

## **INTERROGATING THE RELEVANCE OF THE EXTENDED FAMILY AS A SOCIAL SAFETY NET FOR VULNERABLE CHILDREN IN ZIMBABWE**

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### **ABSTRACT**

*This paper discusses the extended family as a social safety net for vulnerable children in Zimbabwe. It is an analysis paper which draws from literature as informed by work done. It argues that, though the extended family has its shortfalls and is adversely affected by HIV/AIDS and economic hardships, it remains a reliable form of informal safety net. The paper acknowledges that the extended family is an institution which is evolving, yet national policy seems to be silent on its contribution to the protection of vulnerable children. The state machinery has been unable to provide the necessary care and support for vulnerable children because of financial constraints. The paper suggests that there is much to gain in supporting the extended family to augment formal social welfare services as these are not always readily available or reliable. It concludes by recommending that the extended family should be linked with formal community based support structures in order to strengthen them against external shocks.*

**KEY TERMS:** social safety nets, vulnerable children, extended family, child headed households, community.

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## **INTRODUCTION**

The vulnerability of children in Zimbabwe is exacerbated by among other factors, HIV and AIDS, the economic meltdown experienced in the periods between 2000 and 2008 and deterioration in social service delivery. Reports such as the Multiple Indicator Monitoring Survey (MIMS) point to this vulnerability. For instance, the Multiple Indicator Monitoring Survey (MIMS) published by Central Statistics Office (CSO), Government of Zimbabwe,(2009) and 2012 census indicate an increase in the number of orphans and subsequently vulnerable children in need of care and this has been closely linked to the impacts of HIV and AIDS. These have combined to negatively impact in a significant manner, on families, communities and other sectors such as industry and social services. The education and health sectors, amongst the worst affected, have seen a decline in quality and service delivery. All of the developments have had a major impact on the overall viability of families/households with the worst impact perhaps being felt amongst children. The majority of the approximately

1.6 million orphans who live outside the nuclear or extended families are vulnerable to exploitation and abuse (Zimbabwe Demographic Health Survey (ZDHS)) of 2005/2006). Around 6 in 10 children under 18 years do not live with both parents (ZDHS, 2012).

This paper therefore seeks to interrogate ways in which the extended family can maintain its relevance as a social safety net for vulnerable children.

### **DEFINITION OF VULNERABLE CHILDREN**

The Zimbabwe Children's Act defines vulnerable children as; those who have lost both biological parents, are abused, abandoned, neglected, as well as relinquished social orphans such as children on the streets. In the absence of the nuclear family, vulnerable children are generally cared for and nurtured by the extended family. In a study of 570 households in Manicaland by Foster, Shakespeare, Chinemana, Jackson, Gregson, Marange, Mashumba (2010) on the orphan prevalence and extended family care in a peri-urban community around Mutare, it was found that most orphaned households (84%) were being looked after by a member of the

maternal family whilst the paternal family was responsible for looking after orphaned children in 16% of the families. Article 5 of the Convention on the Rights of the Child recognizes the importance of the extended family and states that States Parties shall respect the responsibilities of parents or the extended family or community as provided for by local custom. True to the African proverb, “it takes a village to raise a child”. This is in contrast to the Western view which according to Hooks, 1990) child care as the responsibility of the biological parents This communal care is associated with a community approach to life which is based on a common realization that life comprises of more than the individual, but that the individual is a member of the wider family, community and society (Arvidson, 1996). This is also derived from the African “ubuntu” concept. Ubuntu is an “age-old term for humanness; for caring, sharing and being in harmony with all of creation. As an ideal, it promotes co-operation between individuals, culture and nations” (Ubuntu: World Forum of Civil Society Networks, 2013). Popularised by public figures such as Desmond Tutu, who is considered by Nyanguru

and Mugumbate (2014) as one of the biggest advocates of the concept, Ubuntu symbolises the backbone of African spirituality and that the quality of ubuntu gives people resilience, enabling them to survive and emerge still human despite all efforts to dehumanize them (Tutu, 2000). It is humanness in the fullest and noblest sense Nziramasanga (1999). Samkange and Samkange (1980:89) say it is “The attention one human being gives to another: the kindness, courtesy, consideration and friendliness in the relationship between people, a code of behaviour, an attitude to others and to life....” Thus, a person with hunhu / ubuntu is one who upholds the African cultural standards, expectations, values and norms and keeps the African identity.

