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EDITORIAL NOTE

While it is indeed an honour to be publishing this issue of the AJSW, it is with profound sadness that it has to be done in the absence of Professor Andrew Nyanguru who died in Zimbabwe in May 2014. It is therefore appropriate that we pause to recognise and celebrate his life. His editorial presence will certainly be missed, but we will continue with the scholastic legacy which he has left behind. In memory of our renowned and esteemed Prof Nyanguru, Abel Blessing Matsika and I have dedicated a part of this issue to his obituary. May his soul rest in peace.

The first article in this issue came from Oesebius Small, Cecilia Mengo and Brendon Ofori of the University of Texas at Arlington in the United States of America. Using a social choice and chaos framework, they explored the work of NGOs operating in different countries. Their research highlights the efficacy of Community Based Participatory Research (CBPR). The second paper was provided by Ngoni Makuvaza from the University of Zimbabwe. The paper bemoans the scourge of child- sexual abuse as well as the problem of female rapists reported in Zimbabwe. It is particularly disconcerting when it is reported that there are over 2000 child rape cases reported each year in Zimbabwe. To this end, the author posited education for hunhu/ubuntu *as having the potential to address this problem. In the third article, Lizzy Chinyemba from the University of Zimbabwe looks at challenges experienced by unemployed adults on Anti-Retroviral Therapy (ART) in Harare, Zimbabwe over two periods, 2008 and 2013. The study concludes that there is a co-relationship between socio economic status and ART adherence and recommends a holistic approach to ART. The forth paper by Potiphar Nkhoma from the United States (also working in Guinea, Liberia, Sierra Leone and South Africa) examined drinking and depression as predictors of social support and quality of life among civilians and ex-combatants in South*

Sudan. Gender and affiliation were found to be significant predictors of social support while education and drinking were significant predictors of quality of life. However, depression was not a significant predictor of either. The last paper in this edition came from Mobolaji Isaiah Ojedokun of the University of Ibadan, Nigeria who examined the effects of religion, educational status and stigmatization on acceptance of tuberculosis services in government hospitals in Oyo State. The result of the study showed that stigmatization did not have any significant relationship on acceptance of tuberculosis services ($r=0.001$, $n=300$, $P>0.05$) but there was a significant relationship between religion and acceptance of tuberculosis services ($r=590$, $n=300$, $p<0.05$) and between the level of education and acceptance of tuberculosis services ($r=.253$, $n=300$, $p<0.05$). It was recommended that tuberculosis education should form an essential part of social work, health education and health promotion curriculum.

I would like to thank our network of reviewers, advisors and more importantly, our writers and researchers. The next edition will be coming at the end of the year and as such I encourage educators, researchers, practitioners and postgraduate students to submit their papers. The AJSW is always ready to work with you throughout the publishing process.

Once again may I appeal for support towards the running of our journal? Support is mainly needed to fund the print edition and to initiate a dedicated and interactive website.

Jacob Mugumbate

Acting Editor

Email: jacob.mugumbate@uon.edu.au

Statement of Policy

The African Journal of Social Work (AJSW) is an international refereed journal that serves as a forum for exchanging ideas and knowledge and discussing issues relevant to social work practice, education and research in the African region. Producing 2 issues a year, the Journal is published by the National Association of Social Workers (Zimbabwe) and is committed to reflecting culturally relevant and appropriate social work practice in Africa. Social work is seen as a broad-based profession that can vary from individual casework to community development and policy-related concerns.

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RETHINKING POVERTY: THE ROLE OF INTERNATIONAL ORGANISATIONS IN GRASSROOTS DEVELOPMENT

Eusebius, Small[a], Mengo, Cecilia[b] and Brendon, Ofori[c]

ABSTRACT

Resource inequity and disparity between nations and communities is a significant social problem. The consequences of such inequities are immense and are compounded by governments' failure to find lasting solutions. International organizations have stepped in to fill the gap; however, their efficacy is fairly undocumented. Using social choice and chaos frameworks, we explore through a literature review and field experiences the work of three NGOs operating in six different countries highlighting the efficacy of Community Based Participatory Research (CBPR). Practice recommendations are provided that underscore the relevancy of a skilled workforce, great management, as well as an objective environment independent of bureaucratic coercion.

KEY TERMS: Chaos Theory, inequalities, poverty reduction, international organizations, Social Choice Theory, grassroots development

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INTRODUCTION

Despite efforts by governments to narrow social inequity, major economic, social and political struggles still persist. Today, half of the global population live on less than $2.50 a day (Henderson & Cooper, 2004; World Bank, 2012). A majority of these 3 billion people reside in developing countries. Given that the vast concentrations of wealth are in the hands of a few individuals, i.e. less than 1% of individuals own over a third of the world's wealth, this gap is unsustainable (Credit Suisse Research Institute, 2010). The paper highlights the important work some governments and Non-governmental Organizations (NGOs) have done to mitigate these social ills.

BACKGROUND

The social consequences resulting from economic disequilibrium are immense. Yet still, very little public appetite from governments and corporations exist to undertake the macro progress necessary to address the needs of vulnerable and underserved populations. Frequently, governments and private corporations do choose narrow economic paths in rewarding their stake holders and ignore the safe and secure economic path of property rights, honest public service and novelty. These forces hold economies back. Although reducing social disparity is complex and may require the engagement of public and private partnerships; finding sound approaches to solving these perennial problems is important. Urbanization has been a long

term drain on the economic vitality for most of the developing world, affecting rural communities as well as the urban. Decades of poverty, inhumane living conditions, congestion, and social unrest have contributed to a distrusting society that finds their governments unresponsive to their needs. While some governments have made great progress, fewer have recognized the potent institutional social liabilities--illiteracy, poverty, misgovernment and cronyism that often extricate wealth and pull societies backwards. Drawing from our extensive literature review on the work of NGOs as well as our own field experience, we contend that collaborative partnerships between governments and NGOs can make a difference in creating sustainable wealth.

RELEVANCE OF NGOS

NGOs have played an important role in addressing the social needs of communities and have pushed for long lasting and sustainable development (International Institute for Sustainable Development ([IISD] 2013). Unlike governments and corporations that might be bounded by competing interests, NGOs attempt to analyze social problems with neutrality, and cooperatively, together with the community, articulate necessary steps in addressing these needs. NGOs nurture and capture the social resiliencies available in the community by galvanizing the naturally available capacity to finding needed solutions. Through health literacy promotions, disease

eradication initiatives, innovation and economic empowerment, NGOs significantly contribute to the social welfare (IISD, 2013).

Further, NGOs understand the scope and social consequences of poverty and its potential to ignite social unrest. The invisible liabilities (e.g. lack of skills, mismanagement, illiteracy underutilization of resources etc.) can strangle development and cultivate a culture of dependency (Kling & Schulz, 2009). These liabilities pave the way for corruption, political gamesmanship and a sustained token economy (material reinforcers) that could cause social unrest. Social unrest, defined as the general condition of a society where movement in a confused manner is both regular and widespread, emerge as a collective reaction to the perceived discontent over unjust social arrangement (Social Unrest, 2013).

CAUSES OF SOCIAL UNREST

Political scientists have struggled to explain the causes of social unrest to encompass social, political, economic, and environmental causes (McAdam, 1983); food scarcity and food price increases, (Dowe, Haupt, Langewiesche, Sperber, 2001; Stevenson & Quinault, 1975); variations in international commodity, climate change (Zhang et al., 2011; Burke, Miguel, Satyanath, Dykema, Lobell, 2009) and demographic changes, (Goldstone, 1993). It is theorized that social, economic, and political tensions accumulate gradually over time and spike into sudden outbursts of unrest, causing contagious turmoil (Dowe et al., 2001; Burke et al., 2009). When a citizen of an

underdeveloped nation, for example, faces a development gap in an already "flattened world" as Thomas Friedman would metaphorically define globalization and its impact, (2005), destabilization forces are potentially inevitable. For example, the average income in Africa is less than $2,000 a year per person, compared to the United States which is more than $30,000 (Kling & Schulz, 2009). This gap holds societies back and encourages corruption by rewarding those who expropriate wealth than those who create wealth. This is a constant source of conflict.

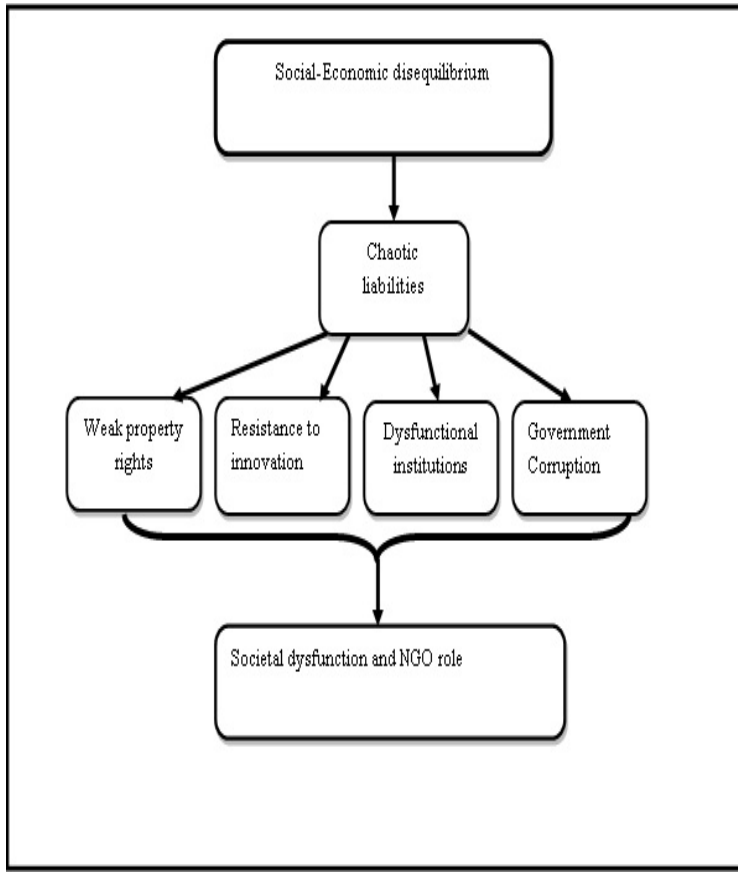
Understanding the push factors to conflicts is helpful. Because NGOs in essence, operate in a non-political climate and are impartial; they help narrow the social knowledge gap by sharing and stimulating bottom-up innovative and community-based projects. Empirical as well as experiential knowledge has shown that governments who have robust economic systems operate within a framework of working legal systems, rule of law, and a functioning social and economic protocol (Tebaldi & Mohan, 2010). Poor social arrangements and political institutions are invisible liabilities that can stifle innovation (Kling & Schulz, 2009). For example, where there are weak property rights and unchecked government power such as in Zimbabwe and North Korea, prosperity can be elusive (Kling & Schulz, 2009). Hong Kong, Singapore, and Israel on the other hand, are exemplars of relative robust operating system of rules, customs and standards that even in the absence of natural resources, for example, can galvanize economic prosperity. The

social norms of a country, often related to culture, institutions, religion, national ethics and values, play a significant role in explaining social inequality (Haferkamp & Smelser, 1992). South Korea, for example, is one of the richest countries in the world today; North Korea, however, still grapples with enormous backwardness and abject poverty. Although the culture between the South and North Korea today is very different, the Korean peninsula has a long period of common history dating back to before the Korean War where the two countries had unprecedented homogeneity in language, ethnicity, and culture (Acemoglu & Robinson, 2012). What sets these two countries apart, for most part, are the political and economic pathways they have adopted. Building on the strengths of international organizations, we document how grassroots mobilization and community engagement can play a role in social and economic development.

CONCEPTUAL FRAMEWORK

In his writing on the social chaos theory, Priesmeyer (1992) stressed the concept of future locale and how it is determined by its current position of competing burgeoning forces. Chaos is described as a situation of sensitive interplay of events, dependent on the initial conditions where a small shift in one place can affect social and cultural stability (Priesmeyer, 1992). Historical epochs in pre-colonial, colonial and post-colonial period may have contributed to disequilibrium in the existing social, economic and political locale, creating the potential for instability (see figure 1).

Figure 1*: Conceptual pathways of social-economic disequilibrium (Source: Priesmeyer, 1992)*



A functioning government needs solid institutions that are sustained by the rule of law. Economic growth has been realized in most of the developed world, while in poor countries, we see stagnation, poverty and desolations (Kling & Schulz, 2009). International NGOs work

in isolated communities to identify intangible community capital such as, valuable skills that supplement unskilled labor. In fact, in poor countries where NGOs operate, namely, the democratic Republic of Congo, Nigeria, etc., the United Nations report consistent registration of negative wealth per person, defined as the average negative worker's output (Lewis, 2004). The lack of skilled workforce as is in these countries pulls economies backward, thus the negative wealth output.

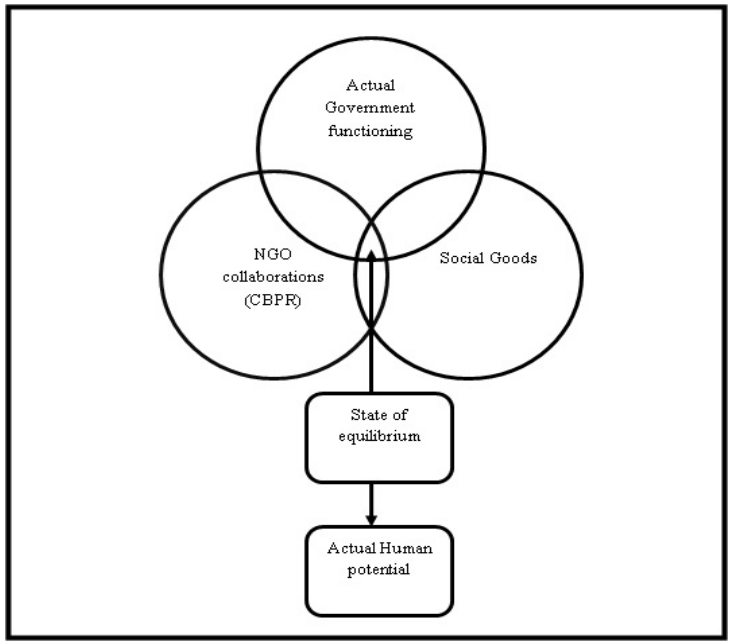
Utilizing the perspective of the Social Choice theory, NGOs understand that people afflicted by poverty would better their life by participating in activities of their choice to bring about the change they want. This can be done through building mutual community partnerships. NGOs act as catalysts of change for community developmental goals. Social Choice theory proposes that societal well-being is measured in the ability to evaluate and assess the potential capacity available in the community and to harness the existing human potential for a genuine collective social action (Atkinson, 1999). Primarily, Social Choice may explain economic growth and how societies balance the tradeoffs between community needs and resource availability (See figure 2). Choices are made to improve the social conditions in the country; conditions that could make or break the country. Mokyr discusses this phenomenon of choice selection as a "brake analogy" where cultures may serve as parking brakes against innovation, growth, and progress (1992). Conservative religious practices for example, and/or unequal

treatment of people under the law can stifle the human spirit for innovation (Elster, 1990).

NGOS AND COMMUNITY PARTICIPATION

The work of NGOs is to leverage efforts that can accelerate, not break, the expansion of the human capacity present in the community and jump-start communities' economic participation. Community Based Participatory Research (CBPR) for example, is one way that has been utilized by some NGOs to bring about sustainable development. It is a collaborative approach that engages "local stakeholders" in research as they are the most impacted and are "owners of the issue(s)" (O'Toole, Felix-Aaron, Chin, Horowitz & Tyson, 2003). Initiatives have to be transformative, truly inclusive, participatory, and more than short term development projects (Lederach & Jenner, 2002). GROOTS International is a good model that uses analytical and strategic approaches to community development (Moser and Sparr, 2007). Save the Children, UK, harnesses capacity building at the country level to link micro interventions with national policy work in countries where they operate (Moser & Sparr, 2007).

Figure 2: *State of equilibrium in the lens of social choice theory (Source: Priesmeyer, 1992)*



SPECIFIC NGO ROLES

We define an NGO as any independent, not-for-profit organization established voluntarily to address community specific concerns. NGOs address social needs and act collectively with the community to meet those needs. Because they are independent, they are self-managed through a board of trustees, entrusted in making decisions on behalf of the organization. Being not-for-profit does not mean NGOs cannot engage in profit-generating activities, but rather they use the profits or revenue generated to advance the organization's causes. As voluntary organizations, NGOs are not confined by the

politics of the countries' they operate into but are guided by established statues governing all NGOs in the country.

NGOs engage in diverse activities that are geared toward a cause to help the communities' needs. While we highlight these activities of the NGOs, we recognize that the success of their operations can overwhelmingly be met when there is a relatively functioning, stable political system, consisting of rules, customs, standards, and protocols. Governments' collaborative efforts are important because they provide a platform as willing partners in welcoming international NGOs into the country and ensuring their safety as they operate in usually remote communities. Successful NGOs understand that a framework where knowledge is rooted in the belief that, the most impacted by the problem, should take the lead in framing the research questions, in designing study methods and in determining the outcomes they want.

