

Full Length Research Paper

Children's perspectives of their psychosocial well-being in Tanzanian orphanages

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Received 10 November, 2017; Accepted 15 March, 2018

The aim of this study was to explore factors affecting the wellbeing of institutionalized orphaned children in Dar es Salaam, Tanzania. A descriptive qualitative study was used to collect data from Tanzanian orphaned children receiving orphanage care. Purposive sampling was employed to select 10 orphanage centers from which 123 orphaned children were recruited. A semi-structured interview guide relevant to the study objectives was developed from the literature and was used to guide the focus group interviews. Data was analysed by way of thematic analysis. There were 76 male and 47 female orphans; orphans without one or both parents were 87 and 36 respectively. Seventy-eight orphans were in primary school and 45 orphans were in secondary education. Study findings revealed that the orphanages provided a higher degree of material support compared to psychosocial support services, such as emotional or counselling assistance. The orphanage schedule needs to include time for caregivers and children to talk about their feelings regarding the type services provided at their center, in particular educational services.

Key words: Support, psychosocial wellbeing, orphanages, Tanzania, children.

INTRODUCTION

The psychosocial support children receive under orphanage care is acknowledged to profoundly influence behaviour, especially in children's early years (Golding et al., 2006). Child care in Tanzania takes place in various environments that include different configurations of families, including child care institutions. Due to the HIV epidemic in many countries including Tanzania, increasing numbers of children in Sub-Saharan African (SSA) countries are being taken care of in orphanages (Rukundo and Daniel, 2016). These orphanages have in

turn become overwhelmed by the number of children in need of psychosocial support and care

The United Nations Programme on HIV/AIDS (UNAIDS) (2014) highlighted HIV and AIDS children orphaned, in various types of institutional care settings owned by governmental agencies, non-governmental organizations, academic institutions, the private sector, civil society and faith-based organizations. Most of these institutions have been providing different types of care and support to children under resource-

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scarce conditions, due to insufficient capital and human resources. In view of this, most institutional care settings, particularly in SSA, have failed to address orphaned children's psychosocial support and care (UNAIDS, 2014; Regional Psychosocial Support Initiatives [REPSSI], 2016).

Psychosocial support is categorized as instrumental support, emotional support, and informational support that includes appraisal support (REPSSI, 2016; Schenk et al., 2010). Van Dyk (2007) and Evangelou et al. (2009), elaborated that psychosocial well-being occurs when internal and external needs of children are met and recipients become physically, mentally and socially healthy.

When children lose their parents, and enter orphanage care, they suffer a series of bereavements (Atwine et al., 2005; Evangelou et al., 2009; Nyawasha and Chipunza, 2012). Larose et al. (2005), Beek and Schofield (2004) Van Dyk (2007) and REPSSI (2016) established that social conditions related to orphanhood influence the psychological well-being of children with regard to their need to make new and rapid social and psychological adjustments. Orphaned children are affected psychologically related to the trauma and associated hardships they experience.

Researchers (Stroebe et al., 2016) have determined that bereavement is distressing and has a diverse effect on their affective, cognitive, social, behavioural and physical status with physiological and somatic manifestations. Larose et al. (2005) and Boutin (2006) contend that the majority of children being cared for in institutions experience intense psychological problems due to their new status. One of these problems is poor performance in schools. Orphaned children may drop out of school due to feeling uncomfortable and unwanted among peer groups because of stigma attached to the status of orphanhood (Ainsworth et al., 2005). Moreover, Yang et al. (2011), Kamali et al. (1996) and Golding et al. (2006), learnt that when orphaned children are placed in institution and move away from their fellow siblings and friends, they develop anger and depression, which in turn lowers their concentration in school and hence results in poor performance.

Some children are placed in the orphanages for other reasons such as an economic crisis in the family or where one parent dies and the remaining parent cannot support the child economically. Also, children abandoned by their families and street children also comprise the orphanage population. UNICEF (2010) divides children accommodated in the orphanages into four mutually exclusive categories for analysis purposes. First, there are those known as maternal orphans who include children under the age of 18 whose biological mothers, have died. Second, there are paternal orphans who include children under the age of 18 whose biological fathers, have died. Third, there are those known as

double orphans, who include children under the age of 18 whose biological mothers and fathers have both died. Further, there are those orphans due to AIDS, that have lost one or both their guardians including close relatives and foster parents. It is evident that orphans in the orphanages come from diverse social, economic and cultural backgrounds and have different psychosocial backgrounds that influence their future development as they grow without parental care (Foster, 2000).

