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Research Article

The Reintegration of Children from Residential Care Institutions: Reflections on SOS Children's Villages, Bindura, Zimbabwe

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Abstract

This study examined the lived experiences of young people orphaned due to parental death and chronic illness, with particular attention to the challenges they face in transitioning into adulthood. The research adopts a qualitative approach, utilizing semi-structured interviews to collect in-depth data from 25 participants aged between 18 and 24 years. These participants were selected to capture diverse perspectives on the socio-economic and psychological realities of orphanhood. Thematic analysis was employed to identify recurring patterns, key issues, and underlying meanings in the data. Findings reveal that orphaned youth encounter multiple and interconnected challenges that significantly affect their well-being and life trajectories. Economic hardship emerged as a dominant theme, with many participants struggling to meet basic needs such as food, shelter, and education due to the absence of parental financial support. This often forced them into premature adult roles, including caregiving and income generation, which disrupted their educational and personal development. Psychological distress was also prevalent among participants, manifesting in forms such as grief, anxiety, loneliness, and unresolved trauma associated with the loss of parents. Many reported a lack of emotional support systems, which further exacerbated their vulnerability. Social isolation and stigma were additional concerns, as some participants experienced marginalization within their communities. Despite these challenges, the study also highlights resilience among orphaned youth. Some participants demonstrated adaptive coping strategies, including seeking support from extended family members, peers, and community-based organizations. However, such support systems were often inconsistent and insufficient. The study underscores the urgent need for targeted interventions that address both the economic and psychosocial needs of orphaned young people. It recommends the strengthening of social protection systems, improved access to education and mental health services, and the development of community-based support networks. By understanding the complex realities faced by orphaned youth, policymakers and practitioners can design more effective programs to facilitate their successful transition into adulthood.

Keywords

Reintegration, Institutionalization, Residential Care, Orphans, Stigma, Discrimination, Mental Well-Being, Community Support

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1. Introduction and Background

Institutionalization of children may have adverse effects on the children and society. Once a child is put in an institution, he/she receives protection and care until the age of 18 years. He/she is then an adult, as in the Child Protection and Adoption Act (Chapter 5: 06), gazetted in 2002. Institutions in Zimbabwe are tasked with the development and socialisation of children to acquire lifelong survival skills for seamless reintegration into society. Socialization is from early childhood to the age of 18, during which the children are supposed to learn how to make decisions which will impact their lives.

Community integration is a process where the children who were brought up in the institutions should be able to go back to their biological or foster families in the community, or be self-sufficient. The children must adjust to this process from an early point such that exiting the institution is not a difficult process. Sachiti asserts that children live physically, emotionally, and mentally healthy lives in the presence of caring and loving adults, prepared to be reintegrated successfully [1]. For example, within SOS Children's Villages, the children live with a family-based structure under the sponsorship of a caregiver who provides for their welfare. In Zimbabwe, the Department of Social Development and the Child Protection Society are leading the way in reintegrating children back into family life in the community and encouraging fostering of OVCs. The organizations collaborate closely with children's homes to enable reintegration. Records show that between 2007 and 2010, 801 children were successfully reintegrated the statistics in the Child Protection Services, 2010 report. Nevertheless, the majority of them keep coming back to the institutions for assistance, pointing to reintegration weaknesses. Even though there are reintegration plans in some of the institutions, not all the children are ready to cope. SOS Children's Villies, for instance, start preparing children for reintegration at the beginning of a child's life so that they can learn coping mechanisms before reintegration. Sachiti views that a well-socialised person can balance adaptation and self-realisation within society. Institutional children are thus capable of adapting to society and acquiring moral, psychological, and behaviour autonomy. Nonetheless, Sachiti finds that the behavior of a child will be determined by social labels in society that are placed upon him or her, and this proves the necessity of proper socialisation [1].

