CHILDREN ORPHANED BY AIDS WHO LIVE IN ORPHANAGES IN UGANDA. WHAT ENABLES THEM TO THRIVE?

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To my family members. My beloved Father and Mother, thank you for believing in me. Mother, your phone calls were comforting and encouraging. Father, you always told me to work hard and achieve this. My sisters and brothers, thank you for keeping in touch through out, being away from all of you has been the most difficult time of my life so far.

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Dedication

I dedicate this piece of work to my beloved dear parents.

List of abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
CBOs	Community Based Organizations
CHHs	Child Headed Households
FBOs	Faith Based Organizations
GRRs	Generalized Resistance Resources
HIV	Human Immunodeficiency Virus
ICRC	International Committee of the Red Cross
IDA	International Development Association
NGOs	Non-Governmental Organizations
SOC	Sense of Coherence
SSA	Sub Saharan Africa
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations International Children's Emergency Fund

Abstract

The study aimed at finding out what enables children orphaned by AIDS who live in orphanages to thrive. In Africa, many orphaned children are looked after by relatives in their extended families. Currently, these traditional safety nets have been weakened by the increasing number of orphaned children mainly caused by AIDS and related diseases. Other factors like poverty and unemployment have also contributed to relatives' inability to continuously care for extra children. This has resulted into alternative living arrangements like orphanages and child headed household. Orphanages are still not a preferred alternative form of care in most African countries but they exist. Many researchers and the International body are against institutionalization of children citing out that it causes harm to children. Nevertheless, some children who live in orphanages may be thriving. This raises the question of what enables them to thrive despite the negative aspects associated with this form of care.

The study's main objective was; what enables children orphaned by AIDS who live in orphanages to thrive. The specific questions were; a) what can orphanages offer that relatives and communities cannot offer, b) how do orphaned children cope with different challenges, c) how do orphaned children perceive their psychological well-being, d) how do the preventive behaviors and educational programs that children are provided with influence them, e) what is the orphaned children's social life like in and out of the orphanage.

Qualitative research design was used and participants were purposively selected. Data were collected from 20 participants; 12 children and 3 'mothers' from Ssubi Village, 2 caregivers from SOS Children's Village, 2 social workers from Ashinaga-Uganda and 1 old boy who once lived in an orphanage. Data were collected through in-depth interviews and observations. They were analyzed using the 'thematic networks' method of analysis that is explained by Attride-Stirling.

The study applied the theory Salutogenesis that was coined by Aaron Antonovsky whose aim is to understand what factors facilitate health and well-being in the face of adversity. The theory of Resilience and the theory of Attachment have also been used to explain how one can achieve good health despite challenges faced.

Findings of the study confirmed that children's basic needs are adequately provided and children are taught about AIDS prevention. There is huge gap that is created between children who live in orphanages and their relatives and there were suggestions that there is need for community-based care. Children experienced challenges like stigma, marginalization, grief and missing their relatives but there were different coping strategies in place. For instance, counseling, praying, ignoring and avoiding. One problem seemed to have no specific solution; adapting to life after orphanage care.

Findings of the study revealed that different factors work hand in hand in enabling children to thrive. They include; the love and care from 'mothers', different resources/GRRs for coping with challenges and other personal attributes like intelligence and self-esteem. There is no single factor in isolation that can be said to facilitate thriving in this group of children.

List of figures and tables

Figure 1: A model of the health-disease continuum
Figure 2: The Salutogenic model
Figure 3: An application of Mittelmark's 2010 presentation of the Salutogenic model showing global themes and organizing themes
Figure 4: Organizing themes for life situation
Figure 5: Organizing themes for stressors
Figure 6: Organizing themes for coping/GRRs
Figure 7. An application of Mittelmark's presentation of the Salutogenic model and results of my study
Table 1: A table of study participants by different categories

Table of Contents

Acknowledgements i

Dedication ii

List of abbreviations iii

Abstract iv

List of figures and tables vi

Chapter One 1

Introduction 1

1.1 Background and problem overview 1

1.1.1 Ugandan Context 3

1.2 Problem statement 4

1.3 Relevance of the study 5

1.4 Overall objective 5

1.4.1 Specific research questions 5

1.5 Summary of the Thesis Structure 5

Chapter Two 6

Theoretical Framework Literature Review 6

2.1 Theoretical Framework 6

2.1.1 Life situation 8

2.1.2 Stressors 8

2.1.3 Generalized Resistance Resources 9

2.1.4 Life experiences 9

2.1.5 Sense of Coherence 10

2.1.6 Movement towards health 11

2.1.7 Other theories that explain well-being/thriving 12

2.2 Literature Review 13

2.2.1 Introduction 13

2.2.2 What enables children orphaned by AIDS who live in orphanages to thrive? 13

2.2.3 What can orphanages offer that relatives and communities cannot offer? 14

2.2.4 How do orphaned children cope with different challenges? 16

2.2.5 How do orphans perceive their psychological wellbeing? 18

2.2.6 How do the preventive and educational programs that the children are provided with influence them? 20

Chapter Three 23

Methodology 23

3.2 Participant recruitment 23

3.3 Description of study areas 24

3.3.1 Participants 24

3.4 Data collection 26

3.5 Data management 27

3.6 Data analysis 27

3.7 Validity, Reliability and Generalizability 28

3.7.1 Validity 28

3.7.2 Reliability 29

3.7.3 Generalizability 29
3.8 Role of the researcher 30
3.9 Ethical considerations 30
3.9.1 Ethical clearance 31
3.9.2 Informed consent 31
3.9.3 Confidentiality 31
3.9.4 Ethical issues in data analysis and interpretation 32
3.9.5 Dissemination plan 32

Chapter Four 32

Presentation of Results .... Error! Bookmark not defined.
4.0 Introduction .... Error! Bookmark not defined.
4.1Theme one: Life situation 34
4.1.1 Advantages of living in an orphanage 34
4.1.2 Social life 36
4.1.3 AIDS prevention and other educational programs 37
4.1.4 Links with family and community 40
4.2 Theme two: Stressors 41
4.2.1 Challenges faced resulting from orphanhood 42
4.2.2 Challenges associated with being HIV positive 43
4.2.3 Challenges of living in an orphanage related to fellow children 44
4.2.4 Challenges of living in an orphanage related to adults 45
4.2.5 Challenges of living in an orphanage that are related to life after orphanage care 46
4.3 Theme three: Coping/GRRs 47
4.3.1 Coping through religion 47
4.3.2 Coping by making friends 48
4.3.3 Coping through sports/games and clubs 49
4.3.4 Coping through counseling 49
4.3.5 Coping through help given by different people at the orphanage 50
4.3.6 Coping by avoiding and ignoring 51

Chapter Five 52

Discussion of Results 52
5.0 Introduction 52
5.1The role of caregivers/'mothers' 52
5.2 Basic needs 55
5.3 Links with family and community 56
5.4 Challenges and coping mechanisms 59
5.5 Theory 62
5.5.1 Life experiences 63
5.5.2 Sense of Coherence 66
5.5.3 Well-being/thriving 69
5.6 Limitations of the study 69

Chapter Six 71

Conclusions and Recommendations 71
6.1 Conclusions 71
6.2 New knowledge and insights added to existing literature 73
6.3 Recommendations 73

References 74

Appendices 85
Appendix1: A map of Uganda 85
Appendix 2: Informed and written consent form 86
Appendix 3: Interview Guides 88
Appendix 4: Research Permits 90
Appendix 5: Analysis tables 94

Chapter One

Introduction

1.1 Background and problem overview

Care for orphaned children is one of the major challenges facing AIDS-affected communities in Sub Saharan Africa. Governments with limited budgets, lack financial resources to invest in orphaned and vulnerable children and responsibility usually falls on extended families that are often living in poverty and struggle to adequately care for orphaned children. Orphaned children are those who have lost one or both parents. The study focused on children orphaned by AIDS who live in orphanages. The Joint United Nations Programme on HIV/AIDS (UNAIDS) defines children orphaned by AIDS as "those who have lost one or both parents to HIV" (1 p. 22).

Human Immunodeficiency Virus i.e. HIV, Acquired Immunodeficiency Syndrome i.e. AIDS and related diseases are one of the main causes of orphanhood in SSA (2-4) because most AIDS deaths and infections occur among adults of child bearing age resulting in overwhelming numbers of orphaned children (5). For instance, in 2010, it is estimated that globally, there were approximately 16 million children orphaned by AIDS (6). According to United Nations International Children's Emergency Fund (UNICEF), in 2006, there were approximately 12 million children orphaned by AIDS in SSA (7) and about 1.2 million are in Uganda (8), a country that was among the first countries to be hit hard by the epidemic (5, 9, 10).

With the high number of orphaned and vulnerable children, it has had an impact on extended families' ability to ably look after such children particularly in SSA where traditional safety nets have been weakened (11-14). Yet, it is argued and recommended that extended families should assume first responsibility for caring for orphaned and other vulnerable children (12, 13, 15) because children are looked after by familiar adults and they are enable to grow up and remain in their communities where their developmental needs are adequately met (13, 16).

However, some extended families in SSA are not always able to provide adequate care for orphaned children and this has resulted in alternative living arrangements such as, orphanages (15, 16) and child-headed households (CHHs) (17-19). In addition, some non-governmental organizations (NGOs), community-based organizations (CBOs) and faith-based organizations (FBOs) also provide care and assistance to orphaned and vulnerable children (20-22).

This study focused on orphanages. Different authors use different terms to refer to orphanages. For instance, terminologies like institutional care (23-25), residential care (26) and children's homes (26) are used. Nevertheless, all these terms describe care that is provided to orphaned and vulnerable children by surrogate parents (26) who are usually unrelated to them. For purposes of this thesis, the term orphanage is used. An orphanage is defined as a residential institution that looks after children, who are orphaned, abandoned, or whose parents are unable to care for them (27). But, it should be noted that this study looked at only orphaned children.

Research on orphanages is scarce. Several of the studies, which are available, are about Romania and a few European countries that still have some forms of institutional care (28, 29). After the overthrow of the Ceausescu regime in 1989, many Romanian children were housed in state-run orphanages (30, 31). Research reveals that children in Romanian orphanages lived under very difficult conditions (30-32). Also, most studies give negative descriptions of Romanian orphanages (31, 33, 34). Similarly, current research shows that children living in orphanages and other forms of institutional care for orphaned and vulnerable children are among the most vulnerable and are at risk of abuse, exploitation, developmental damage (15), mental distress and maladaptive behaviors (35). It is worth mentioning that most literature on institutional care for orphaned and vulnerable children is generally negative and institutionalization of children is discouraged. In Western countries, institutionalization has lost popularity and the process of deinstitutionalization is ongoing where institutional care is being replaced with community-based care (36) or foster care (16, 29). Nevertheless, in countries like Uganda where there are high numbers of orphaned children (8), social-economic problems of poverty (24) and the current

pressure being experienced by extended families, problems of orphanhood and vulnerability of children remain a reality and the need for institutional care may be a necessary requirement at the time.

Earlier, I mentioned that literature on orphanages is scarce. It is difficult to find literature that relates to orphanage care in different African countries though orphanages exist. Tolfree and Coetzee point out that orphanages and general institutionalization of children are increasingly becoming popular in some African countries (16, 37). Tolfree also points out that institutionalization of children was not a common practice in many African communities, it was introduced by missionaries during the colonial period and currently there are different organizations providing institutional care for children (16). Some are in form of educational institutions (38) where children are placed in institutions like boarding schools (24, 29), hostels (24) and provided with care and assistance by some organizations.

In a nutshell, there is little information on institutional care especially in SSA. Most available literature is based on Europe and mostly looks at the bad side of institutional care; institutionalization of children is generally discouraged.

1.1.1 Ugandan Context

Uganda is an East African country. The country has a high number of orphaned and vulnerable children, mostly attributed to HIV, AIDS and related illnesses, which have caused many deaths (2, 4, 24). Nevertheless, other factors like war and poverty are also responsible for the high number of orphaned and vulnerable children (24, 39). According to a 2009 report, out of 17.1 million children in Uganda, approximately 8 million children fall under the category of orphaned and other vulnerable children[1] (40). When it comes to the care for such children, many of them are looked after by extended families. Such fostering is a traditional norm in all African countries (11, 14). But as earlier mentioned,

[1] Orphaned and other vulnerable children in this case include, the orphaned, those affected by HIV and other diseases, those living in areas of conflict, staying in CHHs, those that lack basic needs and others that are exposed to child marriage.

extended families are under pressure. Therefore, some orphaned and vulnerable children are currently living in orphanages, or being provided with care and assistance by some NGOs, FBOs, and CBOs (20, 41). It is worth noting that even though most research about institutional care is negative, in Uganda, institutional care is perceived positively. For instance, in her study about children and institutions for childcare, Christiansen found out that both adults and children like and desire institutional living, they associate it with good living, a better future, escape from poverty and mistreatment by some caregivers (24).

Legally, the government of Uganda, through different policies and laws promises to help and protect this group of children. For instance, article 34 of the Ugandan Constitution talks about special protection of orphaned and vulnerable children (42) and the National Orphans and other Vulnerable Children Policy also guarantees social protection to poor, orphaned and vulnerable children (43). Nevertheless, some of such policies and laws seem to remain theoretical.

1.2 Problem statement

Care for orphaned children is big problem in SSA. Most orphaned children in Africa are cared for by extended families. But extended families are currently under pressure because of the large number of orphaned children, which has weakened the well-known traditional safety networks such that many extended families are not in position to ably look after additional children. On the other hand, care by some extended families is not always the best because of other constraints like poverty and inadequate ability to provide for basic needs. This has necessitated alternative living arrangements like orphanages such that some orphaned children who have no relatives or whose relatives cannot ably look after them can be looked after in orphanages or in other forms of institutional care. However, most International organizations like UNICEF, UNAIDS and WHO are against orphanages (44, 45). Also, many problems with orphanages have been highlighted by research. Few studies have focused on those children, living in orphanages who are thriving.

1.3 Relevance of the study

Despite the fact that most International organizations and some researchers are not pro orphanages and other forms of institutional care, they do exist. Some orphaned children in Africa and other parts of the world live in orphanages and it is important to understand what enables children under such care to thrive since orphanages are associated with various disadvantages. Also, most past research has focused more on causes and effects of disease (Pathology) than on well-being, coping and thriving (Salutogenesis). Therefore, this study, with its focus on thriving children living in orphanages, is unique because it is interested in an area that has been ignored.

1.4 Overall objective

To find out what enables children orphaned by AIDS who live in orphanages to thrive.

1.4.1 Specific research questions

1. What can orphanages offer that relatives and communities cannot offer?
2. How do orphaned children cope with different challenges?
3. How do orphaned children perceive their psychological well-being?
4. How do the preventive behaviors and educational programs that children are provided with influence them?
5. What is the orphaned children's social life like in and out of the orphanage?

1.5 Summary of the Thesis Structure

This thesis consists of six chapters. Chapter one gives an introduction to the study. It provides background information and looks at the Ugandan context. It also presents the relevance of the study, problem statement and the objectives of the study. Chapter two reviews other related literature and discusses the theoretical framework. Chapter three presents methodological issues. Chapter four is about presentation of study findings. Chapter five discusses/interprets study findings and presents limitations of the study. The last chapter presents the study's conclusions, it looks at the new knowledge and insights that the study has added to wider literature and suggests some recommendations.

Chapter Two

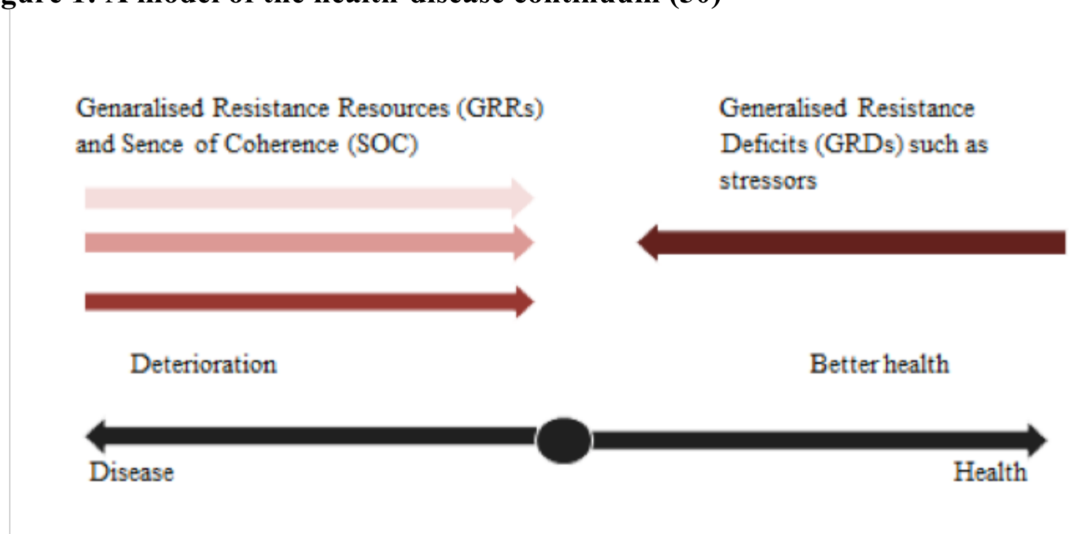
Theoretical Framework Literature Review

2.1 Theoretical Framework

The study applied the theory of Salutogenesis in exploring what enables children orphaned by AIDS who live in orphanages to thrive. The theory was founded by Aaron Antonovsky in the1970s and in 1996, he suggested that it should be the theory that guides Health Promotion research and practice (46). The theory has its origin from the interviews of Israeli women with experiences from concentration camps of World War two, who despite of different stressful conditions stayed healthy (47). Therefore, the theory mainly focuses on the reasons for health and well-being and not the reasons for disease (opposite of Pathogenesis) (47). It aims at answering the question of what factors make people acquire and maintain health and wellbeing even in adverse and difficult conditions (48).

