study will further help to motivate OVCs to actively participate in activities geared toward the holistic promotion and maintenance of their own mental health.

METHODOLOGY

The study was based on exploratory, descriptive quantitative research design (Burns and Groves, 2009). Purposive and convenient sampling techniques were utilized to assign respondents into the sample of the study (Varkevisser, 1991). 120 Orphaned and vulnerable children (OVCs) in the Neighbourhood care points

(NCPs) who had been attending for more than two years formed part of the sample. On the other hand, 40 adults caring for the (OVCs) for more than two years in the NCPs were also selected to form a sample consisting of care givers. Semi-structured questionnaires were used to collect the data, that is, respondents were asked the questions in the questionnaire and responses recorded in the spaces provided in the questionnaire. Data was analysed by the use of a computer package (Microsoft-Excel version 17), (Brink 2006, Burns and Grove 2009).

Research Rigor

The study was conducted within the dictates of internal validity, external validity, reliability and objectivity and essential components of research rigor in quantitative research.

RESULTS AND DISCUSSION

Demographic information

The sample consisted of 120 Orphaned and Vulnerable Children (OVCs) from 8 neighbourhood care points (NCPs) in the Hhohho region, who were aged between 7 to 18 years and 40 care-givers aged between 26 to 45 years. All respondents resided in different communities in the Hhohho region in Northern Swaziland. Of the 120 OVCs, 28 (23%) were females whilst 92 (77%) were males. On the other hand, all 40 care givers from the 8 NCPs were females.

Regarding the level of education of the respondents, out of 120 orphaned and vulnerable children 11 (9%) were at pre-school level, 38 (32%) were in primary schools whilst 71(59%) were in high schools. Out of the 40 care givers 5 (12.5%) had attended primary school and 35 (87.5%) had never attended school.

Biological needs in the form of nutritional requirements of the developing child

Out of 120 OVCs, 109 (90.8%) stated that meals served at the NCPs were not balanced. Meals only comprised of beans, maize and rice and lacked the necessary nutrients essential for the developing child. However, contrary to the children's responses, out of 40 care givers 28 (70%) stated that the meals at the NCPs were balanced. They qualified their responses on this observation by mentioning that beans are nutritious and have all the nutrients needed by a developing child. This observation according to the researcher indicated that the care givers lacked essential knowledge on food and nutrients that are essential for the development of a child. This observation is also confirming the result that (87.5%) of the care givers

did not attend school. They were being used to provide services in NCPs, most probably because they were providing services on voluntary basis. The study also revealed that out of 120 OVCs, 92 (77%) stated that the meals were not available at all times. They would sometimes come from school and find the gate locked, as an indication that meals were not available on that particular day. However, 60% of the care givers stated that meals were available. It was not clear why the care givers were covering the gaps revealed by orphaned and vulnerable children.

Evidence shows that for normal physical development of a child, nutritious meal comprising of all the nutrients in quantity, quality and frequency (at least three nutritious meals per day) is important for a developing child. Passer (2007), confirming this observation states that adequate nutrition contributes to the physical development of the child, promoting growth and development. The adequate nutrition, according to Passer (2007), builds the child, develops the immune system thus lessening the child's susceptibility to infections, and also positively influences and promotes skeletal growth, body shape and size. Supporting this observation, Santrock (2003), states that adequate nutrition, more than just ensuring optimal development of the child, further promotes brain development which in-turn ensures the full development of the cognitive ability of the child.

Body building through exercise and hygiene practices for the cognitive and biological development of the child

Research findings show that out of the 120 OVCs, 54 (45%) were taught hand washing before and after a meal in the NCPs and they further stated that they were washing their hands because they did not want to get diseases through ingestion, as they had been taught by the care givers that hand washing was important in disease prevention. However, the remaining 66 (55%) of the OVCs who were not practicing hand washing cited forgetfulness because they were also, according to them taught the technique of hand washing in disease prevention. The results also indicated that 54 (45%) of the children played and enjoyed playing games in NCPs whilst the other 66 (55%) did not play games and cited lack of interest in playing games due to the scarcity or unavailability of playing equipment.