The concept of Ubuntu has since been applied to various fields including management, politics, social work and even computers (Nyanguru and Mugumbate, 2010). Whilst widely acclaimed, there is an emerging level of criticism on the concept, one being that it cannot be universally applicable. It is deemed by Hailey (2008) to have no solid framework. However, as Mugumbate and

Nyanguru (2010), note, sympathisers have pointed out to the fact that globally accepted practices, like democracy, are by no means universally applied but they have found their way into most communities. Despite the criticisms, which by no means are not fully addressed here, as Mugumbate and Nyanguru (2010) note, Africa requires a strong identity that resonated well with its culture and the Ubuntu contributes towards this.

### **THE EXTENDED FAMILY AS A SOCIAL SAFETY NET FOR VULNERABLE CHILDREN**

The extended family, is defined by Haralambos and Holborn (2004) as that which “combines different generations and different branches of the family e.g. grandparents, parents, cousins, uncles and aunts” p 24. It remains a widely celebrated institution for providing an informal social safety net. Extended family members have been known to support each other through hard times with cash, food, housing, and care for the sick or dependent relatives, the provision of material relief,

labour, and emotional support to destitute or bereaved families (World Bank, 2009). This also applies to the local Zimbabwe context in which economically better off households tend to support those less privileged. However, those without financial means also support other extended family members with moral support especially during times of bereavement where their physical presence is appreciated, and with labour in the case of farming. They are regarded by Foster et al (2010) as a “central human social unit” (pg 12).

Whilst they have always existed, extended families became visibly evident in the wake of HIV when households had to provide care for their sick relatives. This care then became formalised through programmes such as Home Based Care but this still did not replace the support provided through extended family networks. Basing on a study in rural Zimbabwe, Nhamo, Campbell and Gregson (2010), note that public denial of HIV and AIDS masked the reservoirs of private support to affected families.

Formal safety nets on the other hand, are usually state run and include non-contributory transfer programmes, which seek to prevent the poor or those vulnerable to shocks from falling below a certain poverty level (World Bank, 2009). Kaseke (1995) critiques the formal safety nets, noting these have suffered from errors of exclusion, targeting and insufficient funding to cover all deserving cases. Despite this, discussion of HIV/AIDS responses have been dominated by formal responses, yet they carry a small portion of the burden, (Nhamo et al, 2010).

By its nature, the family is designed to uphold, transmit and protect the values and culture of that family or community. The transmission of progressive cultural norms also acts as a protective mechanism against inappropriate external influences which are considered detrimental to the community and family. The transmission of values and culture also acts as a means of social control in which if one deviates from the norm, they are reprimanded based on the known values. For vulnerable children, especially orphans, the transmission



of values and life skills becomes very significant as they are unlikely to receive such knowledge from anywhere else, especially on values and norms of the specific extended family or community. Having said so, it should be noted that these functions have the potential to change from time to time as culture remains dynamic and the functions need to be understood in the context of the particular period and with understanding that some cultural practises can be detrimental to the wellbeing of already vulnerable children.

The extended family also provides for informal adoptions and fostering of vulnerable children. For example, in a collegial set up, vulnerable children that are fostered within the extended family set up are raised as part of the family and an outsider would never know they were not biological members of the nuclear family unless the family chose to divulge such information. Bourdillon (1991: 26) explains this concept by noting that in the traditional Zimbabwean Shona and Ndebele communities, life was characterised by “brotherhood”,

where in everyone looked out for the next person especially during times of distress. There was a strong sense of an individual belonging to a larger extended rather than a nuclear unit (Nyambedha, 2003, Mushunje, 2006). The Zimbabwean adage “*chakafukidza dzimba matenga*” literally translated means that one would never know what goes on in a household unless they were informed by the household members. Informal fostering and adoption is therefore not foreign in the Zimbabwean context. In some cases, biological parents would voluntarily send their children to live with extended family members, even for long periods of time, without relinquishing their parental rights and responsibilities. Reasons for this included strengthening extended family ties, redistributing child labour, making life-cycle adjustments of household size and composition, schooling, and taking advantage of an informal insurance mechanism. To this extent, both extended and nuclear families were a self-sufficient unit which self-propagated and managed to ward off external threats and shocks. Because of this, the strong belief in the extended family by Zimbabwean communities makes the molecular

family pattern alien and to be inimical to the traditional value of community.