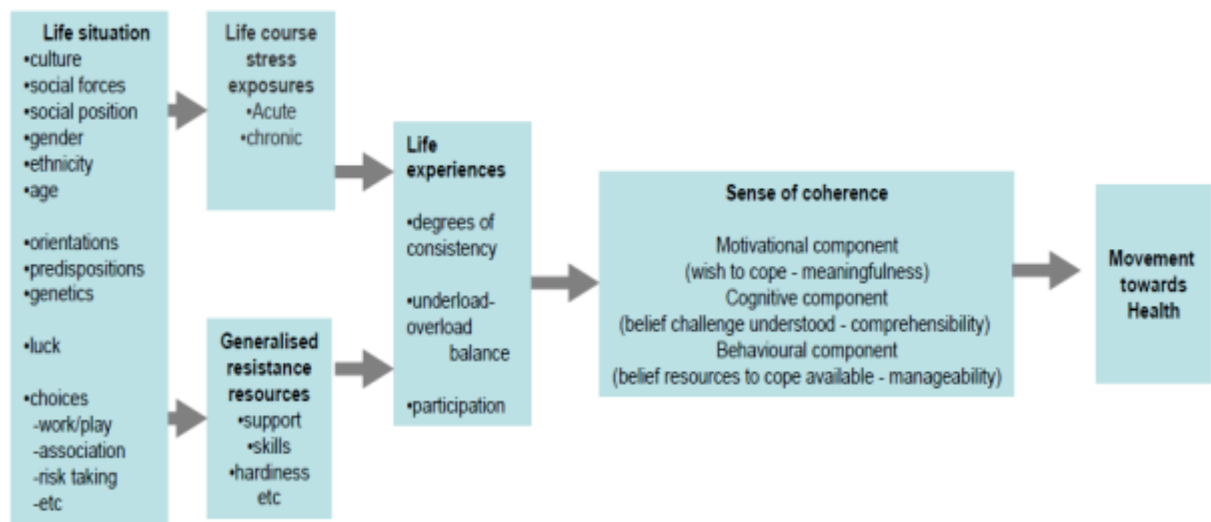
The Salutogenesis theory is conceptualized as a health-disease continuum whereby health is on the optimal end and disease on the opposite end (46, 49). A person's position anywhere along the continuum is influenced by their sense of coherence which is also influenced by generalized resistance resources and other environmental factors like stress (see figure 1) (49). Orphaned children who may be thriving can be said to be on the health end of the continuum because they have managed to maintain their well-being despite the different hardships they are exposed to.

Figure 1: A model of the health-disease continuum (50)



The theory embraces two main concepts. Sense of Coherence (SOC) and Generalized Resistance Resources (GRRs). Generalized Resistance Resources are “a property of a person, a collective or a situation which as evidence or logic has indicated, facilitated successful coping with the inherent stressors of human existence” (46 p. 15) . According to Suominen and Lindström, GRRs include biological, material and psychosocial factors that make it possible for people to live a consistent and structured life. Typical examples of GRRs are, money, social support, self-esteem, religion and knowledge among others (48). Sense of Coherence is “a life orientation that helps people to perceive life as comprehensible, manageable and meaningful” (48 p. 337). Therefore, SOC helps people to stay well in the face of adversity. In fact, Lindström and Eriksson denote that SOC functions as a ‘sixth sense’ for survival (47). When confronted with a challenge, it is one’s SOC that directs them on which GRRs may be useful in order to deal with that particular challenge (46). Adequate use of available GRRs strengthens one’s SOC and their ability to cope with different challenges (49, 51). Suominen and Lindström note that people with a strong SOC manage disease and hardships better than those with a weak SOC (48) because, a strong SOC is assumed to reduce perceived strains in life hence helping one to move towards health (46, 48). Wolff and Ratner also denote that individuals with a strong SOC are assumed to have the ability to perceive stressors as manageable, meaningful and comprehensible (49). Therefore, one can ask a question, do orphaned children who are thriving have a strong SOC since they are perceived to have been able to grow up under difficult conditions?

Figure 2: The Salutogenic model (52)



The above model represents the different components that make up and describe the Salutogenic theory. I will use the model to explain the relationship between life situation, life course stress exposures, GRRs, life experiences, SOC and how they lead to health.

2.1.1 Life situation

This is the overall condition that an individual finds him/herself in. For instance, one's gender, age, ethnicity and social position as shown in the first box of the model. The life situation of children orphaned by AIDS who live in orphanages may included those already mentioned but also, being orphaned children and living in an orphanage can be an additional aspects of their life situation in their case. Luck as an example of life situation is very relevant to this group of children in a way that most orphaned children who live at in orphanages can be said to be lucky since they have access to better basic needs like education, accommodation and care as some studies have shown (53, 54). It is worth noting that life situation generates both stressors and GRRs as shown in figure 2 above.

2.1.2 Stressors

In life, there are stressors that one may be exposed to and these may be acute or chronic. According to Lindström and Eriksson, such stressors may cause susceptibility and expose

one to negative effects hence affecting their health (47). Orphaned children experience stressors like stigma, discrimination, abuse and psychological distress (11, 55). Important to note is that some of the stressors that orphaned children who live in orphanages experience may be as a result of their life situation (being children orphaned by AIDS and living in an orphanage). However, orphanages can also be a source of some stressors. For instance, some orphanages do not allow children to often visit their relatives (54, 56) This may create a huge gap between children and their relatives that may cause them stress.

2.1.3 Generalized Resistance Resources

With access to different GRRs, one is able to overcome certain stressors. Lindström and Eriksson mention that GRRs are either within people as resources bound to their person and capacity or are within their immediate and distant environment (57). Generalized resistance resources include; support, skills and hardiness as presented in figure 2 above. Children who live in orphanages get GRRs like social support, basic needs, guidance and counselling from the orphanage. Nevertheless, children may have varying individual GRRs that are unique for each of them. These may include, intelligence, self-esteem, commitment to achieve certain goals and trusting in God, which they use as coping mechanisms. Research on the Salutogenic theory shows that availability of GRRs alone is not enough, it requires one to know how use them whenever faced with a challenge and to actually use them (47, 48, 57). Therefore, it may be right to argue that orphaned children who live in orphanages and are thriving manage to use available GRRs to overcome different stressors hence viewing their world as comprehensible (challenges are understood) and manageable (resources to cope are available).

2.1.4 Life experiences

According to Antonovsky, SOC is shaped by life experiences and the strength of one's SOC is dependent on three kinds of life experiences, that is, consistency, underload/overload balance and participation in socially valued decision making (46).

Consistency

Green and Tones mention that the greater the consistency of life experiences, the more comprehensible and predictable they will be (58). Research reveals that children who live in orphanages are provided with accommodation, education, security, and medical care among other things (53, 54). With the availability and assurance of such necessities, children may view their lives as consistent. Tolfree points out that most orphanages have defined routines that children are expected to follow (16). Much as the author argues that such routines lead to a situation where children's individual needs are at times replaced by group or orphanage needs, it is important to look at it from the other side of the coin where it can bring about consistency in children's lives.

Underload-overload balance

This component looks at one's potential to use GRRs in coping or dealing with different stressors. An underload is experienced if there is insufficient use of GRRs, an overload is experienced if one lacks GRRs to cope or deal with stressors encountered. A situation where an individual has enough GRRs to cope with different challenges and is able to use them leads to a balance.

Participation in socially valued decision-making

Green and Tones assert that this component involves active participation in different activities and decisions rather than control (58). If children have an opportunity to participate in different activities and decisions that affect them, they may view their lives as socially valued by society and the reverse is true. However, in some communities children are not expected or allowed to take part in decision-making. For instance, Lansdown reveals that in some countries, children are given less or no opportunity to participate in decision making because of cultural issues (59). In Ethiopia, children's lack of opportunity to participate in decisions that determined their future was highlighted among the challenges of institutional care (60). Therefore, this concept may remain unachievable in some communities.

2.1.5 Sense of Coherence

When it comes to SOC, Antonovsky mentions that "GRRs enhance life experiences that help one to view the world as making sense cognitively, emotionally and instrumentally" (46 p. 15). He further notes that "people with a strong SOC will wish to, be motivated to, cope (meaningfulness); believe that the challenge is understood (comprehensibility); believe that resources to cope are available (manageability)" (46 p. 15). The author further notes that one's SOC is shaped and influenced by three kinds of life experiences (already explained above) (46).

Comprehensibility

According to the Salutogenic theory, comprehensibility means that when an individual is faced with a challenge, he/she understands the challenge. For instance, if orphaned children are talked to about their life situation, those who are HIV positive are disclosed to and provided with counselling, they grow up knowing and understanding their challenge(s) and also learn how to cope.

Manageability

Antonovsky points out that individuals with a strong SOC when faced with a challenge believe that resources for coping are available (46). Under GRRs, I discussed that children who live in orphanages have some GRRs, which they use to deal with different stressors encountered. If such GRRs are properly or rightly used, they enable children to achieve a balance between underload and overload, which also can increase their ability to manage challenges faced.

Meaningfulness

Individuals with a strong SOC when faced with a stressor will wish to, and be motivated to cope (46). Lindström and Eriksson point out that of the three components of SOC, meaningfulness is the most important because it attaches value/meaning to life (61).

2.1.6 Movement towards health

A combination and interplay of all Salutogenic components facilitates the movement towards health and well-being.

2.1.7 Other theories that explain well-being/thriving

Apart from the theory of Salutogenesis, the theory of Resilience and the theory of Attachment could have been used to explain the concept of thriving and positive health. Resilience refers to " a dynamic process where individuals display positive adaptation despite experience of significant adversity or trauma" (62 p. 858). Attachment refers to "the propensity of human beings to make strong affectional bonds to particular others" (63 p. 201).

Resilience consists of two constructs i.e. exposure to adversity and the ability to overcome traumatic experiences (62). Relating the second concept of resilience to the Salutogenic theory, it shows that just as the Salutogenic theory, Resilience theory also focuses or explains reasons for positive health despite different adversities being encountered. Further more, the theory of Resilience looks into the concept of protective factors (62, 64), which help in modifying negative effects of traumatic life situations in a positive direction (62, 64). Protective factors can be linked to GRRs of the Salutogenic theory, which are also responsible for helping one to overcome different stressors (46). Previously, I mentioned that GRRs enhance life experiences, which in turn influence one's SOC (46). Similarly, the protective factors under the theory of Resilience influence one's SOC since they help in modifying negative effects of stressful life situations (62). Eriksson and Lindström assert that SOC is a health promoting resource that strengthens resilience, which leads to positive health (65). The theory of Resilience embraces two components; closeness and development of competences (66). Individuals with a close relationship with significant individuals in their lives tend to be resilient, they are able to develop different competences that they can use when faced with a challenges (67).

Luthar and Cicchetti mention that having a positive relationship with an adult is a protective factor (62), this describes the Attachment theory. Atwool notes that Resilience

and Attachment theories are complementary (68). The author notes that among children who need help and protection, attachment is important in minimizing risk and maximizing resiliency (68). She further points that attachment is based on four important factors, which are associated with resilience i.e. individual characteristics, supportive family, positive connections with adults and culture (68). It is worth noting that the above-mentioned factors by Atwool are GRRs if looked at in the Salutogenic approach. Therefore, just as the Salutogenic theory, Attachment and Resilience theories offer explanations for positive health in the face of adversity, they strengthen of one's of SOC, which in turn determines their health.

2.2 Literature Review

2.2.1 Introduction

This chapter reviews existing literature. In the proceeding discussion, I compare, contrast and identify areas of controversy. I mentioned that literature on orphanage care is scarce. The few studies, which are available, are about Romania and some Western countries. These are largely negative especially the Romanian ones. In some communities, orphanages are still perceived as wrong places for child growth and often are associated with child harm. Some recent studies reveal that orphanage care has some positive features. The proceeding discussion is based on my research questions.

2.2.2 What enables children orphaned by AIDS who live in orphanages to thrive?

Most past research has focused more on what causes disease and less on what enables good health and well-being (51, 69). It is only recently that the issue of what facilitates well-being despite challenges experienced has been considered (46, 51). Therefore, there is less information and research on the Salutogenic question of what enables children orphaned by AIDS who live in orphanages to thrive. Orphaned children who live in orphanages face challenges like verbal and physical abuse by some caregivers (16, 54), psychological and emotional despair, (56), stigma (16, 56) and limited contact with relatives and communities (16, 54) .With such challenges, some children have managed to thrive and are living healthy. For instance, in their study, Whetten et al reveal that institutional care is not necessarily associated with poor well-being (70).

Some studies have been carried out on resilience among children orphaned by AIDS, which could be used to explain the notion of thriving (see 2.1.7) (71). Two concepts are explained under this theory; the presence of a challenge to an individual and the ability to adapt (71). However, these studies have been carried out in communities and not orphanages and what facilitates resilience among children orphaned by AIDS in communities may be different from what enables those in orphanages to be resilient. Nonetheless, according to Cook and du Toit, factors that protect orphaned children from negative outcomes include capacities that make up their physical, psychological and social-ecological environments in which they live (71).

All in all, few studies have been carried out with children in orphanages in Africa but research indicates that orphanages are increasingly becoming popular in some African countries (16, 37).

2.2.3 What can orphanages offer that relatives and communities cannot offer?

Orphaned children's ability to thrive may be influenced by the homes and families they stay in, their caregivers and their ability to access different needs. Traditionally, in Africa, orphaned children are cared for by extended families. Results of the study carried out in 40 Sub Saharan African countries indicate that most double orphans stay with relatives and single orphans stay with the surviving parent (2). Kuo and Operario mention that even with the AIDS epidemic, families and relatives' enthusiasm to care for orphaned children has not changed (72). Some studies reveal that orphaned children who stay with relatives or in communities cope better with different challenges than those under institutional care in most African countries (73, 74). A study carried out in an Ethiopian community reveals that despite economic inabilities, relatives give and provide non-material resources like care and emotional comfort to orphaned children, which enable them to cope with challenges (75). But, orphaned children's coping mechanisms in communities vary across social settings. But, in most rural communities, traditional values are maintained and children are raised under such values which are viewed as important coping mechanisms (11, 76).

In chapter one, I mentioned that extended families are currently under pressure (77). Orphaned children who are looked after in communities are faced with challenges like poverty, limited resources (18, 72), weakened family structures and social support systems (78). This has necessitated alternative means of care like orphanages (11, 16, 79) and CHH (17-19). However, of all the forms of alternative care, orphanages are still not preferred in most African communities because they are viewed as being non-traditional and most of them are owned by donors who impose their values and norms (23, 80). Nevertheless, orphanages may remain a considerable option in countries with orphanhood problems, wars and other forms of instabilities (35). Despite various criticisms against orphanages, some studies reveal that orphanages contribute to orphaned children's well-being and are at times a better place to live in. A study carried out in Uganda shows that orphaned children in the orphanage were generally happy, social and not complaining (23). In Botswana and Malawi, children reported some difficulties, but largely, they were comfortable, accessed basic necessities and nearly 90 percent of them felt that finding a comfortable place to stay in was most important (53, 54).

Many researchers and International organizations want orphaned children to be cared for by extended families and communities. They contend that extended families should be supported so as to keep them strong and institutional care should be a last resort (11, 81). Others do not think that orphanages should be considered at all because of the different negative outcomes associated with institutional care (82).

Therefore, both community and institutional approaches are necessary due to different circumstances and situations that surround different countries. Similarly, a member of the Commission on HIV/AIDS and Governance in Africa (Hilda Tadria) is quoted to have said, "Both community-based and institutional care can work. What matters is that the children are tracked and monitored properly, to ensure that their rights are respected and their needs are met" (83 p. 15).

2.2.4 How do orphaned children cope with different challenges?

All orphaned children experience challenges. These may be psychological/emotional, physical or behavioral in nature. Those orphaned by AIDS and staying in orphanages may have additional challenges given their situation. And, as earlier mentioned, most studies have been pathologising children in the context of HIV and AIDS (69). Thus, few studies have looked at the issue of challenges and coping strategies in place. This section looks at some of the challenges experienced by orphaned children and the different coping mechanisms highlighted by research.

Stigma and discrimination

People living with HIV and their families experience discrimination, hostility and abuse as AIDS continues to raise public fear and isolation of the sick (84). Previously, People with, leprosy, tuberculosis, mental illness, and sexually transmitted diseases experienced stigma and discrimination too (85). Children orphaned by AIDS experience AIDS-related stigma (86, 87) through bullying (87) and discrimination (88). Those with HIV positive parents may be rejected, teased and discriminated against because of their parents' health status (89, 90). Stigma leads to feelings of rejection, hopelessness, depression (91) and poor psychological outcomes (87). It also affects children's school attendance as some HIV positive children are at times excluded at school (88).

There are different ways of coping with stigma. Through positive thinking, acceptance, turning to God, joining support groups and counseling (84, 91). Children also cope through sharing their experiences with one another; through such participation, they learn to be confident which enhances their ability to be resilient and to cope with challenges at home, school and in the community (92). Parents' disclosure of their own status and their children's status also helps in coping with stigma and discrimination because it facilitates open communication and awareness (92, 93). However, disclosure ought to be carried out carefully as it may lead to negative consequences like stigma and discrimination (84).

Limited basic needs

Children's basic needs include, accommodation, food, medical care, education and clothing. Orphaned children especially those in communities struggle to get most of the mentioned basic needs (11, 78, 89). Those in orphanages are assured of most basic needs (16, 53, 54). For purposes of this thesis, two challenges that are associated with basic needs are discussed i.e. educational challenges and food insecurity.

Educational challenges

Education is an important investment in children's future productivity and well-being (94). Education for orphaned children is threatened by various factors for instance, the direct and indirect costs of schooling and responsibility of caring for siblings (89, 94), which affects their school attendance (89, 95). In CHHs, many children who take care of their siblings become school dropouts (96) because they need to support their siblings (97). A study by Gilborn et al reveals that in Uganda, there is approximately 26 percent decline in school attendance by orphaned children (98). Orphaned children who stay with the surviving parent have a greater chance of continuing with education compared to those fostered by grand parents (95). When it comes to orphanhood, gender and school attendance, maternal orphans are more likely to drop out of school than paternal orphans because the former tend to assume maternal responsibilities (94).

To cope with the above challenge, different strategies are being used in different countries. In Uganda, the introduction of Universal Primary Education in 1997 and Universal Secondary Education in 2007 has enabled many orphaned and vulnerable children to go back to school especially in government aided schools (4, 99). In Zimbabwe, the government has cooperated with the International Development Association (IDA) in preparing an enhanced Social Protection Program for vulnerable children, which caters for various needs with education being one of them (100). Nonetheless, other factors like poverty, high educational costs and change in priorities are said to influence some orphaned children's school attendance (100).

Food insecurity

Children in families affected by AIDS are at risk of food insecurity and at times may suffer from malnutrition (86, 95). A study carried out in Kenya shows that the death of a mother or father affects food crop and cash crop production respectively (101). Donovan and others report that in Rwanda, the death of one or both parents leads to selling of some production assets like land formally used for food production (102). In a situation where both parents die, food insecurity may become severe (103).