IMPORTANCE OF LOCAL COLLABORATION FOR NGOS

In their analysis of the different strategies utilized by NGOs in poverty reduction, Moser and Sparr, (2007) have pointed out that project implementation and evaluation has often been devoid of maximum community participation due to structural challenges. A lack of community participation hinders economic development in a number of ways as outlined by Goodman et al. (1998) and Freudenberg, (2004). An encouraging practice is the partnership of NGOs and other civil society organizations (CSOs) as well as

working with multiple United Nations agencies in addressing common programmatic needs. In Rwanda for example, CSOs and UNDP (The United Nations Development Program) joined forces with UNCDF (United Nations Capital Development Fund) to implement a decentralization program in the Rulindo District. Evidence-based participatory planning helped the local government build infrastructure that meets the needs of communities, such as bridges that connect farmers to their markets and children to schools. The Netherland Development Organization (SNV), a Netherlands NGO and UNDP facilitated local communities in Niger to work with mayors to design a new system for local revenue collection and to rehabilitate schools and health centers.

In Liberia, UNDP helped reactivate the National Vacation Job Program. As a result, youth who had dropped out of school are now able to return to school quickly and can acquire useful job skills. In Tanzania, UNDP and Unilever, worked to develop a local value chain of Allanblackia oil, a substitute to palm oil used in production of soap, margarine and spreads. By 2010, farmers participating in the project, of which 47 percent are women, collected 500 tons of Allanblackia oil from the forest and planted trees, securing an additional source of income to pay for school fees for their children, food, health care, and agricultural inputs (UNDP, 2012).

On a much smaller scale, The Collective for Orphan Care and Education, a small NGO was established to respond to continued social, economic and educational needs of youth in western Kenya.

Its mission is to work together with the local community to improve the health, education and well-being of vulnerable youth. Because one major problem identified by the community was a lack of educational opportunities for the youth, The Collective for Orphan Care and Education has been able to mobilize partners in enabling young boys and girls to receive educational scholarships for their educational needs. For example, the agency has been working with a local primary school, Bukhulungu Primary, whose majority of children have been orphaned by HIV to build classrooms for children to learn. The community has identified resources available within and has embarked on a volunteer program where recent graduates and retirees can come to the school and teach young boys and girls how to read to improve academic success. This also gives community members an opportunity to give back and invest in others. It has also embarked on a collaborative endeavor, working with the community and their international partner to build a community center that will house programs for children attending the school - a food program, a teenage pregnancy prevention program, information and counselling about HIV/AIDS, and a library. These efforts are accomplished through partnering with the locals for the good of the community.

That said, there is still more work to be done. Common problems associated with NGOs include, centralization of expertise which makes people not to feel a part of the help or change process. This can cause unresponsiveness from the people disallowing them to buy

into the fundamentals of the organization. Competing interests between groups for resources can also prevent healthy collaborations. Since change or development efforts usually require empowerment of people, absence of local support could cause development efforts to lack sustainability in the long run. A change or developmental process might also be considerably slower if immediate action cannot be mobilized through committed local participants.

Another problem is the lack of engagement of the local population. Not employing locals in collaborative efforts could lead to a more expensive change process or service delivery. This could mean that cheaper local resources might not be employed despite their abundance. Culture can play a big difference in the way needs are perceived by people. If local participation is not sought for programs/projects, cultural incompetence could lead to failure since the program might not be meeting the needs of its mission. New insights and ideas might also be overlooked if local participation is neglected. As a result, an effective partnership of International organizations partnering through community based participatory research should specifically show how research may be utilized in efforts to eradicate poverty and inequality. This kind of partnership will help to answer questions like: Are there any policy makers that are ready to be committed to the issues that are being raised? Are there democratic decision making processes among partners that

ensure that individual and collective choices have been factored in before any decision is reached?

RECOMMENDATIONS AND IMPLICATIONS FOR FUTURE RESEARCH

There are many factors that influence the strategies utilized by NGOs in poverty eradication. In particular, CBPR is a strategy that has been widely utilized as a form of participatory or empowerment research by different entities and with different populations. However, one major problem still looms in regard to the level of involvement of key participants in all the phases. Embedded rules, rituals, routines, and beliefs within the structure of NGOs could lead to a bureaucratic red tape. Nevertheless, CBPR remains the most utilized form of research that engages communities in identifying issues that affect their personal wellbeing. Moreover, finding a testable model to combine concepts of social choice theory, social chaos theory and CBPR in addressing the sustainability of NGOs will be significant. The emerging model can be utilized in strengthening the partnerships of NGOs and people afflicted by poverty.

CONCLUSION

NGOs in partnership with grassroots organizations must create a platform and support for individuals and groups to empower them for self-sustenance and skill development. Such organizations have to be formed and managed by the people themselves, not for them.

For this to succeed, a community has to be foresighted, highly motivated and selflessly committed, and have an altruistic leadership. Finally, the objective of the present paper was to analyze the contributions of NGOs in engaging local community stakeholders to meeting the needs of the community. We argue that participatory research can be key in stimulating development. We have built this argument by considering "five faces" by which to assess the significance of NGOs: (1) relevance of an NGO; (2) uncovering the causes of social unrest/problems; (3) utilizing appropriate theoretical framework; (4) community involvement; and (5) governance. We conclude that NGOs, governments and communities can work together in Knowledge exchange, skill development, communication, and education dispensation.

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INTERROGATING THE 'IRRATIONALITY OF THE RATIONAL' & CHILD SEXUAL ABUSE IN ZIMBABWE: THE CALL FOR EDUCATION FOR HUNHU / UBUNTU

Makuvaza, Ngoni

ABSTRACT

This paper bemoans the current scourge of child- sexual abuse as well as the recent disturbing phenomenon of female rapists bedevilling the nation. It is particularly disconcerting when it is reported that there are over 2000 child rape cases reported each year in Zimbabwe. The author considers this as a serious problem which needs urgent attention. However, the author claims that, this scourge is concomitant with man's broad search for 'happiness'. Thus, this insatiable search for happiness has regrettably created a dilemma or paradox for 21st century man in Zimbabwe. This paradox hinges on man's incessant and insatiable thirst for rational goods (happiness) through irrational means. Essentially, this has culminated in what this study refers to as the 'paradox of the rational' or the paradox of the 'irrationality of the rational'. To interrogate this problematic malady, the author posits the following theses: (a) Zimbabwe is systematically sliding towards the 'irrationality of the rational', (c) consequently, there is need to revisit and 'renegotiate' the dominant perception regarding the rationality of man, and lastly; (c) it is not jails and stiffer penalties (not even 'fencing') on the offenders that can contain this scourge but probably a 'cultural rationality' emanating from chivanhu and hunhu. To this end, the author posits education for hunhu / ubuntu as having the potential to address this problem. In this paper, 'man' shall refer collectively, to both male and female.

KEY TERMS: irrationality, cultural rationality, education for hunhu, chivanhu

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INTRODUCTION AND BACKGROUND

Crime and its possible causes and explanations can be interrogated from various perspectives notably; economic, religious, political and psycho - social. However, notwithstanding these causes and explanations of crime, we argue; the bottom line is that; crime can be interrogated from the premise of man's search for happiness, either in the short - term or in the long - term. Accordingly it is posited that; the search and quest for happiness by the twenty first century man in general and in Zimbabwe, in particular, has constituted a dilemma or a paradox for man. The paradox centres on man's incessant search for rational goods, thus happiness, through irrational means. This has resulted in what this paper is referring to as the 'paradox of the rational' or the 'irrationality of the rational'. In Zimbabwe, this paradox is evident, among other crimes, in the increasing despicable and horrible incidents of 'crimes of passion' or ' invasions of childrens' innocences' perpetrated by the so – called rational, not only on human beings but even on non – human beings. This paper is therefore, premised on interrogating and articulating this paradox.

To that end, the paper examines, the concepts; rationality, Platonic education and education for *hunhu* and lastly; cultural rationality. The author examines the concept 'rationality' because it is considered critical in firstly; distinguishing non human – beings from human – beings, in other words, persons and people from animals. Secondly, such an examination is considered as the basis

for evaluating the type of judgments and decisions man makes in his pursuit of happiness. The paper also examines Platonic education and education for *hunhu.* The paper examines Platonic education, because we think that his argument that education should produce a 'good man' is vital to this paper. However, the author concedes that; if the good man is to have relevance, then his relevance should speak to a specific context. In that regard, the author considers education for *hunhu*, as having the potential to produce a good man with *hunhu* who can be considered appropriate and acceptable within the Zimbabwe. In light of the problem under discussion, the author puts it that; on the basis of such an education anchored on *hunhu*, such a person is capable of making culturally rational judgments and decisions in his in pursuit of his happiness, which are culturally rational. Thus, this paper posits cultural rationality anchored on education for *hunhu*, as an intervention strategy in addressing the current scourge of the 'irrationality of the rational' in Zimbabwe. To that end the paper posits the following theses, that: (a) there is need to probably revisit and 'renegotiate' the dominant perception regarding rationality as the distinctive quality separating human beings from other non – human beings, (b) while it is maintained that rationality is a 'given' to all 'human – beings, not all of them necessarily act rationally, thus; while all people can think, not all of them can think rationally, (c) while all human – beings are people(*vanhu),* not all people are persons (*vanhu kwavo)* (d) Zimbabwe is systematically sliding towards the 'irrationality of the rational' and lastly (e) it is not jails and stiffer penalties (not even '

fencing') on the offenders that can contain the scourge of the 'irrationality of the irrational' but probably 'cultural rationality' anchored on education for *hunhu.*

RESEARCH METHODOLOGY

In interrogating and articulating the problems associated with the 'irrationality of the rational' specifically child - sexual abuse in Zimbabwe, the paper adopts the qualitative methodology. In particular, it adopts discourse as well as documentary analyses to interrogate our problem. Documentary analysis is suitable for this problem:

> *As it involves the study of documents either to understand their substantive content or to illuminate deeper meanings which may be revealed by their style and coverage* (Ritchie & Lewis, 2003, p. 35).

Discourse analysis, on the other hand, is also considered suitable for this discussion as:

> *It examines the construction of texts and verbal accounts to explore systems of social meaning. It examines ways in which 'versions of the world, of society, events and inner psychological worlds are*

> *produced in discourse'* (Richie & Lewis, 2003, p. 35).

In light of the scarcity of relevant documented literature on the problem, this discussion shall depend on a few related texts and newspapers.

THE PROBLEM

Cases of 'child-predators', 'child-sodomizers', 'child-molesters', 'child-rapists', 'child innocence invaders' and paedophiliacs the world-over and in Zimbabwe in particular have reached alarming and unacceptable proportions. Hardly does one read a daily without a story about a child who has been abused in one way or another. The most horrifying of all the reported and unreported cases of abuse to children are sexual ones. The following are just but a tip of the ice-berg;

> *Herald (Friday, 19 January, 2007) - "Unknown man rapes girl (3)"; The Herald (Tuesday, 7, November, 2007) - "Businessman rapes daughter (15) at gunpoint"; The Herald (Tuesday, 31 October, 2007) - "Man accused of bestiality given a community - service sentence"; The Sunday Mail (October 28-November 4 2007)- "Man sodomizes boy in broad daylight"; The Herald (Monday, 22 January, 2007) - "Rape trial date set for a*

> *Chitungwiza man who rapes his half-brother's 11 month old baby" ; The Herald (Thursday, 9, August 2007) - "a forty- seven year old Chinhoi man has been arrested for allegedly raping three six – year – old girls playing near their homestead on Inyape Farm"; H – Metro, Tuesday, 12 October, 2010 -"Brother impregnates sister"; The Daily News, Thursday 2, 2012 – "Chinese men involved in sex scandal involving minors in Zambia"* ; *Daily News, Saturday 2, November, 2013 – "Child Rape Horror: Over 2000 child rape cases reported each year" and "Woman commits suicide after hubby rapes sister(13) – The Herald, Monday 11, November, 2013.*

Indeed, the above cases are only a tip of an ice – berg. These cases point to a serious problem in our society. Particularly that, there are over 2000 cases of child – sexual abuse a year in Zimbabwe *Daily News, Saturday 2, November, 2013 – "Child Rape Horror: Over 2000 child rape cases reported each year"*, only demonstrates the enormity of the problem. Consequently, people cannot wish this problem away but must confront it head on.

The gravity of the problem was also fittingly captured by the President of Zimbabwe, Cde. Mugabe, in his address to the Chiefs Conference at Victoria Falls Primary School where he bemoaned moral decadence in the country. He expressed further deep concern

regarding the problem of child sexual abuse in the country when he said,

> *ubuntu bethu is violated when the father of a little girl ravishes that little girl, rapes that little girl. What would have happened? It's my concern, …(The Chronicle, 2007).*

Indeed, what would have happened is and should be the concern not only of this paper but also of all 'normal' or rational people. It should be everyone's concern especially given the fact that there is an average of about six (6) rape cases being reported everyday in the country (Zimbabwe), notwithstanding those which go unreported (Daily News, 2013). What we must bear in mind is that these are the 'reported cases', what of others which go unreported. If we are to consider the unreported cases in the above statistics, then it means we have way above 2000 cases of child rape cases annually in Zimbabwe. What these statistics translate to is that, about six innocent children are molested on a daily basis in Zimbabwe. We argue, even one child molested, is one too many to be cause for great concern to society. The issue is not so much with numbers whether too small or too much, but rather with the crime. If these statistics is anything to go by, then indeed, we have a serious problem, which demands urgent attention. Similarly, in Zambia for instance, policemen at the Zambia Police Service's Victim Support Unit Trust, said the rape of minors has increased from 1676 cases in 2009 to 2028 in 2010 (The Daily News, 2012).

However, interestingly and equally inopportunely, it needs to be cautioned that it is no longer a problem about or from men exclusively. This is premised on the recent revelations that; women, probably feeling rather 'left out' in the irrationality of the rational 'madness', have recently become 'rapists' of men as well, a development which can probably be construed as 'revenge' against men (Newsday, 2011). In other words, women or females have taken it upon themselves to be included, like men, in the 'irrationality of the rational' 'madness', by also 'raping' men.

What makes this scourge particularly horrendous and disturbing is that it is being committed by adult human beings on other human beings, but more importantly, it is being committed by the so-called rational human beings on other beings who are also considered rational. However, in other similar cases, these so-called rational human beings have even gone a step further to commit their deplorable crimes on non-human beings or animals (the so-called irrational beings) ("Man accused of bestiality given a community-service sentence", Sunday Mail, 2007).

What is also this problem more interesting is that; there are no reported cases of the so – called irrational animals forcing themselves on rational human beings or even on fellow irrational beings of a different species? Additionally, even under extreme circumstances, there are no reported cases of adult animals forcing themselves on their young ones even of the same species. Thus, essentially there are no reported cases, of the irrational sexually

abusing the rational, let alone the irrational sexually abusing the irrational. We therefore think; this constitutes a real problem for Zimbabwe, which calls for urgent attention.

What is also further disconcerting about the above problem in Zimbabwe and elsewhere, is type of rational beings perpetrating theses heinous crimes. Thus, we hereby note that; the 'once' rational custodians of our tradition, culture and values, notably, the elders of our society (both men and women), teachers (both males and females), law enforcement agents and ministers of religion (Newsday, 2011; Herald, 2013), seem to have either taken a back seat or are at the forefront in promoting this menace. In Zambia, for instance, perpetrators include Zambian teachers, farmers, traditional medicine men and even policemen themselves (The Daily News, 2012). Indeed and regrettably so, these custodians of law and traditions, seem to be at the forefront, engaging in the most contemptible, 'unthinkable' and irrational, as some of them 'see lovely women not only in girl-children, or girl-infants but even in animals. Further, some men see lovely 'women' in fellow men and vice – versa. Ironically, there seems to be no known or reported cases of animals or non-human beings manifesting any of these despicable behaviours of sexually forcing themselves on human beings, or on other animals of a different species or let alone on immature animals even of the same species, even under extreme conditions.

The preceding cases are only a tip of the ice-berg. What is critical about these and similar crimes are that all seem premised on man's search for happiness of one form or another. However, they seem to corroborate the thesis of the paper pertaining to the irrationality of the rational, as these heinous and irrational acts are perpetrated by none other than the so-called rational beings in their search for happiness. In view of this, what then can be said regarding the rationality thesis and the corresponding 'rationality of the irrational' argument and vice-versa. Further, of the two species, which one then should have the claim to rationality, human beings and non – human beings? Consequently, it is this basis that the popular rationality thesis is being put to serious test. Additionally and of great importance to this discussion, how can this phenomenon be explained and possibly be contained?

