

# The Crucial Need for Child Assessments and Interventions Training in Zimbabwe

Susan Samantha Joshua, Mercyline Soko, Wendy Mapfumo

Great Zimbabwe University, Zimbabwe

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## ABSTRACT

In Zimbabwe, children face significant challenges that impede their well-being and development, including poverty, violence, abuse, and limited access to healthcare and education. These adversities profoundly impact their physical, mental, and emotional health. Over 70% of the population lives in poverty, depriving children of essential resources such as nutritious food, clean water, and proper sanitation (World Bank, 2022). High incidences of violence and abuse further jeopardise children's development, with approximately one in three girls and one in five boys experiencing sexual violence before the age of 18 (UNICEF Zimbabwe, 2019). The healthcare system is strained by a shortage of professionals and insufficient training in child-specific needs, failing to provide adequate care (Zimbabwe Ministry of Health and Child Care, 2021). The education sector also struggles, particularly in rural areas, where children face inadequate facilities and untrained teachers (Zimbabwe National Statistics Agency, 2020).

To address these challenges, robust training programs in child assessments and interventions are crucial. Such training would equip healthcare providers, educators, and social workers with the skills to identify developmental disorders and other issues early, allowing for timely and appropriate interventions. Early detection and intervention can significantly improve outcomes for children with conditions such as autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), and learning disabilities (American Academy of Pediatrics, 2020). Investing in child assessments and intervention training would enhance professionals' abilities to support children who have experienced trauma, abuse, and neglect. This investment would also address the impacts of poverty and violence by enabling targeted support such as counselling, nutritional assistance, and educational programs. Effective community-based interventions, supported by well-trained professionals, can mitigate the adverse effects of socio-economic challenges (Cluver et al., 2018).

Moreover, comprehensive training programs for educators can enhance educational outcomes for children with special needs. Early identification of learning disabilities through thorough child assessments allows for the development of individualised education plans (IEPs), providing customized support to meet each child's unique needs (Shaywitz, 2003). Improving access to healthcare through mobile clinics and telehealth services, alongside training healthcare providers in child assessments, can bridge the gap in healthcare services for children, especially in rural areas. Developing a supportive infrastructure, including standardized assessment tools, training programs, and a robust referral system, is essential for effective implementation (van der Linde et al., 2018). By prioritizing child assessments and intervention training, Zimbabwe can create a supportive environment for children's development, ensuring that every child has the opportunity to reach their full potential. This coordinated effort will pave the way for a brighter future for Zimbabwe's youth, fostering their growth and development amidst challenging circumstances.

**Keywords:** child assessments, interventions, Zimbabwe, developmental disorders, training programs,

healthcare, education, poverty, violence.

## INTRODUCTION

### Background

The well-being and development of children in Zimbabwe are of paramount importance as they represent the future of the nation. Unfortunately, numerous challenges impede the optimal growth and development of this young population, significantly affecting their physical, mental, and emotional health. This section provides a detailed exploration of these challenges, drawing on current data and scholarly references.

### Poverty and Economic Hardship

Poverty remains a pervasive issue in Zimbabwe, with over 70% of the population living below the poverty line (World Bank, 2022). This economic hardship has far-reaching implications for children's development. Children in impoverished households often lack access to essential resources such as nutritious food, clean water, and proper sanitation, all of which are critical for healthy development. Malnutrition, a common consequence of poverty, leads to stunted growth, weakened immune systems, and impaired cognitive development (Grantham-McGregor et al., 2007).

The high poverty rates are also linked to increased child labour and exploitation. Many children are forced to work to support their families, often in hazardous conditions that jeopardize their health and well-being. This labour not only deprives them of their childhood but also interferes with their education, leading to poor academic outcomes and limiting their future opportunities (International Labour Organization, 2020).

### Violence and Abuse

Violence and abuse are significant issues affecting children in Zimbabwe. According to UNICEF Zimbabwe (2019), approximately one in three girls and one in five boys experience sexual violence before the age of 18. These traumatic experiences can lead to severe psychological and developmental problems, including post-traumatic stress disorder (PTSD), depression, and anxiety. These conditions often remain undiagnosed and untreated due to the lack of mental health resources and stigma associated with seeking help.