Gordis (2004), states that adequate nutrition is not enough for development to occur, healthy practices in the form of correct hand washing and oral hygiene are also essential for diseases prevention in children. Gordis (2004) in addition observes that correct hand washing and oral hygiene help in primary prevention for communicable and non-communicable diseases and is one of the modifiable ways of primary prevention.

WHO (2007) in support of body building activities and

mixing with peers states "access to a number of activities e.g. playing games also largely contributes to the development of the cognitive part in children, therefore as part of cognitive development the child must be encouraged to partake in game playing especially with his/ her peers as this creates an environment in which a child will learn new concepts ...whilst in the company of his/ her peers". WHO (2007), further states that, as the child learns or relates with his peers diverse and different reactions, judgment and insight will be otherwise created and strengthened. Baron (2008) also states that "exercise can revitalize the body, increase the body's ability to fight infections through boosting the immunity of the individual". Baron (2008), in addition, states that exercise can be the body's way of ridding the body of any form of stress because it increases physiologic adaptation to stressors".

Activities promoting intrapersonal and interpersonal skills acquisition in Orphaned and Vulnerable Children

Out of 120 OVCs, 77 (64%) stated that they were not taught intrapersonal and interpersonal life skills. However, 43 (35.8%) stated that they were taught life skills. Nonetheless, when further enquiring what these life skills were, all the 43 (35) OVCs could not mention the specific life skills. In addition, when asked what life skills were, the 43 OVCs (35%) gave different things that were not life skills. Some of these things included talking to them, hand washing, not to eat hot food, not to play the ball close to windows, listening to care givers. The researcher therefore, from these findings of the study concluded that even the 35% OVCs who attested of being taught intrapersonal and interpersonal skills were not actually taught. This therefore, implies that OVCs in NCPs are not well developed in term of self-care empowerment. That is, they may not become wise in caring for themselves and other peers more especially their brothers and sisters whom they are staying with when not in the NCPs.

On the other hand, out of 40 care givers 29 (73%) stated that life-skills were taught at the NCP as far as they were concerned. All the care givers (100%), however, could not differentiate between intrapersonal and interpersonal life skills and they could not mention what they said to be teaching as life skills. The OVCs further confirmed that when confronted with a situation where there is no food; 25 (21%) would become street kids, 50 (42%) would leave school and seek for employment, 30 (25%) would steal whilst 15 (12.5%) did not know what they would do. Regarding interpersonal relationship responses between care givers and OVCs, 35 (87.5%) of the care givers stated that they often talk to the OVCs when instilling disciplinary measures. It was also revealed that 37 (92.5%) of the care givers some

times ignore the children more especially the adolescents. The reason why they were ignoring the adolescents is because adolescents were stubborn and not cooperative. It was also revealed that a small number of care givers 10 (25%), scold the children. When asked why they scold them, care givers stated that it was the only technique to use to discipline a child as they were no longer permitted to beat children. More-over they stated that the adolescents were now grown up and could retaliate if they beat them. This observation therefore, may conclude that life at the NCP may not be as good as one would think. Maybe it is due to the fact that the care givers are not educated to deal with children, since raising a child is a complicated process even for educated parents. However, making use of neighbourhood care points could be the best forum for child growth and development because children come together, and if implemented correctly they may enjoy the food, play games, socialize, make friends and also enjoy the presence of the adult caring for them.

Baron and Kalshier (2008) state that "children learn from the environment an adult creates". Whilst Baron (2008) also states that "the presence of an adult in a child's life ensures the process of socialisation in the form of being responsible and accountable, in which the child desists from pursuing desires which may not be in line with social norms, values and other cultural issues. Instead the child begins to judge his/her actions before carrying them out". On the other hand, Santrock (2003) adds that, "with peers, children learn to formulate and assert their own opinions, accept the perspective of peers, co-operatively negotiates situations to disagreements and standards of conduct that are mutually acceptable".