The element of rationality alluded to above, is critical to our interrogation of sexual abuse in particular, and general criminality in the Zimbabwe and elsewhere. Rationality or irrationality is crucial to this discussion because, it is considered as the defining feature which makes human – beings, stand in clear contra-distinction to the so-called non – human beings or animals (Sachs, 2002). The general perception being that, man (humanity) is rational while non – human beings on the other hand, are irrational. Thus, in light of the above incidences of child sexual abuse, what is being put to question is the rationality / irrationality perceptions which distinguish human beings from non –human beings. Questions which beg answers in view of

the preceding observations are; (a) do such actions by the so-called rational beings demonstrate rationality? (b) Of the two species, which one is rational and which one is irrational?

HUMAN NATURE, RATIONALITY, AND THE QUEST FOR HAPPINESS –A RECONSIDERATION

This paper is premised on the conventional and popular views that, firstly; humanity is rational by nature (Sachs, 2002). Secondly, humanity's survival in general, is characterized consciously or unconsciously, by the insatiable quest and search for the 'universal good' or eudaimonia or happiness (Sachs, 2002 ; Plato, 1965). This view was also aptly corroborated by Thinley (1998), in his keynote speech delivered to UNDP Regional Millennium Meeting for Asia and the Pacific who asserted that;

> *Happiness is the ultimate desire of every human being. All else is a means to this end. It should logically follow then that all individual and collective efforts should be devoted to this common goal.*

The preceding submission was also further substantiated by Aristotle who also argued that the highest good to which man may aspire is happiness. In other words, happiness can be considered to be the ultimate goal of all human endeavours, collectively and individually. However, what distinguishes human - beings as rational beings from

other non – human beings is especially, in the manner of searching for the universal good or happiness. Whilst non – human beings' search for happiness can be viewed as being largely 'determined'; human – beings' search is not as such, as they are believed to have a free will (Finnis, 1998). Thus, human beings' search for the same is said to be determined by rationality. It can also be suggested that human – beings have the capability through rationality or reasoning of not only living according to nature, but more so and very importantly, controlling nature. Thus, in their hunt for the universal good, it is assumed, human - beings will adopt rational means or rationality to achieve happiness precisely because it is / should be in their nature to do so.

By rationality according to *The Shorter Oxford English Dictionary* is meant, "…the quality of possessing reason or the power of being able to exercise one's reason". *Collins English Dictionary* also defines rationality, as "using reason in thinking out a problem or the possession or utilization of logic or reason". Further, *Chamber's Twentieth Century Dictionary* defines rationality as "the quality of being rational; the possession of or exercise of reason". From the above definitions, it is evident that reason or 'ratiocination' should be at the centre of rationality, whereby rationality, in this paper refers to the use of reason or the process of ratiocination to achieve certain ends. Thus, rationality shall refer to the recognition and acceptance of reason as one's only source of knowledge, one's only judge of values and one's only guide to action. It means one's total

commitment through reasoning or ratiocination, to a state of full, conscious awareness, to the maintenance of a full mental focus in all issues, in all choices, in all of one's waking hours.

It can be deduced from the preceding that reasoning or ratiocination is a defining feature of rationality. *The Shorter Oxford English Dictionary* adds an important dimension to the preceding examination of rationality by defining reason as "that intellectual power or faculty, usually characteristic of mankind, which ordinarily is employed to adopt thought and action". This definition is particularly significant as it speaks well to the distinction between mankind and non – mankind or non – human beings. Reason is a term that refers to the capacity human beings have to make sense of things, to establish and verify facts, and to change or justify practices, institutions and beliefs. The concept of reason is sometimes referred to as rationality and sometimes as discursive reason, in opposition to intuitive reason. Reason, "reasoning" or ratiocination is associated with conscious thinking, cognition, and intellect. Reason, is thus the means by which rational beings understand themselves to think about cause and effect, truth and falsehood, and what is good or bad.

Thus, while all other non – human beings are for instance, intuitively and unconditionally driven by the impulse to preserve their own lives in search of happiness and by the impulse of proliferation, human - beings on the other hand, have the power to master or control even these impulses. Human - beings can control both their

sexual desires and their will to live. As has been mentioned above it is these characteristics amongst others which seem to categorically set human - beings in contra – distinction from other mammals or non – human beings. Frankfurt (1986) expands further on this distinction when he notes that;

> *There are three possible sorts of beings: (1) animal-like or automaton-like creatures that have only first-order desires; (2) wanton creatures that may have second-order desires but no second order-volitions; and (3) persons who have second order-volition which attribute to them a will.*

Frankfurt's categorization of beings is interesting as he seems to be speaking to this paper. If we relate his observations to our discussion it means there are three types of human beings, notably; animal – like or automaton - like, wantons and lastly persons who have second – order volitions. However, what distinguishes other beings from persons is their inability to make 'second – order volitions which attribute to them a will'. The phrase 'second order-volition which attribute to them a will', in this categorization is significant. What this means is that; while(1) and (2) above have desires, they lack the will to control their desires on the basis that they do not think about what they desire, but they simply desire it and then go on to *desire* it. Persons, on the other hand have desires, but before they act on their desires, they think about what they desire, before they decide to *desire* it. In other words, they do not simply desire and act

on their desire, rather and very crucially, they reflect or rationalise or reason about their particular desires. In this process of thinking about the desires, they are seeking the rationality, reasonableness or justification of their desire.

Thus, the ability to critically think and reason about desires or to have second – order desires or the ability to reason about their desires is characteristic of or is reserved for human - beings. However, we think this capability is reserved not for human beings per se, but persons. This observation is critical as it speaks to two important distinctions between human beings and persons notably that; while all human beings can think not all human beings can think well, reason or rationalise well. Secondly, while all persons can reason, not all of them can reason well or appropriately. Lastly, while all human beings are people, not all people are persons. Thus, the ability to reason well is reserved for real persons, who in this paper are referred to as *vanhu chaivo.*

In this paper, we consider people as human – beings who have second – order desires and thus can think, rationalise and reason about their desires. On this basis, these are merely people. Persons, on the other hand are considered as operating at a higher plane than mere people. Persons like people think critically about, or reason and rationalize their desires. However unlike mere people, persons consider the appropriateness of what they desire within a broader framework, which is not entirely individualist. In other words, persons (*vanhu chaivo)* make decisions pertaining to their happiness

which are rational but, essentially culturally appropriate. If the above analysis is cogent we therefore posit that; indeed Zimbabwe has many people *(vanhu)* but not all them are persons *(vanhu kwavo)*. In view of the problem under discussion, we further put it that; Zimbabwe, has both 'animal – like human beings' and 'wanton like human beings' *(mhuka dzavanhu)* as well as persons *(vanhu kwavo)* who can reason or have capacity to make second – order desires.

Thus, what characterises *mhuka dzevanhu*, within the present discussion, are people who are incapable of making culturally appropriate and rational decisions and judgments in pursuit of their happiness. *Vanhu kwavo* (persons), on the other hand, are those among the majority of people who are capable of making culturally rational and appropriate decisions in search of their happiness. However, what seems interesting and at the same time disturbing, in view of the problem under discussion, is the observation that; Zimbabweans seem to be moving towards becoming *mhuka dzevanhu*, yet *mhuka chaidzo* are ironically 'behaving' like *vanhu chaivo*. This is notwithstanding the fact that; animals are considered irrational. By irrational pertaining to animals refers to their supposed inability to think *(kusafunga*). Similarly, by irrationality as it relates to mere human beings, is taken to refer to their inability to think or reason well. However, what we are therefore arguing is that; is it not better not to think than to think wrongly or inappropriately. If one's ability to think leads one to the 'invasion of children's' 'innocences', we hazard to say; it is proper not to think at all. Essentially we are

suggesting that; if man's rationality is leading him to do the irrational, then we argue; is not proper and desirable that man becomes irrational. By irrationality in this paper, as it relates to animals, is meant their inability to think and reason or the fact that they operate on instinct. This is premised on the submission that; no cases of rape between animal themselves or of people having been raped by animals have been reported. Against, this backdrop, one naturally asks; of the two species; human beings and animals, which one is rational? This therefore is the basis of the irrationality of the rational thesis of this paper. On the basis of this thesis, the author posits that; human beings are systematically becoming irrational; hence the urgent need to contain this slide into irrationality, not by jails but by an appropriate education. The author thinks this appropriate education, which is hereby referred to as education for *hunhu*, will develop proper human beings or persons(*vanhu kwavo),* who are capable of making culturally rational and appropriate decisions and judgments in their pursuit of happiness.

It needs however, to be further mentioned that discourse on the rationality or what this paper refers to, 'thinking well, or reasoning well' especially in the context of man's search for happiness, is controversial and problematical. It is highly contentious because the term is subjective. Thus, it is very difficult to judge one's actions as either rational or irrational, precisely because everyone can rationalize one's actions or everyone has his / her own rationalization. It is along the same logic, why human actions can

justifiably be conceived as either rational or irrational but the same cannot be said of said of actions or behaviours of animals, precisely because the latter have the potential to rationalize or ratiocinate while the latter cannot. Additionally, it is precisely because every human being can rationalize and every situation has its unique rationalization, which makes discourse on the rationality or irrationality of human highly problematic.

However, in spite of the observations, within the context of the present discussion, the rationality or irrationality of human – beings should be conceptualized within the context of the people's culture, worldview and philosophy of life. Within the present writing therefore, one's rationality or otherwise is to be evaluated within the context of '*chivanhu*' and '*hunhu*' as the proposed guiding philosophy of life informing the Shona peoples's search for the ultimate good or happiness. In other words, it is being argued that one's search for happiness must be conducted, understood and appreciated within the context of *chivanhu'* and *'hunhu'*, if that search is to be viewed as rational. In other words, this paper is positing cultural rationality as opposed to rationality *per se*. The author concedes cultural rationality, to be a type of rationality or reasoning which is anchored on and defined by a particular people's philosophy of life (Luthuli,1982). Thus, in this regard, what would constitute as a rational action is an action which resonates with the particular people's philosophy of life.

THE PARADOX OF THE RATIONAL AND THE IRRATIONALITY OF THE RATIONAL – CONTEXTUALIZING MAN'S SEARCH FOR HAPPINESS

In further interrogating the place of happiness in the lives of man, the author draws insights from the *Symbosium.* The author examines happiness from the perspective of two paradoxes, namely; Plato's paradox of the rational and secondly, what this paper has considered as the paradox of the irrationality of the rational. In the *Symbosium*, Plato was trying to advance a theory of motivation for human action and he explains how human beings try to achieve the chief good which is happiness. Man's search for the chief good or happiness has resulted in what Plato referred to as the paradox of the rational or the paradox of irrationality (Vlastos, 1971). The central phenomenon of the paradox being that, 'human beings look irrational while they rationally pursue the good'.

The paradox arises from the fact that it is impossible to pursue and attain happiness directly. Happiness is of the nature that it cannot be attained or conceptualized in its totality. In striving for happiness, people seem to strive for other things which they regard as good. What is recognized as good in the kinds of pursuits that Plato has in mind include; art, political reform, science and the raising of children. Nowadays, it must be admitted, the list of the kinds of pursuits which are regarded as good and thus bringing about happiness is inexhaustible. However, chief among these seem to be money, precisely because money has been viewed as the 'mother' of or the key to all happiness. Once such a pursuit becomes central to

one's life, and is embraced as good, one responds rationally to this goodness by hanging on to it. When one embraces something as good, Plato suggests, one in a certain sense loses sight of one's own happiness. For instance, when we are committed to the good of our children or the search for money, this pursuit literally 'takes over' our lives and starts to dictate and direct them. It is not assessed in the light of whether it really makes us happy; we do not back off when we realize that we are constantly exhausted and worried; we hold on to it as something good. That is, the fact that one cannot pursue happiness directly means that one shall be 'sold' to the pursuit of other things. Thus, the pursuit of happiness actually *consists* in the pursuit of other things.

It is in this context, that man's search for happiness is indeed paradoxical precisely because of its elusive and rather baffling nature. It is so because in searching for happiness one has to search for other things even to the extent of enduring suffering, pain and sacrifice to attain them, in the short term and then happiness in the long term. It needs also to be further reiterated that, the search for happiness culminating in the paradox of the rational is premised on the fact that man is rational. Thus, even though the search for happiness seems irrational, people in their search are ideally supposed to use rational means to attain happiness.

Plato's paradox of rationality, fits quite well into what this paper terms, the paradox of the irrationality of the rational. Whilst in the *Symposium*, human – beings' search for happiness is paradoxical in

that, in searching for happiness people have to rationally search for other things, the paradox of the 21st century man is even worse and more saddening. It is worsened by the fact that, in people's search for happiness, people are not only searching for other things, but are doing so, through irrational means. Thus, the issue which is of concern to the present paper is not the irrationality of the search for happiness *per se*, because that can be appreciated as being intrinsic to the search for happiness. Rather, what is of great concern to us is the irrational manner, today's people adopt in their search for happiness. Thus, the above cases above which are only a tip of the ice – berg, typify and are symptomatic of the irrational means which today's people especially in Zimbabwe, have resorted to in order attain happiness. Specifically; we posit the invasion of children 'innocences' as exemplifying the irrationality of the rational. Accordingly, in light of this, man's view of happiness and more importantly his rationality is being called into question. It is being called into question precisely because the manner in which today's man is searching for happiness seems to be compromising as well as undermining the dominant and traditional perception of man as a rational being. The manner in which 21st century man is sold out to attaining happiness regrettably corroborates the paradox of the rational or the irrationality of the rational. Specifically, the manner in which today's man searches for money in the hope of getting happiness is indeed and should be great cause of concern. In view of this, this paper is therefore calling for an urgent need firstly; of a redefinition of man's humanity as well as happiness and, secondly;

for intervention strategies to contain the possible and inevitable degeneration of society into the 'irrationality of the rational'.

CHIVANHU, HUNHU AS THE BASIS OF SHONA CULTURAL RATIONALITY

Hunhu / ubuntu has of late become a topical issue in most academic discourses both within and beyond our borders. *Unhu/hunhu* which ordinarily means good manners and behaviour in both Shona and the Ndebele languages (Gelfand, 1973), is the equivalent of *ubuntu* in Ndebele. However, in this paper, the term *hunhu* shall be used throughout the discussion. It is also significant to point out that; the positions arrived in this paper have significance even for the Ndebele as well. We think most discourses on *hunhu* have made a serious academic error in conceptualization by consciously or otherwise, ignoring the fundamental connection between *chivanhu and hunhu*. This can be attributed to a fine line which obtains between the two. As a result, the two terms have unfortunately and oftentimes, been considered as identical, in both conception and usage. In spite of this we think the two are distinguishable. Accordingly, we argue; one cannot meaningfully interrogate, conceptualise and appreciate *hunhu* outside the context of *chivanhu*. We consider *chivanhu* to be the womb from which *hunhu* germinates, sprouts and is nurtured. *Chivanhu* is the root while *hunhu* are either the trunk or branches of the tree. The notions of *chivanhu* and *hunhu* define us the Shona as black Africans of Zimbabwe into what and who there are. We take *chivanhu*, to define

and influence the manner we interrogate and interpret reality and phenomena in and around us. *Hunhu* though considered as identical with *chivanhu,* is actually anchored on *chivanhu.* We take *chivanhu* to refer to a worldview of the black Africans of Zimbabwe. It can also be considered as the philosophy of life of the black Africans of Zimbabwe. *Hunhu* becomes the unique and peculiar manner, black Zimbabweans interrogate their reality. Most discourses on *hunhu* have tended to confine it to being strictly, a moral sensibility. *Hunhu* can be considered beyond the moral domain, as it like *chivanhu* permeates every aspect and domain of black peoples' lives. *Hunhu* therefore refers to the people's sensibilities of and about their world, be they; moral, economic, religious, political, social and otherwise. Essentially, we take *hunhu* to refer to *tsika dazakanaka nemagariro evanhu vatema*. *Tsika dazakanaka* entails a lot beyond the scope of this paper. This is because *tsika dzakanaka*, apart from being numerous, differ from one ethnic group to the other, and even within the same ethnic group or community, variations are also possible. Against this admission, it is a futile exercise to consider providing an exhaustive list of *tsika dzakanaka.*

However, for our purposes it is vital to point out that; *tsika dzakanaka* and thus *hunhu* was premised on on "respect for the norms and traditions of the family, community and society". Broodryk (2002: 56) expands on the 'norms and traditions of the family and community by conceding that *ubuntu* was:

> *Based on the primary values of intense humanness, caring, sharing, respect, compassion and associated values, ensuring a happy and qualitative human community life in the spirit of family.*

The author considers Mugumbate & Nyanguru (2013) views on *hunhu/ubuntu* as relevant to this discussion. They conceded that:

> *Various words have been used to describe the presence of ubuntu. Some of these are sympathy, compassion, benevolence, solidarity, hospitality, generosity, sharing, openness, affirming, available, kindness, caring, harmony, interdependence, obedience, collectivity and consensus. Ubuntu is opposite to vengeance, opposite to confrontation, opposite to retribution and that ubuntu values life, dignity, compassion, humaneness harmony and reconciliation (Mugumbate & Nyanguru, 2013: 84)*

The above views are critical in our articulation of *hunhu*. They should be considered as the values and sensibilities which were firstly anchored on and secondly; projected and promoted *hunhu* among the people. We think it is proper to admit that the main premise of *hunhu* was the promotion of humaneness and life of both the individual and the family and the community. The South African

Nobel Laureate Archbishop Desmond Tutu captures this view aptly when admits that:

> *Hunhu/ubuntu is the essence of being human. It speaks of the fact that my humanity is caught up and is inextricably bound up in yours. I am because I belong. It speaks about wholeness, it speaks about compassion.*

In this paper, *hunhu* shall refer to the mental and physical dispositions of an individual characterized by humility, kindness, courtesy, warmth, empathy, understanding, love, humaneness, respectfulness, responsibleness, friendliness and consideration which manifests itself in the manner one talks, walks, behaves, dresses, interacts with relatives and non-relatives alike (Makuvaza, 2013, 1996a & b; Chigwedere, 1995).

