



Caregiver perceptions of children in their care and motivations for the care work in children's homes in Ghana: Children of God or children of white men?



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ABSTRACT

The perceptions and motivations that workers have in their work and work environment are important determinants of the quality of work they do. For people who work in residential institutions where children who have lost the care of their parents receive care, these perceptions and motivations become a crucial part in determining the quality of services or care the children are given. This study set out to explore the perceptions and motivations of caregivers in the institutional context in Ghana. Adopting a qualitative, phenomenological approach, data were collected from 35 caregivers in two children's homes in Ghana through participant observations, focus group discussions and in-depth interviews. It emerged that caregivers perceived the children in their care first as children of God and then as children of white men and were predominantly motivated by their religious convictions to keep doing 'the work of God'. Other motivations included personal life situations and economic aspects of the job. Implications for the workers and children in this environment are discussed.

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1. Introduction

Globally, the care and protection of children without parental care (CWPC) is a matter of important concern to governments and the international aid community. The United Nations Guidelines on the Alternative Care for Children (2010) defines CWPC as: "all children not in the overnight care of at least one of their biological parents" (UNGA, 2010, p.6). By this definition, children who fall into this category include those who have lost one or both parents through HIV/AIDs, conflict, illness etc., children living in residential care, with extended families, foster families, on the streets, in juvenile detention and those abandoned by or separated from their biological parents for whatever reasons (EveryChild, 2009; O'Kane, Moedlagl, Verweijen-Slamescu & Winkler, 2006). UNICEF estimates that there are over 150 million of such children worldwide with Sub-Saharan Africa topping regional rankings with 52 million (UNICEF, 2015).

In Ghana, unconfirmed data estimates that there are about 1.1 million of such children making up about 4.7% of Ghana's entire population and 10.4% of the entire children and adolescents population (Bettmann, Mortensen, & Akuoko 2015; UNICEF, 2006). Organizing resources to

provide care and protection for such children has therefore taken increasing importance in the agenda of the Government of Ghana in recent years.

Traditionally, according to Abebe (2009), the mode of care preferred for such children has varied across Africa and has been dependent on such factors as the relative development of governance structures, availability of resources and the attitudes of different stakeholders. In the context of Ghana, researchers (e.g. Agyeman-Duah, 2008; Castillo, Sarver, Bettmann, Mortensen, & Akuoko 2012; Manful and Badu-Nyarko, 2011) and the Department of Social Welfare (DSW) Ghana (2008) note that development agendas, increasing economic difficulty, urbanization and modernization in the post-independence era have gradually undermined and altered long-standing traditional social cohesion and cultural norms that made caring for CWPC an important responsibility of the adult kin of the lost parents.

In the face of the seeming deterioration of such social structures, Deters and Baja (2008) observe that private individuals, non-governmental organizations (both local and foreign) as well as religious organizations have found it necessary to provide alternative care for such children through the establishment of residential institutions called Children's Homes (CHs) in which hired 'parents' provide care for the children. Started by European missionaries, the DSW notes that these institutions became an important part of society in the pre and post-independence era. They offered care and protection for children who were abandoned for reasons ranging from cultural taboos surrounding

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their births and parentage to social and economic difficulties faced by their parents (DSW, 2008). Over the years however, the national rhetoric has gradually become negative towards such institutions and public sympathy has dwindled due to research findings that have often revealed alleged abuses of such children in such institutions (Anas, 2010, 2015; DSW, 2008) as well as observed psycho-social developmental deficiencies in children who grow up in such institutions compared to their cohorts in normal family homes (Crockenberg et al., 2008; DSW, 2008; Freundlich, Avery & Padgett, 2007; Johnson et al., 2010; Rosas & McCall, 2008). As a matter of fact, the government of Ghana has made sustained efforts such as the 2005 introduction of the Child Reforms Initiative (CRI) (DSW, 2008) to try to reduce and ultimately phase out the use of residential institutions in providing care for vulnerable children. A government of Ghana document based on the provisions of the United Nations Convention on the Rights of the Child (UNCRC) and similar to the United Nations Guidelines on the Alternative Care of the Child (UNGACC), the CRI is credited with modest achievements of closing down some CHs (Better Care Network, 2014; DSW, 2008). Despite this, the establishment and use of CHs has still continued steadily in Ghana. Table 1 presents a brief trend of development of CHs in Ghana for the past three decades:

Table 1
Trends in development of CHs in Ghana (1980–2013).
Source: Better Care Network (2014).

Date	Number of CHs	Ownership	
		Government	Private
1985	3	3	0
1996	13	3	10
2006	161	3	158
2013	114	3	111

Presently, the DSW reports that there are over 148 CHs operating in Ghana with only 10 being regulated by the government with guidelines from the UNCRC. The practices of the remaining CHs remain unknown and therefore unsupervised. While this in itself is a worrying development to the government and child-oriented organizations, it is important to realize that the evidence of increasing number of CHs in Ghana only means that more CWPC are getting placed into residential institutions for care, and more people are getting employed as 'parents' for these 'parentless' children. In the interest of the welfare of these children, it is important that research insights are developed into the perceptions and motivations with which these hired parents perform their duties in providing care for these vulnerable children.