To cope with the above challenge, affected families may ask for support from extended families and community members may also provide temporary food relief (4, 103). In Malawi, NGOs and village orphan committees respond to orphaned children's challenges of basic needs (4, 100). In Botswana, all registered orphans receive a monthly food basket (104). Internationally, different governments and NGOs provide support to this group of children and their families (79). UNICEF and the International Committee of the Red Cross (ICRC) provide food to affected area (100).

From the above discussion, there are different ways of coping with different AIDS-related challenges. Orphaned children's ability and degree to manage different challenges is also dependent on their age, gender, size and the social-economic status of their families (78). As such, interventions for helping these children need to be country specific due to differences in different aspects for instance, severity and scale of the problem (4).

2.2.5 How do orphans perceive their psychological wellbeing?

Psychological well-being is a complex concept that may not be easy to measure and assess. Psychological problems are not well understood and are difficult to evaluate, that is why they are neglected by some programs that work within orphanages and other institutions that care for orphaned children (105). Psychological health consists of two different but interrelated concepts i.e. well-being and distress (106). Distress is characterized by anxiety, fear and sadness while well-being is characterized by happiness, satisfaction with life and other positive indicators (106).

All orphaned children experience psychological problems such as grief and distress (69, 107, 108). The psychological distress experienced by children orphaned by AIDS tends to be more threatening because they witness AIDS-related illnesses and eventual death of their parents (107, 108). Gilborn notes that of all challenges experienced by orphaned children, psychological problems tend to be the most serious (108). A lot has been published on the psychological distress experienced by orphaned children. An article by Skovdal reveals that out of 32 articles (all written between 2000 and 2011) selected for review, 23 focused on psychological distress experienced by AIDS-affected children and only 9 explored the psychological pathways towards improved psychological well-being (69). Therefore, there is a gap in literature on how the psychological well-being of orphaned children could be improved which needs to be filled.

Most researchers and International organizations want orphaned children to remain in their communities where their psychological needs can be adequately met (11, 13). Some studies are not in line with such as argument. A study carried out in Zimbabwe shows that 40 percent of the interviewed children lived in households and received external assistance but receipt of assistance was not associated with reduced psychological distress (107). Similarly, a study by Whetten et al that compared the well-being of orphaned and abandoned children in institutional care and community-based settings reveals that the emotional and cognitive functioning of children under institutional care were no worse than those of children under community care (70). Psychological distress is also associated with gender and age. In their study, Nyamukapa et al established that girls reported more psychological distress and older children reported less psychological distress but this applied only to boys (107).

Earlier, I mentioned that few studies have focused on orphaned children's psychological well-being. Therefore, measures to reduce psychological distress among this group of children are desirable. Some studies have highlighted ways in which the psychological well-being of orphaned children can be achieved. Nyamukapa et al reveal that there is need for careful selection of caregivers who should be volunteers, sociable and willing to help children forget the pain and grief of losing their beloved ones (107). According to

UNAIDS and UNICEF, measures for addressing psychological distress include peer support, individual counseling and group approaches (105). Some orphaned children have learnt to be resilient which has enabled them to experience less distress (109).

When it comes to the psychological well-being of children orphaned by AIDS who live in orphanages, there is not much specific literature. But as earlier noted, all orphaned children experience trauma, stress, depression, and abuse, which impede their psychological well-being (105, 107, 108).

2.2.6 How do the preventive and educational programs that the children are provided with influence them?

One of the most important ways through which AIDS problems and challenges can be overcome is through its prevention and treatment. Foster mentions that before AIDS ravaged African countries, most families were generally facing social-economic problems of poverty and limited access to basic needs. However, they could manage such problems, but coping has been weakened by the AIDS epidemic and its effects on populations (110).

Introduction of different preventive and educational programs can help in increasing knowledge and awareness about the epidemic. The Declaration of Commitment on HIV/AIDS, AIDS reveals that prevention can be achieved through programs like school-based AIDS education, peer education for youths out of school, and voluntary testing and counseling (111). Some countries have a testimony of how effective preventive and educational programs have helped in reducing the impact of HIV and AIDS. In Thailand, the substantial progress in the fight against HIV and AIDS is attributed to the preventive and educational strategies and policies in place which include; public awareness on prevention and treatment, the "100 percent condom use" strategy and AIDS education in schools (112). In most countries, schools are used as a common basis for sensitizing youths and children about AIDS preventive behaviors (113). A study carried out in South Africa on AIDS prevention knowledge indicates that most youths know at least one or two methods of AIDS prevention; Condom use, abstinence and having one sexual partner

being the most known methods (114). In Uganda, condom use together with behavioral change are said to have been instrumental in fighting the epidemic (115). Educational and preventive programs that target behavior and attitude change are said to be a major way of responding to the HIV and AIDS epidemic (116). Nonetheless, some of the existing programs are not equally accessed as people in local communities tend to be ignored. There is need to scale up such programs to national coverage (117). However, implementation of such programs to national coverage is at times jeopardized by financial problems (118).

The issue of educating and sensitizing populations about HIV and AIDS has been properly handled in many countries because most people have knowledge about the epidemic though it continues to be a threat.

2.2.7 What is the orphans' social life like in and out of the orphanage?

When children join orphanages or other forms of institutional care, their social life changes due to change in environment. They are detached from their formers social groups, families and communities and they have to form other groups of friends and adjust to the new life. This may take time, as children have to first get used to one another and to the new environment. Orphanages admit children of different backgrounds, this too may have an impact on how children easily associate and relate with one another.

The UN Convention on the Rights of the Child points out that children have a right to play and engage in recreational activities, rest and enjoy leisure (119). This means that children are entitled to different social activities no matter what they are going through in their lives (for instance, being orphaned or being HIV positive). The UNAIDS reveals that children should be allowed to play, participate in adventure-based learning, which gives them an opportunity to strengthen their physical and psychological well-being (120). However, some of the children's rights might contradict or cause challenges of balancing traditional values and norms in different societies (121). For instance, what may be upheld as a child's right in the global North may be looked at as a violation of

traditional values in the global South.

Richter notes that the impact of HIV and AIDS on orphaned children can lead to school drop out, child labor, abuse and sexual exploitation which, can cause significant disruption in their social life (122). However, the author also points out that in some cases, orphaned children's suffering may not necessarily imply that they will lack or lose socializing experiences (122). Erichsen reveals that children cared for in private family institutions have an opportunity to socialize because they have separated living quarters but are allowed to intermingle during meals and playtime like a 'normal' family (123). The author further asserts that in some orphanages, older children pick an infant as their "special little friend" (123 p. 34) who they can play with and teach different things like speaking. In institutions where children are grouped by age, it limits their potential to socialize with others outside their age group because children of the same age cannot learn how to speak or socialize with one another (123).

The Commission on HIV/AIDS and Governance in Africa point out that orphaned children who live in orphanages should be allowed to participate in the same activities as other children in the community. For example, by participating in different sports and other social activities and having friends outside the orphanage (83). Nevertheless, Tolfree asserts that the quality of the surrounding environment is important in determining the range of opportunities for children to play and interact with one another (16). In some orphanages, children are left alone in their sleeping cradles with less verbal interaction or playing materials (16).

In summary, much has been written on orphaned children particularly those that are cared for in the community but very little has been written on children living in orphanages and the circumstances that enable them to thrive.

Chapter Three

Methodology

3.1 Research design

The study utilized qualitative research method, "a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem" (124 p. 4). The study aimed at understanding the phenomenon rather than measuring it i.e. understanding what enables children orphaned by AIDS who live in orphanages to thrive by getting it from their own viewpoint. Very little research has been carried out on this topic and Creswell mentions that qualitative research is the best strategy to use if little research has been carried out on a particular subject or setting (124). The study used a phenomenological design "in which the researcher identifies the essence of human experiences about a phenomenon as described by participants" (124 p. 13). Phenomenological studies necessitate studying a small number of participants over an extended period of time such that the researcher can understand the participants' experiences. I did not spend such prolonged time as required by phenomenological studies because, I had only 3 months to conduct the study. But, I fully utilized the time I had to understand participants' experiences as described by them through interviews and observations made.

3.2 Participant recruitment

Participants were purposively selected to meet certain criteria necessary to help me understand the problem and answer different research questions. The role of the gatekeeper[2] was an important factor in my choice of the study area. I contacted three people from different orphanages but one person responded positively and agreed to work with me (gatekeeper from Ssubi Village[3]). I had planned to carry out the study in one orphanage but with my supervisor's advice, I considered it important to conduct more research in two other organizations (SOS Children's Village[4] and Ashinaga-Uganda[5]).

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[2] Contact person at the research site that provides access to the site
[3] Ssubi Village is one of the Watoto Children's Villages
[4] SOS Children's Village is an orphanage that looks after children orphaned by AIDS and vulnerable children

My choice of SOS Children's Village was due to its accessibility. I chose Ashinaga-Uganda because I needed social workers' views and a comparative residential institution that was community-based. The issue of language cannot be underestimated in my choice of all the three organizations. The study was conducted in English, but at times, study participants used the local language (Luganda), which I properly understood.

3.3 Description of study areas

The study was carried out in three organizations, Ssubi Village, SOS Children's Village-Kakiri and Ashinaga-Uganda. The first two organizations are orphanages and the later is a community-based organization. At Ssubi Village, everything is provided on-site. The village consists of several houses that are built in circles. There are twelve circles each with seven houses, a 'mother'[6] and eight children both girls and boys of different age. Each circle has a 'senior mother' who is charge of other 'mothers'. While I interviewed children orphaned by AIDS (affected and infected) and some 'mothers' at Ssubi Village, at SOS Children's Village and Ashinaga- Uganda, I interviewed only caregivers[7] and social workers[8] respectively. My choice of Ssubi Village was dependent on the administrator in charge of Children's Affairs' recommendation. But, I clearly described to her my research inclusion criteria. Other reasons for this choice were due to its accessibility and nearness.

3.3.1 Participants

Study participants were children aged 13-15 who had been orphaned by AIDS (affected and infected) living in an orphanage, caregivers from two orphanages and social workers from a community-based care organization. I interviewed 6 HIV-infected orphans, 6 affected and 3 caregivers at Ssubi Village. I interviewed 2 caregivers from SOS Children's Village and 2 social workers from Ashinaga-Uganda. Though the study aimed at collecting data from children orphaned by AIDS (infected), I interviewed some orphaned children who are not HIV positive so as to avoid stigma and teasing of

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[5] Ashinaga-Uganda is a Japanese funded community-based organization that cares for orphaned and vulnerable children
[6] Caregivers at Ssubi village are referred to as 'mothers'
[7] In my study, caregivers are the participants from SOS children's village
[8] In this thesis, social workers refer to the two participants from Ashinaga-Uganda

participants. This would also make it difficult for other children to understand and recognize the health status of the children that the study targeted. The reason for interviewing caregivers and social workers were to evaluate their opinions towards orphanage care and to understand what enables children orphaned by AIDS who live in orphanages to thrive from their point of view. While I was travelling to make a visit at Ssubi Village, I met a gentleman who grew up under orphanage care in one of the Watoto Villages. I utilized this opportunity and asked some questions that were in line with the study. Therefore, information provided by this informant will be integrated with other study findings.

Study participants were both male and female. As the study was about children who are thriving in orphanages, all the children recruited were articulate, confident as and "thriving" as described by the administrator[9] who helped in selecting those that participated. Since I could not interview every child at the orphanage, this was one of the criteria that I used to recruit participants. Recruitment was also based on age, gender and health status. Participants at the other organizations were selected due availability and convenience.

Table 1: Study participants by different categories

Variables	**Category**	**Interviewees**	**Total**
Children	Male	06	20
	Female	06	
Adults	Male	01	
	Female	07	
Organization	Ssubi Village - Children - Caregivers - Old boy	12 03 01	20
	SOS Children's Village	02	
	Ashinaga-Uganda	02	

[9] Administrators are the staff that are in charge of supervisory roles at Ssubi Village

3.4 Data collection

Data were collected mainly through in-depth face-to-face interviews where semi-structured and open-ended questions were asked to elicit participants' views and opinions. In this study, interviews were the best method of data collection because the study was about children who shared their personal information that needed to be kept confidential, interviews gave me an opportunity to probe and obtain more information. I designed the interview guides, which comprised of different questions that represented the different research questions. Interviews lasted for about one hour with each interviewee at Ssubi and SOS Children's Villages. This gave me ample time to take thorough notes, probe and make clarifications hence collecting detailed information. At Ashinaga-Uganda, I carried out a group interview; "any interview in which the researcher simultaneously gathers data from more than one participant" (125 p. 123). I interviewed two social workers and this gave them an opportunity to interact with one another as well as with me since it was a small group. This interview lasted for about one hour and fifteen minutes.

Observation and note-taking were other methods of data collection that I used. Green and Thorogood assert that if the aim of the study is to understand the phenomenon as was for this particular study, observational methods are an excellent standard of qualitative methods (125). Through observation, I was able to obtain information on certain questions. For example, the question of how is the children's social life like. I could easily relate the information provided by the interviewees to what I observed and this applies to other questions and observations made about them.

I visited all the three organizations before actual data collection but I visited Ssubi Village more than the other two organizations because of limited time. When I visited Ssubi Village, I got an opportunity to move around the orphanage, visited the schools (primary, secondary and high school), the clinic and the housing facilities and I was able to make different observations. According to Green and Thorogood, such observations enable the researcher to record ordinary features of everyday life that interviewees may not feel important to comment on or that the researcher may miss out incase he/she uses

only interviews (125). While on such visits, I took some field notes and asked some questions that were not part of my interview guide but which provided information relevant to the study. This helped me to reflect on different issues relating to the study and prepared me for interviews. There are other methods such as audio or video taping that can be used to record information from interviews (124) but I did not use these; I made field notes.

Of the nineteen interviews conducted, in only one was a non-participant ('mother') present while I interviewed the child. Before the interview commenced, I asked the child whether he was or was not comfortable with the 'mother's presence but the child said that he was comfortable. However, this may raise questions of validity and reliability but this will further be discussed under the validity and issues section.

3.5 Data management

Data collected through the various methods were typed up and stored in a soft copy on my laptop that has a password only known to me. A copy of these data was saved on my personal memory stick and I securely kept the interview scripts such that I could refer to them incase I needed to.

3.6 Data analysis

According to Green & Thorogood, the main purpose of analyzing data is to relate it to the aims of the study and to the theory used (125). Creswell asserts that data analysis helps researchers make sense out of the text and image data obtained from the field (124). Data were analyzed using the 'thematic networks' method of qualitative analysis as explained by Attride-Stirling (126). This method of analysis consists of six steps. That is, coding the material, identifying themes, constructing the networks (basic themes, organizing themes and global themes), describing and exploring the thematic networks, summarizing the thematic network and interpreting patterns.

I coded the data based on my research questions and other interesting/salient findings (this was my coding frame). Textual data obtained from the field were dissected

according to the coding frame. I formulated themes out of the coded text by re-reading the already coded text such that they were broad and specific enough to represent all data collected from the field. The formulated themes then became the starting point for the construction of the thematic networks whereby I further grouped them under "basic themes, organizing themes and global themes" such that data were encapsulated into more manageable and meaningful themes. According to Attride-Stirling, when constructing the thematic networks, the themes mentioned above become or are simply renamed basic themes (ideas representative of textual data) (126). To obtain organizing themes (categories of basic themes grouped together to summarize more abstract principles), I merged basic themes that shared similar issues and ideas. These were more concrete and representative of the original textual data than what was represented by the basic themes. The organizing themes were further broken down into broader categories-the global themes (which represent the salient themes at each of the three levels and the relationship/link between them). These are the main themes representing the data that were collected from the field and which I will use to present study findings along side the organizing themes. Finally, I compared the information on the thematic networks with the original data so as to ensure that data were correctly extracted from textual data, coded and interpreted.

This whole data analysis process was carried out in form of tables that showed descriptive and analytical codes and themes that are attached as appendix 5.

3.7 Validity, Reliability and Generalizability

3.7.1 Validity

Validity means truth (127). 'Qualitative validity' is the extent to which researchers check for accuracy of research findings by employing certain procedures (124). To ensure validity, I used a triangulation of methods. I observed, interviewed caregivers, children and social workers and recorded by taking field notes. Data were collected from different interviewees and from different organizations. Creswell notes that if themes are developed by congregating information provided by different interviewees, it increases the study's validity (124). I carried out respondent validity; a process of going back to

study participants with tentative results so as to clarify on some information provided (124, 125). Green and Thorogood assert that researchers should not only present information relating to their studies (125). Presenting some disconfirming ideas brings credibility to an account and makes the study real (124). While presenting research findings, I presented even the disconfirming information. I visited Ssubi Village before actual data collection. Creswell argues that the more experience a researcher has with participants in their actual setting, the more accurate and valid findings are likely to be (124). Through out the study period, I tried to remain objective since factors like my gender, age and educational background could have influenced the study.

3.7.2 Reliability

This is the degree to which different researchers on different occasions make the same observations or collect the same data about the same subject (128). Kvale describes reliability as the consistency of research findings especially during interviewing, transcribing and analyzing (129). To ensure reliability, I carried out interviews while carefully and systematically following all research steps like those explained by Kvale (130 p.99). Being the only person that conducted the interviews while using a specific interview guide contributed to the reliability of questions asked and information obtained. While conducting interviews, I at times asked some leading questions. Kvale notes that "the qualitative interview is well suited to systematically using leading questions to check the reliability of the interviewee's answers" (129 p. 286). Nevertheless, I did not audio/video record.

3.7.3 Generalizability

Perakyla notes that the commonest question in qualitative research is; how widely can results derived from a small qualitative sample be extrapolated (131). Generalizability is "extent to which findings from a study apply to a wider population or to different contexts" (125 p. 224). Creswell argues that the rationale behind qualitative research is not to generalize findings but rather to understand a particular phenomenon (124). Findings of this study cannot be generalized to other children orphaned by AIDS who live in other orphanages but the study gives an in-depth insight about the phenomenon.