Turning to the discussion, the above as constitutes both mental and physical competencies and sensibilities which are predominantly a result of thinking and reasoning well. *Hunhu* has potential to influences how and why we think what we think. Thus, we are saying; *hunhu* should be the basis of people's search for happiness, if that search is to be considered culturally rational and acceptable. In other words, people's search for happiness in Zimbabwe, should be evaluated against the above competencies and values. Essentially, we are arguing that; *hunhu* should be considered as the benchmark, against which any search for happiness in should be evaluated

against. Thus, one wonders, whether or not, molesting innocent children or even adults for that matter, in one's quest for happiness, can constitute a rational act by a rational human being? The fundamental rhetorical question which should inform any rational act by a so – called rational being in Zimbabwe should be: *zvandiri kuita zvine hunhu here* (is what I am doing justifiable?) or *vandiri kuitira zvinhu zvakadai vanoti zvine hunhu here?* (will those affected by actions consider them as just?). If the answer is in the affirmative, then one can proceed, if negative; then a culturally rational being would stop. Man's search for happiness in Zimbabwe should be anchored on *chivanhu* and *hunhu* if that search is to be considered as culturally justifiable and rational.

TOWARDS CONTAINING THE IRRATIONALITY OF THE RATIONAL –NOT MORE JAILS BUT MORE EDUCATION

Several measures have been taken by society to contain the irrationality of the rational in their search for happiness. For instance, in showing society's disdain of this menace, offenders have been jailed and stiffer penalties instituted. However, in light of the persistence of this scourge in our society, we think these measures have been to no avail. Thus, some members of Zimbabwean society, in an attempt to protect their daughters against possible molestation and 'invasion' have resorted to traditional means of 'fencing' off' their daughters *(*H – Metro, Tuesday, 12 October, 2010). 'Fencing off' in this context refers to traditional practices and measures taken

by certain individual members of society to protect their 'properties' in general against thieves. For instance, in the present context some parents would use *rukwa* to protect their innocent daughters against being victims of sexual abuse especially by men. '*Rukwa*' in Shona culture is a form of '*mushonga*', '*muti*' or medicine. Thus, in the event that a man abuses or rapes a girl who has been 'fenced off' or treated with this '*rukwa*', the rapist may befall various forms of serious sicknesses which in most cases result in death if he does own up. It needs to be submitted that even this practice of 'fencing' has not been very effective as a deterrent as still cases of child and women sexual abuse continue to be reported. Because jailing offenders or 'fencing off' have not yielded the intended results, probably it is worthwhile considering other interventions.

Whilst the irrationality of the search for happiness can be conceptualized as a given per se, it becomes an issue, as in the Zimbabwean context, when it takes on irrational means of attaining it. Accordingly, in an attempt to contribute towards national efforts at curbing the irrationality of the rational in its search for happiness, this paper is arguing for a type of education notably, education for *hunhu.* It is surmised that; this particular type of education has the potential to 'awaken' us, the Zimbabweans (so-called rational beings), from this degeneration into irrationality, and hopefully back into rationality. We are arguing for this type of education, because we think this type of search for happiness is not only irrational, but is also not consistent with *tsika dzechivanhu* and *tsika dzine hunhu.*

By education for *hunhu* is meant an education which has as its point of departure the world – view of the Shona people of Zimbabwe which is characterized by *chivanhu* as described above, and which seeks to articulate and promote *hunhu kwaho* (good behaviour).

It is in search for other possible measures to address this paradox, that this paper locates education for *hunhu* at the centre of the intervention process. Education for *hunhu* is being considered as a possible intervening strategy because it is being contented that it has the potential of possibly attaining long – term results in this regard. It is being suggested that the current strategies are being viewed as short – term measures yet what is required are long – term solutions to this menace. Current strategies are being considered as short – term, because imprisoning the offenders does not quite instil the required rationality in the offenders but simply fear of imprisonment. As a consequence, either offender will continue committing the offence while finding other means of avoiding being caught or alternatively, they will simply become daring as seems to be the case.

In fact, there is debate as to whether or not imprisonment is the best method of possibly developing a crime – free society. Others argue that incarceration has only the short – term effect of temporarily removing criminals from society and also deterring would – be offenders by instilling in them a fear for possible imprisonment. Thus, imprisonment provides a minimal solution to the problem as it only creates fear of imprisonment. What is required in people is not

so much fear of imprisonment but rather people should see the reason or rationality of not committing crime. In other words, people should not commit crime for fear of imprisonment for regrettably some have become so daring as not to be scared by imprisonment, but rather and very importantly because it is irrational to do so. In other words, people should, in the long – term, be in a position to see reason or rationality and not prison before they commit crime. Fearing imprisonment and not reason regrettably reduces people to the irrational.

What societies in general and Zimbabwean society in particular need are not citizens who fear imprisonment but rather citizens with a culture or propensity of not committing crime especially child - sexually related ones or any other sexually related crimes or even any crime for that matter. It is in this regard that it is being suggested that education is strategically positioned to potentially make people see reason in their actions and behaviours. In other words, education has a long – term potential of creating a society that is rational, a crucial ingredient in possibly containing the rampage of the irrationality of the rational in society. It needs however, to be submitted that it should not be any education for indeed there is some education going on, but it should be a particular type of education namely education for *hunhu*. The point of departure in elaborating this position shall be on Plato's educational philosophy and education for *hunhu* and *chivanhu*.

PLATO, EDUCATION FOR *HUNHU* AND THE IRRATIONALITY OF THE RATIONAL – A CALL FOR CULTURAL RATIONALITY

This section is informed by the thesis that; any education deemed relevant and meaningful to any society must firstly, be informed by the people's philosophy of life (Luthuli, 1982; Makuvaza, 1996a). Secondly, and equally important, such an education must seek to articulate and address the particular people's historical and concrete existential circumstances and conditions. Simply put, education should try to identify and address people's existential problems and aspirations.

Zimbabwe in particular and many other nations seem to have a problem of the extreme irrationality of the rational. Accordingly, it is being argued that education in Zimbabwe, alongside other interventions should be at the forefront in trying to address the problem of the irrationality of the rational. Thus, education in Zimbabwe should enable and empower, particularly learners, to realize that whilst the search for happiness is irrational *per se*, its ultimate search should not involve irrational means. It is in this regard that views on education from Socratic philosophers like Plato and Aristotle need consideration.

For instance, Plato argued that; the aim of education should be the development of reason (Scolnicov, 1988; Schofield, 1983). Aristotle a student of Plato goes further to add that; the aim of education should be the production of a good man. A good man is viewed as

one who can use reason to achieve his ends. If these views are considered together it can thus be argued that education should aim at producing a good and reasonable person. It needs to be pointed out that, the concepts of goodness and reasonableness are not only contentious but are also relative. Thus, within Zimbabwe, one would extend the preceding by adding that, education should in addition to producing a good and reasonable person, should produce a person who has *hunhu / ubuntu* (Makuvaza, 1996a). It is being surmised that given the present problem under discussion, such a person should be one *anoteta* (one who is scared of) irrational means of attaining happiness. It should be noted that; he does so not so much because he / she is afraid of imprisonment *if* caught, but rather and very importantly, because *anoona kuti izvi hazvina hunhu* (it is not acceptable in our culture). This is precisely because, we believe; *pachivanhu* (Shona culture) bestiality (*makunakuna),* incest, homosexuality and child molestation, *zvisionekwi, zvinonyadzisa* (its unheard of, its taboo) and *zvinhu zvisina hunhu*. Such a person can thus be best realizable through the introduction of an education rooted in and informed by *chivanhu* as a philosophy informing the education.

It is therefore being contented that, education for *hunhu* should be viewed as central in efforts to contain the extreme cases of the irrationality of the rational because it is being suggested that, it has the potential of appealing not so much to reason and rationality *per se,* but more importantly to the soul or conscience of the people. In

other words, it appeals to the humaneness of the individual. Thus, precisely because the irrationality of the rational is in most cases currently being perpetrated by the so – called most 'sophisticated' and most rational members of our society, what is being argued for, is that rationality alone seems to be inadequate to contain the said problem. Rather, rationality should be complemented with *hunhu.* Thus, this paper is arguing for ratiocination or rationalization which is grounded in *chivanhu* and informed by *hunhu.* Additionally, man's search for happiness should be defined within the parameters of *chivanhu* and *hunhu* if such a search is not going to lead into the irrationality of the rational. It is in this regard that this paper is arguing for situating education informed by *hunhu* at the centre of efforts to contain the irrationality of the rational in Zimbabwe.

CONCLUSION

The preceding discussion has serious implications for humanity in general and Zimbabwean humaneness in particular. It calls for a reconsideration of rationality as the distinctive feature between humans and non – humans precisely because the distinction between the rational and the irrational seems to be systematically becoming too academic and technical. It has been argued that while all people are human beings, not all of them are rational human beings *per se*. Thus, while 'human-beingness' can be a given, the same seems currently not to be the case for rationality. It has been further contented that, in order to check the inevitable and systematic

degeneration of the rational into irrationality, it is being suggested that deliberate consideration should be placed on revisiting our culture and values from a reconstructionalist perspective rooted in and informed by *chivanhu*. Accordingly, education informed by the same, and not more jails and stiffer penalties, should be considered to play a pivotal role in efforts to contain the degeneration of the rational into irrationality in their quest for happiness. Additionally and very importantly, people's ratiocinations and rationalizations about happiness and the subsequent search for happiness requires revisiting and further, should be informed by *chivanhu* and *hunhu* if their search is not to lead them into the current irrationality of the rational.

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CHALLENGES EXPERIENCED BY UNEMPLOYED ADULTS ON ANTI-RETROVIRAL THERAPY IN HARARE

Zinyemba, Lizzy

ABSTRACT

The Anti -Retroviral Therapy (ART) study sought to investigate the challenges that were experienced by unemployed adults on ART in Harare, Zimbabwe over two periods, 2008 and 2013. The 2008 period marked the time when Zimbabwe was experiencing social and economic challenges mainly evidenced by hyperinflation and collapse of the local currency. In 2009, a multi-currency economy was introduced and this immediately contained inflation. The study concentrated on the health, social and nutritional aspects of the respondents during the two different economies and was analysed using the Marxist school of thought. The study was a repeated cross sectional survey, where data was presented simultaneously for the two periods revealing the socio-economic status of individuals as the strongest predictor of health, opportunistic disease causation and longetivity on people and on medical treatment. The study concludes that there is a co-relationship between socio economic status and ART adherence and recommends a holistic approach to ART.

***KEY TERMS**:* Anti-retroviral therapy, nutrition, health, medical treatment, adherence, social class and Marxism

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INTRODUCTION

In 2008, Zimbabwe experienced severe social and economic challenges, the economy was characterised by an extra ordinary hyperinflation and shortages of foreign currency which affected all sectors of the economy including the health sector. The health sector was equally affected as the hyperinflation eroded the salaries of health workers. A parliament report from the Ministry of Health and Child Welfare cited in Labour and Economic Development Research Institute Zimbabwe (LEDRIZ, 2012) confirmed that 80% of all health professionals trained in Zimbabwe had migrated to other countries. The shortage of foreign currency made it difficult to import drugs and hospital equipment. After the introduction of a multi-currency system an improvement was noted in the supply of drugs and health personnel. This paper will look at the challenges that were faced by unemployed adults on Anti- Retro Viral Therapy (ART) when inflation officially reached an overwhelming 231 million percent by July 2008 and when inflation figures

stabilised to a single digit after the introduction of the multi-currency (LEDRIZ, 2012).

BACKGROUND

During 2008, the country experienced severe macro-economic constraints, such as rising poverty levels, unstable exchange rates and hyperinflation. These factors necessitated the need for long term planning while making it difficult both to plan for and adhere to expenditure and revenue targets (Sims, 2013). HIV and AIDS further strained already stretched health budgets and systems. The situation in the country in 2008 deteriorated to the extent that the government introduced a wide range of measures to try to respond to the situation but could not be effected due to economic challenges. The National Health Strategy, dubbed the 1997-2007: Working for Quality and Equity in Health, was the main policy that had been in place. This policy was supposed to be succeeded by the National Health Strategy for Zimbabwe 2009-2013. This strategy was delayed in its implementation due the socio economic

challenges that the country faced. The country thus had policy on paper to plan for the attainment of effective ART but could not be implemented. The unprecedented hyperinflation and shortages of foreign currency faced by the country had a detrimental effect on health personnel. Salaries were eroded and the country experienced massive brain drain of health personnel (Matendere, 2010). Drugs became unaffordable to the generality of the population. Basic drugs like ARVs were scant in most government hospitals to the extent that it was a challenge to initiate new patients on ART (Matendere, 2010). An estimated 80% of admission in public hospitals was attributed to HIV related illness (LEDRIZ, 2012). The kind of strain that the general populace went through varied depending on the level of services and nature of the demand and the capacity of the hospital. This supports Marx school of thought that the economic mode of production that a country is going through determines the general character of the social political and spiritual process of life that is experienced by the people (Giddens, 2009). The economic situation that Zimbabwe went through in 2008 affected almost

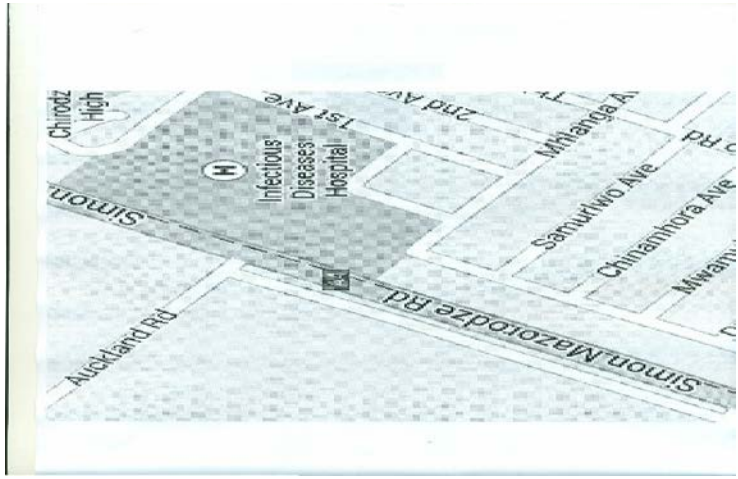
everyone and hit hard all areas of life. For the unemployed adult on ART it was a very difficult situation as their health condition and treatment requirements needed to be adhered to despite the economic challenges being experienced in the country. The economic challenges also contributed to the already tremendous rises in the adult mortality rates. Zimbabwe Statistics, (2006) also indicated that the largest increase in mortality rates was observed among women aged twenty five years and above and among men aged thirty years and above. These age patterns of adult mortality were consistent with the age pattern of HIV infection in Zimbabwe. The situation, however improved after the introduction of the multi-currency system. The government embarked on comprehensive intervention strategies to prevent effects of HIV and AIDS, on all sectors of the economy. It was, however, noted that these efforts still had challenges up to date as lot of harm had taken place (Kramarenko, 2010).

METHODOLOGY

The research was a repeated cross sectional design that looked at the challenges being experienced by unemployed adults on ART. Data was collected in 2008 when Zimbabwe was at its peak of economic meltdown and in 2013 when the economic situation was reported to have improved (Kramarenko, 2010). A total of 100 people participated in the study, 50 respondents in 2008 and 50 respondents in 2013. The same tools were used to collect data in both years, a desk review and observations were made to identify if the introduction of the multi-currency system had made a positive impact in achieving treatment for unemployed adults on ART. Respondents were interviewed as they came in the hospital to collect their monthly medicines. The researcher made use of the patients' files and interviewed those that had indicated that they were unemployed. Data was collected from patients at Beatrice Road Infectious Disease Hospital (BRIDH) in Harare. The hospital is situated in Mbare along Simon Mazorodze road. The hospital caters for people in the southern suburbs of Harare. It treats diseases like tuberculosis, cholera, typhoid, dysentery and measles amongst others. It also has an Opportunistic

Infections Clinic (OIC) that caters for HIV and AIDS patients (City of Harare, 2013). The position of BRIDH is shown on the map, Figure 1.