This is because, organizational behavior researchers report that the quality of employee work output and work behaviours are partly dependent on their interpretations of the features of the work environment and their motivations for doing what they do (Bhatnagar & Srivastava, 2012; Castle & Engberg, 2007; Chuang & Liao, 2010; Richter, 2004; Schwartz, 2011). In the institutional caregiving context, these environmental features necessarily include the children in care. Therefore, the perceptions of caregivers in this environment regarding the children as well as their motivations for the work they do could be a crucial part of the sum of factors that influence the kind of 'care' the children receive. For example, the part of the existing literature that is focused on the human services and care industries have documented higher caregiver resilience (Collins, 2007), better quality of care (Carr, 2014; Castle & Engberg, 2007; Owen & Meyer 2013), and improved caregiver-client relationships (Schwartz, 2011) in situations where caregivers hold positive perceptions of their work and work environments and have high motivations for the jobs they do. In work situations where employee perceptions are mostly negative, the opposite has been reported (Sikorskra-Simmons, 2006). These assertions have however been largely premised on data from care workers for sick and elderly people and not CWPC.

Further research has delved deeper to develop insights into different kinds of perceptions and motivations and their impacts on the work outcomes of workers in varying work contexts. Reports have revealed that workers with, for example, economic motivations perceive their jobs as a means to making a living (Heneman & Judge, 2000). In such cases, it has been observed that the commitment with which they work sometimes depends on such perceptions as pay-work equity or balance (Akintoye, 2000; Curall, Towler, Judge & Kohn, 2005). The suggestion is that, though pay alone is not an adequate motivating factor (Carr, 2014; Ghazanfar, Chuanmin, Khan & Bashir, 2011; Janicijevic et al., 2013), should there be a perceived imbalance between work and pay, work output could still be affected (Carr, 2014; Deconinck & Bachmann, 2007). Bhatnagar and Srivastava (2012) observe that, in the care industry, this outcome may be for the simple reason that caregivers struggle to meet the needs of their clients when they perceive that their own needs are not met. Other researchers have revealed that workers with motivations centered on factors like religion often perceive their jobs as divine duty to be carried out without complaint. Such workers find strength, meaning and spiritual fulfillment in their work and their quality of work may remain high despite adverse circumstances that may be present in the work environment (Bakibinga, Vinje & Mittelmark, 2014; Marques, Dhiman & King, 2009). Thus, whatever a caregiver's motivations and perceptions, there are possible implications for their work output and these may in turn have implications for the services that the clients or people in their care receive.

The paucity of research investigations into these issues in the institutional care work sector for CWPC therefore leaves that context of work and care largely unknown and does not help policy and intervention in that regard. To this end, Castillo et al. (2012) notes that surprisingly little is known about the factors that affect the work of institutional caregivers to CWPC in Ghana. This study explores the perceptions that institutional caregivers of CWPC have of the children in their care, the work they do and the nature of their motivations for the CWPC care work in which they are involved.

1.1. Objective/research questions

The overall objective of the study was to develop insights into how caregivers in children's homes perceive the children in their care and their motivations for the caregiving work in the institutional context. Two specific research questions were explored:

1. How do caregivers perceive CWPC in their care?
2. What motivates caregivers to work in the context of CHs?

2. Methodology

2.1. Approach and study design

The qualitative methodological approach and Phenomenological design were adopted for this study. Both descriptive and interpretative forms of phenomenology were used. This approach and design were most appropriate for this study because the aim was to explore and obtain insights into subjective caregiver perceptions and motivations regarding the children in their care and the phenomenon of caregiving in the institutional context respectively. While it is admissible that using a different approach like quantitative surveys could have equally worked in this study, the particularly restrictive nature of questionnaires used in quantitative surveys as observed by (Creswell, 2009) would have restricted this study's ability to fully capture participants' expressions of their lived experiences in the institutional caregiving context. Using the qualitative approach and phenomenological design therefore was the most appropriate thing to do in accordance with the aim of the study.

2.2. Participants and study location

Thirty-five (35) participants from two children's homes located in the Greater Accra and Eastern Regions of Ghana, West Africa and under the regulation of the government were recruited for this study. CHs in Ghana are either run by the government or by a private entity. In order to obtain a balanced view of caregiver experiences, we sought to collect data from government-run and private-run settings. Given limited logistics and other resources available to the research team, we selected these two institutions because they were the largest government-owned and private-owned institutions in the country. The institutions were accessed through permissions from the Department of Social Welfare and authorities at the head offices of the private-run institution. The study focused on obtaining data from individuals who work as 'mothers' and 'fathers' because these workers have day-to-day interactions with the children in care and were described by their institutions as 'core caregivers'. Such workers therefore formed the majority of the participants. Other institutional workers such as social workers, institutional directors and managers (gatekeepers), former institutional children volunteering and educational workers in the institutions were also recruited as participants because they work in that environment and do experience the phenomenon of care in that context. Additional data were collected unofficially from one member of the local community where one of the participating CHs was located. Table 2 presents detailed descriptions of the participants involved in the study:

Table 2
Detailed participant demographics.
Source: Filedwork data, 2015.