3.8 Role of the researcher

Qualitative research is interpretative with the researcher closely interacting with participants (124). Creswell mentions that researchers ought to reflect on some aspects that may influence their studies. For example, their values and personal characteristics like gender and age (124). The study was carried out in my home country. This helped me in collecting good data because I found it easy to communicate and understand study participants. My gender may have influenced the study in one way or another. But, based on how interviews were conducted, I did not get the impression that my gender influenced either the male of female participants. Being a student from an International University was advantageous. I told study participants that I was student at the University of Bergen. This was advantageous in way that participants especially the children wanted to interact with me because in the Ugandan setting, I am looked at as a young successful lady and it helped in narrowing the gap between the children and me. However, disclosing this information was based on the gatekeeper's advice. Kvale and Brinkmann note that there is usually an asymmetrical relationship between the researcher and the participants for example, in age which can influence the study (130). Study participants were younger and this may have created a power distance gap. But before interviews commenced, I always introduced myself to all study participants. This enabled me to create a common ground and also helped in narrowing the power distance gap. Some participants asked for gifts and other favors. I did not give any gifts. I told them that I was student, not funded to do research and could not afford to give gifts and ethically, I am not allowed to give gifts to study participants.

3.9 Ethical considerations

Kvale & Brinkmann assert that ethical concerns go beyond interview situations and are engrained in all stages of research (130). Creswell asserts that ethical practices involve much more than adhering to the stated guidelines like those formulated by professional associations (124). The Oxford dictionary defines ethics as a branch of knowledge that deals with moral principles (132). Ethical considerations that were ensured in this study are briefly explained below.

3.9.1 Ethical clearance

Ethical clearance was obtained from three institutions; the Norwegian Social Sciences Data Services, the Uganda National Council for Science and Technology and from the study organizations. Before setting off for data collection, I was in good contact with the gatekeeper at Ssubi Village and I had been accepted to conduct my research within the orphanage. When I made my first visit to the orphanage, written clearance was given. Since I had not planned to carry out interviews in the other two organizations as earlier mentioned, on contacting them, I requested for ethical clearance. At SOS Children's Village, I was given written clearance and at Ashinaga-Uganda, I was simply allowed to carry out interviews.

3.9.2 Informed consent

This is the principle that participants should voluntarily take part in the study (125). I prepared informed consent for the children, caregivers and the social workers. Informed consent for the children was first obtained by proxy. That is, their forms were given to the person with legal guardianship over them for signing since they were below 18 years of age. However, he did not sign them, he simply stated that children could participate. Since children were old enough to understand what the study was about, I provided an informed consent form for each to sign (an assent), described the main assent contents like the level and type of participant involvement, confidentiality and freedom to withdraw from the study at any time.

3.9.3 Confidentiality

This is an important issue in all research projects and so was it in this study. Information obtained was kept highly confidential and it was not part of my informal discussions with friends and relatives. Findings of the study especially quotations were presented without directly mentioning the participants' names; I used pseudonyms. Kvale & Brinkmann assert that confidentiality pertains to what information should be accessed by who (130). I inquired from the interviewees about the extent to which different people should access information provided and all interviewees stated that I could use all information provided

to write my final thesis that can be assed by anybody. Only my supervisor saw transcripts of the interviews.

3.9.4 Ethical issues in data analysis and interpretation

From the time of analysis, data will be kept for at least two years and then I will destroy them (in August 2013). The purpose of keeping them for some time is for referral reasons and the possibility of writing an article for publication. They will be destroyed thereafter such that they are not accessed by other persons who may misuse them (124). While presenting study findings, I endeavored to give a correct account of the information obtained from the field. Creswell emphasizes that researchers should not interpret data their way but rather, interpret them to represent their interviewees' opinions (124).

3.9.5 Dissemination plan

I plan to publish a peer-reviewed article based on my thesis so that findings of my study are accessible to different people especially those interested in area of orphanage care. I will provide a summarized report of the study findings to the study organizations. The report will not be detailed in order to protect the confidentiality of participants.

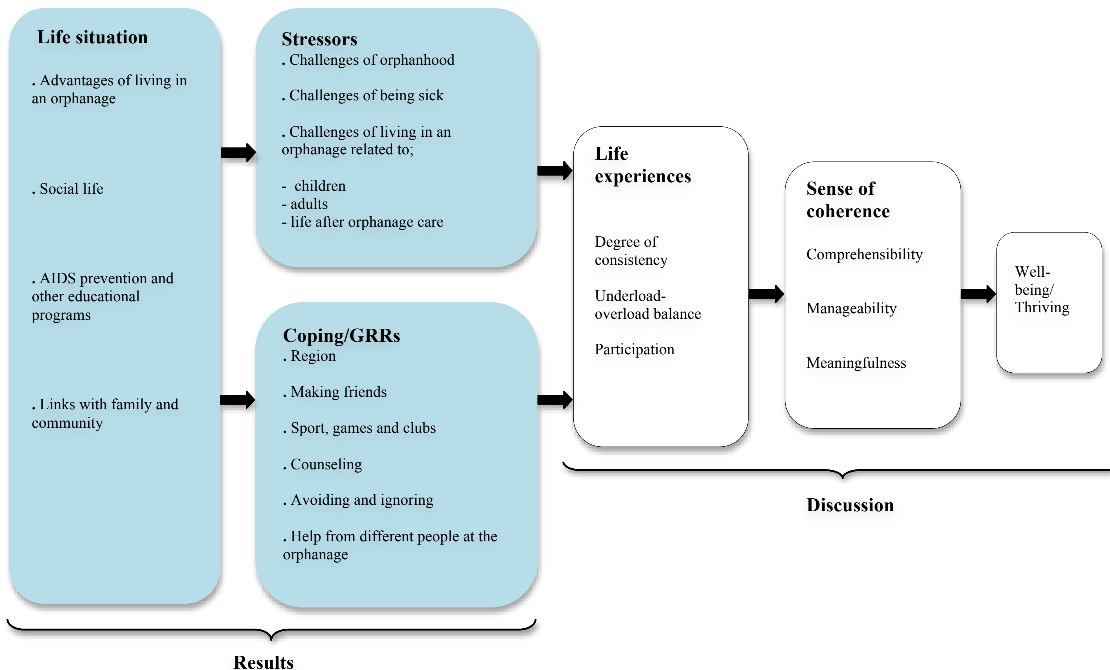
Chapter Four

Presentation of Results

4.0 Introduction

This chapter presents results of the study. Study findings are presented in three sections; life situation, stressors and coping/GRRs (these are the three global themes that emerged after analysis). During analysis, I established that data obtained from the field closely linked with the first three sections of the theoretical model that was applied to the study. As data were synthesized so as to obtain the main global themes, I could best describe them as those three mentioned above. Additionally, these global themes will be discussed together with the organizing themes that were previously described in the analysis section. The last three parts of the model will be applied in the next chapter.

Figure 3: An application of Mittelmark's 2010 presentation of the Salutogenic model showing global themes and organizing themes (first three boxes)



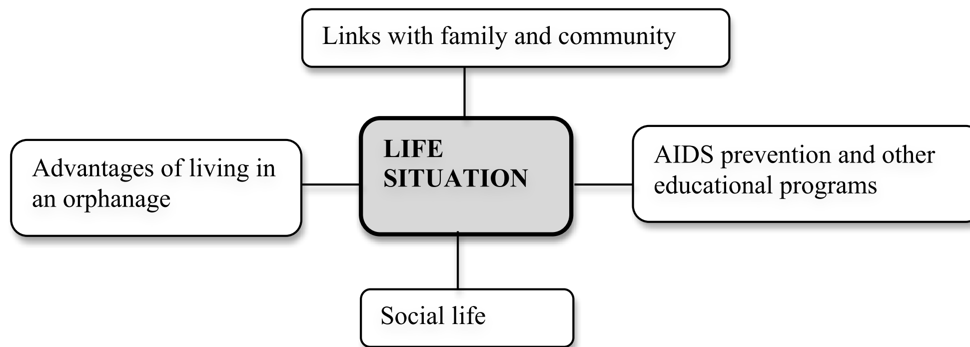
As earlier mentioned in the methods chapter, data were collected from 12 children orphaned by AIDS, 5 caregivers from two orphanages and 2 social workers. The

proceeding results represent their views and responses, which are discussed in three themes.

4.1Theme one: Life situation

Life situation refers to a condition or situation that an individual finds him/herself in. For instance, one's gender, age, health status, ethnicity and social position. This was the first global theme that emerged after analysis. It is discussed alongside its organizing themes, which are the typical examples of the study participants' life situation. The inner square represents the global theme and the outer squares represent the organizing themes.

Figure 4: Organizing themes for life situation



4.1.1 Advantages of living in an orphanage

Findings of the study indicated that there are different advantages of living in an orphanage. In the Ugandan setting, when a child loses parents, it is may be difficult for some relatives to take up such orphaned children due to limited resources; this exposes children to suffering. When such children get an opportunity to enroll in any charity organization, they may find a comfortable place to live in.

2

Children mentioned that they have access to good food, medication, accommodation, education, care and love from the 'mothers'[10]. I asked the children to tell me about what it has been like living in the orphanage and most children revealed that it has been good.

[10] Caregivers at Ssubi village are referred to as 'mothers'

"It is now three years since I came here, it has been good, I have many friends, we have sponsors and life is just easy." Bruce.

"It has been good, they care for us and they do not remind us of our past." John.

When I asked them about what it is that they would miss in case they left the orphanage, most children stated that they would miss their 'mother's' love and care, food and school. This shows that some children find the orphanage a comfortable place to stay.

"I would miss the way I am treated, I would miss school and mummy's food." Robert.

During the times I visited the orphanage, it seemed like most children were happy and comfortable because they were playing and eating together and seemed friendly to one another. When asked of how they would compare the orphanage and their former homes, most children seemed to like living in the orphanage. Some of them mentioned that they had been staying with their grandmothers who were old, with no money to meet their needs. Others stated that they were living with their stepmothers who never treated them well.

"Relatives were not able to provide most things, going to school was different, you wake up, first do chores and then go to school, even on coming back home, you have work to do. But here we are provided with almost everything. Schools are within. You just wake up and go to school. No school fees and it makes schooling easy and interesting." Adam.

"I used to stay with my stepmother and she never used to treat me well. I can say that I was not cared for but here you are treated like a real child…" Edward.

The social workers[11] at Ashinaga-Uganda[12] also agreed that orphanage care has some advantages over community-based care.

"The standard of living with good food, drinks and less house chores. The 'mothers' do almost everything. If I were young and disadvantaged, I would opt to join an orphanage. Because life is automatic not like in community-care where children do a lot of work before going to school." Social worker.

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[11] Social workers in this thesis refer to the two participants from Ashinaga-Uganda
[12] Ashinaga-Uganda is a Japanese funded community based organization

"Material wise, children in orphanages have almost everything they need unlike orphans in communities because children in orphanages are given food, good housing, education, clothes, medication and so on and so forth." Social worker.

Even though several advantages were highlighted, some were mentioned and emphasized more than others. Basic needs like food, accommodation, education, love and care were the most mentioned advantages and almost all children stated that they are given these specific basic needs.

"I would miss the love of my 'mother'. She loves us, cares for us, cooks for us and takes us to hospital whenever we are sick." Mercy.

"Here, I go to school, pay no school fees and I am provided with books, pens and many other things, we do less work and 'mothers' do the rest, and I rarely get sick because of the good care. Even when I get sick I receive immediate treatment." Rachael.

Some 'mothers' and caregivers also stated that what most children need is love and care.

"It is just love that they need." If you do not love them, they will feel empty." Caregiver.

4.1.2 Social life

From the children's views and responses to different questions, it was evident that they enjoyed a high level of social life through different sports and games like football, netball, volleyball, cricket and other athletics. I observed this during the times I visited the orphanage. Children mentioned that they have enough time to play with one another. When asked of when they interact with one another, all children stated that during weekends, holidays and everyday after classes (after 16: 30hours).

"On weekends and during evening hours like after classes. We play together and others sit in groups to converse with one another." Joshua.

Since I was allowed to conduct interviews during the weekends, I got an opportunity to confirm this. Children appeared happy and exited; most of them participated in one game or another. When I asked them what it is that they would miss in case they left the

orphanage, some children stressed that they would miss social activities like watching movies, camping and playing.

> *"I would miss watching movies, playing and having fun. We have many different games that I like. If I left and I am not able to have them wherever I will be, it would make me miss here." Joseph.*

Apart from the mentioned sports and games, there were other social clubs that children joined as part of their social activities. The music, dance and drama club, literacy club, grooming club[13], agriculture club, life skills programs[14], "true love waits" club and art and craft club. Every child belonged to at least one or more of the mentioned clubs. This is important in the sense that it gives children an opportunity to associate with one another and learn different things because children from different houses and circles join different clubs, which enables them to interact with one another hence developing a sense of togetherness. Children mentioned that they learnt different skills and competences from the clubs for instance, reading and writing magazines and poems, cooking, baking, singing, dancing and acting and other life skills.

> *"… And we are equipped with skills and given knowledge on how to deal with different challenges for example, controlling early pregnancy. It depends on the topic that they want to teach about but we have different topics and they teach us a lot." Paul.*

4.1.3 AIDS prevention and other educational programs

Given the fact that AIDS is a generalized epidemic in Uganda and some of children at the orphanage have been orphaned by AIDS, it was expected that there would be efforts to educate children about AIDS prevention. All children seemed to have knowledge about AIDS prevention. They mentioned that there are AIDS programs through which they are provided with information about HIV and AIDS, encouraged to abstain, not share sharp objects and to embrace the "true love waits" commitments. The orphanage also carries out testing and counseling. Some children revealed that they had been tested for HIV and

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[13] Grooming club was the club where children were taught about personal hygiene, appearance, how to behave and conduct themselves.
[14] Under life skill programs, children were equipped with different skills. This depended on the topic of the day.

told their status. Those who are HIV positive know it and they receive treatment from the Village clinic and in case of complications, they are referred to MildMay international (an AIDS charity organization).

> *"The medical team from the Village clinic talks to them. Some people come from MildMay and they carry out screening." 'Mother'.*

Most children revealed that in most cases, orphanage clinicians teach them about AIDS prevention. However, at times, some 'mothers', counselors from the Village and from MildMay international also teach them. All 'mothers' unanimously stated that even though other people teach the children about AIDS prevention, they also talk to them.

> *"And, then us the 'mothers', it is our responsibility to know the children's health status and talk to them." 'Mother'.*

Caregivers at SOS Children's Village reported that their children are also taught about AIDS prevention. it was interesting to find out that the methods of AIDS prevention highlighted by caregivers at SOS Children's Villages were the same as those mentioned by children at Ssubi Village (abstinence, not sharing sharp objects and embracing the "true love waits" commitments). Caregivers also mentioned that there is an orphanage counselor who talks to children and encourages them in case they are experiencing some problems but at times, counselors are hired from MildMay international (same as Ssubi Village) to provide extra counseling services. Nonetheless, at this orphanage, all AIDS prevention programs were part of the school program.

> *"There are such programs but they are within the school and not within the homes. Therefore, everything about AIDS education and prevention is there but it is within the school programs." Caregiver.*

However, caregivers revealed that even though such programs are engrained within the school program, they also teach children because they think that as caregivers, it is their role to talk to the children just as the 'mothers' at Ssubi Village mentioned.

> *"There is a village educator who organizes programs on AIDS, pregnancy and sex. But even if there are such programs, the responsibility remains with the 'mother'. It is up to the 'mother' to make sure that she teaches her children anything she thinks they need to know." Caregiver.*

The social workers' views were consistent with results from the two orphanages. They revealed that they teach children about AIDS prevention even when the organization is community-based. They have the 'Care program', which is operational on every Saturday. Children are grouped according to age and equipped with knowledge depending on the program. The social workers stated that during such 'Care programs' children are usually taught about AIDS prevention. They also mentioned that teenagers are given more information especially on sex education.

> *"When we group them up, we do it according to age and usually teenagers have their own groups where we treat them as teenagers and teach them more because they are in a sensitive stage that needs sex education." Social worker.*

When asked how children are taught about AIDS education and prevention, the social workers mentioned the same ways as those mentioned by respondents at Ssubi and SOS Children's Villages.

Nonetheless, social workers seemed to hold contrasting ideas on the issue of AIDS education in orphanages. They stated that there is a lot of stigma in most orphanages. As such, there is less AIDS education.

> *"But, in orphanages there is less AIDS education due to fear of stigma for example, if they teach about signs and symptoms, those with AIDS and with any symptoms are stigmatized or those that are on medication, other children ask them why they are ever taking medicine which stigmatizes them." Social worker.*

Nevertheless, as earlier discussed, it was clear that at Ssubi Village, there were AIDS preventive programs and behaviors and children had good knowledge about AIDS prevention. However, cases of stigma were also identified. For instance, one of the respondents who suffered a skin irritation as a result of being HIV positive stated that some children stigmatize her by calling her names.

> *"Some children make fun of me about my skin. They refer to me as a Black American. Others call me black charcoal." Emily.*

In contrast, AIDS prevention and its related programs were not among the ways through which children at Ssubi Village experienced stigma as expressed by the social workers from Ashinaga-Uganda.

4.1.4 Links with family and community

Results of the study revealed that there is an enormous gap created between children who join orphanages and their relatives. When children start living in an orphanage, they rarely or never visit their relatives. If the orphanage provides all services like education and medication on-site as was the case with the two study orphanages, it means that children receive whatever they need at the orphanage and have no reason for going back to their homes, which weakens family links.

> *"In orphanages, family ties are broken and the only community and family the children have is themselves." Social worker.*

Nonetheless, orphanage stakeholders may be willing to let children visit their relatives more often but probably they have limited resources. Most children expressed the desire to reconnect with their relatives; they stated that they miss them and would wish to visit them more often.

> *"It is good that you stay with your relatives but if you do not you automatically miss them because they are your biological relatives and missing them becomes natural." Joel.*
>
> *"I miss the family connections. For example, being with my relatives and having that family life and closeness." Walter.*

However, this was common among children who knew their relatives as some children did not know any of their relatives.

> *"I do not know any of my relatives. I came here when I was three years and no one has ever come here as my relative. I do not miss any thing about them but I would love to find them." Sara.*

In both orphanages, it was established that children who knew some of their relatives were allowed to visit them especially during the December holidays. If a known relative requested to see the child, they were allowed to talk to them. Also, if a relative passed on and someone came to pick them up for burial, they were allowed to go.

Due to the problems associated with children being separated from their relatives, the social workers, some caregivers and 'mothers' suggested the need for community-based.

They argued that if children are not very needy and have someone to stay with, they should remain in their homes and be helped from there.

> *"I would prefer children to be with their relatives. Relatives lose their roles to organizations or orphanages. But, I think it also depends on the situation, if the child's case is too bad, then orphanages are always the best option but if the situation is not too bad, then children should be looked after within their families due to the advantages of family/community-based care like maintaining and building close family ties." Social worker.*

Social workers also mentioned that community-based care prepares children for the future because they grow up experiencing all life situations. They are able to develop social networks that may help them to cope with different challenges that they may be experiencing unlike children who grow up in orphanages and have less or no contact with the rest of the world.