Figure 1: *Position of Beatrice Road Infectious Disease Hospital, Harare, Zimbabwe*



Source: Google Maps, 2013

THEORETICAL FRAMEWORK

This paper used the Marx theory on social class to explain the impact of social class on unemployed adults

on ART. In Marxism, the needs and freedom of the individual are very important. Marx condemns any society that imposes a division of labour without considering the need for the well being and for maximum self realization of each and every individual. He criticizes the class society which is a situation in which an individual's fate tends to be determined by his class position (Barry and Yuill, 2008). This was the case for the unemployed adults on ART as their social class determined their fate, which was failure to adhere to the requirements of their monthly treatments. The Marxist school of thought was used to present how the situational analysis of unemployed adults on ART's, nutrition and health were determined by the social class position that they occupied in the society.

RESULTS AND DISCUSSION

Demographic analysis

Women were more forth coming to the study than men. This might be because of the cultural background where women are expected to participate in community health

programmes. The study targeted men and women who were between the ages of twenty years and sixty years in both 2008 and 2013, with the minimum age being 21 and maximum 60. This meant that the sexually and economically active age group was covered.

The data set in 2008 was bimodal because it had two sets of age groups that appeared most frequently. That is 36 and 34 while in 2013 the mode was 36. These age groups are the most sexually active as revealed by UNAIDS (2012). These age groups have a high risk of being infected by HIV and AIDS (UNAIDS, 2012). They are also the most economically productive age groups which are supported by studies carried out by UNAIDS, (2012) that HIV and AIDS has affected the economy by reducing the labour force.

The high utilization of medical services by the economically active age group due to the HIV and AIDS pandemic is opposed to what is cited in Barry etal 2008 that utilization of medical services is most common amongst the elderly as the use is determined more by

need than any other factors. The table below shows the percentage distribution by gender and age of the respondents who participated in the study.

Table 1**:** *The percentage distribution of respondents by age and gender*

	Year 2008			Year 2013	
Variable		Frequency	%	Frequency	%
Gender	Male	20	40	14	28
	Female	30	60	36	72
	Total	50	100	50	100
Age	21-30years	20	40	18	36
	31-40 years	22	44	24	48
	41-50 years	4	8	6	12
	51-60 years	2	4	2	4
	61++ years	2	4	0	0

The marital status of the respondents reflects that in both years, unemployed adults on ART were without a partner and this probably affected their survival strategies and the idea of taking medication on time as they needed someone to remind them. This may also be attributed to disclosure among the AIDS patients as they were required to disclose to people who were close to them so

as to get assistance with their treatments. Table 2 below depicts the marital status of the respondents.

Table 2: *Percentage distribution of respondents by marital status*

	Year 2008		Year 2013	
Marital status	Frequency	%	Frequency	%
Married	22	44	18	36
Widowed	14	28	20	40
Divorced	4	8	2	4
Single	2	4	0	0
Deserted	4	8	8	16
Living in	4	8	2	4
Total	50	100%	50	100%

The majority of the respondents who had attained secondary school education and beyond were 76% and 80% in 2008 and 2013 respectively as shown in Table 3 below. These were most likely to get some form of seasonal unskilled employment in the informal sector while the remaining 23% were still depending on petty

trading and vending. Those that had attained post secondary school education were mainly affected by the high unemployment levels that the country has been going through in the past five years. (Zimbabwe statistics, 2013). The level of education was worthy being discussed as education determines the economic status of individuals in societies, which in turn affects the way one adheres to ART. Table 3 shows the educational qualifications of the respondents.

Table 3: *Percentage distribution of respondents by education*

	Year 2008		Year 2013	
Level of Education	Frequency	2008 %	Frequency	2013 %
None	1	2	0	0
Primary	11	22	10	20
Secondary	36	72	35	70
Post secondary	2	4	5	10
Total	50	100	50	100

Health

In ART taking care of health is a very crucial element. Living a healthy life will also contribute to an increased life span. The idea behind ART is meant to prevent people living with HIV and AIDS from easily being attacked by opportunistic diseases that reflect poor immunity (Brierley, 2013). The treatment makes the sick people to be well and be in a position to carry out their day to day activities. People on ART, thus live longer and healthier, while on treatment. This is in support of Parsons concept of the sick role that the sick person should try to get well Barry etal, 2008. People living with HIV and AIDS try to get well by taking their daily and monthly treatments. In chronic diseases like HIV and AIDS Parsons cited in Barry etal, (2008) acknowledges that the goal of complete recovery is impractical. The chronic disease can be managed so that a person can be able to maintain a relatively normal pattern of physiological and social functioning. This is made possible in ART patients as the treatment restores the normal functioning of the individual. In ART treatment, taking in medication is very important as defaulting

treatments has serious implications on one's health that include drug resistance and recurring of opportunistic infections (UNAIDS, 2013). This is in support with Parsons' line of thinking in his sick role that the sick person should seek technically competent help and cooperate with the physician (Barry et al, 2008).

Defaulting treatment is one of the major health challenges that were cited by the respondents. Defaulting treatments was due to a number of factors like socio-cultural factors (Zimbabwe Statistics, 2011). During 2008 and 2013, the study revealed that 64% and 86% respectively of the respondents did not buy their prescribed drugs of opportunistic infections on time. This was because of other demanding aspects of life like buying food and payments for shelter. In both economies, the respondents indicated that they defaulted because they could not afford transport costs and other demanding aspects of their lives. It was noted that those respondents in the lower social classes of the economy migrated, to other countries in search of employment (Murombedzi, 2013). The paper indicated that those

who were in the lower social class were still experiencing difficulties to adhere to their monthly treatments as they ended up migrating to nearby countries in search of menial jobs. It was also noted that those that migrated could not afford to come and collect their monthly treatments on time and ended up defaulting as they would have not made enough savings to come back home and collect their treatments.

Despite the economy improving, the respondents still indicated that they could not raise the multi currency required to meet their health needs as they made a living by mainly engaging in petty trading and menial work. This was a common trend that was persistent among the unemployed adults on ART that were interviewed during the periods of economic hardships and the multicurrency economy. In Marxism, once inequalities come into being they create better opportunities for the rich than for the poor, as it was noted by Murombedzi (2013) that after the introduction of the multi currency the same health problems that were experienced by the lower class were no longer experienced by the respondents in better social

classes like the middle class, that were working. Even though the economic situation had changed, the unemployed adults on ART still had challenges in adhering to their treatments. The unemployed adults on ART could not work as a team and cooperate with the physician due to high levels of poverty that surrounded them. Thus cooperation on ART adherence and early treatment of opportunistic infections with the physician was secondary as they could not meet their basic needs. This is opposed to what WHO (2013) indicated that for better health, there is need for the patient to cooperate with the physician. This defeated the whole idea of ART.

From the study findings it can be noted that unemployed adults on ART could not assume Parson's sick role. This was due to the economic situation in the country in 2008, many unemployed adults on ART did not have the opportunity to enjoy the sick role status because assuming the sick role status rendered them less likely to be able to earn a living or survive in conditions of poverty. This is supported by Parsons cited in Barry et al (2008) who noted that people living in a poverty

stricken environment might work regardless of how sick they might be as long as they felt that they might be able to perform some of their work activities. To further exacerbate the situation, most of the unemployed adults on ART could not access adequate health services and their health was no longer being taken as a human right but as a privilege. This shows how the political situation in Zimbabwe influenced the socio economic status of unemployed adults on ART. This is supported by Giddens (2009) in the political economy theory that emphasizes on the role of economic and political systems in shaping and reproducing the prevailing inequalities in society

Nutrition

The coexistence of high rates of malnutrition and HIV and AIDS in Africa creates an additional challenge UNAIDS (2008). HIV is characterized by progressive destruction of the immune system leading to recurrent opportunistic infections and malignancies, progressive dilapidation and death. Malnutrition is recorded to be one of the major complications of HIV infections and is a

significant factor in advancement of disease (WHO, 2013).

Prior to the dollarization, all the respondents indicated that they had nutritional challenges. It was difficult for them to put a meal on their table. 12% of the respondents could afford one meal a day and this was usually supper. The respondents reported this to be a 001 meal plan where they had no meal in the morning and afternoon and one meal in the evening. The majority of the respondents (52%) could afford two meals a day and this was usually breakfast and supper. 36% of the respondents had three meals a day. For breakfast 8% of the respondents indicated that they had porridge and plain tea. The respondents that consumed porridge alone were 22%. The respondents that indicated that they had tea with bread were 20%. Some of the respondents, 24% had *sadza* and vegetables in the morning, which is not a balanced diet. The remainder 26% did not eat anything in the morning despite their poor health that requires food. 52% of the respondents indicated that they had lunch, 80% of the respondents indicated that they consumed *sadza* and vegetables. 19% reported that they either had

tea with bread or tea with *sadza*. All the respondents indicated that they had supper. The respondents that indicated that they had a fruit highlighted that it was not bought but home grown or they were indigenous fruits. Due to the above stated challenges 80% of respondents ended up eating food that they did not want to eat. Most of the respondents (90%) indicated that they could not afford a balanced diet due to not eating a variety of foods. 88% of the sample indicated that they rationed their meals so that they could take them longer. These results validate the contention by UNAIDS (2008) that most adults who were unemployed and living with HIV, could not afford a balanced diet, despite the fact that it was essential for the ART to work effectively. The situation was further exacerbated by the economic mode of production that the country was going through that was characterized by the unavailability of basic commodities in most retail shops in the country. The unemployed adults on ART in 2013 also indicated that with the little money that they got from petty trading and menial jobs in the multi currency economy, they could afford to eat anything that they wanted to eat as food was

now available and affordable. The majority of the respondents (80%) could afford three meals a day. 20% of the respondents had two meals a day. For breakfast all the respondents indicated that they had porridge, tea and bread while some few respondents indicated that on some of the days they could afford a sandwich. For the respondents that indicated that they had lunch the majority of the respondents (90%) indicated that they consumed *sadza* and vegetables or *sadza* and beans. The remaining 10% had either tea with bread or rice with soup. All the respondents indicated that they had supper. The respondents (60%) in 2013 also indicated that they rationed their meals so that they could take them longer. This shows a decline in the number of respondents that rationed their food from (88%) in 2008 to (60%) in 2013.The majority 70% of the respondents indicated that life was better. Their only challenge was raising the money required to buy food as it was noted that the foreign currency was very difficult to come by to those people who were not formally employed and depended on pieces of work like manual labour and petty trade in

the community, and donations from the civic society and the extended family.

Figure 2 shows the equation that the unemployed adults on ART were facing. Instead of adhering to ART and receiving early treatments of opportunistic infections and eating balanced diet the opposite was true and lead to non achievement of ART.

Figure 2: *The sequential steps that depict the plan of ART*

There were significant changes that the unemployed adults on ART reported to have occurred. The change in the country's economy has impacted positively on the unemployed adults on ART. The variable change of life style was noted by all the respondents in 2008. While in 2013 few of the respondents (30%) indicated that they

maintained their life style. In 2008 (88%) of the respondents indicated that household poverty levels had increased. The number reduced to 20% in 2013. This is in support with the Marxist school of thought that notes that the economic mode of production determines the general character of the social political and spiritual process of life that is experienced by the people (Giddens 2009). As the economic situation improved the processes of life also improved as highlighted in the table above. In 2008, the minority of respondents indicated that they could afford a balanced diet (20%) while the number increased to 60% in 2013. Table 4 below shows the distribution of the social challenges faced by the respondents during the two periods.

Table 4: *Percentage distribution of respondents Social Challenges in 2008 and 2013*

Year	2008		2013	
Social challenge	Frequency 2008	%	Frequency 2013	%
Change of life style	50	100	35	70
Reduced expenditure	46	92	15	30
Increased poverty levels	44	88	10	20
Selling of asserts	30	60	2	4
Defaulting treatment	36	72	0	0
Afford a balanced diet	10	20	30	60

Coping mechanism

The respondents highlighted that they depended on the extended family members, the community and the civic society to supplement their needs. The respondents indicated that the extended family had large numbers of people to look after, thus the burden was rather too heavy for them. It was also noted that the extended family was willing to assist but had no sufficient resources to cater for the needs of the unemployed adult on ART. This supports UNICEF, (2006) findings that the extended family needs support in order to efficiently assist other family members. This shows Durkheim's solidarity theory where he postulated the importance of a society's

cohesion and integration (Giddens, 2009). This solidarity was observed in Zimbabwe during the economic challenges as the extended family and the community played a pivotal role in assisting unemployed adults on ART.

From the study findings in both 2008 and 2013, it was quite normal for the unemployed adults on ART to leave their social roles being attended to by other coping mechanism like the extended family, community and the civic society. This is in agreement with what Parson's, sick role that the sick person is exempted from his normal social roles. Although the extended family was still functional it was noted that this coping mechanism was not reliable. The extended family could not buy their medication on time, and they had to forgo their medication because the extended family had no money to buy the medication for the treatment of opportunistic infections. The study revealed that the extended family provided food when the respondents were left with absolutely nothing.

The civic society has played a pivotal role in assisting the unemployed adults on ART. The studies revealed that the unemployed adults on ART were assisted by the Non Governmental Organizations (NGO). In 2013, 76% of the respondents whose health needs were taken care of by NGOs also highlighted that they got their medication on time. However, the respondents indicated that the need to target more beneficiaries in their interventions as the intervention targeted a few people. Eighty four percent (84%) of the respondents that were assisted with food from NGOs in 2008 indicated that the food was not enough to take them up to the next month when they received the next food ration. This was because they had to share the food with the extended family that usually gave them a helping hand when they had problems. In 2013, 72% of the respondents highlighted that they received food rations from the NGOs and their main challenge was that there was nothing for breakfast. Psycho-social support from the NGO was also reported in both 2008 and 2013, and was reported to be very useful to the unemployed adults on ART. However this coping mechanism was reported to target a few people.

The community also played an essential role in the lives of the unemployed adults on ART in both 2008 and 2013. The respondents indicated that the community assisted them with food, clothing and psycho- social support. The study revealed that the community assisted the unemployed adults on ART with small amounts of food only when requested and money for transport to visit the hospital to collect their monthly treatments. Fear of social exclusion was the reason why the respondents did not make much use of the community as a coping strategy in both years. These findings supported Matendere's, 2010 findings that People Living with HIV and AIDS are less likely to disclose their situation in fear of social exclusion and the stigma associated with the disease.

CONCLUSION AND RECOMMENDATIONS

The study concluded that there is a co-relationship between socio economic status and ART adherence. The unemployed adults on ART, faced challenges with their

health needs and nutritional needs, while being in the lower social class and this negatively affected their adherence to ART. The study recommends a holistic approach to service provision, which incorporates a comprehensive service provision in all sectors of the economy for ART to be a success. ART should take into consideration the availability and affordability of health and nutritional needs of people living with HIV and AIDS. Hence there is need for a coordinated centralised system where medication, food, health and social requirements of unemployed adults on ART to be addressed and people's welfare should be adequately addressed to complement the health treatments. The study hence recommends a vibrant well co-ordinated referral system in all areas concerning the welfare of unemployed adults on ART for the successful achievement of ART.

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DRINKING AND DEPRESSION AS PREDICTORS OF SOCIAL SUPPORT AND QUALITY OF LIFE AMONGST CIVILIANS AND EX-COMBATANTS IN JUBA, SOUTH SUDAN

Nkhoma, Potiphar.

ABSTRACT

This paper examined drinking and depression as predictors of social support and quality of life among civilians and ex-combatants in South Sudan. High levels of drinking and depression and rising rates of suicide have been reported as growing matters of public health concern. Some ex-combatants will suffer severe psychological conditions, including Post Traumatic Stress Disorder (PTSD) after the war. Mental health conditions that co-exist with alcohol abuse have a more debilitating effect. Designing effective intervention programs to prevent complications and or to treat those at risk is critical. Several scales were used to measure psychological well-being. Regression, independent samples t-test techniques and standard equation modelling were used to evaluate the hypotheses. Gender and affiliation were found to be significant predictors of social support while education and drinking were significant predictors of quality of life. However, depression was not a significant predictor of either. The research was conducted from April to September 2011. Data was collected from civilians and verified ex-combatants and Women Associated Armed Forces in Western and Northern Bahr El Ghazal. Four trained caseworkers of the South Sudan DDR Commission assisted with data collection.

KEY TERMS: Drinking, depression, ex-combatants, and Sudan.

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INTRODUCTION

The signing of the Comprehensive Peace Agreement (CAP) in January of 2005 between the Sudan's People's Liberation Movement (SPLM) and the Government of Sudan ended Sudan's second civil war which had lasted from 1983 to 2005. This was preceded by the first civil war that had lasted from 1955 to 1972. This agreement marked the end of one of Africa's protracted and bitter civil wars, and raised hopes for long term peace after nearly forty years of war.