Item	Category	Number
Sex	Male	7
	Female	27
Age range	25–35	5
	36–45	5
	46–55	18
	56–58	6
Education	Post-graduate	1
	Bachelor level	2
	Professional/voc/dip	11
	Middle school	20
Work role	Manager/director	3
	Mother	18
	Assistant mother/auntie	6
	Former child/volunteer	2
	Resident nurse	2
	Teacher	1
	Social worker	2
	Local community member	1
Length of service	0–10	6
	11–20	14
	21–30	7
	31–40	7
Marital status	Single	5
	Married	14
	Divorced	8
	Widowed	7

2.3. Data collection procedures

Data collection took place from June to August 2015 in Ghana. Data were collected through participant observation, focus group discussions and in-depth interviews in that order. All caregivers were asked to participate in focus group discussions and interviews. Some agreed to participate in both, while others agreed to either focus groups only or individual interviews only. Data were collected according to the preference of the participant. However, during the focus groups, some individuals seemed to have

more to say but seemed reluctant. The facilitating author identified and approached such participants and requested for interviews with them. Those who agreed were interviewed in addition.

2.3.1. Participant observation

Though participant observation is not necessarily a key technique for a phenomenological study design, it was used for its advantage of giving us the opportunity to observe caregivers in their natural work environment and pick up first-hand information regarding caregiver handling of various work situations (DeWalt and DeWalt, 2002). The informal conversations over time that this technique offered us were beneficial in giving us rich information on caregiver perceptions of the children and the CWPC care work. It also afforded us the opportunity to gather information regarding local community perceptions of the children and actions towards the CHs, though this aspect of data was not pre-planned. In previous occurrences regarding institutional caregiving in Ghana, undercover investigative journalists have broadcasted videos criticizing caregiver handling of children in their care. This occurred just a few months before data collection for this study began. The implication was that, the research team risked being treated with suspicion and caregivers could be unwilling to volunteer information. Using participant observation therefore gave us the opportunity to stay with institutional workers for a period and interact with them on a daily basis to better explain our study. This enabled us to win their trust and build rapport that made them comfortable enough to be willing to participate in the study. The participant observations also provided the context for us to observe and recruit potential focus group discussants and interviewees through informal friendly conversations. The observing author took the opportunity to keep notes in field notebooks and reflections in journals to give room for reproducibility and also to help us further understand caregiver perceptions of care in that context and develop our interview guide for the later interviews.

2.3.2. Focus group discussions

Focus group discussions followed the participant observations. These were used because of the ability of the interactions involved to trigger issues in the minds of participants that could hitherto be skipped in participant observations and individual interviews (Morgan, 1997). The discussions also provided grounds for us to observe and pick out individuals who seemed to have more to say as additional interviewees. They also enabled us to observe shared experiences and norms in that work context for those involved. Two focus group discussions were conducted in all, one in each institution. A total of 14 caregivers, all of them 'mothers' and 'aunties' took part in the focus group discussions. The mothers were women in charge of home units and the aunties were assistants to mothers. Sample themes for discussion included: "what are the work roles of a caregiver in this institution?", "How do you perceive the children in your care", and "What motivates you in this job?"

2.3.3. Individual interviews

Data collection was rounded off with in-depth, face-to-face interviews with participants selected through both the participant observations and focus group discussions. Following up our focus group discussions with individual interviews at times and places convenient to the participants enabled us to obtain additional information to enrich the data and improve its consistency and trustworthiness. The three sets of data (participant observations, focus group discussions and interviews) provided a tripod of data sources upon which triangulation was successfully achieved. It also enabled us to explore issues that some participants were reluctant to talk about during the focus group discussions. In all, 25 interviews were conducted with 7 participants having been part of the focus group discussions. The interview language was either Twi (Local Ghanaian language) or English (official language of Ghana) depending on a participant's preference. All interviews were conducted with the aid of a thematic interview guide with the same themes used in the focus group discussions. Questions therefore included: "what are

your work roles as a caregiver in this institution?”, “How do you perceive the children in your care”, and “What motivates you in this job?” This was done to ensure consistency and corroboration between data gathered from all sources. Deeper probes of those themes were made during the individual interviews. Traditional methods of member-checking (e.g. Padgett, 1998) in which transcribed interviews are taken back to participants for confirmation were not used in this study due to observed weaknesses identified in that method. For example Carlson (2010) observes that the presence of ‘traps’ such as time lapse between the dates of data collection and the actual member-checks in the traditional way of doing member-checking could provide experiences that may lead participants to second-guess their earlier accounts. This makes member-checking in that way problematic. The interviewing author therefore made it a point to be repetitive and confirmatory during the interviews as a way of seeking corroboration between what was being recorded and what the participant actually meant. That in addition to the multiplicity of data sources was deemed enough to ensure validity.