> *"Children under community-based care experience and grow up in the real practical world because they see everything that happens in the world that the children in orphanages can never get to know about. Yet when they are passed out after school, they find the real practical world hard and difficult to penetrate/enter because they have no friends and have not experienced any challenges or difficulties." Social worker.*

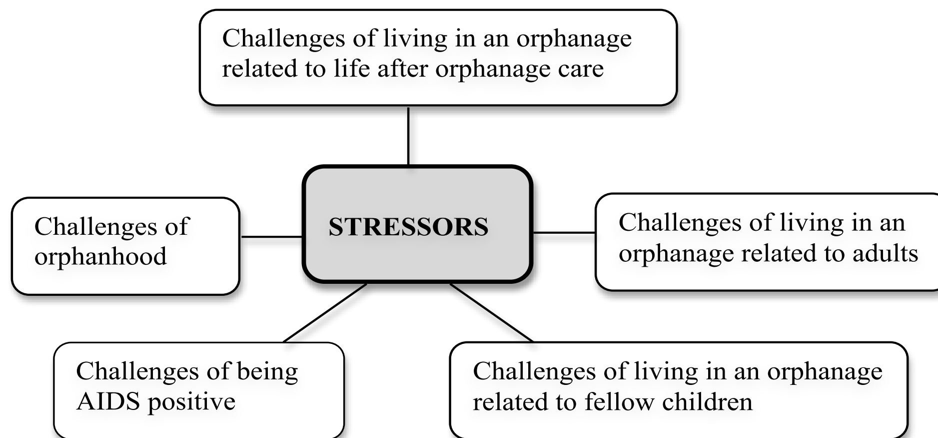
The above quotation shows that the social worker believes that most children who grow up in orphanages may lack problem-solving skills because they experience fewer challenges and they always have someone to help them deal with the problem. Children who grow up under community-based care are at an advantage because they experience different life challenges and also learn how to solve them individually.

From this section, study findings indicate that orphanage care weakens family and community ties. However, children received most necessary basic needs, had knowledge about AIDS prevention and children seemed to enjoy a high level of social life.

4.2 Theme Two: Stressor

Stressors are forces that may cause either emotional or physical demands on one's body hence causing stress. In life, one may be exposed to either acute or chronic stressors. No matter how severe and long lasting these may be, they usually have an affect on one's health. Stressors experienced by participants have been grouped into organising themes shown in figure 5 as the outer squares.

Figure 5: Organizing themes for stressors



4.2.1 Challenges faced resulting from orphanhood

All children in the study were orphaned. Their main challenge was losing their parents. Most children stated that remembering their parents who died arouses emotional feelings of sadness. They cited unique things that their parents used to do for them that no other person can do. Even though they mentioned that they were comfortable and happy living in the orphanage, challenges associated with being orphans influenced their well-being.

> *"When I sit back and remember the good things my mother used to do for me like birthday surprises. It makes me feel sad because here no one remembers my birthday or even celebrates it." Ryan.*

Challenges of orphanhood were also related to joining the orphanage at a tender age. Some children revealed that they came the orphanage when they were about 3 years and up to today when they are about 12-15 years, some have never met any of their relatives.

"...But I would want to see some of my uncles and aunts who I have never seen yet I hear of them." Dorothy.

"I think I came here when I was three years. I really do not remember the first days when I came here." Rita.

'Mothers' revealed that on several occasions, some children come to them asking about their origins, families and relatives.

"They ask themselves so much about their biological parents. Those who came when they were very young, when they grow up they get to know that we are not their biological parents and they want to know the truth. Some of them they even find it hard to call us 'mother'." 'Mother'.

From the above quotation, the 'mother' mentioned that some children find it hard to recognize them as 'mothers'; caregivers at SOS Children's Village also highlighted this challenge.

"They may completely reject the caregivers. It is hard to recognize, respect and accept them, it is the biggest challenge." Caregiver.

However, the 'mothers' revealed that administrators try to find such children's relatives but they have not been able to find some.

"…We try to trace their relatives and we invite them to visit them but some of them we have totally failed to find any of their relatives." 'Mother'.

4.2.2 Challenges associated with being HIV positive

Six of the interviewed children were HIV positive. Apart from the challenge experienced by all children at the orphanage, the HIV positive ones experienced other incomparable challenges like stigma, marginalization and physical abuse or naming.

"Yes, when I am walking, people stare at me and some abuse me, it really makes me sad." Jolly.

See also quotation under 4.1.3 where other children referred to Emily as a Black American.

Concerning marginalization, some HIV positive children stated that other children undervalue them and tell them how they cannot do certain things because of their health status.

"Sometimes, some children minimize me and tell me how you cannot manage doing certain things for example, they tell me that I cannot sing." Brenda.

The social workers also stated that most HIV positive children in orphanages are often stigmatized especially those who are under medication or those with visible AIDS symptoms (refer to quotations under 4.1.3). Nonetheless, when I asked 'mothers' and caregivers about stigma, they mentioned that there was no stigma.

4.2.3 Challenges of living in an orphanage related to fellow children

Some of the challenges that related to fellow children included, cultural, academic and language problems, theft, bullying and teasing. Cultural and language problems may be inevitable because the orphanage consists of children with different backgrounds. Some children revealed that other children especially the older ones tease and bully them and others steal small things like books and pens.

"They can indirectly tease you and say annoying things to you because you are young and small and you cannot do any thing to them." Ken.

Three children revealed that they had academic problems. Two of them stated that they were generally poor in class while the other mentioned that he loves football and not school.

"...Because I love football yet football does not require me to go to class. I actually find it hard to go to school and concentrate because I do not like school." Daniel.

All 'mothers' and caregivers stated that some children have academic problems. They revealed that some of them perform poorly in school. However, it was found out that the administration set up a vocational school for children with serious academic problems.

"If they are performing very poorly in school, they are taken to the vocational school." 'Mother'.

Social workers mentioned that education in most orphanages is generally poor. They asserted that despite the fact that children have all they need like scholastic materials, education in most orphanages is still poor because schools are within the orphanage and children do not get the opportunity to academically interact with other students outside.

> *"Education in orphanages is not really good even when the children are free with less work because there is no competition so they do not perform well." Social worker.*

Nevertheless, both children and 'mothers' at Ssubi Village did not mention that education at the orphanage was bad apart from those who had individual academic challenges of poor performance.

Concerning cultural and language problems, children revealed that the first days at the orphanage are confusing and challenging as there are many children of different backgrounds.

> *"When I came the first time it was difficult to get used to other children and even now, there are things that are very different amongst us, so I find this a challenge." Allan.*

Social workers mentioned that there are several cases of indiscipline in most orphanages; these are largely attributed to the differing cultural backgrounds.

> *"…There is a lot of indiscipline in orphanages because of cultural differences. The children influence one another and teach one another different behaviors of which some are not good." Social worker.*

Nonetheless, it was established that stakeholders at the orphanage try to encourage children to take up the orphanage culture (commonly referred to as Watoto culture), which encourages Christianity.

4.2.4 Challenges of living in an orphanage related to adults

Some children mentioned that they experienced challenges that were caused by some adults specifically 'mothers'. They mentioned that at times, some 'mothers' beat, abuse and maltreat them.

> *"Sometimes my 'mother' shouts at me and yet I cannot tell her in her face that it makes me angry." Sylvia.*

Two out of the three 'mothers' also stated that at times, some 'mothers' mistreat children. They revealed that usually, such 'mothers' are relieved of their duties and dismissed.

"Some 'mothers' are at times bad, they may not be treating these children well, there is one who was even expelled." 'Mother'.

It was also established that most children faced the challenge of accepting 'mothers'. When children grow up, they get to know that the 'mothers' are not their biological parents hence finding it hard to recognize and respect them.

"They can easily disrespect them so it is important that the caregivers are patient with them." Caregiver.

4.2.5 Challenges of living in an orphanage that are related to life after orphanage care

Study results and observations made provided a description of the orphanage setup. Both orphanages provided all services on-site. Children rarely moved out of the orphanage. Whoever completes school and graduates, no longer receives help from the orphanage. They are expected to find work and start an independent life though they may keep in touch with the orphanage. Different people described this as a challenge; the old boy who I talked to mentioned that;

"The main challenge with life after orphanage care is that you do not know much about the outside world, you have very few friends and it is not easy to begin making friends at an old age. Also, you are used to being looked after and provided for so to do it on your own is not easy at the start." Old boy

When children join the orphanage, they lose their friends as they have less or no contact with them and some do not have any friends outside the orphanage. Also, they know very little about the outside world and they lack networks outside the orphanage, which makes it hard for them to start a new life.

"I have friends outside but I have only gone home once in six years so I have lost contact with them…." Sam.

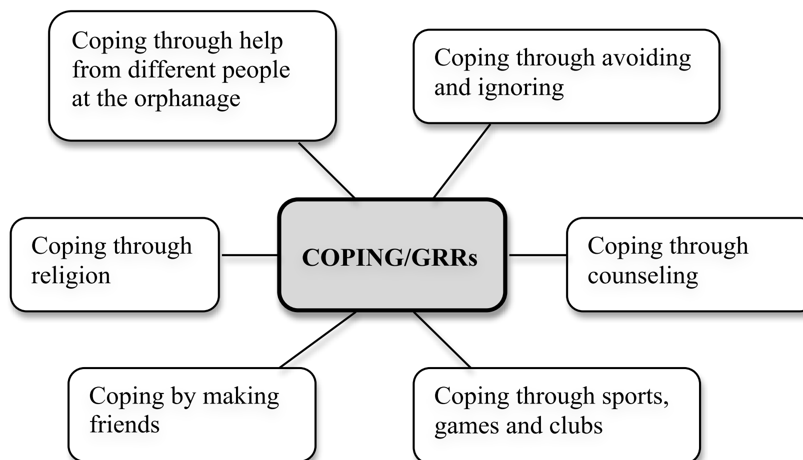
"I have never gone back home so I am no longer in touch with them and I think we are no longer friends…" Geoffrey.

Participants highlighted different challenges and from the above discussion, it is evident that such challenges cause emotional and physical effects towards children's well-being. Nevertheless, what is important is how children cope with such challenges and this will be discussed in next theme.

4.3 Theme three: Coping/GRRs

Coping is the ability to deal with challenges or stressors and GRRs are resources, which may be material, financial, social or emotional that can be used to overcome stressors. Interviewed children experienced stressors like those described under theme two. However, they had GRRs like those presented in the outer squares of figure 6 below which helped them to cope with different challenges.

Figure 6: Organizing themes for coping/GRRs



4.3.1 Coping through religion

All Watoto founded orphanages are Christian based and Christianity is a key feature of the orphanages. Most children, 'mothers' and employees are saved[15]. There is a religious leader (commonly referred to as pastor) stationed at the orphanage and other pastors

[15] Being saved means that they are "born again" Christians who believe in God and try to live a 'pure' life

come from other churches to preach. Everybody at the orphanage belongs to a cell[16]. Therefore, religion is part and parcel of the orphanage and it was found out to be one of the ways through which children coped with different challenges for instance, academic and stigma problems. When asked of how they overcome different challenges, most children stated that they do so through prayers. Children stated that they pray with one another but more often pastors pray for them and encourage them. This is believed to provide emotional support.

> *"Encouraging them also makes them feel happy, most of them are Christians and believe in God, so when you preach to them and encourage them they feel happy." 'Mother'.*

4.3.2 Coping by making friends

Some of the children who had academic challenges and problems of being abused and stigmatized received help and support from friends. I asked children to tell me about their friends within and outside the orphanage. All children stated that they have at least one or more friends at the orphanage. But, many of them had lost their friends outside the orphanage because of limited contact with them.

> *"When I left home, I lost contact with most of my friends. But whenever I go back for holiday I meet some of them but I can say that I am no longer close to them like I was when I was there because I do not see them often." Jim.*

Some children mentioned that when someone abuses them, they turn to their friends who comfort and console them.

> *"…She helps me with my class work and when I have any problem I talk to her and she helps me for example, if someone abuses me." Joyce.*

Children who had academic challenges revealed that apart from going back to their teachers for extra help, their friends help them with their class work.

> *"I have two good friends, they are simple and helpful. One is good in Mathematics and another in Science. They help me with my classwork." Fred.*

[16] Cell is a bible study kind of arrangement where one member hosts the rest and they share the word of God and testimonies

Findings of the study showed that children made friends with fellow children who they had similar interests and to some, it was a coping mechanism. For example, those with academic, sports or religious interests were found to be friends with one another.

"Keith is my best friend. He is very bright and I am also very intelligent. I made him my friend so that I can excel. He is always 1st and I come 2nd." Joel.

"I have about five good friends and we are all footballers…" Mark.

Children's strategy of befriending those who they have similar interest with so as to cope with different challenges seems to be working. From the above quotation, Joel is able to continuously excel in class probably because he is Keith's friend who is brighter and helps him with any academic problems.

4.3.3 Coping through sports/games and clubs

Findings of the study confirmed that children enjoyed a variety of sports and games like football, netball, volleyball and cricket among others. There were also other clubs at the orphanage i.e. the dance, music and drama club, sports club, grooming club, literacy club and life skills club. All children belonged to at least one club and participated in one or more sport. It is anticipated that this gives children a chance to interact and play with one another. In the long run, this may help them to forget some of their problems because participating in such activities occupies their minds.

4.3.4 Coping through counseling

Counseling is the act of giving advice to another person especially by a knowledgeable person. Children mentioned that one of the ways through which they coped with certain challenges was through counseling. It was found out that there is a school counselor who helps children that may be experiencing certain problems by encouraging them and giving them emotional support.

"There is also a school counselor who helps them and advises them." Mother'.

'Mothers' stated that they also counsel and encourage children especially those with problems of accepting them as 'mothers'.

"The 'mothers' normally talk to them with kind words, they explain to them that even if they are not their real mothers, they are there for them and are willing to

do every thing for them, this keeps them for some time though the rejection comes again." 'Mother'.

As earlier mentioned, both orphanages hire a medical team from MildMay International to carry out some medical duties, screening and testing for HIV. This team at times provides counseling services.

4.3.5 Coping through help given by different people at the orphanage

There are different groups of people at the orphanage; administrators, 'mothers', teachers, counselor and religious leaders. These play one role or another towards children's ability to cope with different challenges. Administrators are in charge of administrative activities and they supervise any other activities by other people at the orphanage. Children and 'mothers' revealed that administrators organize counseling services, punish those who offend others and solve children's problems.

"…. But also the administrators, they tell us that whenever any of us has a problem we should always go and talk to them." Karen.

"…Also, if any thing is wrong, I tell the administrators and they find a solution." Tinie.

Teachers helped children to cope with academic challenges.

"…I wait for the teacher to finish teaching and I go for more help." Nancy.

Concerning 'mothers', many children mentioned that 'mothers' were the most helpful people at the orphanage. When asked of the person who supports them most, nine out of twelve children stated that it was the 'mothers', followed by administrators, sponsors and others.

"The person who supports me at a particular time will depend on the problem, but generally, 'mother' supports me most, she is the immediate person." Diana.

Even though sponsors were not mentioned as the number one person who supports children, they play a very vital role towards the children's ability to cope with different challenges because they provide almost everything that is at the orphanage. This is largely what facilitates children's survival and consequently their ability to cope. Information from the old boy explains the sponsors' role in supporting children.

"…They have sponsors who provide money to buy different things, they have good houses and they sleep well, schools are within and they have free education. Their surrounding is good. So it is such things that enable some children to thrive because I can say that all of them do not have any of the things that they receive back at home." Old boy.

4.3.6 Coping by avoiding and ignoring

Avoiding and ignoring as methods of coping with some challenges were used as a last resort in this case. Children who experienced challenges of being stigmatized, bullied and teased revealed that whenever they reported such cases to the administration, those in wrong were given minor punishments like sweeping or mowing the compound and they would never stop stigmatizing or bullying them.

"When I am abused, I report to the head teacher but I noticed that they never stop abusing me, so it remains a challenge." Olivia.

Therefore, such children chose to avoid and ignore as a way of dealing with the problem.

"I just leave those who bully me because when I report them say to the administration, they are given minor punishments and after they beat me or other children who report them." Ezra.

All the above-discussed coping strategies i.e. coping through religion, by making friends, through sport, games and clubs, counseling, help from different people, avoiding and ignoring are equally useful for children to cope with different challenges. There is none that can be used in isolation to cope with all challenges.

To sum up this chapter, the study found out that different factors work hand in hand towards children's ability to thrive. But, some factors came out to be more important than others i.e. availability and assurance of basic needs. It was established that there was a big gap created between children who lived in orphanages and their relative. Other disadvantages of orphanage care were also highlighted. The study established that there were AIDS prevention and educational programs in both orphanages. Study participants mentioned that they faced different challenges but there were coping strategies in place.

Chapter Five

Discussion of Results

5.0 Introduction

This chapter discusses results of the study in relation to existing literature. Wider meaning and interpretation of study findings is provided, limitations of the study presented and findings of the study related to the theory used. The discussion below consists of four key issues that emerged outstanding in my study; the role of caregivers/'mothers,' basic needs, links with family and community, challenges and coping mechanisms.

5.1The role of caregivers/'mothers'

In this study, the caregiver-children relationship was generally good. Most children mentioned that 'mothers' loved and cared for them. 'Mothers' were said to cook, counsel and advise children. This enabled children to confide in them especially in times of grief. Therefore, 'mothers' were an 'assured' source of support. 'Mothers' revealed that they usually said encouraging and Christian words to the children. If children performed well in school, 'mothers' praised them and assured them of how they would be important people in future. They often told them, *God bless you my child.*

Children who join orphanages are faced with the responsibility of forming attachments with their new caregivers. This may be related to their ability to adapt to such a situation such that those who can easily adapt to living with new caregivers may find living in an orphanage interesting and vice versa. According to the Attachment theory (defined as; an influential account of the caregiver-child relationships and their effects on the child's development and outcomes) (133), attachment is one of the basic needs that starts as early as infancy and if it is not nurtured, it can lead to lifelong negative consequences (134). In my study, two children had failed to form a good attachment with their 'mothers' yet they had been living with them for over 5 years. They mentioned that they were not open or close to their 'mothers'. In relation to the attachment theory, such children may be faced with different emotional and behavioral problems that accrue from

their inability to form attachments with their 'mothers'. Dozier et al note that if infants find caregivers to be available when needed, they develop expectations that such caregivers will always be there in times of need. The authors further assert that the relationship between caregivers and children determines children's behaviors, attitudes and way of conduct (135).