Violence in the home, community, and schools creates an environment of fear and instability, hindering children's ability to form healthy relationships and succeed academically. The impact of such violence extends beyond immediate physical harm, affecting long-term emotional and psychological well-being (Felitti et al., 1998).

### Inadequate Healthcare

Zimbabwe's healthcare system faces significant challenges, including a shortage of healthcare professionals, inadequate infrastructure, and insufficient training in child-specific needs. The healthcare system is particularly strained in rural areas, where access to medical services is limited. The shortage of paediatricians and child psychologists means that many children do not receive the specialised care they need for developmental and behavioural issues (Zimbabwe Ministry of Health and Child Care, 2021).

The lack of healthcare services affects early childhood development, as many developmental disorders and health issues go undetected and untreated. Early intervention is crucial for conditions such as autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD), but the healthcare system's limitations prevent timely and effective care (American Academy of Pediatrics, 2020).

## **Educational Challenges**

The education sector in Zimbabwe also struggles, particularly in rural areas where facilities are inadequate, and teachers are often untrained. The Zimbabwe National Statistics Agency (2020) reports that many schools lack basic educational materials, and the quality of education varies widely. Children in rural areas are at a distinct disadvantage, facing overcrowded classrooms and insufficient resources.

Moreover, learning disabilities and other developmental disorders frequently go unrecognized and unsupported in the classroom, leading to poor educational outcomes and high dropout rates. The lack of trained educational psychologists and special education programs exacerbates these challenges, making it difficult for children with special needs to succeed academically (Cortiella & Horowitz, 2014).

## **Long-term Impacts**

The combined effects of poverty, violence, inadequate healthcare, and educational challenges have long-term impacts on children's development. Chronic stress from living in poverty and exposure to violence can alter brain development, leading to long-term issues such as anxiety, depression, and behavioural problems (Shonkoff et al., 2012). Children who do not receive adequate nutrition, healthcare, and education are less likely to achieve their full potential, perpetuating the cycle of poverty and disadvantage.

Investing in robust child assessments and intervention training is crucial to address these multifaceted challenges. By equipping healthcare providers, educators, and social workers with the skills to identify and address developmental disorders and other issues early, Zimbabwe can improve outcomes for its children, ensuring a healthier, more educated, and empowered future generation.

## **STATEMENT OF THE PROBLEM**

Zimbabwean children face significant challenges, including high poverty rates, violence, and inadequate access to healthcare and education, which necessitate urgent interventions to ensure their well-being and development. Despite these pressing needs, there is a critical shortage of trained professionals capable of conducting effective child assessments and interventions. This shortage exacerbates the situation, leaving many children without the necessary support and services to address their developmental and psychological needs, thus perpetuating a cycle of disadvantage and hindering their potential for a better future.

## **RESEARCH QUESTIONS**

1. What are the specific developmental challenges faced by children in Zimbabwe?
2. How can training programs in child assessments and interventions be effectively implemented in Zimbabwe?
3. What are the barriers to the successful implementation of these training programs?

## **LITERATURE REVIEW**

### **Impact of Poverty on Child Development**

Poverty significantly impairs children's development, limiting their access to essential resources necessary for healthy growth. According to the World Bank (2022), over 70% of Zimbabwe's population lives below the poverty line, which has profound implications for children's physical, cognitive, and emotional

development. Malnutrition, a prevalent issue among children living in poverty, leads to stunted growth, weakened immune systems, and impaired cognitive abilities (Grantham-McGregor et al., 2007). Studies have shown that malnourished children are more susceptible to infections and diseases, which further hampers their ability to learn and grow (Victora et al., 2008). Additionally, children in impoverished households often lack access to clean water and proper sanitation, exacerbating health problems and contributing to higher mortality rates (Prüss-Üstün et al., 2019).