2.4. Ethics

The study received ethical clearance from the Norwegian Social Science Data Services (NSD). Permissions were also obtained from the

2.5. Data analysis

Data analysis began with transcriptions and translations of the focus group discussions and interviews in September 2015. Since the lead author conducted and moderated all interviews and discussions and is also a native speaker of Twi, he also did all the transcriptions and translations alone.

Transcriptions were followed with coding of all texts (field notes, focus group discussions and interviews) using NVIVO 10 software. To ensure validity and consistency, we adopted the inter-coder validity technique (Green & Thorogood, 2014) where colleague researchers each code the transcribed data separately after which all researchers meet to discuss the codes for a consensus. The transcribed data were coded separately by all three researchers after which we met to discuss the codes. Coding disagreements were discussed thoroughly until consensus was reached.

The coding process was followed by a systematic thematic network analysis (Attride-Stirling, 2001) in which similar codes that centered on a unit of meaning were put together to form a basic theme. A similar process was used to group basic themes into organizing themes and then organizing themes into an overall global theme that represents the main information obtained from the data. Table 3 presents the thematic analysis process:

Table 3
Thematic analysis of data.

Codes	Basic themes	Organizing themes	Global theme
...These are children of God, I am privileged to care for them. ...These children are the eyes of God. ...If you care for them well, God will bless you. ...If you care for God's children, your sins will be forgiven. ...God took their parents, to give us a chance to care for them and receive blessing.	Children of God	Caregiver perceptions of children in their care	Caregiver perceptions & motivation regarding the caregiving work
...Children refuse chores and errands. ...We can't train them like our children, it is against their rights. ...These children do not learn our ways, we just serve them. ...It's more difficult to understand these ones, because they come from different homes.	Different from our own children		
...Spoilt by right-consciousness ...They are special because they are white men's children. ...We train them with foreign laws not our laws. ...They challenge authority so we don't feel like we are parents to them. ...They will survive better in the white man's country with those rights, not here.	Special & belong to the white man		
...If I quit this job, I have disappointed God. ...God blesses us for doing this job. ...My church people respect me because I'm raising these children. ...As a Christian it is my duty to care for children like these ones. ...Sometimes, God sends me gifts through strangers because I am helping these children.	Religious motivations	Caregiver motivations	
...I just like children. ...This job is my calling. ...I don't have children of my own so I raise these children so that one day they will call me mother.	Personal motivations		
...Raising children is all I know in this life, what else would I do? ...If it wasn't for this job, I wouldn't be living in this nice house. ...It's easier compared to selling on the market. ...I can get a loan from the bank through this job. ...The salary is not good, but it's better than nothing.	Economic & external motivations		

head office of the Department of Social Welfare of the Government of Ghana and the local institutions that have supervisory authority over the CHs involved before data collection began. All interviews and focus group discussions were audio-recorded with the full prior written informed consent of the participants. Raw data were stored in a password-protected folder on the personal computer of the lead author. He was the only person with full access to the raw data and co-researchers had access only to anonymized data. In all cases, participants were assured of confidentiality and anonymity and their right to refuse participation and/or withdraw from the study was clearly explained to them before the study began.

As presented in Table 3, the analysis of the textual data collected from the interviews, focus group discussions and participant observations followed a careful, systematic and rigorous process that began with codes which then developed into basic themes, organizing themes and a global theme. Such systematized analysis of the textual data enabled clear presentation of each step in the analytic process and paved way for insightful and rich exploration of the text's underlying patterns, as observed by Attride-Stirling (2001). It clearly demonstrates the inter-connections between the various emerging themes and how they summed up into one umbrella theme (Global theme) that captures the essence of the information obtained from the study (Table 3).

3. Findings

The findings present how caregivers who work as parents for CWPC in children's homes in Ghana perceive the children in their care, the jobs they do and the motivations they have for doing what they do. These findings are presented here in accordance with the basic and organizing themes that emerged from the data.

3.1. Caregiver perceptions of the children in their care

3.1.1. Children of God

The perceptions that caregivers had of the children in their care seemed to be influenced more by the caregivers' belief system or religion. Participants held a general impression that the children in their care were "children of God" and therefore taking good care of them brings God's blessing to the caregiver and not taking good care of them would amount to disappointing God:

"...you see, this job is God's work that we are doing. These are children of God. If you do it well from the bottom of your heart, you will receive a lot of blessings from God...I don't let the small money discourage me, if you say you will look at the pay, you will disappoint God" (Mother, 54 years old, 34 years in service).