The caregivers-children relationship can also be explained by the theory of Resilience, which refers to a "dynamic process encompassing positive adaptation within the context of significant adversity" (62 p.543). Focusing on its two components (closeness and development of competences) (136), literature shows that most children who grow up with direct support from caregivers may be resilient to different challenges since they receive support and encouragement from their caregivers especially in times of difficult (closeness) (137). Children who experience various adversities like those study participants experienced fair better and may adapt easily if they have a positive relationship with the an adult or a caregiver for this case (137). Similarly, a study on an organizational framework for conceptualizing resilience in children highlights that most resilient children often have a close bond with a family member who provides them with stable care and required attention (138). In this study, most children emphasized that 'mothers' supported them most in almost everything. Therefore, it can be said that support from 'mothers' helped children to develop resilience strategies. Closeness is also related to attachment. Developmental psychology refers to attachment as an influential account between the caregiver-child relationships that are reflected in three aspects of attachment i.e. the child wants to be with an attachment figure especially when under stress, drives comfort from the attachment figure and protests when the attachment figure is not available (133). These can influence the level of closeness that may exist between a caregiver and the child.

The second component of resilience i.e. development of competences, which refers to "a pattern of effective adaptation in the environment" (67 p. 206), seems to be lacking under orphanage care. It was mentioned that 'mothers' and other people at the orphanage do most of the work and help children overcome different difficulties. This may deprive

children of the opportunity to acquire competences like problem solving skills, because they are used to things being done for them. Tolfree asserts that orphanage care tends to breed a sense of dependence among children which makes them fail to learn necessary life skills (16). The social workers in my study mentioned that children who grow up in their own communities experience different situations as they occur and also learn how to go about them (which I call development of competences) as compared to their counterparts who grow up in orphanages and may not have much opportunity to learn how to solve different problems because of the environment they are raised in. This may be a set back later in life since upon completion of school, they are expected to live an independent life. Yet, while under orphanage care, they were not equipped with skills necessary to live an independent life. Nonetheless, at Ssubi Village, children were part of some activities from which they attained some knowledge and skills. There were clubs like the grooming club, literacy club and life skills programs, where they learnt how to cook, bake, write and read novels among other things.

Lastly on the issue of caregivers, is the way they treated children. Some studies reveal that children in most orphanages are exposed to physical, emotional and sexual abuse by some caregivers (16, 54). Tolfree argues that children in orphanages often find themselves in a helpless situation and the potential for abuse by some caregivers and other older children is undisputable (16). A study carried out in Botswana indicates that caregivers abused children both verbally and physically (54). Results of the same study reveal that when children were asked what it is that they would change about the institution where they lived, most children mentioned that the way caregivers treated them (54). Similarly, in my study, two children mentioned that some 'mothers' maltreated them. Nonetheless, one of them was partially deaf. Probably, at times the 'mother' yelled at her for instance, if she did not do what the 'mother' asked her to do. One of the interviewed 'mothers' also accentuated that at times some 'mothers' are bad. Therefore, in my study, few cases of caregiver-child mistreatment were mentioned.

5.2 Basic needs

Findings of the study confirmed that children's basic needs such as educational and medical needs, food and accommodation were sufficiently and adequately provided. The social workers in my study emphasized that when it comes to provision of basic needs, orphanages do well. They also revealed that most orphaned children who grow up in communities or with their relatives find it hard to access some basic needs.
In Africa, a large number of orphaned children are looked after by their relatives in their extended families (139). A study by the World Bank found out that approximately 95 percent of orphaned children in rural Tanzania were looked after by relatives and this was the case in Uganda and Zambia (139). However, due to the increase in the number of orphaned children mainly caused by AIDS and related diseases, it has weakened the potential of relatives to ably provide for orphaned children (77, 110). Orphaned children who stay with relatives may be faced with discrimination as biological children are loved and care for more than orphaned children (139). Other factors like poverty have also contributed to relatives' inability to meet orphaned children's needs (16, 110). Results of the study carried out in Rwanda show that poverty influenced people's willingness to provide some basic needs to orphaned children in different communities (140). This explains some of the reasons for the choice of orphanage care. Many previous studies reveal that orphanages manage to provide most basic needs. A study on the impact of institutional care on children delineates that the level of physical care in the different institutions visited was averagely of good standard (16). Similarly, in both orphanages where the study was conducted, the physical care was good. For instance, at Ssubi Village, there were enough houses (63 houses with 8 children and a 'mother' per house) and the environment was spotlessly clean. In their study, Morantz and Heymann reveal that approximately 65 percent of children appreciated the uninterrupted accessibility of education, food, clothing and electricity (54).

Nevertheless, even though provision of basic needs sounds like it is completely assured, it may not be the case in some orphanages. Also, the fact that many researchers tend to present positive results on this issue, it is important that we give it a second thought because many orphanages may be lacking many of the basic needs. For instance, Tolfree

presents different examples of some institutions where children's physical and basic needs were not good and lacking in some orphanages (16 see p.84-86).

Concerning the provision of other needs, some studies indicate that most orphanages have failed in providing psychological/emotional and psychosocial needs (16, 76). Ebersöhn and Eloff argue that children's psychological needs may not be visible and not taken care of as compared to the previously mentioned basic needs (76). Relatedly, in my study, most children revealed how they often mourned and grieved their parents who died and how they were at time sad. Yet, it did not come out clearly how they were helped to deal with such psychological challenges. Even though it was mentioned that children were counseled, clear measures of dealing with psychological problems are required.

In summary, the issue of basic needs is rather more complex than it may appear to be. Because while some researchers may disapprove the quality of basic needs provided, the children receiving them are very happy and thankful because of their situation. Most children in my study reported that they were comfortable and pleased with the different things they were provided with because before coming to the orphanage many had experienced severe deprivation.

5.3 Links with family and community

The study provided a clear understanding of the orphanage setting and the general routines that were followed. Children rarely left the orphanage to go back to their families because most services are provided on-site. Similarly, a report by the World Bank reveals that there is less interaction between the community and orphanages especially when children are sent to the orphanage schools rather than to the public school (139). Tolfree notes that institutional care separates children from their families and communities yet such family and community systems are a source of important skills and knowledge for children later in life (16). According to the author children do not fail to go back to their families for reasons like family breakdown or abandonment because some have families but most institutions do not allow them to leave the orphanage (16). Relatedly, other literature confirms that the majority of the children in orphanages have

families and reasons for admission into orphanages are related to poverty and the availability of orphanages (13). Similarly, in both orphanages where the study was conducted, most children mentioned that they had relatives who they stayed with before joining the orphanage.

From the previous chapter, mentioned that some children did not know any of their relatives while others knew them. The former wished they could find their family members and the later expressed how they missed their relatives. Results of a study carried out in an institution in Botswana reveal that when children were asked about the most difficult thing with living at the institution, approximately 30 percent mentioned that the failure to see their relatives often (54). Similarly, in China, children from four orphanages revealed that they missed their grand parents and other relatives because they were not allowed to visit them whenever they wished to (56). This shows the gap that is created between children placed under orphanage care and their relatives, which requires narrowing.

Limited family and community contact also makes it difficult for children to adapt to life after orphanage care. Tolfree points out that most children who grow up under orphanage care lack competences and skills to help them later in life (16). The author further asserts that limited contact with families and communities affects children's potential to learn traditional roles and tasks defined by their cultures (16). As a result, they are socially, emotionally and psychologically ill prepared to take their place in the adult world after leaving orphanage care (16). Nevertheless, researchers need to understand the dilemma that orphanage leaders may be faced with. Some researchers seem to blame such leaders for not making it possible for children to occasionally meet their relatives. We overlook that fact that most orphanages' incomes are often limited. Additionally, a large number of orphanages depend on donations which are usually provided with 'strings attached' and if there is little or no money allocated to the transportation of children so as to visit relatives, orphanage leaders may find it financially hard to allow children to visit their relative often. According to the Arusha conference of 2005, it was mentioned that the budget of the social sector is heavily dependent on donor funding (141). Even though this

conference was about arenas of child support, interfaces of family, state and NGO provisions of social security and not orphanage care, it provides a case that where there are financial donations, institutions and NGO's tend to rely on these with the attached regulations (141).

Due to the above-discussed problems that are associated with limited contact between children and their relatives, social workers, some 'mothers' and caregivers in my study suggested the need for community-based care. They argued that children should grow up in their own communities and if there are efforts to help them by different people and organizations, they should be directed to their families and communities. Likewise, many researchers and some International organizations like WHO, UNICEF and Save the Children support this idea (108, 110). A study carried out in Uganda reveals that some aid workers and researchers generally agree that extended families should be the number one choice for assuming care of orphaned children and other vulnerable children (24). It is argued that community-based care allows children to be cared for by familiar adults, it allows them to remain and grow up in their own communities where their developmental needs are met and they are equipped with skills and knowledge necessary for an independent life in community (13, 108). Some studies on community-based care and care by relatives reveal that these forms of care uphold cultural values and norms as compared to orphanages (139). This is in line with findings of my study because it came out clearly that children were not likely to learn some of the African or Ugandan norms. For instance, in Uganda, old children serve food to parents and are responsible for some house chores but in the two orphanages where the study was conducted, 'mothers' were doing such chores for children.

Nevertheless, some studies indicate that at times, orphanages are a good place for orphaned and other vulnerable children. A study carried in some orphanages in China confirms that children found the orphanages to be more comfortable than their homes where they lived after losing their parents (56). In my study, most children seemed to prefer the orphanage to their homes where they were living because some of them were staying with their stepmothers who never treated them well, others were staying with the

aged grand parents who could not afford to provide their needs. Therefore, what is important is to weigh different factors so as to come out with the best form of care for this group of children. But generally, as many researchers put it, if children can be helped from their families and communities, it would be the best option because this would allow them to grow up through a 'normal' life just like any other child. Nonetheless, in cases where this is not possible for instance, in communities that have been hit hard by the AIDS epidemic, wars and other forms of instability causing destruction and displacement of people, orphanage care may be a necessary option. Also, in some countries where there are still high numbers of street children who have nowhere to sleep and lack what to eat, orphanage care would be a good alternative form of care for such children. Therefore, orphanage care still has a place in society. In fact, Whetten et al argue that the notion of "orphanages should be a last resort" is inappropriate since in some cases, orphanage care is better than care by relatives and communities (70).

5.4 Challenges and coping mechanisms

Children confirmed that they experienced different challenges. For instance, being bullied and teased, poor performance in school, grief and two cases of caregiver mistreatment. The HIV positive children experienced some of the above-mentioned challenges but were also faced with stigma, physical abuse or naming and marginalization. Some studies that have been carried out on institutional care highlight some of the challenges that the study confirmed. A study carried out in Botswana shows that about 25 percent of the children reported verbal and physical abuse by some caregivers (54). Tolfree asserts that in most developing countries, the potential for children abuse is high due to lack of proper internal and external mechanisms for investigating allegations of child abuse or other violations of children's rights (16). In China, different disadvantages were highlighted in four different orphanages. They included, stigma, administrative restrictions, psychological and emotional despair (56). In Ethiopia, institutional care was said to cause low self-esteem among children, to rear a second generation of orphans and children tend to dependent on adults for all their needs (60).

The issue of caregivers beating up children may be looked at from different dimensions because in some cases, it has a lot to do with cultural norms. In most African countries, beating a child when they are in wrong is acceptable, normal and a way of disciplining (54). According to Whetten et al, caring for orphaned children varies in different countries and societies due to differences in religious, social and cultural norms and beliefs (70). Therefore what some societies might consider as a bad practice, it may be acceptable by another. This requires the need to appreciate culture since it varies widely. Nevertheless, such parenting methods and techniques raise various questions because if such punishments are given to one's biological child, it may be okay but to an orphaned child who is already undergoing other challenges and traumas, it affects their emotional and physical well-being.

In my study, the challenge of children's unpreparedness for life after orphanage care came out outstanding. As earlier discussed, some researchers hold that orphanages do not equip children with enough skills and knowledge for use later in life. The old boy who lived in one of the Watoto orphanage highlighted this challenge. He mentioned that when children leave the orphanage, they do not know much about the outside world. They are used to being looked after and provided for so to do it on their own may not easy at the start. According to Tolfree, problems associated with adjusting to life after orphanage care are well documented in Western countries but lacking in developing countries (16). Nevertheless, the Commission on HIV/AIDS and Governance in Africa mentions that once children are out of care programs, it is necessary that they are monitored and followed up until when they can manage on their own (83).

When it comes to challenges faced by HIV positive children i.e. stigmatization and marginalization, these tend to be common challenges experienced by most HIV and AIDS infected and affected people. The infected children revealed that some children called them names and others told them how they could not succeed in doing certain things because of their health status. The social workers in my study stressed that stigma was a common feature in most orphanages. Similarly, a study carried out in four orphanages in China reveals that children experienced stigma (56). In my study, when I

asked ‘mothers’ about the issue of stigma, they stated that it was not one of the challenges that children faced yet some children mentioned it. It was not clear why ‘mothers’ gave a contradictory response on this issue. But possibly, they wanted to protect the orphanage’s image. A lot has been written on stigma in relation to its effects on the infected and affected, disclosure, coping and other related issues. Very little has been written about stigma in the context of institutional care. Therefore, this study has identified a gap that exists in current literature.

Despite the challenges experienced by children, there were some coping strategies in place. They included; counseling, making friends, ignoring or avoiding, sports and games and religion. However, just as little has been documented on challenges experienced by this group of children in the context of orphanages, there is still less on coping mechanisms because most researchers tend to focus more on aspects of distress, causes and effects than on issues of coping and well-being. Nevertheless, some literature on general coping with different challenges by orphaned children who stay with relatives or in communities exist. A study carried out in Uganda confirmed that orphaned children coped with different adversities through forgetting, accepting, adjusting, counseling and encouragement (66). Skovdal et al mention that orphaned children cope by actively contributing to household survival whereby by they participate in income generating activities, others cope by mobilizing support and by constructing positive identities (142). Though these studies were not carried out in orphanages, they provide a case of typical coping strategies. Nonetheless, according to findings of my study, one challenge remains without a solution or coping means; unpreparedness for life after orphanage care.

Generally, several researchers seem to agree that institutional care damages children’s potential to grow cognitively, behaviorally and physically (12, 16, 26, 143). Nevertheless, it is important to recognize and acknowledge studies that have looked into the good aspects of orphanage care or those that look into orphaned children’s well-being, survival and coping. For instance, a study comparing the well-being of orphaned children and abandoned children in institutional and community-based care settings in 5 less wealthy countries reveals that the health, physical and emotional growth and cognitive

functioning of children under institutional care were no worse than that for those under community-based care. In some cases, these were even far better for children under institutional care in cases where children under community-based care were looked after by persons other than their (70).

5.5 Theory

The study utilized the Salutogenic theory. Application of the theory depended on different factors; it was recommended by Antonovsky as a model that should guide Health Promotion research and practice (46), among all other theories (for instance, theory of Resilience and theory of Attachment) that could have been used in my study, this theory could provide the best guide because it focuses on well-being and thriving which, the study was interested in. Therefore, this section provides more understanding of the Salutogenic theory in relation to study findings and presents the extent to which results of the study confirm or disconfirm the theory postulations.

Figure 7: An application of Mittlemark's presentation of the Salutogenic model and results of my study

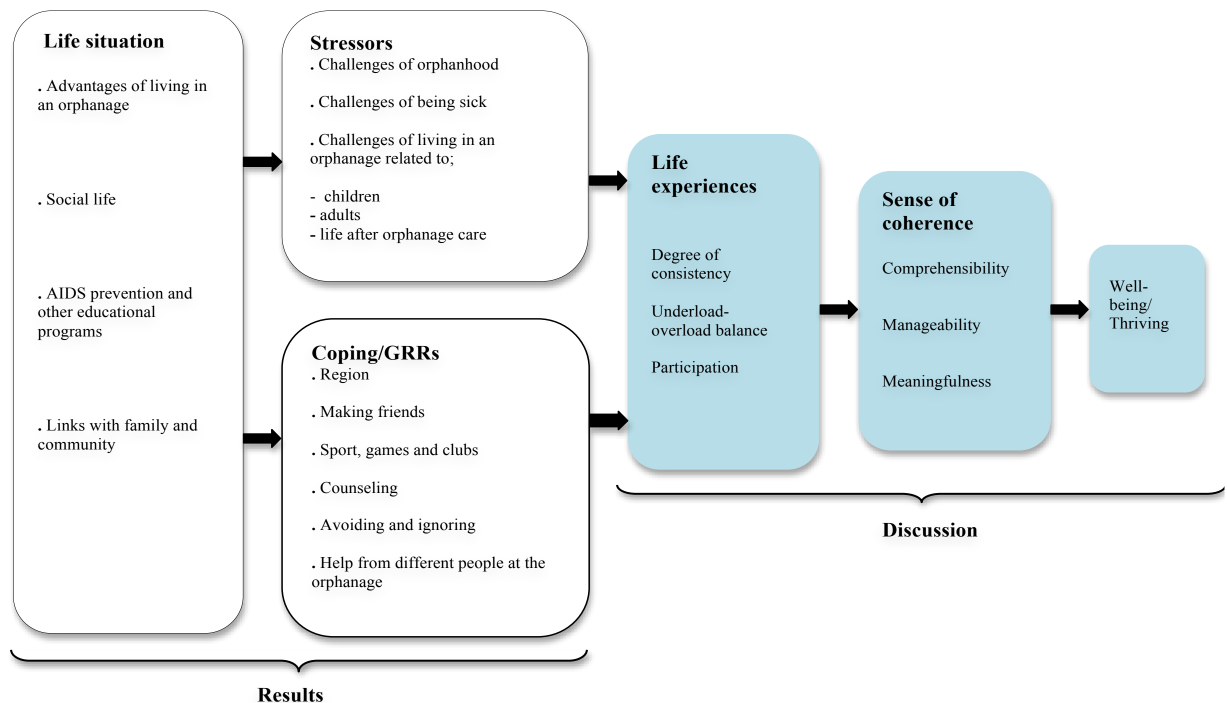


Figure 7 above presents the Salutogenic model that is based on works of Antonovsky in 1996 and later composed and modified by Mittelmark in 2010. In chapter four, results of the study were presented in relation to the theoretical model (fig. 3). The last part of the model forms the theory discussion in this section i.e. life experiences, SOC and well-being/thriving.