On the Sub-Saharan front, voluntary or purposive informal child fostering has been widely practiced especially in the Western region, and is normally understood as a transfer of parental rights and obligations that is reversible and limited in time (Goody, 1982). Pennington and Kanabus (2006) note that throughout Sub Saharan Africa (SSA), there have been traditional systems in place to take care for vulnerable children. However, of concern is that HIV/AIDS has generated orphans so quickly that family structures are crumbling under the burden, leading to an unprecedented establishment of child headed households. Statistics suggest that in SSA, foster parents are looking after 35% of orphaned and vulnerable children and only 0.1% are being adopted (Sloth-Nielsen, 2003). This leaves a large number of children without parental care which in the absence of the extended family inevitably leads to child headed households. Up until this point it was assumed that ‘there is no such thing as an orphan in Africa’

(Foster et al, 1996: pg 389). The traditional practice of absorption of vulnerable children is subsequently under threat as a result of the sheer numbers that need support and care.

Also, aunts and uncles (translated *tete and sekuru* respectively) were tasked to impart knowledge on how to behave as boys and girls grew up. Such knowledge includes values of the family and community and how to behave when one married. Parents also sent their children to “*tete*” or “*sekuru*” for training and preparation for the uptake of adult roles or for marriage (Bourdillon, 1991). For older girls, there is intense training in the area of home making (a traditionalist view of the roles differentiated by gender), or for the younger girls, the preparation for the onset of menses, a stage which signifies the transition from childhood to adult hood. Similarly, for boys, they are prepared for roles as husbands and how to relate to their wives when the time arises. The “*tetes*” and “*sekurus*” also act as points of mediation when young girls and boys face problems with their parents. A “*tete*” is usually called to reprimand a girl

if the parents believe the child has misbehaved or is engaging in relationships with boys before her time. Ultimately, this system also acts as a means of mentorship and influencing the direction of the children's lives. This means that family and community values are upheld from generation to generation and ensure continuity of the same.

The extended family also upholds the principle of responsibility for and accountability to one another. It is closely linked to the wider community and can be what Nhamo et al (2010) refer to as the "bridge" to the wider community and even NGO and government support. Traditionally, before one goes for assistance outside, they are expected to have exhausted the immediate support. This is also used as a way of protecting a family's integrity and pride.

Vulnerable children are increasing at an unprecedented rate and social service provision is lagging behind. The Department of Social Services, which is mandated to provide for child welfare is severely compromised

because of the shortage of resources including financial and human (Powell et al, 2004, Wyatt and Mupedziswa, 2010). Given the various challenges the formal social safety nets are experiencing, the extended family provides a typical example of an informal social safety net that can be complementary to existing formal social safety nets. For vulnerable children, the extended family plays a critical role in bridging the gap between the threats of the loss of childhood in the face of adversities to child protection. Loss of childhood results from children having to take up adult roles to fend for themselves in child headed households including negative coping mechanisms such as engaging in transactional sex.

It is noted that the extended family has been undergoing changes and will continue to evolve due to external factors such as migration (Ejizu, 1986). Contemporary Western models that herald the nuclear family household as ideal and minimize the importance of the extended family are relatively recent and have resulted from a number of factors, including class influences in social

networks, the increasing importance of individualism brought about by Western political change and education, the decline of kinship in defining social networks, HIV and AIDS, migration and the replacement of government services for those traditionally associated with the family. Zimbabwe has experienced rural-urban-trans border migration as bread-winners migrate in search of economic opportunities as a survival measure. One of the impacts of this has been the non-connectivity of households to the extent that relatives do not know each other. With families sometimes being separated by long distances and residing in different countries, regular communication between family members may be difficult. As a result, close ties that existed between family members have become weaker and often led to children growing up without the knowledge of relatives which makes it impossible to sustain meaningful relations. When such children are orphaned and/or are vulnerable, they find they have no-one known to whom to turn. For instance, in a study of OVC by Foster et al (1997), it was found that some households did not know of any living relative. Lack of assistance by relatives to

vulnerable children therefore may be due to relatives simply not knowing about the desperate situations faced by their orphaned relatives (SAfAIDS, 1996).