In Tanzania orphaned children suffer various psychosocial problems in the orphanages due to various reasons that thus far have not been clearly addressed by empirical studies (UNICEF, 2010). Due to little attention given to psychosocial care and support to children and vulnerable children by most orphanage institutions in Africa in general (Rukundo and Daniel, 2016); and Tanzania in particular, the psycho-social needs of children are crucial to investigate.

METHODOLOGY

This study used a qualitative exploratory design with focus group discussion (FGD).

Study area

The research was conducted in Dar-es-Salaam Region, Tanzania and enrolled participants from a purposive sample of orphanages located in the Kinondoni, Temeke and Ilala Districts. Ten orphanages out of 34 orphanages in the Dar-es-Salaam Region participated in the study.

Ethical approval

A formal ethics application was submitted through the University of Dares Salaam Ethics Research Committee for review and approval. The research permission was granted by the University of Dares Salaam and by the Municipal Councils of Kinondoni, Temeke and Ilala. For each orphanage, permission to talk to eight to ten children from 10 of the total sample of 34 orphanages was further sought from each orphanage director. The caregivers were then informed of the purpose of the study and voluntarily accepted and assisted in identifying the required respondents. Prior to data collection, the researcher met with all the directors, caregivers and the orphaned children and responded to questions relating to the study, objectives, procedures, issues of confidentiality, the importance of voluntary participation and the need for individual informed consent. The directors, as legally appointed guardians, signed the consent form for the children. The recruited children were told about the general purpose of the study and their responses were anonymous.

Research instruments

Semi-structured interview guides prepared in Kiswahili dialect (local dialect in Tanzania) were used to generate data. The interview guides were based on the literature review of global and regional evidence to date and drew on the children's perspectives of their well-being in the orphanage care and support. The interviews also sought demographic information.

Table 1. Demographic characteristics of the children involved in FGD N- 123.

Group	Causes and status of orphans	Sex		Age group		Educational level	
		M	F	12-14	15-17	Primary	Secondary
Orphaned from AIDS	36	12	8	14	6	14	6
Orphaned from unknown cause	40	11	9	11	9	11	9
Orphaned from others causes	47	13	8	15	7	15	7
Paternal orphan	57	15	6	13	8	13	8
Maternal orphan	30	11	10	15	5	15	5
Orphan lost both biological parents	36	14	6	10	10	10	10

Focus group discussion approach

A bilingual Kiswahili-English linguist assisted in reading the translated versions to check for clarity of the guides for the FGDs, before the study. After the initial translation, the same linguist translated the versions back to English to check the accuracy of the translations.

One hundred twenty-three children participated in the FGD. The children were purposively selected from seven orphanages and divided into 14 groups (two groups from each orphanage). Each group comprised of eight to 10 members and separated by gender into age groups of 12 to 14 years and 15 to 17 years. Only seven of the sampled 10 orphanages had the required age group of the children at the time of data collection. The sessions began with the researcher thanking the participants for their acceptance to participate in the study; and a brief introduction of the research purpose. This was followed by the researcher reading out the written informed consent so that each participant was well-informed before he/she could make a decision to participate in the FGDs or withdraw. It was stressed that participation in the study was entirely voluntary. The participants were encouraged to be open and honest in discussions. They were also asked to give their personal opinions, comments, seek clarifications or say anything related to the discussion. The researcher then carefully outlined the norms applicable to such group discussions and assured them that privacy and confidentiality will be observed regarding the contents of the discussion. It was also emphasized that any experience revealed or anything said by a group member represented his/her personal opinion.

One ethical challenge was sharing sensitive information among the group members. If not carefully handled, the anticipated sharing of such information could cause tension and hinder group members from revealing their experiences. The researcher encouraged values of self-confidence, respect for one another, and safeguarding one another's secrets while emphasizing the importance of sharing experiences among group members.

All group sessions were tape-recorded, and the researcher acted as the discussion leader. All details of the process were noted and kept on record. On average, each FGD took about two hours. At the conclusion of each session, the participants were invited to ask questions and acknowledged for their co-operation.

Data analysis

The audio recordings were firstly transcribed to text in Kiswahili, and then were translated into English to facilitate the analysis. The transcriptions and translations were verified against the audio-recordings for accuracy and adjustment.

The data was managed through thematic analysis. The analysis involved interpretation of the data through listening to recordings, multiple readings of the translated transcripts, and stepwise construction of codes and categories. The categorization included identification of the themes.

RESULTS

Results from the FGD are presented in two tables: demographic characteristics and categories of the analytical processes.

Demographic characteristics of the orphans

The findings indicated that the majority of children had no proper record of their original homes. The children involved in the FGD were categorized according to the cause, type of orphanhood, age group educational level, paternal and maternal orphans and orphans who lost both parents (Table 1).

Analysis

Participants' views were processed under thematic analysis described by Braun and Clarke (2006), and used descriptions from participants, codes, category and the emergent themes (Table 2).