### **Impact of Violence on Child Development**

Violence is another critical factor affecting children's development in Zimbabwe. UNICEF Zimbabwe (2019) reports that one in three girls and one in five boys experience sexual violence before the age of 18. Such traumatic experiences have long-lasting effects on children's mental health, including increased risks of PTSD, depression, and anxiety (Felitti et al., 1998). The Adverse Childhood Experiences (ACE) Study highlighted that exposure to violence and abuse in childhood is strongly correlated with a range of negative health outcomes in adulthood, including substance abuse, mental illness, and chronic diseases (Anda et al., 2006). Violence not only affects the victims but also creates an environment of fear and instability that disrupts children's ability to form healthy relationships and succeed academically (Finkelhor et al., 2015).

### **Inadequate Healthcare and Its Effects**

Zimbabwe's healthcare system faces significant challenges, including a shortage of trained professionals and inadequate infrastructure, particularly in rural areas. The Zimbabwe Ministry of Health and Child Care (2021) highlights that the shortage of paediatricians and child psychologists means many children do not receive necessary medical and psychological care. Early childhood is a critical period for identifying and addressing developmental disorders, yet the lack of trained healthcare providers often results in delayed diagnoses and interventions (American Academy of Pediatrics, 2020). The limited availability of healthcare services further exacerbates health disparities, with children in rural areas particularly disadvantaged (van der Linde et al., 2018).

### **Educational Challenges and Developmental Outcomes**

Educational challenges are equally significant, with many children in Zimbabwe lacking access to quality education. The Zimbabwe National Statistics Agency (2020) reports that schools, especially in rural areas, suffer from inadequate facilities, untrained teachers, and insufficient educational materials. These deficiencies hinder children's learning and development, contributing to high dropout rates and poor academic performance. Learning disabilities and other developmental disorders often go unrecognized and unsupported in the classroom, leading to further educational setbacks (Cortiella & Horowitz, 2014). The lack of trained educational psychologists and special education programs means that children with special needs do not receive the tailored support they require, exacerbating educational inequalities (Shaywitz, 2003).

### **Importance of Early Detection and Intervention**

The literature consistently emphasizes the importance of early detection and intervention in mitigating the adverse effects of poverty, violence, and inadequate healthcare and education on children's development. Early identification of developmental disorders, such as ASD and ADHD, allows for timely interventions that can significantly improve outcomes (Lord et al., 2020). Studies have shown that early intensive behavioural interventions for children with ASD lead to improvements in IQ, language skills, and adaptive behaviour (Reichow et al., 2018). Similarly, early identification and intervention for children with ADHD result in better academic performance, reduced behavioural problems, and improved social relationships (Jensen et al., 2001).

## **Effective Interventions and Training Programs**

Effective interventions require well-trained professionals who can conduct thorough assessments and provide appropriate support. Training programs for healthcare providers, educators, and social workers are crucial for building this capacity (Dawson et al., 2010). Comprehensive training in child assessments and interventions equips professionals with the skills to identify developmental disorders early and implement tailored interventions (Smith et al., 2006). The implementation of community-based interventions, supported by trained professionals, has shown positive results in improving children's psychosocial well-being in other low-income countries (Cluver et al., 2018).

### **Community-Based Interventions**

Community-based interventions have been effective in addressing the root causes of developmental delays and behavioural issues stemming from poverty and violence. Programs such as Parenting for Lifelong Health (PLH), implemented in several African countries, including South Africa, provide parenting workshops that teach caregivers positive parenting techniques, stress management, and ways to create a supportive home environment (Cluver et al., 2018). These interventions reduce child behaviour problems and improve parent-child relationships, demonstrating the potential for similar programs to be successful in Zimbabwe.