The current urban lifestyle and tendency to emulate the Western nuclear family are also playing a role in eroding the concept of extended family support system. Funeral rituals and weddings which were once an affair of the whole extended family are becoming a household burden. Children are now less and less the collective responsibility of communities, a legacy that has been historically associated with child rearing in Zimbabwe and Africa at large. Extended families no longer feel obliged to welcome vulnerable children when they are not even sure of the future for their own children. Over the last decade, unemployment levels have ballooned from two-digit figures to the current unprecedented estimate of 94% (Mupedziswa, 2009). Because of these hardships, households become more inward looking and are grateful if they can provide for their children which crowds out the children from the extended family. One of the impacts of all of this is increased family



individualism leading to the reduction in size and complexity of households (Goode, 1996). In a study by Foster et al (1997), it was found that in 88% of the households studied, relatives did not want to care for children who were vulnerable or orphaned because they could not afford to do so and not so much that they did not care.

Yet, in the face of otherwise pervasive adverse economic and social change towards Western cultural models, extended family households in Zimbabwe have proved remarkably resilient.

Though the extended family is widely celebrated in Africa, it should be noted that it is not always the safe oasis it is desired to be. It can be a potential haven for covering up cases of child abuse in the home (Madhavan, (2004). In some families, where there have been cases of sexual abuse/ incest, deliberate choices are made to conceal the abuse in order to protect the family name. In a study by Foster et al (1997) it was established that children who had been orphaned and moved in with

extended families often reported being verbally abused, neglected, forced to undertake exploitative work, and not allowed to attend school. Given this background, orphaned children preferred to live on their own where they felt safer. Some orphaned children preferred to stay together as a family group in familiar surroundings (schools, friends, neighbourhood etc.) rather than be split up or “parcelled out” amongst various relatives (Sloth-Nielsen, 2003:2). Fostering resulting from a crisis situation such as divorce, death or illness of either parent appears to put children at greater risk of neglect, resulting in lower enrolment in schools or greater work responsibilities (Case and Ardington, 2004; Ainsworth and Filmer I, 2005).

Also common in extended families, is that girls have been withdrawn from school or have less time for homework because they are required to care for sick relatives and provide for cheap labour (Barnett & Blaikie, 1992). Despite this, evidence seems far from

conclusive, with some studies indicating that orphans placed with close relatives (grand-parents, aunts, and uncles) are not disadvantaged (Urassa et al, 1997), and that poverty rather than orphan status per se, needs to be targeted as the more likely cause of vulnerability (Ainsworth and Filmer, 2002; Campbell et al, 2012). Isiugo-Abanihe (1985) notes that understanding the intricacies of the extended family would be helpful even in designing programmes/interventions. Such interventions should be cognisant of pre-existing social dynamics as this may hinder or facilitate efforts (Campbell, 2012).

## **THE FUTURE FOR THE EXTENDED FAMILY**

The outlook for the extended family is unclear. At the same time, it is certain that as socioeconomic conditions, technology, and cultural values continue to change, so will the face of the extended family. New constructions

of the extended family are inevitable in contemporary society. Indeed, household formation is a process. Nuclear family households may mature into extended family households as children grow up and marry. Conversely, an extended family household may disappear with the death of a grandparent. It would therefore be naive and short sighted to believe the extended family will continue in its original form and functions. Perhaps the functions will also change and Zimbabwe needs to be prepared for these changes. Lessons of successful extended networks can be drawn from examples such as those in Taiwan (Stokes; Leclere; and Yeu 1987), Japan (Morgan and Hiroshiman, 1983), India (Ram and Wong 1994), and China (Tsui 1989) where extended families have survived external pressures. In Africa, researchers have portrayed the persistence of extended family networks as cultural bridges in modernization rather than impediments (Silverstein 1984). Ankra (1993) and Sloth-Nielsen (2003) still contend that the extended family has a role to play in modern day society and remains the predominant unit for informal safety nets throughout Africa.

The fact that vulnerable children, in predominantly patriarchal societies are now being fostered by maternal rather than paternal relatives, especially in peri-urban areas is symptomatic on the decline or changes of traditional extended family practices (Foster et al, 2010). Foster et al (1997) acknowledge the modification of the roles of the extended family. Without discounting the important role of the extended family, there is need to be forward looking and pro-active in social safety arrangements especially for vulnerable children as Zimbabwe is still saddled with the impact of HIV and AIDS and the resultant vulnerable children despite the existence of Anti-Retroviral-Therapy.