Instrumental support

All children stated that they were provided with the institutional support that addressed their basic needs. Some of the children reported that they could not get these services prior to joining the orphanage. A 13 year old boy reported the following:

"Here in the orphanage we are provided with food, shelter, clothes and education while before joining the orphanage we could hardly get a meal in a day; so we are happy about it."

Table 2. Descriptions from participants, codes, category and emerged themes.

Data items	Codes	Category	Sub- theme	Themes
Here in the orphanage we are provided with food, shelter, clothes and education while before joining the orphanage we could hardly get a meal in a day; so we are happy about it.	Food, shelter, clothes	Basic needs	Provided with food, shelter, clothes and education	Provisional of instrumental support
We are sometimes supported Emotionally in terms of being provided with affection, trust, protection and attachment from the caregivers. "There are times we fail to see the care givers because when we come back from school, we find they have gone home."	Affection, trust, protection	Attachment from the caregivers	Affection, empathy, trust and protection experienced by children in the orphanage	Emotional support

Some children commented that they were happy with the orphanage life, because they were provided with basic necessities and educational facilities, which they could not access in their homes.

A 16-year-old boy observed:

"When I was living with my aunt, I needed education and my aunt was not able to give me daily meal and education, she had no money for paying fees for me, and could not afford to buy me uniforms, shoes, socks, exercise books and other educational supplies inclusive of the basic needs. My attendance in school was interrupted when I had to work, so as to get money for food, school facilities and tuition."

In comparison to other needs, the basic needs (instrumental support) were more visible than emotional, informational needs; providers were credited for these services and recognized for the provision of this assistance within their community.

Emotional support

Children's views on emotional support services in the orphanage indicated that they were cared for and they were partly protected, but lacked strong attachment to the caregivers as they *"could not get affection from the caregiver when they needed to see one"*. The caregiver child ratios 2: 25 (age 8-12 years) 2:35 (age 13+ years) recommended by the Tanzania National Guidelines were very rarely observed.

The children reported feeling protected due to caregivers' restrictions to visit potentially dangerous places, such as the dormitory rooms of the opposite sex, kitchens, playing far from the orphanage compounds, and interacting with strangers. These feelings were expressed as follows:

A girl aged 15 years observed:

"Small children are not allowed to go to the kitchen because they will get burnt by fire, also not allowed to play around the water well" (3fgd).

Some of the children indicated that the caregivers tried their best to protect them, but it was difficult for them to monitor each child because of the insufficient number of caregivers. Therefore, it can be concluded that the majority of children in the orphanages received partial protection.

With regard to attachment and affection of children to caregivers, findings from the FGS indicated that there was little attachment to their caregivers; the caregivers had too many responsibilities. About three-fifths of the children reported that they were not provided with any sense of attachment and affection due to insufficient and inadequate caregivers and lack of training on child handling skills.

A boy aged 12 years said:

"There are times we fail to see the caregivers because when we come back from school, we find they have gone home, and if we need someone to tell our problems, we have to wait until the following day"(3fgd).

Education

The Education offered to children in the orphanage involved informational support where children were oriented to the orphanage activities including caring for the young ones. Informational support helps the children to adjust well in the orphanage environment and prepares them for the future.

A boy aged 14 years from orphanage "H" was quoted saying: "Here we are taught different activities like cooking and washing. The caregivers do it by assigning different tasks to us and by demonstrating the domestic chores to us before we carry them out". (6 fgd).

A girl aged 13 years from orphanage "F" observed:

“Every day I use to keep my young ones clean. In this orphanage everyone is allocated to take care of the young ones by washing their clothes, feeding and preventing them from hurting themselves or from conflicts when playing” (6th fgd).

Some children reported being provided with health education especially when they needed to address developmental changes in their bodies. A girl aged 16 years from orphanage “H” supported:

“In this orphanage female caregivers teach us how to take care of our body cleanliness; they call us when they get free time but not always, in order to educate us on different ways to stay away from male manipulations. The head of the orphanage talks to us and tells us not to accept anything from men with cars or accepting gifts from men in general” (6th fgd).

Therefore, the findings of the study indicate that informational support was used as means of exposing the orphaned children to basic life skills in the orphanage. Orphaned children confirmed that knowledge about life basic skills was highly important for their life in the orphanage and in the communities they would join after reaching 18 years of age.

Apart from performing daily orphanage activities, children were also expected to make some decisions on issues affecting them.

A girl aged 15 years said: *“Sometimes, very rarely the head of the orphanage asks for our views on how we want the food to be, or when the clothes are brought by the donors, he asks us to choose the ones we want”* (6th fgd).