This view was shared by the majority of respondents, especially those who worked as core caregivers (mothers and assistant mothers or aunts) in their institutions. The popular notion was that caring for CWPC is a religious duty of Christians. Since all respondents except one described themselves as Christians, caring for CWPC in those institutions to receive blessings rather than pay seemed to be a strongly held principle. As a matter of fact, there seemed to be a strong prayer team made up of all the mothers in one of the institutions, and informal conversations with some of the team members after one of their evening prayers confirmed this:

"...but in all these, God takes care of us because these children do not have parents, they belong to God. If God's hands were not here with us, we wouldn't be able to cope with this work here..." (Assistant mother, 43 years old, 17 years in service).

An interesting view that startled us was the belief that God actually intentionally takes away the biological parents of some children, in order to give the chance to other individuals to receive his blessings by taking up parental responsibility for those children:

"...My brother (referring to interviewer) as for me, honestly speaking, I believe that whatever God does has a reason behind it. These children lost the care of their parents, not because they have sinned, but so that people like me will also have the opportunity to receive God's blessing by taking care of them. Look at the house I am living in, how would a person like me live in a house like this, if I hadn't taken up these responsibilities...My children have finished secondary school because I came to help these children...that is God making a way for me...nothing will make me give up on this job..." (Mother, 55 years, 18 years in service).

3.1.2. Special and belong to the white man

Aspects of the institutional environment such as the dominance of the use of child rights principles to raise or train the children however seemed to create conflicting perceptions among the caregivers regarding who owns the children in their care. These interesting paradoxes, and perhaps, confusion in caregiver perceptions regarding the children were revealed when the caregivers, who had previously described the

children as God's children then turned around to describe them as belonging to the white man:

"...because white people don't beat their children, the children here also are not beaten...that is what these children know so some of them refuse to do anything we tell them and we dare not force them or insist that they do it because they are special, they belong to the white man..." (Mother, 50 years old, 30 years in service).

From informal conversations with caregivers, it became clear that much of the confusion about who the children really are in the eyes of the caregivers results from a clash between the perceived religious duty of raising 'God's children' by God's rules of "spare the rod and spoil the child" and the child rights principles that prohibit beating to discipline. It emerged through informal conversations that child rights regulations were perceived by the caregivers as being brought into Ghana by white men. Since the majority of the participants demonstrated this identity confusion regarding the children, what was clear was that CWPC in the institutions were definitely not considered Ghanaian by their own caregivers. The perception of the children as not belonging in Ghana seemed to also be held by some members in the local communities in which the CHs were located. One afternoon, a woman stormed the compound of one of the institutions holding a cane and angrily chasing a boy of about 10 years old into the compound. The security men stopped her at the gate and refused to allow her to enter. When she left, the observing author followed her and caught up with her on the street and asked her what happened:

"...Since these people here don't know how to properly train a child, I wanted to discipline the boy in front of them to show them that we are not white people... he has become a friend to my boys at home and comes home to play with them. For some time now, my boys refuse to do anything I tell them and the younger one told me that this boy says they have a right to refuse to do anything I tell them to do if they don't feel like doing it. Can you imagine that?...my children are not like the ones here, they are Ghanaian and have to respect their parents and do what they are told, not like these ones who are only spoiled by those rules from those white people..." (Female community member, Eastern Region).

In fact, this perception held by the caregivers and some members in the community seemed to be posing challenges to the children in care in attempts to integrate them into local families. It emerged through the participant observation that there were a number of cases in one of the institutions in which children fostered into local families from the CH were returned after the foster parents became frustrated with the rights-consciousness of the children they fostered. In one such case, the observing author asked one girl of about 17 years old why she had been returned and she said the woman (foster mother) always got angry when she (the girl) invoked her rights in some situations.

3.1.3. Different from our own children

Indeed some caregivers perceived the children as spoiled and different from their own children at home but laid the blame not on the children but on the child rights principles with which they were supposed to raise them:

"...But I thought they said you came from abroad? So you know all those things they are saying about human rights or child rights or whatever. Since you came here, don't you see what those things have done to these children? Some don't even know how to hold a cutlass and we don't have the white man's machines here too, how can they become good farmers to feed this country? will the food come from the book? Mmm, if they say child rights, let us child-right them and see what

they become.... As for me, I will not raise my own children the way we are made to raise these ones” (Mother, 47 years, 15 years in service).

Another participant said:

“...Oh how? we definitely do not raise our own children like these ones here...These ones have everything brought to them: food, clothes, even toys to play with, I mean everything. They are just like white men's children. So they don't see the need to learn anything or do any hard work ... and you can't ask them to do what our children do at home anyway, because it is against their rights here. We just serve them so they are spoiled...” (Resident Nurse, 49 years old, 15 years in service).