5.5.1 Life experiences

Antonovsky notes that GRRs are determinants of one's life experiences (46). According to Lindström and Eriksson, GRRs help one to construct structured life experiences, which in turn help in reinforcing their SOC (47). Antonovsky points out that "the strength of one's SOC is shaped by three kinds of life experiences: consistency, underload-overload balance, and participation in socially valued decision- making" (46, p.15). Study findings will be discussed in light with the three components of life experiences and the discussion continues by looking at SOC. But, it should be noted that one's SOC is dependent on their life experiences. SOC also consists of three components and these will be discussed along side the three components of life experiences, which will in turn help in reaching conclusions as to what it is that facilitates thriving among children orphaned by AIDS who live in orphanages.

Degree of consistency.

The online Oxford dictionary defines consistency as "a person, behavior, or process unchanging in achievement or effect over a period of time" (144). Green and Tones assert that the greater the consistency of life experiences, the more comprehensible and predictable they will be (58). Information obtained from the field and observations made, confirmed that children were provided with different services like education, food, accommodation, medical care and clothing by the orphanage. Even though these make up their basic needs, which most researchers argue that they are the major focus for most orphanages (16, 76, 145, 146), it is important to note that they were consistently and adequately provided. The orphanage had a well-defined routine that was followed by all children. Tolfree is not pro the idea of defined routines and block treatment of children as he argues that children's needs are substituted by orphanage and group needs (16).

Nevertheless, this orderliness gave me the impression that children viewed their lives as consistent because of the well-organized structure with assurance to availability of different necessities. However, since children are expected to find jobs and start an independent life after school, their lives may not be consistent after orphanage care because they have to do everything themselves. Information obtained revealed that there were no specific measures in place preparing children for life after orphanage care which, would make their lives consistent upon leaving the orphanage.

Underload-overload balance.

This involves one's potential to use different GRRs in overcoming challenges. An underload is experienced if there is insufficient use of resources. Study findings indicated that resources or GRRs were highly being utilized. But as earlier mentioned, 'mothers' and other people at the orphanage did most things for children. This may cause an underload because children did not personally use the different GRRs, which may affect their ability to acquire new skills and knowledge. An overload is experienced if one does not have enough resources to cope with stressors encountered. A situation where there are enough resources to deal with different challenges leads to a balance.

Children had different GRRs that enabled them to cope when faced with challenges. They had social support from friends and 'mothers', counseling services and their basic needs were adequately provided. Therefore, despite the fact that they experienced certain challenges like poor performance in school, stigma and marginalization, they were able to use some of the above-mentioned resources to cope. Lindström and Eriksson note that GRRs prevent tension caused by some challenges from being transformed into stress (61). Relatedly, at Ssubi Village, some challenges had been completely removed so as not to transmute into stressors. Education, food, accommodation, medication and clothing are not a problem at all. Nevertheless, availability of resources for coping alone is not important. Of equal importance is their actual use whenever faced with a challenge (47, 48, 57). Therefore, it can be said that children appropriately used the different GRRs to deal with different challenges hence attaining a balance. Nonetheless, this does not mean

that children experienced a complete balance since some challenges did not have means of coping i.e. the challenge of unpreparedness for life after orphanage care.

Participation in socially valued decision-making.
This component involves active participation in different activities and decisions rather than control (58). Information from the study and observations made revealed that children did not participate in any kind of decision-making. Orphanage leaders and stakeholders made decisions and children followed or observed such decisions. However, children were not required to take part in making decisions. The United Nations convention on the rights of the child mentions that children who are capable of forming their own views have the right to express their views freely in all matters affecting them and also have the right to be listened to (119). According to UNICEF, such rights are meant to cause a fundamental change to traditional attitudes, which assume that children should be seen and not heard (147). Nevertheless, in some societies, children are still not allowed to make any decisions. Therefore, it is of great importance that children are granted such rights. However, while some rights may practically apply, others may remain theoretical since in some societies tradition is still upheld.

As stated earlier, there was a defined routine that was followed, it seemed like children cannot question this. Relatedly, Chernet reports that in most orphanages in Ethiopia, children participate less in different activities and even in decisions that determine their future (60). The author further argues that in orphanages, children are provided with minor responsibilities to handle as caregivers do the rest of the work (60). In both orphanages where the study was conducted, it came out clear that caregivers did most of the work and children just woke up, had breakfast and went to school and came back at around 16:30 hours and took a shower, had supper prepared by the 'mothers' and went back to school for 'evening prep'[17]. It seemed like children do not take part in most activities though they had clubs like the grooming club, art and craft club and life skills programs from which they could acquire some skills. Children's inability to participate in

[17] Evening prep is personal studying and reading after normal classes, it is compulsory for purposes of uniformity and starts at around19:00hours-22:hours

various activities could be explained by the way programs are designed at the orphanage. Children are allocated fewer tasks. Similarly, in China, it was found out that children in orphanages follow preset schedules for daily activities like getting up, having breakfast, going to school, and going to bed (56).

Nonetheless, to some extent, children participated in some activities. All children participated in their education. It came out clear that they valued education and worked hard to perform well in school. They also associated good education with better jobs and a good future. When I asked them about their future goals and how they would achieve them, all children mentioned what they wanted to be in future and most of them stated that they would achieve it by studying hard. Children also participated in some club activities; every child belonged to a club where they learnt different activities for instance, singing, acting, writing poems, sports, cooking and baking. The HIV positive children participated in maintaining their health; they followed up their treatment schedules. Therefore, even though children participated less in most activities, it was evident that they participate in some. But, it would be better if children could have more opportunity to participate in various activities that equip them with skills and abilities necessary for use in the future.

5.5.2 Sense of Coherence

This is a life orientation that helps people to perceive life as comprehensible (cognitive component), manageable (behavioral component) and meaningful (motivational component) (46, 48). Individuals with a strong SOC believe that the challenge is understood, resources to cope are available and they will wish to, be motivated to, cope (46). If one has a strong SOC, it helps him/her to stay well and to cope in times of adversity. Additionally, a strong SOC enables one to use appropriate GRRs for instance, social support and counseling, which may in turn help the individual to overcome a particular stressor hence facilitating well-being in the long run. Nevertheless, this is not a precondition, as there may be failures along the way (46). But taking on the positive side, a certain degree of SOC determines one's level of well-being or thriving. Similarly, Antonovsky points out that the strength of one's SOC is an important factor in facilitating

the movement towards the health end (46). Antonovsky, Eriksson and Lindström mention that SOC is a major concept in the Salutogenic model (46, 65) and it is strongly related to perceived health i.e. the stronger the SOC, the better the perceived health. It should be noted that this link is manifested in all populations regardless of age, sex, ethnicity and nationality (65). Sense of coherence consists of three components; comprehensibility, manageability and meaningfulness, which are dependent and are influenced by the three components of life experiences (46).

Comprehensibility

People with a strong SOC when confronted with a stressor, believe that the challenge is understood. (46). For instance, all children understood that they were orphaned, the HIV positive ones knew their status and they had learnt how to live with such situations. Nevertheless, the help from different people at the orphanage plus the various GRRs that were available cannot be underestimated in playing a role in helping children understand and deal with their challenges. Previously, under degree of consistency, I discussed that children viewed their lives as consistent. This could also explain that they understood the challenges they were experiencing and also managed to cope, which strengthened their SOC. Nevertheless, limited links with relatives and communities was one of the areas that were not well comprehensible because children were not able to visit their relatives often and some do not know any of their relatives. The fact that there were no specific arrangements for children after orphanage care makes this challenge not well understood.

Manageability

Antonovsky notes that individuals with a strong SOC, when faced with a challenge, believe that resources to cope are available (46). While discussing underload-overload balance, I mentioned that children had different resources that enabled them to cope with related challenges, which in turn, enabled them to enjoy a balance i.e. there was no overload and less underload. In relation to SOC, this is described as ability to manage a challenge. Therefore, it is right to mention that most children perceived their challenges as manageable, which enhanced the strength of their SOC. I also mentioned that the orphanage tried to completely remove some stressors like those related to basic needs

since these were appropriately provided. This too is believed to have contributed to children's ability to manage specific challenges.

Meaningfulness

Individuals with a strong SOC, when faced with a challenge, wish to, be motivated to, cope (46). Lindström and Eriksson note that of all the three components of SOC, meaningfulness is the most important. They argue that "it is not the content of what gives meaning to one's life that matters, but the fact that there is a strong belief that one's life as such does have meaning" (61 p. 19). Nevertheless, all the three components interact with one another in determining one's level of SOC. (61). While discussing participation in socially valued decision making, I mentioned that children do not take part and are not expected to take part in decisions making. Generally, other children in Uganda are not expected to take part in decision-making. As such, they may view their lives as less meaningful and being controlled by others like 'mothers', and orphanage leaders.

Nevertheless, it was established that children, 'mothers' and society at large find education to be a socially valued activity. Children participated in different school activities like doing their homework, writing exams and attending classes. This may reflect the importance and meaning they attached to education. When asked of their long-term goals, all children mentioned their desired careers like being doctors, pilots, and cardiologists. When asked of how they would achieve their desired goals, they stated that by working hard. Therefore, this too shows that children attached meaning to their lives since they wished to be someone in the future. Earlier, I mentioned that children partake some responsibilities in different clubs like the sports club, grooming club and music, dance and drama club This allowed them to participate in different activities and to have control over whatever they were doing, which may help them to view their lives as having meaning. All in all, the issue of participation in socially valued decision-making and the concept of meaningfulness need to be enhanced under orphanage care.

5.5.3 Well-being/thriving

The interaction of the different components of the Salutogenic model i.e. life situation, life course stress exposures, GRRs, life experiences and SOC is meant to either lead to well-being or thriving for purposes of this research or vice versa. Results of the study revealed that children had their unique life situations, they experienced some stressors but had different GRRs that enabled them to cope. Findings of the study also confirmed that children viewed their lives as consistent, they enjoyed a balance between stressors and GRRs because they had enough GRRs to counteract different stressors. Gradually, this helped in strengthening their SOC, which in turn facilitated their well-being/thriving.

5.6 Limitations of the study

The study mainly relied on information/data from interviews and observations. There was no use of other sources of information like documents, which could have provided additional information. Even though data were mainly collected through interviews, I endeavored to maximally utilize this method hence collecting rich and detailed information.

I did not audio record interviews. Creswell mentions that recording can either be by making field notes or by audio/video recording (124). I made detailed field notes. But had interviews been audio recorded, this would have increased on the study's strength. Because while taking notes, some information may be missed since one person does both the interviewing and taking notes. But if interviews are audio recorded, the researcher can always go back and forth to reconfirm certain ideas.

During the study, I was not able to build a very good rapport with interviewees because of limited time, the long distance between the orphanage and where I lived plus the busy orphanage schedules. These hindered me from visiting the orphanage more often as I had planned and eventually had an impact on the potential to build a good rapport. But during the study, I was always open minded and ready for the unexpected. This helped in utilizing every opportunity in obtaining good data.

While conducting an interview with one of the children, the 'mother' was present. I inquired from the child whether we could have the interview without the 'mother' but the child said that he was okay with the 'mothers' presence. Nevertheless, this may have compromised the child's answers in one way or another. Also, on some occasions, the 'mother' interrupted and wanted to share some information. Although what she mentioned was in line with the study, this could have caused disruptions to the child.

Although this study aimed at obtaining information from children orphaned by AIDS who lived in orphanages, it would have been important to talk to some of the youths who are already out of the orphanage. This would have provided more information and knowledge to different research questions given the fact that they have been through the system. Earlier, I mentioned that I talked to one of the old boys who grew up in one of the Watoto orphanages and information provided by him was very useful.

Chapter Six

Conclusions and Recommendations

6.1 Conclusions

The study focused on children orphaned by AIDS who live in orphanages. Data were collected from two orphanages; Ssubi Children's Village (12 children and 3 'mothers') and SOS Children's Village (2 caregivers). I also interviewed two social workers from Ashinaga-Uganda and one old boy who grew up in one of the Watoto Villages. The study was qualitative and I applied the theory of Salutogenesis.

My main objective was to find out what enables children orphaned by AIDS who live in orphanages to thrive. My sub-research questions were; a) what can orphanages offer that relatives and communities cannot offer, b) how do orphaned children cope with different challenges, c) how do orphaned children perceive their psychological well-being, d) how do the preventive behaviors and educational programs that children are provided with influence them, e) what is the orphaned children's social life like in and out of the orphanage. Being guided by the above listed questions, I drew the following conclusions from my study.

The study found out that most of children's basic needs are adequately provided. All interviewed children, 'mothers' and caregivers confirmed that basic needs like accommodation, medication, food, security and education are sufficiently met. The social workers gave a general view that to a larger extent, most orphanages do well when it comes to provision of basic needs. The study also found out that there are some needs that are not well provided i.e. psychological/emotional needs.

The study confirmed that both orphanages helped children in coping with different challenges. Children experienced challenges like stigma, verbal abuse by fellow children, poor performance in school and missing their relatives. The orphanages mainly provided counseling services but it was found out that children had other individual ways of coping with challenges. For instance, by avoiding or ignoring, making friends and praying. The

issue of caregivers mistreating children as a challenge in this context did not come out common in this study; only two children reported cases of caregiver abuse but one was partially deaf. The child-caregiver relationship was reported to be generally good. Two challenges did not seem to have specific solutions or ways of dealing with them i.e. the challenge of missing relatives and the unpreparedness for life after orphanage care.

The study found out that children are taught about AIDS prevention. They are tested for HIV and told their status. Those who were HIV positive received treatment i.e. antiretroviral therapy (ART) from the orphanage clinic and incase of referrals, they are taken to MildMay International. Such children also received extra care and counseling.

In this study, 'mothers' mentioned that orphanages are at times a good and comfortable place for this group of children. All interviewed children described the orphanage as a good place for them compared to their former homes where they lived after loosing their parents. However, social workers argued that children should be given whatever assistance there may be from within their communities and orphanages should only be a last resort. Generally, 'mothers', caregiver and social workers stated that even though orphanage care has some disadvantages, it still has a place in caring for some orphaned, disadvantaged and vulnerable children.

Theoretically, the study applied the theory of Salutogenesis. Based on the theory's main question of what factors make people acquire and maintain good health even in difficult conditions, it is worth reaching a conclusion that different Salutogenic factors are responsible for facilitating well-being in this group of children. These include; life situation, GRRs, life experiences and SOC. But in my study, GRRs stand out to play a major role in enabling the orphaned children to thrive.

Conclusively, to answer the main research question, different factors work hand in hand in enabling children orphaned by AIDS who live in orphanages to thrive. They include, the love and care from 'mothers', the different strategies for coping with various

challenges, the good environment and other individual attributes. There is no single factor in isolation that is responsible for facilitating thriving to this group of children.

6.2 New knowledge and insights added to existing literature

This study does not conform to the general belief that orphanages are not a secure place for children. All children mentioned that they preferred the orphanage to their former homes where they lived after losing their parents.

There is generally less literature on orphanage care especially in the African context. Some people still perceive orphanages to be the ‘1989 Romanian kind of orphanages’ where children lived under very difficult conditions. But this study has added some knowledge to wider literature that in some communities, orphanages are not as bad as some members of society and the general International body perceive them to be.

This study confirmed that children who grow up under orphanage care lack the potential to be independent, self-reliant and lack some practical skills and knowledge because, most things are done for them. This does not prepare them for the future, which in turn affects them when they leave orphanages to start an independent life.

6.3 Recommendations

Different measures for helping children cope with different challenges were confirmed to be in place, however, one challenge i.e. unpreparedness for life after orphanage care did not have any particular solution or way of dealing with it. Therefore, it is necessary that orphanage leaders and founders find ways of addressing this challenge.

There is need to address the issue of stigma. Even though the study revealed that there were different challenges faced by children, stigma is one big challenges that surrounds all AIDS victims. In this study, children who were the stigmatized coped by ignoring or avoiding because there were no other coping strategies.

The need and support for community-based care. This recommendation represents suggestions from social workers and some ‘mothers’ and caregivers. They highly recommended that children should be helped from within their communities or families and orphanage care should only be a last resort.

There is need for more time allocated to children to meet and interact with their relatives and communities. Different problems associated with limited interaction between children and their relatives and communities have already been discussed.

There is need for future research to focus on life after orphanage care. Very few studies have focused on children’s lives after orphanage care. The old boy revealed that life after orphanage care is challenging given the fact that one has to start a new life all together. Future researchers need to find out how children cope and adjust to an independent life.