Despite these interventions, some children fail to become independent and are unable to care for themselves after leaving the institution. Physical sustenance is the priority of most institutions, yet psychological, emotional, and social growth is ignored [2]. Children who were habituated to getting handouts in institutions may struggle to be independent after being reintegrated. Institutions lack long transition policies to allow safe integration into society, and the preparation of individuals at the psychological level for reintegration is inadequate.

There are certain institutions that apply family-structured living, which is superior to dormitory-based living since it familiarises children with life in families. Children's socialisation experiences under institutional care affect their subsequent behavior and independence potential. Children who are sent out of the institution unprepared are disadvantaged in numerous ways, such as becoming dependent on the institution, delinquency, prostitution, or working in the informal economy [2]. Even if children are provided with an integration package, like money, they continue to be mostly dependent on institutional care [3].

Socialization within institutions also discourages reintegration. Children are normally under mass regimes, and with these, there are fewer chances of expression, development, and individual growth [1]. Children need to be allowed time to discover themselves and familiarise themselves with community life to facilitate smoother integration. Societies must also take an active part in the lives of orphans and vulnerable children, either living in institutions or in households within society. Child caregivers need training in child care and psychological counseling so as to meet children's emotional and social needs as well. Foster care schemes are also becoming popular, and families are responding in greater numbers as indicated in the 2015 Child Protection Society report.

Reintegration in society is a new idea that focuses on being self-reliant at adulthood. Various reasons lead to the challenge of reintegration such as discrimination and stigmatization in society [3]. Reintegration skills are acquired in institutions, but all children do not perform equally well, which leads to challenges in reintegration. The research aims at establishing areas of deficiency in the process of reintegration, evaluating children's challenges of exiting institutions, and studying the strategies used by SOS Children's Villies in helping children to integrate well in society.

2. Theoretical Framework

The study is informed by Erikson's Theory of Psychosocial Development, which provides a model for accounting for how children are socialised and in what ways early experience shapes their psychosocial functioning in adulthood. According to Erikson, human development occurs through eight successive stages, spanning from infancy to late adulthood, each including a developmental issue or "crisis." Successfully resolving each stage results in the formation of basic virtues, which are strengths one uses to tackle the next challenge. Inadequate resolution of a stage can hinder the ability to navigate through future stages, which can result in difficulty in developing a healthy sense of self. Interestingly, unresolved stages can actually be accessed in later life, which highlights the dynamic process of psychosocial development [4].

2.1. The Essential Eight Stages of Development and Why They Are Applicable Are as Follows

I. Trust vs. Mistrust (Infancy): In this stage, infants learn to trust others if their needs are fulfilled at all times. Children who fail to establish trust will end up being anxious, insecure, and incapable of forming attachments in the course of their lives.

II. Autonomy vs. Shame and Doubt (18 months to 3 years): Children begin asserting independence and establishing their space. Failure to achieve autonomy may lead to dependency or low self-esteem.

III. Initiative vs. Guilt (3–6 years): Children are taught to initiate and execute tasks. Overcontrol or discouragement can result in guilt and passive initiative.

IV. Industry vs. Inferiority (6–12 years): Mastery and competence of skills such as reading, writing, and social relations are the features of this phase. Young children who feel inadequate could develop feelings of inferiority.

V. Identity vs. Role Confusion (Adolescence): Adolescents struggle to create a personal identity. A lack of achieving a secure identity can result in role confusion and uncertainty about directions in life.

VI. Intimacy vs. Isolation (Young Adulthood): People establish close relationships and emotional connections. Poor preparation for intimacy can result in isolation from people or being unable to maintain relationships.

VII. Generativity versus Stagnation (Middle Adulthood): Adults focus on giving back to society and guiding the next generation. Not being involved in meaningful activities may result in self-absorption or stagnation.

VIII. Integrity versus Despair (Old Age): Individuals reflect on accomplishments in life. Not being able to find meaning in the life experience may result in despair or regret [4].