The prolonged exposure to war renders many in the population susceptible to possible cumulative emotional trauma and related mental health issues. The reported high rates of trauma and depression may give just a glimpse into the depth and breadth of challenges likely to face service providers. Exposure to trauma often affects every aspect of everyday living and functioning, including but not limited to, how one deals with and or manages change, learns, thinks, works and or relates to others. Trauma survivors are generally more prone to experience mental health and physical health problems.

Intervention strategies focused only on ex-combatants and women associated with armed forces (WAAF) alone, will neglect the majority of civilians exposed to trauma untreated, and vulnerable to developing complications. The adjustment and coping of ex-combatants may be further enhanced by the re-integration socio-economic support packages and skills training they receive. It is well

established that individuals with good emotional social support systems cope better than those without. Ironically, to some degree, war also gave combatants more 'control' and 'self-efficacy' than civilians over stressful and stress inducing situations.

By understanding the effects of trauma, its sources and impacts, policy and decision makers, as well as other stakeholders can help design and develop appropriate and responsive programs. Along with other developmental priorities, such as reconstruction and development, restoration of safety and security, provision of competent basic mental health support must be a key priority for long term peace and stability in South Sudan.

BACKGROUND

Few studies in South Sudan found depression, drinking and suicide to be growing problems, and possible key issues of public health concern for South Sudan (Nkhoma, 2011; Winkler, 2010; Roberts et al., 2009). The possible co-occurrence of drinking, post-traumatic stress disorder and depression amongst ex-combatants has a potential to amplify the harms associated with each one separately. Roberts reported the existence of disconcertingly high levels of PTSD amongst Southern Sudanese, where 36% of the sampled population (n= 1242) met the criteria for PTSD, existing along with high levels of depressive symptoms at 50% for the sample (Roberts et al., 2009). In their study conducted in northern Uganda and South Sudan, Karunakara et al., (2004) found prevalence of PTSD amongst

South Sudanese in South Sudan was 48% compared to 46% among South Sudanese refugees living in Uganda. When considered together with reports of high levels of drinking, aggression, domestic violence and high rates suicide, these factors will place enormous additional stressors on the mental health of those affected and the public health system. Mental health is recognized as a key public health issue in conflict affected populations (IASC, 2007, Roberts et al., 2009), we believe it must considered as such too in post-conflict societies, especially in the interests of building peace and stability.

There are currently no studies conducted in South Sudan to compare the mental health effects of war between the civilian, and the ex-combatant populations. In recent focus group discussion with ex-combatants and WAAF, my findings indicated that they experience serious mental health concerns including high levels of depression, post-traumatic stress, increased alcohol use, domestic violence and suicidal ideation.

Depression is one of the most common affective disorders with a life time prevalence of between 10 to 16%, and an estimated life time occurrence of between 8 to 18% in the general population (Alaadin & Ansul, 2008). Prevalence rates for depression and post-traumatic stress disorder in South Sudan are significantly high. Post-traumatic stress disorder is likely to be co-morbid with other mental health disorders, including with depression. Further, substance abuse is a well-documented co-morbid factor in many psychological disorders, including for both depression and post-traumatic stress disorder.

Considering the potential risks posed by the possible co-occurrence of drinking and depression in conditions of prolonged exposure to war such as is the case in South Sudan, can lead to elevated levels of depression, drinking and PTSD, this study investigated their ability to predict perceived social support and quality of life amongst ex-combatants and civilians.

There are currently no studies related to drinking and depression as predictors of social support and quality of life comparing ex-combatants and civilians. This study uses Structural Equation Modeling (SEM), to address this gap. The objective is realized through literature review, evaluation of the research hypotheses using SEM. Key findings are reported, limitations and implications discussed, and suggestions for future research are offered.

LITERATURE REVIEW

Theoretical framework

Theories of social behaviour, in particular social learning theory (Bandura, 1977) and normative theory (Paton-Simpson, 2001), contend that perceived or real social norms exert a strong influence on social behaviour, where social norms refer to the expected behaviours in specific situations (Hagman, Clifford, Noel, 2007). According to social learning theory, drinking including heavy drinking can be influenced by observing peers, imitation and or modeling (Bandura, 1977). In this context therefore drinking both within ex-combatants and civilians is likely to be influenced by

dominant local cultures, as most will imitate, exhibit and maintain socially desirable and acceptable drinking behaviours. Larimer et al., (2009) found that the influence of perceived approved behaviours of peers was one of the strongest influences on personal drinking amongst college students. I believe that this will be the case with ex-combatants and civilians, in keeping with social learning theory. In view of the above discussion, I hypothesized as follows:

> *H1: Drinking will be negatively correlated to Social Support and Quality of Life.*

Drinking and Depression

Few studies investigated the effects of alcohol use on the relationship between stress and depression, and found that light to moderate drinkers had less depression when compared to non-drinkers and or heavy drinkers (Lipton, 1994). Depression has been correlated with poor health, overall task performance (Ameresekere et al., 2012) and elevated substance abuse and anxiety (Andrew and Wilding, 2004). Arthur (2004) found that depressed individuals lacked many necessary interpersonal skills, and made unrealistic demands on themselves and others. Research shows that mental health conditions that co-exist with substance use and or abuse have a far more debilitating psychological effect than those that do not (Ayazi et al., 2012). I posited therefore that, many ex-combatants will have difficulties with relationships during the re-integration

period leading to poor social support and depression. In view of the foregoing discussion the following was hypothesized.

> *H2: Depression will be negatively correlated to Social Support and Quality of Life.*

Social Support and Suicide

Social support research emphasizes the importance of external factors and availability of social support for coping with challenging life events. The process of re-integration is going to place enormous adjustment demands (social, physical, emotional, financial and otherwise) on the ex-combatants, their families and the communities which they are to become part of, which additional stressors do not necessarily arise for civilians. Without the right levels of social support, ex-combatants may experience painful social isolation which may impact negatively on their health and psychological wellbeing. Social isolation and loneliness have been related to chronic illness and poor health status, with links to increased alcohol use, depression and suicidal ideation (Swami et al., 2001) On the other hand, social support has been shown to act as a psychological buffer against stress and has been associated with lower levels of stress, (Negga and Applewhite, 2007) and is positively correlated with high levels of social coping; (Zimet, 1998). Other studies show that deterioration in the quality of the relationship, regardless of whether one drinks or does not, tends to lead to depression and also that there is a positive correlation between depression and suicide

(Kashbeck and Christensen, 1995). In view of above discussion I hypothesized as follows:

> *H3: Suicidal Ideation will be negatively correlated to Social Support and Quality of Life.*

Domestic Violence and PTSD

Domestic violence is defined as 'any means of establishing power and control over the victims by both physical and psychological methods of coercion' (Pence and Paymar, 1993; Shephard, 1992). Radford and Russell (1992) observe that domestic violence is used to protest a setback in power relations regarding women in society, and often allows men to get away with such violent behaviour towards women. While Londt (2004) notes that domestic violence is progressive in its debilitation and often lethal. Current research findings indicate that domestic violence is a problem in South Sudan. It is complicated by social, cultural traditions and institutional practices that seem to condone it. Individuals who suffer from post-traumatic stress disorder may have difficulties controlling their impulse and or coping with elevated levels of stress, which may render them vulnerable to committing increased acts of domestic violence as they attempt to regain control in a situation. In view of the above discussion I hypothesized the following:

> *H4: Post Traumatic Stress Disorder will be negatively correlated to Social Support and Quality of Life.*

METHODOLOGY

Procedures

The data was collected from verified ex-combatants and civilians in Northern Bahr El Ghazal (NBEG) and Western Bahr El Ghazal (WBEG). Several instruments were utilized to collect data: A Background Information Form (BIF), Clinically Administered Post Traumatic Stress Scale (CAPS), Social Support Scale (SS), Quality of Life Scale (QOL) and several scales to measure Depression, Alcohol consumption, Domestic Violence and Suicidal Ideation. The BIF was used to record information pertaining to area, affiliation, ethnicity, age, gender, rank, years of service, type of vocational training and employment status.

Participants

The sample consisted of 238 respondents, made up of 108 (45.4%) ex-combatants and 130 (54.6%) civilians aged 18-79 years. The sample was made up of 129 (54.2%) (77 NBEG & 52 WBEG) male and 109 (45.8%) (50 NBEG & 59 WBEG) females of whom 55 males and 53 females were ex-combatants. With 127(53.4%) participants from NBEG and 111(46.6%) coming from WBEG. Most research participants (37.4%) were between the ages of 35-49 years, with: 10.9% (18-24), 28.6 %(25-34), 10.1% (50-59), and 13% (60-79). Ethnic composition of the sample was 63.4% Dinka, 16.4% Jur/Nueri, 12.6% Balanda, and 2.5% each for Mundari and Zande, with 1.7% Falata and 0.8% Magayai. Only 5.5% of participants were

employed full-time, 8.4% part-time with the remainder, 86.1% identifying as 'not-working'. Sixty-five percent (65.1%) had no formal schooling with 24.4% attending primary school but not literate, while only 10.5% can be regarded as literate.

Measures

To measure quality of life, the Quality of Life (QOL) scale was administered to participants, the 13-item questionnaire like all other questionnaires is anchored from 1 ("Strongly Disagree") to 5 ("Strongly Disagree) and was developed by Lee, Bobko, Earley, Lokke et al., (1991). The scale was reverse coded so that lower values reflect higher scores and the Cronbach Alpha for this scale was .912. I developed the scales for Suicidal Ideation (3-items), Drinking (8-items) and Domestic Violence (6-items), all the scales had a high and excellent reliability ranging from .873 to a high of .978 which is better than .70 required for such research (Hair, 1998, Nunnally, 1978).

RESULTS

The proposed quality of life model presented in Figure 1 was tested using latent variable structural equation modelling (SEM) to evaluate research hypotheses by using the LISREL computer program (version 8.30, Joreskog & Sorbom, 1996). A major strength of using structural equation modelling (SEM) is that it uses latent variables which allow for the estimation of relationships among theoretically interesting constructs that are free of the effects

of measurement unreliability. The covariance matrix was used as the input for all models, and the maximum likelihood estimation procedure was employed to produce the model parameters. To examine model fit, measures of absolute fit were employed, incremental fit, and parsimonious fit in order to determine how well the data fit the hypothesized model (Hair, Anderson, Tatham, & Black, 1998; Mueller, 1996). The means, standard deviations and zero-order correlations for the model were calculated.

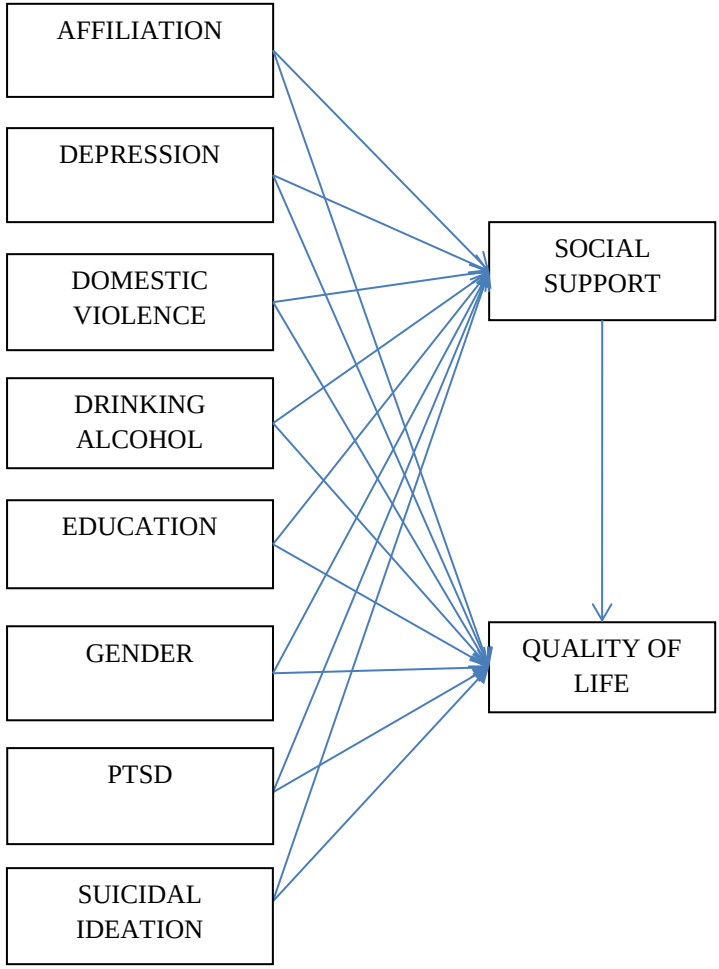
Common Method Variance Tests

Since all constructs were measured using self-report measures, we examined whether common method variance was a serious issue. As recommended by Padsakoff and Organ (1986), Harman's one-factor test analysis was conducted. In this test, all variables were entered together into an unrotated factor analysis and the results were examined. If substantial common method variance is present, then either a single factor would emerge or one general factor would account for most of the total variance explained in the items (Podsakoff & Organ, 1986). After entering all the items into the factor analysis model four factors emerged from the analysis, and the first factor accounted for 19 percent of total variance, however, no general factor emerged from the factor analysis. Thus, common method variance was not considered to be a serious issue in this study.

Model Fit Indicators

The following fit indices were used to assess the fit of the nomological network developed in Figure 1. The goodness-of-fit index (GFI) is a measure of absolute fit of the model by comparing the fitted model with the actual data, and ranges from 0 to 1. Values that are greater than 0.90 demonstrate that the model fits the data well (Hair et al, 1998). The absolute fit measures, maximum likelihood ratio chi-square (χ^2) and goodness-of-fit index (GFI), provide a measure of the extent to which the covariance matrix estimated by the hypothesized model reproduces the observed covariance matrix. In addition the root mean square error of approximation (RMSEA) was considered as it provides an estimate of the measurement error. Another fit index, the non-normed Fit Index (NNFI), was used to assess model fit; the NNFI assess the penalty for adding additional parameters to the model. The normed fit index (NFI) provides information about how much better the model fits than a baseline model, rather than as a sole function of the difference between the reproduced and observed covariance matrices (Mueller, 1996; Bentler & Bonnett, 1980). In NFI and NNFI the nested models have a chi-square closer to zero, in which case it can be said that the model is parsimonious (Mueller, 1996; Marsh et al., 1988). The comparative fit index (CFI) has similar attributes to the NFI and compares predicted covariance matrix to the observed covariance matrix and is least affected by sample size.

Figure 1: *Conceptual Model for Quality of Life*



Test of the Model

The two step approach to Structural Equation Modeling was employed (Anderson & Gerbing, 1988) First, the measurement model was inspected for satisfactory fit indices. After establishing satisfactory model fit, the structural coefficients were interpreted.

Model Measurement

The measurement model had acceptable fit indices (see Table 1). That is, the Chi-square statistic was at its minimum, and the p-value was non-significant. The GFI was above its recommended threshold of 0.90 (Hair et al., 1998), and the root mean square error of approximation (RMSEA) was less than 0.08, indicative of an acceptable model (Steiger & Lind, 1980). The Chi-square divided by degrees of freedom co-efficient was less than three, which indicates an acceptable model fit (Marsh et al., 1988). The CFI, NFI and NNFI all indicated an acceptable fit of the model to the data.

Table 1: Fit Indices for the Quality of Life Measurement Model

Model	χ^2 (df)	p-value	χ^2 (df)	RMSEA	GFI	NNFI	NFI	CFI
Base-line	0.00 (1)	1.00	0.00	0.0	1	1.10	1	1

Statistics are based on a sample of 205 respondents.
Degrees of freedom are in parentheses after the Chi-square value.
RMSEA = Root mean square error of approximation.
GFI = Goodness-of-fit index.
NNFI = Non-Normed Fit Index.
NFI = Normed Fit Index.
CFI = Comparative Fit Index.
df = Degrees of Freedom.

Interpretation of Structural Equation Modelling

Table 2 displays significant structural coefficients for the quality of life model. *Drinking* was found to be a statistically significant and negatively correlated predictor of quality of life, which seemed to indicate that the more one drank; the worse their quality of life was likely to be. Contrary to expectations, *depression* was not found be significant predictor of quality of life in this model. However, *affiliation* and *gender* emerged as statistically significant and negatively correlated to social support, which seems to suggest that woman and those who were not ex-combatants, were likely to

experience poor social support than men. E*ducation* emerged as a statistically significant and positive predictor of quality of life.

Table 2: *Unstandardized Structural Coefficients for the Quality of Life Model*

Parameter	Path Coefficient	T-value	SMC
SOCIAL SUPPORT			19%
Affiliation	-6.85	-2.77*	
Gender	-6.87	-2.68*	
QUALITY OF LIFE			14%
Alcohol use/ Drinking	-0.44	-2.95*	
Education	0.28	2.75*	
Statistics are based on a sample of 238 respondents. These are the endogenous variables in the model; the exogenous variables are listed underneath. *Significant at the 0.05 level. SMC=Squared Multiple Correlation.			