Care Givers Knowledge in Understanding Personality of OVCs

Physical needs

The results show that 30 out of 40 care givers (75%) mentioned food as the most important physical need for the developing child; they qualified this by stating that food builds the body and provides protection against diseases. Whilst 10 care givers (25%) stated that the physical needs of the children are not met at the N.C.P as the meals are not balanced and do not comprise of the necessary food groups as only beans and meal-meal are provided.

Passer (2007) states that "adequate nutrition contributes to the physical well-being of the child by promoting growth and development. Nutrition also builds the child, develops the immune system thus lessening the child's susceptibility to infections, it also positively influences and promotes skeletal growth, body shape and size".

Santrock, (2003) also, states that "early and adequate nutrition has a positive effect on cognitive development; the brain which accounts for our capacity to process, synthesise and transform information depends on nutrition for optimal development".

A child further needs protection not only in the form of shelter but clothing to protect the child from hot and cold conditions thus protecting the skin integrity and this will minimise the child's exposure to infections. A child needs protection not only in the form of shelter but also clothing to protect the child against unfavourable weather conditions, (Marcionis 2008).

Emotional needs

The research findings indicated that out of 40 care givers 26 (65%) mentioned nurturing as one of the emotional needs of a developing child. They stated that a child needs to be cared for and loved by an adult in order to develop. However, out of 40 care givers, 35 (88%) mentioned that the emotional needs of the children were not met because many of the children were at the adolescent stage with other interests and did not spend time at the neighbourhood care points.

Baron (2008) also states that "children may develop trust or mistrust depending on how well their needs are met and how much love and attention they receive during the first years of life".

Cognitive needs

Research findings indicated that out of 40 care givers, 30 (75%) identified teaching a child as a way of providing for his/ her cognitive needs in order to promote development, a lesser amount mentioned guidance while a small amount mentioned a healthy diet.

Qualifying this they stated that as adults they have from experience gained expertise and knowledge in life and therefore need to teach the children, they also mentioned that as children are developing they need guidance in life in the form of wisdom from adults. And they also mentioned that a healthy diet is important in brain formation so that a child can be able to think, solve problems and have understanding, if the brain fully developed. But contrary to the above stated needs a small amount of care-givers stated that those identified needs were not met at the NCP.

Santrock, (2003) states that "early and adequate nutrition has a positive effect on cognitive development; the brain which accounts for our capacity to process, synthesise and transform information depends on nutrition for optimal development" Passer and Smith (2007) states that "adults can help move a child's cognitive development forward within the limits of the child's biological maturation".

Psychosocial needs

A percentage of care-givers mentioned talking to children as a basic activity in order to promote the psychosocial development of a child, they also mentioned playing with children or letting children play as a vital for psychosocial development, a larger proportion of the care-givers mentioned other activities e.g. listening to the child. Supporting this they stated that as children play interact with each other they make friends and learn from each other, they also mentioned that through interaction, they as adults can strengthen their relationships with the children. But only a small proportion of the care-givers reported that the needs were actually met as the children come late from school only to eat and rush home to do shores.

Marconi (2008) states the “presence of an adult in a child’s life ensures the process of socialisation in the form of the formation of the superego, the child therefore moves from pursuing his own desires which may not be in line with social norms values, culture but begins to judge his/her actions before caring them out”.

He also mentions that friendships contribute to emotional development, giving children the opportunity to experience intense emotional bonds with someone other than their mother and to express these feeling in behaviour. Baron (2008) also states “a family is able to create and foster a child’s positive outlook of life, that whether a child sees the world as trustworthy or not depends largely on the quality of the surroundings provided by parents and other care givers. (Marcionis 2008) further states that “socialization is basic in human development and without social experience a child is unable to act or communicate in a meaningful way and seems to be much of an object than a human.