It is therefore imperative to start considering ways in which the extended family can be supported to ensure that it does not completely disintegrate given the manner in which it is, among other factors reliable where it exists and has been probably one of the most effective ways of social security and the provision of safety nets. Clearly, the extended family is not endlessly elastic and should benefit from support to perpetuate its existence, albeit, in

a modified form. Nhamo et al (2010) suggest an ‘AIDS competent community’ which model can be adapted to the extended family. They argue, in this model, among other factors, local people work together to contribute to addressing challenges with the appropriate use of resources. The model also advocates for the existence of bridges or partnerships between local and outside agencies, a role the extended family could play.

## **RECOMMENDATIONS**

In spite of the changing context in which children are being raised, the extended family remains a robust social safety net to respond to vulnerable children’s needs. Sloth-Nielsen considers it to be the backbone of African society (2003). Notably, there has been recognition by formal institutions that extended family networks are also under threat and in response various safety nets have been provided. Indeed as Foster et al note, the fact that community coping mechanisms are changing does not imply that extended family methods of caring are about to break down (Foster et al, 1996). The Framework for

the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS by UNICEF (UNICEF, 2004) highlights the need for a variety of social protection mechanisms to enhance the economic resilience of households. The framework's key strategy is to ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to families and communities. In agreement with this, the next section discusses possible interventions to ensure the extended family remains relevant as social safety net for vulnerable children.

Some of the suggested ways to maintain the extended family's relevance includes:

***Creation of linkages between extended families and formal community based structures of support***

It is important to recognise the role of communities as a bridge and a means of support for vulnerable children. Communities are made up of families and households. These members can be provided with training to identify

potentially vulnerable children and link these with appropriate services. The establishment of child protection committees by the Ministry of Labour and Social Services is commended but these need to be financed in order for them to be effective and functional otherwise they run the risk of increasing the burden of care on already stretched community structures as they participate in multiple programmes. The integration of the household, extended family and community as a tripartite care system forms the vital kinship support structure for sustainable childcare programmes.

***Provision of predictable support community to support vulnerable children***

Given the socio-economic hardships households facing in Zimbabwe, it is important that appropriate interventions are crafted to ensure that children who are not absorbed into the extended family are cared for by the wider community. For orphaned children, one such example is supporting them within the context of their households. As presented in the discussion, some already



comfortably live on their own and given the negative experiences some have had at the hands of extended families, it is worthwhile to support such households within the confines of their homes. Goldblatt and Liebenberg (2003:3) note that ‘if adequately supported (a crucial caveat), children living alone can find themselves safer than if living with adults’. Foster grants could be converted to child headed grants and administered through community administration structures.

***On national budget community safety net programmes***

Linked to the above recommendation, government should provide predictable support to the communities to run local social safety net programmes. As part of its broader social protection strategy, government should fund community based programmes such as subsidised agricultural input schemes, cash and social transfers and community foster grants which are managed by community structures and specifically targeting vulnerable children. The community structures would have to be accountable to the national structures for transparency. Such programmes could also be linked to

income generating programmes spearheaded by the community and where vulnerable children can participate with care given that they are not exploited in the process. The child protection committees would play a role in ensuring there is no exploitation. Such programmes would need to have clear targeting criteria so that exclusion errors are eliminated. Foster grants would also have to be fully implemented so that extended family members taking care of vulnerable children are assured of additional support, given that such families may also have a number of their children for whom to care and provide. This means such money has to be budgeted for at the national levels.

## **CONCLUSION**

Concerns about the rising orphan crisis in southern and eastern Africa are clearly appropriate and justified, as are widespread perceptions that extended family systems are no longer able to cope, that households are increasingly poor, and that communities and the state needs to intervene (Subbarao and Coury, 2004). Dominelli (2004),

however cautions on the manner in which public institutions have “usurped” many of the family’s earlier functions and in so doing they have undermined the coherence provided by family organizations around these activities which may engender a sense of anomie at the household level. This implies that regardless of the more formalized systems that are in place or being developed, the importance of the extended family unit should not be disregarded.

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