Overall, four factors *affiliation, gender, drinking (alcohol use) and education* were significant predictors of quality of life for the hypothesized quality of life model.

Partial support was established for H1, which stated that 'drinking will be negatively correlated to social support and quality of life'. Drinking was found to be statistically significant and negatively correlated with quality of life, but not to social support. Contrary to expectation, partial support was established for H2, which stated that 'depression will be negatively correlated to social support and quality of life'. As hypothesized, depression was found to be negatively correlated with social support, but unexpectedly positively correlated with quality of life, though both relationships were statistically insignificant.

The third set of hypotheses, H3 predicted 'suicidal ideation will be negatively correlated to social support and quality of life'. This was partially rejected when it was established that suicidal ideation was positively correlated with social support, but negatively correlated with quality of life, however both relationships were statistically insignificant as well. The last set of hypotheses, H4 stated that 'post-traumatic stress disorder will be negatively correlated with social support and quality of life'. This was partially affirmed, when PTSD was found to be negatively correlated to quality of life, but rejected when contrary to expectation it was shown to be positively correlated to social support, both associations were however, shown to be statistically insignificant.

None of the paths, in $H1_a$, $H2_{a,b}$, $H3_{a,b}$ and $H4_{a,b}$ were statistically significant, and only part of $H1_b$ (drinking will be negatively correlated to quality of life) was statistically significant, but not $H1_a$ (drinking will be negatively correlated to social support). The squared multiple correlations for Social Support and Quality of Life were 19% and 14% respectively.

DISCUSSION

The current research investigated the relationship between drinking and depression as predictors of social support and quality of life amongst ex-combatants and civilians in South Sudan. Using structural equation modelling techniques to evaluate the hypothesis, we found that *affiliation* and *gender* were significant predictors of social support, while *drinking* and *education* were significant predictors of quality of life. Drinking was found to be positively associated with social support, which may indicate that drinking is widely socially accepted as a norm and thus positively associated. Surprisingly, however, depression was not found to be as significant predictor of either. The significant negative association between gender and affiliation suggests that men and women who are not in the army may experience poor social support and thus overall poor quality of life. As it is, studies show that women exhibit high levels of depression and post-traumatic stress disorder. We note a curious positive association between suicide and social support, which my suggest that high social support, comes with high expectations especially for ex-combatants, thus putting pressure on them, and

leaving them probably more vulnerable to depression and suicide, which may explain why studies find high suicide rates, even though depression and suicidal ideation are not found to be significant predictors of either. With limited opportunities for socio-economic advancement, many would be likely to fulfil the high expectations that come with having served one's country. On the other hand, 'too much' social support may also be experienced as infantilizing, and produce additional stressors, rather than buffer against stress and depression.

Considering the low literacy rate of the sample (10.5%), and the low rate of gainful employment of individuals (13.9%), the challenges for providing opportunities for self-actualization through work are desperately needed. Ayazi observed that exposure to traumatic events coupled with socio-economic disadvantage were significantly associated with PTSD or conditions where PTSD was often comorbid with depression. Importantly they note that individuals with socio-economic disadvantage were most likely to have comorbid conditions, and to have experienced more traumatic experiences demonstrated by elevated by high levels of psychological distress, than individuals with only PTSD and or those with depression alone (Ayazi et al., 2012).

With few mental health professionals South Sudan may wish to emulate intervention programs introduced by the Centre for Victims of Torture in Liberia and Sierra Leone to help survivors in the community. The programs build lasting and continually improving

local peer counselling capabilities, support advocacy initiatives and educate the local population about mental health issues, reduce distress and increasing appropriate referrals and contribute toward professional development.

The study provides additional evidence of factors that are predictors of social support and quality of life; that may be important in the design of relevant and effective mental health intervention programs to educate, identify, provide supportive counselling and treat those most at risk in the affected population segments.

Contributions

The findings from this study have important practical implications for decision makers and policy makers in government departments and for implementing partners. In considering different strategies to provide mental health resources, including basic training and capacity development (e.g. peer counseling) and advance training (e.g. Juba University), coupled with community based psycho-education programs, so as to provide appropriate intervention and support to those at risk. These capacity development strategies may help prevent complications, improve daily functioning, and help reduce depression and the indicated high rates of suicide and suicidal ideation. Identifying some of the determinant factors of social support and quality of life can make an important contribution to the design of the mental health intervention protocol.

Limitations

This study was the first to investigate factors that predict social support and quality of life amongst civilians and combatants, and as such, literature was found to be limited. Second, the cross sectional design of the study does not allow for causal inferences. Third, the research used trained research assistants who had to translate and interpret questions into local languages. Fourth, another limitation of the study is that all data were collected using self-report measures, which may lead to the problem of common method bias. However, Harmon's one-factor test did not indicate a problem with common method variance.

CONCLUSION

The results of the study demonstrate significant predictors of the hypothesized quality of life model amongst ex-combatants and civilians, and point to possible areas of intervention to ameliorate the suffering. A future research would be able to use a well-established trauma scale and depression scale to test the latent variable model. Specifically, studies are needed to compare and contrast robust samples of ethnic group members in other states with more diverse ethnic groups and verified ex-combatants and areas of intense war and or prolonged skirmishes.

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DETERMINANTS OF TUBERCULOSIS SERVICES ACCEPTANCE AMONG PATIENTS IN IBADAN, NIGERIA

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ABSTRACT

The paper examined the effects of religion, educational status and stigmatization on acceptance of tuberculosis services in government hospitals in Oyo State, Nigeria. Descriptive survey research design was adopted. The population consisted of three 300 tuberculosis patients attending a government chest hospital in Jericho, Ibadan. Purposive sampling method was used to select the respondents for the study. A structured questionnaire duly scrutinized and validated by experts in the field of health and medical social work was used. A reliability value of r=0.71 was obtained. Data collected were coded and analyzed with the use of frequency counts, percentages and Pearson correlation statistical method. The result of the study showed that stigmatization did not have any significant relationship on acceptance of tuberculosis services (r=0.001, n=300, P>0.05). Also, the finding revealed that there was a significant relationship between religion and acceptance of tuberculosis services (r=590, n=300, p<0.05) and there was a significant relationship between the level of education and acceptance of tuberculosis services (r=.253, n=300, p<0.05). It was recommended that tuberculosis education should form an essential part of social work, health education and health promotion curriculum. Also, there is the need for stakeholders to participate fully in the campaign to eradicate tuberculosis. Tuberculosis patients should be motivated to accept modern and free tuberculosis health services in Nigeria.

KEY TERMS: Tuberculosis infection, Acceptance of services, Education, Religion, Stigmatization

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INTRODUCTION

Tuberculosis (TB) remains one of the worlds' greatest public health challenges. It is a common lethal infectious disease caused by various strains of mycobacterium usually called mycobacterium tuberculosis. It usually attacks the lungs but can also affect other parts of the body such as the brain, bones and the spinal cord. The mode of spread or transmission is through the air when people who have active TB infection cough, sneeze or otherwise transmit their saliva through the air. Konstantinos (2010) found out that, most infections in humans result in asymptomatic latent infection. About one in ten infections eventually progress to active disease which, if left untreated, kills more than fifty percent (50%) of its victims. This calls for a serious concern from the health social workers and health educators because the unprecedented spread of the disease remain a great challenge to the nation of Nigeria and there is urgent need for adequate and prompt intervention.

BACKGROUND

Prevalence of tuberculosis

The portion of people who become sick with tuberculosis each year is stable or falling worldwide, but because of population growth, the absolute number of new cases is still increasing. Newacheck and McManus (2009) found out that, an estimated 13.7 million chronic cases, 9.3 million new cases and 1.8 million deaths, mostly in developing countries like Nigeria was reported in 2007. In addition,

more people in the developed world contract tuberculosis because their immune systems are more likely to be compromised due to higher exposure to immunosuppressive drugs, substance abuse and HIV and AIDS. In like manner, Kumar, Abbas, Fausto and Mitchell (2007) affirmed that, the distribution of tuberculosis is not uniform across the globe. About 80% of the population in many Asian and African countries test positive to tuberculin tests while only 5-10% of the United States' population test positive. WHO (2012) further reported that, Nigeria has the world's fourth largest tuberculosis (TB) burden with more than 460,000 estimated new cases in 2007. The report further said that, between 2002 and 2007, directly observed treatments (DOT) – the internationally recommended strategy for tuberculosis control- coverage had increased rapidly from 55% in 2002 to 91% in 2007. After declining for several years, the treatment success rate was established at 76%.

In the same vein, both case detection and treatment rates in Nigeria were among the lowest of high burden TB countries in Africa. This sends a crucial signal that the public health burden posed by TB is becoming increasingly important as the country's HIV and AIDS epidemic unfolds. In support of the aforesaid, Rubel and Garro (2002) found out that, more than a quarter of new TB patients are HIV positive. The report further said, as collaborative efforts are being scaled up, the number of TB patients tested for HIV and AIDS has increased from about 7,500 in 2006 to 27,850 in 200. Premised on the above, the Federal Ministry of Health declared TB a national

emergency in April 2006 and inaugurated the National TB/HIV/AIDS Working Group in June 2006.

Nigeria is ranked high among the TB burden countries in the world. Because of the prevalence of TB, Nigeria ranked 10th among the 22 high-burden TB countries in the world. According to WHO (2012), 210, 000 new cases of all forms of TB occurred in the country in 2010, an equivalence of 133/100,000 population. Also, there were an estimated 320,000 prevalent cases of TB in 2010, an equivalence of 199/100,000 cases. Further, there were 90.447 TB cases notified in 2010 with 41,416 (58%) cases as new smear positives, and a case detection rate of 40%. In the same vein, 83% of cases notified in 2009 were successfully treated while the death rates have declined from 11% in 2006 to 5% in 2010. It is expected that TB programme will have a comprehensive prevalence and death rates by the year 2015. Current literature revealed that, Lagos, Kano and Oyo State have the highest TB prevalence rate. Other states however experienced a drop in cases notified, resulting in 4% overall decline in 2010. Oyo State increased by 46.5% from 2008 to 2010. Also, record has it that Benue State has a high TB burden which is attributed to a high HIV prevalence.

Tuberculosis as a global burden

Neil (2012) postulated that, tuberculosis remains among the world's great public health challenges, and the advances discussed hold promises for the development of better prevention and treatment of

the disease. Robert Koch identified micro bacterium tuberculosis about 123 years ago. Since then, there have been great advances in our understanding of many of the crucial events in disease pathogenesis. It is however sad to note that, tuberculosis is nowhere near eradication or even control in many areas of the globe with adequate reference to the country Nigeria. It is worth recalling the words of Rene and Jean Dubos that "tuberculosis as it has been said, is a disease of incomplete civilization" meaning, it is a disease of the impoverished – the poor. Neil further asserted that, vague as this statement appears at first, it underlines the fact that the anti-tuberculosis movement cannot be properly understood if seen only in its medical perspective for the historical and social background loom large in picture. However desirable the goal is, the complete elimination of tubercle bacilli is rendered impossible by economic and social factors.

Tuberculosis control

Education is a vital tool of eradicating TB disease. The possibility that, educated people will seek orthodox means of treatment may be much higher than that of the illiterate or person with little or no education. Education may also serve as means of enlightening the general public about the best treatment for TB patients. The health social worker should therefore be prepared to educate all TB suspects. Premised on the above, the Center for Disease Control and Prevention (2000) proposed the under listed procedures for controlling TB:

- Collection of 3 sputum specimen for identification of TB bacilli in the laboratory.
- Collection of good sputum specimen including the time to produce the sputum, how to open and close the specimen container.
- Educate the patient on the need to produce the sputum.
- Confirm that the patient is ready for treatment.

T B and health education challenge

The challenge on the health social workers and allied medical practitioners is greatly enormous. Premised on this, the following health education guidelines and procedures were suggested by Center for Disease Control and Prevention (2000).

- The result of the sputum test and the type of disease diagnosed should be made known to the patient.
- Explanation on the cause of the disease and how it is transmitted should be explicit.
- The disease is curable provided the correct drugs and dosages are taken for a stipulated 8 months without a break.
- Explain the types of the drugs and the number of times they ought to be taken.
- There is the need to bring symptomatic contacts for screening.
- The patients' family members should know the signs and symptoms of TB and should be willing to bring any suspect to the health care service providers.
- The family should also be ready to support the patients in order to be regular on the treatment.
- It should be stressed that the patient is no longer infectious as long as he/she complies with the treatment regularly.
- Explanation on the duration and the nature of the treatment in the hospital and at home should be explicit.

- Educate the patient on the side effects of drugs which may include: skin rash, joint pains, yellow coloration of the conjunctiva, poor vision, imbalance, and red coloration of urine. Instruct patient to report any of these signs promptly.
- Sputum examination should be repeated at the end of 2nd, 5th and 7th months to determine the effectiveness of the drugs taken. It should however be noted that, if the results still identify the TB organism, the treatment may change.
- The health social workers should obtain feedback by allowing patients to recall facts, identify possible problems and deal with them decisively at the end of each health talk session.

T B and stigmatization

Modern American usage of the word 'stigma' and stigmatization refers to an invisible sign of disapproval which permits insiders to draw a line around the outsiders in order to determine the limits of inclusion in any group. Smith, (1996) affirmed that, demarcation permits insiders to know who is in and who is out and allows the group to maintain its solidarity by demonstrating what happens to those who deviate from accepted norms of conduct, hence stigmatization is defined as an issue of disempowerment and social injustice. Once people identify and label someone's differences, others will assume that, it is just how things are and the person will remain stigmatized unless the stigmatizing attribute is undetected.

Tuberculosis patients just like HIV and AIDS patients are liable to be stigmatized. The reason is obvious. This is simply because of the fear of being infected, an average person tend to run away from, and call the infected by name there is also the tendency for people not to allow their loved ones to move near the suspected carrier of tuberculosis and people living with HIV and AIDS. Premised on the aforesaid, Shreatha, Kuwahara, Wice, Deluca and Taylor (2002) asserted that, patients' denial or hesitation to disclose their TB status to the family or friends is due to the overwhelming fear of being socially ostracized. In the same vein, Rubel and Garro (2002) found out that, stigma among Mexican immigrants in Califonia significantly influenced patients' perceptions of their illness and caused them to cease contact with family and friends. It was further reported that patients blamed the social consequences of stigmatization and ostracism for their long delays in seeking care and their poor adherence to treatment.

TB and religion

Religion, according to Emma (2011) is a cultural system that creates powerful and long lasting meaning, by establishing symbols that relate humanity to truths and values. Many religions have narratives, symbols, traditions and sacred histories that are intended to give meaning to life or to explain the origin of life or the universe. They tend to derive morality, ethics, religious laws or a preferred lifestyle from their ideas about the cosmos and human nature. Emma further said, the development of religion has taken different forms in

different cultures. Hundelson (2006) also affirmed that some religions place emphasis on belief, while others emphasize practice. In the same vein, Carey, Oxtoby, Ngunyen, Huynh, Morgan and Jeffery (2007) said, some other religions focus on the subjective experience of the religious individuals, while others consider the activities of the religious community to be most important. Some religions claim to be binding on everyone, while others are intended to be practiced only by a closely defined or localized group. In many places including Nigeria, religion has been associated with public institutions such as education, hospitals, the family, government and political hierarchies. In the same vein, Enwereji (1999) earlier found out in a study of the Igbo of Nigeria that, TB patients who held rigidly to traditional views that TB can spread by eating beef and other high-protein foods reportedly delayed seeking treatment and often waited until they were malnourished.

In Malawi, Brouwer, Boeree, Kager and Varkevisser (2008) found out that, patients thought that TB resulted from bewitchment or breaking sexual taboos. They explained further that patients also believed that they could only be treated by traditional healers, while TB from other causes could be treated with western medicine. Conversely too, Cary, Oxtoby, Nguyen, Huynh, Morgan and Jeffery (2007) found out that some groups of patients express strong preferences for treatment from bio-medically trained physicians with little and or no interest in traditional remedies. In Malawi too, Wandwalo and Morkve (2000) found out that, traditional healers

advised TB patients to attend medical clinics when patient presented with certain signs and symptoms. They however found no connection between knowledge about TB and completion of treatment. In the same vein, Menegoni (2006) found out that religious movements have increased the acceptance of germ theory and of western medicine, reducing the attribution of disease to witchcraft. In another interesting development, Newachek and Mcmanus (2000) found out that, educational attainment, stigmatization and religion influenced parents of uninsured Latino children with chronic illness. However, it was said that higher educational attainment and religion was associated with significantly higher rates of being up to date for DPT immunization in Mexican-American children.