2.2. Application to Institutionalized Children

Erikson's model is most relevant in describing the experience of institutionalized children. Institutional care can impact the resolution of key developmental phases, namely trust, autonomy, and the formation of identity. For example, institutionalized children may discover that trust and security are difficult to establish because of unreliable care or unavailability of individual attention. Similarly, autonomy can be limited by structured routines and communal living conditions, which can negate independence and decision-making capacity. Teenagers may struggle to develop an identity where institutional structure fails to provide sufficient guidance or access to a broader world of experiences.

These issues in development explain why some children are unable to cope when reintegrated back into society. They can be institutionally dependent, have problems with relationships, and have difficulty carrying out responsibilities independently. With a clear knowledge of the stages of psychosocial development, caregivers and policymakers can develop interventions that provide children with proper emotional, social, and intellectual support for each stage of development.

2.3. Critique and Limitations

While Erikson's theory is enlightening when it comes to psychosocial development, it too has its limitations. It fails to explain how each stage crosses paths with environmental and cultural factors, particularly within residential care. Erikson also fails to highlight only normative development and not the variance between children exposed to trauma, loss, or neglect. Other or complementary theories, like Bronfenbrenner's Ecological Systems Theory, may have the ability to situate the broader social and environmental forces influencing development in context. Despite these constraints, Erikson's stages remain a useful system for discussing how early institutional experiences lead to long-term psychosocial outcomes [2, 18].

In summary, Erikson’s Theory of Psychosocial Development provides a crucial foundation for examining the challenges faced by children in institutional care. It emphasizes the importance of early socialisation, trust-building, autonomy, and identity formation in shaping future behavioural, emotional, and social functioning. Recognising the potential developmental gaps in institutional settings allows for the design of targeted interventions to support successful reintegration into the community.

3. Literature Review

3.1. Effects of Institutionalization on Children

Institutional care has been associated with a range of negative consequences for children, such as emotional, psychosocial, and developmental challenges. Reports determines that institutionalized children are at risk of delayed development, academic challenges, and illness due to the absence of consistent, loving caregivers [5]. Scholars such as Maguire further contributes that institutionalization also stands to result in moral deterioration and identity crisis, since children are likely to be deprived of parental love and family relationships, which are vital to healthy psychosocial development [6]. Sachiti concurs with this notion, using research from United States-based entities that clearly indicate how institutionalization affects child development and productivity among adults in a negative manner. These findings underscore the importance of community-based reintegration strategies to mitigate the adverse effects of institutionalization.

Globally, institutionalization is precipitated by poverty and the impact it has on the family. There are approximately eight million children residing in residential care institutions worldwide, the majority of which are not in a position to provide

their basic needs or respect their rights. [2, 18, 23, 24] Indonesian and other countries' parents bring the children to orphanages or boarding schools to enable them to eat, seek medical attention, and learn, normally without knowledge of the potential negative consequences [3].

3.2. Institutional Care and Reintegration in Zimbabwe

There are over 81 child care institutions in Zimbabwe, 56 of which are officially registered with capacity for 3,279 children [2]. Despite institutional care, children do not acquire culturally appropriate life skills and independent thinking skills, rendering integration into the general population difficult [7]. Reintegration must then begin early to allow children to acquire the social, emotional, and practical abilities they must have in order to be adults. Community reintegration programs have been supplemented since the past 15 years by international organizations such as the World Bank, UN agencies, the European Union, and other INGOs, particularly in Central and Eastern Europe, the former Soviet Union, and parts of Africa [8].

Child care institutions tend to be defined by broad social and emotional needs deficits in the care provided, suggesting that institutional care alone is insufficient to meet children's overall needs [9]. A few Western organizations, religious and private, continue to promote institutional care, however, especially on an emergency basis and in HIV/AIDS-affected communities [10].

3.3. Challenges in Reintegration

The reintegrated children suffer from diverse challenges ranging from unemployment, poverty, social exclusion, and restricted access to health care. And Bilson and Getesan in Save the Children Report indicate that children have difficulty in self-patronage due to being accustomed to relying on institutional care and not getting proper preparation for independent life [2, 8, 11]. Financial deprivation increases risks of engagement in informal or criminal activities, sexual exploitation at early ages, and mental health issues. Peer pressure and social relationships among reintegrated children can also further increase these risks, influencing behavior in ways that can negate successful adaptation to community life.