The children’s views on participation in decision-making indicated that very few children participated in matters concerning their lives both in the orphanage and outside. They did not discuss what to wear, the kind of food to eat, the schools to go to, or orphanage activity schedules. Overall, very few children actually participated in any decision making on orphanage activities.

Appraisal support

Appraisal support refers to rewarding children or showing appreciation regarding their performance of the orphanage activities. This was thought to be useful for children’s self-evaluation purposes. The process referred to the children’s perspective of their caregivers’ ability to motivate them using positive and negative reinforcement to shape and modify the children’s behaviours.

Specifically, some children were appreciated for their good manners, strong performance in school as well as duties of the orphanage. One girl aged 15 years from orphanage “F” said:

“Once you show good manners by following the

orphanage rules and regulations, you are given presents like biscuits, pen, exercise books and other school facilities. One day I cleaned the room of the head of the orphanage and I was given a box of biscuits” (6th fgd).

A boy aged 17 years from orphanage “B” reported: *“For example me, when I got good results in form four examinations, I was rewarded a very nice shirt and a trouser. I was very happy”*(4 fgd). Caregivers focused mainly on the observable behaviour and activity outcomes.

DISCUSSION

Instrumental support involved the provision of tangible basic needs that directly help children cope with orphanage life. These children had no access to education services before coming to the orphanages. This situation was validated by reports from Schenk et al. (2010) and REPPSI (2016) which indicated that in most cases, care and support provided prior to institutional assignment was limited to physical needs. This situation forced many of the children to join the orphanages for educational assistance. This is consistent with reports by UNICEF (2010) and UNAIDS (2014), which stated that generally, children face difficulties with getting access to education.

Emotional support involved the expression of empathy, love, trust and caring. Children were provided with some affection and emotional support from the caregivers; however, this was inconsistent and insufficient to form affectionate bonds for the children. Golding et al. (2006) reported that regardless of the quality of institutional care, ‘normal’ child growth and development requires the opportunity for frequent and consistent one-to-one interaction with a caregiver or guardian. Thus, the main reason for the unreliable attachment and affection observed among children in this study was the high child-caregiver ratio and multiple responsibilities.

During the study, informational support (education) was seen to be provided through learning basic life skills. These life skills referred to the social knowledge required to manage the orphanage environment for the children to live smoothly with each other and their care givers. This is confirmed by Boutin (2006), McLeod et al. (2001) who reported that in orphanages with few caregivers, children were left alone to instruct each other in cooking activities, cleanliness, washing and caring for the young ones.

The ability to participate in decision making enables the children to develop transparency, makes it easy to read their behaviour and to note their satisfaction and dissatisfaction with the orphanage environment. In many orphanages the children were told to implement orders from the heads of the orphanages and the caregivers. This is not the same as the child’s right to be given

freedom to make decisions on matters pertaining to their choices (REPSSI, 2016). In these orphanages, children lacked a sense of belonging, lacked identity and did not feel at home when in the orphanages. Some children attested to hating the orphanage environment, and wished to return to their homes. This finding does not support the Tanzanian Law of the Child Act 21, (2009) which suggests that children should make decisions related to their lives, and development should be 'child-centered'.

Appraisal support involved the provision of information that was thought to be useful for children's self-evaluation purposes. This type of praise has been widely accepted as a popular tool in the development and maintenance of the children's academic achievement, motivation, behaviours, and strategies acting as a way of encouraging or discouraging certain behaviours among children in the orphanage. This is contrary to what was found by REPSSI (2016) who reported that there were orphanages in which many caregivers were not aware of the importance of praising a child's performance inside and outside the orphanage.

CONCLUSION AND RECOMMENDATIONS

Generally, the study showed that the psycho-social support provided in Tanzanian orphanages was present but imbalanced. This imbalance was caused by the lack of insufficient and poorly trained personnel. However, the study recommends that children in the Tanzanian orphanages be given free access to education and provided books and transport to and from schools. This recommendation also includes providing special identity cards to these children, that will give them access to these services, and empowering them to make autonomous decisions.

The orphanage schedule should also include the time in which caregivers and children talk and air their feelings. This will help them increase personal attachment and enable the children to express their feelings freely without fear, and enable them to raise issues and concerns to the caregivers.

Lastly, orphanages rules and decisions should consider involving children's input by soliciting their views as a way of promoting their decision-making capabilities. These changes can make their life more comfortable and create a sense of belonging to the orphanages.

CONFLICT OF INTERESTS

The authors have not declared any conflict of interests.

ACKNOWLEDGEMENTS

The authors appreciate the support from the supervisors of the PhD programme, Professor P. Kumuzora and

Professor A. Mbise from the University of Dar es Salaam, Tanzania where this document was derived.

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