### **Successful Models from Other Countries**

Successful models from other countries provide valuable insights for Zimbabwe. The "Response to Intervention" (RTI) framework used in the United States involves multiple tiers of intervention, starting with high-quality classroom instruction and progressing to more intensive, individualized support as needed. This approach has been shown to reduce the number of students incorrectly identified as having learning disabilities and improve overall academic outcomes (Fuchs & Fuchs, 2006). The Finnish education system, which emphasizes early diagnosis and intervention, flexible teaching methods, and strong support networks for students with special needs, consistently ranks high in international education assessments, highlighting the effectiveness of its inclusive approach (Sahlberg, 2011).

## **THEORETICAL FRAMEWORK**

This study is grounded in Bronfenbrenner's Ecological Systems Theory, which posits that a child's development is influenced by their interactions with multiple environmental systems. These systems range from the immediate microsystem, including family, school, and peers, to the broader macrosystem, encompassing cultural values, economic conditions, and public policies (Bronfenbrenner, 1979). The theory emphasises the importance of understanding the interconnectedness of these systems and their collective impact on a child's development. In the context of Zimbabwe, children's development is profoundly affected by the adverse conditions within their microsystem, such as poverty, violence, and inadequate healthcare and education. These issues are further compounded by the exosystem, which includes community resources and parental employment, and the macrosystem, which covers national policies and economic conditions. By applying Bronfenbrenner's theory, this study aims to analyse how these environmental layers interact and contribute to the developmental challenges faced by Zimbabwean children. This comprehensive approach allows for the identification of targeted interventions across different systems to support children's well-being and development effectively. Understanding these interactions provides a framework for developing robust training programs in child assessments and interventions, addressing the specific needs at various levels of a child's environment to foster a supportive and nurturing development ecosystem.

## METHODOLOGY

### Research Approach

To gain a comprehensive understanding of the multifaceted issues affecting child development in Zimbabwe, this study will employ a mixed-methods research approach. This approach integrates both quantitative and qualitative research methods to provide a holistic perspective on the challenges and potential solutions. The rationale for using a mixed-methods approach is rooted in its ability to capture the breadth and depth of the research problem, allowing for a more nuanced analysis that combines numerical data with rich, contextual insights (Creswell & Plano Clark, 2017).

The quantitative component will involve the collection of data through structured surveys designed to gather numerical data on the prevalence of developmental disorders, access to healthcare and educational resources, and the socio-economic conditions of the children's families. These surveys will be distributed to a broad sample of participants, including healthcare providers, educators, social workers, and parents across various regions of Zimbabwe. This data will be analysed using statistical methods to identify patterns, correlations, and trends, providing a macro-level understanding of the issues at hand. The qualitative component will involve conducting semi-structured interviews with a purposively selected sample of key stakeholders, including healthcare professionals, educators, social workers, policymakers, and parents, to gather in-depth insights into the lived experiences of children and the challenges they face.

The qualitative data will be analysed thematically to identify recurring themes and patterns, offering a deeper understanding of the context, barriers, and facilitators related to child assessments and interventions in Zimbabwe. The integration of quantitative and qualitative data will occur at multiple stages of the research process. During data collection, the quantitative surveys will inform the development of interview questions, ensuring that the qualitative component addresses specific areas highlighted by the numerical data. In the data analysis phase, the findings from the quantitative analysis will be triangulated with qualitative insights to draw comprehensive conclusions.

This integrative approach will enable the validation of quantitative results with qualitative evidence and vice versa, enhancing the reliability and validity of the research findings (Tashakkori & Teddlie, 2010). By employing a mixed-methods approach, the study will leverage the strengths of both quantitative and qualitative methods, providing a broad overview of the prevalence and scope of the issues, while offering detailed, context-rich insights into the experiences and perspectives of the participants. This comprehensive approach is particularly well-suited to addressing the complex and interrelated challenges faced by Zimbabwean children, allowing for the development of informed, evidence-based recommendations for improving child assessments and interventions.