Health and nutrition are also of serious concern. Much of the reintegrated youth have difficulties with access to medical care due to limited finances, resulting in untreated conditions or postponed treatment. Malnutrition is prevalent, and children are consuming a single meal a day instead of formal diets provided in institutions. Vocational training and life skills programs are essential to equip children with the skills they need for employment or enterprise, though deployment is not balanced across institutions [12].

3.4. Strategies for Successful Reintegration

Global best practices, as defined by the United Nations, underscore that reintegration must be planned and a gradual one with care. Ideally, each child should be assigned a trained caretaker to encourage autonomy and access to school, work, social, and health services in transitioning from institutional care (UN Guidelines). Zimbabwe, as a signatory to the UN Convention on the Rights of the Child, gives children the right to participate in decisions affecting them, emphasizing the importance of care and discharge plans for reintegrated children (Article 12).

Institutional interventions such as family-type residential setups, job training, community networking, exchange schemes, and capacity-building workshops have been reported to improve reintegration outcomes [2, 13]. However, the impact of these interventions is variable, and the majority of youths continue to rely on institutional support, reflecting gaps in policy delivery and reintegration support systems.

3.5. Critical Analysis and Gaps in Literature

While there is significant literature on the negative effects of institutionalization and the imperative for reintegration strategies, some gaps remain. In the first place, most studies deal with aggregate outcomes and not specific, context-specific assessments within Zimbabwean institutions. In the second place, very little longitudinal research follows post-reintegration outcomes, including employability, mental health, and social adjustment. In the third place, engagement with socio-cultural determinants of acceptance and stigma at community levels remains absent. Closing the gaps is essential for the determination of context-specific interventions that enhance the independence and well-being of the reintegrated children [3, 4].

Generally, institutional care has far-reaching psychosocial, emotional, and developmental impacts on children, which affect their integration into society. Difficulties in reintegration are confronted by issues like poverty, lack of jobs, social rejection, and limited access to health and vocational services. While international and national strategies provide recommendations on how reintegration can be supported, limitations in implementation and in situ studies render their effectiveness partial. The review highlights the need for specialist interventions, early preparation for life in communities, and continued support after reintegration for optimal outcomes for children in residential care leavers [6, 7].

4. Research Approach and Design

This study adopted a qualitative research methodology, which is suitable for exploring human experiences, behaviours, and perceptions in depth. Qualitative research uses interpretive and naturalistic approaches to understand phenomena within their real-life contexts [14]. This approach was deemed

appropriate for examining the challenges faced by children in institutional care and the strategies employed by SOS Children's Home to prepare children for community reintegration.

4.1. Study Area

The research was conducted at SOS Children's Home in Bindura, Zimbabwe, an institution that provides care for orphaned and vulnerable children while preparing them for eventual reintegration into the community. The institution was selected because it implements structured programs for child development and reintegration, making it a relevant site for the study.

4.2. Target Population and Sample

The target population for this study consisted of:

1) 20 administrators (Village Head, social worker, and youth officers)
2) 25 caregivers (mothers)
3) 5 District Social Welfare and Protection Officers (DSWPOs)
4) 50 integrated youth

Using purposive sampling, participants were selected based on their direct involvement with the reintegration process and their ability to provide in-depth information. The final study sample comprised 24 participants, broken down as follows:

1) 3 management staff drawn from the 20 administrators
2) 5 caregivers (mothers) selected from the 25 available
3) 16 integrated youth selected from the 50 in the institution

These participants were selected because they possessed first-hand knowledge and experiences relevant to the research objectives.

4.3. Data Collection Methods

Data was collected through face-to-face, in-depth interviews with both key informants and integrated youth. Interviews were audio-recorded (with participants' consent) to ensure accurate capture of information and were later transcribed for analysis.