STATEMENT OF PROBLEM

Tuberculosis is fast becoming a worldwide problem. War, famine, homelessness and lack of medical care all contribute to the increasing incidence of TB among disadvantaged persons. Since TB is easily transmissible between persons, then the increase in tuberculosis in any segment of the population represents a threat to all segment of that population. This means that, it is important to institute and maintain appropriate public health measures including screening, vaccination and treatment. It is important to note that, a laxity of public health measures will contribute to an increase in incidence of TB infections. Failure of adequate treatment will also promote the development of resistant strains of tuberculosis. The

social workers therefore, should assist those affected by TB. In many social work settings, TB social workers are part of the interdisciplinary team that works together to increase patients' treatment compliance. TB social workers face the challenge of working with staff doctors, nurses, medical assistants and language interpreters to help achieve this compliance. Apart from the function to link patients with health care, the social workers also face the challenges such as advocating, intervening, locating TB patients and assisting them with permanent housing options. In the same vein, low levels of education, religious believe and stigmatization are said to have militated against acceptance of tuberculosis service in most parts of the world. Premised on this, this paper therefore tried to find out the effects of religion, educational status and stigmatization on acceptance of tuberculosis services among tuberculosis patients in Ibadan, Oyo state, Nigeria.

HYPOTHESES

Ho1: There is no significant relationship between religion and acceptance of tuberculosis services in Ibadan.

Ho2: There is no significant relationship between educational status and acceptance of tuberculosis services in Ibadan.

Ho3: There is no significant relationship between stigmatization and acceptance of tuberculosis services in Ibadan

METHODOLOGY

The study examined the effects of religion, educational status and stigmatization on acceptance of tuberculosis services among patients in Oyo state government chest hospital, Ibadan, Nigeria. Descriptive research design method was used for the study. The population was 300 tuberculosis male and female patients receiving treatment at the Oyo state government chest hospital, Jericho, Ibadan. The purposive sampling method was used to select both the hospital and respondents. This method was adopted because the chosen hospital is the referral tuberculosis centre for Oyo state which enabled the use of 300 respondents for the study. Convenient sampling method was also adopted to select new patients on clinic days. The instrument used for the study was an adapted and modified likert type questionnaire on effects of religion, educational status and stigmatization of tuberculosis patients (ERESTP) on acceptance of tuberculosis services in Ibadan. The questionnaire was in two sections, A and B. Section A elicited demographic characteristics while section B featured statements on the variables for the study. The inputs of experts from social work educators, health social workers, health educators and other health care providers were fully annexed. Twenty (20) copies of the questionnaire were administered to TB patients attending TB clinic at Iseyin primary health centre who were not part of the research population. This ensured the validity of the instrument and a reliability coefficient of r = 0.71 was obtained.

The questionnaire was personally administered by the researcher with the help of six trained research assistants. The completed questionnaires were collected on the spot. These were coded and analyzed with the use of frequency counts, simple percentages for the demographic characteristics while Pearson moment correlation was used for section B which elicited statements on effects of religion, education and stigmatization on acceptance of tuberculosis services. The two hypotheses generated for the study were tested using Pearson moment correlation for data analysis at 0.05 alpha level.

FINDINGS

The findings of the study shows that, 82 (27.3%) of the respondents have no formal education, 29 (9.7%) of them have primary school education, 139 (46.3) have secondary school education while 50 (16.7) have tertiary education respectively. With this result, those who had secondary school education constituted the highest number of respondents used for this study. This might be responsible for the prompt responses from the participants. By implication, education and level of awareness play an important role in the acceptance of tuberculosis services. The hypotheses tested revealed the following results:

Religion and acceptance of TB services

Hypothesis I: There is no significant relationship between religion and acceptance of tuberculosis services among tuberculosis patients

in Ibadan, Oyo State, Nigeria. The result obtained is presented in Table 1.

Table 1: *Pearson Correlation showing the significant relationship between religion and acceptance of tuberculosis services among tuberculosis patients in Ibadan Oyo State, Nigeria.*

	Mean	S.D	N	r	P	Remark
Acceptance of Tuberculosis	30.2567	5.8707	300	590**	.000	Sig
Religion	18.8533	3.2114	300			

r = 590, n = 300, p < 0.05

Table 1 shows that, there was a significant relationship between religion and acceptance of tuberculosis services (r = 590, n = 300, p < 0.05). This implies that increase in the level of religiosity of tuberculosis patients will lead to an increase in the level of acceptance of the tuberculosis services among the tuberculosis patients in Ibadan. The null hypothesis is therefore rejected.

Educational attainment and acceptance of TB services

Hypothesis 2: There is no significant relationship between education attainment and acceptance of tuberculosis services among

tuberculosis patients in Ibadan, Oyo State, Nigeria. The result obtained is presented in Table 2.

Table 2: *Pearson Correlation showing the significant relationship between level of education and acceptance of tuberculosis services among tuberculosis patients in Ibadan, Oyo State.*

	Mean	S.D	N	r	P	Remark
Acceptance of Tuberculosis	30.2567	5.8707	300	.253**	.000	Sig
Education	14.8433	3.5610	300			

r = .253, n = 300, p < 0.05

Table 2 shows that, there was a significant relationship between education and acceptances of tuberculosis services (r = .253, n = 300, p < 0.05). This implies that increase in the level of educational attainment of tuberculosis patients will lead to an increase in the level of acceptance of the tuberculosis services among the tuberculosis patients in Ibadan. The null hypothesis is therefore rejected.

Stigmatization and acceptance of TB services

Hypothesis 3: There is no significant relationship between stigmatization and acceptance of tuberculosis services among tuberculosis patients in Ibadan, Oyo State, Nigeria. The result obtained is presented in Table 3.

Table 3: *Pearson Correlation showing the significant relationship between stigmatization and acceptance of tuberculosis services among tuberculosis patients in Ibadan, Oyo State, Nigeria.*

	Mean	S.D	N	r	P	Remark
Acceptance of Tuberculosis	30.2567	5.8707	300	-.001	.992	NS
Stigmatization	13.8733	3.9669	300			

r = -.001, n = 300, p > 0.05

Table 3 shows that, there was no significant relationship between Stigmatization and Acceptance of Tuberculosis Services (r = -.001, n = 300, p > 0.05). This implies that increase in stigmatization against tuberculosis patients will not lead to an increase in the level of acceptance of the tuberculosis services among the tuberculosis patients in Ibadan. The null hypothesis is therefore not rejected.

DISCUSSION OF FINDINGS

This finding is in line with the findings of Wilkinson, Gcabashe, and Lurie (1999) that TB patients visit spell casters, faith leaders, and those who use plant for healing among South African patients, despite patients' recognition that TB could be cured. It is also in line with the finding of Farmer, Ramilus, & Kim (2001) in rural Haiti, that many patients accepted sorcery as a possible cause for TB. Their etiological beliefs had no impact on compliance with biomedical regimens. Similarly, Rubel (2003) found high rates of adherence with biomedical treatment among migrant farm workers, regardless of whether they attributed their symptoms to biomedical causes or "folk" illnesses. The result also falls in line with Emma (2011) who found out that, religion has been associated with public institutions such as education and hospitals. Further, Enwereji (1999) found out that Igbo community of Nigeria held rigidly to traditional views and therefore delay seeking treatment and often waited until they were malnourished. In the same vein, the result is in line with Menegoni (2006) who found out that religious movements has increased the acceptance of germ theory and of western medicine thereby reducing the attribution of diseases to witchcraft. This implies that people's orientation about tuberculosis must change. Religion should not in any way deter acceptance of TB services. Health social workers must be ready to educate TB patients, their family members and the community at large that, religious believes has nothing to do with this deadly disease. The counseling and advocacy function of the

social workers should be judiciously displayed to bring convincing information to TB clients and their family members.

The result also negates the finding of Wandwalo and Morkve (2000) which found no connection between knowledge about TB and completion of treatment. Meanwhile, the result support the finding of Newacheck & McManus (2009) that higher education attainment and religion was associated with significantly higher rates of being up-to-date for DPT immunization in Mexican-American children. It is imperative to note that, education is a vital tool to eradicating TB disease. In the same vein, there is the possibility that, the number of educated people that will seek orthodox means of treatment may be much higher than that of illiterate or person with little education. Therefore, health social workers must bear in mind that, education may also serve as a means of enlightening the general public about the best treatment available for TB patients.

In the same vein, the result negates the finding of Rubel and Garro (2002) which stated that, fear of stigma significantly influenced patients' perceptions of their illness and caused them to cease contact with family and friends. Similarly, the report further said that, patients blamed the social consequences of stigmatization and ostracism for their long delays in seeking cares and their poor adherence to treatment. Meanwhile, the result is in line with the findings of Shrestha, Kuwahara, Wice, Deluca and Taylor (2002) which found out that, there is strong association between stigmatization and TB. Also, fear of family rejection and loss of

friends led some patients to report for treatment. Stigma also results in loss of employment, or fear of such, thus delaying care seeking, diagnosis, and effective treatment. At this juncture, the heath social workers should remember that TB patients just like any HIV/AIDS patients are liable to be stigmatized. It is therefore an herculean task for the health social workers to function optimally by educating TB patients and their family members that the infected clients could be cured and should not be stigmatized.

CONCLUSSION

The finding of the study implies that religion does not in any way affect acceptance of tuberculosis services. It was concluded that the level of education have significant effects on acceptance of tuberculosis services. In the same vein, it was concluded that, fear of stigma and family rejection were responsible for acceptance of tuberculosis services. Succinctly too, it could be affirmed that, the treatment of tuberculosis will be widely accepted if the entire population are properly educated on the causes and factors responsible for TB infection and the necessary line of treatment. In the same vein, it should be borne in mind that, reduced stigmatization and improved religiosity could also help in the eradication of tuberculosis. The implication of this finding is that, the government should be ready to face squarely the social responsibility of controlling and eradicating the disease. Also, the expected roles of the health social workers could not be over emphasized; they have significant roles to play. Such roles include

health education, counseling advocacy among others. The general populace and indeed, the affected clients should be well informed on the prevalence, mode of spread, control and consequences of tuberculosis disease. Access to and acceptance of available tuberculosis services should be of utmost priority. Diagnosed tuberculosis patients, irrespective of their religion or traditional background could benefit from tuberculosis services. Furthermore, the health social workers should help to identify unidentified cases who should be assisted to seek treatment from the public health services available within the confines of their living environment. Finally, other health care providers should collaborate efforts in other to ensure the eradication of tuberculosis from the society.

RECOMMENDATIONS

1. Tuberculosis education should form an essential part of health education curriculum.

2. Health social workers, health educators, parents, teachers and other health care providers should work collaboratively to ensure the adequate dissemination of information aimed at controlling and eradicating tuberculosis.

3. Government at various levels should double their existing efforts on the eradication of tuberculosis through effective personnel, financial and material management

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OBITUARY
ANDREW CHAD NYANGURU, ASSOCIATE PROFESSOR, SCHOOL OF SOCIAL WORK, UNIVERITY OF ZIMBABWE, EDITOR, AJSW 2013-2014

Matsika, Abel Blessing[a] and Mugumbate, Jacob[b]

Professor Andrew Chad Nyanguru, born on the 28th of March 1953 passed on at the Avenues Clinic in Harare on the 14th of May 2014 at the age of 61 years. In moving graveside speeches, he was described as 'a veteran of statutory social welfare services provision in Zimbabwe', 'a community worker par excellence' and 'a great teacher'. His brother in law, Sekuru Gomendo, described him as 'everyone's friend'.

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Professor Andrew Nyanguru attained a Bachelor of Social Work General Degree in 1980 and a Master of Social Work Degree in 1985, both from the University of Zimbabwe's School of Social Work. He earned Professorship from the National University of Lesotho in 2006. At the time of his death, he had 27 publications, mainly in the area of gerontology and 8 more papers were undergoing pre-publication peer review.

Upon completion of his first degree, he joined the then Department of Social Services (DSS) in 1981 as a District Social Welfare Officer at the Highfields DSS office and rose through the ranks to become Drought Relief Provincial Head for the Mashonaland Region from 1983-85.

Nyanguru left the public service to join the School of Social Work, then an Associate College of the University of Zimbabwe as a lecturer. He taught on different programmes, that is the Certificate and Diploma courses and the Bachelor and Master's degree programmes. He was also Director of Fieldwork in the 1990's. Nyanguru later joined the National University of Lesotho where he was one of the people who introduced social work training and education in the country. On his return from Lesotho in 2010, he briefly taught at Bindura University of Science Education (BUSE) where a social work programme had just been introduced.

He re-joined the University of Zimbabwe from BUSE as a permanent full-time Associate Professor with immediate tenure at the School of Social Work on the 1st of July 2010. He was subsequently appointed Director of the School until December 2011 when he was re-assigned to full time lecturing

and research.

He had been an external examiner for the BUSE Department of Social Work since 2011. He had previously been a visiting Professor at distinguished Universities including Oxford, Cambridge, Birmingham, Cape Town and Iowa.

Professor Nyanguru was an eminent social work scholar and practitioner and at the time of his passing on, he was the only resident social work professor in Zimbabwe. A lot was therefore expected from him in spite of shouldering the onerous responsibility of mentoring a large pool of upcoming social work educators and practitioners. He was also the Editor of the African Journal of Social Work published by the National Association of Social Workers-Zimbabwe. Nyanguru also co-edited a book authored by staff in the Department of Social Work at BUSE entitled Promoting Social Work for Zimbabwe's Development.

The late Professor was predeceased by his wife and is survived by 3 children and 4 grandchildren.

MAY HIS SOUL REST IN ETERNAL PEACE.

MANUSCRIPT GUIDELINES

General: Articles should: not exceed 3000 words, be type written in New Times Roman font size 12 and 1.5 spaced throughout. Only articles submitted as an email attachment to editor@ida.co.zw in Ms Word shall be accepted. An abstract of between 100 and 150 words describing aims of the article and main findings or argument should accompany the article. Key words or phrases not exceeding 6 shall be supplied together with the abstract. This is necessary for indexing services and to optimise visibility of articles on search engines. Articles are to be submitted in English language.

Each submitted article must be made up of the following email attachments named as italicised (*Note: Zipped attachments are not acceptable*):

1. *Cover page*: **TITLE**, *ABSTRACT* and *KEY TERMS*.
2. *Author/s page*: Surname, First name, department, institution and contact details (postal address, website, email address, phone numbers). Unless otherwise indicated, the first author shall be the corresponding author.
3. *Manuscript*: **Title** (repeated), main text and references list. Tables, graphs etc must be on actual position inside text.

4. *Declarations*: include a declaration on *conflict of interest*, *ethical approval*, *funding sources*, acknowledgements, a statement indicating the *originality* of the work and confirmation that the work submitted to this Journal *shall not be submitted to another publication* unless rejected or withdrawn. Whilst the author shall retain copyrights; he/she must also indicate that this Journal gets the sole and exclusive right to publish the work for the full length of the copyright period. Permissions for reproduced work must be indicated. A declaration must also be made to the effect that *co-authors took part in the research process*, and that their inclusion to the publication has been gained and that they are not 'ghost' writers. Whilst all the declarations mentioned here are important to achieving quality research, the ones indicated in italics are compulsory. A standard form is emailed to each author on acknowledgement of receipt.

Types of papers: The Journal gives preference to empirical papers but also accepts review, theoretical, historical, methodological or epistemological analyses. In addition to these articles, the Journal is interested in brief notes and analysis of up to 1000 words on policy, programmes, legislations, organisations or interventions on social work that would be of interest to African social

workers and the international community. Details of relevant upcoming conferences and workshops will also be published. Other submissions may include book reviews, media reviews, published article commentary or replies, suitable bibliographies, curriculum development or teaching aids, students' essays, think pieces, news from professional associations and professional interviews.

Formatting: use Times New Roman size 12 at 1.5 spacing. All main **HEADINGS** and **TITLES** must be in capitals and bold font. ***Subheadings*** shall be bold and italicised whilst *Sub-subheadings* must only be italicised. Capital letters may only be used to begin sentences and for nouns and where necessary but shall not be used for all words forming headings and titles. Bullets must be used only where necessary and these must be round dot bullets (in the first instance) followed by round hollow bullets for second line bulleting. Numbering should follow the sequence of 1. without parenthesis, followed by a. and then i. but should only be used sparingly. Authors are free to request sample articles to help themselves familiarise with required formatting and other requirements.

Tables/figures: tables, graphs, charts, maps and pictures should be used reservedly and when used, they should be submitted inside the word document. These shall have a table/figure number in chronological order of which they

appear. Titles and labels must be clearly indicated and the source of the data must be stated. In the case of pictures the date, location and source/name of photographer should be included. Footnotes and appendices are not acceptable.

All manuscripts, unless otherwise indicated, must be prepared using the 6th edition of the APA style (available at http//:www.apastyle.org) in terms of citations, references, preparation of tables/figures and language.

Processing of articles: The Journal uses a double blind peer review mechanism where two anonymous reviewers review an article whose author remains anonymous. The Editor reserves the right to reject outright papers that do not conform to the policy and guidelines, especially those that are prepared without due attention to style, language and originality.

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