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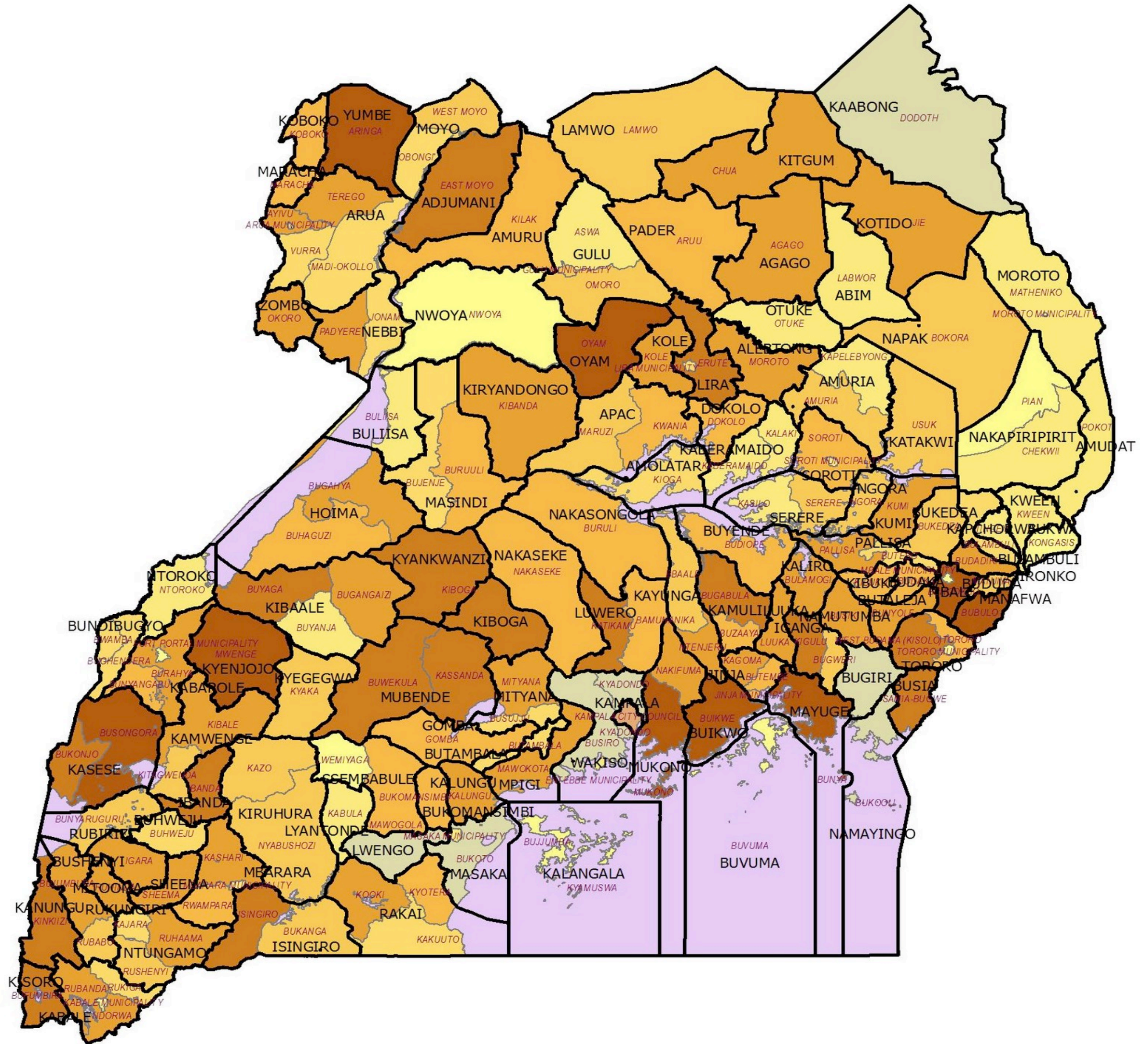
Appendices

Appendix1: A map of Uganda



Source: Uganda Picks, Published: November 11, 2010

Appendix 2: Informed and written consent form

Explanation of the study for participating caregiver

Dear participant,

Your institution has been purposively identified to participate in this study entitled:

Children orphaned by AIDS orphans who live in orphanages. What enables them to thrive?

Most orphaned children face different challenges but some of them have been able to grow through such hardships yet few studies have focused on what enables them to thrive. Therefore, this study aims at understanding what enables such children to thrive. I considered interviewing you as a caregiver so as to obtain information on what it is that you think contributes to the children's thriving.

I believe that your experiences with the institution will provide important information to this study. If you agree to participate in the study, your own name will not be used in my final report (thesis) and it will not be possible for any body to trace who gave what information. Also, all personal views and comments that may reveal any of the participant's identity will not be passed on to other study participants or other people during interviews and while presenting study findings. Recordings of the interviews will be destroyed after they have been transcribed or written down. However, the interview scripts will be destroyed two years later (2013) after my thesis has been fully approved. Meanwhile, I will keep them confidentially such that they are not accessed by anybody.

If you agree to participate in the study, you are free to withdraw from the study at any time and you may refuse to answer some questions asked of you.

If you agree to participate, please read and sign the statement below.

Thank you,

Priscillah Rukundo - Researcher.

Written consent

The purpose of the study has been explained to me and I clearly understand what the study is about. I also understood that my participation includes an individual interview with the researcher.

It has been explained to me that if I agree to participate in the study, my own name will not be used in the final report (thesis) such that it will not be possible for any body to identify who provided which information. It has also be made clear to me that personal comments and views will not be passed on to other participants or other people during interviews and while presenting findings. The researcher has made it clear that interview recordings will be destroyed after they have been transcribed or written down and that she will destroy the interview scripts two years later (2013) after her thesis has been fully approved. However, she promised to keep the confidentially.

I hereby accept to participate in this study but I remain with the freedom to withdraw from the study at any time and to only answer questions I wants to respond to.

………………………………….	……………………….	………….
Participant's name	**Signature**	**Date**

Appendix 3: Interview Guides

INTERVIEW QUESTIONS FOR THE PROPOSED STUDY, JUNE-AUGUST 2011

1. Tell me about the first time when you came to Watoto
2. Tell me how it has been like living at Watoto
3. Would you advise another child to join Watoto? Why?
4. Do you know other children who would want to live in a place like Watoto? Why?
5. If you left Watoto, what things would you miss most? Why?
6. What is different to living here compared to living with one of your relatives?
7. What do you miss most about your relatives? Why?
8. How are children taught about HIV/AIDS prevention?
9. Do you have any clubs? What are some of the things you are taught?
10. Do you have other educational/children's programs here at Watoto? Which ones?
11. What have you learnt from them?
12. Generally, how do young people protect themselves from HIV/AIDS?
13. What makes you happy?
14. What makes you feel valued and important?
15. Who supports you in your life?
16. What are your long term goals? How will you reach/achieve them?
17. What do you want to be in future?
18. What are some of the challenges you have ever experienced?
19. How did you deal with them?
20. How do people at Watoto help you deal with different challenges?
21. How would you advise other children experiencing similar challenges to deal with them?
22. Tell me about your friends in Watoto
23. Tell me about your other friends outside Watoto
24. When do you interact with your friends and other children?
25. Do you ever feel sad? Why?
26. Are there some people or fellow children that you tend to avoid? Why?
27. What social activities do you like most?

INTERVIEW GUIDE FOR; SOS CHILDTREN'S VILLAGE AND ASHINAGA-UGANDA 20th and 21st JULY 2011 RESPECTIVELY

1. How is the general wellbeing of the children who stay under family based care/orphanage?
2. How would you generally compare children who are under orphanage care and those who are under community-based care?
3. Would you advise some children to join SOS or to remain under community/family care?
4. How are children taught about HIV and AIDS prevention?
5. What are some of the programs through which children are taught about HIV and AIDS prevention?
6. What do you think makes most children happy?
7. What do you think makes children feel valued and important?
8. How do children cope with different challenges?
9. How does SOS/Ashinaga-Uganda help children to deal with different challenges?
10. What do you think helps children to cope/thrive?

Appendix 4: Research Permits

Norsk samfunnsvitenskapelig datatjeneste AS
NORWEGIAN SOCIAL SCIENCE DATA SERVICES

Harald Hårfagres gate 29
N-5007 Bergen
Norway
Tel: +47-55 58 21 17
Fax: +47-55 58 96 50
nsd@nsd.uib.no
www.nsd.uib.no
Org.nr. 985 321 884

Marguerite Daniel
HEMIL-senteret
Universitetet i Bergen
Christiesgt. 13
5015 BERGEN

Vår dato: 31.05.2011 Vår ref: 27163 / 3 / LMR Deres dato: Deres ref:

TILRÅDING AV BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 04.05.2011. Meldingen gjelder prosjektet:

27163	*HIV/AIDS Orphans living in Orphanages. A qualitative Study exploring what enables HIV/AIDS Orphans to thrive*
Behandlingsansvarlig	*Universitetet i Bergen, ved institusjonens øverste leder*
Daglig ansvarlig	*Marguerite Daniel*
Student	*Priscillah Rukundo*

Personvernombudet har vurdert prosjektet, og finner at behandlingen av personopplysninger vil være regulert av § 7-27 i personopplysningsforskriften. Personvernombudet tilrår at prosjektet gjennomføres.

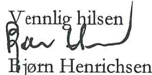
Personvernombudets tilråding forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, eventuelle kommentarer samt personopplysningsloven/-helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, http://www.nsd.uib.no/personvern/forsk_stud/skjema.html. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, http://www.nsd.uib.no/personvern/prosjektoversikt.jsp.

Personvernombudet vil ved prosjektets avslutning, 31.08.2013, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen



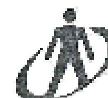
Bjørn Henrichsen

Linn-Merethe Rød

Kontaktperson: Linn-Merethe Rød tlf: 55 58 89 11
Vedlegg: Prosjektvurdering
Kopi: Priscillah Rukundo, Fantoft Studentboliger 832, 5075 BERGEN

Avdelingskontorer / *District Offices:*
OSLO: NSD. Universitetet i Oslo, Postboks 1055 Blindern, 0316 Oslo. Tel: +47-22 85 52 11. nsd@uio.no
TRONDHEIM: NSD. Norges teknisk-naturvitenskapelige universitet, 7491 Trondheim. Tel: +47-73 59 19 07. kyrre.svarva@svt.ntnu.no
TROMSØ: NSD. HSL, Universitetet i Tromsø, 9037 Tromsø. Tel: +47-77 64 43 36. martin-arne.andersen@uit.no

Personvernombudet for forskning



Prosjektvurdering - Kommentar

Prosjektnr: 27163

Utvalget består av totalt 12 foreldreløse barn i alderen 13-15 år, hvorav åtte har HIV/AIDS, og fire har ikke HIV/AIDS. Barna bor på hjem for foreldreløse, og kriterium for utvalget er at barna vurderes som velfungerende. Videre består utvalget av 3 ansatte ved hjemmet. Data samles inn via personlig intervju med barna, observasjon og eventuell dokumentanalyse.

Det legges til grunn at nødvendige tillatelser fra rette instanser i aktuelt land, innhentes.

Førstegangskontakt foretas via ledelsen ved hjemmet. Det gis skriftlig informasjon til dem som er oppnevnt som verge for barna, samt innhentes skriftlig samtykke. Prosjektleder gir skriftlig og muntlig informasjon til barna. Det anbefales at barna ikke bes om skriftlig samtykke til deltakelse, da dette kan føles som en forpliktelse til deltakelse. Personvernombudet finner informasjonsskrivene vedlagt meldeskjemaet, tilfredsstillende.

Prosjektleder opplyser i informasjonen til utvalget, at personlige meninger som kan avdekke enkeltbarns/ansattes identitet, ikke tas med i endelig oppgave og i presentasjon av prosjektet. Ombudet understreker at slike grep blir svært viktige for å ivareta deltakernes konfidensialitet, ettersom utvalget er rekruttert fra en institusjon, der gjerne alle kjenner alle.

Prosjektet skal avsluttes 31.08.2013 og innsamlede opplysninger skal da anonymiseres og lydopptak slettes. Anonymisering innebærer at direkte personidentifiserende opplysninger som navn slettes, og at indirekte personidentifiserende opplysninger (sammenstilling av bakgrunnsopplysninger som f.eks. alder og kjønn) fjernes eller endres.

Uganda National Council for Science and Technology

(Established by Act of Parliament of the Republic of Uganda)

Our Ref: SS 2582

July 15, 2011

Ms. Priscillah Rukundo
C/O Mavis Kansiime
P.O Box 23888
Kampala

Dear Ms. Rukundo,

RE: RESEARCH PROJECT, "HIV/AIDS ORPHANS LIVING IN ORPHANAGES: A QUALITATIVE STUDY EXPLORING WHAT ENABLES HIV/AIDS ORPHANS IN ORPHANAGES TO THRIVE"

This is to inform you that the Uganda National Council for Science and Technology (UNCST) approved the above research proposal on **June 29, 2011**. The approval will expire on **December 29, 2011**. If it is necessary to continue with the research beyond the expiry date, a request for continuation should be made in writing to the Executive Secretary, UNCST.

Any problems of a serious nature related to the execution of your research project should be brought to the attention of the UNCST, and any changes to the research protocol should not be implemented without UNCST's approval except when necessary to eliminate apparent immediate hazards to the research participant(s).

This letter also serves as proof of UNCST approval and as a reminder for you to submit to UNCST timely progress reports and a final report on completion of the research project.

Yours sincerely,

Jane Nabbuto
for: Executive Secretary
UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

LOCATION/CORRESPONDENCE

Plot 6 Kimera Road, Ntinda
P. O. Box 6884
KAMPALA, UGANDA

COMMUNICATION

TEL: (256) 414 705500
FAX: (256) 414-234579
EMAIL: info@uncst.go.ug
WEBSITE: http://www.uncst.go.ug

PRISCILLAH RUKUNDO
UNIVERSITY OF BERGEN
CHRISTIESGT 13
5015 BERGEN
rPriscie @ yahoo.com
+256. 712. 185446
20th 07. 2011.

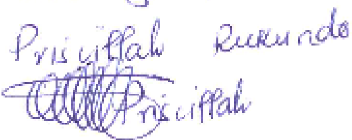
THE DIRECTOR SOS CHILDREN'S VILLAGE
KAKIRI
P.O BOX
WAKISO

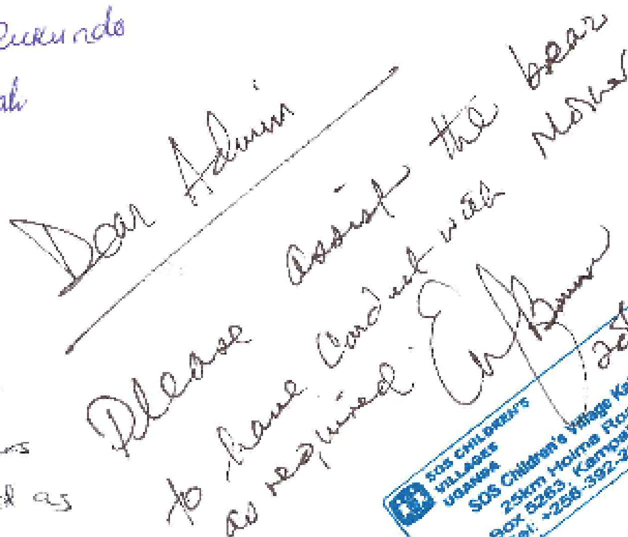
Dear sir;

RE: REQUEST TO CONDUCT RESEARCH.

I kindly request to carry out my academic research within SOS children's village - Kakiri.
I am a female ugandan but studying from the university of Bergen - Norway where i am persuing a ~~bachelors~~ masters degree in Health promotion.
I hope my request will be granted.

Thank you;
Priscillah Rukundo





Ms. Rukundo has been accepted to interview care givers & seems satisfied as per here research need.

Admin.

June 20, 2011

Priscillah Rukundo

<u>RE: Clearance to conduct Study Research</u>

This is to confirm your request and also provide approval to carry out your research study in Ssubi Children's Village.

Your research among our children shall be carried out under the supervision of the village administrators Alex and Linda Sozi who shall also accord you any other assistance that you may need in this regard.

Should you require any additional support that is otherwise not provided at village level, do not hesitate to contact me.

Yours sincerely,

Kigozi Sarah,
Team Leader, Child Welfare
Watoto Child Care Ministries
O776 260031

RESCUE **RAISE** **REBUILD**

Appendix 5: Analysis table

	Coding frame	Issues discussed	Identified themes	Basic themes	Organizing themes	Global themes
	Advantages of living in an orphanage	-Care and love by mothers and administrators -Education -Foods and drinks -Clothing and medication -Many friends, no boredom -Well defined routine -Sponsors -I found everything I wanted -They do not remind me of the past -Children are looked after very well -It is mainly the things that enable them to thrive -The standard of living and the environment -Accommodation is poor compared to that of orphanages -Administration provides counseling services Administration solves children's problems	-Care and thriving -Accessibility of basic needs and thriving -Way of living as an indicator of thriving -Indicators of thriving	-Care and thriving -Accessibility of basic needs and thriving -Way of living as an indicator of thriving -Indicators of thriving	Advantages of living in an orphanage	Life situatio
	Links with family & community	-Family ties -Relatives teach community activities -Missing relatives and friends -Stories by uncles -I have never gone back home -Orphanages have less time for relatives -It is true they miss their relatives -I do not know any of my relatives	Strong family ties -Missing friends, relatives and their homes -No knowledge of some relatives -Less time dedicated to life after orphanage care	Strong family ties -Missing friends, relatives and their homes -No knowledge of some relatives -Less time dedicated to life after orphanage care	Links with family & community	
	AIDS prevention & other educational programs	-Abstinence -Counseling -Not sharing sharp objects -True love waits commitments -Avoiding being in dark corners -Medical team talks to the children -Testing and counseling -Grooming club, life skills programs, literacy club -Cooking & baking, singing, weaving, sawing, digging, reading & writing magazines etc.	-AIDS preventive programs -Other educational programs -Their influence	-AIDS preventive programs -Other educational programs -Their influence	AIDS prevention & other educational programs	
	Social life	-Sports club (football, netball, cricket etc.) -Music, dance and drama -Playing together during sports, on weekends and holidays	-Games -Clubs -Specific time to play	-Games -Clubs -Specific time to play	Social life	
	Challenges of living in orphanage related to adults	-Some mothers are bad -Children rejecting some mothers -Praying, counseling, ignoring the problem, small punishments, making friends with old children,	-Cultural, academic and language problems -Rejecting mothers and wondering about origin -Strategies of coping	-Cultural, academic and language problems -Wondering about origins	Challenges of living in orphanage related to adults	

	Challenges of living in orphanage related to children	leaving everything to God -Cultural differences -Language differences -Academic problems -Some children wonder about their origins	-Cultural, academic and language problems -Rejecting mothers and wondering about origin -Strategies of coping	-Cultural, academic and language problems -Rejecting mothers and wondering about origin -Strategies of coping	Challenges of living in orphanage related to other children	Stressors
	Challenges of living in orphanage related to life after orphanage care		-Cultural, academic and language problems -Rejecting mothers and wondering about origin -Strategies of coping	-Cultural, academic and language problems -Rejecting mothers and wondering about origin -Strategies of coping	Challenges of living in orphanage related to life after orphanage care	
	Coping through religion	-Praying, -Pastor advises on different challenges -Leaving everything to God -Forgiving			Coping through religion	Coping/GR
	Coping by ignoring the problem	-Ignoring those who abuse &bully -I just keep quiet -I just do not mind them			Coping by ignoring the problem	
0	Coping by making friends	-Making friends with old children -Encouragement from friends			Coping by making friends	
1	Coping through sports/games & clubs	-Sports club (football, netball, cricket etc.) -Music, dance and drama -Playing together during sports, on weekends and holidays			Coping through sports/games & clubs	
2	Coping by avoiding	-By avoiding them -Not being in close contact with those who bully/tease			Coping by avoiding	
3	Coping through counseling	-School counselor -Counselors from MildMay international (an AIDS rehabilitation center)			Coping through counseling	
4	Coping by help from stakeholders	-My class teacher helps me -Mother also helps e.g. when sick -Administrators talk to us when any of us goes to them with a problem -Talk to them with kind words -By giving them advise			Coping by help from stakeholders	