Some other participants saw the children as different from their own children, not because of child rights but because of their varying backgrounds:

“...Oh I think these ones are different...yes I would say that because, you see, these ones come from different homes, like here in each home, there are about 10 children from 10 different backgrounds....It's a lot more difficult for the mother to understand them than it is to understand her own children, so yes they are not the same as our own children...” (Social Worker, 35 years old, 3 years in service).

The perceptions of the caregivers regarding the children in their care could be summarized as children of God spoiled by the white man's rules. Clearly, these were individuals who felt obliged by their religious convictions to provide good care for the children they had been employed to raise but who also felt that they were being forced to spoil the children by using child rights principles brought by the white man. The possible implications of this clash between religion and human rights in an institution that deals with the lives of vulnerable children are discussed later on in this paper.

3.2. Caregiver motivations

3.2.1. Religious motivation

Like their perceptions of the children in their care, the caregivers' motivations for the work they do seemed deeply rooted in their religious convictions. The principal motivation for almost every caregiver seemed to be a conviction that the work was a duty assigned by God. Purely, caregivers had intrinsic motivations stemming from the fact that doing the job well seemed to give them a sense of spiritual fulfillment and perceived blessings from God. To some, it was an insurance policy against life's troubles:

“...As for me, I always testify to people about this job that if you do it from your heart and you do it well, God can take you out of any temptations or illnesses that may be headed your way. Again, even when I don't have money on me for my own family, which happens often, I just pray small, and sometimes a stranger that I don't know from anywhere just gives me money. That is all God's blessing for doing this job...” (Mother, 57 years old, 18 years in service).

Belief in reciprocity backed by religion was also a motivating factor especially for caregivers who themselves were once CWPC raised in the very CHs where they were now working as volunteers:

“...Oh well, I could have gone to look for work somewhere else like some of my colleagues have done...but I guess I just feel that God touched somebody's heart to come and work here when I was a child and needed care, so if by God's grace I am out of it, I also have to come and help others...God said do unto others as it were done to you...” (Former institutional child, 27 years old, 1 year in service).

A second former institutional child working as a teacher in a school located in one of the institutions said:

“...I think what motivates me every day in this job is that I know I also came from this place...God made it possible for me to receive care when I lost the care of my own parents...When I was growing, I always told myself that I will always serve God with all I have...and I think that is what I am doing here...” (Former institutional child, 32 years old, 2 years in service).

3.2.2. Personal motivation

Aside such religious motivations which were recurrent in focus group discussions and in-depth interviews, the caregivers also seemed to have motivations related to their personal circumstances in life. Some of the caregivers saw the job as a platform to raise children for themselves because they were childless and others saw CWPC caregiving as their calling and the only skill they have:

“...I have never had children in my life. I have lost two marriages because of that. But since I have been here, I have had children calling me mama...It feels good to know that I can also raise children. This keeps me motivated in this job. The stress is a lot, but I guess it is worth it...” (Mother, 55 years old, 17 years in service).

Another participant said:

“...Since my childhood, all I have done is raising children. When my parents went to the farm when I was young, I would be the one in charge of all the younger children cooking for them and making sure they were ok. This is the only thing I know in this life. I don't have high education, I don't know how to sew or dress people's hairs. What else would I do? It's definitely my calling...” (Mother, 53 years old, 22 years in service).

3.2.3. Economic motivation

While these personal issues seemed to be key motivating factors for some of the caregivers, others, particularly some managers and administrators felt motivated by the economics aspects of working for the institutions they worked for.

“...as an educated man, the first thing you think about is getting a job that will enable you provide for your family. So when this job opportunity came, it was quiet good for me considering the present economic situation in Ghana. And when I thought about the fact that I would be helping these children get a future, it made it all the better to work here than somewhere else. If the salary is not enough, I could still get a loan because I have a payslip...” (Director, 56 years old, 10 years in service).

Still, others were motivated by the fact that though the pay was small, it still helped them to pay for their own children's education and helped them secure loans because they had pay slips.

“...What keeps me going? Well, I am a widow with 5 children, and this job is what has helped me pay for their education since my husband died. So I wouldn't say that I am not motivated by the pay. Even though it's small, I don't know what else I would do to get a free house to live in and save my earnings for my children's education...When I need a loan, the office always serves as my guarantor” (Mother, 52 years old, 28 years in service).

Thus, aside a general consensus on religion as a motivating factor, caregivers generally differed in what motivates them to do the work they do or what keeps them going.

4. Discussion

This study aimed at exploring caregiver perceptions of the children in their care and their motivations for being in the job of CWPC caregiving in the institutional setting in Ghana. The findings obtained provide opportunities for interesting discussions regarding the existing literature and implications for the children in children's home in Ghana, the care work and workers in that context.

4.1. Children of God versus children of white men

Significant contradictions and paradoxes emerged in caregiver perceptions of the children in their care. The caregivers described the children as children of God who are to be loved and then turned around to describe the same children as children of white men who are spoilt by child rights. This is both interesting and concerning in that it could have either negative or positive implications or both for the children in that context.