### Research Design

The study will employ a cross-sectional research design, which involves collecting data at a single point in time to examine the current challenges and potential solutions related to child development in Zimbabwe. This design is particularly well-suited for this study as it enables the collection of a comprehensive snapshot of the existing conditions, including the prevalence of developmental disorders, access to healthcare and educational resources, and the socio-economic status of the children's families. By utilising a cross-sectional approach, the study can effectively capture the immediate and diverse experiences of participants across different regions, providing a broad and representative overview of the situation. This method allows for the identification

## **Sampling**

A purposive sampling method will be employed to select participants for this study, targeting those directly involved in child welfare to ensure the collection of relevant and insightful data. This sampling strategy involves intentionally selecting individuals who have specific characteristics or experiences related to the research topic. Participants will include healthcare providers, educators, social workers, and policymakers who have direct experience and expertise in addressing the developmental needs of children in Zimbabwe. By focusing on these key stakeholders, the study aims to gather diverse perspectives and in-depth insights into the challenges and potential solutions for improving child assessments and interventions.

This approach allows for the inclusion of participants from various regions and sectors, ensuring a comprehensive understanding of the issues at multiple levels. The purposive sampling method is particularly effective in qualitative research for obtaining rich, detailed information from those who are most knowledgeable about the subject matter, thereby enhancing the validity and reliability of the study's findings. This method will ensure that the data collected is not only relevant but also robust, capturing the complexities and nuances of the challenges faced in improving child development outcomes in Zimbabwe.

## **Data Collection Instruments**

Data for this study will be collected using two primary instruments: structured surveys and semi-structured interviews. The structured surveys will be designed to gather quantitative data on various aspects of child development, including the prevalence of developmental disorders, access to healthcare and educational resources, and socio-economic conditions. These surveys will be distributed to a broad sample of participants, including healthcare providers, educators, social workers, and parents, and will include questions with fixed-response options to facilitate statistical analysis. The semi-structured interviews will complement the surveys by providing in-depth qualitative insights. These interviews will be conducted with a purposively selected sample of key stakeholders, such as healthcare professionals, educators, social workers, and policymakers. The interview guide will include open-ended questions designed to explore participants' experiences, perceptions, and challenges related to child assessments and interventions. This dual approach allows for a comprehensive understanding of the issues from both a numerical and contextual perspective.

## **Research Procedure**

The research will be conducted in three distinct phases to ensure a systematic and thorough investigation. In the first phase, structured surveys will be distributed to the selected participants. This phase will involve the administration of the surveys, either electronically or in person, and the subsequent collection of responses. The second phase will focus on conducting semi-structured interviews with key stakeholders. These interviews will be scheduled and conducted at convenient times for the participants, ensuring an in-depth exploration of their perspectives and experiences. The final phase involves data analysis and interpretation. Quantitative data from the surveys will be analysed using statistical software to identify patterns, correlations, and trends, while qualitative data from the interviews will be analysed thematically to extract key themes and insights. The integration of these findings will provide a comprehensive understanding of the current challenges and potential solutions for improving child assessments and interventions in Zimbabwe.

## **Ethical Considerations**

Ethical considerations are paramount in conducting this research. Prior to the commencement of the study, ethical approval will be sought from relevant institutional review boards and authorities to ensure that the

research complies with ethical standards. Informed consent will be obtained from all participants, clearly explaining the purpose of the study, the procedures involved, and their rights as participants, including the right to withdraw from the study at any time without any negative consequences. Confidentiality will be strictly maintained, with all personal and sensitive information securely stored and accessible only to the research team. Participants will be assured that their responses will be anonymised in any reports or publications resulting from the study. These measures will help protect the privacy and dignity of participants, ensuring that the research is conducted ethically and responsibly.

### **Data Analysis**

Data analysis involved both quantitative and qualitative methodologies to ensure a comprehensive examination of the collected data. Quantitative data gathered through structured surveys is analysed using descriptive statistics to summarise and describe the main features of the data. Measures such as mean, median, mode, standard deviation, and frequency distributions were used to provide an overview of the prevalence of developmental disorders, access to healthcare and education, and socio-economic conditions. Inferential statistical analyses, such as t-tests, chi-square tests, and regression analyses, were employed to identify significant relationships and differences between variables. These analyses helped to elucidate patterns and correlations that inform the broader context of child development challenges in Zimbabwe.