Interview guides were prepared containing both open-ended and closed-ended questions. The open-ended questions allowed participants to provide detailed insights into their experiences, while the closed-ended questions helped capture specific factual information. Although questionnaires were initially considered as a supplementary tool, they were ultimately not used, as the in-depth interviews provided richer qualitative data.

The in-depth interviews focused on understanding:

1) Participants' perceptions of the reintegration process
2) Challenges faced by children during and after reintegration
3) Coping strategies and institutional support mechanisms

4.4. Data Analysis

Data collected from the interviews were analysed thematically, following the identification of recurring patterns, themes, and subthemes. Themes were derived directly from participants' responses to ensure that the analysis reflected their lived experiences. This method enabled the researcher to identify common challenges, coping strategies, and gaps in the reintegration process.

4.5. Ethical Considerations

Ethical issues were a central concern due to the vulnerability of the participants, particularly the integrated youth. The following steps were taken to ensure ethical compliance:

1) Permission: Written permission to conduct the research was obtained from the management of SOS Children's Home.
2) Informed Consent: Participants were briefed on the purpose of the study, how data would be used, and their right to withdraw at any time without any negative consequences.
3) Confidentiality and Anonymity: Participants' identities were protected by not using their real names in any part of the study. Data was stored securely and only accessed by the researcher.
4) Minimising Fear of Retaliation: Participants were reassured that responses would not affect their relationship with the institution or their access to services. Interviews were conducted in a private setting to encourage open and honest communication.

By observing these ethical standards, the study ensured the protection, dignity, and voluntary participation of all respondents.

5. Results and Analysis

This section gives the research findings on the reintegration experience of SOS Children's Home Bindura children in the community. Data were gathered using in-depth interviews from 16 reintegrated youth, three management personnel, five caregivers, and a Probation Officer in the Department of Social Development. The discussion gives an overview of the challenges the youth experienced when reintegrating, how they manage, and the efficiency of institutional methods. Outcomes are presented in a thematic order and determine permanent care, community issues, health and work preparedness, socio-economic risk factors, and institutional constraints.

5.1. Participants Profile

School leavers, school dropouts, or school-going teenagers participated. Out of 13 active participating teenagers, seven were reunified but still received services from SOS Children's Home. Access to their SOS mothers and institution officials

allowed monitoring and adjustment to the new environment. In spite of these measures, however, youths continued reappearing at the home, either for social attachment or support. It is an indicator of emotional dependence arising from extensive institutionalization, an indication of a lack of preparation for independence among the youths.

Critically, however, its ongoing dominance is such that reintegration programs might not have the impact needed on emotional and functional independence, as another institutional care study has also found [15].

5.2. Community Reintegration Challenges

5.2.1. Attitudes and Stigma in the Community

The participants intimated that negative attitudes from community members eased reintegration. The children were stigmatized, discriminated against, and labeled, which had an effect on their sense of belonging and confidence. According to one caregiver:

"Our children have challenges proving themselves in the communities they are reintegrated to. Many come back complaining about how people talk to them. They are already labelled before they even prove themselves."

Critically, this result is consistent with overseas literature in what way social stigma hinders the reintegration of children in institutions [16]. Although SOS Children's Home tries to counteract these effects by sensitizing the community, they might be unable to do much in the presence of deeply rooted societal prejudices. The research calls for more organized community activity programs to prevent stereotyping.

5.2.2. Health Issues

Youth reintegrated were extremely vulnerable to their health, especially for youth with chronic illness or AIDS/HIV. Non-supervision resulted in non-adherence to medication and delayed care. One caregiver mentioned:

"Most children who were admitted while HIV positive live well in the home. Once reintegrated, they face challenges falling sick frequently because no one supervises their medication."

This indicates a structural gap in the reintegration process: as much as institutions are conducting health monitoring, the process of transitioning to independent care is not supported. The observation supports criticism that reintegration initiatives would prioritize skills training and education but neglect health literacy and personal responsibility [17].