Spiritual needs

An amount of care-givers reported praying as a means to ensure spiritual development of a child and some mentioned bible reading while a smaller portion mentioned fostering a sense of belong. They qualified this by stating that praying and bible reading provides an atmosphere for one to connect with God, they also mentioned a sense of belonging especially in the case of ancestry as it helps the child identify him/ her. But according to the data a small amount of care-givers stated that the spiritual needs of the children were actually met reasons for this lack was the time constraints on the case of both care-givers and children, they also mention lack of available resources e.g. bibles.

Marcionis (2008) states spiritual connections / belief system provide a comforting sense that our brief lives serves a greater purpose. He further states that belief system gives the child a novelty experience and also provides him/ her with the will to see beyond the current,

unfavourable circumstances and may also serve as positive intrinsic motivation for the child thus promoting good behaviour as without belief people are more likely to despair in the face of change or even tragedy”.

Furthermore developing child belief in self is one of the fundamental components of normal psychological development thus developing the child’s self-concept. Santrock (2003) states that “belief in self functions as glue to identity, as this provides understanding and acceptance of how we are similar to or different from others”.

Limitations

It was difficult to collect data from the research respondents because they were not always available since the majority were school going pupils and did not have enough time for the study. Care-givers were also not always available as they sometimes had family responsibilities. Availability of the children also depended on food availability at the Neighbourhood Care Point, since, it was not always available.

Conclusion and recommendation

It is recommended that care givers are adequately trained in caring for children to provide quality care in NCPs. In conclusion, it is important that the neighbourhood care point project is improved so that children without parents can benefit from it and further develop to become positive and productive future citizen of the country Swaziland.

ACKNOWLEDGEMENTS

The Authors thank authorities for the permission given to conduct the study. Appreciation also goes to research respondents for their consent to participate in the study. It is also worth noting that research respondents freely participated in the research study. Confidentiality was adhered to and communication of findings was done through distribution of copies of this research study to relevant organizations and also meetings were organized to give feedback to research respondents and other interested individuals.

REFERENCE

- Baron R (2008). *Essentials of Psychology*, 2nded, Allyn and Bacon, Needham heights.
- Baron R, Kalsher J (2008). *Psychology from science to practice*, 2nd ed. Allyn and Bacon, Boston.
- Brink H (2006). *Fundamentals of Research Methodology for Health Care Professionals*, 2nded ,Juta and Company Ltd, Cape Town, South Africa.

- Burns N, Grove SK (2009). The practice of research, Conduct Critique and utilization, Philadelphia: Sage.
- Dlamini S (2008). Assessment of Neighbourhood Care Points, UNICEF, Swaziland.
- Gordis L (2004). *Epidemiology*, 3rd ed. Elsevier, Philadelphia, U.S.A.
- Marcionis J (2008). *Sociology*, 12th ed, Pine Tree, New Jersey.
- Passer W, Smith R (2007). *Psychology: The Science of Mind and Behaviour*, 3rd ed, McGraw Hill, New York.
- Santrock WJ (2003). *Psychology*, 7th ed. McGraw Hill, New York.
- SDH (2007). Sexual violence and its health consequences for female children in Swaziland: a cluster survey study. Accessed 27th Of October 2013 from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)60247-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60247-6/fulltext) (Cite this in the body of the work)
- UNICEF, (2007). Comparing Child Well-Being in OECD Countries: Concepts and methods. Accessed 26-10-2013, from <http://www.unicef-irc.org/publications/>.
- Varkevisser, C. (1991). Designing and Conducting Health Systems Research, Ottawa, Canada.
- WHO, (2001). Improving outcomes in depression. The whole process of care needs to be enhanced. *BMJ*. 2001 October 27; 323(7319): 948–949.
- World Health Organization, (2005). Mental Health Atlas. Retrieved 20-10-2013 from http://www.health.gld.gov.au/ph/documents/pdu/phstratdir_mental.pdf
- World Health Organization, (2007) - A safer future: global public health security in the 21st century. Accessed 27th of October 2013, from <http://www.who.int/whr/2007/en/>.