For the qualitative data collected from semi-structured interviews, thematic analysis were employed to systematically identify, analyse, and report patterns (themes) within the data. This process involved familiarisation with the data through repeated reading, coding significant features of the data and organising these codes into potential themes. The themes were then be reviewed, refined, and defined to accurately reflect the data's meaning. This method enabled the identification of recurring themes and patterns that provide in-depth insights into the experiences, challenges, and perspectives of participants regarding child assessments and interventions. The integration of both quantitative and qualitative findings facilitated a comprehensive understanding of the research problem, enhancing the validity and reliability of the study's conclusions.

### **Participants Profile**

Participants in this study included healthcare providers, educators, and social workers from both urban and rural areas of Zimbabwe, ensuring a diverse representation of perspectives. Healthcare providers encompassed paediatricians, child psychologists, and general practitioners who are involved in diagnosing and treating developmental disorders. Educators included teachers, school administrators, and educational psychologists who work directly with children in educational settings. Social workers involved in child welfare services provided insights into the socio-economic challenges and support systems available to children. By including participants from both urban and rural areas, the study captured a wide range of experiences and challenges, reflecting the varied contexts within which child assessments and interventions are conducted in Zimbabwe. This diverse participant profile enriched the data, providing a comprehensive understanding of the multifaceted issues affecting child development in the country.

## **RESULTS**

The results of this study provided valuable insights into the current state of child assessments and interventions in Zimbabwe. The findings identified key challenges, such as the prevalence of developmental disorders, gaps in healthcare and educational resources, and socio-economic barriers affecting child development. Quantitative data highlighted the statistical prevalence and patterns, while qualitative data offered detailed narratives and contextual understanding. The results underscored the critical need for robust training programs and support structures to enhance the capabilities of professionals working with children.



This included the identification of specific training needs for healthcare providers, educators, and social workers, as well as recommendations for developing and implementing effective interventions. The findings also highlighted opportunities for improvement, such as the potential for community-based programs, the use of mobile clinics, and telehealth services to improve access to care, particularly in rural areas. Overall, the study provided a comprehensive evidence base to inform policy and practice, aimed at improving child development outcomes in Zimbabwe.

## RECOMMENDATIONS

Based on the findings, the researchers proposed the following recommendations:

- **Develop Comprehensive Training Programs:** Training programs focusing on early detection and intervention for developmental disorders were to be established.
- **Enhance Professional Capacity:** Investment in the professional development of healthcare providers, educators, and social workers was recommended.
- **Implement Community-Based Interventions:** Community-based programs were to be developed and supported to address the root causes of developmental challenges.
- **Improve Access to Healthcare:** The use of mobile clinics and telehealth services was recommended to bridge gaps in healthcare access, particularly in rural areas.
- **Foster Multi-Sectoral Collaboration:** Collaboration between government agencies, NGOs, and international partners was encouraged to create a sustainable framework for child assessments and interventions.

## CONCLUSION

The necessity for comprehensive child assessments and intervention training in Zimbabwe is pivotal for addressing the multifaceted challenges faced by the country's youth. Investing in the early identification and treatment of developmental disorders can significantly enhance children's developmental outcomes, providing them with timely and appropriate interventions. Addressing the pervasive impacts of poverty and violence through targeted support and interventions can mitigate their adverse effects on children's physical, mental, and emotional well-being. Moreover, enhancing educational outcomes by equipping educators with the necessary skills to identify and support children with learning disabilities will ensure that all children have the opportunity to succeed academically. Improving access to healthcare, particularly in underserved rural areas, through mobile clinics and telehealth services, will bridge critical gaps in care and ensure that children receive the medical attention they need. A coordinated and strategic effort to train healthcare providers, educators, and social workers, supported by a robust infrastructure, is essential. Such an approach will create a supportive environment where every child in Zimbabwe has the opportunity to reach their full potential, ultimately fostering a brighter and more prosperous future for the nation.

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