5.2.3. Adjustment to New Environments

Adolescents who relocated from urban to rural, or rural to urban, areas were confronted with challenges in adjusting to new social and physical universes. Emotional dependence on caregivers exacerbated adjustment problems, at times leading to regular visits home. This manifests tension between protection by caregivers and the desire for increasing independence a challenge similarly documented in other psychosocial development frameworks such as by Erikson [18].

5.3. Institutional Preparedness and Support Strategies

The organization utilizes formal education and vocational training programs to equip the children with self-sustaining skills. Children who have difficulties in learning are encouraged to take vocational routes in plumbing, hairdressing, welding, and self-help activities such as poultry production. A member of the management team stated:

"Most children from the home have learning challenges; many fail their Ordinary Level exams, so we encourage vocational training."

While vocational training is crucial, the study critiques that it may not fully address the socio-emotional skills necessary for adult life. Youth may acquire technical competence but remain ill-prepared for decision-making, financial management, and community integration—skills critical for independent living [19].

5.4. Role of SOS Mothers and Probation Officers

SOS mothers give psychosocial support on a daily basis and economic incentives. Institutional-community collaboration with families, home visits, and readiness assessment of the child for reintegration were emphasized by the Probation Officer. Judicial provisions include reintegration to allow consideration of the best interest of the child from the point of placement [20]. The intervention by SOS mothers, however, emphasizes the difficulty in shifting responsibility for the child from institution to family/community and questions the sustainability of reintegration outcomes.

5.5. Socio-Economic Issues

5.5.1. Unemployment and Coping Strategies

The reintegration youth possessed a high level of unemployment (46.15%), leading them to utilize informal livelihood strategies such as vending, piece work, and in some cases, prostitution. A youth clarified that selling airtime, vegetables, or beverages was vital to survive.

Critically, the report attests that training vocational in itself can be inadequate unless aided by job placement intervention, entrepreneurship guidance, and the provision of microfinance. Structural socio-economic factors such as widespread unemployment and poverty increase the difficulties in reintegration [21].

5.5.2. Increased Reliance on the Home

Most children still relied on SOS Children's Home economically and socially, which means failure by the home to ensure

self-reliance. The dependency indicates that there could be a discrepancy between institutional preparation and actual practice, and someone could ask themselves whether the reintegration program was sufficient [22].

5.5.3. Behavioral and Psychological Observations

There was evidence of bonding with institutional caregivers, fear of abandonment, and an inability to cope with demands of society. Institutional care is safe but may create dependency and undermine resilience in an unintentional manner, a criticism in line with Erikson's psychosocial theory that highlights successful negotiation of stages of development by Erikson, 1963.

5.6. Community and Institutional Collaboration

SOS Children's Home also involves churches, women's associations, and government organizations in attempting to create reintegration. Such activities include festive integration, foster care campaigns, workshops, and constant monitoring. Although such initiatives are a hallmark of institutionally driven dedication to community care, continued presence of stigma, unemployment, and health hazard suggests that such programs are necessary but insufficient. Reintegration must tackle multi-level interventions, ranging from the policy enforcement, socio-economic intervention, and sensitization of the public to overcome systemic obstacles [23].

In general, the study describes reintegration as a multifaceted issue with individual, community, and institutional determinants. While SOS Children's Home might have conducted interventions, there are gaps in emotional preparedness, self-reliance, health, and social acceptance [24]. The implication of the study is a faulting of excessive reliance on vocational skills training and caregiver care and the need for multi-faceted strategies including psycho-social development, life skills, community integration, and socio-economic empowerment.

6. Recommendations and Conclusion

6.1. Recommendations

To enhance reintegration among young people, there is a need to enhance community awareness and involvement. Destigmatization and promotion of acceptance of children in institutions would be facilitated by community sensitization programs working alongside local leaders, the churches, and NGOs. Sponsorship programs connecting back-returning youth to positive community role models can also enhance social integration. Reintegration should be slow and phased accordingly. Supervised holidays, holiday placement, and short-term foster care can ease the process of introducing children step by step into community living but with continued institutional backup.