First, the popular perception of CWPC as children of God and the CWPC caregiving work as the work of God among the caregivers is something that could have a positive influence on their work output and care quality. Existing literature (e.g. Bakibinga et al., 2014; Marques et al., 2009; Smith & Rayment, 2007) confirms that workers with spiritual or religious convictions about their work often perceive the work as divine duty to be carried out without complaint. They find strength, meaning and spiritual fulfillment in their work and their quality of work remains high despite possible adverse circumstances in the work environment. This is corroborated by previous researchers who observe that organizations experience better work outcomes when their employees find spiritual fulfillment in their work (Bhunia and Mukhuti, 2011; Duchon & Plowman, 2005; Giacalone & Jurkiewicz, 2010). Other researchers also note that spirituality is an important contributor to individual ethical performance in the workplace and is negatively related to organizational frustration (Mitroff, 2003; Kolodinsky et al., 2008). Indeed the caregivers in this study seemed to draw strength and fulfillment from believing that they do the work of God and care for God's children. Religion seemed to be a very important resource upon which the caregivers relied. To this end, the children seemed to have a special place in the hearts of their caregivers who saw them as different from their own children and deserving special treatment. For the children in this environment, this is good news because the indication is that they would likely receive the best of efforts from their caregivers.

However, the contradicting view of the children as belonging to the white man and spoilt could counter the likely positive influences of religion on the caregiver attitudes and behaviours towards the children. As observed in the existing literature, in care work situations where employee perceptions are mostly negative, caregiver-client relationships and quality of care are often negatively impacted (Richter, 2004 p.46; Sikorska-Simmons, 2006). In this particular study, the popular perception, as demonstrated in the findings, was that white men's children are not properly disciplined and therefore spoilt. The perception of the children as belonging to the white man was therefore negative and stemmed from caregiver views that the child rights principles that guide their practices were brought by the white man and are therefore only good for raising white men's children and not Ghanaian children. To these caregivers, the children in their care are simply not Ghanaian children. This suggests a need for critical reflections on the role that the use of child rights ideologies and principles for raising the children in this context seems to be playing in forming caregiver perceptions of the children in their care. It brings into perspective, Harris-Short's (2003, p1) criticism of the UNCRC as having been conceptualized on a legal system that is "founded on a 'society of states' in which the voices of the local and particular are effectively silenced" and is evidence for observations made through studies (see McMillin, 2010; Secker, 2013; Shuchita, 2010) concerning social problems that the utilization of the

rights approach to raising children in different contexts can cause. If a caregiver thinks that asking a child in the children's home to cook or run an errand is against their right but such a task is essential for the training of her child at home, then there is an indication of either a serious miseducation on the principles of child rights or a serious misunderstanding of the same among caregivers. This could be problematic in the sense that while the children are "very rights-conscious" in the exact words of a caregiver, the caregivers say they feel the necessity to sometimes "set aside the child rights non-sense and discipline the child properly for the sake of its own future". In such a situation, there is bound to be tension in the caregiver-child relationship. It confirms the observation made by Twum-Danso (2014) that the individualistic, western nature of the UNCRC makes it liable to causing intergenerational tensions and dissonance between children and adults in the African Context. In the institutional context of CWPC care, bonding, which is an important protective factor for the development of children in residential institutions (Bettmann et al., 2015, Johnson et al., 2010), may be negatively impacted in this case. Thus, the UNCRC that was ratified and adopted by Ghana in the hopes of improving the welfare of Ghanaian children could be doing the opposite for children in the institutional context.

The description of the children as belonging to God or belonging to the white man is also an indication of possible alienation of the children by their caregivers and some members in the local community. The caregivers certainly do not consider the children as similar to their own or sharing the same cultural identity with their own children as they admit that they raise their own children at home in ways that are different from how they raise the children in care. Certainly, this seeming identity confusion among caregivers of the children in their care could become a recipe for confusion for the children in the development of a sense of identity and self-perception in an environment that is already problematic for children's identity development (Kools, 1999; Shipitsyna, 2008, p. 42; Smith, 2011, p. 72;). The environment in which they are being raised is filled with information that reinforces a sense of foreign identity or non-belongingness as their caregivers and some members of the local community seem to struggle to place them in the Ghanaian social and cultural context. This holds implications for the future integration of these children into local Ghanaian society which is the ultimate goal of institutional caregiving and is, in fact, contained in the mission statement of one of the institutions involved in this study.

For the caregivers who work in this context, the observed contradictions in perception could indicate possible confusion or frustration about their work roles and with the rules that govern their work. Caregivers felt that they were employed as 'parents' for these children but were not being allowed to be 'good parents' because they were being forced to use rules that only end up spoiling the children. From observations in the literature (Bhatnagar & Srivastava, 2012; Castle, 2008; Chuang & Liao, 2010; Meadows, Mclanahan, & Brooks-Gunn, 2007; Pilowsky, Wickramaratne, Yoko, & Wiseman, 2006; Schwartz, 2011), such confusions and or worker frustrations could have negative effects on caregiver mental health and wellbeing, quality of work life, work efficiency and quality of work output. Considering that the work output of the caregivers in this context is the care that they provide for the vulnerable children in residence, the findings made here suggests a need for review of the organization of the institutional context for CWPC caregiving, and perhaps, worker reorientation with child rights.

4.2. Personal, religious or economic motivations? Or all?

The findings also reveal contradictions in caregiver motivations for the work as some cited religious rather than economic motivations as solely their reasons for doing the job but then attributed their present economic statuses to the work. The caregivers, especially those in the private-run institution acknowledged that they were living in houses

that were of higher quality than the houses in the local community where the institution was located and were clearly enjoying their statuses and resources but still refused to attribute their commitment to the work and the children to this benefit. Most caregivers insisted that they were motivated by their belief system and a conviction that the work they do is God's work and not doing it well would mean disappointing God. For others, it was personal life circumstances such as childlessness, lack of alternative employable skills and widowhood rather than economic benefits that kept them going. Yet, most agreed that economic benefits such as access to loans and regular income were available to them because of the work they do. Perhaps, it is a combination of personal, religious and economic benefits that motivates the caregivers to keep doing what they do.

However, it was clear that the sense of religious duty or the religious motivations for the work seemed stronger as caregivers alluded to the fact that though their pay was small, they were spurred on by the belief that they do the work of God. Caregivers therefore demonstrated a need to give their best despite 'small pay'. This is consistent with reports from Ghazanfar et al., (2011), Janicijevic et al., (2013) and Carr (2014) that pay alone is not an adequate determining factor of worker output and behaviours, and seems to disagree with the argument of Akintoye (2000) and Curall et al., (2005) who suggest that the commitment with which economically motivated workers work sometimes depends on such perceptions as pay-work equity or balance. Caregivers who cited economic benefits as motivating for them still described those benefits as small, and not the key determinants of their commitment to the work and the children. Even when some attributed their present statuses of living in comfortable residences to their work, there were still those religious undertones, as they still believed that it was the blessings of God for caring for his children.

The observations regarding caregiver struggles with child rights reveal issues with caregiver understanding of, comfortability with and utilization of child rights principles in caring for CWPC in CHs in Ghana. This needs to be addressed by both the government and other stakeholders through such measures as workforce training and capacity building (Carr, 2014). The confusion with child rights seems to be frustrating caregiver perceptions of and identification with the children in their care which could negatively impact care quality. Beyond the CH, this observation could offer snapshots of parent-child relationships that may be happening in the homes of caregivers themselves. For one, it is clear that the caregivers feel that child-rights are only meant for children in CHs or the "special white man's children" and not their own children. This study confirms the plethora of observations present in the existing literature concerning the difficulties in implementing child rights principles in contexts like Africa. An intensification of education for caregivers in institutions where CWPC receive care is therefore recommended. Perhaps, emphasis on the African Charter on the Rights and Welfare of the Child (ACRWC) rather than the UNCRC might work better in the Ghanaian context in the sense that the ACRWC places responsibility in the hands of both parents and children which seems to be in tune with the specific views of parent-child relationships expressed by caregivers in this context.

Future research could delve into questions raised in this study concerning how the wider communities perceive CWPC in CHs in Ghana. The observation made in this study in this regard only came from a one case scenario. Further, broader explorations would be beneficial in bringing out a more comprehensive picture of the situation. Investigations into how different or similar the perceptions of the wider communities are relative to those expressed by the caregivers in this study could offer important basis for policy and intervention in that context. With CWPC being perceived as belonging to God and being raised to fit the white man's standards, it would also be interesting for future research to investigate, or perhaps, explore experiences of former CWPC who have tried to integrate or may have successfully integrated into Ghanaian local communities.

5. Limitations

Having a qualitative phenomenological design, this study is highly contextual implying that the findings made could only best apply to the context of study. This, coupled with the limited number of participants and institutions involved, makes the study limited in cross-context generalization. Adopting a participant observation technique in data collection in which the observing author stayed in each institution for a total of one month also meant that observer experiences of the phenomenon of child care in that context also possibly influenced the data collection process. The study therefore also may be limited in objectivity in the traditional sense of the word.

6. Conclusion

After, exploring caregiver perceptions of the children in their care and their motivation for the institutional CWPC caregiving job in Ghana, it emerged that caregivers perceived children in their care first as children of God (to be loved and cared for), and then as children of the white man (spoilt by child rights). The confusion between religious duty and child rights restrictions seemed to frustrate caregivers as they struggled to see themselves as 'good parents' and therefore tended to perceive and treat the children not as their own. Caregivers also showed contradicting motivations for the work they do as they seemed to place more emphasis on religious motivations for the work but were clearly also enjoying economic and personal benefits that came with caring for CWPC in the institutional setting.

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