Young people should be encouraged to gain vocational and life skills training so that they can live independently. Training modules should provide young people with marketable skills like plumbing, hairdressing, welding, and agriculture, and literacy in finances, entrepreneurships, and household management [25]. There should also be continued psychosocial support. Counseling must be undertaken prior to, during, and subsequent to reintegration to treat attachment, trauma, and adjustment. Support groups from peers can offer a relaxed environment where adolescents can exchange experiences and coping mechanisms.

Health management must be enhanced through chronic disease management training and compliance with drugs, especially among HIV-positive youth. Institutional personnel or social welfare officers' periodic follow-up may facilitate timely tracking of health outcomes and intervention where needed [26]. Monitoring after reintegration is supposed to include sporadic home visits, mentoring, and regular contact to monitor social, economic, and academic advancements of the youth. Involvement in community programs helps provide a feeling of belongingness and responsibility as well as reduces the risk of being isolated. Policy and resource realignment are also essential in facilitating effective reintegration. There must be sufficient finance and staffing to offer and sustain vocational training, psychosocial care, and follow-up activities. Personal reintegration and care plans must be formulated, tracked, and revised periodically for every child. Financial autonomy needs to be fostered by small-scale finance, apprenticeship, and self-help programs like cooperatives or vocational schemes [27]. Institutional workers and caregivers must be trained periodically for effective psychosocial care, community integration, and life skills to enable it. Having links with the reintegration youth can guarantee continuous support and guidance.

In the end, it needs to be a multi-dimensional, whole-person approach that combines psychosocial support, readiness for work, promotion of health, and integration within society in order to counter the reintegration problems of institution children. Institutions, the government, and the community need to join hands to make reintegrated youth successful members of society, become independent, and reach their full potential as productive citizens in society. This report acknowledges the urgent need for concerted effort, action, and investment to minimize the vulnerabilities of those raising up without parents and offer them a real chance to live independent, responsible lives.

6.2. Conclusions

The study aimed at exploring the challenges of community reintegration in children who were brought up under institutional care. The study findings show that reintegrated youths have numerous social, economic, and psychosocial challenges which have significant effects on their adaptation in the wider society. Socialization gaps, stigma, and discrimination by

community members were among the major challenges to successful integration. Youths complained of being stereotyped and stigmatized by society, thereby failing to establish social relationships and be actively involved in community life. Economic poverty was also very evident. Most of the youths who were reintegrated were unemployed and impoverished, and this compelled them into survival activities such as vending, piecework, or prostitution. These behaviors exposed them to exposure, especially for the females, and to exposure to severe health hazards such as HIV/AIDS.

The research also pointed out the health-related issues among the reintegrated youths, particularly those with chronic diseases or HIV/AIDS. Most youths found it difficult to take care of themselves health-wise since they lacked supervision and direction from the institution after leaving. Emotional bonding with caregivers in the institution was also an essential aspect, with some youths becoming dependent on their SOS mothers or officers such that they found it difficult to separate emotionally. While institutions such as SOS Children's Home offer education, vocational training, and psychosocial intervention, these in themselves did not achieve self-sufficiency or long-term community integration. Overall, research indicates that reintegration is effective not only on the basis of preparation in the institution but also on the support structures within the community that bridge structural and social barriers to adjustment.

Abbreviations

HIV/AIDS	Human Immune Virus/ Acquired Immune Deficiency Syndrome
SOS	Save Our Souls
UNICEF	United Nations Children Emergency Fund
OVC	Orphans and Vulnerable Children

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Livingson Moyo: Conceptualization, Data Curation, Methodology, Project Administration, Software, Supervision, Writing – original draft, Wring – review & editing

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Conflicts of Interest

The authors declare no conflicts of interest.

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